

Trainer's notes/Suggested language:

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

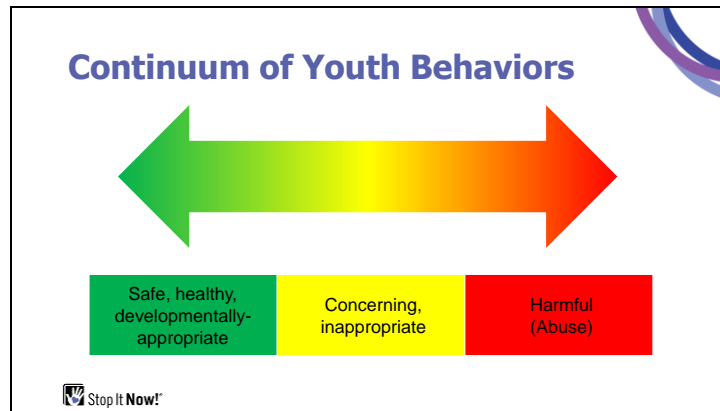
Everyone here should've first taken: Circles of Safety: Understanding Healthy Sexuality Education as Sexual Abuse Prevention. In that workshop, you might have heard that Now! was founded by a woman who was sexually abused by her father, and as an adult she wanted to know how sex abuse can be prevented. We also shared the "Upstream Story" to help illustrate what prevention could look like and as a reminder (*trainer may choose to again read this story or skip and start with introducing today's workshop as moving from upstream to a bit more of a downstream look at prevention*):

"Imagine a village with a large river with a high waterfall. At the bottom of this waterfall hundreds of people are working frantically trying to save those who have fallen into the river and have fallen down the waterfall, many of them drowning. As the people along the shore are trying to rescue as many as possible one individual looks up and sees a seemingly never-ending stream of people falling down the waterfall and begins to run upstream. One of other rescuers hollers, "Where are you going? There are so many people that need help here." To which the man replied, "I'm going upstream to find out why so many people are falling into the river." He, with a few volunteers, travels upstream to find that a bridge has been washed away. He makes a plan to fix the bridge, goes back down to the village – grabs supplies and again, with some volunteers – goes back upstream and repairs the waterfall bridge. People stop falling into the waterfall and drowning."

This is what prevention is about – finding the cause of the problem. We still help those who have fallen in, and maybe some more will fall in – slip or fall – but we're providing a safe structure to try and keep as many people safe as possible.

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

- **Handout Pre-Survey:** (*refer to survey instructions*) Stop It Now! Has asked us to have all participants complete a pre and post survey. Your responses will be kept confidential. Stop It Now! Is gathering information on how effective this training is and may include it in formal research. You will have the option to opt out of having your responses included.



Trainer's notes/Suggested language:

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


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

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

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

Regardless of the history of the children we work with, there are warning signs in both children and adults that we can respond to in order to create safer environments. Remember that up to 75% (3/4) of child sexual abuse cases are perpetrated by someone younger than 18 years old. This means child to child, so we want to talk about children's own behaviors as possibly problematic – and how to know.

Healthy or Unhealthy?		
Healthy	Variable	Unhealthy
Curiosity, Discovery, Processing	Motivation	Coercion/control, Emotional Need, Reactive
Mutual consent, Equal power, Spontaneous	Dynamic	Manipulation, Threats, Unequal dynamic, Repetitious, Strategized
Looking, Touching, Showing	Activity	Adult sex-like activity, Repeated behavior
Fun, Silly, Spirit of play	Affect	Fear, Shame, Entitled, "Sneaky"

 Stop It Now!

Trainer's notes/Suggested language:

➤ Handout: Children's Sexual Play: Healthy or Unhealthy?

So how can we figure out when a child's sexual behaviors are concerning? While sometimes obvious, sometimes it just isn't so clear. So let's look at some markers to help assess children's sexual behaviors. Within the framework of understanding that there is a baseline of healthy sexual behaviors, we can better identify when things aren't looking so healthy.

Looking at the variable of motivation first – why is this behavior occurring? We don't want to look at things through our own adult viewpoint and experiences but rather we want to find out what the children's explanation is as to what's going on. If there is ever any question, it may be helpful to ask in the moment – where did you get this idea from? If it's curiosity, that can be healthy, but any hints of coercion, control or emotional need would be concerning.

We look at the dynamic between the children, what are the power differentials?. Even though children can't consent, we want to know whether both children were engaging mutually and willingly – and further, if this was spontaneous, unplanned. If this was planned or strategized, if this behavior is repetitious or even has an obsessive feel to it – this would be concerning. We also want to look at whether there are any differences in age, size, cognitive ability and if there was any manipulation, bribery or threats – markers of potentially harmful sexual play.

We look at the activity itself – is this type of play developmentally expected, or is there more adult-like sexually explicit knowledge, language or actions which would be a red flag that this behavior is inappropriate and unsafe.

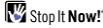
And finally we look at affect – when a parent or caregiver discovers these behaviors, what are the children's reactions to what's going on? Are they slightly embarrassed or even giggling? Or, is there a more intense reaction like crying, anxiety or worry, anger, shame or fear – these acute emotions would signify that there is something further that should be explored. Even if you walk in on a behavior that looks like it is developmentally appropriate, if there are any of these intense feelings, then you would want to find out more information and follow up.

Consider the Context

Scenario: You walk in on a 6-year-old and a 3-year-old. They are both on the bed, and the 3-year old is naked. The older child is touching the younger child's penis. This is the second time this has happened, but the first time this happened you just asked them to go put their clothes on and get ready for dinner.

What information do you need? What do you want to know?

➤ *What questions about motivation, dynamic, activity, and affect do you want to ask?*



Trainer's notes/Suggested language:

To continue – we're going to use context questions whenever we discover children engaging in sexual play. The context questions on the next slide help put the previous slide's variables – motivation, dynamic, activity, affect - into an easy set of questions you can use on your own to figure out what was going on between children, so you can then determine what next steps you need to take.

- **Ask (large group):** Let's talk together about what questions would you have in this scenario:
- You walk in on a 6 year-old and a 3 year-old. They are both on the bed, and the 3 year old is naked. The older child is touching the younger child's penis. This is the second time this has happened, but the first time this happened you just asked them to go put their clothes on and get ready for dinner.
 - **(click)** What information do you need? What do you want to know? What questions about motivation, dynamic, activity and affect do you want to ask? (pull up white board/write down what participants share)

Consider the Context

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



Trainer's notes/Suggested language:


So now that we heard what you think, let's talk about what context questions you can use whenever you encounter any sexual behavior between children to find out more.

