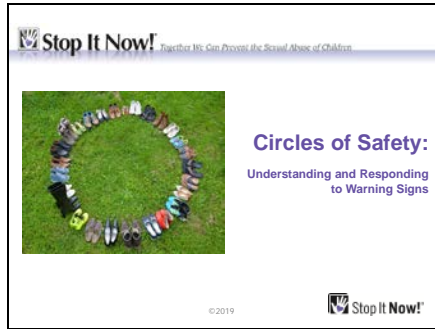


Slide 1



**Trainer's notes/Suggested language:**

This workshop has been developed and adapted by Stop It Now!, a national child sex abuse organization.

Everyone here should've first taken: Circles of Safety: Understanding Healthy Sexuality Education as Sexual Abuse Prevention. In that workshop, you might have heard that Now! was 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. We also shared the "Upstream Story" to help illustrate what prevention could look like and as a reminder: *(trainer may choose to again read this story or skip and start with introducing today's workshop as moving from upstream to a bit more of a downstream look at prevention)*

*"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 downstream today. While we're now moving from healthy sexuality to warning signs, this is still traveling upstream to protect folks from harm.

- **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

### Agenda - Objectives

- Understand adults' responsibilities in prevention
- Identify warning signs of inappropriate behavior and abuse in both children and adults
- Identify fears and beliefs that can impede action steps
- Develop courage, comfort, and communication tools to respond to concerning or sexually abusive behaviors
- Practice having hard conversations




**Trainer's notes/Suggested language:**

Here's what we plan to get out of this workshop. These objectives are steps that we need to take to develop our skills in keeping children safe. We will do a quick review of some of the main concepts from the first workshop, Circles of Safety: Understanding Healthy Sexuality Education as Sexual Abuse Prevention and then will get into information about the importance of understanding and responding to warning signs as a prevention tool.

- **Review** objectives

### Ground Rules

- Take care of yourself
- Full participation/to the extent you feel able and comfortable
- Use "I" statements
- No such thing as a stupid question
- Stay afterwards if you want to talk privately
- Respect privacy



**Trainer's notes/Suggested language:**

*(these notes are the same as in workshop one, use as appropriate and necessary to review ground rules to create a safe training environment)*

Talking about sex is not easy. 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 them.

- **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?

### Key Concepts for Prevention

- **ADULTS ARE RESPONSIBLE**
- Learn about sex abuse
- Plan for safety
- Promote healthy sexuality development
- Recognize and Respond
- Develop confidence
- Take action - speak up
- Implement prevention focused, effective policies and procedures



 Stop It Now!

#### Trainer's notes/Suggested language:

In our previous workshop, we focused on the first three of these primarily, while building your own confidence through this education and support.

These as the key concepts for prevention.

We are focused on preventing harm before it happens...or even perhaps from continuing to happen. One thing we do know about sexual abuse is that it thrives in secrecy. When we don't talk about it, when we ignore signs, when our fears get in the way – then children are more at risk to experience sexual abuse and harm.

*The following notes are from Circles of Safety: Understanding Healthy Sexuality Education as Sexual Abuse Prevention and can be used as needed reintroducing the Keys Steps of Prevention:*

These are what we believe are the key concepts for prevention:

- Remember that adults are responsible – we can help kids take their own steps to stay safe in many ways, but ultimately it is the adults who set the stage for safety.
- Learn about sex abuse – it's important to know what you, we 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.


- 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.
- Develop confidence – feel comfortable, practiced enough, informed enough
- Take action - to speak up, seek help, talk to someone else.

Slide 5

### The Facts

**All sexual activity** between an adult and a child **is** sexual abuse. Sexual abuse does not have to involve penetration, force, pain, or even touching. If an adult engages in any sexual behavior (looking, showing, or touching) with a child to meet the adult's interest or sexual needs, it is sexual abuse.

- Sexual touching between children can also be harmful, and in some cases abusive.
- Sexual abuse between children is often defined as when there is a significant age difference (usually 3 or more years) between the children, or if the children are very different developmentally or size-wise.



**Trainer’s notes/Suggested language:**

*Read slide out loud - it is a repeat of information in 1<sup>st</sup> workshop, stop to see if anyone has any questions but mostly just review this information*

Remember that sexual exploitation and Internet sex crimes also fall under the umbrella of sexual abuse. There is contact and non-contact behaviors that can be abusive.

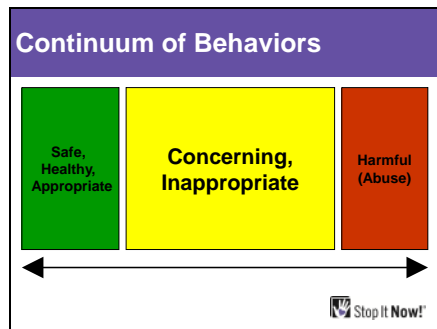
Slide 6



**Trainer's notes/Suggested language:**

Let's start by looking at the warning signs in children's behavior. This is considered difficult because even when we have a clear understanding of what is considered healthy and normal, it can still be confusing.

Slide 7



**Trainer's notes/Suggested language:**

Remember our continuum. Let's move now into the middle ground – the yellow prevention level. In some ways we are rerouting our journey a bit from looking upstream, turning our look around to a one that includes more a downstream view– but still prevention.

All three of these “stages, levels, stopping points” are primary. Green is primary – before. Yellow is secondary – stopping it now, and Red – stopping it from happening again. It's more multi-layered; taking into account the long term consequences of abuse on not only individuals but on families and whole communities. And also a reminder that these 3 levels are not silos – they are not pure green, yellow and red.

Most of you work in the “not green” prevention levels. This is not a treatment training. We're focused on how we know something is a problem and how to respond to these concerns and helps kids – maybe we can interrupt a potential abuse situation or maybe we're responding to one. In all cases, we have an opportunity to improve outcomes for children. So if we think of Green as Primary Prevention – before anything happens and preventing anything from happening, we're going to think of Yellow as secondary prevention –

stopping something from happening or that's about to happen. And Red is what we call tertiary prevention – preventing abuse from re-occurring – perhaps generationally.


For many children who are abused, their risk of re-abuse increases. The way we respond to children who have been abused, what we do to protect them moving forward is crucial in preventing further abuse – either because of the risk of the child them self to cause harm to others as a response to the trauma they experienced or because of the increased risk of re-victimization. And how we respond further helps create foundations for later healthy relationships and general engagement with life.

Regardless of the history of the children we work with, there are warning signs in both children and adults that we can respond to in order to create safer environments. Remember 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**, so we want to talk about children's own behaviors as possibly problematic – and how to know.



**Healthy or Unhealthy???**

- Motivation – Why?
- Dynamic – Power Differentials, Repetitious, Spontaneity, Mutuality
- Activity – How mature/adult-like? Mutual?
- Affect – When “caught”, Playful vs. “Sneaky”, Defensive, Private, Entitled

 Stop It Now!

**Trainer’s notes/Suggested language:**

- **Handout: Children’s Sexual Play: Healthy or Unhealthy?**

So, how do we know whether a child’s sexual behaviors are healthy or unhealthy? How do we know when to be concerned? It can be very difficult determining the risk of children’s sexual behaviors. Certainly we know that some sexual exploration/play is part of normal sexual development. It’s the gray areas that feel confusing – and scary. If two children are found alone with one child holding the other – is this concerning?

