



MASIKHULUME
LET'S TALK

THE MASIKHULUME TOOLKIT

GBV WORKSHOPS FOR ADOLESCENT GIRLS AND GRANDMOTHERS



 **SARRAOUNIA**
Public Health Trust



sport, arts & culture

Department:
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REPUBLIC OF SOUTH AFRICA

 **lefikaphodiso**
COMMUNITY ART COUNSELLING AND TRAINING

the trinity session



goGOGOgo



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It is our hope that this toolkit contributes to the efforts against gender-based violence.

Yours sincerely

Dr Nancy Coulson (Director)

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Introduction

The GBV Toolkit is a product of the successful Masikhulume pilot project, implemented in Alexandra township, Johannesburg, between September 2024 and March 2025. Funded by the National Department of Sports, Arts and Culture, the Masikhulume pilot project was a collaboration between the Sarraounia Public Health Trust, The Trinity Session, Lefika La Phodiso, and goGOGOgo.

The Sarraounia Public Health Trust led the initiative, providing project management, research and technical knowledge; The Trinity Session contributed arts-based facilitation techniques and creative methodologies; Lefika La Phodiso provided arts-based facilitation and psychosocial support through their community art counsellors; and goGOGOgo facilitated community engagement and participant recruitment.

Together, these organisations combined their expertise to develop an innovative, arts-based approach that ignited intergenerational dialogues

on GBV, child protection, and sexual and reproductive health rights (SRHR).

The aim of the Masikhulume project was to work with adolescent girls and their older caregivers to address GBV by creating informal safety nets in the home and community through facilitating dialogue across generations.

The specific objectives of the project were:

- To increase the knowledge of adolescent girls and their older caregivers about GBV, child protection and SRHR.
- To facilitate art-making activities that enable adolescent girls and their older caregivers to share perspectives about GBV and how best to support adolescent girls.
- To create informal networks of adolescent girls and older caregivers who are affected by GBV.
- To develop a model for working across generations of women to address GBV that can be replicated in other communities.



Gender-based violence remains a critical issue in South Africa, disproportionately affecting women and girls. It manifests in various forms, including physical, emotional, financial and sexual abuse and is deeply rooted in social, economic and cultural inequalities. Despite legal protections and national strategies to address GBV in South Africa, many women and girls continue to experience violence in their homes, schools and communities. Current GBV statistics in South Africa indicate that over

33% of women have experienced physical violence in their lifetime (HSRC, 2024)¹; and 60% of women murdered in South Africa in 2020/21 were killed by an intimate partner (Abrahams et al, 2024)². In 2023, across South Africa, 10,500 rapes were reported in three months alone (SAPS, 2023)³. Most survivors of GBV struggle to access justice, as conviction rates for sexual crimes remain as low as 4%–8% (Machisa et al., 2017)⁴, which reinforces a culture of impunity. Addressing GBV requires not only legal and policy

reform, and enforcement, but also shifting societal attitudes that normalise violence against women and girls.

In addition to the high levels of violence, many children in South Africa are residing without one or both of their biological parents.

Present estimates are that up to 64,4% of children do not live with their biological father in the same household (Van den Berg et al., 2024)⁵. 65% of children who do not reside with their biological parents (either one or both, mothers and fathers), primarily live with grandparents, most commonly grandmothers, while a smaller portion is cared for by aunts (17%) (Mkhwanazi et al., 2018)⁶. In these households, adolescent girls and their older women caregivers (from here forth to be referred to as gogos) struggle with intergenerational communication about issues related to safety, bodily autonomy and reproductive health. A study conducted by Simmonds et al. (2021)⁷ found that grandmothers in Alexandra, responsible for children aged between 10-18 years, encountered challenges in discussing topics such as sex, sexuality, and HIV with their adolescent grandchildren. The Masikhulume project set out to bridge this intergenerational communication gap for grandmothers and granddaughters in this community.

The Masikhulume GBV Toolkit is a product of the Masikhulume Project, developed during its pilot phase in Alexandra township. This toolkit integrates the key lessons learned throughout the project, providing a practical resource for facilitators, community workers and practitioners

engaged in GBV prevention and response. It provides structured, yet adaptable guidance on implementing psychosocial support workshops and intergenerational dialogues workshops, using creative arts-based methods to facilitate discussions between adolescent girls and their caregivers. The toolkit includes step-by-step instructions for workshop activities, including puppet doll-making, community mapping, and interactive discussions on sexual and reproductive health rights, child protection and GBV. It outlines facilitation techniques, learning outcomes, and key messages to ensure meaningful engagement while fostering a safe and supportive environment. Users can adapt the methodology for different community settings, making it a valuable tool for organizations working with GBV-affected populations.

The Masikhulume GBV Toolkit remains the intellectual property of the Masikhulume Project and its collaboration partners: The Sarraounia Public Health Trust, The Trinity Session, Lefika La Phodiso, and goGOGOgo. Practitioners working with older carers and adolescent girls, and those working on GBV are invited to adapt our methodology for their work. While permission is not required, we would greatly appreciate being informed about how our approach is being used, to track its impact.

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¹HSRC. (2024). First South African National Gender-Based Violence Study, 2022: A Baseline Survey on Victimisation and Perpetration. Human Sciences Research Council

²Abrahams N, Mhlongo S, Chirwa E, Dekel B, Ketelo A, Lombard C, et al. (2024). Femicide, intimate partner femicide, and non-intimate partner femicide in South Africa: An analysis of 3 national surveys, 1999–2017.

³SAPS. (2023). Quarterly crime statistics: Q2 2023/2024 (July–September 2023)

⁴Machisa, M., Jina, R., Labuschagne, G., Vetten, L., Loots, L., Swemmer, S., Myers, J., & Jewkes, R. (2017). Rape justice in South Africa: A retrospective study of the investigation, prosecution and adjudication of reported rape cases from 2012. South African Medical Research Council.

⁵Van den Berg, W., Ratele, K., Malinga, M. & Makusha, T., eds. (2024). State of South Africa's Fathers 2024. Stellenbosch. Tataakhona.

⁶Mkhwanazi, N., Makusha, T., Blackie, D., Manderson, L., Hall, K., & Huijbregts, M. (2018). Negotiating the care of children and support for caregivers. Child Fam State, 70.

⁷Simmonds, J. E., Parry, C. D., Abdullah, F., Burnhams, N. H., & Christofides, N. (2021). "Knowledge I seek because culture doesn't work anymore... It doesn't work, death comes": the experiences of third-generation female caregivers (gogos) in South Africa discussing sex, sexuality and HIV and AIDS with children in their care. BMC public health, 21(1), 1-9.

The Alexandra Pilot Project

Like many urban informal settlements, the township of Alexandra faces heightened GBV risks due to overcrowding, unemployment, and limited access to essential services. This pilot project engaged 159 participants (44 gogos and 115 adolescent girls) through a two-step workshop process: psychosocial education workshops followed by intergenerational dialogue workshops. The following section details the approach used to secure stakeholder buy-in and provides an overview of the workshop content and structure.

ESTABLISHING BUY-IN

The Masikhulume project's success was built on strong partnerships with key local organisations. At the start, meetings were held with the management of Itlhokomeleng Home for Care of the Aged and Disabled and The Alex Safe Hub to secure permission to engage potential participants. These local partnerships were essential for establishing trust within the community and gaining support for the project.

RECRUITMENT OF PARTICIPANTS

To ensure broad community participation, the project leveraged local networks and partner organisations such as Itlhokomeleng Home for Care of the Aged and Disabled and the Alex Safe Hub to disseminate information about the Masikhulume pilot project. Recruitment of potential participants was conducted face-to-face. Grandmothers raising adolescent girls were invited to participate on a voluntary basis, with the expectation that they would, in turn, recruit their adolescent granddaughters into the programme.

Participants were provided with information sheets and given the opportunity to ask any questions about the project before committing. Over time, the recruitment process evolved with a snowballing effect, where initial participants helped spread the word, allowing the programme to grow organically within the community. Gogos and their granddaughters were carefully scheduled into workshops that would

eventually lead to them participating together in intergenerational dialogue sessions.

GETTING PARTICIPANT CONSENT

Informed consent was a fundamental aspect of the recruitment process. All participants were required to sign consent and indemnity forms before attending the workshops. For underage participants (girls under 18), consent forms were signed by their parents or legal guardians/grandmothers to ensure that both the participants and their families fully understood the programme and their involvement. Participants were also informed of their right to withdraw from the programme at any time, without needing to provide any explanation.

KEEPING PARTICIPANTS SAFE

The safety of participants was a priority throughout the project. Workshops were conducted at Itlhokomeleng Home for Care of the Aged and Disabled, a secure and centrally located venue. To facilitate attendance, local transport reimbursements were provided to remove financial barriers and prevent participants from having to walk long distances in unfavourable weather conditions such as extreme heat or rain. This also helped mitigate risks associated with crime, such as robberies and muggings, which are commonplace in Alexandra.

Due to the sensitive nature of the workshops, Community Art Counsellors were available to provide on-site counselling to participants in need. Those requiring further support were referred for follow-up counselling sessions, ensuring that participants felt safe both within and beyond the workshop space. The workshops were conducted under the principle of confidentiality, which strictly prohibited the sharing of personal stories discussed in the sessions with individuals outside the workshop group. This created a secure and trusting environment where participants could openly engage in discussions without fear of their experiences being disclosed beyond the group.

The Masikhulume approach to dialogue

The Masikhulume methodology has proven successful in facilitating intergenerational dialogues on GBV, child protection, and sexual and reproductive health rights. Evidence gathered from the pilot project in Alexandra township indicated that participants, both adolescent girls and their caregivers, reported increased knowledge, improved communication and a greater understanding of their rights and responsibilities. Facilitators observed stronger trust-building between these generations of women, a shift in

harmful gender norms and the creation of informal support networks among participants.

At the heart of the Masikhulume approach is its arts-based methodology, which provides a safe, non-judgmental space for participants to express their experiences, emotions and perspectives creatively. This method bridges intergenerational communication gaps and helps facilitate shared understanding. The Masikhulume workshop process unfolds in two main stages:



I. PSYCHOSOCIAL EDUCATION WORKSHOPS

These sessions equipped adolescent girls and their gogos with foundational knowledge on GBV, child protection, and SRHR, using arts-based techniques such as puppet doll-making, drama and storytelling. The sessions were structured to be age-appropriate, with participants divided into three groups: 10–14 years, 15–19 years, and 40+ years. Each workshop accommodated 10 to 20 participants at a time, ensuring meaningful engagement and interaction. These workshops laid the groundwork for the intergenerational dialogues.

2. INTERGENERATIONAL DIALOGUES WORKSHOPS

Building on the initial workshops, these sessions brought adolescent girls and their caregivers together in facilitated discussions, using arts-based techniques such as community mapping to navigate difficult conversations, address misunderstandings and develop collective solutions to GBV-related challenges. Each workshop accommodated 30 to 60 participants at a time.

WORKSHOP FEEDBACK AND REFLECTION

To assess the effectiveness of this approach, the Masikhulume pilot included a semi-structured evaluation process: Post-workshop written feedback and informal verbal reflections were collected from participants. These highlighted key project impacts, such as knowledge gains, shifts in attitudes, and improved intergenerational communication. Facilitators completed debrief surveys after each session to document insights and observations from group discussions. Reflective debrief and supervision sessions were conducted with facilitators to refine the methodology in real-time. This ongoing evaluation ensured that the Masikhulume approach remained responsive, adaptable and impactful. Consent was obtained before any photographic or video documentation to ensure participants' comfort and privacy.

Why arts-based techniques?

Community Art Counselling (CAC) is a therapeutic approach based on art therapy principles that blend creative expression with psychological support and psycho-education, fostering healing, self-awareness and social connection within a community setting. It is an accessible and cost-effective model. It integrates art-making with counselling principles, offering individuals in groups a non-clinical, accessible space to explore emotions, process experiences and develop resilience.

Unlike traditional art therapy, which often focuses on individual healing, Community Art Counselling emphasises collective well-being, using art as a medium for communication, advocacy and social change. This approach is widely applied in schools, community centres, and social justice initiatives, addressing mental health, social cohesion and empowerment.

Several essential principles guide the use of creative arts in social change and psycho-educational work:

- Providing a safe space—both physically and emotionally.
- Empowering participants by giving them a voice and a means of self-expression.
- Ensuring that work is collaborative, ethical and participant-led.
- Upholding democratic and balanced participation, fostering co-creation in developing solutions.
- Integrating therapeutic processes, enabling participants to track attitudinal and behavioural change through visual representation.
- Offering immediate access to support, should a participant need it.