➤ **Review** the bullets:

- Is the behavior developmentally expected? – This is where the more one knows about healthy sexuality, the easier it is answer this question. This is why knowledge about what is normal and healthy is so important. When in doubt, look at the *Age Appropriate Sexual Behavior* tip sheet.
- Have you seen these behaviors before? – Are these typical behaviors you've seen before? Or specific to the child, have you been observing a routine, a trend?
- Have you set limits before? – Have you reviewed the safety plan with the child? Does the child know the rules, and are they continuing to cross boundaries, *or* has no one talked to the child about "touching rules" or "safety planning"?
- Large differences in age, size or development between playmates would be worrisome.
- Playful quality – This is an important observation to be able to tell whether to be concerned. As we've said healthy sexuality play is usually between same age peers, it's mutual – when two children differ in any of these, then the sexual behavior may not be mutual. Additionally, the understanding of the behavior may differ now between the children.
- Between playmates – playful quality? Did this arise out of natural play together (for example, sword fighting with penises), or was this planned or seem very adult-like, mature, or age-inappropriate.
- Coercion, manipulation, obsessiveness? – Any signs that one child was bullied, threatened into sexual behaviors is a clear concern. As well, as any child's preoccupation with another child.
- How did the children react when discovered? Was there giggling (with younger kids) or maybe slight embarrassment, which as we said is healthy, or is there anxiety, crying, shame, dread, fear, or any other intense reaction – which would be worrisome.

Warning Signs of Possible Sexual Abuse in Children

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

 Stop It Now!

Trainer's notes/Suggested language:

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

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

➤ **Read** through the bullets, expanding as appropriate, using following supportive points:

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


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

- Lack of information about the body, sexuality – i.e. many folks don't feel that children with disabilities need sex ed.
- Reacting to what's being heard in the bus, on the school ground, etc.
- Sexual inappropriate behaviors sign of other stressor in child's life – divorce, moving, grief, anxiety, impulse control difficulties
- Exposure to adult materials (unintentionally)
- Media overall – video games, tv programming, magazine covers, etc.
- What else?

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

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

Warning Signs of Youth Causing Sexual Harm	
Confused about social rules and interactions	<ul style="list-style-type: none"> Insists on physical contact/alone time with child Age-appropriate sexual behaviors in inappropriate settings Spends time with much younger children
Anxious, depressed, needs help	<ul style="list-style-type: none"> Drugs and/or alcohol involved History of violence, own abuse
Impulsively sexual or aggressive	<ul style="list-style-type: none"> Behavior elicits complaints/continues after limits set Uses threats and coercion

 Stop It Now!

Trainer's notes/Suggested language:

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

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

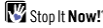
➤ **Handout:** Tip Sheet: Signs That a Child or Teen May Be At Risk to Harm Another Child

➤ **Review the Handout:** Signs That a Child or Teen May Be At Risk to Harm Another Child with the following notes:

- Confused about social rules and interactions – this may be a child who misreads social situations, seems awkward with same aged peers. Perhaps this child struggles with learning public vs. private rules, and may act impulsively to get need met, even if not appropriate. May seem overly “touchy” – perhaps with just one of two others.
- Anxious, depressed or seeming to need help – children who have not been offered healing resources and support if they've experienced trauma are very well at risk for engaging in behaviors that are often inappropriate, immature or even harmful to others. These children may even seem to create opportunities where sexual issues have to be brought up
- Impulsively sexual or aggressive - Uses violence with sexual overtones

Talking with Youth about Warning Signs

- Stay calm, don't shame or label
- Talk about behaviors – not intent
- Refer to safety plans and rules
- Redirect and talk about alternatives
- Help kids build communication skills
- Let them know that adults are responsible for helping them and their environment stay safe



Trainer's notes/Suggested language:

So what happens when you notice warning signs in a child? Even if we don't know if a child is a risk to sexually harm another child, this still is the best time to intervene – because no matter what, when a child is struggling with rules, behaviors or boundaries, we need to guide them into making healthier, safer choices, and sometimes we need to provide additional support.

When we intervene early – like when we see a child hugging another child too tightly – we can help them learn to read the other child's body cues and give them alternatives so that next time they are more likely to understand healthy limits. We also want to use these warning signs as a clue that something is up – we want to investigate further and see what needs to be put in place – maybe for this child specifically or the environment more generally. Warning signs are clues we need to investigate. Continue to work together with other people who interact with this child – colleagues, supervisors, other parents, and come together with a plan – which can include updating and modeling new safety planning rules. It's normal to want to minimize what was witnessed or to just shrug it off instead (by saying something like – “oh, they didn't really mean it!”), but it's critical to taking action.

So let's quickly go over some communication tips that can help you have a conversation like this with a child – whether they're displaying low-level warning signs or consistently breaking boundaries with other kids. We may be frustrated or even angry with a child's boundary-crossing behaviors, but it's important to talk with this child or youth about their behaviors calmly and supportively – remind them we're there to help and support them. We want them to know that we are on their side, and that our goal is for them to have healthy safe relationships. We want to talk to them about their behavior – be specific about what we saw without labeling or assuming why they were doing what they were – and we want to share what's not okay and offer alternatives. We don't want to shame a child, but give them age-appropriate information about how to play safely, perhaps increasing their supervision, and helping them develop empathy about how to know what another person may be feeling – as all this may help them make healthier decisions in the future. Remember – we have to look at kids' behaviors through different lens too, not just through our adult eyes. This can even mean asking them – where did you get that idea from? Or, what questions do you have about X?

This conversation could look something like “Hey Aiden, I wanted to check-in with you because it's my responsibility to keep you safe. I saw that you were tickling Liam after he asked you not to – and then you tried to force a hug on him. I want to remind you that these types of behaviors – hugging and tickling someone without their consent - are against our safety rules, so that isn't okay. You can tell that he wanted you to stop by also looking at his face – he looked frustrated and was trying to push you away. There are other ways you can play with someone or give them affection even if they don't want to be touched. Let's brainstorm some ideas together.

➤ **Activity** (*in pairs*):

- **Instructions:** Time to brag! When did you feel successful talking with a youth about sex, sexuality – or maybe even specifically their own sexual problem behaviors? What made that conversation a good one? What helped you “break through” with a youth? Was it a specific tone, example, or way you approached this situation? What tips do you have for others?
- And if you haven't had what you consider a successful conversation, what about one that you would like a do-over for?
- **Debrief:** Anyone want to share?