Looking at the handout, here are some ways to think about how to determine whether the behavior is healthy or not (note to trainer: these slide in and can either be put up all at once or one at a time as you review):

We look at **motivation** – why is this behavior occurring? What are the children’s explanation about what is happening. (add teens: curiosity, attraction, “just plain horny”) (use this example or offer own) My own niece at age 5 was found with two of her peers, who were both partially undressed. Apparently she told them to take off their clothes. Certainly, in my line of work, as my sister was telling me about this, I felt a ball of dread in my stomach but then once I heard that the explanation offered (and seemed plausible) was that my niece – who indeed wants to be a director in the movies – yes, she knew that at 5 – was Directing and wanted her friends to do a costume change. It had nothing at all to do with sex or with exploring bodies at all.

We also look at the **dynamic** – what are the power differentials? As we noted, we look at factors such as age, size, cognitive ability and if there is coercion, such as manipulation through bribery or through physical threat. Consent is an issue...even

between children who can't give consent, a child "going along" with something vs. a child who tried to say no, but was coerced has a different flavor. Also we look at whether this is a repetitious activity, perhaps with obsessive or compulsive features and that even with previous redirection, continues. We further look at the spontaneity of the behavior and we pay attention to any complaints from other children about the behavior. Children and youth, including teenagers can be "caught up in the moment".

We look at the **activity** itself – Is it a type of "show and tell" or perhaps it is more mature, adult-like sexual activity such as insertion of a finger into the anus. With teenagers of course, their activity may look very adult-like so this is not our best clue with this aged group. However, even with teenagers, sexual behaviors that include aggressiveness would be very concerning. Bullying and other control issues need to be further examined. And are drugs and alcohol involved? We may also want to look at other variable with teenagers such as cognitive and/or physical differences that may impact how we interpret sexual behaviors.

In general, it is much more difficult of course when we think about teenager's sexual behaviors and are trying to determine the level of concern we have. Certainly, this is based on family beliefs and values. We know it is likely that a teenager may be exploring...and this is healthy and normal. But we need to look into the nature of the relationships to help us determine how to support these kids. Is there an understanding and practice of respectful and consensual behaviors? Understanding more about a teenager's perception of what a healthy relationship is and what a healthy sexual relationship is can be a great place to begin.

And finally we look at **affect** – when caught, are the children involved perhaps a little embarrassed but overall more silly and playful ... or are they more worried, frightened and seem to feel “caught” in the act. With teens – embarrassment and even anger at being caught may be normal, but a sense of “I’m a man now and can do anything I want” could be concerning. A teen who is lying, sneaking around and in general, ignoring family rules and values needs attention...the whole family may need support and attention.


Let’s use an example to look at how we use these variables to help us: **two boys, both 4 years old, found with their pants off in the bathroom**

To start and in order to evaluate harmfulness, you need a context – you need more of the story. If you are concerned about a situation at all, explore it further – so in this case, there should be concern so we need to explore.

- **Ask** - What do you want to know to help you better determine how much you should be concerned about this situation? What questions do you have based on the ones here on this slide? (take as many answers as offered, segue to next slide to continue conversation about context)

**Consider the Context**

- Is the behavior developmentally expected?
- Have you seen these behaviors before?
- Have you set limits before?
- Differences in age, size, development?
- Between playmates - playful quality?
- Coercion, manipulation?
- Obsessiveness?

 Stop It Now!

**Trainer's notes/Suggested language:**

To continue - these questions can help you gather the information to determine next steps (*compare to the responses from previous slide and review as needed*)

- **Review** the bullets:
  - Is the behavior developmentally expected? – This is where the more one knows about healthy sexuality, the easier it is answer this question. This is why knowledge about what is normal and healthy is so important.
  - Have you seen these behaviors before? – Are these typical behaviors you've seen before? Or specific to the child, have you been observing a routine, a trend?
  - Have you set limits before? – Have you reviewed the safety plan with the child? Does the child know the rules?
  - Differences in age, size, development and between playmates
  - Important observation to be able to tell whether to be concerned. As we've said healthy sexuality play is usually between same age peers, it's mutual – when two children differ in any of these, then the sexual behavior may not be mutual. Additionally, the understanding of the behavior may differ now between the children.
  - Coercion, manipulation, obsessiveness? – Any signs that one child was bullied, threatened into sexual behaviors is a clear concern.
  - Is the child demonstrating a preoccupation with another child?

So, back to our example of finding two boys alone with their pants off – If this was the 1<sup>st</sup> time, the boys were giggling and when asked, both said that they were playing “sword”, using their penises as swords – **Ask** what level might

this be? (Allow time to respond, asking for explanations for answers)

Most likely green but still warranting of course, a response that included education – reminder of the rules and redirection. You would also inform the children's parents

What if one of the 4 year old boys has been told on numerous times that he cannot take of his clothes when he plays with other children, yet continues to do so?

- **Ask** – What level is this now? (*Allow for responses*)

This does become a yellow situation. This little boy is struggling with the rules, isn't responding to redirection.

What if one of the 4 year olds tells you that the other boy told him that he was going to get his uncle, who is in the army, to shoot him if he didn't put his mouth around his penis? **Ask** – What level is this now? (*Allow for responses*)

This may now be considered a red situation. While these boys are the same age and actually, we'll say even that they are similarly built and are fairly equal regarding other abilities, this no longer has a playful element. One child has been threatened and another child has engaged in more mature behavior.

These questions and ways of looking at both the behaviors and context can help us understand whether a child's behaviors are concerning or not.

Warning Signs

Possible Abuse

- Unexplained changes in routines and habits
- Regressive behaviors
- Unexplained fears, mood swings
- Risky behavior
- Secrets
- Leaves "clues"
- Unexplained money or gifts

Protect & Respond

Stop It Now!

Sexualized behavior

### Trainer's notes/Suggested language:

Let's look now at warning signs that might indicate that a child is being harmed.

It's important to note that children will show very similar distress behaviors, regardless of what is distressing them. This includes demonstrating sexualized behaviors, when there is no sexual related stressor. Sexual behaviors, especially for younger children, are like any other behaviors – kids perhaps have some incidents of wetting themselves because maybe they're nervous about their parents divorce; they may seem clingy and try to touch other children's private parts because they're worried about a parent in the hospital.

- **Read** through the bullets of Possible Abuse, expanding as appropriate, using following supportive points:
- Routines such as sleeping – either more than usual or having difficulties, eating, activity level, hygiene – again, either super focused on hygiene or letting it slip
- Regressive behaviors such as thumb sucking, incontinence, bed wetting
- Increased fear of situations, clingy
- Risky behaviors can include drug and alcohol use, fast driving – not using seat belt, etc., extreme sports
- Clues could be pictures, poems, music/media with abuse themes

**Ask:** In addition to a child responding to their own sexual abuse, why else might children be exhibiting sexual behaviors that may be concerning or problematic?

*(Answers to include:)*

- Lack of information about the body, sexuality – i.e. many folks don't feel that children with disabilities need sex ed.
- Reacting to what's being heard in the bus, on the school ground, etc.
- Sexual inappropriate behaviors sign of

other stressor in child's life – divorce, moving, grief, anxiety, impulse control difficulties


- Exposure to adult materials (unintentionally)
- Media overall – video games, tv programming, magazine covers, etc.
- What else?

