

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.

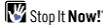
We're going upstream today.

- **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.



Agenda – Objectives

- Define the scope and impact of sex abuse
- Reflect on professional caregiver's role in prevention
- Describe key steps of prevention
- Understand safety planning as a prevention tool
- Enhance understanding of healthy sexuality information and support as a prevention tool
- Identify and respond to early signs of children's sexual problem behaviors
- Identify and respond to warning signs in adult behaviors
- Develop courage, comfort and communication tools to talk about children's sexual behaviors
- Practice with new skills

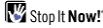


Trainer's notes/Suggested language:

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 from 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.

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:

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, we always like to start with a few ground rules for our time together so that each of us feels able to participate in a way that feels most comfortable to them. These are ground rules that have worked for groups in the past. After we’ve gone over these, if anyone wants to comment or add one, please feel free to do so. Just raise your hand.

➤ **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 teachers, etc.
- **There is no such thing as a stupid question.** We encourage any and all comments and 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 one of us.
- **Respect privacy:** we find that folks often share personal stories of their own parenting experiences, in their community and families, etc. Please hold confidence stories that are told here.

Before we begin, I in no way wish to silence someone’s story – personal stories fuel this work; we know what we know from the voices of survivors. But, I have found though that these trainings are not the most conducive environments for discussing personal victimization (or perpetration) experiences. I 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. Your professional experiences working with children – please share these

➤ **Ask** – Are there any concerns? Does this make sense to everyone?

**Activity:
I Want, Hope and Do**

- What do you want children and adolescents to know about sexuality?
- What do you hope they don't experience sexually?
- What is your responsibility? What do you do now?



Trainer's notes/Suggested language:

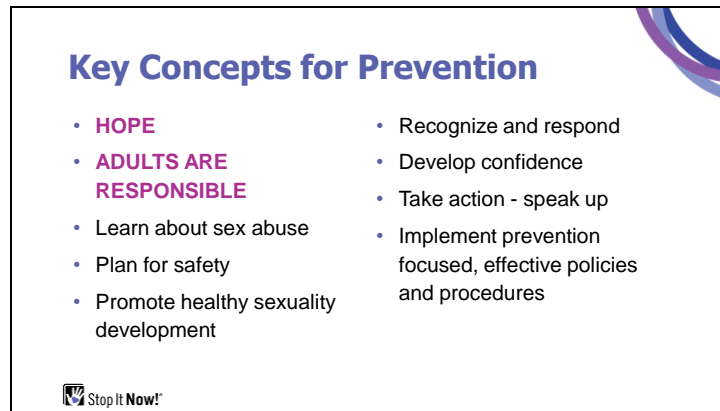
*Slide starts with first two questions on the screen, **click** to slide third question in*

Let's talk now specifically about sexual abuse prevention. Let's think first about our intentions for children – what we want for them regarding their own sexuality. To help us talk about this, let's do an activity.

➤ **Activity** (*individually, then pairs or small groups*):


- **Instructions:** Have participants pull out the **Handout: Activity: I want, hope, and do**. Instruct participants to fill out the first 2 questions (leaving the last question blank) on what they want children and teens know about sexuality and what they hope children don't experience sexually.
- Next, in (pairs/small groups) – Ask participants to discuss what they think they are expected/supposed to do regarding the children they watch out for regarding their education and needs specifically around sex, sexuality, sexual development, and even relationships.

➤ **Debrief:** ask if anyone wants to share, or has a question/comment



Key Concepts for Prevention

- **HOPE**
- **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!

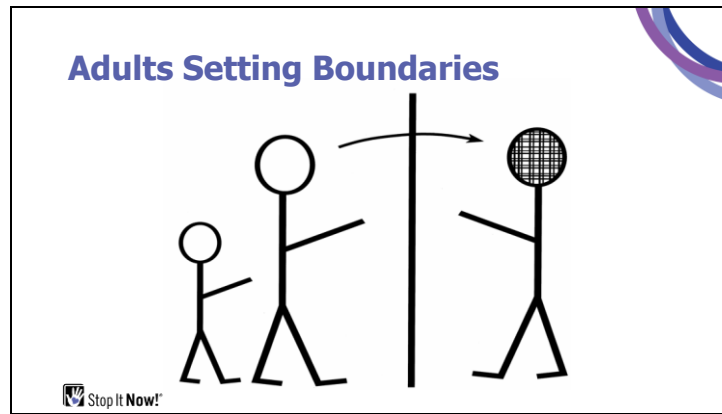
Trainer's notes/Suggested language:

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



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?"

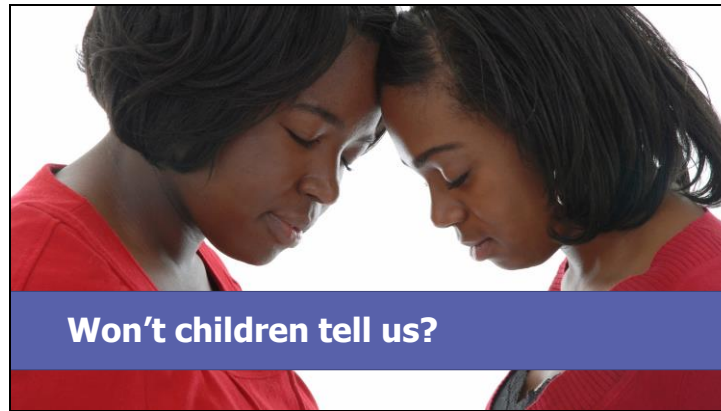
No – we do not. As the adult, we need to speak up and tell this parent that the jokes being shared are inappropriate and change the topic.

- **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 safely 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.



Won't children tell us?

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 children who have been sexually abused disclose their abuse – 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.

➤ **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:*

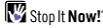
- Children have relationships with the person who is abusing or at risk to harm them
- This is the most important framework to understand when working with children. Children seek to protect the adults in their lives, even when those adults may not be protecting them and even harming them.
- Children need to feel that they are not betraying the caregiving adults who are also their abuser in their lives.
- Children who feel that adults whom they both love and who abuse them are going to be treated fairly and respectfully are 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”
- From an expert in prevention: Children often don't have the language to tell. Sometimes they don't know it's wrong because of lack of information, fear blame, confusion about touches because touches may physically feel good. 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

- 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

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.