Response to Warning Signs

- Protect and respond
- Take action
- Follow up
- Trust yourself
- Find an ally
- Review and follow the safety plan

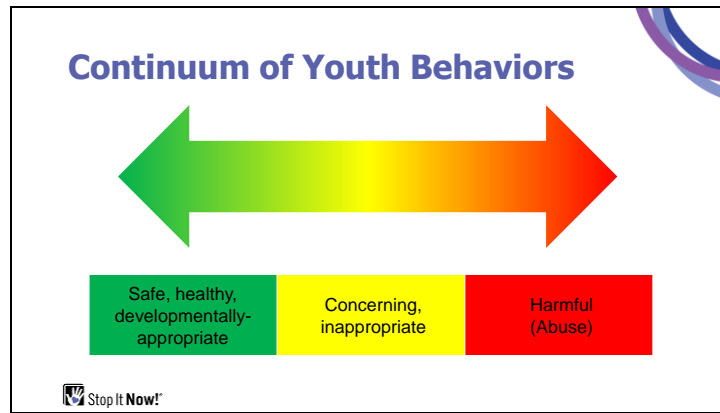
A photograph of a woman with dark hair, wearing a grey shirt, leaning over a desk and looking at a laptop screen. A young girl with dark hair, wearing a white shirt, is sitting at the desk and looking at the same screen. The background is a bright, slightly blurred indoor setting.

Trainer's notes/Suggested language:

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

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


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



Trainer's notes/Suggested language:

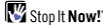
Moving to the Red Prevention Level. This is the level where those of you who are professional caregivers may be very familiar with. You know what to do when there is a problem. That doesn't mean you (or any of us) have the answers – but even in this level, we can think about prevention – and of course, healing.

In the Red prevention level, we are looking at this from two perspectives - youth who have been abused – and youth who have sexually harmed another youth. In both situations, harm has happened.



Harmful Sexual Behaviors between Children

- Shows vulnerable (younger) child explicit sexual images, videos or content
- Uses force, aggression, bribes, coercion or manipulation paired with sexual behavior
- Mature sexual behavior between young children or between an older youth and a younger child
- Does not respect another child's "no" or elicits complaints from another child when playing sexual games



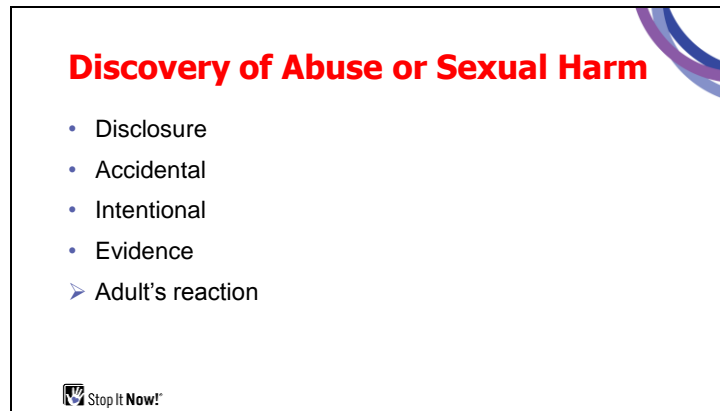
Trainer's notes/Suggested language:

So first looking at the behaviors of a youth who has sexually harmed another child – where we are talking in our red prevention level.

These behaviors are sexually harmful, and depending on factors like age and other dynamics, could be the basis of a sexual offending charge. And while children may exhibit play that is sexualized, as we've discussed – play that is normative, based on curiosity – when a child's play that is sexualized is "forced" upon another child, then this too becomes harmful sexual behavior.

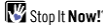
We respond in this prevention level with intensive safety planning and with a system response – working with our teams, perhaps working with legal services, definitely working with clinical and behavioral specialists. We remain trauma informed, as these children are still children requiring gentle, nurturing,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

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



Discovery of Abuse or Sexual Harm

- Disclosure
- Accidental
- Intentional
- Evidence
- Adult's reaction

 Stop It Now!

Trainer's notes/Suggested language:

Specific then to children who disclose their own abuse...

- **POLL:** Have you been the first person to whom a child disclosed sexual abuse? (and while not stated on poll, can include or has been the person to first discover abuse was taking place – maybe read in a journal, maybe another way)
- **Ask** – anyone want to share what that experience can feel like

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

What children need is going to be different than what you as an adult needs. Adults may need to be angry, get revenge, seek legal consequences. Children may just need to know that you care for them. We'll cover this more in a moment.

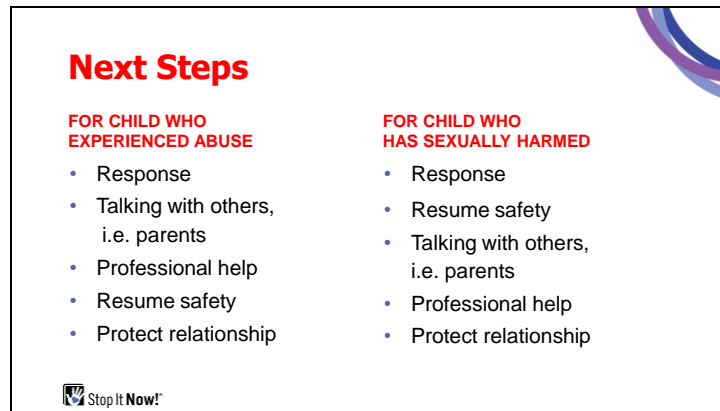
And discovery of abuse can happen in a variety of ways – again, not always so directly. Children may try to tell through their behavior, affect, and indirect statements. It is unlikely that a child will say: "Dad, my new counselor molested/sexually abused me in the lake today and I didn't like it. Can we talk at dinner?"

But children do acutely listen and observe adults – even though sometimes adults don't always listen to what children are trying to tell them. Kids try to assess whether they will be believed, whether the adult can handle the information or will crumble etc. And children sometimes try to tell at the most "inopportune times." i.e., when you have the flu, are trying to get dinner on the table, in the car – on the way to an appointment.

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

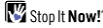
And then there are the cases when the evidence – an STD in a young child or a teen's pregnancy for example, brings the abuse to light.

Abuse can also be discovered by literally walking in on a child's abuse – especially when we're talking about youth to youth sexual harm. Our (the Stop It Now!) Helpline often hears from parents in this situation – from both perspectives; both as the parent of the child being abused and of the child who is abusing. Also most often, a parent finds out their child has sexually harmed another when that child's parent comes to them – or perhaps the school or other youth program contacts them. In all cases, parents and other caring adults often feel devastated – and angry, guilty, betrayed...a great many of difficult emotions.