Under Possible Abuse, we have “sexualized behavior”. (last bullet). Let's look now these sexualized and high risk behaviors, taking into consideration that now these sexualized behaviors are having an impact on other children and can be a risk to other children's safety

- **Handout:** Tip Sheet: Warning Signs in Children of Possible Abuse

Slide 11

Warning Signs: Youth's own risk of causing sexual harm		
<ul style="list-style-type: none"><li>• Confused about social rules and interactions</li><li>• Anxious, depressed or seeming to need help</li><li>• Impulsively sexual or aggressive</li></ul>	<div>Protect &amp; Respond</div>	<ul style="list-style-type: none"><li>• Knowledge and use of explicit and mature sexual language/concepts</li><li>• Insists on physical contact and/or alone time with child</li><li>• Ignores safety rules</li><li>• Age-appropriate sexual behaviors in inappropriate settings</li><li>• Behavior elicits complaints or continues after limits set or refused</li><li>• Uses threats and coercion</li><li>• Drugs and/or alcohol involved</li><li>• History of violence, own abuse</li></ul>



**Trainer's notes/Suggested language:**

Let's talk now about these warning signs in children that may indicate that he or she could harm another child. In many ways, they're not so different from the previous warning signs. Any child who is experiencing any type of distress, can actually be at risk for causing other children harm – through anger outbursts, bullying, etc. But also children can struggle in other ways that may increase the risk of child to child inappropriate or harmful sexual behaviors.

On the left, descriptions of these signs, with more specific behaviors on your right.

- **Review the Tip Sheet:** Signs That a Child or Youth May Be At Risk to Harm Another Child with the following notes:
- Confused about social rules and interactions – this may be a child who misreads social situations, seems awkward with same aged peers. Perhaps this child struggles with

learning public vs. private rules, and may act impulsively to get need met, even if not appropriate. May seem overly “touchy” – perhaps with just one of two others.


- Anxious, depressed or seeming to need help – children who have not been offered healing resources and support if they’ve experienced trauma are very well at risk for engaging in behaviors that are often inappropriate, immature or even harmful to others. These children may even seem to create opportunities where sexual issues have to be brought up
- Impulsively sexual or aggressive - Uses violence with sexual overtones

**Handout:** Tip Sheet: Signs That a Child or Youth May Be At Risk to Harm Another Child

Slide 12

**Talking with youth when there are warning signs**

- Stay calm
- Be non-judgmental
- Show support
- Talk about behaviors – not intent
- Do not label
- Reassure them their safety is a priority
- Refer to safety plans and rules
- Let them know that adults are responsible for helping them and their environment stay safe



**Trainer’s notes/Suggested language:**

When there are warning signs – absolutely work together as a team. We are still focused, even when there are warning signs, on supporting healthy sexuality development. But we will find ourselves in positions where we are speaking directly to kids outside of a clinical setting about their behaviors – so as a parent or a professional in a youth serving setting, these communication tips are to help conversations about sexual problems become more productive. I know you’ve probably been told these before, probably practice them – but always good to review.

We may be frustrated or even angry with a child’s sexual behaviors, but it’s important to talk with this child or youth about their behaviors calmly and supportively. We want them to know that we are on their side, and that our goal is for them to have healthy safe relationships. We want to be

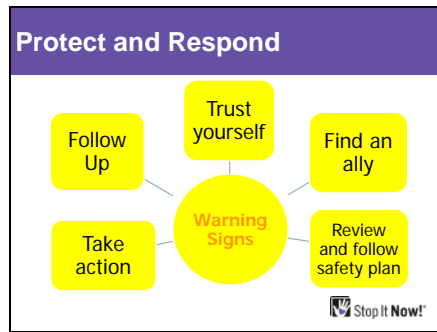


specific about their behaviors – not labeling them as bad kids of course, but also trying to not label their intent. Saying, “only perverts do this, so stop being a pervert” gives them a label, and remember – we have to look at kids behaviors through different lens, not just through our adult eyes.

So, we remind them of safety rules, we reassure them that their own safety is of the utmost importance to us and that we’re there to help them.

➤ **Activity:** In pairs

- Instructions: Time to brag! When did you feel successful talking with a youth about their own sexual problem behaviors. This may seem like a reach...sometimes it feels that we can’t just tell kids why what they’re doing is a problem, dangerous, risky. But please think of low-level warning signs...and your response as a caring adult in that child’s life. How did you talk to them about what healthy and appropriate behaviors look like and how to help them shift their own behaviors. What works for you? What tips do you have for others?
- Debrief: Anyone want to share?



**Trainer's notes/Suggested language:**

When “yellow” warning signs are observed (and we are talking more about the early to middle warning signs and where you’re just not sure yet, we want to protect and respond. We want these warning signs to serve as a layer of protection. Through paying attention to them and responding to them, we are potentially preventing harm from happening...or from happening again.

So, when you have identified a situation with warning signs:

- **Trust yourself** – trust what your gut, your instinct is telling you.
- **Have supports** – find an ally, talk it over with a case manager, clinician, colleague, a trusted friend and mentor. It helps to prepare you to take next steps or process the ones you've taken. Again, sexual abuse and harm thrives when people are ashamed to bring it up. By sharing your concerns with a trusted ally, you are helping to build a protective response. One of the most important things we can do to keep kids safe is to learn how to speak up when we have concerns. Too often, adults do nothing when they’re worried because they don’t know what to do. Remember conversations don’t have to be confrontations. They can be an important opportunity to share your concerns, ask additional questions, and make suggestions for keeping kids safe.
- **Look over the family safety plan, treatment plans and other response/protection tools** –What do they say? Use these as a guides so that your responses become more consistent, routine and you become more confident in what to do.
- **Make sure you do act** – speak up, tell others, document, talk to the child, re-establish your safety plan, add new rules, seek out professional help –
- And **follow up** – what happened, what

needs to happen

- So back to our two little boys caught with their pants down – let's take the scenario where one of them has been told before about playing with his clothes on, yet continues to be found with other children in some state of undress. And two other children have told you that "Brad" made them go into the closet with him.
- **ASK** – What would you do? (*Allow response time*)

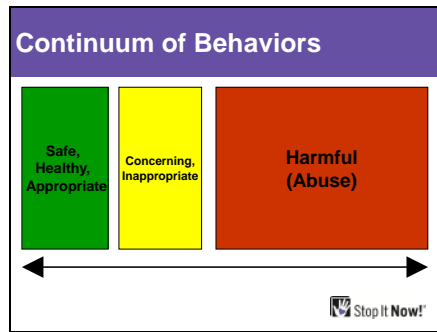
Add to what's said, making sure the following is included:

- We check in with others about the behavior
- We affirm that the safety rules include rules about clothing and play, and review our own rules about supervision of children.
- We strengthen our own safety plan regarding supervision of this particular little boy, recognizing that at this time he may need to be with an adult at all times
- What else?

