



Circles of Safety:

Awareness to Action for Professionals Working with Parents and Professional Caregivers

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ACTIVITY

I Want, Hope, and Do

Instructions: Complete the first two questions on your own. Before answering the third question, we will discuss thoughts in small groups, then determine our answers.

1. What do you want children and adolescents to know about sexuality?
2. What do you hope they won't experience sexually?
3. What is your responsibility? What do you do now?





Sample Family Safety Planning Rules

Note: This agreement is designed to keep everyone safe in a family or any living situation with children, and these rules can look different depending on what norms look like in any specific household, culture, and/or country. It is recommended that safety plans be reviewed regularly, perhaps annually and as children mature, some rules may need to be updated to fit them and their developmental needs.

Sample Introduction language: These are our rules for living together safely, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that we have discussed these rules, that we understand them, that we will follow them and help each other follow them. If a rule is broken – at our home or somewhere else - we will tell a trusted adult.

1. There is to be no sexual contact, behaviors or touching between children and youth in this family or between adults and children.
2. Children and youth do not show their private parts to others (child, youth or adult), unless there is a medical reason and a trusted adult is present.
3. Children and youth do not ask others to show their private parts to anyone, or ask others to touch their own or someone else's private parts.
4. No one should ask a child or youth to touch their private parts or show a child or youth their private parts.
5. It is okay to touch your genitals in private: alone and behind a closed door at your own home.
6. All physical touching requires consent and respect of the other person's boundaries; if a child is young or non-verbal, children, youth and adults will look for other cues that the other person is uncomfortable or does not want to be touched. There should not be touch that will confuse, scare, or be {sexually} over-stimulating (like back rubs, foot tickling, wrestling, "horse play," etc.).
7. Children and youth will inform parents about new friends they make online through digital media.
8. Children do not access sexually explicit content on the Internet, on any mobile device, or anywhere else, and will not bring into the home any inappropriate sexually explicit content found in materials including books, pictures, magazines, or videogames. If a child or youth sees something inappropriate, they should click 'back' and tell a parent or trusted adult.
9. Everyone's body is their own. If anyone is touched in a sexual way or made to feel uncomfortable, they should and can say "no," and should tell a trusted adult (a caseworker, counselor, school teacher, coach, etc.). A child will never be in trouble if they did not say "no" to an inappropriate touch.
10. When adults talk with a child or youth in their bedroom, the door must always remain open.



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11. If the door is closed, there should only be one person in the bathroom or bedroom at a time unless help is needed with health and/or hygiene.
12. In this family, we do not “objectify” others or ourselves – we do not treat people as sexual objects but as whole and special, and worthy of our respect and everyone’s own self-respect.
13. We do not use offensive or threatening sexual behaviors or language. Secrets are not allowed in this family, only surprises.
14. All family members and visitors to this home are responsible for following these rules.

Examples of additional safety rules in professional care situations, such as foster care:

1. No one should be in a bedroom other than their own unless another adult has given permission and the door is left open.
2. Undressing should only occur when someone is alone in their bedroom or bathroom with the door closed.
3. When outside of one’s own bedroom, always wear appropriate clothing, such as a robe or t-shirt over underclothes.
4. Everyone sleeps in their own bed at all times.
5. Children and youth do not sleep in the same bedroom with adults. Sleeping arrangements while traveling will be discussed prior to any trip.

All signatures below indicate everyone understands and agrees to these rules.

Signed on _____ (date) by:



Stop It Now!®

Together We Can Prevent the Sexual Abuse of Children

PREVENTION TOOLS

Have questions?

Need resources?

Get Help Now!

Call the Stop It Now! Helpline:
1.888.Prevent
or visit: <https://www.stopitnow.org/help>

Stop It Now! prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.



351 Pleasant Street
Suite B-319
Northampton, MA 01060
Phone: 413.587.3500
Fax: 413.587.3505
www.StopItNow.org
info@StopItNow.org
Helpline: 1.888.PREVENT

Age-Appropriate Sexual Behavior

It can be hard to acknowledge that all of us, even children, are sexual beings, have sexual feelings and are curious about sex and sexuality. Children's curiosity can lead to exploring their own and each other's body parts by looking and touching.

They may peek when family members are in the bathroom or changing clothes or try to listen outside the bedroom. They may look at magazines, books, videos, and on the internet.

It can be hard to tell the difference between "normal" sexual behaviors and behaviors that are signs that a child may be developing a problem. Sexual play that is more typical or expected in children will more often have the following traits:

- The sexual play is between children who have an ongoing mutually enjoyable play and/or school friendship.
- The sexual play is between children of similar size, age, and social and emotional development.
- It is lighthearted and spontaneous. The children may be giggling and having fun when you discover them.
- When adults set limits (for example, children keep their clothes on at day care), children are able to follow the rules.

Preschool age (0 to 5 years)

Common:

- Will have questions and express knowledge relating to:
 - differences in gender, private body parts,
 - hygiene and toileting,
 - pregnancy and birth.
- Will explore genitals and can experience pleasure.
- Showing and looking at private body parts.

Uncommon:

- Having knowledge of specific sexual acts or explicit sexual language.
- Engaging in adult-like sexual contact with other children.

School-age (6-8 years)

Common:

- Will need knowledge and have questions about
 - physical development, relationships, sexual behavior
 - menstruation and pregnancy,
 - personal values.
- Experiment with same-age and same gender children, often during games or role-playing.
- Self stimulation in private is expected to continue.



Uncommon:

- Adult-like sexual interactions,
- Having knowledge of specific sexual acts,
- Behaving sexually in a public place or through the use of phone or internet technology.

School-age (9-12 years)

Hormonal changes and external influences, such as peers, media and Internet, will increase sexual awareness, feelings and interest at the onset of puberty.

Common:

- Will need knowledge and have questions about
 - Sexual materials and information,
 - Relationships and sexual behavior,
 - Using sexual words and discussing sexual acts and personal values, particularly with peers.
- Increased experimentation with sexual behaviors and romantic relationships.
- Self stimulation in private is expected to continue.