Next Steps

<b style="color: red;">FOR CHILD WHO EXPERIENCED ABUSE <ul style="list-style-type: none">• Response• Talking with others, i.e. parents• Professional help• Resume safety• Protect relationship	<b style="color: red;">FOR CHILD WHO HAS SEXUALLY HARMED <ul style="list-style-type: none">• Response• Resume safety• Talking with others, i.e. parents• Professional help• Protect relationship
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 Stop It Now!

Trainer's notes/Suggested language:

For any situation where sexual harm has occurred, the two most important things to do are to:

Work with others – professionals, other family members, other involved adults – get help! We don't go it alone...again – we work with our team, or we reach out to our allies as parents. Some parents have the concern that getting help for their child, who has sexually concerning and harmful behaviors, is that their child will be “labeled”, treated unfairly, put on the registry. But we know that children can absolutely get help with these behaviors, and in fact, with treatment are unlikely to go to sexually harm again. Youth who commit sexual offenses in childhood are unlikely to commit a subsequent sex offense. Studies universally confirm that sex offense recidivism among youth is exceptionally low—between 3–5 percent.

And, resume safety as soon as possible. For children who have been abused, this means support and most likely professional support. From the moment a child “tells” or abuse is discovered, healing can begin. So it is critical that we feel comfortable responding to a child who has courageously disclosed their abuse or whose abuse has been discovered. These children may be terrified. These steps can help begin setting into motion a loving, caring healing process:

- Stay calm
- Believe them
- Re-establish safety
- Reassure them they are not to blame
- Reassure them that they did the right thing by telling
- Seek out help
- Express your own reaction (rage, guilt, etc.) to appropriate people – as we talked about, the adult's reaction needs to be managed appropriately.

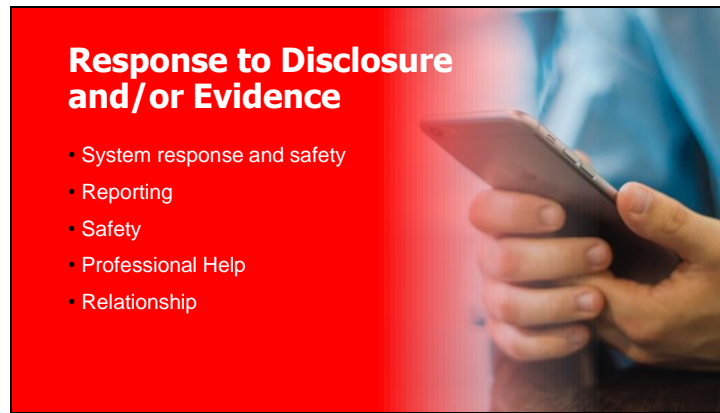
In this post-harm stage, focusing on safety also means safety for child who is the person perpetrating the harm, if that is the case. This child's safety is critical as well. It's important to immediately address any environmental/relationship needs of the youth abusing that continues to create a vulnerable situation – for example, this youth should not be in any unsupervised position with any child. This is where our safety plans, policies and procedures are helpful.

We do need to let kids know who have harmed another child...and possibly committed a crime that they are still important, special people – and that folks are there to help them make better decisions, get help for behaviors that are harmful and to help them if they are struggling to understand safe sexual behaviors.

And we continue to talk with kids about:

- Safety rules
- Consent
- Consequences
- Reassure them their safety is a priority
- That they are still loveable and valued

Just like in all other conversations, we want to focus on the behavior and not the intent and we still want that child to feel worthwhile. Kids are really at risk for self-harm when the discovery of their own abuse of another is found out. We have an obligation to help this child as well.



Trainer's notes/Suggested language:

Wrapping up our Red prevention level, as we look at children – we have covered most of these steps but we do want to land just a bit on reporting. (For professionals) Hopefully you have received a mandated training specific training. And hopefully your programs have policies about responding to disclosures and evidence of abuse, whether between children and other children, or an adult and a child.

So, hopefully only as a reminder: we want to notify the appropriate authorities whenever there has been an incident involving a child and sexual abuse or sexual harmful behaviors. Whenever you have questions – that's when you work with your team and policies. **You don't need to know for sure.** CPS is there to talk it out with you – discuss warning signs you've observed, advise you of next steps.

Always report when:

- A child and/or adult shows numerous and consistent warning signs of abuse or being at risk to abuse
- A child has stated that they are being abused by an adult
- A child has stated that another child has been engaging in sexually harmful behaviors with them
- A child states that they have sexually harmed another child
- An adult has stated that they have sexually abused a child
- An individual has become aware of child sexual abuse material (child pornography) online
- An adult is aware of another adult or child who is viewing child sexual abuse material (child pornography)

Reporting often is a scary thought for many people – working with the system and/or with authorities isn't safe for everyone and there are barriers for folks in accessing respectful and helpful support. Reporting doesn't always mean the best outcomes for folks. So, it's important to know whether you are considered a mandated reporter – and then important that you do what you're required to do...but individually or as an agency, it's important that you think about what might get in the way for you, other professionals and for community members to report suspected or evidenced sexual abuse. What other alternative ways of response are available if appropriate? Understanding the fears and concerns of our protective system, especially for marginalized communities is part of our bigger prevention needs.

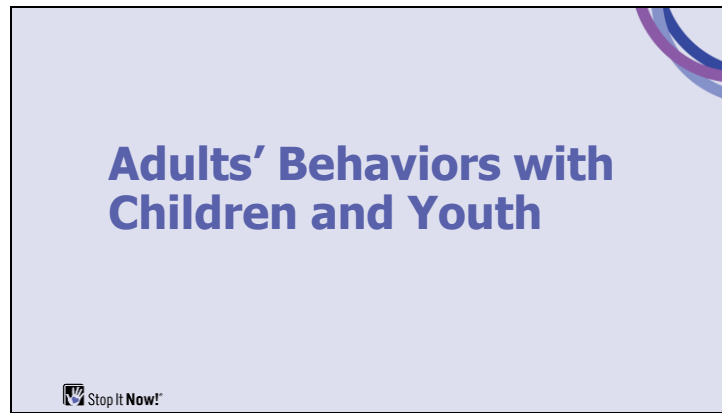
Activity: Continuum of Youth Behaviors

1. What is the prevention level?
2. What is your response?

- Consider:
 - Motivation
 - Dynamic
 - Activity
 - Affect

Trainer's notes/Suggested language:

