|  |  |  |
| --- | --- | --- |
| Slide 1 |  | **Trainer’s notes/Suggested language:**   * Welcome participants * Go over any housekeeping * Introduce trainer(s)   This workshop has been developed and adapted by Stop It Now!, a national child sexual abuse prevention organization. Briefly, they were founded by a woman who was sexually abused by her father, and as an adult she wanted to know how sex abuse can be prevented. She used this story, called the “Up stream Story” to help illustrate what prevention could look like:  *"Imagine a village with a large river with a high waterfall. At the bottom of this waterfall hundreds of people are working frantically trying to save those who have fallen into the river and have fallen down the waterfall, many of them drowning. As the people along the shore are trying to rescue as many as possible one individual looks up and sees a seemingly never-ending stream of people falling down the waterfall and begins to run upstream. One of other rescuers hollers, "Where are you going? There are so many people that need help here." To which the man replied, "I'm going upstream to find out why so many people are falling into the river. He, with a few volunteers, travels upstream to find that a bridge has been washed away. He makes a plan to fix the bridge, goes back down to the village – grabs supplies and again, with some volunteers – goes back upstream and repairs the waterfall bridge. People stop falling into the waterfall and drowning.”*  This is what prevention is about – finding the cause of the problem. We still help those who have fallen in, and maybe some more will fall in – slip or fall – but we’re providing a safe structure to try and keep as many people safe as possible.  We’re going upstream today.   * **Handout Pre-Survey*:*** *(refer to survey instructions)*Stop It Now! Has asked us to have all participants complete a pre and post survey. Your responses will be kept confidential. Stop It Now! Is gathering information on how effective this training is and may include it in formal research. You will have the option to opt out of having your responses included. |
| Slide 2 |  | **Trainer’s notes/Suggested language:**  This isn’t so much as our agenda as much as the steps we’ll be taking together. This workshop is to help all adults who care for children learn how we can better protect children form sexual abuse through safety steps and prevention tools. This isn’t a workshop that will help you solve the sexual behavior problems of the children you serve but rather focuses on how to keep them safe through understanding basic healthy sexuality information and the role that can play in children’s protection. Talking about sex and children is never easy. However, we must talk about the sexual development and behaviors of children if we are to understand what is necessary to help them. We need to develop our confidence and comfort level to bring up questions and concerns about children and sexual development – so that we can help them develop their own safe sexual behaviors. |
| Slide 3 |  | **Trainer’s notes/Suggested language:** Talking about sex is not easy – even for professionals. Talking with other adults about healthy sexuality is not easy, let alone talking about inappropriate sexual behaviors. We have found that even professionals in the field find it difficult to talk together about sex. It is also likely that there are some of us in this room that have a personal connection to this issue. For these and many other reasons, there are a few ground rules for our time together so that each of you feels able to participate in a way that feels most comfortable to you.   * **Review each bullet** * **Take care of yourself**. It’s very possible that at least one of you has personally been impacted by child sexual abuse. Some of us may be survivors or know a survivor. Some may know someone who has perpetrated child sexual abuse, or who is at risk of perpetrating. It’s important to be aware of the emotions this can stir up and to take care of yourself. We want you to take a minute to think about who you can turn to if the presentation brings up some things for you either during this workshop or later. * **Full participation** - to the extent that each of us is able or feels comfortable. We all have a lot of experience and information. Having everyone participate allows us to learn from each other, and to increase what each one of us gets out of today’s workshop. * **Use “I” Statements.** Please speak for yourself, not for all parents, or for all social workers, etc. * **There is no such thing as a stupid question.** You’re encouraged to make any and all comments and ask any questions, this is the way to start the prevention process, we need to start talking together and listening to each other. We all have important things to share and we want to hear from everyone. * **Stay afterwards**. If you’d like to share a personal experience or don’t feel comfortable talking about a particular issue in front of the group, please feel free to stay after to talk with the trainer. * **Respect privacy:** Participants in these trainings often share personal stories of their own parenting experiences, in their community and families, etc. Please hold in confidence stories that are told here.   *Note to trainer: the following is often said as well, as personal stories of participant’s own abuse histories and experiences often do come up. Share as you feel appropriate*:  “Before we begin: we in no way wish to silence anyone’s story – personal stories fuel this work. However, we have found that these trainings are not the most conducive environments for discussing personal victimization (or perpetration) experiences. We know that people have personal experiences relevant to this issue and I want to encourage people to practice safe boundaries and not share these personal experiences in a professional setting such as this one. But your professional experiences working with children – please share these.”   * **Ask** – Are there any concerns? Does this make sense to everyone? |
| Slide 4 |  | **Trainer’s notes/Suggested language:**  Let’s pause for a moment to really understand that when we say Prevention – we mean Preventing the sexual abuse **BEFORE** (write on white board) a child harmed and **BEFORE** an adult, adolescent or another child acts in a sexually harmful way. Tools such as mandated reporting, sex offender registries, are all important in different ways, and work in different ways but are not about preventing – they are about responding. (Could make reference to why offender registries are not preventive tool on their own – so many cases of abuse are not reported and this means then that many folks are not brought to the attention of the law, people are on the registry for a variety of reasons including public urination, a 20 year old who had a 15 year old girlfriend, etc. and it doesn’t speak to the kind of treatment or rehabilitation that may have happened)  These are what we believe the key concepts for prevention are:   * First, we want to emphasize hope – because hope means this is possible, and it is possible to prevent sexual abuse, maybe one child at a time – but that is enough and that is where we start. * Learn about sex abuse – it’s important to know what you are talking about * Plan for safety – this means planning before something has happened. Too often, sex abuse prevention conversation is after something has happened. We can have a safety plan in our homes, our programs and community that is calm, rational and actually just a lot of good common sense. It doesn’t have to keep people in a paranoid place – like, “don’t touch anyone, don’t hug anyone” – but rather just helps state what is expected around safe behavior. And it does include understanding what is healthy sexual development * Promote healthy sexuality development - and communication with youth. Be able to identify behaviors that age-appropriate, “normal” and that happen to be sexual in nature. Understand the importance of talking about healthy sexuality with other adults and with the youth themselves. We want to be able to have conversations with kids about their sexuality. * Recognize concerning situations and behaviors –Respond to warning signs and children’s sexual behaviors – Knowing what to do can boost your confidence so that you can take action when a situation warrants. Helps us set boundaries * Develop confidence – feel comfortable, practiced enough, informed enough – ready to…. * Take action - to speak up, seek help, talk to someone else..   Let’s talk now about these in more depth |
| Slide 5 |  | **Trainer’s Notes/Suggested Language**  Stop It Now! has been partly responsible for really identifying the prevention concept that :Adults are responsible. We cannot depend on children to always know when to say no, when to tell someone, when they’re being manipulated, when they are scared because they are being threatened…this is why we say that adults are responsible – adults need to be accountable for keeping children safe.  Adults are responsible for setting boundaries that keep children safe. Notice this image of these stick people. We cannot expect children to speak up about their boundaries. Additionally, it’s hugely important for children to see and hear us set boundaries.  Imagine that you’re at a picnic, sitting at a picnic table with children and a few of the parents. One parent is telling a joke that is sexual in nature, mature content not appropriate for children. Do we expect the child to say, “Excuse me, you’re breaking one of our program (or family) safety rules. Can you stop telling the joke in front of children please?”  No – we do not. As the adult, we need to speak up and tell this parent that the jokes being shared are inappropriate and change the topic.   * **Reflection/Ask:** Have you ever seen an adult doing something in front of a child that you thought was inappropriate? What did you do? What do you wish you had done?   Anyone wish to share?  And this is not just about setting boundaries with adults, but child to child. We do create rules for children, and we do redirect them when they are not playing or behaving safety or appropriately, but we need to do more – we need to set these boundaries before there are concerns that a child has been hurt. We’ll get to this more shortly – this is what we’re talking about when we say we need to include safety plans in our homes.  In many ways, the main objective of this training is really to help you feel more confident and knowledgeable about setting boundaries in your own behavior and in other’s – both adults and children’s, and with folks both in your family – your personal, intimate environment AND in your professional environment; with your colleagues, bosses, etc.  We are the heroes that can protect children. |