Uncommon:

- Regularly occurring adult-like sexual behavior .
- Behaving sexually in a public place.

Adolescence (13 to 16)

Common:

- Will need information and have questions about
 - Decision making
 - Social relationships and sexual customs
 - Personal values and consequences of sexual behavior.
- Self stimulation in private is expected to continue.
- Girls will begin menstruation; boys will begin to produce sperm.
- Sexual experimentation between adolescents of the same age and gender is common.
- Voyeuristic behaviors are common in this age group.
- First sexual intercourse will occur for approximately one third of teens.

Uncommon:

- Masturbation in a public place.
- Sexual interest directed toward much younger children.

What you can do if you see warning signs:

- Create a Safety Plan (www.stopitnow.org/safety_plan). Don't wait for "proof" of child sexual abuse.
- Look for patterns of behavior that make children less safe. Keep track of behaviors that concern you. This Sample Journal Page can be a helpful tool. www.stopitnow.org/journal_entry
- See our Let's Talk Guidebook for tips on speaking up whenever you have a concern.
- If you have questions or would like resources or guidance for responding to a specific situation, visit our Online Help Center: www.stopitnow.org/gethelp.

Health Sexuality Book and Website Resource

For Parents and Caregivers

Parenting Infants and Toddlers

- Rock the Talk: Infants and Toddlers (The Mama Bear Effect): Guidelines for protecting and empowering very young children.
<https://themamabeareffect.org/rock-the-talk/rock-the-talk-infants-toddlers/>
- Talking to Toddlers and Preschoolers About Sex:
Online guide from The Mayo Clinic.
<https://www.mayoclinic.org/healthy-lifestyle/sexual-health/in-depth/sex-education/art-20044104>
- When Toddlers Touch Themselves: The Best Way to Handle a Touchy Situation (What To Expect):
Why toddlers masturbate and how to address it.
<http://www.whattoexpect.com/toddler/behavior/masturbating.aspx>

Parenting School-Age Children

- Rock the Talk: Grade School (The Mama Bear Effect):
Guidelines for teaching safety, consent, and respect.
<https://themamabeareffect.org/rock-the-talk/grade-school/>
- Who Has What?: All About Girls' Bodies and Boys' Bodies:
Book by Robie H. Harris
- From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children - From Infancy to Middle School:
Book by Debra W. Haffner (eBook available on Google Books)
- It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families:
Book by Robie H. Harris
- Early, Open, Often:
Instructional videos and information for parents about keeping kids safe from child sexual abuse. Includes Spanish-language material.
<http://www.earlyopenoften.org/>

Parenting Adolescents

- Rock the Talk: Tweens & Teens (The Mama Bear Effect):
Information for parents on continuing the conversation about consent, laws, porn, online risks and safety.
<https://themamabeareffect.org/tweens-teens/>
- A Fine Young Man: Book by Michael Gurian on what parents, mentors, and educators can do to shape adolescent boys into exceptional men; emphasizes sexual development and relationships.
- Talking with Teens (US Dept. of Health & Human Services): Comprehensive guide with real- world age-specific scripts and suggestions.
<https://www.hhs.gov/ash/oah/resources-and-publications/info/parents/conversation-tools/#>
- Third Base Ain't What It Used to Be: What Your Kids Are Learning About Sex Today- and How to Teach Them to Become Sexually Healthy Adults:

Book by Logan Levkoff

- Staying Connected To Your Teenager: How To Keep Them Talking To You And How To Hear What They're Really Saying:

Book by Michael Riera

For Younger Children, Preteens, and Adolescents

Younger Children

- Bellybuttons are Navels: picture book by Mark Schoen helping young children identify and accurately name body parts.
- What Makes a Baby: Picture book by Cory Silverberg “for every kind of family and every kind of kid.”
<http://www.what-makes-a-baby.com/>
- Where Did I Come From?: Picture book by Peter Mayle, describes the reproductive process from intercourse to birth.
- What's the Big Secret?: Book by Laurie K. Brown on talking about sex with children.
- It's Not the Stork! A Book about Girls, Boys, Babies, Bodies, Families, and Friends: Picture book by Robie H. Harris for children 4-6 years old on healthy sexuality (also available in Spanish).
- No Means No!: Picture book by Jayneen Sanders that teaches children 3-9 years old about personal boundaries, respect and consent, and children's right to say 'No!'
- Some Secrets Should Never Be Kept: Picture book by Jayneen Sanders for children 3-12 that sensitively opens conversations about inappropriate touch, includes reader's guide with questions for discussion.
- My Body Belongs to Me: Picture book by Jill Starishevsky for young children teaches about private parts and boundaries.

Preteens

- What's Going on Down There?: Answers to Questions Boys Find Hard to Ask: Book by Karen Gravelle, part guide, part older brother.
- Period.: A Girl's Guide: Illustrated book by JoAnn Loulan and Bonnie Worthen helping start conversations about menstruation, with detachable parent's guide.
- Amaze: Uses fun, informational videos for ages 10-14 about puberty. Can help parents get conversations started.
<http://amaze.org/>

Adolescents

- Scarleteen:
“Sex ed for the real world.” For teens and young adults.
<http://www.scarleteen.com/>
- Sex, etc.:
An organization by teens for teens that has articles and videos on identity, masturbation, sex, and what's normal and healthy for their body.
<https://sexetc.org/>
- Info for Teens (Planned Parenthood):
Information for teenagers about their changing bodies, sexual and reproductive health, relationships, and consent.
<https://www.plannedparenthood.org/learn/teens>
- A Young Woman's Survival Guide:
Comprehensive resource book by Health Initiatives for Youth for teenage girls and young women on all topics of sexuality and survival.