**What do we say to the little boy?**

- Suggested script: I am concerned that you're having problems following our rules about keeping our clothes on and are trying to make other children go into the closet with you. I'm responsible to help you and all the children here feel and stay safe. I want to help you follow the rules so can you tell me why you are so interested in taking your clothes off with the other kids? Do you have any questions I can help with? I'm going to let your parent/guardian/therapist know that you and I talked about this so that she/he can help you too. To help you stay safe, I want to buddy up with you so that where I go, you go and wherever you go, I go.

Slide 14



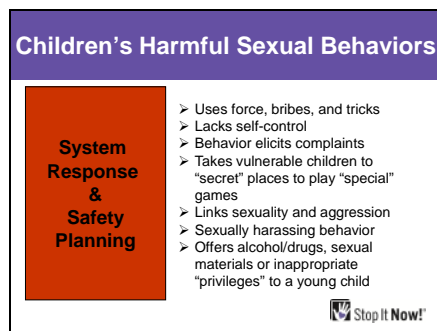
**Trainer's notes/Suggested language:**

Moving to the Red Prevention Level. If you are in a youth serving environment that cares for children who have experienced trauma, this may be where you "live" with the kids you care for. You know what to do when there is a problem. That doesn't mean you (or any of us) have the answers but we know the process of response.

Some of you have maybe never worked with children who have been abused or has not sexually harmed another child. In this arena, children already touched by abuse will of course need even more clarity, support and understanding.

Our focus in this training is not primarily on these children, as we want to focus on the prevention of any harm from happening in the first place. But when we do know about the warning signs of abuse and how to respond to children "post-harm", we may very well be helping both this child's recovery and healing process, but also we can prevent further abuse from happening since children who have been abused, often are more vulnerable for future abusive experiences.

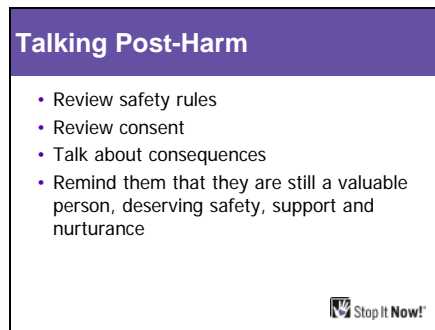
Slide 15



**Trainer's notes/Suggested language:**


These are the indicators that a child is sexually harming another child. We respond in this prevention level with intensive safety planning and with a system response – working with our teams, perhaps working with legal services, definitely working with clinical and behavioral specialists. We remain trauma informed, as these children are still children requiring gentle, nurturing, supportive, caring, helpful – and protective responses. We won't specifically address responses here as these are specialized treatment strategies, and are covered in other trainings. But to be clear we know what the indicators are.

Slide 16



**Talking Post-Harm**

- Review safety rules
- Review consent
- Talk about consequences
- Remind them that they are still a valuable person, deserving safety, support and nurturance

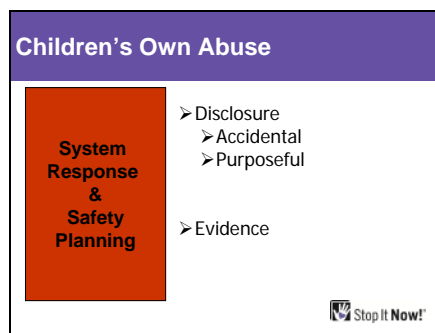


- **Review** slide's bullets, discuss as needed based on participants comments/questions

**Trainer's notes/Suggested language:**

When we are talking with a child who broke safety rules, harmed another child, we want to remember to include these talking points. Just like in all other conversations, we want to focus on the behavior and not the intent and we still want that child to feel worthwhile. Kids are really at risk for self-harm when the discovery of their own abuse of another is found out. We have an obligation to help this child as well.


Slide 17



**Children's Own Abuse**

**System Response & Safety Planning**

- Disclosure
  - Accidental
  - Purposeful
- Evidence



**Trainer's notes/Suggested language:**

Red is also when children are in the process of being victimized, abused. Children aren't typically very direct when they try to tell about abuse. "Dad, my new counselor molested/sexually abused me in the lake today and I didn't like it. Can we talk at dinner?"

Alternatively, children try to tell through behavior, affect, and indirect statements. Though adults might not listen closely to children, children do acutely listen and observe adults. They assess whether they will be believed, whether the adult can handle the information or will crumble etc. And children sometimes try to tell at the most "inopportune times." i.e., when you have the flu, are trying to get dinner on the table, in the car – on the way to an appointment.


Some disclosures are on purpose. The child seeks you out to tell you about being hurt. But others may be accidents, "when I'm at my mom's house, her boyfriend jumped in the shower with me to help me wash the parts of my body I can't reach".


And then there are the cases when the

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**Responding to a Child's Disclosure**

- What a child needs to hear
- What a child needs you to do



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evidence – an STD in a young child for example, brings the abuse to light.

**Trainer's notes/Suggested language:**

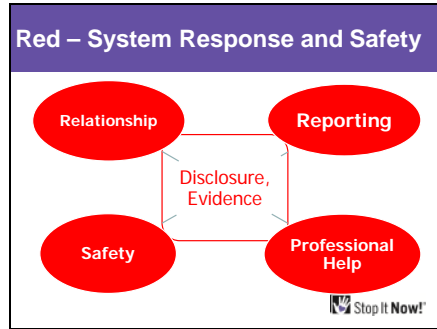
So what if you are in the position of hearing a child's disclosure....

First - children *do* tell and the need for adults to listen. While most children don't tell about abuse while it's happening, many children do try to repeatedly tell. Because adults do not have information about CSA, they often don't know what children may be trying to say.

From the moment a child "tells", healing can begin. So it is critical that we feel comfortable responding to a child who has courageously disclosed their abuse or whose abuse has been discovered. These children may be terrified. These steps can help begin setting into motion a loving, caring healing process:

- Stay calm
- Believe them
- Re-establish safety
- Reassure them they are not to blame
- Reassure them that they did the right thing by telling
- Seek out help
- Express your own reaction (rage, guilt, etc.) to appropriate people

What children need is going to be different than what you as an adult needs. Adults may need to be angry, get revenge, seek legal consequences. Children may just need to know that you care for them.



### Trainer's notes/Suggested language:

Your programs have policies about responding to disclosures and evidence of abuse, whether between children and other children, or an adult and a child. This response model is in support and addition to those steps:

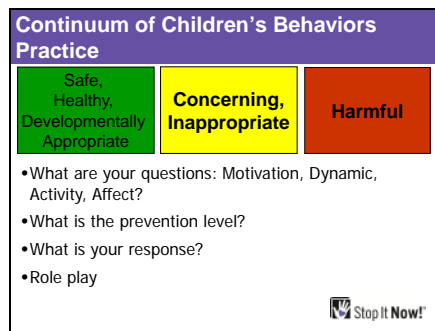
- As we think about **safety**, we may think about assessment – can a child be in your program safely, what type of supervision does this child need, what do other children need to stay safe?
- We're including **Relationship** here as a response to really emphasize that how we respond to this child will help determine this child's own interpretation of what's happening. We just talked about this and certainly this is true in the green and yellow prevention levels as well, but when a child has disclosed that harm has happened to them or we've discovered that a child has been harmed or is harming another, our initial reaction can help this child feel safe and that the adults still care about her or him, and are going to help. We're going to talk specifically about when a child discloses in a moment, but this is also about responding in the moment when you find a child in (or attempting) a mature sexual act with another child. Responding to this child, so that this child understands that his or her behavior is not ok but that they are still special, lovable, valuable is crucial. It's a balance between setting the strong limit, enforcing rules and setting up a situation so that the child is more likely to feel supported and can then receive the help he or she needs.
- **Professional Help** – who else needs to be pulled in, a counselor, a physician – perhaps an early ed specialist
- And **Reporting** – we want to notify the appropriate authorities whenever there has been an incident involving a child and sexual abuse or sexual harmful

behaviors. Whenever you have questions – that’s when you work with your team and policies. You don’t need to know for sure. Always report when:

- A child and/or adult shows numerous and consistent warning signs of abuse or being at risk to abuse
- A child has stated that he or she is being abused by an adult
- A child has stated that another child has been engaging in sexually harmful behaviors with him or her
- A child states that he or she has sexually harmed another child
- An adult has stated that he or she has sexually abused a child
- An individual has become aware of child pornography online
- An adult is aware of another adult or child who is viewing online child sexual abuse material
- So back to our two little boys caught with their pants down – let’s take the scenario where one of them has been told before about playing with his clothes on, yet continues to be found with other children in some state of undress. And two other children have told you that “Brad” made them go into the closet with him.
- **ASK** – What would you do? What are the actions you would take? In this response model, think about how it can help you know what steps to take. *(Allow response time, making sure the following is included):*
  - We check in with others about the behavior
  - We affirm that the safety rules include rules about clothing and play, and review our own rules about supervision of children.
  - We strengthen our own safety plan regarding supervision of this particular little boy, recognizing that at this time he may need to be with an adult at all times



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- What else?

**Trainer's notes/Suggested language:**

- **Activity:** *could be done with large group, or in small groups/pairs*
- Instructions: As a wrap up on children's sexual behaviors, I'm going to read a short list of children's behaviors (or *hand out slips with each of the behaviors below*). Identify the prevention level (Red, Yellow, or Green) indicated by the behavior. They are purposely very brief descriptions of a single behavior. Based on this little information, what is your first guess at the prevention level?
- List of behaviors to read from:
  - 4 year old boy is found masturbating in the bathroom (green)
  - 8 year old girl told a 5 year old boy that she wants him put his mouth on her vagina (yellow)
  - 12 year old boy asked 11 year old girl to get naked for \$5 (yellow)
  - Two 9 year old girls are found naked in the bathroom together (green)
  - 14 year old boy showed a 7 year old girl pornography pictures online (red)
  - 15 year old girl tells 6 year old that she has a 24 year old boyfriend and they've had sex (red)

*(note to trainer: you can use your own examples. There is a lot of gray when trying to identify children's sexual behaviors and this is part of the point. More information, including history on the child's behaviors and experiences is crucial.)*

- As participants answer, ask: What questions do you need answered? What else do you need to know? What would change the prevention level? (refer back to slide 9 to help with questions:

Motivation – Why?

Dynamic – Power Differentials,  
Repetitious, Spontaneity

Activity – How mature/adult-like?

Affect – When “caught”

- Debrief: Ask each group to share their prevention level and discuss their process.

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**Trainer's notes/Suggested language:**

- **Activity:** Pull out again the Activity: **I want, I hope, I've done, I plan**  
Remember this slide, these questions...Complete last question now. What are 3 things that you are going to do now or that will be different from how you've been doing it?  
Debrief: Anyone want to share?

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**Trainer's notes/Suggested language:**

Let's return now to the overall scope of abuse...and learn about the adults who could be a risk to children's safety and how to respond to that.

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**Trainer's notes/Suggested language:**

We're going to transition into talking about adult's behaviors but first let's begin to set a stage that will help us prepare to speak up when we are concerned about adult's behaviors. We heard early (and probably already knew) that in 90% of abuse cases, the person abusing the child is known to the child and family. In fact, when Stop It Now! began, our founder went into prisons and talked to adults incarcerated for sexual abuse. They said that there were plenty of

warning signs that a child was at risk but no one spoke up. These adults said that there were opportunities for other adults to call them out, so to speak, on their behaviors – but no one did.

- **Ask** – Why is it hard for people to speak up about warning signs that an adult may be showing warning signs – warning signs that a child could be at risk? What are the barriers, what gets in the way? Why don't we want to say to someone...I think Bill/Betty isn't "acting right" around kids? There are fears and there are beliefs that can act as barriers to having these difficult conversations. What do the fears sound like? What might people say that indicates a fear? *(Trainer writes answers on board/flip chart and use notes below to expand discussion:)*

**Fears: These are questions around feeling fear**

- How do I put my concerns into words?
  - Maybe it's just me. I'm probably just misinterpreting the situation
  - But, they're such a nice family.
  - Talking about it will just make things worse.
  - I'm too embarrassed to even bring this up.
  - We don't know what to say...
  - We're worried that we're wrong, we're overreacting, etc.
  - We don't want to offend our friend or family member.
  - We think "it couldn't really be"
  - We're worried that we can make things worse.
- **Ask/Review:** How could shame and guilt be a barrier? What might we hear that indicates shame and guilt is the barrier? Include answers below:
- How could I not have seen what was going on
  - I should've done something sooner
  - I shouldn't go outside my family for help

➤ **Ask/Review:** What are potential Safety Concerns that could get in the way?:

- Retaliation
- Non-sexual violence
- Increased child sexual abuse

➤ **Ask/Review:** What about the fear of family disruption:

- System taking children
- Custody/visitation changes
- I won't be able to foster any longer
- Divorce
- Loss of relationships
- Financial Loss – resulting in loss of housing, job, other

### **Beliefs**

People often believe that the sexual abuse of a child is impossible in their family and community. They may deny or minimize warnings signs, disclosures and even their own gut feelings. They may believe that they cannot do anything about child sexual abuse.

Beliefs are influenced by stereotypes. They may prevent a concerned adult from taking action because of the difficulty in believing a “good” person can be sexually inappropriate.

Beliefs are also influenced by cultural attitudes and expectations. Acceptable touch may be different in different families, different cultures.

Minimizing – as a way of demonstrating beliefs:

- Every family or everyone has problems
- She must have asked for it
- It only happens when he's drinking
- It's not that bad

Wrap up: These fears and beliefs get in the way of adults taking actions.



**Trainer's notes/Suggested language:**

Let's turn now to look specifically at adult's behaviors. Just like when we looked at children's behaviors, this green, yellow, red continuum helps us think about safe and appropriate behaviors also: from safe and appropriate, to the more concerning warning sign behaviors, to finding evidence that an adult has sexually abused a child. Remember, based on behaviors, we try to identify the prevention level of a situation. When we have a framework to understand behaviors and what they can indicate about their risk, it can help us think about the responses – to reduce the risk and to protect. This prevention level continuum is very similar whether we're talking about children's behaviors or adult's behaviors. We engage at all levels.

So our adult **"Green"** behaviors are the healthy involved, loving, nurturing, supportive, educational behaviors that adults engage in with children that are based on helping a child thrive and grow in a healthy, safe and developmentally appropriate manner. We spent a lot of time earlier talking about these in identifying protective tasks but beyond what we do to help a child with his or her own healthy sexual development, there are general green behaviors caregiving adults demonstrate to support children.