| Slide 6 |  | **Trainer’s notes/Suggested language:**  Why else is it an adult’s responsibility?  Won’t children just tell us if someone is hurting them? Acting inappropriately with them? Making them feel uncomfortable?  Haven’t we taught them to do that, to know the difference between play and harm? Between healthy and safe touch, and unhealthy, unsafe touch? Between abuse and …anything else?  Researchers estimate that only **38%** of child victims disclose the fact that they have been sexually abused – this means that 62% of incidents involving sexual harm to a child are not reported.  It’s important to understand why we cannot “depend” exclusively on children to disclose.  Often children will send out a trial balloon to an adult and inadequate response by adult-feelers to see if an adult is a trusted adult- for example, a child may say, “I don’t wanna go to Mary’s house if her brother is there”, but we encourage them to go anyway, to not take things so seriously, to just avoid her brother – we miss the clue that they may not feel safe. They may send out “feelers” to see if an adult can be trusted. Perhaps they’ll say something, “Like   * **Ask:** What can get in the way? (allow for responses)   *“Answers” are below. As participants share any of the answers, embellish and add whatever is left*:   * Children have relationships with abuser or adult at risk * Children have relationships with the abusers or adults at risk who pose a threat to them   This is the most important framework to understand when working with children. Children seek to protect the adults in their lives, even when those adults may not be protecting them and even harming them. Children need to feel that they are not betraying the caregiving adults who are also abusing them. Children also need to feel that the adults that they both love and *who* abuse them are going to be treated fairly and respectfully. They then may be more willing to talk about their experience and needs.   * Children lack experience and understanding of child sex abuse * Feel shame * Feel guilt * Feel that what is happening is “normal” * Children often don’t have the language to tell.   Sometimes they don’t know it’s wrong because of lack of information, or fear, blame, and confusion about safe - because unsafe, or even harmful touch may physically feel good. *Note:* Worth a discussion about how sexual abuse is not always experienced as trauma for all children. While we know that it interrupts and is traumatic to their development, it is not *always* scary to them. Sometimes it’s physically pleasurable and the disconnect between touches feeling good and a “funny feeling” about touching with a family member or adult/teen friend, keeping secrets about touches etc. are all confusing for kids and sometimes a reason they don’t tell. (I find that many people have the belief that csa is always physically violent and kids are crying and struggling; a myth I address that is helpful especially for parents.)   * Lack of opportunity * No one asked them if they are safe * Warning signs are not responded to * Children have been or feel threatened (**Ask:** What kind of threats? when identified)   Types of threats:   * Withhold love * Family will fall apart – I’ll go to jail, mom will be sad * I’ll turn to other sibling * Different than a threat, although a bit in the same category is the situation when a child is receiving special privileges, such as money, toys, staying up late. Children are sometimes motivated by some basic things and losing these privileges – the threat of losing them – is another reason why a child may not disclose. * Children have been or feel threatened * by abuser or adult at risk to abuse * by fear of retribution * by fear of disrupting family * Lack of healthy sexuality, building of communication in family as well * Children and/or parents do not know what is developmentally normal – or not. * Family does not discuss sexuality, perhaps it is even a taboo topic |
| Slide 7 |  | **Trainer’s notes/Suggested language**  To know how to prevent sex abuse, we have to be clear about what it is.   * **Read the definition from the slide verbatim, slowly**   To know how to prevent sex abuse, we have to be clear about what it is.   * **Ask for examples of both, include the following about contact vs. non-contact abuse:**   **Contact sexual abuse:**   * Touching a child's genitals or private parts for sexual purposes * Making a child touch someone else's genitals or play sexual games * Putting objects or body parts (like fingers, tongue or penis) inside the vagina, in the mouth or in the anus of a child for sexual purposes   **Non-contact sexual abuse:**   * Showing pornography to a child * Deliberately exposing an adult's genitals to a child * Photographing a child in sexual poses * Encouraging a child to watch or hear sexual acts * Inappropriately watching a child undress or use the bathroom   It includes all sexual activity between an adult and a child, no matter if deception is involved, or if the child understands the sexual nature of the activity. Consent cannot be given. A minor cannot give consent. We’ll talk more about consent when we talk about prevention tasks but it’s important that we understand that our understanding of abuse is helping us better respond to victims of abuse who may have previously been called “teen or child prostitutes”. These are victims – they cannot give consent, they are being used and as such, are sexual abuse victims and survivors.  While this workshop isn’t as much about child to child harmful sexual behaviors, let’s acknowledge that sexual touching between children can be harmful and abusive. Our focus in this workshop isn’t as much on these children-who have committed a crime or harmed another child or may even be at risk to harm another child–we let the legal world decide when a crime is committed and we let the therapists determine when a child is a risk to others. |
| Slide 8 |  | **Trainer’s notes/Suggested language –**  Discuss the following:   * Sexual exploitation and Internet sex crimes fall under the umbrella of sexual abuse. * Engaging a child, or soliciting a child, for the purposes of sexual exploitation in a crime. It is against the law to try to get children to have sex over the internet, as well as to engage in any sexualized behaviors. * Online enticement of children for sexual acts is a serious offense. It includes use of the internet to entice, invite, or persuade a child to meet for sexual acts, or to help arrange such a meeting.   Some additional stats to share: (not posting these, it’s not about memorizing these stats but growing our awareness of the risks)   * Nearly 40% of young people in a relationship have experienced at least one form of abuse via technology * The most common first encounter of a predator with an Internet-initiated sex crimes victim took place in an online chat room (76%); nearly half offered gifts or money; only 5% lied about their age * 1 in 25 youths received an online sexual solicitation in which the solicitor tried to make offline contact * In more than one-quarter (27%) of incidents, solicitors asked youths for sexual photographs of themselves. * In general, students with cell phone internet access were more likely to report being solicited online for sex, being sexually active, and having sex with an internet-met partner. * Predators most often seek vulnerable youths, including those with histories of sexual or physical abuse, those who post sexually provocative photos/videos online, and those who talk about sex with unknown people online |
| Slide 9 |  | **Trainer’s Notes/Suggested Language**  Let’s look at the scope of abuse.  First, how often does this happen?   * It is difficult to gather stats due to lack of disclosure as well as the following two reasons * Different sources use different data collection methods – often targeting specific age groups (i.e. teens) or subsets (those abused by a caregiver * There is no ongoing comprehensive national effort to document all CSA incidents in the US.   What we do know from the type of data that has been collected:   * 1 in 4 women and 1 in 6 men report having been being sexually abused as children. Also not shown is that up to 50% (1/2) of child sexual abuse cases are perpetrated by someone younger than 18 years old. This means child to child * **Up to 90% of child sexual abuse cases are perpetrated by someone the child knows and trusts.** You may have heard this before – the sex abuse prevention community has focused on this, as way to educate folks. By recognizing that our children are not more at risk for abuse from strangers, but instead people in our lives, that we know – we can better be able to understand what we can do protectively. This isn’t to make us all paranoid – but smart and prepared. So, of this 90%, an estimated 60% of perpetrators of sexual abuse are known to the child but are not family members, e.g., family friends, babysitters, child care providers, neighbors. About 30% of perpetrators of child sexual abuse are family members.      * **Also there is the growing rise in online risks –** 1 in 5 (9%) youth who are 10 and 17 years of age have reported receiving an unwanted **sexual solicitation** while **online.** 93% of boys and 62% of girls are exposed to Internet porn before the age of 18 * **Another interesting stat – not noted here: The average entry age of American minors into the sex trade is 12-14 years old**. [1]   Many victims are runaway girls who have already suffered sexual abuse as children.   * And the stats you see regarding youth at have been sexually abused – and were from foster care, homeless or missing are particularly relevant to the youth you may see in your home or program.   In many ways, this is why we’re doing this training. Kids in foster care are more likely to be involved in risky, illegal, dangerous, harmful sexual behaviors into their adulthood. They are more likely to be victims again and again.  Trafficking means that a child (or adult) is forced into sex or labor. You can be forced through a variety of ways – coercion, threats – of harm to not only the one being trafficked but to others they love and care about, providing housing and food if one complies. However I want to be clear, that even if a child says yes, they want to be paid to engage in sexual activities with others, they cannot actually give consent to this activity.  We’ll talk more about consent later, but let’s be clear that we are not accurate when we say a child is a ‘prostitute” or even when we refer to someone as a “child prostitute.” These children are victims of a crime -- the crime of sexual abuse. |