- The Naked Truth About Sex: A Guide to Intelligent Sexual Choices for Teenagers and Twentysomethings:
Book by Dr. Roger W. Libby

Specialized Resources

Children with Disabilities (and their Parents)

- Taking Care of Myself: A Hygiene, Puberty and Personal Curriculum for Young People with Autism:
Book by Mary Wrobel. Includes a wide range of simple stories and scripts for caregivers and children.
- The Healthy Bodies Toolkit:
Resource on puberty for boys and girls with disabilities.
<http://vkc.mc.vanderbilt.edu/healthybodies//>
- A Parent's Guide To Protecting Kids With Intellectual Disabilities From Sexual Abuse (Psych Central):
Focuses on how caring children intellectual disabilities as sexual beings works as a strong prevention measure.
<http://psychcentral.com/lib/a-parent%E2%80%99s-guide-to-protecting-kids-with-intellectual-disabilities-from-sexual-abuse/>
- For Some Parents (Sexuality Resource Center for Parents):
Information for parents of children with physical and developmental disabilities regarding healthy sexuality, development, and abuse prevention.
http://www.srcp.org/for_some_parents/index.html
- Teaching Children with Down Syndrome about Their Bodies, Boundaries, and Sexuality:
Book by Terri Couwenhoven

Abused Children/Children in Foster Care (and their Parents)

- Please Tell: A Child's Story About Sexual Abuse:
Picture book by a girl named “Jessie” written about her experiences of sexual abuse, reaching out to other children.
- A Terrible Thing Happened:
Picture book by Margaret M. Holmes, for children 3-10 who have witnessed violence, with a caregiver’s guide at the end.
- How Are You Feeling Today Baby Bear?: Exploring Big Feelings After Living in a Stormy Home: Picture book by Jane Evans for young children who have experienced trauma, includes games and conversation starters.
- A Child's Journey Through Placement:
Book by Vera I. Fahlberg MD, includes a section on sexual abuse and development in care.
- Parenting a Child Who Has Been Sexually Abused (Child Welfare Information Gateway):
A Guide for Foster and Adoptive Parents
https://www.childwelfare.gov/pubPDFs/f_abused.pdf

Parenting as a Survivor

- Trigger Points:
Book by Joyelle Brandt on child abuse survivors’ experiences of parenting.

- The Courage to Heal:
Book/workbook by Ellen Bass & Laura Davis. Includes a section on parenting as a survivor of sexual abuse/assault.
- Parenting as a Survivor (The Mama Bear Effect):
Age-specific guide to parenting as a survivor of childhood abuse, with links and more resources.
<https://themamabeareffect.org/understand/parenting-as-a-survivor/>
- The Courage of Parenting with a History of Trauma:
Blog post sharing information for parents with a trauma history.
<http://gretchenschmelzer.com/blog-1/2015/8/11/parents-corner-the-courage-of-parenting-with-a-history-of-trauma>

LGBTQ Youth

- GLBTQ: The Survival Guide for Queer and Questioning Teens:
Book by Kelly Huegel
- Free Your Mind: The Book for Gay, Lesbian, and Bisexual Youth and Their Allies:
Book by Ellen Bass & Kate Kaufman, a practical guide for GLB youth and their families, teachers, counselors, and friends.
- My Kid is Gay:
Book by Dannielle Owens-Reid & Kristin Russo.
<http://mykidisgay.com/the-book/>

Comprehensive Websites with More Resources

- Talking to Kids About Sex and Sexuality (Planned Parenthood):
Guides on talking to kids, including age-specific sample Q & A.
<https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality>
- Talk With Your Kids:
Age-specific guides to talking with kids about sexuality, resources for teens and parents.
<http://www.talkwithyourkids.org/>
- The Mama Bear Effect:
Age-specific sexual abuse prevention resources, sexuality guides, blog.
<https://themamabeareffect.org/>
- Advocates for Youth:
Comprehensive age-specific sexual development information.
<https://advocatesforyouth.org/>



Video Aids for Teaching Consent

Consent for Kids

Audience: Pre-school thru young adolescence

<https://www.youtube.com/watch?v=h3nhM9UIJjc>

Ask. Listen. Respect: A Video about Consent

Audience: Tweens, Adolescents

https://www.youtube.com/watch?time_continue=71&v=n6X5I7xoxEY

Tea Consent

Audience: Tweens, Adolescents, young adults

<https://www.youtube.com/watch?v=oQbei5JGiT8>

Planned Parenthood Consent Series

Audience: Adolescents, young adults

<https://www.youtube.com/playlist?list=PL3xP1jlf1jgJRkChwVOlwQcV0-UqcWiFV>

How to start teaching consent to kids

Audience: Parents and caregivers

<https://sexedrescue.com/teaching-consent-to-kids/>

https://www.youtube.com/watch?time_continue=93&v=K7UopnJ_2-c

Resource List - Staying Safe Online

For Parents

- A Parent's Guide to Internet Safety (FBI), website.
Highlights safety strategies to keep children and youth safe with online media.
URL: <http://www.acped.org/wordpress/wp-content/uploads/Parents-Guide-to-Internet-Safety.pdf>
- Connect Safely, website.
For parents, teens, educators, advocates, and adults concerned about the impact of the social Web. Safety tips also available in Spanish. URL:
<http://www.connectsafely.org>
- Family Online Safety Institute (Connect Safely), podcast.
Ongoing "Online Safety in Transition" audio series about evolving issues in online safety.
URL: <http://www.connectsafely.org/podcast-from-family-online-safety-institute-fosi-conference>
- Internet Safety for Kids (Common Sense Media), website.
FAQs about online safety answered for parents of children of all ages, with emphases on both privacy and safety. URL: <https://www.common sense media.org/privacy-and-internet-safety#>
URL: <http://puresight.com/Useful-tools/family-online-safety-contract.html>
- It's Time We Talked: Parent Tip Sheets, webpage.
Links to PDF tip sheets for caregivers to start the conversation with their kids about pornography.
URL: <http://www.itstimewetalked.com.au/resources/parent-tip-sheets/>
- How to Keep Kids Safe Online (Stop It Now! UK): webpage.
Information for parents on sexting, cyberbullying, gaming and online abuse prevention.
URL: <https://www.parentsprotect.co.uk/internet-safety.htm>