- **Ask:** What are other general ways caregiving adults demonstrate care/support. *(May need to give an example from below to help folks get started)*
  - Read to them
  - Teach and model social skills
  - Listen to them – really listen - eye contact, no distractions, asking questions
  - Provide nutritious (and yummy) meals
  - Clothe them

- Teach them how to play an instrument
- Praise
- High fives
- Hugs – child initiated and/or mutual
- Others

And just like the children's prevention continuum:

**"Yellow"** behaviors in adults are the behaviors that raise warning signs that someone is struggling with boundaries, rules, and safe behaviors – and could pose a risk to children. Sometimes we may identify warning signs but that doesn't mean that an adult is an abuser – rather this could mean that they are setting up a situation for a child that could later put that child at risk.

and

**"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.

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**Who sexually abuses?**

**There is no such thing as a  
"typical" offender**

- Any Age
- All Economic Backgrounds
- Any race or culture
- Any religious belief
- Any gender or sexual orientation

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**Trainer's notes/Suggested language:**

Let's talk about adults who have abused children, called by many names: offender, molester, perp, pedophile, etc. Remember that a step of prevention is education.

Adults who abuse can be any person can sexually harm or abuse someone. The term "dirty old man" isn't and never was accurate in describing an adult who's at risk of harming a child.

- **Any Age** – As we saw, children and youth can sexually harm another child. Adults of all ages can sexually abuse a child.
- **All Economic Backgrounds** – Let's include education in this as well. Doesn't matter if you have loads of

money or none at all, whether you work at the Pentagon or you're a custodian for the local elementary school, whether you have a high school education or multiple doctorates. Sex abuse crosses all economic and educational lines.

- **Any race or culture** – there is no one race or culture that “produces” more adults who sexually abuse children
- **Any religious belief** – Unfortunately, we do find sexual abuse in all faiths – Judaism, Catholicism, Hinduism, Pagans and Atheists – and everyone else. While an abuser's own story may be somehow connected to their experience with faith and belief, this is in no way “causes” someone to be an adult who sexually abuses children
- **Any gender or sexual orientation** – Likewise, there is no evidence that a person's sexual orientation “causes” them to become sexually attracted to children. There are plenty of adults who have noted that their primary sexual attraction is to the opposite gender, yet have sexually abused same gendered children. On the Stop It Now! Helpline, we have had questions about whether being abused, “turns someone gay” and what we do know is that growing up gay can increase a child's overall vulnerability. Folks who are at risk to harm children (and this can even include same-age “bullies”), look for vulnerable children.

There is no such thing as a “typical” offender

- Some have a primary sexual attraction to children (e.g. pedophiles)
- Some have adult sexual relationships
- Some turn to children because of other stressors in their lives
- Some have psychiatric disabilities
- Some have addiction issues
- The reasons can vary.

In fact, pedophile is a diagnostic term – basically used to describe the condition of an adult having primary sexual attractions to children and youth – to minors. Believe it or not, not all pedophiles sexually abuse children. These folks can seek out help to deal with these ideas and fantasies before they ever become actions. The Helpline at Stop It Now! actually hears from people like this. They are asking for help and are holding themselves accountable for children's safety. We will be talking about how to talk with someone whose behaviors worry you and what's really important is that it is possible to get someone help before a child is harmed.

We really can't tell by looking who might sexually abuse children. **Instead, we need to be on the lookout for their actions—the behaviors that reflect they potentially have sexual interest in children OR that they have inappropriate boundaries with children. We need to focus on behavior which is visible and NOT intent—which is not visible.**

Again, what we do know is that in almost 90% of disclosed cases of sexual abuse, the person abusing was known to the child.



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**Trainer's notes/Suggested language:**

- **Ask** - Why do you think this is important? Why is it important enough for us to bring up? Why is even caring about the offender important – how does this promote prevention? (allow for answers) and review the following:

There are two main reasons:

1) When the word, “monsters” is used – it implies we’re fighting “monsters” puts in a frame that seems really scary, seems impossible – need super warrior strength, etc.

2) If we’re so busy looking for the monster – we miss the subtle behaviors that may make an environment more vulnerable (like an adult talking in mature sexual terms around children)....or even very sophisticated grooming behaviors. A person may not see warning signs in an adult at risk to abuse because that person is “too nice”.

**Trainer's notes/Suggested language:**

So, what are concerned adults to do? How can they know when there is a risk? Since really – there is no big decal advertising an adult or youth who is at risk to abuse a child, we look at warning signs.

The sexual abuse of a child doesn’t happen all of a sudden.

Someone who is feeling the urge to act on their sexual feelings towards a child may unknowingly be sending out signals that they are at risk of abusing for quite a while. By being able to identify behaviors that could indicate that someone may be losing control, we may have the opportunity to intervene and to get everyone the help they need before harm has taken place.


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**Consider the Context**

Think about:

- Whose needs are being met?
- Do behaviors continue after clear limits have been set?
- Is parental authority being undermined?
- Is one child singled out?
- Can a child say “no”?



**Trainer’s notes/Suggested language:**

To help guide our thinking when we’ve observed a behavior that we question, Think about:

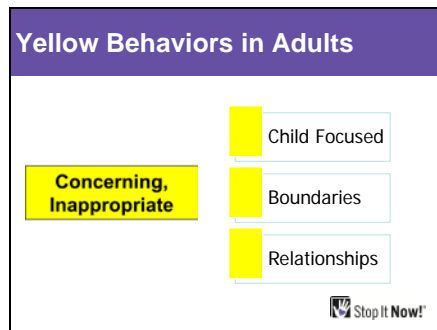
- **Whose needs are being met?** – the child’s or the adult’s? Yes, as adults, we do sometimes tell children what to do to meet our needs – “hurry up, so I won’t be late to work” – but in general, what adults do in their interactions with children should focus on a child’s needs. Even telling a child that they can’t play until they clean their room is helping a child in a number of ways – to learn responsibility, to keep a healthy environment, to contribute to household, etc. But when an adult is asking a child to do something that has no benefit to the child, this is important information.
- **Do behaviors continue after clear limits have been set?** – big question, does it stop once you’ve spoken up? If an adult has been informed about a safety plan, a family rule, a program policy and still continues with the behavior, then this is a warning sign that this adult is increasing a child’s vulnerability.
- **Is parental authority being undermined?** – not always easy to see, but if the behavior is not something sanctioned by the parent or caregiver in charge, this can signify that an adult is setting up an unhealthy and perhaps unsafe relationship with a child. Little things like – Don’t tell your mom I let you have dessert first – can conflict with a child’s regular rules, with his/her sense of how things are done and besides being confusing, it can become something that is held over a child. Also, this can be a tact to try build “loyalty” with this unsafe adult which will in turn become dangerous and even more confusing for the child later.
- **Is one child singled out?** – Does this adult treat every child the same way or

does the attention seem focused on a single special child.

- **Can a child say “no”?** – Children need to be able to say no occasionally. If an adult has such control over a child that this child agrees to or even tolerates anything from a specific adult, this could be a risk. If a child says “no, I don’t want to kiss you” and is told that he/she has to always kiss her uncle good bye, this could set up a risky situation.