Trainer's notes/Suggested language

Prevention is built on awareness and education. To know how to prevent sex abuse, we have to be clear about what it is.

- **Read the definition from the slide verbatim, slowly**
- **Ask for examples of both, include the following about contact vs. non-contact abuse:**

Contact sexual abuse:

(Contact sexual abuse: some type of touching or physical contact between adult and child that is sexually abusive)

- 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:

(Non-contact sexual abuse – behaviors from an adult to a child that are sexually abusive but do not involve hands-on contact with that child)


- 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

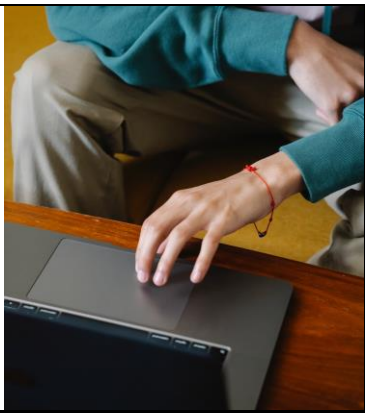
It includes all sexual activity between an adult and a child, no matter if deception is involved, or if the child understands the sexual nature of the activity. Consent cannot be given. A minor cannot give consent. We'll talk more about consent when we talk about prevention tasks but it's important that 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.

Additional Forms of Sexual Abuse

- Child sexual abuse material (CSAM)
 - Multiple platforms
- Sex trafficking
- Sexual exploitation and internet sex crimes

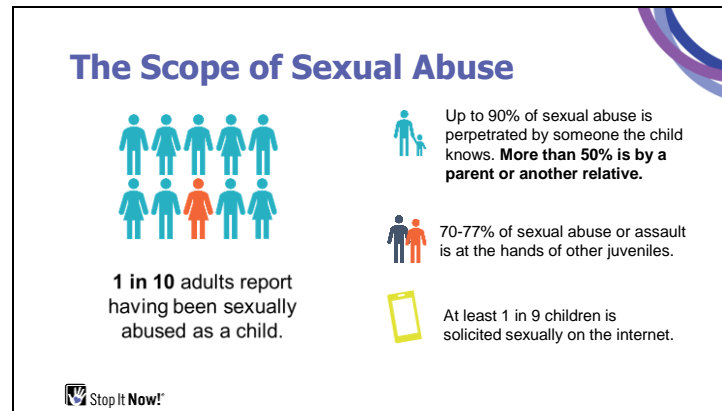




Trainer's notes/Suggested language

Discuss the following:

- Child sexual abuse material – formerly we called this “child pornography” but this name more accurately reflects the crime being committed
 - All sexually explicit images and videos of children – of minors. Even if kids are smiling or have taken the photo, these are abusive.
 - This could be produced by a parent or guardian, a neighbor or community member or online enticement.
 - Far-reaching implications – the abuse the child is experiencing in the moment of the “filming”...and then the long term impact of having the abuse documented and potentially shared repeatedly
 - In many forms, on many platforms. In 2020, social media (facebook, tik tok, snapchat and others) reported over 125 million social media content and account removals for child sexual abuse concerns – including sexual exploitation. This was only a partial report but is just example of how prolific this can be. Not just dark web videos of tortuous abuse. But images of nudity and overall sexualized positions, dress, situations are posted all over.
- Trafficking: In reality: Family members are **likely to be a child's first trafficker**, bringing them into the world of commercial sexual exploitation. Recent studies have found that over 40% of people trafficked in sex trafficking cases were involved familial trafficking. – this number is most likely much higher for the number of children who are trafficked initially by a family member.
- Sexual exploitation and Internet sex crimes fall under the umbrella of sexual abuse.
- 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.
- 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.



Trainer's notes/Suggested language

(Suggestion for trainers: you might want to research local statistics about CSA)

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. In fact approximately half of child sexual abuse victims report sexual victimization later in life.
- 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:

In the U.S., one in ten children is estimated to be sexually abused, often the statistics “1 in 10” are typically referenced but because of low disclosure rates, we don't truly know. Actually, we most often find out about abuse long after it has happened, often when the child becomes an adult and then discloses what happened. Also, kids who are in any way “different” – such as kids with disabilities, have higher rates of sexual abuse – just as kids who experience other vulnerable situations in their lives, such as homelessness, incarcerated or absent parents, or any other traumas are also more vulnerable to abuse.

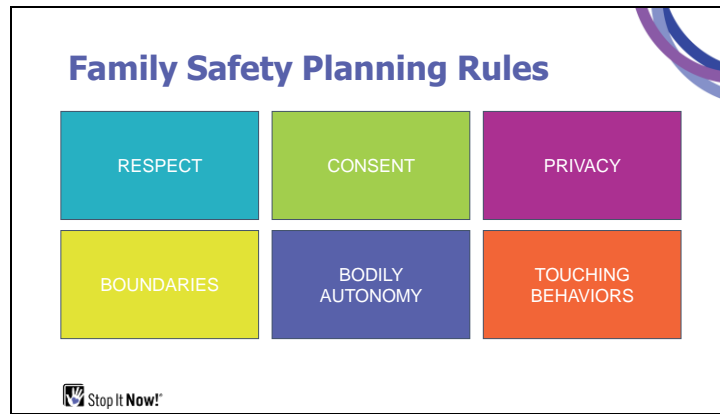
Also disturbing but important to know is that we are not talking about strangers roaming the streets sexually abusing children. Almost 90% of cases involving sexual abuse involve someone known to the child or to their family. In over ½ of the cases the parent or another relative is perpetrating the harm. This isn't to make us all paranoid – but smart and prepared. 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.