Community Art Counsellors do not dictate how participants should express themselves but rather guide them in the process of making their work. This supportive and mindful aspect of the approach is critical, given the difficult, often traumatic experiences related to GBV, sexual and reproductive

health and other issues that often arise, reinforcing the importance of art as a tool for resilience and emotional processing. The participant-led approach is also an empowering one, where an individual chooses how far they go and how much they share. This creates an increased sense of emotional safety within the group.

The Masikhulume Psychosocial Education Workshops were developed to empower adolescent girls and their older female caregivers with essential knowledge about GBV, child protection and SRHR. These workshops laid the foundation for Arts-Based Intergenerational Dialogues.

To enhance engagement, self-expression and healing, the workshops integrated arts-based methodologies with psychosocial-education.

TWO PRIMARY TECHNIQUES WERE EMPLOYED:

I. DOLLMAKING AS A TOOL FOR STORY-TELLING AND EMOTIONAL PROCESSING

Dollmaking provided participants with a therapeutic and reflective outlet, enabling them to express personal and collective experiences in a safe and non-threatening manner. Through this process, both adolescent girls and their caregivers were able to:

- Externalise emotions and experiences related to abuse, GBV, trauma and resilience.
- Engage in storytelling, using their handmade dolls as representations of identity, struggle and hope.
- Foster intergenerational dialogue, as older and younger women shared personal and cultural narratives through a tangible, creative medium.
- Develop a sense of agency, as creating a doll symbolized reclaiming control over their personal narratives.

This method was particularly effective in bridging intergenerational communication gaps, allowing older caregivers to pass down wisdom and support, while adolescent girls shared their contemporary challenges in a safe space. The doll became the avatar of the storyteller, again reinforcing a sense of safety and containment. This was especially important since our engagement with participants was not a long-term process.

DOLLMAKING



COMMUNITY MAPPING

2. COMMUNITY MAPPING FOR COLLECTIVE REFLECTION AND AWARENESS

Community mapping was another key arts-based technique that enabled participants to visualise their environment and experiences. This participatory approach helped them:

- Identify safe and unsafe spaces in their community, mapping areas where GBV risks were heightened.
- Discuss community resources, recognising available support systems and gaps in protection and advocacy services.
- Strengthen collective awareness, understanding how structural and societal factors contribute to GBV and child protection issues.
- Co-create solutions, empowering the group to strategize ways to improve safety, advocacy and support networks.

Through drawing, making and collaborative discussions, both younger and older participants engaged in a visual exploration of their lived

realities, deepening their understanding of how space, safety and social structures influence their daily lives. This activity also helped connect personal experiences to systemic issues, reinforcing the importance of community action and advocacy. By integrating dollmaking and community mapping within a psycho-education programme, the Masikhulume workshops transformed the learning experience into an interactive, expressive and deeply personal journey. These arts-based techniques went beyond traditional education methods, creating a safe, creative and emotionally resonant space where adolescent girls and their caregivers could learn, reflect and actively shape their own narratives. These creative methods helped strengthen bonds, build resilience, and empower women and girls with the tools needed to break the cycle of GBV, fostering informal and sustainable community support systems in Alexandra.

The role of the empathetic facilitator

The Masikhulume Psychosocial Education Workshops were designed not only to educate but also to provide a transformative experience for adolescent girls and their older female caregivers in Alexandra. While the workshops aimed to empower participants with knowledge on GBV, child protection, and SRHR, they also created a space for emotional processing, self-exploration and relational healing. The role of the facilitator in such a setting is crucial—not just in delivering content, but in holding space for participants in a way that is ethical, empathetic, and empowering.



THE SELECTION AND SKILLS OF THE MASIKHULUME FACILITATORS

Facilitators for the Masikhulume pilot were carefully selected from three partner organizations, each bringing unique expertise to the programme. Sarraounia Trust provided facilitators who were experienced educators with expertise in research, community-based projects, project management, formal education, training, and curriculum development. Lefika La Phodiso brought in Community Art Counsellors, skilled in arts-based counselling techniques, drama therapy and group facilitation. The Trinity Session facilitators are trained visual and performing artists with additional experience and qualifications in wellness and healing modalities such as movement, dance, yoga, kinesiology and meditation.

These facilitators played a crucial role in the workshops, drawing from their diverse backgrounds to create safe, engaging and supportive environments for participants.

For the purpose of this toolkit, we will not directly refer to the high-level skills evidenced by the Masikhulume team's expertise, to allow other practitioners who hope to adapt this toolkit for their work to do so without the need to possess these specific qualifications. Instead, we will refer to three basic roles for these workshops: 1) educator (skilled in formal education, curriculum development, training, research, or similar fields), 2) counsellor (skilled in community art counselling, psychology, social work or similar fields), and, 3) arts creative (skilled in visual and performing arts, movement, dance, yoga or similar fields). This generic reference will be used consistently throughout the document.

BALANCING FACILITATION AND EMOTIONAL CONTAINMENT

In projects like Masikhulume, where participants share personal stories of trauma and resilience, a rigid separation between facilitation and emotional support may inhibit meaningful engagement and miss the opportunity for transformation.

This is where the community art counselling approach is invaluable – it aims to bridge the divide between psychosocial-education and therapy, ethically and responsibly, equipping facilitators with the skills to provide emotional containment and support within a group setting.

EMOTIONAL CONTAINMENT AND SUPPORT MEANS:

- Ensuring that participants feel heard, seen and valued while maintaining the integrity of the group session.
- Creating a “safe enough” space for difficult conversations, without turning the group session into therapy.
- Offering facilitators training in reflective practice, emotional regulation and active listening.
- Offering supervision spaces for facilitators to be debriefed around their own experiences and the impact of the stories gathered.

By integrating therapeutic awareness into research, facilitators can enhance both personal growth and knowledge production, narrowing the gap between personal and social experiences and fostering more meaningful and reparative relationships.

EMPATHY AS A FOUNDATION FOR TRANSFORMATION

Therapeutic art practices, like community art counselling, are powerful tools for cultivating empathy. They provide a nonverbal, creative way for individuals to express and process emotions, thoughts and experiences, allowing for:

- **SELF-EXPRESSION:** Arts-based processes like dollmaking provide a safe and supportive outlet for individuals to share feelings they may struggle to verbalise.

- **SELF-REFLECTION AND SELF-COMPASSION:** Engaging in art making helps participants see their own experiences more clearly, fostering personal growth.

- **PERSPECTIVE-TAKING:** By engaging in shared creative activities, individuals see beyond their own experiences and into the lives of others.

- **ACTIVE LISTENING AND RELATIONSHIP-BUILDING:**

Through group art-making, participants practice patience, presence and attunement to others.

For adolescent girls and their caregivers, expressing experiences through art-making was not just about documenting their realities; it was about feeling seen and heard.

MODELLING EMPATHY IS ESSENTIAL FOR FACILITATORS

The way facilitators listen, validate and respond sets the tone for the entire process. By embodying compassion and understanding, facilitators model participants healthier ways of relating to themselves and others. This aligns with research indicating that when facilitators lead with empathy, they provide a safe-enough space for deeper exploration and healing.

The Masikhulume workshops serve as a powerful example of how art, group facilitation and emotional support intersect. While facilitators must uphold ethical boundaries, they must also recognize the profound emotional impact that their work brings.

Through empathetic facilitation, the safe-enough space created in these workshops allowed adolescent girls and their caregivers to share their stories without fear of judgment, to engage in a collective process of healing and empowerment, and to begin to reimagine their roles within their communities. By leading with empathy, facilitators do not “fix” participants, but rather support them in making sense of their own experiences. This bridging of education and therapeutic engagement is essential, not just for individual healing, but for breaking cycles of trauma and creating pathways for systemic change.

Supervision and reflective practice for facilitators



Supervision plays a critical role in ensuring ethical, effective and emotionally sustainable practice for facilitators. Given the emotionally charged nature of psychosocial and arts-based interventions, supervision provides a structured space for professional support, accountability and growth. Supervision allows practitioners to reflect on their interactions, process emotional responses, and refine their facilitation techniques. In community-based interventions where facilitators often work with individuals affected by trauma, supervision helps maintain professional boundaries while ensuring facilitators do not experience burnout or secondary trauma.

Additionally, supervision fosters a collaborative learning environment, where facilitators can explore ethical dilemmas, power dynamics and challenges in engagement. This continuous guidance and dialogue contribute to the enhancement of both professional competency and emotional resilience in facilitators.

Reflective practice is equally essential in community work as it encourages facilitators to critically examine their experiences, assumptions and emotional responses in their work. Through structured reflection, facilitators can identify biases, emotional triggers and areas for growth, which improves their ability to engage with participants

empathetically and effectively. Arts-based reflective techniques, such as visual journaling, response art⁸ and metaphor-based reflection⁹, allow facilitators to process their experiences creatively, leading to greater self-awareness and emotional regulation. By engaging in reflective practice, facilitators ensure that their interventions remain participant-centred, ethical and sensitive to the complexities of trauma and healing.

In the Masikhulume project, regular supervision sessions offered a platform for discussing personal challenges, work-related issues and emotional well-being. These sessions also provided facilitators with ongoing peer support through collaborative discussions where they shared insights, concerns and successes. Facilitators were provided with relevant resources to enhance their skills in group facilitation, psychosocial support and ethical engagement with participants. This continuous debriefing and professional guidance ensured that facilitators felt supported in navigating difficult conversations and challenges in the field.

Supervision was also used as a process to extract themes and issues that were specific to the groups that each facilitator worked with. This process informed the approach for the intergenerational dialogues.

⁸Response art refers to a creative practice where facilitators or practitioners use artistic expression such as drawing, painting, etc to process their emotions, thoughts or experiences related to their work. It allows them to externalize and reflect on their feelings in a non-verbal, intuitive way.

⁹Metaphor-based reflection involves using symbolic imagery, storytelling or metaphors to represent experiences or emotions. This method encourages deeper self-awareness and can make complex emotions or dynamics easier to process and discuss.



The Masikhulume psychosocial education workshops



This section provides a structured overview of the Masikhulume psychosocial education workshops, outlining the objectives, key learning outcomes and a detailed breakdown of the workshop process. The workshop process includes timed activities with specific learning outcomes, facilitator guidelines and step-by-step instructions to ensure effective implementation for different age groups.

AIM OF THE MASIKHULUME PSYCHOSOCIAL EDUCATION WORKSHOPS

The Masikhulume Psychosocial Education Workshops aimed to empower adolescent girls and their gogos with knowledge on GBV, child protection and SRHR, laying the foundation for Arts-Based Intergenerational Dialogues Workshops to build support networks, strengthen relationships and equip generations of women and girls with the tools to break the cycle of GBV in Alexandra.

TARGET AUDIENCE/GROUPS

- Adolescent girls (10-14 years)
- Adolescent girls (15-19 years)
- Gogos (40+)

WORKSHOP DURATION

- Approximately 7 hours: 09h00 – 16h00

The times provided are intended as guidelines, but in practice, activity durations vary depending on the group's engagement and discussion pace. Do not feel pressured to fit all the activities into a single-day workshop, especially if you have the resources to spread them across multiple sessions.

- Each activity can be a stand-alone session run across multiple sessions.

If activities designed for a single workshop session are spread across multiple days, a check-in and check-out process should be incorporated at the start and end of each day. This helps maintain continuity, reinforce learning, and provide space for reflection.

- Facilitators should adapt the pace based on the group's needs. Completion of all activities in one session is not required.

With certain groups, such as the gogos and the 15-19 year old girls, discussions tend to take longer, meaning less activities are done. The younger girls, 10-14 year age group, tended to do more activities.

Note: Each age group should participate in an age-specific workshop, using age-appropriate content and language tailored to their experiences. During the Masikhulume pilot we facilitated three psychosocial education workshops in preparation for one intergenerational dialogue. One psychosocial education workshop for each age group listed above.

NUMBER OF PARTICIPANTS

→ 10-15 participants per workshop (maximum 25)

FACILITATORS

→ 2 educators

→ 2 counsellors

→ 1 photographer/videographer (optional)

WORKSHOP MATERIALS

For these sessions, a list of materials needed is listed for each activity as the activity is explained below. You can make a list of the materials you need for each session you are planning to hold. The puppet dolls make up a large part of the activities, both as part of the psychosocial education workshops, as well as the later intergenerational dialogues workshops. No pre-made puppet dolls are required as they are made from scratch during Activity 2.