| Slide 10 |  | **Trainer’s notes/Suggested language:**  What do we mean by a safety plan? We want to differentiate between a plan that RESPONDS to something that has happened, vs. one that is in place for everyone, consistently, routine.   * Safety planning is not seen as punishment, or even a consequence (although sometimes, safety plans may be adapted – and in response to a specific incident). * Safety plans are used to help prevent sex abuse and harmful sexual behaviors between youth by defining what makes up a safe environment and helps these kids know what a healthy family environment is that cares about safety, privacy, good boundaries – and that is committed to keeping them safe from sexual harm. A safety helps kids know when there are things happening that shouldn’t be happening. If we tell them what safe rules are, and someone breaks those rules, then they have a baseline and can let someone know that rules are being broken. And safety planning helps others know what your limits, expectations, rules are.   You are more familiar with treatment plans, and in many cases, treatment plans include safety rules. However, having a separate family safety plan can be a really helpful ongoing and consistent tool for any family. You can call safety plans other names: Family Rules, Body Safety Rules, Touching rules, etc. You all probably have family rules now – make your bed every morning, say please and thank you, don’t run out into traffic – count to 10 before you cross, no hitting others, no stealing. These are similar rules to help children develop healthily, stay safe, become “good” people – responsible, caring, kind. But because of our discomfort in thinking about children and sexual behaviors, we often avoid including these types of rules and discussions.  Safety Plans are not one-time-only documents. They are a living document, needing to be reviewed and revised as necessary. Certainly whenever a new child moves into a home, going over the family’s safety plan is important. But there should also be regular reviews – between the foster family and all family members, including the foster child, when there are changes in the family membership, as the child ages and matures and even casually – when you’re talking about other body care – such as brushing teeth, covering your mouth when you sneeze. Or during bath time. Look for opportunities such as when you see someone break or follow a safety rule on TV. And may even in treatment meetings and conferences – as needed and relevant. This is recommended for any family.   * **Handout: Family Rules for Safe Boundaries, Respect and Privacy**   (Note when looking over the handout, that all family members are responsible for signing the rules. So – as a family, everyone should sign.)   * **Activity:** Instruct participants to review handout individually first and ask “What rules are you aware of in your program…or home? – Spoken, written down, ‘just understood’?, anything not on this sample?” and to take notes * Example: “Similarly, have you seen these rules relayed to child, practiced, written down? How are you and the parents communicating these rules?” * **Debrief**: “Anyone want to share any realizations, what you already do, any other thoughts?” |
| Slide 11 |  |  |
| Slide 12 |  | **Trainer’s notes/Suggested language**   * **Ask:** Why is talking about healthy sexuality a tool in preventing sexual abuse? (take a few answers)   What we’ve heard from day care providers, from foster parents, from other audiences – we don’t get sexual development training any where near enough.  Depending on the relationship/role with a child – we may be taught about disabilities, mental health, emotional and physical and cognitive development – but not sexual development.  We’re prepared to prevent and respond to the worst (natural disasters, fires, floods, etc.), we’re taught practices (fire drills) and universal precautions to prevent the worst – but very little on how to prepare and prevent sex abuse.  When we take the time to talk about children's sexual safety – we are moving into a preventive role. When we know what is considered normal and healthy, we know when we should be alarmed. How can we know to be worried, if we don’t know what the norm looks like…and how to keep the norm – well, normal. How to promote healthy sexuality? Sexual development is a part of growing up. We can’t avoid it. Talking about doesn’t make it happen. Children are exposed to sexual and mature material. Whether it’s a poster of a tv show, showing two people in a sexualized embrace or they hear older kids talking about sexual behaviors or they hear a song lyric referencing sex and adult intimacy….children are going to see sexuality in action.  It can be confusing understanding what is normal or concerning when it comes to children and sex. And sometimes the range is very large and there may be other considerations. But the more that we can first look at children’s behaviors through the understanding of what is age-appropriate and considered “normal”, then we are better prepared to think about what we can do to continue to support healthy sexuality development or what supports are needed to help a child who is struggling. And even the struggling can be normal.  **Key reasons for raising awareness and knowledge of healthy sexuality and sexual development**:  (Make sure the following key reasons to care about becoming educated healthy sexual development is covered/included, expanding on earlier answers to question as indicated)   * Safety planning and safe settings/environments start with education * When we know what is appropriate, it becomes more easy to identify behaviors that could mean a child is vulnerable to abuse, or is being abused or is even at risk themselves for harming another children his or her own sexual behaviors” is conveyed. How will we know if something is a warning sign, if we don’t know what “normal/healthy/expected” sexual developed looks like? * Understanding healthy sexuality helps us set healthy and safe boundaries with kids, subsequently helping to raise children who become safe themselves, and safe as adults. When we let children know what the limits are, the rules and the boundaries are – we’re then educating and supporting them. * Adults need to be the prime sexuality educators in children's lives, we need to feel more comfortable to raise these difficult topics. * As adults, we must create the environment that supports healthy sexuality development and addresses behaviors that are abusive or cause for concern.   Let’s look at healthy development now across the ages of childhood into the teen years. And then we’ll look at what we can do as protective adults, as caregivers to encourage healthy sexual development throughout all stages   * **Activity (in pairs):** * **Instructions**: Think about how you learned about sex. What was your experience like learning about sex, how babies are born, the “birds and bees”. When did you learn it? Did you go “looking” for information? Was it by accident? Was it purposeful – like a parent sitting a child down for “the talk”? This may include through voyeurism (watching). * **Note: Emphasize the importance of sharing only what feels safe, comfortable and appropriate.** If you do not feel comfortable sharing your own experience learning about sex, talk about observing other’s experiences – such as in a parental role where you talked to someone for the first time about sex or when you first saw sexually themed material on a tv show, or in a book, or magazine, etc. This is a vulnerable exercise, trainers should think about the group, strategize on how to make activity safe, altering an necessary. * **allow 5-6 minutes for pairs to share with each other.** * **Debrief:** Anyone like to share briefly? **(keep short, take 3-5 responses)** * **Handouts: Tip Sheet: Age-Appropriate Sexual Development**   **Resource List: Healthy Sexuality Books and Resources** |