Relatively newer research from study in 2019 found that the majority of sexual abuse offenses are at the hands of other juveniles (76.7% for males and 70.1% for females). This study, which included a U.S. nationally representative sample of over 13,000 children and adolescents, ages 0–17 years and over three years (2008, 2011, and 2014) and was conducted via telephone interviews. The information was obtained from the youth themselves (ages 10–17) or caregivers (for children ages 0–9). Previously, we were citing studies that ranged youth to youth sexual abusive incidents of 30 – 50%. So this is an important recognition of where prevention needs to start, right?...not with adults, but with providing youth with accurate information about safe behaviors.

And then there are online risks, we are only sharing the tip of the iceberg but a meta-analysis with over 50,000 participants, ages 12-16 ½ found that 1 in 9 youth received an unwanted online sexual solicitation. 93% of boys and 62% of girls are exposed to Internet porn before the age of 18.

And in general, reports of child sexual abuse material or imagery is on the rise, not just in the US but globally.

Again, this is barely the tip of the iceberg, while much more research is needed...what's really important to understand is that sexual abuse doesn't just affect the person who was abused and the person caused the harm...but it impacts family members, community members, societies really...there are economic costs – in the US, over \$200,000 for victim of sexual abuse.



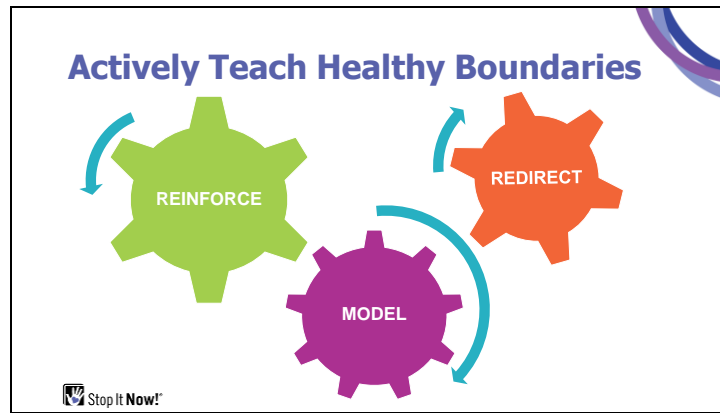
Trainer's notes/Suggested language

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 are rules that a family creates about body boundaries, respect, consent, privacy, personal autonomy and appropriate touching
- Just like you may have rules about other safety concerns – like 'look both ways before crossing the street' – rules about healthy behavior helps set up expectations and norms in your home or program
- These are rules that all children and adults follow in the home (including those visitors to the home, and when kids visit other people's houses)
- 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 kids know what a healthy family environment is
- A safety plan 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 may be 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 healthy 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) parents 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. These can be reviewed and updated during birthdays or at the start of the new year. Look for opportunities such as when you see someone break or follow a safety rule on TV and use this as a time to ask the kids in your life what people could have done differently. Safety planning is recommended for every family.



Trainer's notes/Suggested language

Safety planning really is about helping children learn healthy boundaries. One of the most protective things caregiving adults can do is teach and model healthy boundaries in relationships, because kids don't only need to have clear rules about safety, they also need to see the protective adults in their life modeling healthy behavior.

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. When a child makes an unsafe choice, talk to them about the rule that's been broken (in your program or family's safety plan) or what's not okay and then give them an alternative. Later, you can always ask them to brainstorm with you how they could have handled that situation differently (if they're older) as then you're giving them options and helping them think critically.

➤ **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.

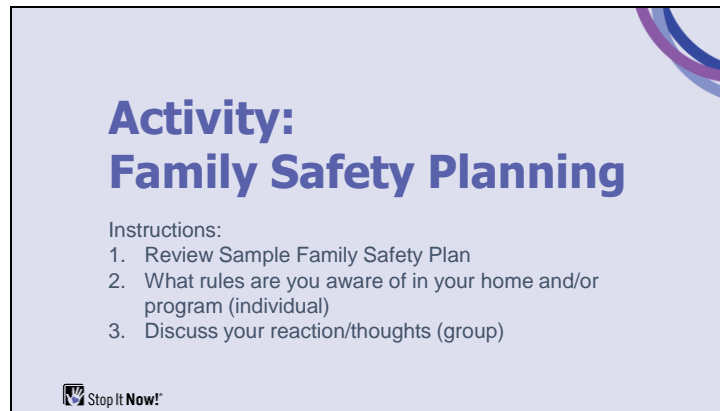
Thanks for asking before coming in.

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 or program for children's safety.

A presentation slide with a light purple background and a decorative blue and purple curved graphic in the top right corner. The title 'Activity: Family Safety Planning' is in a large, bold, dark blue font. Below the title, the word 'Instructions:' is in a smaller, dark blue font, followed by a numbered list of three items. At the bottom left, there is a small logo with a speech bubble and the text 'Stop It Now!' in a dark blue font.

Activity: Family Safety Planning

Instructions:

1. Review Sample Family Safety Plan
2. What rules are you aware of in your home and/or program (individual)
3. Discuss your reaction/thoughts (group)

 Stop It Now!

Trainer's notes/Suggested language

➤ **Handout: Sample Family Safety Planning Rules**

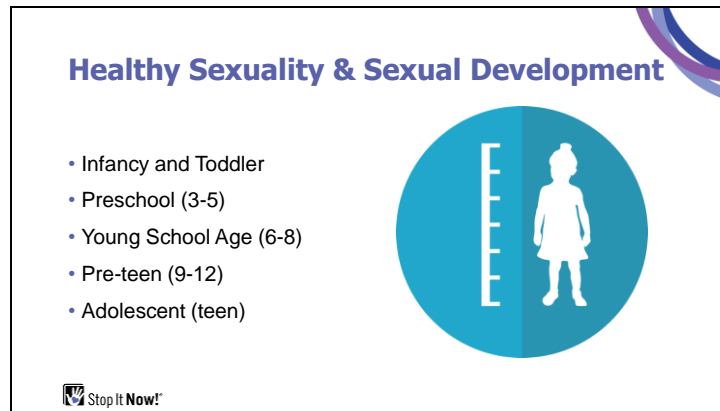
(Note when looking over the handout, that all family members are responsible for signing the rules. So – as a family, everyone should sign.)

- **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?”



Trainer's notes/Suggested language

Now let's move into talking about children's sexual behaviors.