FACILITATOR GUIDELINES

1. Encourage everyone to participate and share their thoughts openly.
2. Use language and examples that make sense to each age group.
3. Be understanding and supportive of each person's feelings and experiences.
4. Adjust activities to fit the group's culture and background.
5. Clearly explain each activity and its goals.
6. Create a safe environment where everyone feels comfortable sharing.
7. Handle sensitive topics/disclosures with care and confidentiality.
8. Adapt the facilitation approach based on participant feedback and needs.

DISCLOSURE POLICY

If a participant discloses any information that suggests that they may harm themselves or others or that indicates any form of abuse, as facilitators you are legally required to report this information to the relevant authorities to make sure that participants are safe (compliance with mandatory reporting laws).

In South Africa, mandatory reporting of child abuse, neglect, or any harm-related disclosure is governed by the Children's Act 38 of 2005, which requires professionals working with children to report suspected abuse to the Department of Social Development (DSD), a designated child protection organization, or the South African Police Service (SAPS).

Additionally, the Criminal Law (Sexual Offences and Related Matters) Amendment Act

32 of 2007 mandates the reporting of sexual offences against children and persons with mental disabilities.

Facilitators must handle disclosures with sensitivity, ensuring that participants feel heard and supported while also fulfilling their legal obligations. It is essential to explain to the participant that any information related to harm or abuse must be reported to protect their well-being although confidentiality is respected.

Facilitators should follow organizational protocols, seek guidance from a designated child protection officer if available and document disclosures accurately. Where possible, referrals should be made to appropriate support services to ensure that participants receive the necessary psychosocial assistance.

The Workshop Process

ARRIVAL, REGISTRATION & WELCOME

DURATION: 30 minutes

- Facilitator collects consent and indemnity forms:
 - ⌚ Ages 10-17: Forms signed by parents/guardians.
 - ⌚ Ages 18+: Participants sign for themselves.
 - ⌚ No participation without a signed form.
- Participants sign the register and receive name tags.

ACTIVITY 1

INTRODUCTION, CHECK-IN AND THE GROUP CONTRACT

DURATION: 75 minutes

LEAD FACILITATOR: Educator

6 LEARNING OUTCOMES

By the end of this session, participants should be able to:

- Create a safe space for themselves and others and understand personal boundaries.
- Understand the definitions, types and impacts of abuse and GBV, correct false beliefs, and know how to seek help and support.

6 STEP 1: INTRODUCTION AND CHECK-IN

DURATION: 15 minutes

- Facilitators introduce themselves and provide an overview of the project:
 - ⌚ Project name
 - ⌚ Rationale and objectives
 - ⌚ Funder (if applicable)
 - ⌚ Number of workshops and attendance requirements
 - ⌚ Next workshop dates
- Participants check in by sharing their name and how they are feeling.

LESSONS FROM THE MASIKHULUME PROJECT

- For adolescent girls' workshops: Facilitators introduced themselves as "big sisters" rather than educators, artists, counsellors etc, to encourage trust and participation.
- For older caregivers' workshops: Facilitators introduced themselves as "Masikhulume sisters", emphasizing shared learning rather than expertise, for open dialogue and participation.

Masikhulume workshop: Introduction and check-in



6 STEP 2: GROUP AGREEMENT (GROUND RULES) FOR A SAFE LEARNING SPACE

DURATION: 15 minutes

MATERIALS:

- Flip chart
- Koki pens

FACILITATOR INTRODUCTION

"Now that we have introduced ourselves, we need to agree on a set of values that will help create a safe space for everyone. Each person will share what they feel is important for a safe and respectful space. There are no wrong contributions."

PROCESS

- Each participant contributes a value (rule) to the group agreement.
- Facilitator writes all contributions on the flip chart.
- Facilitator validates and clarifies the values/rules.
- Facilitator explains consequences of agreement violations, e.g.,
"If you violate any of these values/rules, I may need to excuse you from the session to ensure that everyone continues to feel safe."
- The group agreement remains visible on the wall throughout the session.

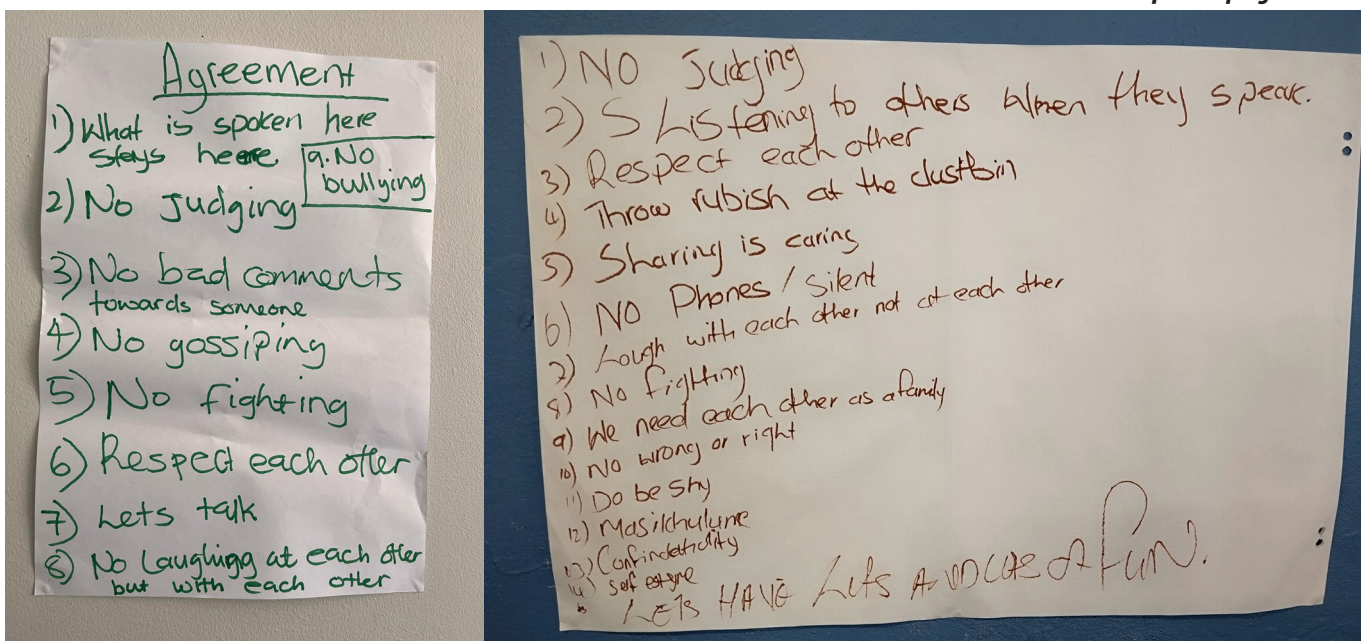
Note: We use the name "group agreement" instead of "rules" to highlight collective ownership and shared responsibility. This encourages participants to actively commit to maintaining a safe space.

NOTE TO FACILITATOR

Please emphasize the following values:

- **Self-regulation**¹⁰: Encourage self-awareness and impulse control, ensuring participants respect agreed group norms to protect both personal well-being and the collective integrity of the space.
- **Confidentiality**: Stress that personal stories shared in the group should never be shared outside the space.
- **Respect**: Emphasize respect for others, the space and the group's values.
- **Have fun**: Remind participants to enjoy the experience and fully engage in the day's activities.

Masikhulume workshop: Group Agreements



¹⁰Self-regulation is the ability to manage emotions, thoughts and behaviours in response to internal and external challenges, enabling adaptive and appropriate actions

🔗 STEP 3: ABUSE AND GBV DEFINITIONS

DURATION: 45 minutes

→ Facilitator introduces the session:

"We are here today to talk about issues affecting young girls and women in our country, specifically Gender-Based Violence (GBV). Before we start, let's talk about what we mean by the terms 'abuse' and 'GBV.'"

→ Facilitator provides definitions of abuse and GBV using a participant-led technique. The facilitator may ask the following questions to facilitate a discussion:

🕒 "What is abuse?"

🕒 "What are different types of abuse?"

Ask participants to give examples of each and whether they have experienced any such abuse unknowingly.

🕒 "What are the personal, social, and psychological impacts of GBV and abuse?"

🕒 "Are abuse and GBV the victim's fault?"

🕒 "What are harmful societal norms that perpetuate GBV and abuse?"

🕒 "What do you do when you are faced with a threat of abuse or violence, or when you experience abuse or violence?"



Note to facilitator: Make sure that everyone attending knows the emergency contacts they can use. See the next page for suggestions. Make sure to add the community-based emergency contacts for the specific community you are working in.

KEY MESSAGES

Make sure everyone understands this information:

Gender-based violence

Gender-based violence (GBV) is harm directed at someone because of their gender. It is wrong. It is never the fault of the victim.

Abuse

Abuse can be physical, emotional, financial or sexual. If someone hurts you, or threatens to hurt you, that is abuse. It is wrong. It is never the fault of the victim.

Impacts of GBV and abuse

GBV and abuse can affect a person's well-being, safety and ability to participate fully in society.

- Personal harm: physical injuries, trauma, low self-esteem, death.
- Social harm: stigma, isolation and strained relationships.
- Psychological effects: anxiety, depression and post-traumatic stress disorder (PTSD).

EMERGENCY CONTACTS

Should you feel unsafe, at risk, or need help related to your safety and wellbeing or experience any form of abuse or GBV, you can contact:

NATIONAL HELPLINE NUMBERS:

- National GBV Helpline: 0800 150 150
- GBV Command Centre: 0800 428 428 or send a "Please Call Me" to *120*7867#.
Deaf individuals can reach out via Skype at 'Helpme GBV', and persons with disabilities can SMS 'help' to 31531
- National Shelter Helpline (Thuthuzela Care Centre): 0800 001 005 or SMS /WhatsApp / "Please Call Me" on 082 057 8600 / 082 058 2215 / 072 230 7147
- Lifeline South Africa: 0800 012 322 or 0861 322 322
- National Counselling Line: 0861 322 322

- Childline South Africa (toll free): 0800 055 555
- South African Police Service (SAPS) emergency contacts: 10111
- SAPS Crime Stop: 08600 10111
- SAPS SMS Crime Line: 32211
- Legal Aid: 0800 110 110

OTHER USEFUL CONTACTS:

- People Opposing Women Abuse: 011 642 4345
- Rape Crisis: 021 447 9762
- Tears Foundation (free SMS helpline): *134*7355#
- Suicide Help: 080 056 7567
- The South African Depression and Anxiety Group (SADAG): 080 021 2223
- Toll Free Crisis Line: 086 157 4747
- Lefika La Phodiso low/no-cost clinic: 065 094 2152

Masikhulume brochure for girls (page 1 & 4): Emergency contacts specific to the Alexandra community were included.

YOUR RIGHTS & RESPONSIBILITIES

As you grow, it is important to understand your rights:

- You have the right to feel safe and respected.
- You have the right to education.
- You have the right to health and access to health care services.
- You have the right to be protected from abuse.
- You have a responsibility to treat others with kindness and to respect others.
- You have a responsibility to speak up when something feels wrong and when you need help.
- Everyone deserves to live free from fear and violence.



CONTACTS FOR HELP

Should you feel unsafe or need help related to your safety and wellbeing, you can contact:

- SAPS, Alexandra Police Centre: 011 321 7600/17
- Lifeline: 0800150150
- Lifeline Alexandra: 011 443 3555
- GBV Hotline: 080 042 8428
- Lefika La Phodiso low or no cost clinic: 065 094 2152 or email clinic@lefikaphodiso.co.za
- Social worker – Refilwe Kgoete – RefilweK@afrikatikkun.org



FOR GIRLS



A PROJECT FUNDED BY:



sport, arts & culture
Department
Sport, Arts and Culture
REPUBLIC OF SOUTH AFRICA

ORGANISATIONS COLLABORATING ON THIS PROJECT:



SARRAOUNIA
Public Health Trust

the trinity session



lefikaphodiso



ACTIVITY 2

PUPPET DOLLMAKING & THE INTRODUCTION OF THE PUPPET DOLL

DURATION: 105 minutes

LEAD FACILITATOR: Counsellor

6 LEARNING OUTCOME

- Participants should be able to express themselves, build connections and share experiences of abuse and GBV through creative storytelling.