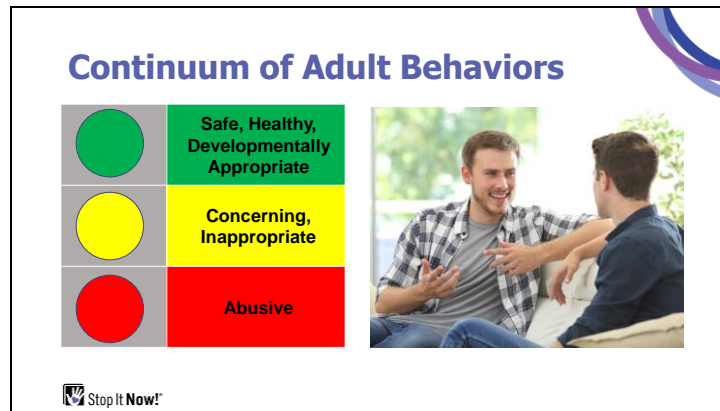
- **Activity** (*could be done with large group, or in small groups/pairs*):
 - **Virtual Instructions (in-person instructions below)**: Each behavior should be made as a poll, with three options to answer for each (green, yellow, red). Put one poll (in no particular order) at a time, waiting for participants to respond. Stop at each level – green, yellow, red – and ask who had voted for each color, and why. Then ask participants what would have changed their vote (if yellow, to red or green, etc.). Share how we coded the behavior. Repeat until done.
 - **Instructions**: As a wrap up on children's sexual behaviors, I'm going to read a shortlist of children's behaviors (*or hand out slips with each of the behaviors below*). Identify the prevention level (Red, Yellow, or Green) indicated by the behavior. They are purposely very brief descriptions of a single behavior. Based on this little information, what is your first guess at the prevention level?
 - List of behaviors to read from:
 - 4 year old child is found touching themselves in the bathroom at home (green). Follow up discussion question – would this be different if the child was touching themselves at school, camp, etc.?
 - 8 year old girl told a 5 year old boy that she wants him put his mouth on her vagina (yellow)
 - 12 year old asked 11 year old to get naked for \$5 (yellow) Follow up discussion question – Would it make a difference if these were siblings, classmates, strangers?
 - Two 6 year olds are found naked in the bathroom together (green)
 - 14 year old showed a 7 year old pornography pictures online (red)
 - 15 year old girl tells her friend that she has a 24 year old boyfriend and they've had sex (red)
- (note to trainer: you can use your own examples. There is a lot of gray when trying to identify children's sexual behaviors and this is part of the point. More information, including history on the child's behaviors and experiences is crucial.)*
- **Discussion/Debrief**: If in groups, ask each group to share the behavior (s) they were assigned and their chosen prevention level and discuss their process. Some examples of follow up questions are included in trainer's notes above. All questions not identifying children's gender could have discussion on whether gender matters in level of concern/prevention. Additional questions: What questions do you need answered? What else do you need to know? What would change the prevention level?
- Refer back to these questions:
- Motivation – Why?
 - Dynamic – Power Differentials, Repetitious, Spontaneity
 - Activity – How mature/adult-like?
 - Affect – When "caught"



Trainer's notes/Suggested language:

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

Although we have been talking about perpetration prevention as we think about how we promote children's healthy sexuality... because it's important we respond early to kid's confusion and problems with sexual behaviors, and when we know more this also helps to interrupt problem behavior... Now we want to talk about adults and perpetration prevention.



Trainer's notes/Suggested language:

Let's turn now to look specifically at adult's behaviors. Just like when we looked at children's behaviors, this green, yellow, red continuum helps us think about safe and appropriate behaviors that adult's exhibit to the warning signs in adult's behaviors and to the evidence that an adult as abused.

Remember, based on behaviors, we try to identify the prevention level of a situation. When we have a framework to understand behaviors and what they can indicate about their risk, it can help us think about the responses – to reduce the risk and to protect. This prevention level continuum is very similar whether we're talking about children's behaviors or adult's behaviors. We engage at all levels.

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

➤ **Chat/unmute Ask:** What are other general ways caregiving adults demonstrate care/support. *(May need to give an example from below to help folks get started)*


- Read to them
- Teach and model social skills
- Listen to them – really listen - eye contact, no distractions, asking questions
- Provide nutritious (and yummy) meals
- Clothe them
- Teach them how to play an instrument
- Praise
- High fives
- Hugs – child initiated and/or mutual
- Others

And just like the children's prevention continuum:

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

And, Red" behaviors—these are the behaviors that are causing sexual harm and are abusive. There is evidence, a disclosure – Abuse is happening. Red behaviors are always inappropriate.

The Importance of Breaking Down Myths



I am probably well known and liked by you and your child: a nice guy offender.


I can be a man or a woman, married or single.

I can be an adult, adolescent or a child.

I can be of any race, hold any religious belief, and have any sexual orientation.

I can be a coach, teacher, family friend, parent, step-parent, relative, clergyman, babysitter, or anyone who comes in contact with children.

I am likely to be a stable, employed, respectable member of the community

 Stop It Now!

Trainer's notes/Suggested language:

Let's talk about the barriers of myths and misinformation. First off, Stop It Now! and other experts know that calling adults who are at risk to harm children and even who might have already sexually abused a child a monster isn't really helpful for prevention.

Adults who abuse can be any person can sexually harm or abuse someone. The term "dirty old man" isn't and never was accurate in describing an adult who's at risk of harming a child. Most folks know now that someone who abuses children can be: (review below)

- Any Age – As we saw, children and youth can sexually harm another child. Adults of all ages can sexually abuse a child.
- All Economic Backgrounds – Let's include education in this as well. Doesn't matter if you have loads of money or none at all, whether you work at the Pentagon or you're a custodian for the local elementary school, whether you have a high school education or multiple doctorates. Sex abuse crosses all economic and educational lines.
- Any race or culture – there is no one race or culture that "produces" more adults who sexually abuse children
- Any religious belief – Unfortunately, we do find sexual abuse in all faiths – Judaism, Catholicism, Hinduism, Pagans and Atheists – and everyone else. While an abuser's own story may be somehow connected to their experience with faith and belief, this is in no way "causes" someone to be an adult who sexually abuses children
- Any gender or sexual orientation – Likewise, there is no evidence that a person's sexual orientation "causes" them to become sexually attracted to children. There are plenty of adults who have noted that their primary sexual attraction is to the opposite gender, yet have sexually abused same gendered children. On the Stop It Now! Helpline, we have had questions about whether being abused, "turns someone gay" and what we do know is that growing up gay can increase a child's overall vulnerability. Folks who are at risk to harm children (and this can even include same-age "bullies"), look for vulnerable children.