For Youth

- That's Not Cool, website.
Interactive site, gives guidance on using the Internet, social media, and other cyber-platforms.
URL: <https://thatsnotcool.com/>
- Cyberbullying, book by Heather E. Schwartz.
For children 9-13. (Available on Amazon)
- Netsmartz Workshop (National Center for Missing and Exploited Children), website. Interactive educational resources for parents and kids about internet safety.
URL: <https://www.netsmartzkids.org/>



Internet Safety Guidelines and Tips

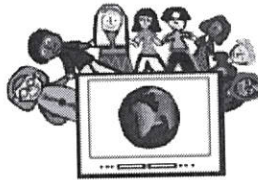
10 Sample Rules for Cyber Safety

- All cell phones off and turned in at 9pm, 10pm on weekends
- All computers kept in public areas
- Follow all Parental Controls. If you see something inappropriate online, hit 'Back', log off, or tell a parent
- You are allowed ____ hours of online time
- Follow age requirements for social media sites
- Do not give out personal information, buy, sell, or order anything online without parent permission
- Do not meet or accept a gift from anyone you met online
- Devices cannot interfere with sleep, schoolwork or other important activities
- Only share media where everyone is appropriately dressed, and avoid sharing anything that could embarrass or get anyone in trouble
- If you are in an unsafe situation, text an adult to come get you

Tips for Parents and Caregivers to Create Cyber Safety

- Be age-appropriate: understand what will and won't work
- Monitor usage, pay attention to how your child uses media
- Check privacy settings on all social media platforms
- Watch media and play games together, use media to start conversations about sex and cyber safety
- Consider using filtering software, or partitioning your computer into separate accounts

- Teens text: text your teen!
- Stay up-to-speed on media your child uses and trends in privacy and hacking
- Teach about dangers online, strong passwords, cyberbullying, sexual harassment, being a good digital citizen, and about real legal consequences for teen online activity



SafeKids.Com

Family Contract for Online Safety

Kids' Pledge

1. I will not give out personal information such as my address, telephone number, parents' work address/telephone number, or the name and location of my school without my parents' permission.
2. I will tell my parents right away if I come across any information that makes me feel uncomfortable.
3. I will never agree to get together with someone I "meet" online without first checking with my parents. If my parents agree to the meeting, I will be sure that it is in a public place and bring my mother or father along.
4. I will never send a person my picture or anything else without first checking with my parents.
5. I will not respond to any messages that are mean or in any way make me feel uncomfortable. It is not my fault if I get a message like that. If I do I will tell my parents right away so that they can contact the service provider.
6. I will talk with my parents so that we can set up rules for going online. We will decide upon the time of day that I can be online, the length of time I can be online, and appropriate areas for me to visit. I will not access other areas or break these rules without their permission.
7. I will not give out my Internet password to anyone (even my best friends) other than my parents.
8. I will check with my parents before downloading or installing software or doing anything that could possibly hurt our computer or jeopardize my family's privacy.
9. I will be a good online citizen and not do anything that hurts other people or is against the law.
10. I will help my parents understand how to have fun and learn things online and teach them things about the Internet, computers and other technology.

I agree to the above terms

I will help my child follow this agreement and will allow reasonable use of the Internet as long as these rules and other family rules are followed.

Child Sign Here

Parent Sign Here



Teen Pledge for Being Smart Online

1. I will be respectful to myself and others. I won't bully and won't tolerate bullying by others.
2. I will be a good online friend and be supportive of my friends and others who might be in trouble or in need of help.
3. I won't post or send pictures or other content that will embarrass me, get me into trouble or jeopardize my privacy or security.
4. I will respect other people's privacy and be courteous when posting photos or other content about them.
5. I'll be conscious of how much time I spend on the web, phone and other devices and won't let use interfere with sleep, school work and face-to-face relationships.
6. If they need my help, I'll assist my parents, teachers others in their use of technology.
7. I will respect other people's digital property and space. I won't steal, hack, break into anyone else's accounts or use other's content without permission.
8. I will protect my passwords and practice good Net security.
9. I will be thoughtful in my use of copy and paste. If I use anyone else's content or images I will quote them, give them credit and link to them if appropriate.
10. I will help create a culture of respect and tolerance at my school and among my peers.



Family Contract for Online Safety

Parents' Pledge

1. I will get to know the services and web sites my child uses. If I don't know how to use them, I'll get my child to show me how.
2. I will set reasonable rules and guidelines for computer use by my children and will discuss these rules and post them near the computer as a reminder. I'll remember to monitor their compliance with these rules, especially when it comes to the amount of time they spend on the computer.
3. I will not overreact if my child tells me about a problem he or she is having on the Internet. Instead, we'll work together to try to solve the problem and prevent it from happening again.
4. I promise not to use a computer or the Internet as an electronic babysitter.
5. I will help make the Internet a family activity and ask my child to help plan family events using the Internet.
6. I will try to get to know my child's "online friends" just as I try get to know his or her other friends.

I agree to the above

Parent(s)

I understand that my parent(s) agreed to these rules and I will help my parent(s) explore the Internet with me.

Child sign here

(c) 2000-2004 SafeKids.Com



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Family Contract for Smartphone Use

Kids and Teens Pledge

I will not touch or look at my phone when it's dangerous to do so such as driving, riding a bike or walking.

I will be considerate of others and not use my phone to text or talk when it may disturb others or at inappropriate times or places such as in class or in theaters.

I will take care not to damage or lose my phone and will let my parents know right away if it is damaged, lost or stolen.

I will only use apps from legitimate app stores (like Apple or Android Play Store) and do a little research to make sure they're appropriate and safe to use.

I will carefully review the privacy policies of any apps I use including what information the app collects or shares.

I will only use apps that share my location with family or personal friends I know from the real-world.

I will respect my own and other people's privacy in pictures and posts that that I share.

I will only share pictures and videos where everyone is appropriately dressed and will avoid sharing any images that could embarrass me or others or get anyone in trouble.

I will treat others respectfully and kindly in what I post, what I text and how I interact socially.

I agree to the above

Child sign here

I will help my child follow this agreement and will allow reasonable use of the Internet as long as these rules and other family rules are followed.

Parent(s) sign here

Parents Pledge

I will be a good role model and never text while or use apps while driving or during other activities where phone use might be dangerous.