SESSION OVERVIEW: THE PUPPET DOLLS

In this session, participants will create a puppet doll that will serve as a companion throughout the workshop series. More than just a creative exercise, this activity introduces the puppet as a therapeutic tool: a safe medium through which participants can express personal stories, emotions and experiences.

The puppet doll's journey begins at its creation, where participants bring it to life using available materials. As the workshops progress, the dolls will be used as therapeutic shields, allowing participants to externalize their thoughts and emotions in a safe and imaginative way. During group introductions, participants will present their dolls, using them as a bridge to share aspects of their own experiences.

The puppet doll's journey continues into the Intergenerational Dialogues Workshop, where participants will have an opportunity to enhance their dolls by adding symbolic elements that represent "superpowers": qualities inspired by the knowledge gained, shared experiences and discussions on issues affecting women and girls. This final transformation reinforces the idea of resilience, empowerment and healing, equipping participants with tools to navigate their realities beyond the workshop space.

THE THERAPEUTIC ROLE OF PUPPET DOLLMAKING IN GBV WORKSHOPS

- Puppet dollmaking in GBV workshops serves as a powerful therapeutic tool, enabling participants to engage in creative expression while confronting and processing difficult emotions.
- The act of creating a doll awakens the inner child, fostering deep self-connection and

encouraging shared experiences through storytelling and dialogue.

- This activity provides a safe and contained environment for participants to reflect on personal trauma and abuse.
- By using the dolls, individuals can externalize their experiences, shifting the narrative from a first-person to a third-person perspective.

For example, instead of saying, *"Hi, my name is Karabo, and I was abused as a young girl,"* a participant might introduce the doll by saying, *"Hi, this is Karabo. She was abused as a young girl."*

- This emotional distancing technique makes it easier for participants to open up, reducing feelings of vulnerability while still allowing for deep personal storytelling.
- Beyond facilitating disclosure, this approach fosters empathy, emotional containment and collective support, strengthening the group's capacity to hold and validate each other's experiences in a safe and affirming way.

6 STEP 1: MAKING THE PUPPET DOLLS

DURATION: 45 minutes

FACILITATOR: Counsellor

MATERIALS: Scrap fabric, Socks, Buttons, Glue, Markers, Needles, Wool, Stickers, Natural materials – sand, leaves, sticks, etc.

1. FACILITATOR INSTRUCTIONS

Introduce the activity and materials.

FACILITATOR'S SCRIPT:

"Hi everyone, today we are going to create puppet dolls using the materials in front of us. These dolls will represent us throughout the session. As you design your puppet, think about adding elements that reflect your personality, dreams, or emotions today. Choose colours and textures that you feel drawn to – they can symbolize aspects of your identity, feelings, or experiences."

2. MATERIAL SELECTION

- Participants explore and select materials based on preferred colour, texture and personal meaning.

3. CREATING THE PUPPET DOLLS

→ Participants create their dolls, crafting them to represent themselves or someone meaningful in their lives (e.g. a family member or friend).

Note to facilitator: Encourage creativity and self-expression, ensuring a supportive and non-judgmental atmosphere where participants feel free to explore their emotions through their creations.



Masikhulume workshops: Participants explore and select materials for puppet dollmaking



6 STEP 2: INTRODUCING THE PUPPET DOLLS TO THE GROUP

DURATION: 60 minutes

FACILITATOR: Counsellor

Note to facilitator: This session may bring up strong emotions and some participants may cry or have an emotional episode. Be emotionally prepared to hold and contain the space, allowing participants to express their feelings without rushing or suppressing them. Allow the group to support and comfort each other. If a participant becomes overcome with emotion to a point where the group cannot proceed, allow one of the counsellors the room to step outside with them. This provides a safe space for them to calm down and receive one-on-one counselling as needed before re-joining the group (if they feel ready).

6 ACTIVITY STRUCTURE

I. PARTICIPANTS INTRODUCE THEIR PUPPET DOLLS

- Each participant introduces their puppet doll in the third person, sharing its name, likes, current feelings, life experiences, and, if comfortable, any experiences related to GBV or trauma.

Introduction Example: *"Hi everyone, this is Pinky. She loves playing with her friends and enjoys school. She is happy to be here, but also a little sad because she hasn't seen her best friend in a while. Pinky is talkative but sometimes bottles things up. As a child, her aunt would say harsh words and curse at her. That hurt Pinky so much, but she was scared to speak up for herself or tell anyone about what was happening to her. One day, she finally told her mom ..."*

EXAMPLE 1:

"Thank you for sharing Pinky's story with us. I can hear how much she has been through, and it is brave of her to speak about it today. It is completely understandable that she felt scared to talk about what happened, and it is okay to have those feelings. I want to remind Pinky that she is not alone, there are safe spaces and people who care about her and want to support her. If Pinky ever needs help or someone to talk to, I am here and there are confidential services available to help her heal."

EXAMPLE 2:

If a participant shares that their puppet is scared to tell someone about their trauma, the facilitator can affirm that confidential and accessible support services exist and offer guidance on how to access them.

EXAMPLE 3:

If a participant shares an experience of abuse, inform them of their rights, available legal and emotional support services, and ask if they need help reporting or accessing care.

Note to facilitator: One of the facilitators can use the above example to introduce their puppet doll and you can engage them using the below methodology.

2. FACILITATOR'S ROLE IN SUPPORTING THE PROCESS

- Active listening and gentle probing:
- ⌚ Ask about the colours used, the hair, or other elements of the puppet to encourage deeper reflection.
 - ⌚ Probe gently for more details where appropriate.
- Providing affirmation and support:
- ⌚ Acknowledge and validate each participant's story.
 - ⌚ Link the puppet's experiences to real-life support systems.

3. CLOSING AND EMOTIONAL RELEASE

→ After all participants have shared, shift the mood to a lighter note by asking:

"How was the puppet-making process for you? What did you enjoy about it?"

If the emotional mood in the room remains intense, use a symbolic closing ritual to help participants release emotional heaviness before ending the session. Here are a few options:

⑥ Symbolic closing rituals to release emotional weight

1. THE IMAGINARY DOOR EXERCISE (USED IN PREVIOUS MASIKHULUME SESSIONS)

- Ask participants to visualize an imaginary door in the room.
- Invite them to stand up and walk through the door one by one, imagining that they are leaving behind any heavy emotions they do not want to carry with them.
- (Optional) As they pass through, they can say: "I leave behind the pain, but I take with me strength and support."

2. THE BREATHING AND LETTING GO EXERCISE

- Guide participants through a deep-breathing exercise:
 - ⌚ Inhale deeply for four seconds, hold for four seconds, and exhale for six seconds.
 - ⌚ Repeat three times.
- Ask them to clench their fists tightly for a few moments, imagining they are holding onto any difficult emotions.
- Then, instruct them to open their fists and release the emotions, symbolizing letting go.

3. WRITING & BURNING/THROWING AWAY (IF MATERIALS ALLOW)

- Give each participant a small piece of paper and ask them to write down a feeling, thought, or experience they want to leave behind.
- Participants can then:
 - ⌚ Tear up the paper and throw it in a bin.
 - ⌚ If safe and permitted, burn the paper in a controlled space (e.g., using a fireproof container).

4. THE STRENGTH CIRCLE

- Ask participants to stand in a circle, holding hands or linking arms.
- One by one, each person shares one word they are taking with them (e.g., strength, healing, courage).

End with a collective affirmation, such as: *"We are strong together. We support each other. We are not alone."*

Masikhulume workshops: Participants introducing their puppet dolls to the group.



ACTIVITY 3

- **FOR GIRLS:** Knowing Our Bodies
- **FOR GOGOS:** Knowing Our Adolescent Children's Bodies

DURATION: 125 minutes

LEAD FACILITATOR: Educator

SESSION OVERVIEW

This session is a crucial component of the GBV workshops as it fosters open and informed conversations about bodily changes, reproductive health and the right to make decisions free from discrimination, coercion and violence. Many adolescent girls lack safe spaces to discuss their bodies, leading to misinformation, stigma and vulnerability to abuse and GBV. Likewise, many caregivers, particularly grandmothers, may not have received adequate education about adolescent development, limiting their ability to provide guidance and support.

LEARNING OUTCOMES

- **FOR ADOLESCENT GIRLS:** Understand their changing bodies and make informed decisions about their reproductive health, free from discrimination, coercion and violence.
- **FOR GOGOS:** Understand adolescent girls' changing bodies and support them to make informed decisions about their reproductive health, free from discrimination, coercion and violence.

To achieve these outcomes, exercises are tailored specifically to each group using interactive, age-appropriate discussions. This approach ensures that both groups gain a comprehensive understanding of reproductive health and bodily

autonomy, with adolescent girls receiving the tools to navigate their own experiences and gogos equipped to provide informed care, support and guidance.

MATERIALS

- Flip charts, Koki pens, stickers; pads, tampons and underwear for menstruation activity

THE WARM-UP EXERCISE (optional)

DURATION: 5 minutes

In the Masikhulume workshops, this exercise helped participants relax, re-energise and transition into the session with increased engagement.

Countdown (5, 4, 3, 2, 1)

- Start by counting down out loud from 5 to 1
 - ⌚ Shake your right hand while counting down: 5, 4, 3, 2, 1
 - ⌚ Shake your left hand while counting down: 5, 4, 3, 2, 1
 - ⌚ Shake your left foot while counting down: 5, 4, 3, 2, 1
 - ⌚ Shake your right foot while counting down: 5, 4, 3, 2, 1
- Speed up the countdown for the next rounds:
 - ⌚ Countdown from 4 to 1 faster than before.
 - ⌚ Countdown from 3 to 1 faster than the previous round.
 - ⌚ Countdown from 2 to 1 faster than the previous round.
 - ⌚ Count 1 on all your hands and feet faster than the previous round.
- Finish by shaking your whole body and making a loud sound to release any tension.



6 STEP 1: UNDERSTANDING THE ADOLESCENT GIRL'S CHANGING BODY

DURATION: 45 minutes

NOTE: This session may be shorter for the older adolescent girls (15-19) and the gogos groups due to their better understanding of body changes. Special attention must be given to the younger adolescent girls' group.

ACTIVITY FOR ADOLESCENT GIRLS

- Participants use stickers or other materials on their puppets to express thoughts about their changing bodies.
- Participants use their puppets to share their thoughts with the group.

FACILITATOR PROMPTS FOR DISCUSSION

"Let's think about our changing bodies: Think about the changes that are happening in your body right now."

- What are changes that are happening in your body?
- Do you understand why these changes are happening? If the answer is yes or no, probe further to facilitate discussion.
- Have you had anyone explain to you about these changes?
- What do you not understand about your changing body?
- What do you love about your body?

- What is different about you or what do you not love about your body?
- Are all our bodies the same?
- Should all our bodies be the same?
- What are some of the topics that are difficult for you to talk to your guardian/gogo about? Probe further to facilitate discussion.
- What could be the way forward to ensure open and safe communication channels with your guardian/gogo about these topics?

Note: Facilitate the discussions amongst participants for peer-to-peer learning and support. Correct misinformation and provide correct information, while validating and emphasizing key points.

KEY MESSAGES

Make sure everyone understands this information:

FOR ADOLESCENT GIRLS

- Your body is changing. Changes are natural and part of growing up.
- Each body is beautiful, unique and special. Appreciate your body, respect your body and take care of your body.

Masikhulume workshop: Warm-up exercise



ACTIVITY FOR GOGOS

- Participants use stickers or other materials on their puppets to express thoughts about their children/grandchildren's changing bodies.
- Participants use their puppets to share their thoughts with the group.

FACILITATOR PROMPTS FOR DISCUSSION

"Let's think about our children/grandchildren's changing bodies: Think about the changes that are happening in their bodies right now."

- What changes do you notice in your adolescent granddaughter's body?
- Do you understand why these changes are happening? If the answer is yes or no, probe further to facilitate discussion.
- Have you or anyone in your family explained these changes to your adolescent granddaughter?
- What do you not understand about your adolescent granddaughter's changing body?
- Are all bodies the same?
- Should all bodies be the same?
- What are some of the topics that are difficult for you to talk to your adolescent granddaughter about? Probe further to facilitate discussion.
- What could be the way forward to ensure open and safe communication channels with your grandchildren about these topics?

Note: Facilitate the discussions amongst participants for peer-to-peer learning and support. Correct misinformation and provide correct information, while validating and emphasizing key points.