Trainer's notes/Suggested language

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.

➤ **Ask:** Why is talking about healthy sexuality a tool in preventing sexual abuse? (take a few answers)

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.


➤ **Handouts:** Tip Sheet: Age-Appropriate Sexual Behavior
 Resource List: Healthy Sexuality Books and Website Resources
 Article: Promoting Healthy Sexual Development and Sexuality

The slide has a light purple background with a decorative graphic of overlapping purple and blue circles in the top right corner. The title 'Activity: Learning about Sex' is in a large, bold, dark blue font. Below the title, the instructions are in a smaller, dark blue font. A numbered list follows. At the bottom left, there is a small logo with the text 'Stop It Now!' next to it.

Activity: Learning about Sex

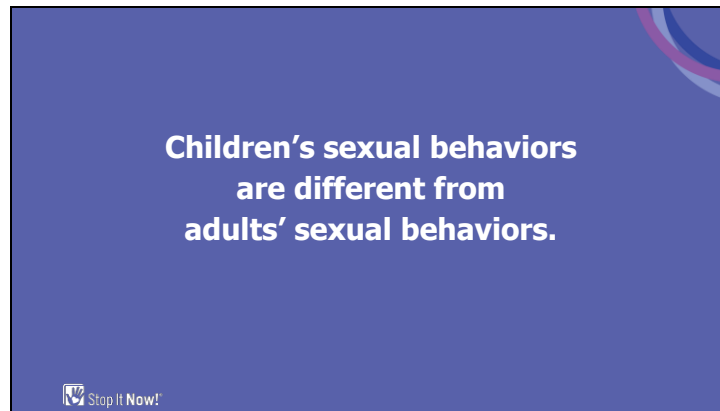
Instructions: Discuss one of the following, practicing your self-care:

1. How you learned about sex?
2. How you wish you had learned about sex?
3. How children should learn about sex?

 Stop It Now!

Trainer's notes/Suggested language

- **Activity** (*no need to monitor groups; pairs*)
 - **Instructions:** Think about how you learned about sex. Maybe it wasn't during this age range but 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. Give the following options of how to answer this question as well:** How did you wish you learned about sex? How are you giving/how will you give children information about sexuality? How should children learn about sex? This is a vulnerable exercise, trainer's should think about the group, strategize on how to make activity safe, altering as necessary.
 - **allow 5-6 minutes for pairs to share with each other.**
- **Debrief:** Anyone like to share briefly? (**keep short, take 3-5 responses**)



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.

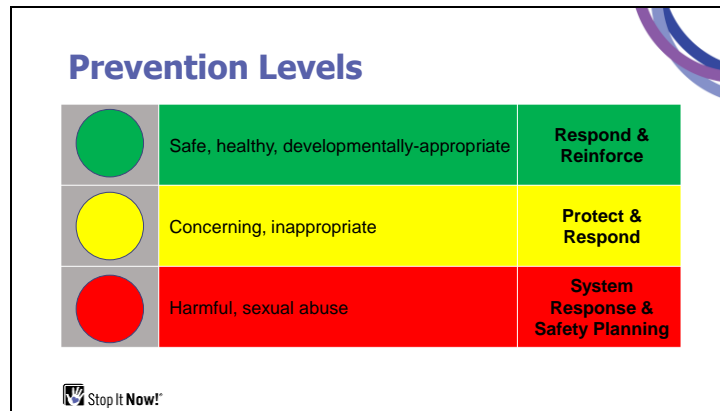
And sexual **problem** behaviors are very different as well

Children's sexual behaviors – and we will be looking at these behaviors, and how to discern what is concerning – may be happening for a variety of

- Basic healthy and appropriate curiosity – but lacking social knowledge about where/when
- 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

A woman came up to a colleague after a training 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, "Maybe 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."

When she used this example in another training and a 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 I 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 four 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. We feel disgusted when we think of children engaging in sexual behaviors in the same ways as adults. And we need to again, remember that this is an explorative process and a part of becoming a human being.



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 prevention continuum is based on the work of Toni Cavanagh Johnson, as well as part of understanding sex abuse prevention as a public health policy. 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.

"Green" behaviors—those that are developmentally or age appropriate sexual behaviors (between children) or appropriate behaviors between youth and adults. —suggest they respond and reinforce. Don't ignore the behavior but use this as an opportunity to respond and reinforce healthy boundaries. Ideally, we (Stop It Now!) would love to work exclusively in the green level – this is primary prevention. The green is the arena where education primarily takes place.

"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 with understanding 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.

(Use the following example, or create your own for a quick illustration of these prevention levels)

Illustration:

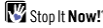
Scenario #1: Two 5 year-olds are in the coat closet, giggling. They are discovered with their pants down and "sword fighting" with their penises.

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.

| What Healthy Sexuality Looks Like | |
|---|--|
| Children | Adolescents |
| <ul style="list-style-type: none"> • Information-gathering process • Looking and touching • Exploring with peers • Playful quality • Ongoing friendship • Limited | <ul style="list-style-type: none"> • Mutual, consensual • Exploration • Often within relationship |

 Stop It Now!

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:

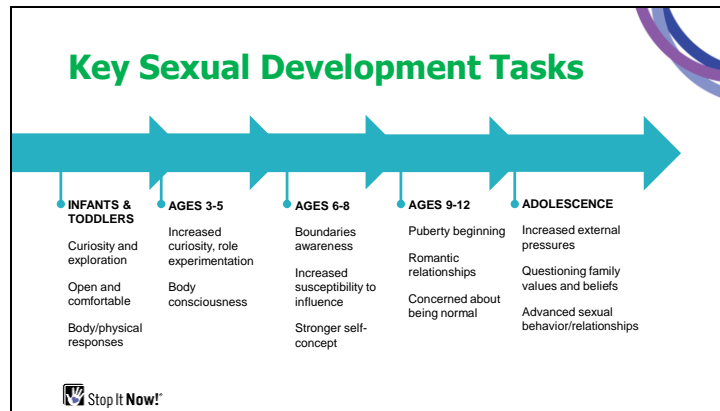
- Playful quality
- With other children with whom they have an ongoing friendship—so children who play together in other ways might engage in sexual play
- And that is limited in type and frequency.