| Slide 13 |  | **Trainer’s notes/Suggested language:**  Children’s sexual behaviors are very different from adult’s sexual behaviors. Children are sexual but not in the same way as adults where arousal and pleasure are the goals. And sexual **problem** behaviors in children are very different as well.  Children’s sexual behaviors can occur for a variety of reasons but primarily because of basic healthy and appropriate curiosity. But often children are lacking social knowledge about where and when exhibiting these behaviors is appropriate. Many of the behaviors of children have to do with discovering gender differences and studying sex roles. It is important for adults to view these behaviors from the child’s viewpoint and not their own personal experiences.   * [**Note to trainer –** the following story is used to demonstrate the difference between children’s normal sexual behaviors (i.e. genital stimulation) vs. teen/adult masturbation. Modify or use your own story.]   A woman came up to a colleague and said, “My four year old has discovered his penis and he’s touching it all the time. In the grocery store, at church, at grandma’s… I don’t know what to do! Is this *normal*?” And I said, “May be uncomfortable for you, but yes, this is normal! You may want to talk with him about public and private behavior and if you can’t get him to do anything else, then that could be concerning.”  Another woman asked (somewhat exasperated), “Do you mean to tell me that it is normal for a 4 year old to be masturbating in a park?!” I explained that we don’t use the word “masturbation” when talking about a 4 year old touching themselves. Masturbation generally incorporates fantasy and usually leads to an end point, that being orgasm. With children, I would say “genital stimulation” or “self-stimulation.” A 4 year old may touch his penis simply because it feels good and then when it’s time to play trucks, stop touching his penis and go play trucks. It may also help relieve anxiety for children. Again, when it’s all that 4 year old wants to do, then the behavior could be a little concerning. But a 4 year old touching his penis in the park, in the grocery store, at church, is a whole different ballgame than an adult male masturbating in the park, in the grocery store, at church.  There are of course exceptions, but *generally*, kids act sexually simply because it feels good and they’re curious. Perhaps we feel disgusted when we think of children engaging in sexual behaviors in the same ways as adults. But we need to again remember that this is an explorative process and a healthy part of being human. |
| Slide 14 |  | **Trainer’s notes/Suggested language:**  We’re going to talk about children’s sexual behaviors through this lens of prevention levels. Sexual behaviors fall on a continuum. Part of protecting children is understanding where any child’s behaviors fall on the continuum. This provides us a way to talk about behaviors, and then determine which response actions are best. Additionally, this “green, yellow, red” model is one that is easy to visualize. We’re used to this type of imagery. Green – keep going as you are, still paying attention. Yellow – Woah, slow down, become even more observant. Red – Stop. (*a stoplight metaphor is helpful – Green – keep going but stay aware, Yellow – either slow down or speed up, do something in response to what you’re seeing, not just moving along, and Red – stop, respond*).  **“Green”** behaviors—those that are developmentally- or age-appropriate sexual behaviors (between children) or appropriate behaviors between youth and adults. Don’t ignore the behavior but use this as an opportunity to respond and reinforce healthy boundaries. Ideally, I bet we all would love to work exclusively in the green level – this is primary prevention – before a child is harmed. The green is the arena where education primarily takes place and this is where we’ll focus today.  **“Yellow”** behaviors – these are the behaviors that raise warning signs. This is the level where there are both warning signs that the environment or situation is vulnerable for abuse, there are signs that someone is at risk to harm another – is struggling with boundaries, rules, behaviors. This category is very broad, and honestly – an “orange” level could almost be included – from early warning signs that a child is struggling to understand boundaries to warning signs that seem to strongly indicate a child is being abused or harming another child – but there isn’t proof or evidence.  .  **“Red”** behaviors—these are the behaviors that are causing sexual harm and are abusive. There is evidence, a disclosure – Abuse is happening. Red behaviors are always inappropriate. Adults always need to intervene with red behaviors to stop them as they occur and prevent them from happening.  For a quick illustration of this, here is some examples of a child’s behavior across this continuum:  (*Use the following example, or create your own for a quick illustration of these prevention levels*)   * **Scenario #1:** Two 5 year-olds are in the coat closet, giggling. They are discovered with their pants down and “sword fighting” with their penises. * **Scenario # 2:** An 8-year-old child and 4-year-old are discovered in the closet, the 4 year old is sitting on the 8 year old’s lap. The 8 year old is forcefully hugging the younger child.   (*Be prepared for possible disagreement that this is not considered Red. This may be a good case for the “orange” category. Primarily this is a Yellow level because there is no evidence at this time that actual sexual activity – contact or non-contact has occurred. Boundaries are being crossed, there are other considerations that also raise the warning level but as of yet, again – no evidence of sexual harm. Context becomes very important in determining both the level of prevention, as well as the response and we will be shortly spending more time on this.)*   * **Scenario # 3:** A ten year holds down a 5-year-old, pulls down her panties, and “kisses” her on her vagina. |
| Slide 15 |  | **Trainer’s notes/Suggested language:**  Before we dive into these prevention levels, let’s first acknowledge that there can be some confusion and some concerns about talking about sex, bodies, sexuality, etc with the children you work with.   * **Activity:** * **Instructions:** Have participants pull out the **handout**: **Activity: I want, I hope, I’ve done, I plan**.Instruct them to fill out the first 4 questions (leaving the last question blank) on what they want children and teens know about sexuality, what they hope children don’t experience sexually and how they help them in these areas. (the final question will be asked later in the curriculum) * Next, in (pairs/small groups) – Discuss what you think you are expected/supposed to do regarding the children you watch out for regarding their education and needs regarding specifically sex, sexuality, sexual development, - even relationships. * **Debrief**: ask if anyone wants to share, or has a question/comment |
| Slide 16 |  | **Trainer’s notes/Suggested language:**  The green prevention level is Healthy Sexual Development. Experts consider this a normal, expected and even necessary **information gathering process** where   * **Children use looking and touching** * **To explore gender roles and behaviors** * **With children who are similar in age, status, and size**   Healthy sexual play between children is characterized by:   * **Playful quality** * **With other children with whom they have an ongoing friendship—so children who play together in other ways might engage in sexual play** * **And that is limited in type and frequency.**   If you compare a child’s interest in sex and sexual development to their interest in other topics (for example airplanes) and that you would expect about the same level of interest and potential intensity of interest as you would see in other similar types of topics.  But our actions at this stage are crucial…..we don’t ignore the sexual behaviors – we address them as we would in any other teaching and caring moment.  And with teenagers – consent is key. Certainly, they are still exploring and practicing – but most often, in this green area, this is within a relationship that has had some time to build trust. Again, adults are important at this stage – but yes, our role is a bit harder.  Overall, these characteristics are information for parents and caregivers about how concerned to be when observing sexual behaviors in children and youth. By using these “criteria”, you can begin to evaluate behaviors, to determine how concerned to me. Healthy sexual behaviors are part of normal development. It is sometimes unsettling to realize that children do indeed engage in plan that may appear sexual. However, if we recognize that this is one of the tasks of childhood – healthy sexual development – then we can better address any difficulties that may come up in this task. By understanding what is “normal” and healthy, we’ll be more prepared to recognize problems. So, we start with our Green prevention level – what to do when we see children and teen’s sexual behaviors as a part of their normal development, and what to do.  **Green level responses** actually are more than responses – these is the pre-planning opportunity. The time to include safe boundaries, respect, privacy guidelines into safety planning the same way you have rules for things like no lying, looking both ways before you cross the street, sharing. This is bringing your knowledge of healthy sexuality to your care of children. There is a response component Green – responding to healthy and age-appropriate sexual behaviors. Not ignoring them, no “boys will be boys” response. Not avoiding because of fear or just not knowing what to do. We respond with establishing or re-establishing the rules and boundaries, providing age-appropriate and accurate information and strengthening our own safety planning. We are giving feedback and information on what is safe and what is not, what is allowed – and what is not. |