There is no such thing as a "typical" offender

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

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

We really can't tell by looking who might sexually abuse children. Instead, we need to be on the lookout for their actions—the behaviors that reflect they potentially have sexual interest in children OR that they have inappropriate boundaries with children. **If we are thinking that we will recognize the "bad guy", we are sorely mistaken, and we risk our children's safety. If we think that only "bad people" abuse, we again are sorely mistaken, and we miss opportunities to prevent abuse and help everyone get the help they need.** We need to focus on behavior which is visible and NOT intent—which is not visible.

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

Break out Rooms/groups:

- **Ask** - Why do you think talking the adults who think about children sexually, may harm children sexually – have harmed children sexually is important? Why is it important enough for us to bring up? Why is even caring about the offender important – what we call them - how does this promote prevention? (allow for answers) and review the following:

There are two main reasons:

- When the word, “monsters” is used – it implies we’re fighting “monsters” puts in a frame that seems really scary, seems impossible – need super warrior strength, etc.
- If we’re so busy looking for the monster – we miss the subtle behaviors that may make an environment more vulnerable (like an adult talking in mature sexual terms around children)....or even very sophisticated grooming behaviors. A person may not see warning signs in an adult at risk to abuse because that person is “too nice”.

Observing Behaviors – Not Intent

If we only knew when someone was walking down the wrong road, we might be able to stop them in their tracks, turn them around, and get them help before they harmed a child.



Trainer's notes/Suggested language:

So, what are concerned adults to do? How can they know when there is a risk?

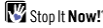
Since really – there is no big decal advertising an adult or youth who is at risk to abuse a child, we look at warning signs.

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

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

Consider the Context

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




Trainer’s notes/Suggested language:

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

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

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

Concerning, Inappropriate Behaviors in Adults	
Child-focused	"Too good to be true."
Boundaries	Don't recognize what is appropriate Make excuses for harmful behavior
Relationships	Secret or excessive interactions

 Stop It Now!

Trainer's notes/Suggested language:

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

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

➤ Review:

Child Focused:

The **focus on children** really is noticeable. You may think that an engaged adult seems "too good to be true," for example, they frequently babysit different children for free; takes children on special outings alone; buys children gifts or gives them money for no apparent reason? Too Good To Be True – is a warning sign.

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

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

Additionally, these folks:

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

Boundaries

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

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

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

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

Here's an example of an adult's behaviors that can create a vulnerable situation for a child. Let's say cousin Raphael happens to have a "potty" mouth and also shares adult sexual activity with anyone in hearing range. He's in his 30's. And we're going to say for

the purpose of this example that actually, he is not interested in sexually abusing children. But he doesn't control his mouth around children or youth. Why could this set up a vulnerable situation for children (allow for answers).

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

And again – a good family safety plan, that includes rules about language can be helpful here to help identify a problem area.

Relationships with children:

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

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

Difficulty in taking responsibility, always blaming someone else or a situation for risky and harmful behaviors is a warning sign.

Healthy adults are able to be accountable – they do not put children in dangerous situations.

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


- Turning to a child or youth for emotional or physical comfort
- Seeing and treating children and youth as “peers”
- Secret interactions with teens or children or spends excessive time texting, emailing, phoning with youth
- Shares personal or private information or activities normally shared with adults
- Overly interested in the sexuality of a particular child or teen (e.g. talks repeatedly about the child's developing body or interferes with normal teen dating)

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

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

Barriers to Speaking Up

FEARS	BELIEFS
• Misinterpreting situation	• They're the "perfect" family
• Worry about offending others	• They are a "good" person
• Make things worse	• Every family has issues
• Safety concerns	• They wanted it
• Family disruption	• That's how they show affection
• Financial loss	• They are "too old"
• Shame and guilt	

 Stop It Now!

Trainer's notes/Suggested language:

two headers – "fears" and "beliefs" – there on slide, click 2x times to fill in bullets under each (content heavy, break up as appropriate)

So even with these warning signs, we know people are very hesitant to speak up...Why? We heard early (and probably already knew) that in 90% of abuse cases, the person abusing the child is known to the child and family. In fact, when Stop It Now! began, our founder went into prisons and talked to adults incarcerated for sexual abuse. They said that there were plenty of warning signs that a child was at risk but no one spoke up. These adults said that there were opportunities for other adults to call them out, so to speak, on their behaviors – but no one did.

- **Ask (large group discussion):** Why is it hard for people to speak up about warning signs that an adult may showing warning signs – warning signs that a child could be at risk? What are the barriers, what gets in the way? Why don't we want to say to someone...I think Bill/Betty isn't "acting right" around kids? There are fears and there are beliefs that can act as barriers to having these difficult conversations.

What do the fears sound like? What might people say that indicates a fear? (Trainer writes answers on board/flip chart and use notes below to expand discussion): – **click** to slide in "fears and beliefs" answers

- How do I put my concerns into words?
 - Maybe it's just me. I'm probably just misinterpreting the situation
 - But, they're such a nice family.
 - Talking about it will just make things worse.
 - I'm too embarrassed to even bring this up.
 - We don't know what to say...
 - We're worried that we're wrong, we're overreacting, etc.
 - We don't want to offend our friend or family member.
 - We think "it couldn't really be"
 - We're worried that we can make things worse.
- **Ask:** How could Shame and guilt be a barrier? What might we hear that indicates shame and guilt is the barrier? Discuss the following, including participants answers and adding what was missed
 - How could I not have seen what was going on
 - I should've done something sooner
 - I shouldn't go outside my family for help
 - **Ask:** What are potential Safety Concerns that could get in the way? Review, including:
 - Retaliation
 - Non-sexual violence
 - Increased child sexual abuse
 - **Ask:** What about the fear of family disruption, discuss the following:
 - System taking children
 - Custody/visitation changes
 - I won't be able to foster any longer

- Divorce
- Loss of relationships
- Financial Loss – resulting in loss of housing, job, other

Beliefs. What about those?

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

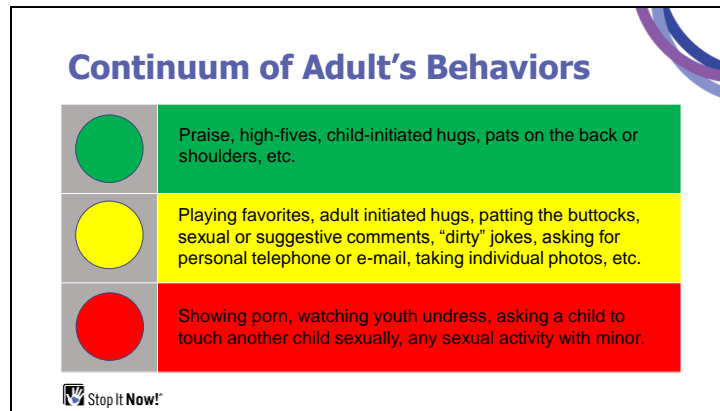
Beliefs are influenced by stereotypes. They may prevent a concerned adult from taking action because of the difficulty in believing a “good” person can be sexually inappropriate.