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 be. Healthy sexual behaviors are part of normal development. It is sometimes unsettling to realize that children do indeed engage in play 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.



Trainer's notes/Suggested language:

Slide will be blank, click at beginning of each age and stage to bring up next section to present

Learning about healthy sexuality development really could be its own class, so we're just going to talk about some of the key tasks and features of sexual development by these age groups. There are plenty of resources, and you're encouraged to go look at these from the handouts and do your own research as well. Of course, development is unique and individual, and builds on each task and new experience...but starting with our infant and toddler ages – birth – to roughly 2 or 3'ish (**click**), even at this young age, we can see how that these little ones are beginning to develop a relationship with their bodies. The headline could here really could be "CURIOUS and OPEN". They're interested in anything and everything.

Their curiosity leads them to naturally explore their own bodies and as they get older, potentially others' bodies - including the genitals – though the context of their relationships - curious about mom's breasts or the differences between genders but they are NOT likely to explore bodies with someone they don't have an ongoing relationship with. But they are open little people, comfortable most often with their body, being naked and they are beginning to develop a relationship with their body.

Their bodies indeed are experiencing sensation, and infants with penises can have erections and those with vaginas can experience vaginal lubrication – not in response to sexual stimuli but perhaps to just a sense of feeling good or in result to self-soothing thru self-stimulation. We've not calling this "masturbation" because really at this stage it is more like scratching an itch.

Ask: Any questions/thoughts?

Moving to the 3-5 year old's (**click**), we continue to see lots of curiosity - they have questions, questions, questions – about everything. They are just beginning to understand concepts about love and relationships, but may not quite have more technical questions yet – like, "How are babies born? What does it mean to be a boy? Why do I have a vagina?" But some may start wondering about these 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. They may refer to "boyfriend", "girlfriend", husband, wife, getting married.

They are becoming more conscious of their bodies and what they do. As children get a bit older, they may make the connection that touching their genitals feels good and they may rub or stimulate themselves. And they may become more aware how their own bodies appear to others. You might see this in their dress or in how they relate to each other. And they may begin to show some increased consciousness around privacy – asking for privacy changing or in the bathroom. Although, they may still be a bit exhibitionist - nudity is still healthy at this age!

Ask: Any questions/thoughts?

Now the 6 to 8 year olds (**click**). This stage is about figuring out their boundaries – their own and others. At this age, 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. They are becoming aware of "taboos" around sexuality and make not ask as many questions or be as comfortable asking questions.

At these ages, they begin to prefer same gender playmates and begin to be more influenced by their peer's dress, speech, and style. And at the same time, they may have a stronger sense of themselves, what it means to be a boy or a girl and have a stronger body image and awareness of how they are different from their peers.

There is still limited understanding of adult sexual behavior, but there is an increasing attempt to use "sexual language using sexual words even when they don't always fully understand what the words mean – often to name-call or tease another child.

Ask: Any questions/thoughts?

Moving to our 9 – 12 year old's (**click**). While this time period covers three years, there can be enormous differences in children these ages. For some, most likely those assigned female at birth, puberty is beginning. So, bodies are changing and as consciousness of bodies in the world continues to grow – noticing even more differences in other's bodies, this age group is really prone to asking, "Am I normal". They don't want to miss out...and they don't want to stick out. While still primarily maintaining friendships with peers who identify as the same gender, they may start having romantic crushes and desire to be in a relationship – especially as this may signify growing up to them. In fact, some may even begin to face decision-making about sexual activity. Statistically we know that some children in this age group are even sexually active by the time they are 11 or 12 years old.

So while it is critical that we are here to answer these children's questions and to monitor what's going on in their lives, they are seeking information outside of the family – from friends, media, etc. and it is less common that they will ask questions of their parents and other trusted adults in their lives - especially regarding sexuality, and actually – although probably not surprising to many of you – they may act like they already know all the answers

Statistics suggest the age of greatest risk for children behaving inappropriately with other children is 10 to 12 years old. So, we will be talking soon about what we can do to support each of these age groups, but it is important to note how critical it is that we talk with children not only about others' behavior towards them but also about their behavior towards others—including bullying.

Ask: Any questions/thoughts?

And last but certainly not least important are the teenagers (**click**) - and this certainly encompasses a large age range; there can be a world of differences between a 13 year old and a 17 year old. But generally, at this age, teens are plagued by insecurity and often are easily vulnerable to hurt feelings – even if 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.

And as they are figuring things out about sex and relationships, this age signifies increased questioning of the values, beliefs, practices that they've grown up with. They've seen examples of relationships in their families, in the media, amongst their friends – and now they are trying to figure out what they want.

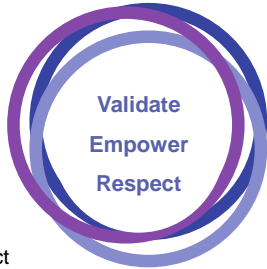
There is a lot of pressure to become mature quickly, and there are a lot of decisions for these kids to make regarding advanced sexual behavior and relationships, including health issues related to sexual activity such as STDs, and pregnancy. And they may think they know about sex, but they most likely are just beginning to understand what intimacy means beyond sexual activity. And on the practical note, they may just have questions and concerns about dating, how to find "the one", even how do people "hook up".

Ask: Any questions/thoughts?

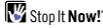
Wrap Up: So this is just a bird's eye view of how sexual development looks in the so-called, normative developmental spectrum. Again...development is always an individual process and looks differently for each person, but holding these concepts in mind, let's start to talk about how we can support children and teens throughout these stages.

Prevention Tasks

- Recognize developmentally appropriate practice and exploration
- Model and provide safe environment
- Be a safe person
- Provide accurate information
- Teach and model consent
- Identify, model boundaries and respect



Validate
Empower
Respect

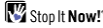


Trainer's notes/Suggested language:

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.