| Slide 17 |  | **Trainer’s notes/Suggested language:**  (content heavy slide: stop and check in as appropriate)  This is just the basic of review of childhood sexuality development, stopping on some of the key points. There are absolutely plenty of resources, and you’re encouraged to look at some of the resources in the earlier handout, look online, etc.   * **Ask: anything surprise you?**   **Review these notes as appropriate:**  Starting with the **Infancy and Toddler** age groups, the headline could be “CURIOUS and OPEN”. They’re interested in anything and everything. So take a look at these common developmental behaviors and capabilities…   * Their curiosity leads them to naturally explore their own and as they get older, potentially others' bodies - including the genitals – though in the context of relationships. So they might be curious about mom’s breasts or the differences between boys and girls but they are NOT likely to explore bodies with someone they don’t have an ongoing relationship with * Children may experience genital stimulation including erections in boys and vaginal lubrication in girls. Self-soothing thru self-stimulation is common. * They begin to identify by gender and when they become more verbal, they are able to use appropriate words to name ALL of their body parts---if they’ve been given information about what to call all body parts.   **Moving to the 3-5 year olds -** This stage is more and more curiosity, as well as role experimentation   * **Review slide:** * As children get a bit older, they may make the connection that touching their genitals feels good and they may rub or stimulate themselves. We prefer the words “genital stimulation” to “masturbation” because for children it is less about sexual pleasure and more about general pleasure. * More and more curiosity is the cornerstone here. Even voyeuristic curiosity. They just want answers. * Around four and five, children are very likely to ask questions about sex, about where babies come from, why boys are different from girls, what different body parts do, etc. And around this age, they begin to experiment with their ideas of male roles and female roles by playing role-playing games like house and they might even play “doctor” or other pants down kinds of games. May refer to “boyfriend”, “girlfriend”, husband, wife, getting married. * They are also beginning to be more aware of their own bodies and how they appear to others. You might see this in their dress or in how they related to each other. May want privacy in the bathroom. * Although, they may still be a bit exhibitionist - nudity is still healthy at this age! |
| Slide 18 |  | **Trainer’s notes/Suggested language:**  (content heavy slide: stop and check in as appropriate)  **Now the 6 to 8 year olds.** This stage is about figuring out their boundaries – their own and others   * From ages six to eight, children are more aware of what’s okay and not okay around sex and sexuality. They may still continue sexual play and genital stimulation but they are clearer on this is something that is done privately and, if they’ve been giving boundaries around where it is okay and not okay to rub their private parts, they are less likely to engage in this publicly. * At these ages, they begin to prefer same gender playmates and begin to be more influenced by their peers dress, speech, and style. * They engage in more name-calling and teasing, using sexual words even when they don’t always fully understand what the words mean. Still have limited understanding of adult sexual behavior * They also develop a stronger sense of themselves, what it means to be a boy or girl, and have a stronger body image and awareness of how they are different from their peers. * They also begin to understand the taboos around sexuality and make not ask as many questions or be as comfortable asking questions. Another reason why it is so important to have ongoing conversations about sex and sexuality…   **Moving to our 9 – 12 year olds.** While this time period covers three years, there can be enormous differences in children these ages.   * Girls are often entering puberty * They become more modest and want more privacy. They may feel older or be in a hurry to be older. * They start to have romantic crushes—the image of a pre-teen with posters all over their bedroom walls… * They continue to have primarily same gender friends and to be concerned about whether they are “normal”. * Feel concerns about being normal * Face decision-making about sexual activity - Statistically we know that some are even sexually active by the time they are 11 or 12 years old. * Feel shy about asking questions of caregivers, especially regarding sexuality, and may act like they already know all the answers * Seeks out sexuality information from the internet and other media sources * Statistics suggest the greatest risk for children behaving inappropriately with other children is 10 to 12 years old. It is VERY important that we talk with our children not only about others’ behavior towards them but also about their behavior towards others—including about issues like bullying |
| Slide 19 |  | **Trainer’s notes/Suggested language:  And last but certainly not least important are the teenagers,**  At this age, teens are plagued by insecurity and often are easily vulnerable to hurt feelings – even it they mask this…and some do, very well. But overall, their self-esteem can be shaky and there are worries about popularity. Loneliness is frequent.  There is a lot of pressure to become mature quickly. And of course, for these children….they have most likely already succumb to this pressure. They have grown up before their time but we are still trying to stay focused on “healthy and normal” development”. In general – there are a lot of decisions for these kids to make regarding advanced sexual behavior and relationships, including health issues related to sexual activity such as AIDS, STDs, and pregnancy. And they may think they know about sex, but do they know about intimacy and relationships. They may have questions and concerns about dating, how to find “the one”, even how do people “hook up” |
| Slide 20 |  | **Trainer’s notes/Suggested language:**  We’re going to look at some things specifically by stage, but what you see here are the tasks that adults need to attend to through a child’s growth. Basically, and as a bit of a repeat – learn all that you can, practice and model safe and respectful behaviors, help children find help and we’ll talk more about the importance of consent and healthy touch in a minute. And throughout all of this, of course, we want kids to know that they do have a sense that they deserve to be safe, that it’s right for them to be free of sexual harm – so we validate, empower and respect them. |
| Slide 21 |  | **Trainer’s notes/Suggested language:**  (slide begins blank and all bullet points slide in as a group. Initiate activity before sliding in bullet points).  Now let’s think about what we can do as caring adults to help these very young children in their healthy sexuality development – because even at this age, we begin to promote healthy sexuality. We can support children’s safe growth through how we interact with them, how we think about our safety planning, and how we educate them. What are some of the things you can do to help children stay on course in this age group?   * **Activity:** (small groups) * **Instructions**: Think about what you can do to promote healthy sexuality for this age group. Think about the developmentally normal behaviors for this age group. What can caregivers do to help support healthy sexual development for these young children? Select a note taker in your group and when we’re all done, each group will be able to share their thoughts. * **Debrief**: collect answers from around the groups – making sure the following is reviewed and emphasized: * In this stage, it's important to teach anatomically correct language for all body parts, including genitals. It is important to build your own comfort level when using commonly understood names for ALL body parts, even those between the shoulders and the knees – breasts, penis, vagina, butt is fine. This particular step of teaching children the anatomically correct body part name is a very important building block. We ask children to point to their eyes, their ears… but why not their genitals?   *Stories to illustrate importance of using anatomically correct language – use or come up with own:*   * This story was heard on the Stop It Now! Helpline about a little girl who was taught to call her vagina a “pocket book”. She kept insisting that her grandpa was going into her pocket book but no one made the connection until later. And we really advocate that adults get comfortable using commonly understood names for ALL body parts, even those between the shoulders and the knees. This is a key part of safety planning. It’s important to help children feel comfortable about their body, including what their body parts are called. They’re open at this age in talking about their body, and often enjoy nudity – not yet feeling a shyness or even shame about their body.   *Story to share:*   * A woman sitting in this training, hearing this about the importance of anatomically correct language, went home that night and as she got her 4 y.o. son ready for the bath, she decided to remind him to wash his penis. They used a “cutesy” name for his penis, so when she told him to do this – he said, “but mama, I don’t have a penis”. So – imagine if anyone ever had to ask him if someone had touched his penis. Or that if we tell him no one is allowed to touch his penis, but we don’t use that name – it can get confusing.   *Make sure that all the other bullets are covered, expanding and discussing as appropriate – next slide goes into healthy touch, so don’t go into healthy physical contact or providing loving environment.*  *Some additional talking points to emphasize tasks:*  It’s important to let children explore, and that could mean touch their own bodies without feeling like they are a bad person. Certainly, as they begin to understand more, we redirect them to touching themselves privately but we want them see their body as a good thing, not to be ashamed of it. We don’t want to encourage a sense of secrecy around their bodies.  And we begin early teaching them about consent through allowing them to make some decisions about touch. We have to touch children to keep them safe – diaper them, wipe their noses, help them dress, in medical exams – but if they don’t want a hug, even as a 3 year old, we want to allow them to say “No”. Maybe we offer an alternative, such a fist bump or wave but we are trying to strengthen their sense that people can’t just touch them any time they want. |