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

Minimizing – as a way of demonstrating beliefs:

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

Wrap up: These fears and beliefs get in the way of adults taking actions – they act as barriers to adults taking actions to protect children.



Trainer's notes/Suggested language:

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

Note to trainer: Green, yellow, red behaviors listed on top pop up when you click

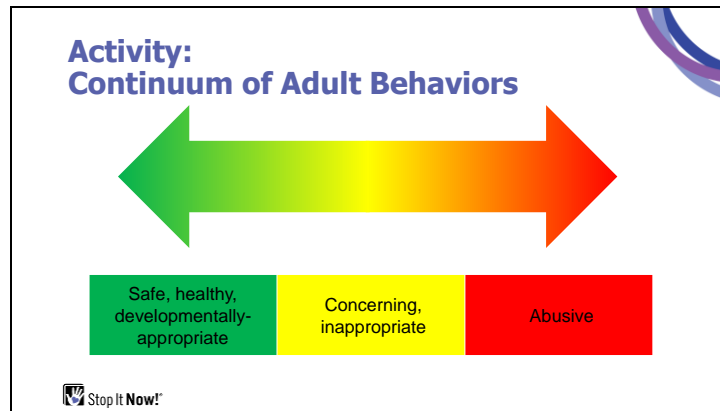
Examples of appropriate, positive interactions include (**click**):

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

Examples of inappropriate and/or harmful interactions include (**click**):

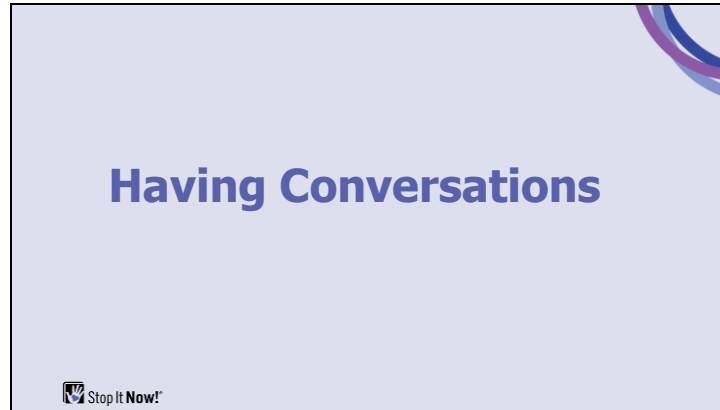
- Sexually provocative or degrading comments
- Risqué jokes
- Patting the buttocks
- Corporal punishment
- Behavior or language that is threatening or demeaning
- Intrusive questions, comments or observations, verbally or through notes
- Unwanted staring or watching

➤ **Ask:** Can you think of anymore examples??




Trainer's notes/Suggested language:

- **Activity** (may not be time – will instead just use a few examples and ask participants what prevention level, similarly to children's behaviors activity or follow directions below):
 - **Virtual Instructions (in-person instructions below):** Number each behavior, and assign each participant a number (make it so that there are at least 2 participants for each behavior, or more). Show list of behaviors and tell participants they should only focus on the behavior that corresponds with the number they've been assigned. Ask – what prevention level they think the behavior is. Then after a few minutes, ask for someone to share if they got a "green" behavior. Ask them to read their behavior and describe why they said this was green. Then ask who else had that behavior – and do they agree? Why or why not? Open up to the group – who else agrees? Share what we identified the behavior as, and you can also ask what would change that behavior for them (so, if they named a green behavior, what would change it to yellow or red). Repeat until completed.
 - **In-person Set Up:** Set up 3 posters (Green, Yellow, Red) along a wall to show the spectrum of behavior. Copy each behaviors listed below on individual index cards, based on # of participants registered
 - **Instructions:** I'm going to hand out a card describing a high level adult behavior. With no other information, what does your instinct tell you about this adult's behavior What prevention level does it indicate? Go to stand near the prevention color you think you belong. Do not talk to anyone else as you do this – no feedback from your peers.
 - Starting with those under the Green Prevention Level, ask each participant to:
 - Read their index card out loud
 - Share why they think it belongs in the prevention level they chose
 - Ask if others agree or would possibly put it somewhere else
 - Encourage conversation. It's ok to not see things the same way. Sometimes there is just not enough information to know.
 - note: sometimes it is so obvious that additional conversation isn't necessary
 - **Ask: what in the context or situation might make it change to be safer or more harmful**
- **Adults Behaviors to transfer to index cards:**
 - Parent asks 9 year old to keep secret about nonsexual incident (i.e. "don't tell anyone we bought ice cream") (Yellow)
 - Bus driver brings gifts (candy, magazines) for one 8 year old camper he picks up on his route (Yellow)
 - Case manager texts messages almost daily with client (Yellow)
 - Parent (father) frequently talks about another 6 y.o. child in the program; asking questions about her home life and interests. (Yellow)
 - Coach asks 12 year old soccer clinic participant to meet at community park outside of regular practice hours to go over drills (have heard both green and yellow, more of a yellow in that this is a 1 adult:1 child situation, outside of regular times but could be a helpful and involved coach
 - Kindergarten assistant kisses a 6 y.o.'s "boo boo" on the knee while on the playground (green but does sometime open a conversation about safe ways to care for children)
 - Parent brings in homemade cookies for the children's program at church(green – no one singled out)
 - Parent talks about having a friendship with a 10 year old sister of one of children's friends, as if the relationship is with a peer (yellow)
 - Repairman is overheard telling preschooler that she is cute and asks for a hug (yellow)
 - Afterschool program drama teacher asks two middle school students to touch each other's genitals for "play tryout" in teacher's private office (red)
 - Foster mom's uncles asks 15 year old girl about her sex life (yellow)
 - School nurse tells 16 year old boy where she lives and how to reach her if he needs help (yellow)
 - 18 year old tells his 16 year old foster brother that he can get him alcohol (yellow, "orangish")



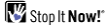
Trainer's notes/Suggested language:

Now let's talk about how to have conversations without accusing anyone, but by clearly talking about our expectations about children's safety.



Speaking Up - Model

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



Trainer's notes/Suggested language:

Review bulleted points above and expand as necessary.