Prevention Tasks: Infants & Toddlers

- Teach language for all body parts, including genitals
- Allow child to explore own body; don't shame for being curious
- Respond to questions about sexuality honestly but simply
- Healthy physical contact
- Provide warm, safe and loving environment
- Allow them to say no to hugs, kisses, etc.



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, 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 or pairs)*

- **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** by collecting 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 that her vagina is 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, and 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." If they're non-verbal, we respect their physical body cues – like if a child is pulling away, or looking upset – and we make sure we step in when we see an infant trying to express themselves and another youth or adult not listening. Maybe we offer an alternative, but we are trying to strengthen a young child's sense that other people can't just touch them any time they want. This could also mean that when you're with them at the doctor, you ask the doctor to still verbally walk them through the steps of what they're doing before they do it.

Similarly, when you're washing a child in the bath that's a great time to share out loud what you're doing – another way to reinforce consent and healthy habits, "Now I'm washing your tummy, next I'm going to wash your vulva – this is how we keep you clean and healthy. Oh, I see you made a sad face – was I rubbing your belly button too hard? I'm sorry, I'll be more gentle!"

Healthy Touch

- Everyone needs to be touched!
- Healthy touch prevents sexual abuse
- Providing healthy touch and teaching consent



Trainers notes/Suggested language:

Let's talk now about the importance of healthy touch. In this room, 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)
- **(POLL)** And who has ever needed a hug and didn't get one?
- 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)

Research (and perhaps just common sense and our experiences) tell us that touch is necessary. To feel loved, worthwhile, visible, meaningful – we have to receive healthy touch.

Research has also 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.

Possible example: 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. 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.

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.

Also - 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.

Special Considerations

- Youth with different abilities
- Survivors
- As a professional with foster children, students and/or clients



Trainers notes/Suggested language:

So healthy touch is an important part of sex abuse prevention. Beyond thinking about touch for any kid, it helps us to also think about touch when there are special considerations, such as children with different abilities, children and youth who have already been sexually abused and also from the perspective of being a professional working with children. The guidelines for healthy touch may change depending on the child's needs – because of course, every child is unique and we need to approach touch from understanding the individual needs and experiences of any particular child.

Kids with disabilities are three times (3x) more likely to be sexually abused than kids without a disability. There are many reasons for this, including the mistaken thinking that people with disabilities do not need healthy sexuality education and that individuals, particularly children, who have disabilities are not sexual beings.

So we need to think about how we do model for kids with different abilities, ways that they can integrate and that demonstrate healthy touch. Likewise, when we are parenting or working with a child who has been sexually abused, demonstrating healthy – and safe – touch is critical. This is part of healing, as well as protecting.

And finally, professionals who work with children – teachers, counselors, coaches, medical professionals – need to think about the impact of touch in their professional relationship. Yes, we often may think that a good hug is needed for a student, a young athlete, a child in daycare or at a doctor's appointment, but we all have a responsibility – as parents and professionals – to be aware of the circumstances around a child and how they might perceive a hug.

(The following section is additional when teaching foster parents and other professional caregivers)

But touch is confusing for kids in foster care, or kids who have had some type of trauma in their lives - s and for the parents and involved professionals that care for them.

- **Ask (POLL) - 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*

Some agencies do a good job of providing staff and professional caretakers very clear guidelines around healthy touch. Good policies and procedures can help you better define safe touch in your program.

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.

What information does help us determine what healthy touch is for (each individual) child? How do we know what kids can handle

First - learn as much as you can about child – Is there known abuse? Have allegations been made involving the child?

And talk with the child

- Ask them what they're comfortable with
- Acknowledge the discomfort at first when new people touch.
- Review your family's safety plan, 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.

All of these above strategies over time teach a child a certain kind of healthy interpersonal dynamic around touch, body space, and consent.

Ask: Can someone share an 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 you realized that there were desired safe ways of touch for this child?

Prevention Tasks: 3-5

- Teach and model privacy, respect, healthy boundaries
- Talk about “ok” and “not ok” touches
- Provide age-appropriate sexuality education
- Encourage self-care
- Answer questions honestly and directly
- Teach and model consent
- Introducing surprises - NOT secrets




Trainer's notes/Suggested language:

➤ Review and discuss, asking questions along the way:

- 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” touches – 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 four year old asking why planes can fly does not require a lengthy discussion of the physics involved, neither does a four 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
- 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.”

How Would You Answer?

- How are babies born?
- What is S-E-X?
- Why do I have a penis/vagina?
- What is porn?
- What does gay mean?
- What does “*&%\$” mean?



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Stop It Now!

Trainer's notes/Suggested language:

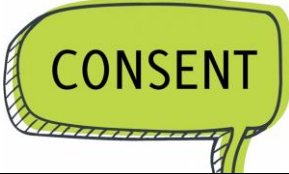
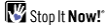
It is very important for parents and professional caregivers to teach children about sex and sexuality. Children are curious and that increases the risk they could be exploited by someone who takes advantage of their natural curiosity. So how we respond to children's questions about sexuality is incredibly important. Most importantly here...as we've said – is to be honest, genuine and accurate!

Not only do we have the opportunity to make sure they get accurate information, but it sets the tone for our “availability” later for questions involving sex and relationships – we can let little kids know now that we are approachable and will not shame them for asking these types of questions, for being curious even...so that they will hopefully continue to come to us with questions as they mature. But of course, talking about sex, even with young children – or especially with young children isn't always easy or comfortable.

- **Ask:** What questions have you been asked that have taken you by surprise? What questions worry you or make you concerned that you'll be caught off guard and won't know how to answer? (Just take a few, as intro into activity below – you can also prompt participants to carry these questions into the following activity.)
- **Activity (pairs or small groups):** Let's practice what we might say to some of those difficult and/or embarrassing questions. Imagine that you are reading a story to a 4 year old, something with no sexual content whatsoever, yet this child randomly asks you one of the questions above. How would you respond?
 - **Instructions:** In pairs or small groups, instruct participants to practice their responses to the questions on this slide or similar ones that involve a young child asking for information regarding sexual content. (allow 5 minutes)

Talking about Consent

- Minors cannot give informed consent - EVER
- Respect children's physical boundaries
- Teach respect for other people's physical boundaries
- Know the laws – talk with teens!
- Verbal and body language skills
- Model

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 to consent to any sexual activity.
 - 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.