KEY MESSAGES

These are the key messages for this session. Make sure everyone understands this information:

FOR GOGOS

- Your granddaughter's body is changing. It is a natural part of growing up. Be there to offer guidance, support and understanding through these changes.
- Everybody is unique. Help your granddaughter to appreciate and respect her body. Teach her the value of self-care. Encourage her to take pride in who she is.

TOPICS TO COVER IN-DEPTH DURING THIS DISCUSSION:

1. PERSONAL HYGIENE

Personal hygiene is essential for adolescent girls as it promotes health, boosts self-confidence and helps prevent infections, especially during puberty when their bodies undergo significant changes. Incorporating these teachings in GBV workshops with gogos and adolescent girls foster open conversations, challenges harmful stigmas, and empowers both generations to support each other in maintaining dignity, self-care and bodily autonomy.

The Masikhulume workshops highlighted a clear gap in knowledge, with younger adolescent girls frequently asking questions like, 'How do I bath when I am on my period?' and 'Can I use soap to wash my vagina?' This reinforces the need for these discussions, as what seems like common knowledge is not always common!

2. MAINTAINING PERSONAL HYGIENE

- Bath/shower at least once a day to keep your skin clean and fresh. It is important to wash your whole body including your underarms, feet and private areas to remove sweat, dirt and germs.
- Brush your teeth twice a day with toothpaste to keep your teeth clean and your breath fresh. Floss to remove food stuck between your teeth and rinse with mouthwash to kill germs.
- Wash your hair regularly to keep it clean and healthy.
- Wash your hands with soap and water before eating, after using the bathroom and after touching things that could be dirty (like public places or pets). Clean hands help prevent the spread of germs and illness.
- Keep your nails clean and trimmed to avoid dirt. Dirty nails can carry germs.
- Wear clean clothes every day to help you feel fresh and comfortable. If you sweat a lot, change your clothes to stay dry and avoid body odour.

→ Use roll-on or antiperspirant to help keep your body smelling good and prevent underarm sweat. Participants may suggest alternative solutions (home remedies) in case of unaffordability or sensitivity to these products. DIY products must be used with caution.

3. STIGMAS SURROUNDING MENSTRUATION

During the Masikhulume workshops, a common misconception about menstruation emerged among adolescent girls and some gogos.

Many young girls believed that menstruation begins only after engaging in sexual activity with boys, leading them to hide their periods from their caregivers. This misinformation often came from peers or other adults (not necessarily their caregivers). While the gogos recognized that this belief was false, they struggled to understand why the younger girls were secretive about their periods.

Another common concern among girls was the experience of painful or irregular periods, which caused confusion and anxiety. This highlights the urgent need to break menstrual stigmas and encourage open, safe conversations between guardians and adolescent girls to ensure accurate knowledge, reassurance and support.

Note to facilitator:

- Facilitate the discussions amongst participants for peer-to-peer learning and support. Correct misinformation and provide correct information, while validating and emphasizing key points.
- Provide menstrual education by providing a definition and a demonstration. Define and demonstrate as follows:
- Definition of menstruation: This is when blood comes out of a girl or a woman's vagina every month. It's a natural process that happens as the body gets ready for possible pregnancy in the future.
- Activity to demonstrate: Use panties, red lipstick/paint, pads, cotton wool, tampons and clean cotton fabric to explain menstruation and how to prevent leaks. Get a participant to demonstrate correct pad/tampon use. Answer participants' questions to the best of your knowledge.



KEY MESSAGES

Make sure everyone understands this information:

Having a monthly period is a normal part of growing up.

During periods, prevent the leaks and keep yourself clean by using cotton wool, pads, tampons or a washable cotton fabric.

Change regularly (every 4–6 hours) to stay fresh and prevent any discomfort or infections.

6 STEP 2: YOUR CHOICES AND KEEPING SAFE

DURATION: 45 minutes

SESSION OVERVIEW

As young people grow, they begin to experience new feelings, emotions, and relationships that can sometimes be confusing. This session is designed to help participants understand their choices, personal boundaries and ways to stay safe in different situations. By discussing topics such as sexual feelings, consent, safe and unsafe touch, sexual intercourse, and pregnancy, participants will gain the knowledge and confidence to make informed decisions about their bodies and relationships.

In the context of GBV workshops, these conversations are particularly important. Many young people and caregivers may have limited access to accurate information about bodily autonomy, consent and safe relationships, leading to harmful myths and vulnerabilities to abuse. By addressing these topics openly, we empower adolescent girls to assert their rights, recognize unsafe situations, and seek help when needed. Caregivers, in turn, gain the knowledge and confidence to support and guide young girls in making safe and informed choices.

Through interactive activities, including the use of puppet dolls, participants will explore their understanding of these concepts, correct misinformation and develop skills to communicate their boundaries effectively. This session also reinforces the key message that everyone has the right to their own body and that no one should ever be pressured or forced into any situation that makes them feel unsafe or uncomfortable.

INTRODUCTION TO ACTIVITY

Begin by asking participants what they understand about the words “sexual feelings,” “consent,” “safe vs. unsafe touch,” “sexual intercourse,” and “pregnancy” (one word at a time).

Let them know there are no wrong answers and that everyone’s understanding is important. Encourage an open discussion where participants can share their thoughts comfortably.

ACTIVITY GUIDELINES

- Provide participants with stickers or markers and ask them to use these to mark their puppet dolls, reflecting their understanding of these words and concepts.
- For example, if they associate “consent” with agreement, they can place a sticker on the mouth of the puppet doll to demonstrate that understanding.

FACILITATOR’S ROLE

- Once participants have marked their puppets, go around and engage with each participant. Ask them to explain why they chose certain stickers for the puppets and what those words mean to them.
- Probing questions: If a participant seems unsure or if there are misunderstandings, gently probe for clarification. For example, ask:
 - “What makes you think that?”
 - “Can you explain what this means for you?”
 - “How do you feel about this word?”
- Elaboration: If there is a lack of understanding, provide more detailed explanations. Use the below definitions as a guide, but be sensitive to the age and cultural contexts of your participants.

CULTURAL SENSITIVITY AND AGE-APPROPRIATENESS

- Be mindful of the participants’ age and cultural backgrounds as you explain sensitive topics. For younger participants or those with limited understanding, simplify definitions and use relatable language. For older participants or caregivers, be more detailed and discuss the broader implications.
- Adjust the language and tone to be respectful of the community’s values and norms, and be open to feedback or questions to ensure that participants feel comfortable and heard.

REFLECTION

- After the activity, invite participants to share their thoughts on what they learned. Encourage peer-to-peer learning, where participants can offer insights and support each other.
- Reinforce key messages such as the importance of consent; the right to say “no.”
- Correct any misinformation gently and ensure everyone leaves the session with a clear understanding of these important topics.

DEFINITIONS OF KEY CONCEPTS AND KEY MESSAGES: A GUIDE FOR THE FACILITATOR

1. SEXUAL FEELINGS

DEFINITION: These are feelings of attraction or liking towards someone in a romantic or physical way.

KEY MESSAGES FOR ADOLESCENT GIRLS:

- It is normal to have these feelings as you grow older.
- These feelings can be confusing, but they are a natural part of growing up.
- The feelings are normal, but it doesn't mean that you are ready to act on them.

KEY MESSAGES FOR GOGOS:

- It is normal for you to have these feelings.
- It is normal for your grandchild to have these feelings too as they grow older.

2. CONSENT

DEFINITION: Consent means giving clear permission or saying “yes” to something, such as a hug or holding hands.

- Consent is about making sure both people agree and feel comfortable with what is happening, and anyone can change their mind at any time.
- You have the power to make a decision.
- It is important that you feel safe and comfortable at all times.

ACTIVITY TO DEMONSTRATE CONSENT: Embodied practice of yes and no. And noticing how ‘yes’ and ‘no’ feels and looks.

3. SAFE VS. UNSAFE TOUCH

- Safe touch is when someone touches you in a way that makes you feel comfortable, like a hug from a friend or parent.
- Unsafe touch is unwanted, makes you feel uncomfortable or scared. It is important to speak up if someone touches you in a way that feels wrong.

4. SEXUAL INTERCOURSE

DEFINITION: Sexual intercourse usually involves touching each other's private parts, and is the physical act of a man's penis entering a woman's vagina.

- When the man ejaculates inside the woman's vagina, this can lead to pregnancy.
- Sexual intercourse without condoms can lead to the spread of sexually transmitted infections (STIs).
- This is called a heterosexual relationship, but sexual intercourse can also take place between a man and a man or a woman and a woman. The same rules of consent and safety apply regardless of gender.
- It is important to understand that sexual intercourse should always be a choice, and both people need to agree to it.

5. MASTURBATION

Masturbation is a normal and safe way to explore your own body and experience pleasure. It involves self-touch, and it is important to know what feels comfortable for you. There's no need to insert anything into your body, but if you choose to, be sure it is something safe and designed for that purpose. You can find safe options in health stores or adult stores, but always prioritize your comfort and safety.

6. PREGNANCY

DEFINITION: Pregnancy is when a baby starts to grow inside a woman's belly.

- This usually happens when a man's sperm joins with a woman's egg as a result of having sex, and the baby grows inside the womb for nine months until it is ready to be born.

MORE KEY MESSAGES FOR THE FACILITATOR TO SHARE: KEY MESSAGES FOR ADOLESCENT GIRLS

Make sure everyone understands this information:

- Under South African law, you must be 16 years or older to agree to important things like having sex. No one can legally say yes to sex until they are 16.
- If you are 16 or 17 you can only consent to sex with someone in your age group (you cannot consent to someone over 18 – this is considered statutory rape because you are still a minor).
- Sex is a personal decision. It is okay to wait until you feel truly ready and to make that decision carefully.
- If you choose to be sexually active, make sure you use condoms to protect yourself from STIs and HIV.
- If someone has sex with you without your clear “yes” then it is rape.
- You can talk to a trusted adult about what has happened.
- You can report rape to the police.



Note: For grandmothers, emphasize that this information applies both to themselves and their granddaughters.

KEY MESSAGES FOR GOGOS

Make sure everyone understands this information:

- Under the law a child must be 16 to agree to important things like having sex. They cannot legally say yes to sex until they are 16. If they are 16 or 17, they can only consent to sex with someone in their age group (they cannot consent to someone over 18 – this is considered statutory rape because they are still a minor).
- Deciding when to have sex is a personal decision for girls who are already 16 or older than 16.
- They have the right to wait until they feel truly ready.
- Talk to your granddaughter about the importance of using condoms to prevent STIs and HIV.
- Encourage your granddaughter to visit the clinic family planning services to get contraceptives to prevent an unplanned pregnancy.
- Make sure your granddaughter knows that if anyone forces her into sex without her clear “yes” then that is rape.
- Rape can be reported to the police.
- Encourage your granddaughter to talk to you if she has been raped.

KEY MESSAGES

Make sure everyone understands this information:

Your body belongs to you.

You have the right to decide who can touch your body.

No one should touch you or pressure you to do anything without your clear “yes”. Only you can give permission.

If you choose to be sexually active, make sure you use condoms to protect yourself from STIs and HIV.

Visit your local clinic family planning services to get contraceptives to prevent an unplanned pregnancy.

STEP 3: CONDOM USE DEMONSTRATION ACTIVITY

DURATION: 30 minutes

In this activity, we demonstrate the correct use of both male and female condoms, emphasizing their importance in preventing sexually transmitted infections (STIs), HIV, and unplanned pregnancies.

This demonstration is crucial in GBV workshops, especially since it emerged in the Masikhulume workshops that many caregivers, particularly gogos, had never used condoms themselves and therefore lacked the knowledge and confidence to teach the adolescent girls under their care about condom use. Some of the girls in Masikhulume workshops exhibited initial fear and hesitation of touching the toy penis. This highlighted the strong social stigmas and taboos surrounding these issues, underscoring the need to create open, non-judgmental spaces for these essential conversations to ensure knowledge dissemination and informed decision-making.

MATERIALS

- Male condoms
- Female condoms
- Toy penis (for demonstration)
- Visual aids (e.g., posters or diagrams) (optional)

ACTIVITY INTRODUCTION

- The facilitator explains the importance of using condoms to protect against STIs, HIV and unplanned pregnancies.
- The facilitator emphasizes that condoms are a safe, effective and accessible way to take control of one's sexual health; and shares where to obtain them.