I will be considerate of others, including my family members by refraining from using the phone when it might disturb people around me.

I will talk with my kids and set reasonable expectations about their smartphone.

I will take whatever action is appropriate if I feel my child has misused his or her phone or broken a family rule, but I will be thoughtful about such actions and not overreact.

I agree to the above

Parent(s) sign here

Child sign here



Stop It Now!®

Together We Can Prevent the Sexual Abuse of Children

PREVENTION TOOLS

Have questions?

Need resources?

Get Help Now!

Online Help Center
<http://GetHelp.StopItNow.org>

Stop It Now!® prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.



351 Pleasant Street
Suite B-319
Northampton, MA 01060
Phone: 413.587.3500
Fax: 413.587.3505
www.StopItNow.org
info@StopItNow.org
HelpLine: 1.888.PREVENT

Talking To Children and Teens

Experience has taught us that actions by adults can be more effective than expecting kids to protect themselves from sexual abuse. Still, we know that children * also need accurate, age-appropriate information about child sexual abuse and confidence that adults they know will support them.

Clear communication is a cornerstone of effective prevention. Make sure other adults understand the expectations kids will have of them and how their cooperation will help keep kids safe.

When teaching kids about others' behavior towards them

Use concrete examples

Remember that in as many as 90% of situations where a child is sexually harmed, the child (and often their family) knows the adult, youth or child who is acting in a sexually inappropriate way. When talking with kids about child sexual abuse, use examples and situations that make that reality clear. (For example, "What if you are at a friend's house and her older brother asks you to play a game that makes you feel weird or uncomfortable or involves something like touching or taking off your clothes?" "Sometimes relatives, like grandparents or uncles or cousins, don't understand the rules and touch kids in ways they're not supposed to. If that ever happens, be sure to tell Mom or Dad or another adult you trust so that we can help that person learn the rules.")

Model healthy boundaries

Sometimes we unintentionally confuse kids by insisting they hug Grandma even when they don't want to, or by saying, "Do whatever the babysitter tells you to do." Help your children practice setting healthy boundaries. When children tell us they don't want to hug and kiss everyone at a family gathering, support them by helping them find another way to show respect to family members (such as shaking hands, high fives, saying goodbye). Model saying "no" and assure your children that their "no" will be respected. If others disrespect or ignore your child's limits, it's your job to explain your family rules and insist on your child's rights to set boundaries.

Talk about touch

When talking with children about touch, remember that sexual touch can be very confusing. In a strictly physical sense, sexual touch can feel good and for a victim of sexual abuse, this can create more shame and confusion about the situation. "If my body responded this way, this must mean that I liked it and wanted it to happen." Many families prefer to talk about "secret" touch or touch that makes a child uncomfortable. "It is not OK for anyone to touch you in any way that makes you feel uncomfortable—not Mom, Dad, aunts, uncles, teachers or even your friends. Your body is yours and yours alone and you always have a right to say no to someone."

*A note on terms: Stop It Now! uses the terms "child," "children" or "kids" interchangeably to mean those persons under the age of 18. The terms "children and adolescents (or teens)" may be used in instances where it is important to emphasize the differences between children age 12 and under ("children") and age 13 or older ("adolescent," "teens" or "teenagers.")



Explain about tricks

Some people who sexually abuse children use tricks or bribes to keep kids from telling. The abusive person might promise a gift or allow a forbidden privilege; or they might tell the child that it is their fault or that no one will believe them, or that if the child tells anyone they will hurt their family or pet, etc. Explain these tricks to your children and reassure them that you can handle the situation, even if they didn't object to the sexual interaction at the time. "As your parent, aunt, guardian, I will always be here to keep you safe and will always believe you and love you." "If someone touches you in an uncomfortable way it is never your fault." "They just tell you that to trick you."

Involve other adults

Children need to know that there are other adults in whom they can confide. Sometimes children are afraid that they will "get in trouble" if they tell their parents about something that happened. This fear can be reinforced by the person who is harming them. Help your children to realize that there are other adults who can help them if they don't want to talk to Mom or Dad or if Mom or Dad is doing something that concerns them. Ask "If you don't feel comfortable talking to me about something, who else can you talk to?" or "What if something happens at school, church, the park, who could you talk to?"

Be approachable

By initiating conversations about healthy sexual boundaries, by answering questions accurately and respectfully, by handling disclosures calmly and reassuringly, you send the message that you are someone your child (or other children you care about) can talk to even when something has already happened.

When teaching kids about their behavior towards others

Don't miss a real prevention opportunity

In more than 30 percent of child sexual abuse cases, a child is sexually harmed by someone under 18 years old, frequently by another child or adolescent who may not fully understand the impact of their actions. Most parents talk with their children about how to keep themselves safe from others who may sexually harm them. We also need to talk to our children about why it is so important for them not to harm others. "Just like it is not OK for you to hit and hurt other people, it is not OK for you to use tricks or force to touch other people in a way that makes them uncomfortable."

Learn about child development

Children are born as healthy sexual beings. Just as they are curious about bugs, airplanes and animals, they will be curious about their bodies and other people's bodies. As parents, it is very helpful to be knowledgeable about healthy sexual development so we are able to tell the difference between expected behaviors and behaviors that may be cause for concern.

Clarify the rules

When you find your child exploring his or her own body or playing "doctor" with another child, calmly acknowledge what you've seen and set clear expectations. "It looks like you and Janie are comparing your bodies. Now get dressed. And remember, even though it feels good to take our clothes off, we keep our clothes on when we're playing." If a child continues behaviors after you've set clear limits, you may want to talk with a professional. To find information, guidance and resources, visit our Online Help Center, <http://GetHelp.StopItNow.org> or for help in finding a professional, see our Resources for Specialized Therapy, http://www.stopitnow.org/resources_treatment.