These laws can get tricky with older teens. **In Massachusetts, the age of consent is 16. [Change for the state you are presenting in.]** Many states also have an age-gap law that allows older youth who are close-in-age to have a consensual sexual relationship together – but not all states do that, and the ages can vary from state to state. Knowing the laws where you are is important so that you can help teens think critically about their relationships especially if there may be legal consequences associated with certain behaviors. Since our judicial system holds many teens responsible as adults, there are significant and long-lasting results for older youth 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."

Talk with older youth about how to use consent practices in their relationships too. Encourage them to have conversations with intimate partners about how they look when they're feeling hesitant or unsure. What else goes into understanding consent? Knowing when to back off, that "maybe" doesn't mean "yes" and also how to accept when someone is hesitant or unsure without pushing further. It's important to set young people up with as much information and critical thinking skills as you can in a world that can give them conflicting and confusing messages.

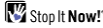
- **Show online video:** Here's a resource that may be helpful to share with younger children. (Consent for Kids - <https://www.youtube.com/watch?v=h3nhM9UIJjc> - may need to open in another link to share. Allow for comments after)
 - Alternate video to share for older youth: Tea Consent (clean) - <https://www.youtube.com/watch?v=fGoWLWS4-kU> or Tea Consent - <https://www.youtube.com/watch?v=oQbei5JGiT8>
- **Handout:** Video Tools for Teaching Consent

➤ **Review** (as appropriate for the audience you're speaking with):

- 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 that they can and should say "no" to inappropriate touches

Prevention Tasks: 6-8

- Provide age-appropriate information about sexuality
- Utilize media, books, situational opportunities to discuss sexual matters
- Model healthy and respectful boundaries
- Reinforce family safety planning rules

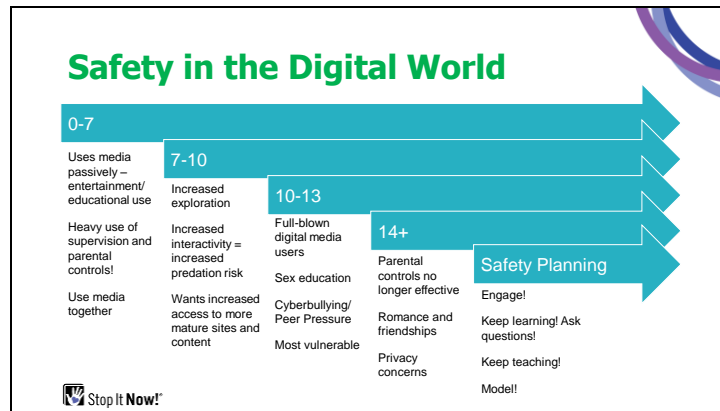


Trainer's notes/Suggested language:

(slide begins blank and all bullet points slide in as a group. Initiate activity before sliding in bullet points).

➤ **Ask (large group or breakout groups):** 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 as apt to ask. One good way to answer questions is to first find out what they know.
- 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 respectful behavior



Trainer's notes/Suggested language:

(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 is the “playground” of the day.)

Let's pause and look at safety in the cyber world. Kids are online younger and younger, there are indeed serious risks in cyber safety begin when kids start engaging interactively with electronic media. To be clear, there are many benefits to children's involvement with the world through electronics and even the internet – education, connection – just exposure to so much, which when monitored can be a really good thing. We need to be a part of children and young people's digital world – not just watch from the sidelines.

Strange, a couple of studies we previewed noted that online abuse receives less attention and is treated less urgently than in-person sexual abuse....I think that this group knows about this risk, that there is increased awareness of this risk and that we will talk about this more and more.

Our safety planning is based on the basis of pretty much all of our prevention tasks. We do know that youth who just in general have increased vulnerabilities in their lives, are more vulnerable to what some call grooming – the more risk taking behaviors of a child, youth or any young person – then the more risk on line. So everything we can do to reduce these vulnerabilities will increase kids resiliency.

Review the following notes:

Let's think about children's use of digital platforms and their overall involvement in the cyber world, including with their cell phones and other electronic devices - from our developmental lens.

- **Ages 0-7 (click):** kids generally use media passively, watching - engaged and entertained, but not *engaging* with others. At this age, heavy use of supervision and parental controls is appropriate, and can be fairly straightforward. As with many things, adults can hold tight boundaries and use media together with children. It is easy for any aged youth to easily click into places they should be – places for older audiences.
- **Ages 7-10 (click)** (or earlier, whenever kids start exploring, using media interactively): - kids are beginning to use messaging, are downloading, apps and programs – and now risk increases. Kids can lie about age to get onto social media sites, even if many do have age requirements. Online bullying can be common – and the pressures to conform, based on the many images kids are viewing, becomes more difficult. Privacy also starts to become important—with kids downloading and entering personal information online . This is the time to talk and teach about passwords, privacy, people posing as others online, etc.
- **Ages 10-12 (click):** full-blown internet users: messaging and cyberbullying is in full swing amongst peers; pornography viewing begins (the internet, social media becomes sex education, especially if it doesn't exist or is incomplete elsewhere in a child's life). Parental controls begin to lose effect, Kids are highly influenced by what they are seeing. The shift from child to teen is underway, for some – puberty has begun. And the digital world is becoming the place where youth go for answers and connection. There is also much we could talk about specific to kids, around this age but certainly earlier, and their use and viewing of pornographic materials. The curiosity is normal...and sometimes this takes kids to online pornography. Kids are going here to learn and again, without a deeper dive, our willingness to be an “askable adult” while

monitoring kid's internet use are ways that we can help youth use the internet safely...and we can talk to kids about what they are seeing online, what pornography is – and isn't, such as it isn't real.

- Age 13: most vulnerable to online grooming. 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. They now (and will continue throughout the teen years) to take more risks with their online behaviors.
- Ages 14+ (**click**): As social media and messaging becomes romantic, online bullying becomes sexual harassment. Parental controls are no longer ineffective. We want to have conversations about things like the 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.