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



Communication Skills

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

Trainer's notes/Suggested language:

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

Language and Tone

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

Avoid labels - separate adult from the behavior

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

All situations need to be regarded as unique. Stereotypes support people to avoid working with others who are different, whether it is cultural, gender, mentally, educationally, etc. Avoiding stereotypes is another way to help callers be more specific in their concerns and helps build better safety plans by addressing the specifics of each caller's unique situation.

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

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

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


Activity: Low Risk Situations

- Your dentist is regularly ½ hour late
- Your neighbor's dog digs holes in your yard
- Grandma lets children stay up past bedtime
- Your roommate always leaves a mess
- Your food has arrived cold at a fancy restaurant




Trainer's notes/Suggested language:

- **Activity** (*for virtual classroom you can use small break out groups of three*): Practice in low- risk situations
 - **Instructions:** Have participants pair up
 - **Handout:** Role Plays: Low Risk Situations
 - Inform them that they are going to get an opportunity to practice speaking up in low-risk situations. Assertiveness in ordinary, everyday situations.
 - Explain that they may not all think that this is low-risk, as different speaking situations raise different fears and anxieties. However, these situations are not as related to safety as child sexual abuse prevention. Rather, these may be “ordinary situations” that sometimes trouble us. Trainer can share personal fear (fear of returning food in restaurant, fear of waking someone up, etc.) You may be comfortable with these types of conversations. Your clients may need support in practicing at this level before moving on to the bigger challenge re conversation re sex, personal boundaries. Begin to normalize this type of conversation.
 - Each person in the pair should practice at least two non-risk situations.
 - There are examples provided but you are welcome to practice any real life examples as well.
- **Debrief:** Ask for comments, experience thoughts and/or revelations?
 - *Note* assertive skills transfer from low-risk to more scary/loading



Successful Conversations

DOs	DON'Ts
<ul style="list-style-type: none">• Set the stage• Stick to the facts• We're on the "same side"• Be honest about your feelings• Include positives• Be prepared with information• Create safety plan together	<ul style="list-style-type: none">• Avoid labels• Avoid judgment• Avoid comparisons
	AFTER
	<ul style="list-style-type: none">• Thank the adult• Follow up

 Stop It Now!

Trainer's notes/Suggested language:

Review steps with audience

From Let's Talk guidebook: (note recommend as homework, examples and language – closer to home situations, personal relationship with adult) but still helpful

Do's:

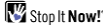
- Separate person from behavior
- Ask direct and simple question
- Name the specific behaviors and state your reaction – I don't feel comfortable with that
- Do follow-up with more questions when answers you hear are not clear or complete

Don'ts:

- Don't jump to conclusions
- Don't generalize
- Don't use general labels
- Don't accept answers until they you the information you need.

Speaking Up


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



Trainer's notes/Suggested language:

➤ **Review slide**

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



**Exercise:
Adults Crossing Boundaries**

1. Set the tone - shared responsibility and accountability
2. Describe the behavior
3. State what you want
4. Speak up and set boundaries

Trainer's notes/Suggested language:

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

We want to share a role play we did, but please know that we are not professional actors, and are hoping to redo these in the future but for now, this is an example of having one of these types of conversations with someone whose behaviors concern you.

➤ **Link:** <https://youtu.be/ZBeGsN1ZK4g>

➤ You can also consider having a trainer modeling a conversation live instead of showing this video

➤ **Ask:** Any thoughts, questions, etc. before we move on to practicing this on our own.

Role Play Scenarios

	PARENTS & FAMILIES	PROFESSIONAL CAREGIVER/EDUCATOR	COMMUNITY MEMBER
1	Your child tells you your spouse asked them to keep a secret about buying them something.	A parent tells you that your assistant teacher texted their 14-year-old that they are "sexy."	You have noticed that your neighbor has been standing at the bus stop with a group of children since school started.
2	You are concerned that your spouse may be looking at illegal images.	A parent in your day camp has been bringing gifts to another camper (not his own child) and asking about the child's home life.	You've noticed a religious leader taking a special interest in a 13-year-old, often bringing them alone to their office.
3	While visiting for 2 weeks, Aunt Mary tells your 6-year-old that he is going to break lots of hearts and jokes about being younger so she can take a "roll in the hay with him."	In the teacher's lounge, you overhear the librarian talking on the phone about an overseas trip, and how cool it was to see so many young, pretty girls "dating" older men.	Your supervisor brings his 9-year-old to work daily after school. A colleague has been spending a lot of time with her. You observed him telling her that her dad doesn't understand her the way he does, and he has been talking about dating websites he visits.

Trainer's notes/Suggested language:

- **Instructions:** Split participants into groups of 3. Ask them to take out their two handouts – *Role Plays: Adults Crossing Boundaries* and *Sample Scripts for Role Plays*. They can use the first handout to pick which role play they'd like to start with, and the second one if they're having trouble thinking of ways to have this conversation (as it models some sample talking tips). Have each person choose their role (or assign them if needed) as the observer, adult crossing boundaries, and person bringing up the concerns. Then, have each participant switch when done. Have everyone be in each role, and have each group take the time to reflect/give suggestions/constructive criticism.
- **Sample language for introducing activity:** We're going to practice having these difficult conversations now. These scenarios are chances to practice talking with another adult about their behaviors – not their intent, but their behaviors. There are 3 different type of relationships scenarios to choose from – with a family member, with a professional and with a member in your community (such as in your neighborhood, in a faith based setting and in an office). You can also make up your own! But in the role plays you're going to practice, each of you should have a chance to be in all the 3 roles: observer, adult who has crossed a boundary/with warning signs, and the adult raising the concern and identifying the behavior. We're not practicing having a confrontation or making an accusation, but instead are looking to let another adult know that their behaviors are increasing the risk for children. Although – don't make it easy for each other – you're welcome to give a little push back. Your handouts will help you: the first gives you the role play choices, the second helps you with sample scripted language you can use or modify if you're having trouble thinking of how to have this talk.
- **Suggested time:** minimum of 15 minutes, giving 5 minute reminders to encourage participants to change roles/scenarios
- **Handouts:**
 - Role Plays: Adults Crossing Boundaries
 - Sample Scripts for Role Plays

(debrief is on next slide)

Role Play Debrief

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



Trainer's notes/Suggested language:

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

Thank you!

training@stopitnow.org
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Helpline: **1.888.PREVENT**



**CIRCLES
OF SAFETY**

 Stop It Now!

Trainer's notes/Suggested language:

- Wrap up. Any final questions or comments?
- Thank everyone.

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