Age of consent: special concerns for teens

Teens need information not only about child sexual abuse but also about the laws of consent in their state. As our judicial system holds more teens responsible as adults, there are significant and long-lasting results for teens who engage in illegal sexual behaviors, even with other teens who are close in age. "I know you and your girlfriend love each other but you are 19 years old and she is 15 and that makes being sexual with each other illegal. If she gets pregnant or her parents press charges, you could have to register as a sex offender for the rest of your life. It is important for both of you to wait until you are older

Resources for talking with children about child sexual abuse prevention

- Friedman, Norman. (2006) *Inoculating your children against sexual abuse: What every parent should know*. Booksurge.com
- Hindman, Jan. (1998) *A very touching book*. Baker City, OR: AlexAndria Associates.
- Wurtele, Sandy and Feather Berkower. (2010) *Off limits: A parent's guide to keeping kids safe from sexual abuse*. Brandon, VT: Safer Society Press



Communication Tips and Examples For Talking With Your Child About Sexuality

- ❖ Be **HONEST** and **APPROACHABLE**
- ❖ Teach and Modeling **CONSENT**
- ❖ Discuss **VALUES**
- ❖ Teach **RULES** and **SAFETY PLANNING**
- ❖ Engage with **MEDIA**

SOME GUIDELINES FOR TALKING ABOUT SEX

- Look for unexpected opportunities that are relaxed and non-confrontational.
- Look for non-traditional places for impromptu conversations, such as while driving or while waiting at an appointment.
- Have lots of conversations. “The Talk” happens over and over again.
- Listen more than you speak, and don’t ask too many questions or you won’t get any response!
- Try to avoid lecturing.
- If you don’t know the answer, it’s ok to say so and look up the information together.
- If you’re uncomfortable, it’s ok to share that this is a difficult topic for you to talk about.
- Here are some great **open-ended** questions to try:
 - “Where did your ideas about that come from?”
 - “How did you feel when that happened?”
 - “How do you think they felt?”
 - “Have you thought a lot about that?”
 - “When do you remember first feeling that way?”
 - “What do you mean by that? I’d love to hear an example of what you’re talking about.”
 - “Do you think that’s a personal preference, or do you think that’s true for everyone?”
 - “How do you know when something feels right or wrong?”
- Listen for when they are done with the conversation and end with a supportive comment.

Find out what they already know!

“That’s a great question. Can you tell me what you already know about that?” *Buys time, helps you prepare, helps you know what the child really wants to know, and helps you correct misinformation.*

Sample Language

Situation/Opportunity	Supportive sample approaches and responses
Child asks any question about how a body part or function works.	<ul style="list-style-type: none"> • Validate child's curiosity and their right to ask questions. "That's a really good question. I'm glad you asked. It's normal to be curious how bodies work."
Child/teen wants to know details about you	<ul style="list-style-type: none"> • "I'm wondering, why is that important for you to know?" • "I'm uncomfortable giving you details about my sexual experiences, but let's continue talking generally."
After awkwardly watching a sex scene on TV	<ul style="list-style-type: none"> • "Wow, that was a pretty intense sex scene on TV just now! Do you have any questions about what we saw? I'm here now or later if something comes up." • "That couple didn't seem to know each other very well. I think it's important that two people have a relationship with each other before they have sex. What do you think?"
Youth wants to know why teenagers should wait to have sex	<ul style="list-style-type: none"> • "In my family, I was raised to think a certain way about sex, and this is what I value. What are your values, what do you believe?" • "I think that most teenagers aren't emotionally ready to have sex or be parents. I'd love to talk more about it with you and also find out what you think."
Responding to images of sexual violence in a movie or on the news	<ul style="list-style-type: none"> • "It is never ok for someone to force another person to have sex. Consent is always required. I'd like to talk some more with you about consent." • "That was very sad that the little girl in that movie was hurt. Children can never consent to sexual activity with anyone. It's against the law." • "Watching that made me sad and kind of anxious. How did it make you feel?"
Someone tells child to give them a hug goodbye	<ul style="list-style-type: none"> • "Betsy, would you like to give a hand shake goodbye instead?"
Youth asks you for physical affection that does not feel appropriate or timely	<ul style="list-style-type: none"> • "Tommy, we just met and I'm glad you feel you can ask me for a hug. Since we just met, I'm more comfortable with a handshake or high five."
Discovery of a youth masturbating	<ul style="list-style-type: none"> • "I know it feels good to touch your private parts, but it needs to happen only in your bedroom or the bathroom, with the door closed and not where someone else can see and not with anyone else."



Stop It Now!®

Together We Can Prevent the Sexual Abuse of Children

PREVENTION TOOLS

Have questions?

Need resources?

Get Help Now!

Online Help Center
<http://GetHelp.StopItNow.org>

Stop It Now!® prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

Sexuality Concepts for Children (Ages 4 – 8)

It's wonderful that you're looking to learn more about how to talk to the kids you care for about their bodies. This is such an important part of abuse prevention! Just as you teach children that a nose is a nose, they need to know what to call their genitals and understand what they do. This knowledge gives children the correct language for understanding and asking questions about their bodies. Clear communication is an important protective factor to keep kids safe from sexual harm.

These descriptions have been developed for children ages 4-8. For more resources on age-appropriate sexual behaviors, family safety planning, and warning signs, visit stopitnow.org/prevention.

Genitals

- These are what we call “private parts,” which include the anus, penis, and vagina. These are parts outside the body that are sexual or reproductive (help make babies).
- Your genitals are private, which means that no one should touch them or see them but you, unless you need help in the bathroom or during a medical exam.

Engagement tip for caregivers: The next time you are giving your child a bath, do a “geography lesson” and help them find their private parts. Ask them to point to the parts as you name them. You could also use a picture from a book to have this conversation.

Anus

- The anus is the hole in your butt, where solid waste (poop) leaves the body.

Vulva

- The vulva is the outer portion of sexual organs that some people have between their legs.
- The vulva describes the whole area, and it is made up of a few parts: the entrance to the vagina, the clitoris, the labia (the inner and outer lips), the urethral opening (where pee comes out), and the mons pubis (the fleshy area above the outer labia).

Vagina

- The vagina is a part of the vulva. It is an opening between a person's legs, and it is also a tube leading from the uterus to the outside of the body.
- Vaginas regularly clean themselves and may release different types of fluids.