| Slide 22 |  | **Trainers Notes/Suggested Language:**  Let’s also now talk about the importance of healthy touch. I’m sure we all really understand how this may feel like a slippery slope with the children in our care. And yet we all need to be touched. This is not just a tool for promoting health in infants and toddlers, but throughout a child’s life. In fact, of course – even as adults, we need touch.   * **Ask:** * Who has ever needed a hug in this room? (show of hands) * If you didn’t get it – how’d did that feel? (allow for a few answers) * If you did – how’d did that feel? How did it help? (allow for a few answers)   Touch can be confusing for children who are receiving services, especially foster and congregate care. Research (and perhaps just common sense and our experiences) tells us that touch is necessary. To feel loved, worthwhile, visible, meaningful – we have to receive healthy touch.   * **Ask - How many people have had concerns about hugging a child in their care, under their watch? What about physical touch with these kids can be worrisome?** (*allow for answers*) **Discuss.**   *Look for possible reasons:*   * Afraid of allegation – perhaps already kid’s history of making allegations, or history of sexual abuse, or had personal experience with someone making allegation or even in personal life. * Afraid of triggering child – scaring them… * Afraid of how child will interpret – how to use safety plan to support – describe healthy behaviors/engagement * Doesn’t feel comfortable or safe – listen to this gut instinct, how to turn this into compassionate education opportunity for child * Unsure what own youth serving organization’s policies are on touch   Research has shown that children who receive little to no touch are more vulnerable to inappropriate touching or sexual abuse than kids who are touched often and appropriately. Kids who have been abused do not have that base of healthy experiences, of healthy touch that helps them know when something isn’t safe – even if they are confused about what is going on, they don’t recognize this confusion as a warning sign to ask for help. They don’t trust their own sense of discomfort or being violated.  We often know what we don’t want before we know what we do want. If we don’t provide children with healthy and safe nurturing touch, they won’t even know that this is important, feels good, feels safe, makes them feel good. It’s more easy for them to crave touch that puts them at risk or actually harms them.  Also, to add to the protective layer that healthy touch provides, serial abusers can often recognize the difference between a kid who craves physical touch, and a kid who receives enough physical touch to be able to recognize what is too much, or what’s inappropriate. Not surprisingly, people are also more likely to sexually abuse someone else if they have been neglected in terms of physical touch throughout their lives.  So, how do we provide healthy touch to these kids that is safe – both for us and for the child. A big part of your work as a parent or caregiver is to learn an individual kid’s sensory preferences, physical space boundaries, and particular needs for physical touch, especially if they’ve come to us having a history of abuse, as so many have.   * **Ask:** Can someone share a example of a kid they’ve cared for that had specific physical or sensory boundaries, what it was like before you knew them, and what it was like for you and them after you finally got it – when your realized that there were desired safe ways of touch for this child? (allow for answers and discussion)   So – what information does help us determine what healthy touch is for (each individual) child? How do we know what kids can handle?   * Learn as much as you can about child – Is there known abuse? Have allegations been made involving the child? * Talk with the child * Ask them what they’re comfortable with * Acknowledge the discomfort at first when new people touch. * Review your family’s/program’s safety plan/policies, specifically the rules about safe touch. Be explicit and clear that adults and other kids will not engage with them sexually, and what to do if someone does. Have a dialogue about how and when they like to be touched, and how they communicate that they don’t want to be touched. Remember to let kids push us away when they’ve had enough. * Always ask yourself: “Why am I offering a hug? Do I actually need a hug more than they do?” As adults, we do have to try to go elsewhere to get our physical needs met. Yet we sometimes forget this when we tell kids to hug us or someone else.   All of these strategies over time teach a child a certain kind of healthy interpersonal dynamic around touch, body space, and consent.  Appropriate healthy touch teaches consent by always asking a kid if they’d like a hug, or a hand on the shoulder, and always being willing to hear and respect a ‘no’ from them. Also explaining to kids that they can ask you for a hug, and they can hear a ‘no’ and will respect that. A ‘no’ is always an opportunity to connect in a different way, or ask if someone needs space.   * **Ask:** * Can anyone else share an experience they’ve had that really speaks to the importance of healthy touch in prevention? (*allow for responses and discussion*) * What do people here need in order to feel more confident and comfortable using touch, and what gets in the way? (*allow for responses and discussion*). * *Any other questions or comments?* |
| Slide 23 |  | **Trainer’s notes/Suggested language:**  (slide begins blank and all bullet points slide in as a group. Initiate activity before sliding in bullet points).  Let’s think about what can we do to promote healthy sexuality for this age group now.   * **Activity:** *small groups* * **Instructions**: Think about what you can do to promote healthy sexuality for this age group. Think about the developmentally normal behaviors for this age group. What can caregivers do to help support healthy sexual development for these young children? Select a note taker in your group and when we’re all done, each group will be able to share their thoughts. * **Debrief**: collect answers from around the groups – making sure the following is reviewed and emphasized: * **Teach children rules** about public and private behaviors, privacy, respect, healthy boundaries. It is VERY important that we talk with children not only about others’ behavior towards them but also about their behavior towards others—including bullying, boundaries, consent – (next slide talks more about consent, so can keep brief) * Talk about “ok” and “Not ok” touch – Many of you may have heard about “good and bad” touch, and this is how we used to teach children about safe touch but the language has moved more towards “healthy and unhealthy”, “ok and not ok”, “safe and unsafe”. **Ask** why participants think this is? Discuss, including the following: Telling a child that “bad touch” isn’t allowed can be confusing. Sometimes touch that is sexual does feel good, maybe it’s with someone we trust and love…how confusing must it be for a child when we say that certain touches are bad when they feel good. * **Provide age-appropriate sexuality education**. These are great opportunities for adults to have ongoing conversations with children. Just as a 4 year old asking why planes can fly does not require a lengthy discussion of the physics involved, neither does a 4 year old asking where babies come from require a detailed explanation of the biology. * **Encourage self-care** – care around hygiene, etc. * **Answer questions honestly and directly** – if you don’t know, find out the correct answer – letting the child know that it’s a great question and you want to get the most accurate information possible. * **Model healthy boundaries and follow the safety plan** – let them see you knock on doors, ask if you can shake hands, hug, etc. * **Allow them to say no to hugs, kisses, etc.** * **Teach and reinforce safety rules** * One more thing - This is also a great time to talk about **Secrets not being allowed** in your family or setting. Secrets often mean that someone is doing something they’re not supposed to, like maybe breaking a safety rule. You can say, “In this family, we do surprises – not secrets. A surprise is something special that is going to happen that someone will eventually find out about – like a surprise party or present. No one should ever ask you to keep a secret, especially an adult. Adults do not keep secrets with children. It can be fun to have a secret with a friend, another child, - but remember, this secret should never feel bad or be about anyone breaking a rule. And it should be something you want to have with this friend, not forced or threatened”. |
| Slide 24 |  | **Trainer’s notes/Suggested language:**  It’s important that we understand consent. When we understand the role of consent in keeping children safe, we can better inform children about consent and this will become a part of how we plan for safety. Children cannot give permission.   * A young child may have appeared to willingly participate in sexual behaviors with older kids or adults, but it is still sexually harmful or abusive. * A teenager may agree to sex with an adult but it can legally be sex abuse. * Even if a child or teenager under the age of consent doesn’t say no, it is still sexual abuse.     You might have heard someone say “He never said no” or “I thought she liked it” to explain why they behaved sexually with a child. Sometimes children who have been exposed to sexual situations that they don’t understand may behave sexually with adults or with other children. They may kiss others in the ways that they have seen on TV, or they may seek physical affection that seems sexual. Sometimes adults will say the child initiated the sexual behaviors that were harmful to the child. Legally and morally, it is always the adult’s responsibility to set boundaries with children and to stop the activity, regardless of permission given by a child or even a child’s request to play a sexual game. Children cannot be responsible to determine what is abusive or inappropriate.    Children and younger teens cannot consent to sexual activity with someone. Most states recognize that children and young teens can be easy to trick, easily persuaded, and raised to obey older youth or adults as authority figures. All of these factors explain why children and young teens do not have the maturity, and therefore legal right, to give informed consent to sexual behaviors with others.  Teens need information not only about child sexual abuse but also about the laws of consent in their state. As our judicial system holds more teens responsible as adults, there are significant and long-lasting results for teens who engage in illegal sexual behaviors, even with other teens who are close in age. "I know you and your girlfriend love each other but you are 19 years old and she is 15 and that makes being sexual with each other illegal. If she gets pregnant or her parents press charges, you might have to register as a sex offender for the rest of your life. It’s important for both of you to wait until you’re older.“   * **Show online video:** Here’s a resource that may be helpful to share with younger children. (https://www.youtube.com/watch?v=h3nhM9UlJjc - *may need to open in another link to share. Allow for comments after)* * **Handout:** * **Resource List: Video Tools for Teaching Consent**      * **Review**: * Children cannot give permission * A child who appears to willingly participate in sexual behaviors is still sexually harmed or abused * A child or teen under the age of consent who agrees to sexual activity or who doesn’t say no is still sexually abused * Children and younger teens cannot consent to sexual activity * They do not have the maturity or legal right to give informed consent to sexual behaviors with others * We need to teach children that they cannot touch others, as well as teaching them about protecting themselves. |