MALE CONDOM DEMONSTRATION

- The facilitator demonstrates the proper way to use a male condom on a toy penis.

- ⌚ Open the condom package carefully, avoiding tearing the condom.
- ⌚ Check the expiration date on the condom to ensure it is safe to use.
- ⌚ Pinch the tip of the condom to leave space for sperm and roll it down the shaft of the toy penis.
- ⌚ Demonstrate how to remove the condom after use (taking care not to spill any fluids) and dispose of it safely.
- Ask participants if they have any questions and clarify any misunderstandings.

FEMALE CONDOM DEMONSTRATION

- The facilitator explains that female condoms are another option for protection and demonstrates how to use them.
- ⌚ Show the participants the female condom and explain that it has an inner ring (for insertion) and an outer ring (for covering the outside of the vagina).
- ⌚ Demonstrate how to insert the inner ring into the vagina by squeezing the ring and pushing it inside.
- ⌚ Explain how the outer ring remains outside the body and covers the outer parts of the genital area.
- ⌚ Show how to remove and dispose of the female condom after use.
- Allow participants to ask questions and provide clarifications as needed.

INTERACTIVE PRACTICE

- Participants can practice using both male and female condoms on a toy model under the facilitator's supervision to ensure they understand the correct technique.
- Encourage participants to ask questions and share any concerns they may have about condom use.

KEY MESSAGES

Make sure everyone understands this information:

- Condoms are one of the most effective ways to protect against sexually transmitted infections (STIs) and to prevent unplanned pregnancies.
- Using condoms correctly every time you have sex is important for maintaining sexual health.
- Everyone has the right to insist on condom-use in any sexual encounter.
- If someone removes a condom without your consent during sexual activity, this is called "stealthing", and it is against the law. You can report this to the police.
- If a condom breaks during sexual intercourse, you can do the following within 72 hours: 1) Ask for Post-Exposure Prophylaxis (PEP) from a local clinic to prevent HIV, especially if you are HIV negative and your partner's HIV status is unknown, or they are HIV-positive; and; 2) Get an emergency contraceptive pill to prevent an unplanned pregnancy.

ACTIVITY 4

INTERGENERATIONAL CARE AND SUPPORT: KNOWING OUR RIGHTS AND RESPONSIBILITIES

DURATION: 90 minutes

LEAD FACILITATOR: Counsellor

Note: This activity may not fit into a single-day workshop due to time constraints.

- Integrate it when time permits or schedule it as a stand-alone session if necessary.
- If time is limited, prioritize reviewing the key messages on rights and responsibilities, as they are essential to participants' understanding and empowerment.

SESSION OVERVIEW

This session provides a platform for adolescent girls to showcase challenges of being raised by grandmothers, and for gogos to showcase challenges of raising adolescent girls through a short drama/story. Participants will work together to find solutions to these unique challenges, as well as explore their rights and responsibilities. Drama storytelling serves as a creative and therapeutic tool, allowing participants to express themselves and share their experiences in a non-threatening and engaging way. Drama therapy is particularly effective in addressing sensitive topics, as it enables individuals to explore difficult emotions, communicate complex feelings and process their lived realities in a supportive and interactive manner.

LEARNING OUTCOMES

FOR ADOLESCENT GIRLS:

- Explore experiences of care and support with older carers, identify problems and come up with solutions.
- Understand their rights and responsibilities.

FOR GOGOS:

- Explore experiences of raising adolescent girls, identify problems and come up with solutions.
- Understand adolescent girls' rights and their responsibilities as caregivers.

MATERIALS

- Puppet dolls
- Courage rights and responsibilities cards

STEP 1: LIVED EXPERIENCES - CHALLENGES AND SOLUTIONS DRAMA

DURATION: 60 minutes

INSTRUCTIONS

- Divide participants into two groups.

FOR ADOLESCENT GIRLS:

- Group 1: Create a short story/drama that depicts current challenges adolescent girls face living with their grandmothers.
- Group 2: Create a short story/drama that highlights the positive aspects of being raised by grandmothers.

FOR CAREGIVERS/GOGOS:

- Group 1: Create a short story/drama that depicts current challenges that grandmothers face raising their granddaughters.
- Group 2: Create a short story/drama that highlights the positive aspects of raising adolescent grandchildren.

FACILITATOR GUIDELINES

- Ensure that the stories have a beginning, middle, and end. Let participants decide on the theme.
- Encourage practice and embodied discussion (roleplay/gesturing) throughout the process.
- Once both groups present their dramas, guide a discussion on the themes, issues and solutions raised.
- Participants reflect on their own experiences.

Facilitator's role:

- Use the puppet dolls to address serious issues such as abuse, GBV, neglect, safety, etc., as they arise during the discussion.
- For each challenge identified, let participants suggest possible solutions.
- The puppet can help teach key concepts in a playful and less intimidating manner.

6 STEP 2: RIGHTS AND RESPONSIBILITIES

DURATION: 30 minutes

In this exercise, participants will be introduced to the Courage Rights and Responsibilities Cards, using them to explore the concepts of children's rights and responsibilities in a way that is interactive and engaging. Each card presents a right alongside its corresponding responsibility, helping participants understand how rights are linked to respectful and responsible behaviour. Facilitators will guide participants through group discussions, where they will reflect on the importance of these rights and responsibilities in the context of their own lives, as well as how to advocate for and protect those rights. This will empower participants to build awareness around child protection and foster a deeper understanding of their roles in promoting safety and respect within their communities.

MATERIAL NEEDED

- Courage Rights and Responsibilities Cards. This is a set of illustrated interactive cards designed to facilitate discussions around development stages, rights, responsibilities and empowerment. For this activity we use only two – rights and responsibilities. These cards were developed and tested by Dr. Dee Blackie, and are part of the Courage Child Protection Course. Visit <https://courage-community.com> to find out more and contact couragechildprotection7@gmail.com to purchase pre-packed physical sets or access the free download of the cards.

INTRODUCTION

- Emphasize that every person in South Africa is protected by the constitution and that specific rights are safeguarded by law.
- Explain that every right comes with a personal responsibility.

ACTIVITY

- Divide participants into three groups.
- Each facilitator sits with a group to provide guidance and lead the activities.
- Each group will use this time to explore the Courage Rights and Responsibilities Cards, learning about the different rights they are entitled to as individuals.
- After identifying the rights, participants will match them with corresponding responsibility cards to understand the duties associated with each right.
- Each group participant selects a rights card and the corresponding responsibility card, then presents their findings to the rest of the group. They explain how the right and the responsibility are linked and why they are important.

Masikhulume workshop: Rights and responsibilities activity



KEY MESSAGES

Make sure everyone understands this information:

FOR ADOLESCENT GIRLS

Your rights and responsibilities:

- You have the right to feel safe and respected.
- You have the right to education.
- You have the right to health and access to healthcare services.
- You have the right to be protected from abuse.
- You have a responsibility to treat others with kindness and respect.
- You have a responsibility to speak up when something feels wrong and when you need help.
- Everyone deserves to live free from fear and violence.

FOR CAREGIVERS/GOGOS

As a caregiver, you have the duty to care for and protect your granddaughter. It is important for you to understand her rights.

- She has the right to feel safe and respected in your care.
- She has the right to an education.
- She has the right to health and to access health care services.
- She has the right to be protected from abuse and you have a role in ensuring her safety.
- It is your responsibility to treat her with kindness and respect.
- Encourage her to speak up when something feels wrong. Be there to listen when she needs help.
- Help her to understand that everyone deserves to live free from fear and violence. Guide her with love and support to make this possible.

ACTIVITY 5

CHECK-OUT & CLOSURE

DURATION: 15 minutes

FACILITATOR: Counsellor

SESSION OVERVIEW

This final activity provides participants with an opportunity to reflect on their learning and emotional experiences from the session. By sharing a word or sentence about their takeaways, participants consolidate key messages and reinforce the importance of these workshops in addressing GBV. This moment of reflection also strengthens group cohesion and ensures that participants leave feeling heard and supported. The closure segment serves as a reminder of the upcoming intergenerational dialogues workshop, ensuring all participants' safe departure.

🕒 STEP 1: CHECKING OUT ACTIVITY

DURATION: 10 minutes

- Participants say one sentence or word of what they are taking away from today's session.

🕒 STEP 2: CLOSURE & NEXT STEPS

DURATION: 5 minutes

- Facilitator collects participants' puppet dolls for safekeeping, ensuring they are securely stored for use in the Intergenerational Dialogues, where these puppet dolls will be reunited with participants to facilitate further discussions.
- Facilitator announces the intergenerational dialogues date.
- Facilitator emphasizes the importance for attendance with their grandmothers/granddaughters.
- Facilitator issues out handouts/pamphlets if any.
- Facilitator thanks everyone and closes the session.
- Facilitator ensures everyone will get home safely.
- Children are released to their caregivers.
- Unaccompanied children to be followed up with a call to parents to confirm their safe arrival.

The Masikhulume intergenerational dialogues



This section provides a structured overview of the Masikhulume intergenerational dialogues workshops, outlining their approach, facilitation methodology and a detailed breakdown of the workshop process. The workshop process includes timed activities with specific learning objectives, and step-by-step facilitator guidelines to ensure effective implementation.

WORKSHOP DURATION

The intergenerational dialogues workshop will ideally run for approximately 8 hours. For us, this included travel time. The times given with every activity is to be used as a guideline. Although the structured activities do not total 8 hours, this leaves time for arrival and registration, discussions, transitions, and breakfast and lunch breaks.

APPROACH AND METHODOLOGY

The methods and processes outlined in this toolkit were conceived to create a safe and dynamic means of communication and dialogue between adolescent girls and their caregivers with a view to improving the language and tools needed to begin addressing experiences of GBV on a personal and community level.

Taking into consideration the intergenerational profile of each of the workshop groups, i.e. adolescent girls aged 10-19 and caregivers aged 40 and upwards to more senior women, the creative processes devised for the dialogue process were intentionally accessible, playful and adaptable.

And with each of the participant groups already primed by the preceding Psychosocial Education Workshops, the transition to the Intergenerational Dialogues Art Workshops was made easier.

While the approach described in this toolkit can be applied in a variety of contexts and socio-economic conditions, the methods used took into consideration the dense, congested and often unsafe built conditions typical of the west bank of Alexandra Township, from which many of the participants were identified.

These are bigger workshops, designed to accommodate a large number of participants, typically ranging from 30 to 50 individuals across all participant groups. This large turnout necessitates the selection of spacious venues, such as community halls or school auditoriums, and requires a robust team of 6 to 8 facilitators to manage the diverse needs and dynamics of the group effectively:

- 2 arts creatives – main facilitators
- 2 educators – support team
- 2 counsellors – counselling support

MATERIALS REQUIRED FOR THESE WORKSHOPS INCLUDE:

Puppet dolls made in psychosocial education workshops, large sheet of paper, pencils, crayons, markers, coloured chalk, various fabric and decorative materials, beads, wool, thread, needles, glue, fabric markers, safety pins, large textured sheet of paper, thick colourful wool (different colours), tape, scissors, stickers and other various decorative elements.

INTERDISCIPLINARY FACILITATION

The arts facilitation team comprised trained and practicing visual and performing artists, who also had experience and or qualifications in working with persons of all ages, as well as wellness and healing modalities ranging from movement and dance to yoga, kinesiology and meditation. It is important to note that using the term art in certain contexts can be intimidating and distracting, hence the interdisciplinary profiles of each of the facilitators helped to present a more holistic experience for the participants, who would be acquiring new creative skills through exposure and collaboration. For the purpose of this toolkit, the main facilitators of the Intergeneration dialogues workshops will be referred to as 'Arts Creatives'.

COGNITIVE AND PSYCHOLOGICAL DIMENSIONS OF CREATIVE PRACTICE AND EXCHANGE

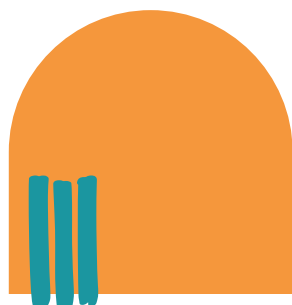
When working with art and craft materials to explore and describe lived experience, there is often a fine balancing act between the work of one's senses, the inner intuitive world of the participant and their process of transferring creative expression into evidence. Very often these processes solicit unforeseen emotional responses from the participant which requires assistance and support for the individual(s) dealing with these confusing sensations and new information as it surfaces.