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- A grown up with a vagina might use their vagina during sex. (See the “Having Sex” section below”.)
- Babies can come out of a pregnant person’s vagina. The vagina can stretch to fit the baby through it.

Clitoris

- The clitoris is a sensitive body part that people with vulvas typically have.
- The head of the clitoris sticks out at the top of the labia. Most of the clitoris is inside the body that you can’t see.
- The function of the clitoris is to provide pleasure. Many people with vulvas enjoy touching their clitoris because it can feel good, but this should be done in private.

Uterus

- Many people with a vulva also have a uterus.
- The uterus is an organ inside a person’s body. It’s just below their belly button.
- Many uteruses have ovaries, which are where eggs are stored. Grown-ups who have ovaries can use them to make a baby.
- If a person is pregnant, the uterus is where their baby grows.

Penis

- The penis is a sexual organ that some people have between their legs.
- The penis can get bigger if you rub it. That’s called an erection.
- Rubbing a penis may feel good, but it’s something done in private.
- There’s a hole at the end of the penis called a urethral opening where pee comes out. When a person gets older, something called semen comes out of that hole.
- A grown-up with a penis may use their penis during sex. (See the “Having Sex” section below”.)

Scrotum

- The scrotum is the little sac below the penis where testicles are kept.
- Grown-ups who have testicles can use them to make a baby. The testicles are where sperm is made, and sperm helps make a baby.

Nipples

- If you look down at your chest, you may see two small bumps that are a different color than the rest of your chest. These are called your nipples.
- Nipples can sometimes be sensitive. They might feel good to touch.
- When some kids go through puberty, the area around their nipples starts to grow - these are called breasts.
- If an adult with breasts becomes pregnant, they may be able to produce milk to feed their baby.



Intersex Body Parts

- Sometimes people are born with sexual organs that are not exactly like a penis or vulva, or may be a combination of both. Even though most people have either a penis or a vulva, there are many kinds of genitals. That is normal, too.

Having Sex

- Sex is something grown-ups do together. Adults have sex for a lot of different reasons, such as wanting to feel close to someone, sharing good feelings, or making a baby.
- Sex is most often people touching each other's sexual organs. That usually means a person puts their sexual organs on or inside another person's sexual organs. For example, someone may put their penis in another person's vagina. This is called sexual intercourse.
- Having sex is a big decision, and it's important that grown-ups who decide to have sex with each other talk about it. That makes sure they agree about what they want.

Gender

- Some kids like to be called boys, some like to be called girls, and some don't like either. What is most important is asking them what they like to be called. It's a sign of respect.

Consent

- Consent means giving permission for what you want to happen to your body.
- Children can say yes or no to any touches. That includes a hug, a pat on the back or holding hands.
- Both adults and children should ask for consent when it comes to touch. Listen to the answer and follow their directions.

Relationships

- Relationships are how people connect to each other. There are different kinds of relationships. Some people have a best friend. A friendship is a type of relationship. Children and their siblings and parents are a family, and those are types of relationships.
- Romantic relationships happen between grown-ups. People in this kind of relationship may want to hug, kiss, and have sex. Sex is one way grown-ups show they like each other.

Conversations like these aren't one-time things. Here are a few resources we recommend:

- Tip Sheet: Talking With Children and Teens (<https://www.stopitnow.org/ohc-content/talking-to-children-and-teens>)
- Sex Positive Families' Resource Filter (<https://sexpositivefamilies.com/resources/results/?bycat=&byage=preschool-elementary&bytype=+and>) which helps caregivers locate age-appropriate explanations and information on healthy sexuality and development.
- Amaze's Age Guide (<https://amaze.org/age-guide/>) shares videos with caregivers and children by age on topics geared to their development and understanding.

Discovery of children engaged in sexual play	<ul style="list-style-type: none"> • “I see you’re examining her the way the doctor does. But everyone has to keep their pants on when we play. If you have questions about what girls look like, let’s talk about it.” • “Can you tell me what kind of game you’re playing? When we play we have to keep our hands and private parts to ourselves.”
Discovery of a youth viewing sexually explicit content, or saved on device	<ul style="list-style-type: none"> • “I see that you’ve been looking at some sexual material on your phone. It’s okay to be curious or enjoy looking at bodies, but we have a rule in our family about sexual material on screens.”
Concern about child’s use of media	<ul style="list-style-type: none"> • “I’ve been noticing you’re spending a lot more time on your X-Box. I’d love to see what games you’re playing. Maybe tonight we can sit down and you can show me how to play?”
When introducing new social media platform (Facebook, Instagram, Twitter) to older child	<ul style="list-style-type: none"> • “I expect you to be just as respectful online as you are at school and at home. If someone else is disrespectful or says something inappropriate online, I want you to let an adult know. When you post something online, it usually stays there forever. There are tough laws about what teens can post online. I also want you to keep track of your privacy settings and make sure that what you post only goes to people you want it to.”



Promoting Healthy Sexual Development and Sexuality

Theme **8**

INTRODUCTION

Families have different perspectives on how sexuality should be discussed with children and adolescents (ie, who should be involved in those discussions and how much young people need to know and at what age). With respect for different individual and cultural values, health care professionals can address this important component of healthy development by integrating sexuality education into health supervision from early childhood through adolescence.¹ In the supportive environment of the medical home, health care professionals can provide personalized information, confidential screening of risk status, health promotion, and counseling for the child and adolescent. Age-appropriate, accurate resources that are related to sex education and healthy sexuality provide parents with factual information and encouragement as they educate and guide their growing child.

Health care professionals also should acknowledge and discuss the healthy sexual feelings that all children and youth have, including those with special health care needs.

Families of children with special health care needs may require additional counseling around sexual development issues to ensure a healthy understanding of their child's pubertal and sexual development.