| Slide 25 |  | **Trainer’s notes/Suggested language:**  (slide begins blank and all bullet points slide in as a group. Initiate activity before sliding in bullet points).   * **Ask:** What can we do to promote healthy sexuality for this age group? (*take a few answers and use the bullets below to expand*) * Provide info even if child doesn’t ask for it, at this age – they have many questions but not be as apt to ask. One good way to answer questions is to first find out what he/she knows * Continue to model! This is as important as ever. Kids are watching us – hard to tell them to do as we say, and not as we do. We want to show them what we expect and that what we expect is fair and doable. * Address other bullying, sexual disrespectful behaviors – For example, while it may be normal to use “dirty” words or tease the opposite sex , we still want to intervene, use these educational opportunities to help children learn to be respectful. * **Activity:** *small groups/pairs* * **Instructions**: Try to recall a portrayal in a movie, a tv show, on a song, in a book, etc. that you think might be good to use to talk with a child in this age about relationships. How would you use this portrayal and these characters to promote healthy sexuality? * **Debrief**: by asking the large group if anyone would like to share |
| Slide 26 |  | * **Trainer’s notes/Suggested language:** * *(Note to trainer: consider researching on your own beforehand and providing more up-to-date information*) * *(Note to trainer: this is the briefest of overviews, audience should know that information on cyber safety for kids is changing as fast as technology is changing. This is just to introduce some preventive thoughts specific to the cyber world but it’s highly recommended that they continue to take workshops, look up information, talk to others – and never stop because this is an important environment to our children today – it’s one of their playgrounds.)*   While children are already often online before they hit this age, let’s pause and look at safety in the cyber world. There are indeed serious risks in cyber safety begin when kids start engaging interactively with electronic media.     * **Review** the following notes:   Let’s think about children’s use of the internet and their overall involvement in the cyber world, including with their cell phones and other electronic devices developmentally:   * Ages 0-7: kids generally use media passively, watching YouTube, etc. At this age, heavy use of supervision and parental controls is appropriate, and can be fairly straightforward. As with many things, can hold tight boundaries and use media together. * Ages 7-10 (or earlier, whenever kids start exploring, using media interactively): messaging, downloading, apps, programs, some risk for predation begins. Kids can lie about age to get onto social media sites: * For most social media sites (e.g. Twitter, Facebook, Instagram), a child must be 13 to sign up, or at 13, just needs parental permission (including YouTube) * Unsurprisingly, surveys have revealed that an astounding number of 10-12 year olds have social media accounts; plus platforms like Twitter have moved the age requirement from their Terms and Conditions (which someone might actually read) to their Privacy Agreement (which no one reads!) * Cyberbullying can begin in this age range * Privacy also starts to become important—with kids downloading and entering personal information online, just like all of us, they are vulnerable to hacking and downloading SpyWare. Teach about passwords, privacy, people posing as others online, etc. * Ages 10-12: children are full-blown Internet users: messaging and cyberbullying is in full swing amongst peers; pornography viewing begins (the internet becomes sex education, especially if it doesn’t exist or is incomplete elsewhere in a child’s life). * Parental controls begin to lose effect: they often block sites that are healthy, that kids need to use, and the controls become far too complicated * Age 13: most vulnerable to predation. These kids are savvy internet wizards, full of ideas and curiosity, but almost completely lack social savvy to steer away from or navigate complex adult social situations, especially involving sex * Ages 14+: As social media and messaging becomes romantic, cyberbullying becomes sexual harassment * Parental controls are ineffective as technology is constantly changing and kids themselves are becoming more familiar with how to work around controls. * Teach about permanency of things posted online, and real-world adult risks and consequences for online behavior: sex offender registry for posting/sending nude photos; sexual harassment charges, etc. * In a quickly-changing world, with older kids always using the latest apps and social media platforms, and using the internet in amazingly creative ways, they are also the ones most concerned about Cyber Safety.   *Let participants know that the following handouts are available in their training materials to support their learning in this area:*   * **Handouts: Internet Safety Guidelines and Tips – stop to review**   **Resource List: Staying Safe Online Resources**  **Online Safety Contracts**   * **Ask:** Are there any questions? |
| Slide 27 |  | **Trainer’s notes/Suggested language:**  This age group is really best served by keeping a focus on values – in your family and the child’s values. Helping children make safe decisions. Keeping in communication with them. Continuing to provide education. Staying involved.  We noted earlier that this age group is highest risk for victimization through their cyber activities. We have to stay informed about the technology they are using. This doesn’t mean we become I.T. experts but that we pay attention, ask questions and try to learn as much as we can.  These kids need adult guidance and support more than ever. They are trying to grow up, and in some cases are faced with more adult-like decisions and situations than we ever want to believe. And at the same time, they are trying to separate from the family as they focus more and more on their peers. That makes it even more important to talk them, pay attention to them and model family values and safety.  Let’s just pause to really reflect that all the prevention tasks we’ve been discussing are not confined to any single age group. They may first “come up” as possible tasks in the age groups we’ve introduced them, but really – they are to be practiced throughout a child’s life.   * **Activity:** *pairs or small groups* * **Instructions**: Think about what you can do to build up a pre-teen’s self-esteem. What are activities that will help a child in this age group feel good about him or herself. How can we help children feel worthwhile, competent and confident? * **Debrief**: by either asking each group to offer one example or for volunteers to offer ideas that they heard. |
| Slide 28 |  | **Trainer’s notes/Suggested language:**  Looking over this slide, we see our prevention tasks for teens. This is a complicated time of course and everything we’ve been doing up to now, we keep doing but even more important than ever – we stay engaged. We want to help them think safely for themselves, to practice decision making skills, to think about the consequences of their actions.   * **Review Bullets –** It is harder to always know what to do to help teens stay safe. They want to experience everything for themselves, and be in charge of their lives. Staying engaged is the most important thing we can do, showing them that we value their feelings and ideas. We help them find information to help them make safe and informed decisions, and we help them think through consequences of their actions. We can’t “control” their environments anymore…and that’s scary and hard. But we stay present, continue to model healthy relationships and support them.   Good questions to engage adolescents:   * What are your limits? What do your boundaries look like? * How will you know when your boundaries are crossed? * What kind of relationship do you want? * How will you know that a relationship is safe and healthy? * **Activity** *in pairs)* * **Instructions**: Talk with your partner about the one thing you wish an adult had told you as a teenager about sexuality and relationships. What do you wish you knew then? What could’ve been said to help you better navigate your sexuality and relationships? * **Debrief**: Would anyone like to share? (*allow for a few responses*) |
| Slide 29 |  | **Trainer’s Notes – Suggested Talking Tips**  In all age groups - one of the most protective things caregiving adults can do is teach and model healthy boundaries in relationships.  Children learn and imitate adults and others around them so specifically think about how you can reinforce messages about healthy boundaries in children. Expect to help them learn by redirecting inappropriate behaviors or actions you want to discourage. Ignoring or being indirect is not as helpful as being able to clearly model, reinforce or redirect as needed.   * **Review:** * Model healthy boundaries – Follow the safety rules * I’m going to stop because you said no! * I’m closing the door for privacy. * Reinforce appropriate boundaries * I like how you asked Susie if you could hug her. * Thanks for asking before coming in. * Redirect inappropriate behaviors * Please keep your hands to yourself. * Be gentle. It hurts when you hug so hard. * **Discussion Opportunity:** Ask participants for examples of how they have modeled, reinforced and/or redirected healthy boundaries and behaviors in their home for children’ s safety. |