SUPPORTING FACILITATORS - COMMUNITY ART COUNSELLORS

As a result of the strategic partnerships formed for this program, which included both trained and in-training Community Art Counsellors, facilitators were equipped with the necessary social engagement skills, psychological experience and art counselling principles to manage complex group dynamics. If any participants were overwhelmed by the sensitive topics addressed in the workshops, facilitators could direct them to designated safe spaces for additional support, debriefing, and emotional processing. This support ensured that participants had access to the care they needed, helping them navigate difficult emotions and experiences in a safe and supportive environment.

WORKSHOP LOCATION AND CHARACTERISTICS

A combination of indoor and outdoor spaces (nature settings) with additional break-away spaces for debriefing of individuals or groups, provide the necessary flexibility for the shifting of energy and focus required by each of the phases of the day's programme.



The workshop process

ACTIVITY I

ARRIVAL & GROUNDING

DURATION: 15 minutes

Arrival meet-and-greet followed by an outdoor emotional grounding and balancing of the group through movement and meditation.

6 OBJECTIVE

- To establish emotional readiness and set a positive tone for the session.

6 STEP 1: ARRIVAL AND WELCOME

DURATION: 10 minutes

- Participants are welcomed with warm greetings.
- Facilitators introduce themselves and outline the objectives and structure of the workshop.

6 STEP 2: GROUNDING AND BRAIN INTEGRATION EXERCISE

DURATION: 5 minutes

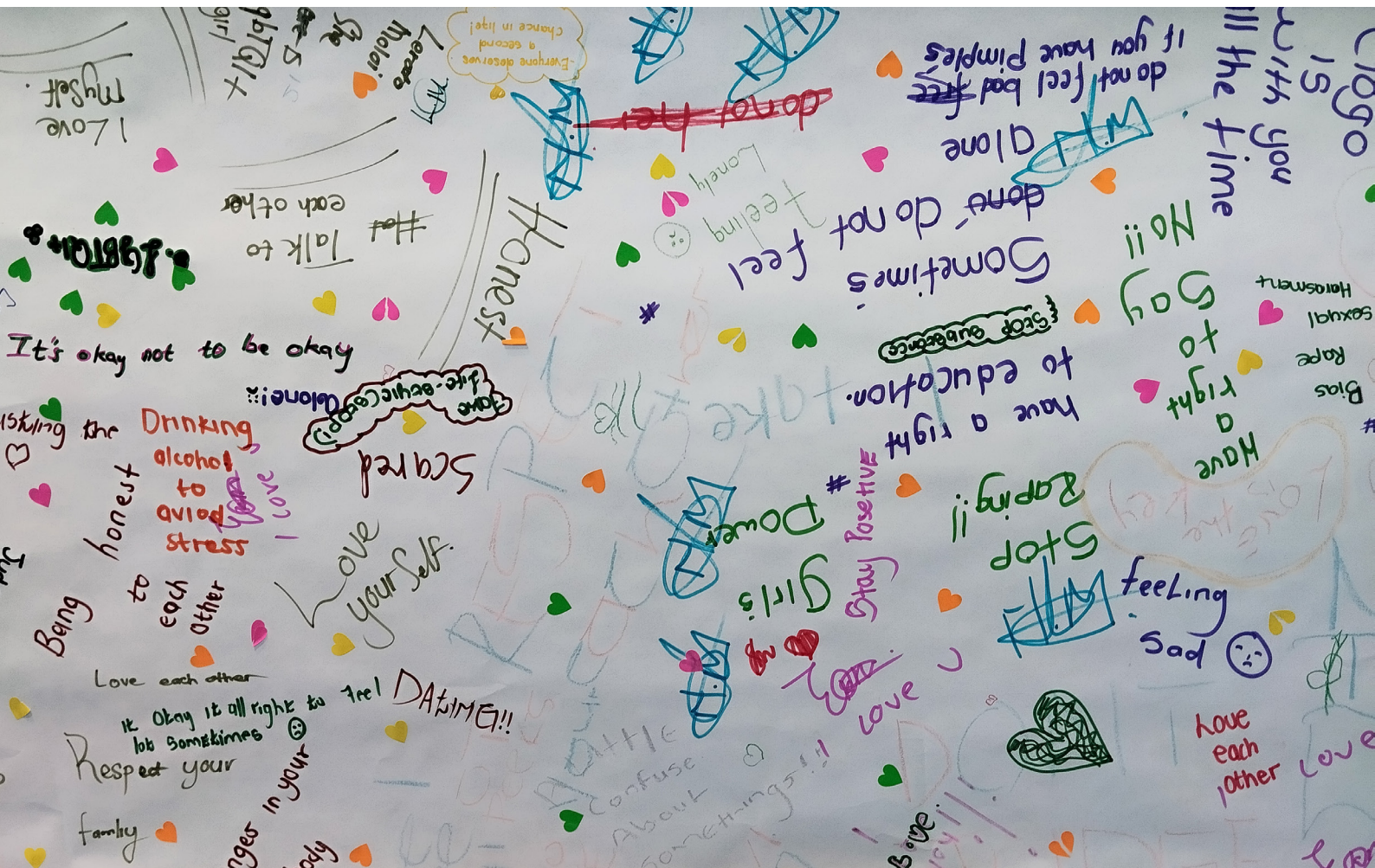
- The session begins with a guided breathing and movement exercise to help participants become emotionally grounded and fully present.
- Grounding (brain integration technique) – an exercise that helps people to connect both hemispheres of the brain for focus, creativity, problem-solving and neural system calming. This technique comes from Brain Gym®.

FACILITATOR'S GUIDE: GROUNDING AND BRAIN INTEGRATION EXERCISE

- "Stand with enough space around you that you can turn around in a circle with your arms outstretched.
- Now cross crawl in place – normal "walking" movement with opposite arms and legs but lift knees high, march in place for 10 steps.
- Now march in place for 10 steps with the same arm and same leg (like "goose-stepping).
- Now back to cross crawl.
- Now open your arms wide. Imagine half of a golden ball on each of your hands.
- Close your eyes and bring your arms together, feeling the ball becoming one as your hands meet (say this slowly so they integrate naturally but if people don't move their arms you can say, now bring your hands together).
- Feel that ball become whole, now pull it into your chest.
- Feel that warm light going into your heart, down your chest as you breathe, into your stomach, hips, knees, ankles, toes.
- Now feel that golden light beaming a ray of light into the earth. All the way to the centre, connecting you to mother earth.
- Now, knowing that you are grounded, let yourself travel back up the beam into your toes, up to your ankles, knees, hips, chest, shoulders, neck, brain and now you are filled with golden light and a beam shoots out of the top of your head, through the atmosphere connecting you to the heavens above.
- Breathe that in, knowing that you are grounded and connected."



Masikhulume workshop: Grounding (brain integration exercise)



ACTIVITY 3

PUPPET DOLL ENHANCEMENT: ADDING A SUPERPOWER

DURATION: 90 minutes

In this session, participants will be elaborating on their personal dolls created in the education workshops, by adding new layers of materials to update their perceptions of their doll based on new knowledge gained. Facilitators will achieve this by specifically asking participants what superpower they would like to add to their doll to feel safer, more powerful and be able to thrive. The doll in this sense serves as a personal surrogate or psychological mirror and ultimately serves to explore what would be needed to improve the participants' situation. This could include physical and environmental changes, but more importantly will highlight the characteristics or actions that the adolescents need from their caregivers to feel safe and supported.

OBJECTIVE

→ To strengthen self-awareness and empowerment through personal symbolism.

MATERIALS

Various fabric decorative materials, beads, wool, thread, needles, glue, fabric markers, safety pins, scissors, etc.

Note: During the Masikhulume workshops, the superpower discussions were particularly engaging, included some personal experiences (sometimes emotional), and provided participants with a sense of control over their thoughts and emotions. This activity allowed participants to recognize and harness their inner strengths, using their “superpowers” as a tool for personal growth and resilience in the face of adversity.

ACTIVITY GUIDELINES

- Participants reunite with the puppet dolls they created in previous workshops (these puppet dolls were kept safe by facilitators).
- Participants receive additional materials to enhance their dolls.
- Facilitators introduce the concept of “superpower”, asking participants: “What ability would make you feel safer, stronger, or more confident?”
- Participants then modify their dolls to incorporate their chosen superpower.
- The activity concludes with participants presenting their superpower choices, discussing how these qualities reflect their resilience, and aspirations.



Masikhulume workshop: Participants add new materials and layers to their dolls created in the psychosocial education workshops.

ACTIVITY 4

COMMUNITY MAPPING: SAFE & UNSAFE SPACES

DURATION: 90 minutes

This session included a large-scale mapping of personal experiences of place, informed by public and private daily routines. Participants spend time individually creating a representational map of their environment, the physical spaces they live in, indicating spaces and places that either demonstrably or intuitively make them feel:

- A) unsafe, threatened, vulnerable, at risk, and;
- B) safe, understood, supported and protected.

The mapping process sparks interesting conversations between participants as many of them swap stories about places they have in common and sometimes alert people to potential danger that they were not aware of. It also offers the benefit of allowing facilitators to be alerted to other issues, for example, which participants have no safe spaces, so they are able to connect them

with counselling resources. The facilitators then walk through the map and ask questions of the participants who are seated around it, which sparks more interaction. While the process is in progress, facilitators ask participants about their stories and ask people if they would be willing to share at the end. These people are then invited to stand up and speak about their story and how the map relates to their lived experience of keeping themselves safe in an unsafe place.

Concluding discussions and reflections are of a now more empowered person and their transformed, empowered doll. Participants need to think about and devise a safe space for their puppets to return home to, they become the puppets' guardian. It is vital that these puppets are not abandoned at the end of this process but returned to a place of comfort and safety at home.



6 OBJECTIVE

- To help participants identify and analyse their environments in terms of safety and vulnerability.

6 MATERIALS

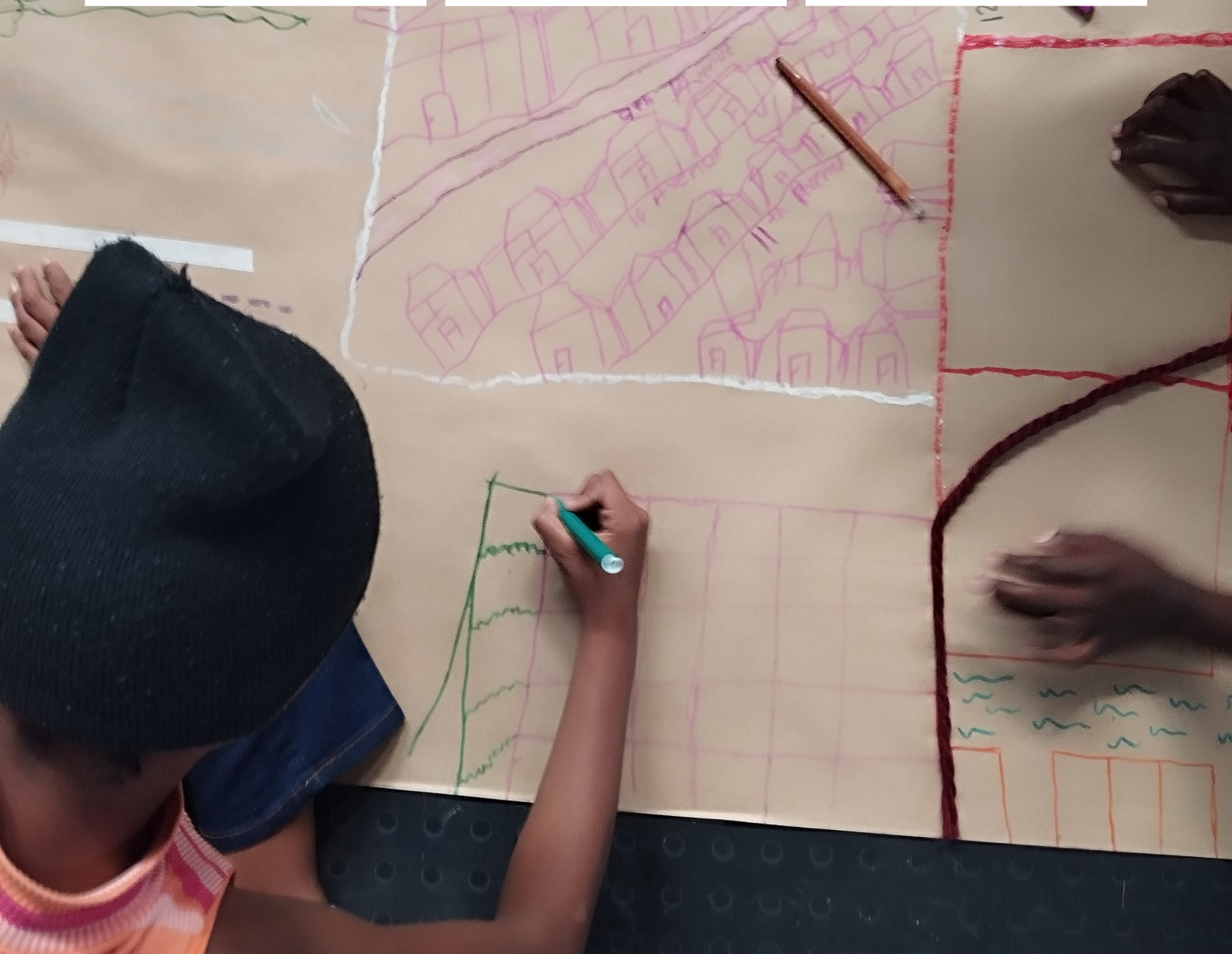
Textured sheet of paper, thick colourful wool (different colours), chalk, crayons, markers, tape, scissors, stickers, various decorative elements, etc.