Also, one of the normative behaviors that many teens (and yes, adults too) now engage in is sexting – sending sexual messages and even nude images of themselves to other people. But, as you may know, having nude images of youth – even if that is user generated and mutual/consensual content of someone a teen is in a relationship with – is illegal, and teens have faced legal consequences for having images of friends or partners on their digital devices. So older teens need information about safer sexting, reducing risk and what's illegal. This can open up other conversations about what to do when someone sends a nude pic of a friend, and how to explore with their partner that may be just as fun.

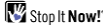
Similarly, some young children and teens do go looking for information about their body or want to see their peers engaged in sex acts, but they end up finding child sexual abuse material or even adult pornography – and these kids need resources to make safe decisions so that they do not continue to access harmful or mature adult content that they don't have the ability to process. Kids need information about what to do when they see something inappropriate online, and pathways to share information with the safe adults in their lives so they don't keep things like this to themselves.

Handouts: Resource List: Staying Safe Online
 Handout: Internet Safety Guidelines and Tips – stop to review
 Online Safety Contracts

➤ **Questions?** Open for discussion.

Prevention Tasks: 9-12

- Provide broad-based sexual health education
- Discuss and help develop problem solving, decision-making, and communication skills
- Develop own media literacy skills, and stay informed about child's cyber activities – discuss internet safety
- Discuss and model family values
- Promote healthy relationships
- Enhance self-esteem



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.

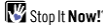
Let's just pause to really reflect that all the prevention tasks we've been discussing are not confined to any single age group. They may first "come up" as possible tasks in the age groups we've introduced them, but really – they are to be practiced throughout a child's life.

- **Activity:** *pairs or small groups; if online can ask participants to chat in or do break-out 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 himself. 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.



Prevention Tasks: Adolescents


- Will need information and have questions about
 - Decision making
 - Social relationships and sexual customs
 - Personal values and consequences of sexual behavior
- Encourage them to think for themselves
- Stay involved and engaged!
- Ask what they think



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 – including kids of all gender identities and sexual orientations.

A young man and woman are smiling and taking a selfie together outdoors. The woman is on the left, holding a smartphone, and the man is on the right, leaning in towards her. They are both wearing casual clothing. The background is a soft-focus outdoor setting with trees.

Questions to Use

- 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?


Trainer's notes/Suggested language:

Teens get a lot of messages about what not to do, they may take in unsafe messages from media about dating and consent, they may turn to porn to find out about how sex works... but where do they learn about relationships that are healthy? How do they know what red flags to look out for in their friendships and partnerships? What should they do if something feels weird to them? Being in love feels great, but what happens when someone you care about is texting at all hours of the night, they won't let you see your friends, or they're starting to be controlling? And, who here doesn't remember that new relationship energy, and the tendency to cast aside friendships to spend all your time with this one person you want to be with? These are all great topics to bring up with older youth.

➤ **Review:**

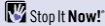
Good questions to engage adolescents:

- What are your limits? What do your boundaries look like?
- How will you know when your boundaries are crossed? What are some "red flags"?
- What kind of relationship do you want?
- How will you know that a relationship is safe and healthy? What are some "green flags"?
- **Ask:** What other questions might be good to engage teens?



Activity: What Do You Wish You Knew Then?

Instructions: Talk with your partner(s) 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?



Trainer's notes/Suggested language:

- **Activity** *in pairs/groups* -
 - **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*)

A photograph of a smiling man with a beard carrying a young girl on his shoulders. They are outdoors at what appears to be a community event or festival, with other people and tents visible in the background. The image is partially covered by a white box containing text.

Talking with Kids about Sex Abuse

- Talk most about highest risk situations
- Use “practice scenarios”
- Use “child friendly” language

Trainer’s notes/Suggested language:

- **Handouts:** **Tip Sheet:** Talking with Children and Teens
 - Handout:** Communication Tips and Examples
 - Handout:** Sexuality Concepts in Concrete Terms

Prevention does include talking with children and youth about risks, helping them prepare for confusing or risky situations and think through their resources.

➤ **Review** ppt bullets, using these points:

- 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 they 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% to even upwards of 70% of abuse happens between youth, 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 their 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.)

The slide has a light purple background with a decorative graphic of overlapping purple and blue curved lines in the top right corner. The title 'Activity: Designing Safety Plans' is in a large, bold, dark blue font. Below it, the text 'Use the Handout: Your Family Safety Plan' is in a smaller, bold, dark blue font. Two numbered instructions follow: '1. Individually: Start with your five most basic/important rules – what would you want to add?' and '2. In groups: Share and listen. Is there anything you'd like to adopt or phrase differently after hearing other's responses?'. At the bottom left is a small logo with the text 'Stop It Now!'.

Trainer's notes/Suggested language:

- **Activity:** individually and break out groups
 - **Instructions:** We've now talked about as prevention tasks during normal sexual development, so now we want to know what safety plans you want to design for the children in your care. What would you want the safety plan in your home or in your program to look like? You can refer to the family safety plan sample shared earlier, and all that has been discussed, thinking about how promoting healthy sexuality and promoting prevention tasks are part of safety planning. Use the **Handout: Our Family's Safety Plan** as your worksheet and these additional Handouts may help you also:
 - **Tip Sheets: 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 or how to frame some of your unspoken values? What about rules that you want to have, but may be broken often – is there another way to frame the underlying sentiment so that it makes sense in practice as well as in thought?
- **Debrief:** Are there any thoughts about this tool, this process, other ideas you've had? Would any one like to share the rules they has come up with?

A photograph of two young girls with blonde hair hugging each other outdoors. The girl on the left is wearing a blue denim shirt and the girl on the right is wearing a pink sweater. They are both smiling and looking towards the camera. The background is a soft-focus green, suggesting foliage.

Response to Appropriate Sexual Behaviors

- Respond and reinforce
- Establish and reinforce safety plan
- Educate and support
- Monitor

Trainer's notes/Suggested language:

So for our final review 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



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
- Thank everyone

- **Hand out post-survey**
- **Remind participants of Stop It Now!'s website, helpline and resources**