| Slide 30 |  | **Trainer’s notes/Suggested language:**  It is very important for parents and professional caregivers to teach children about sex and sexuality. Children are curious and that increases the risk they could be exploited by someone who takes advantage of their natural curiosity.   * **Ask:** How do you respond to children’s questions about sexuality?   What questions have you been asked that have taken you by surprise?  Most importantly here…as we’ve said – is to be honest, genuine and accurate! |
| Slide 31 |  | **Trainer’s notes/Suggested language:**   * **Handouts: Tip Sheet: Talking with Children and Teens**   **Handout: Communication Tips and Examples**  **Handout: Sexuality Concepts in Concrete Terms  Article: Promoting Healthy Sexual Development**    *Note: Most of these have been covered. Use this to touch on any that didn’t get addressed and/or need reinforcing.*  This slide is mostly a review but for your conversations with kids, these points are important, so just a few more thoughts on these:   * Children need accurate information about sex. They’re curious; this curiosity can be exploited and so a great protection feature is to make sure they are getting accurate information. We’ve talked about this in the example of the little girl’s “pocketbook” * Statistics suggest the greatest risk for children behaving inappropriately with other children is 10 to 12 years old. It is VERY important that we talk with our children not only about others’ behavior towards them but also about their behavior towards others—including bullying, sexual harassment, etc. Talk about their own and other’s appropriate and inappropriate behavior. We need to not only bring up what behaviors others are not allowed to engage in, but also to give them rules and limits about what it is okay for them to do to others and their own behaviors, like keeping their clothes on whenever they are playing with another person, child or adult. * All children need “safe” people and places they can go to ask questions and to tell if something happens that worries or concerns them. It’s helpful to know who they would go to if they had a question, were scared. So, we ask – “If you were scared, who could you tell?”   **And again - It’s also important to model healthy boundaries**  As adults, children watch us and learn from us. We have many opportunities to model healthy boundaries with children in our lives. Here are some examples:    **Discuss and define “personal space”**   * Help children understand the concept of personal space. Try having two children stand about six feet apart and then move closer until they reach a point where one of them is uncomfortable. Explain how our need for personal space can change depending on our comfort level with the other person. Help them practice saying “please don’t stand so close to me” or other ways of expressing their need for space.      * Model how to be aware of and respectful of personal space. As adults, we sometimes forget about children’s space and do things like swoop in from behind to pick up a toddler for a snack or a diaper change. Practice talking with children before touching them.   **Discuss and define respect for privacy**   * Although different families have different rules about privacy, children need to learn how to respect privacy. Teach children to respect each other’s need for privacy by knocking before entering, general manners, responding to children’s behaviors related to bullying, stealing, etc.   **Let children determine how and to whom they want to show affection**   * Sometimes we send children mixed messages when we say things like “give Teacher a hug” or “yes you do want to kiss Brody goodbye”. Let children decide whether and how they want to show affection, even with family members and other children. Explain that they get to decide what they’re comfortable with and adults need to respect them. Help a child practice communicating with the adults in their lives.   **Respond when children say “no” or “stop”**   * Children need to experience people who will listen when they say “no” or “stop”. Sometimes adults will tickle a child or rough-house with a child and when a child says “no” or “stop”, they will ignore the child or act like the child is kidding or doesn’t really want to stop. These are great opportunities to model how adults should respond to a child’s “no” or “stop”. If you observe this, you can calmly say “Trevor asked you to stop, so please stop” or “It looks like Sarah is tired of rough-housing. Please stop.”   **Re-direct inappropriate behaviors**   * If you’re concerned behaviors between children are becoming inappropriate, interrupt and re-direct the children. “Michael, it’s not okay to hug Thomas when he doesn’t want you to. Why don’t you help Bella hang her picture on the wall?”   **Talk about their behavior towards others**   * Help kids understand the impact of their behavior on others. This helps them learn important social skills. “Thomas looks uncomfortable when you hug him. Is there another way you can show him you’re happy to see him?” “When Jonathon runs away when you want to play with him, it means he’s not comfortable playing right now. Why don’t you find someone else to play with?” |
| Slide 32 |  | **Trainer’s notes/Suggested language:**   * **Activity: individually and pairs** * **Instructions:** We’ve now talked about as prevention tasks during normal sexual development. What is your family safety plan going to look like? Refer to the family safety plan sample shared earlier, and all that has been discussed and reviewed in order to design their own safety plan using the **Handout: Your Family Safety Plan** as a worksheet and these additional **Handouts**: * **Tip Sheet: Don’t Wait: Everyday Actions To Keep Kids** * **Tip Sheet: Create a Family Safety Plan** * Start with the 5 most basic/important rules, or perhaps rules you already have. Now, what do you think you might want to add? What do you think should be included? If you are a support person to a foster parent, what do you think should be in a family safety plan, what would your template be? * After you’re done beginning your own, share in your small group what you’ve done and listen to what others have. Does the sharing help you think of other rules you may want to add? * **Debrief**: Are there any thoughts about this tool, this process, other ideas you’ve had and would any one like to share the rules they has come up with that they would like to share? |
| Slide 33 |  | **Trainer’s notes/Suggested language:**  To finish up our Green Prevention Level, we want to still talk about talking with children about prevention.   * **Review** these bullets: * Talk most about highest risk situations, including someone the child may know. Explain that someone we know and maybe even love and trust may break the rules. * Use “practice scenarios” to talk about how to handle possible situations. Use available books and videos to ask a child how they would handle a certain situation. Make up a story, ask what the child would do if he or she felt unsafe. * Since 90% of the time children are abused by someone they know, 90% of our examples should be about situations where they might know, trust, like, and even love someone who is behaving inappropriately or abusively towards them. * Since approximately 40 to 60% of abuse is intra-familial, use examples of family situations. This is another reason why it is so important to talk about safe adults. * Since approximately 40% of abuse is by someone under the age of 18, use examples where other children or young people are behaving inappropriately. * Use “child friendly” language – no need to get too wordy or precise. Let the child’s natural curiosity lead – respond to his or her questions, in language that is age-appropriate. * Be specific and use language geared towards the age of the child. The concept of someone not knowing the “rules” can be effective, especially for younger children. Try to avoid language like “good” or “bad” or “predator” or “pervert”. Use descriptive language to help a child recognize what behaviors you are talking about (e.g. If someone gives you a funny feeling in your tummy, let Mom or Dad know, or if someone tries to trick you into doing something you don’t want to do, like not letting you leave or not stopping tickling you when you say no, tell an adult so we can help them learn the rules). |
| Slide 34 |  | **Trainer’s notes/Suggested language:**  So for our final review of the steps of Green. We do all of this:   * We let children (and all adults involved in the children’s lives) know what the rules are. And we consistently reinforce them, as well as review them. We don’t wait for a problem…we take advantage of regular opportunities to illustrate these safety plan. * We help children develop healthy sexual behaviors through education and our ongoing support * And we are vigilant with our ongoing monitoring. |
| Slide 35 |  | **Trainer’s notes/Suggested language:**   * **Activity:** *individually* * **Instructions**: Pull out again **Handout: I want, I hope, I’ve done, I plan** and **c**omplete the last question now:   **What are 3 things that you are going to do now or are different from how you’ve been doing it?**   * **Debrief**: would anyone like to share? (*take responses*) |
| Slide 36 |  | **Trainer’s notes/Suggested language:**   * Wrap up. Any final questions or comments? * Remind people of 2nd workshop: Circles of Safety: Recognizing and Responding to Warning Signs and of the Stop It Now! Website and Helpline for support * Thank everyone * **Hand out survey.** * **Remind participants of Stop It Now! Website and resources** |
| Slide 37 |  |  |