Using these questions as a guide can help you determine the prevention level of the observed behavior

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**Trainer’s notes/Suggested language:**

Let’s look further at these warning signs. To be absolutely clear - someone who shows these yellow warning signs is not necessarily going to sexually abuse children. As said before, **the recommendation is that you focus on visible behaviors and NOT intent. We can’t see what someone intends.** We can only see signs of behaviors that are associated with an increased risk to be inappropriate or harmful towards children.

This can be a really tricky concept. People often think they can’t do anything unless they have “proof” that someone has done something wrong. We don’t need proof to act protectively, to act within our safety plan and within our policies and procedures.

- **Review:**

**Child Focused:**

The **focus on children** really is noticeable. You may think that an engaged adult seems “too good to be true,” for example, he or she frequently babysits different children for free; takes children on special outings alone; buys children gifts or gives them money for no apparent reason? Too

Good To Be True – is a warning sign.

Pay attention to adults who show little interest in spending time with other adults, who pushes for time with children, creates situations where he or she is alone with children. Who singles out children for special attention When an adult voices a constant admiration of a child, frequently touches a child, seems to indicate that they understand the child when no one else does – also who ignores rules, policies and even requests from parents, caregivers and other adults regarding interactions with a child.

The term grooming is used to describe the process an adult who is a risk to children uses to gain a child's trust, get close to a child and then abuse them. This can include creating a relationship where the adult is perceived as being a critical person in the child's life because he or she has created that perception.

Additionally, these folks:

- Seek 1:1 time with children frequently and consistently
- Often has a "special" friend who is a child or youth
- Have difficulty with same-age peer (adult) relationships

### **Boundaries**

Let's look more deeply at observing boundaries to determine warning sign behaviors. Boundaries are a tool to keep us all safe. They may be formal boundaries – like rules, for example, the rule – "Children and adults do not take off their clothes to play" is to protect a boundary.

So, when an adult breaks boundaries or seems to even be vague on them, this could create an unsafe situation for a child. As we stated, breaking boundaries doesn't mean that an adult is going to sexually

abuse a child but it does create a much more vulnerable situation.

We want to look at an adult's ability to follow rules, guidelines, policies, codes of conduct. Ignoring or breaking these becomes a boundary issue. Additionally, when someone looks for ways to control behavior, this can raise boundary warning signs. When a child is unable to ever say no, or is discouraged from telling other adults about a relationship, this becomes a vulnerable situation.

- Doesn't recognize what is appropriate in relationships with children
- Allows children or teens to consistently get away with inappropriate behaviors
- Makes excuses for harmful behavior
- Encourages silence and secrets in children

Here's an example of an adult's behaviors that can create a vulnerable situation for a child. Let's say cousin Raphael happens to have a "potty" mouth and also shares adult sexual activity with anyone in hearing range. He's in his 30's. And we're going to say for the purpose of this example that actually, he is not interested in sexually abusing children. But he doesn't control his mouth around children or youth. Why could this set up a vulnerable situation for children? (allow for answers)

He is giving the message to children that it is ok for adults to use language like this around children and to talk about mature sexual activity. So, if there was an adult who was testing out a kid's vulnerability, their receptiveness to grooming behaviors, the child would not be suspicious or taken aback by this. This could give this potentially harmful adult the message that this kid may be more receptive to abusive behaviors.

And again, a good family safety plan that

includes rules about language can be helpful here to help identify a problem area.

**Relationships with children:**

Have you ever seen an adult turn to a child for emotional or physical comfort by sharing personal or private information or activities, ones that normally shared with adults? Maybe they just don't seem to get what's appropriate around children. They do not seem to understand the difference in relationships between adults and children, and those relationships with same aged folks. And they don't understand that encouraging secrets with children can put them at risk. This can encourage children to believe it is ok to have secrets with adults and if there is an adult with an intention to cause harm, a child may not think twice about keeping the actions of that adult a secret.

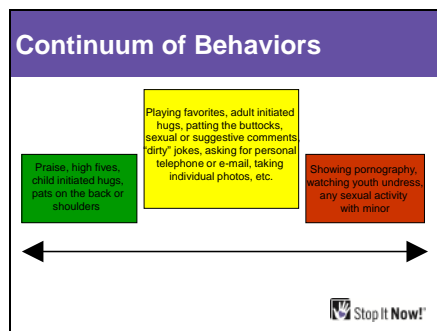
This category of warning signs includes secret interactions with teens or children (e.g. games, sharing drugs, alcohol, or sexual material) or spending excessive time to emailing, text messaging or calling children or youth – and even more so, if these forms of communication are not allowed according to program policies.

Difficulty in taking responsibility, always blaming someone else or a situation for risky and harmful behaviors is a warning sign. Healthy adults are able to be accountable – they do not put children in dangerous situations.

Other behaviors that could be at-risk indicators in adults can include:

- Turning to a child or youth for emotional or physical comfort
- Seeing and treating children and youth as “peers”
- Secret interactions with teens or children or spends excessive time texting, emailing, phoning with youth

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- Shares personal or private information or activities normally shared with adults
- Overly interested in the sexuality of a particular child or teen (e.g. talks repeatedly about the child's developing body or interferes with normal teen dating)

**Handout:**

**Tip Sheet:** Signs An Adult Is At-Risk To Harm A Child

**Tip Sheets:** Behaviors To Watch Out For When Adults Are With Children

**Trainer's notes/Suggested language:**

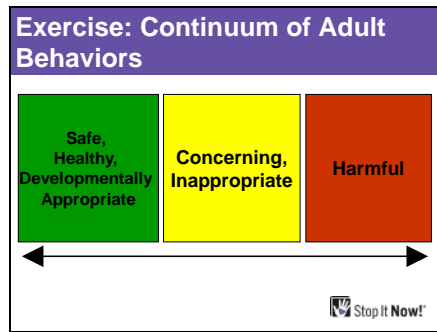
This is just some examples of behaviors in each of the prevention levels.

Examples of appropriate, positive interactions include:

- Praise
- Positive reinforcement
- Pats on the back or shoulder
- High fives
- Brief, youth-initiated hugs

Examples of inappropriate and/or harmful interactions include:

- Sexually provocative or degrading comments
- Risqué jokes
- Patting the buttocks
- Corporal punishment
- Behavior or language that is threatening or demeaning
- Intrusive questions, comments or observations, verbally or through notes
- Unwanted staring or watching



**Trainer's notes/Suggested language:**

- **Activity:** *(may not be time – will instead just use a few examples and ask participants what prevention level, similarly to children's behaviors activity or follow directions below:)*

Set Up: Set up 3 posters (Green, Yellow, Red) along a wall to show the spectrum of behavior.