6 ACTIVITY GUIDELINES

- A large textured sheet of paper is placed on the floor, along with other materials.
- Participants are asked to create maps of their homes and community, highlighting:
 - Safe spaces where they feel supported, understood and protected.
 - Unsafe spaces where they feel vulnerable, threatened or at risk.
- The exercise prompts conversations about shared experiences, coping strategies and ways to improve personal and community safety.
- Participants share their maps with the group highlighting safe and unsafe spaces.
- Facilitators walk around and ask open-ended questions, encouraging storytelling and collaborative problem-solving.
- Puppet dolls are placed in the designated safe spaces within their maps.
- Facilitator leads a discussion on:
 - What makes a space safe?
 - Who are the trusted adults or support networks in the home and community?
 - How can they assert their boundaries?
- The activity concludes with participants identifying personal and community resources for protection and support.



Masikhulume workshop: Participants reflect on their emotions, feelings and experiences, stemming from the psychosocial education workshops.



ACTIVITY 5

EMOTIONAL INTEGRATION & CLOSING

DURATION: 10 minutes

Closing out is done with the Magic Carpet process at the end of the day – outside the workshop venue. Be mindful that the participants will not be returning to the workshop space again. They must thus be equipped with an emotional technique or awareness to draw from, especially where dialogue and interaction with their caregivers/adolescent grandchildren need to improve.

6 OBJECTIVE

→ To equip participants with emotional grounding tools, and; session closure.

6 STEP 1: MAGIC CARPET VISUALIZATION EXERCISE

DURATION: 5 minutes

The Magic Carpet Technique is a quick, imaginative exercise where you create a mental ‘carpet’ to anchor three key attributes – such as joy, calm, or strength – that you want to embody. By recalling vivid past moments when you felt each quality, you infuse your imaginary carpet with those sensations, using colours and senses to make it real. Stepping onto it lets you feel those attributes rise through your body, and by rolling it up to carry with you, you’ve got a portable tool to tap into those states at any time, helping you move forward with confidence and ease. This technique is informed by Neuro-Linguistic Programming.

MAGIC CARPET PROCESS

5-MINUTE VERSION FOR A LARGE AUDIENCE FACILITATOR PROMPTS

- “Alright, everyone, let’s dive in—find your space where you can take one step forward and one step back. Got it? Good.
- First, think of three attributes you want to carry forward—qualities that make you feel happy, safe, and powerful. Maybe it’s joy, calm, strength—whatever lights you up. Pick your three, quick as you can, and hold them in your mind.
- Now, stand tall, look down, and imagine drawing a circle on the floor right in front of you. That’s your

magic carpet. See it shimmer into existence, ready for you.

- Take your first attribute—say it’s joy. Think of a time you felt that joy the most, a moment when it was alive in you. What’s the colour of that feeling? Is it warm or cool? Does it hum, swirl, or glow? Maybe it’s got a smell or a taste—lock that in. Now, toss that joy onto your carpet: Watch it splash across, changing the carpet’s colour. Step forward onto it. Feel that joy rise up from your ankles, through your knees, past your hips, up your shoulders, all the way to the top of your head. Just as it fills you completely, step back out.
- Next, your second attribute—maybe calm. Go back to a time you felt that calm fully. What’s its colour? Its temperature? Does it move slow or steady? Any scent or flavour? Throw it onto the carpet. See the colour shift again, blending with the first. Step in. Let that calm climb from your feet to your knees, hips, shoulders, right to the crown of your head. Feel it settle in, then step back out.
- Now your third—say it’s strength. Recall a moment you were unstoppable. What colour is that strength? Hot or cold? Does it pulse or stand firm? Smell or taste it? Hurl it onto the carpet—watch the colours swirl and transform. Step in. Feel that strength surge up, ankles to knees, hips to shoulders, flooding to the top. As it peaks, step back out.
- Here’s the magic: step onto that carpet one more time—all three are there now, woven together. Feel them rush up—joy, calm, strength—blending into something amazing. Doesn’t that feel incredible? Let it sink in for a second. Now step out, bend down, roll up that carpet, nice and tight, and sling it over your shoulder. It’s yours to keep.
- Quick practice: pull it out and throw it in front of you—step in, feel those qualities flood back up, then step out, roll it up, back over your shoulder. Done!
- From now on, anytime you need these feelings, just unroll that carpet in your mind, step in, and let it fly under your feet. When you’re ready, roll it up and carry it with you—always there when you need it. That’s your magic carpet—take it and soar!”

Notes for Delivery

- **Timing:** This should clock in around 4.5–5 minutes if you keep a brisk, energetic pace. Pause briefly after each step-in to let the audience feel it, but don't linger too long.
- **Tone:** Use a lively, confident voice—think motivational speaker—to keep the crowd engaged.
- **Visuals:** The colour changes and sensory details (temperature, movement, smell, taste) make it vivid and multi-sensory.
- **Scale:** For a large audience, encourage them to “see it in their own way” so it works for everyone's imagination.

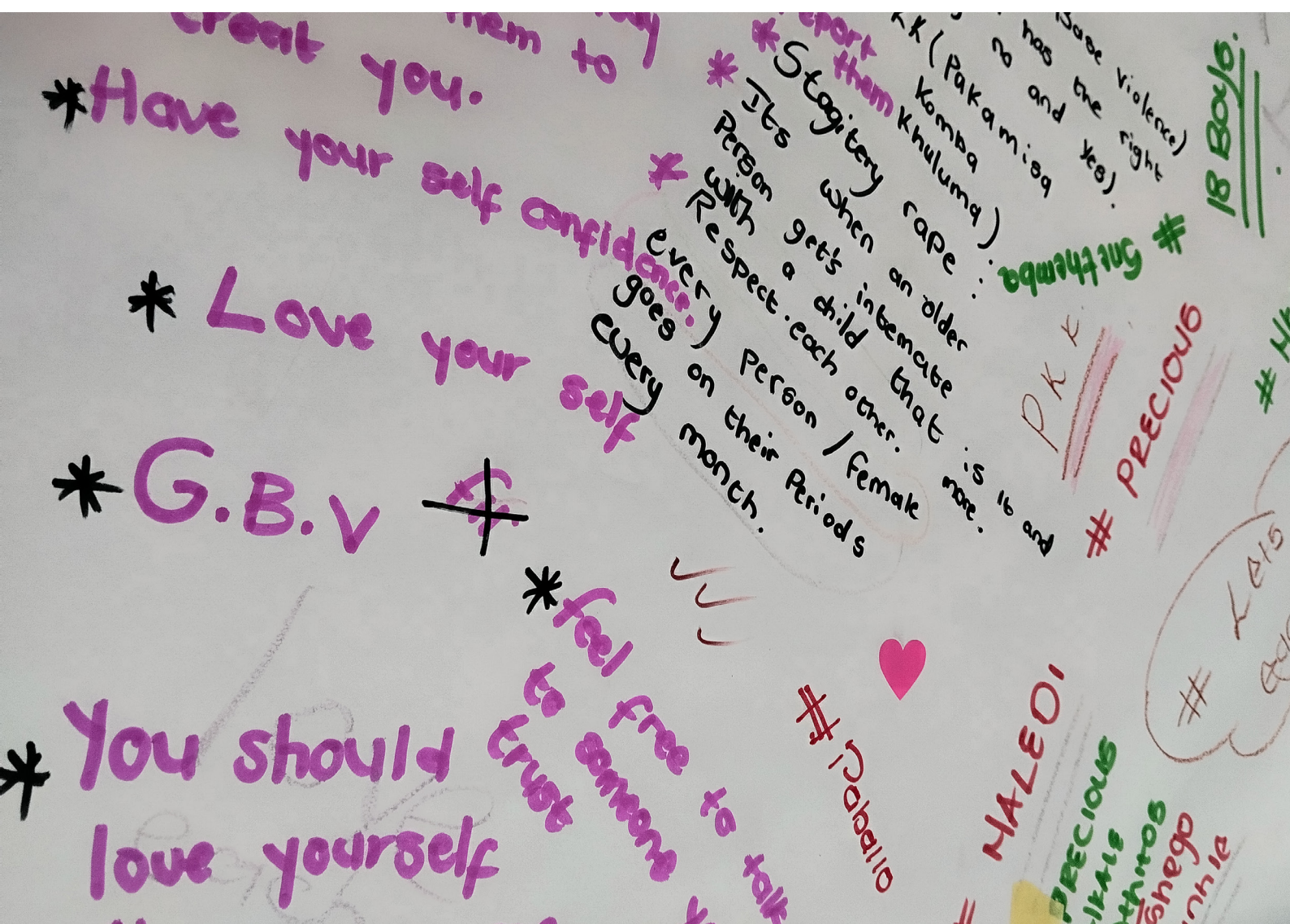
Masikhulume workshop: The Magic Carpet Technique



STEP 2: CLOSURE

DURATION: 5 minutes

- Facilitator thanks everyone in attendance and officially closes the session.
- Facilitator ensures everyone's safe travel back home.



Conclusion

The Masikhulume project has demonstrated the power of creativity, psychosocial education and intergenerational dialogues in addressing GBV within communities. Through a combination of arts-based facilitation, education and structured dialogues, the workshops created a safe and empowering space for adolescent girls and their older women caregivers to explore sensitive topics, build communication skills, and strengthen their support networks.

One of the key strengths of this approach lies in its adaptability. Beyond Alexandra, this toolkit offers a flexible and replicable model for professionals and practitioners working in GBV-affected communities. It can be adapted for use in rural and urban settings and among diverse intergenerational groups. For example, while the Masikhulume pilot project implemented the two workshops (psychosocial education and the intergenerational dialogue) as two whole-day workshop sessions, the activities can be restructured and delivered across multiple days to suit different contexts, programmatic needs or participant availability.

The two-stage process of the Masikhulume dialogue process was found to be successful. The psychosocial education workshops played a crucial preparatory role, equipping participants with foundational knowledge and language on GBV, child protection, and sexual and reproductive health. This preparatory phase ensured that participants were able to engage meaningfully

in the subsequent intergenerational dialogue workshop.

Furthermore, the workshops not only provided knowledge but also facilitated deep emotional processing, healing, and empowerment. Many adolescent girls and caregivers shared experiences through guided discussions and creative exercises; they were able to express themselves safely and connect with others who shared similar struggles. The integration of community art counselling principles further strengthened this approach, ensuring that arts-based methodologies were not just tools for engagement but also mechanisms for emotional containment, reflection and resilience-building. The inclusion of creative methodologies such as puppet dolls, drama therapy and community mapping exercises were particularly effective in allowing participants to externalize their emotions and reflect on their lived realities in non-intimidating ways. The role of empathetic facilitation was central to this process. By using this approach facilitators helped create a “safe enough” space where participants could engage in deep reflection without fear of judgment.

We believe this toolkit will be a valuable resource for professionals working in GBV prevention and response, helping to build safer, more empowered and supportive communities. We encourage those who use this methodology to share their experiences with us, as ongoing feedback will help refine and strengthen this approach in the future.



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the trinity session





MASIKHULUME

LET'S TALK