Copy each behaviors listed below on individual index cards, based on # of participants registered

- Instructions: I'm going to hand out a card describing a high level adult behavior. With no other information, what does your instinct tell you about this adult's behavior? What prevention level does it indicate? Go to stand near the prevention color you think you belong. Do not talk to anyone else as you do this – no feedback from your peers.
- Starting with those under the Green Prevention Level, ask each participant to:
  - Read their index card out loud
  - Share why they think it belongs in the prevention level they chose
  - Ask if others agree or would possibly put it somewhere else
    - Encourage conversation. It's ok to not see things the same way. Sometimes there is just not enough information to know.
    - note: sometimes it is so obvious that additional conversation isn't necessary
  - Ask if what in the context or situation might make it change to be safer or more harmful
- Adults Behaviors to transfer to index cards – note: *suggested answers are in the parentheses but conversation may allow for these to shift based on different variables and trainers need to*




*emphasize a point:*

- Parent asks 9 year old to keep secret about nonsexual incident (i.e. “don’t tell anyone we bought ice cream”) (Yellow)
- Bus driver brings gifts (candy, magazines) for one 8 year old camper he picks up on his route (Yellow)
- Case manager texts messages almost daily with client (Yellow)
- Parent (father) frequently talks about another 6 y.o. child in the program; asking questions about her home life and interests. (Yellow)
- Coach asks 12 year old soccer clinic participant to meet at community park outside of regular practice hours to go over drills (have heard both green and yellow, more of a yellow in that this is a 1 adult:1 child situation, outside of regular times but could be a helpful and involved coach)
- Kindergarten assistant kisses a 6 y.o.’s “boo boo” on the knee while on the playground (green but does sometime open a conversation about safe ways to care for children)
- Parent brings in homemade cookies for the children’s program at church (green)
- Parent talks about having a friendship with a 10 year old sister of one of children’s friends, as if the relationship is with a peer (yellow)
- Repairman is overheard telling preschooler that she is cute and asks for a hug (yellow)
- Afterschool program drama teacher asks two middle school students to touch each other’s genitals for “play tryout” in teacher’s private office (red)
- Foster mom’s uncle asks 15 year old girl about her sex life (yellow)
- School nurse tells 16 year old boy where she lives and how to reach

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### Speaking Up

- Set the tone - shared responsibility and accountability
- Be honest and genuine
- Describe the behavior
- State what you want
- Speak up and set boundaries



- her if he needs help (yellow)
- 18 year old tells his 16 year old foster brother that he can get him alcohol (yellow)

#### **Trainer's notes/Suggested language:**

You may find yourself in a position to talk with an adult about his or her behaviors. This is a model for having a difficult conversation with adults. Because when we see yellow behaviors – we need to speak up. This model can set a framework for you that is less threatening and helps the focus remain on children's behaviors. The goal is not be accusatory. Remember – we actually don't know intent...what we know are that there are acceptable and unacceptable behaviors, there are safe and healthy ways of interacting with kids – and there are not so safe ways of being with kids. We want to talk with folks about the behaviors that could create a vulnerable situation for children – not accuse them of being a risk.

- *(modeled on next slide)*

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### Communication Skills

- Language and Tone
- Avoid Labels and Intent
- Stick to the Facts
- Calm and Confident
- Respectful
- Listening Skills
- Follow up



#### **Trainer's notes/Suggested language:**

Yes, this is yet another quick review of some general communication skills but communication is such a key prevention tool. I'm sure everyone here is in a position of having to communicate a lot with people from varying backgrounds. There are some tips to communicating specifically about very charged issues. Often it is easy for folks to confuse talking about behaviors with talking about people. We want to help you feel more successful to talk about behaviors that concern you.

#### **Language and Tone**

- Understanding how important language and tone are is crucial.
- Use of body language

**Avoid labels** - separate person from the

behavior

Avoid the use of derogatory labels. Words like: monster, pervert, demon do not serve the purpose of education and prevention. It doesn't describe the behavior that is concerning and puts up barriers for individuals who may otherwise be willing to intervene with adults at risk to abuse. When professionals use labels, it gives permission for others to use these labels. When negative terms are used to describe any individual, it is frequent that the labeled individual begins to view themselves as the "monster" described in the label, and hence may commit "monstrous" actions.

All situations need to be regarded as unique. Stereotypes support people in avoiding working with others who are different, whether it is cultural, gender, mentally, educationally, etc. Avoiding stereotypes is another way to help parents and others be more specific in their concerns and build better safety plans by addressing the specifics of each individual's unique situation. The stereotype language doesn't identify the actual behaviors and situations that need to be addressed.

**Listen without agenda or bias.** As adults, we're very quick to:


- Jump to resources
- Jump to rescue (advocacy)
- Judge and criticize

Our personal triggers can also get in the way. Perhaps our own experience with sexual abuse. Our own family values. Our own prejudices.

Slide 34

### Speaking up

- I know we both care about children, I know it's important for both of us that children in our home/program are safe. **(Set tone/responsibility)**
- I feel uncomfortable bringing this up but it's important to me. **(Be honest and genuine)**
- I notice you often whisper to Marcia, and I've heard you mention to her to remember to keep the secret. **(Describe behavior)**
- I want you to follow our family's/program rules/guidelines about whispering and keeping secrets. Our safety rules (or policies) state that adults will refrain from keeping secrets with children. I would like you to stop whispering to children and having any discussion with them about keeping a secret. **(State what you want)**
- Please follow our safety plan and rules (or policies and procedures.) **(Set boundaries)**



**Trainer's notes/Suggested language:**

- **Review slide**

Notice that we're not accusing anyone of trying to act inappropriate with Marcia, but we're instead identifying a behavior that may either be on a safety plan, is out of the ordinary, against program rules, etc.

Slide 35

### Practice Time



- Set the tone - shared responsibility and accountability
- Describe the behavior
- State what you want
- Speak up and set boundaries




**Trainer's notes/Suggested language:**

We're going to take some time to do some role plays – these are our steps

Slide 36

### Your response?

- Aunt Mary (visiting for 2 weeks) tells 6 year old in home that he is going to break lots of hearts and jokes about being younger so that she can take a "roll in the hay with him."
- A father often asks personal questions about another child – a girl – in the program. He has also brought her a gift on one occasion.
- A young neighbor, Roberto – 22 year old, has been texting a teen boy.



**Trainer's notes/Suggested language:**

➤ **Activity:** groups of 2 or 3

- Instructions: We're going to practice having these difficult conversations now. These scenarios are chances to practice talking with another adult about his or her behaviors – not their intent, but their behaviors. Remember this isn't a time for confrontation or accusation – but to let another adult know that their behaviors are increasing the risk for children. *(Read each scenario out loud)*
- Ask pairs/groups to start with one scenario and each person should plan on being both in the role of bystander talking to an adult with warning signs

and the adult with the warning signs. If pair/group finishes one and there is time, try another or even a real life situation.


- If there are groups of three, incorporate the observer role, whose role is to give feedback after the role play is over. Each person should be in the observer role as well.

(debrief is on next slide)

Slide 37

### Role Play Debrief

- What was challenging to talk about?
- What did you notice about switching roles? How did it change your perspective? How was it to observe?
- What skills came naturally?
- What skills did you notice need strengthening?
- What else??



**Trainer's notes/Suggested language:**

(Debrief from role plays. Go around to each group, and ask one or two of the debriefing questions. Discuss as necessary.)

Slide 38

You may never know what results come from your action. But if you do nothing, there will be no result.  
—Mahatma Gandhi



**Trainer's notes/Suggested language:**

- **Wrap up.**
- **Thank everyone.**
- **Any final questions?**
- **Hand out post-survey and remind participants about the resources on Stop It Now!'s website**