Promoting Healthy Sexual Development and Sexuality: Infancy—Birth to 11 Months

Nurturing the development of the biological and physical foundations of healthy intimacy is an important goal that begins in infancy. These foundations require the ability to be comfortable and safe in a close physical relationship with another person. Intimacy begins in the parent's arms with good parent-child reciprocity, response to cues, management of states of arousal (eg, pain and hunger), and establishment of regular cycles of excitement and relaxation (eg, waking up and falling asleep). The infant needs to have the sense that she is valued, loved, and important for who she is.



Parents must communicate to their children that they are intact, beautiful, and well-formed.

Establishing a sense of self early in life underlies a child's sense of being either a girl or a boy. Parents must accept their child's gender, even if they might have hoped for a child of the other gender. Parents must communicate to their children that they are intact, beautiful, and well-formed. The gender of most infants is known prenatally or immediately at birth. There are endocrinologic and genetic conditions that may result in ambiguity of the external genitalia, making gender assignment difficult initially. Gender *identity*, however, is a gradual process that is based on an internal conviction of belonging to either the male or female gender. Gender identity is distinct from gender *role*, which refers to a set of behaviors through which individuals convey to the larger society that they are male or female. Children usually develop a fixed gender identity by 2½ to 3 years of age, after which they emphatically perceive themselves as being either a girl or a boy.²

Parents often ask how to handle their infant's behavior (eg, genital touching) as the infant becomes aware of her own genitalia. This issue can be addressed as normal behavior with parents during the 6 and 9 Month Visits, perhaps when discussing bathing or diapering. Parents can be encouraged to practice proper naming of their infant's genitalia (eg, penis and vagina) during diapering and bathing. It may facilitate future discussion between parents and their children about sexuality.

Promoting Healthy Sexual Development and Sexuality: Early Childhood—1 to 4 Years

Sexual exploration is a normal, universal, and healthy part of early childhood development. At this age, children show interest in their own, as well as others', "private" areas, and they become aware of gender differences. Their curiosity can be shown in behaviors such as playing doctor with their peers, undressing during play activities, trying to

watch people when they are nude, and physically touching their parents' body parts (eg, their mother's breasts). In early childhood, children also are exposed to social norms and learn boundaries regarding sexual behaviors. Personal boundaries are the presumed interpersonal distances, both physical and emotional, that are maintained by most people. Young children first learn personal boundaries in their families. Issues related to the timing, settings (eg, public vs private), and spectrum of sexual behaviors can best be discussed in the context of trusting relationships and open communication between the parent and the child.

The most common sexuality issues for this age group are related to bathing and showering, toileting, modesty, privacy, masturbation, and sexual play. Masturbation is frequently a concern for parents. A variety of behaviors can be seen, such as posturing, tightening of thighs, sexual arousal, and handling of genitals. Parent experiences, as well as cultural, religious, and family norms, influence parents' responses to their children's sexual behavior.

Sexual play between same-age peers usually is lighthearted and voluntary in nature. This behavior diminishes when children are requested to stop. Sexual behavior in children can create uncertainty for the health care professional because of the potential relationship between child sexual abuse and sexual behavior. Consequently, it is important to understand normative sexual childhood behaviors. The less-frequent and more-concerning sexual behaviors are intrusive, such as inserting objects into the vagina or anus, or aggressive sexual behaviors. It is important that health care professionals be able to distinguish healthy and natural from concerning and distressing sexual behaviors. They should provide reassurance about normal activities, provide developmentally appropriate parameters for identifying problem behaviors, and encourage family discussions regarding sex education.

Promoting Healthy Sexual Development and Sexuality: Middle Childhood—5 to 10 Years

Middle childhood is the time to provide accurate information to children and give them opportunities to explore, question, and assess their own and their family's attitudes toward sexuality and human relationships. At this age, the changes of puberty also can be addressed.

Health care professionals should perform a sexual maturity rating as early as ages 7 to 10 years. Health care professionals should address upcoming stages of sexual development as part of their anticipatory guidance because children and their parents can be reluctant to ask questions about normal physical development or the differences noted in their child's development compared to that of the child's peers. Normal pubertal development varies widely in the US population, and race/ethnic differences are now observed (eg, African American girls have been shown to have a higher rate of early-onset puberty than white girls).³

In middle childhood, children should appreciate wide variations in body shapes, sizes, and colors and acquire pride in their own body and gender. Children this age can, and should, understand that their bodies will change as they grow older. They should learn the differences between male and female genitalia, as well as the correct name and specific function of each body part. They also can learn that some body parts can feel good when touched, that it's normal to be curious about one's body, and that not all exploratory behaviors are appropriate in every place and time. Teaching about human immunodeficiency virus (HIV) infection and other sexually transmitted infections (STIs) can include discussion of their causes (eg, viruses and bacteria) and general modes of transmission.

Concepts of family, friendship, and other human relationships are core components of healthy sexuality at this stage. Children

should learn to express love and intimacy in appropriate ways and to avoid manipulative or exploitative relationships. Empathy and respect for another's feelings also is an essential component of a healthy relationship, facilitated through effective communication skills. Kissing, hugging, touching, and other intimate behaviors are understood within the norms of the child and family's culture. Children need to understand their rights and responsibilities for their own bodies (eg, privacy and hygiene) and the importance of communicating fears and concerns with trusted adults. Children should know that no parent or adult has the right to tell them to keep secrets from either parent, especially when someone is touching their body inappropriately. Parents should give their child permission to tell them about any uncomfortable or threatening experiences, reassuring the child that he will be believed and will not be in trouble for telling.

Children's exposure to elements of sexuality from their peers, families of their peers, and the media (eg, news stories, advertisements, television programs, and pornography on the Internet) can influence them to make choices that may not be healthy, safe, or consistent with family values. Health care professionals can encourage parents to talk with their children about these issues and suggest tools, such as books or videos, to help open these discussions and conduct them comfortably.

Promoting Healthy Sexual Development and Sexuality: Adolescence—11 to 21 Years

Experiences with romantic relationships, exploration of sexual roles, and self-awareness of sexual orientation commonly occur during adolescence. Decisions that are associated with sexual development in the adolescent years often have important implications for health and education, as well as current and future relationships.

Health care professionals should address upcoming stages of sexual development as part of their anticipatory guidance because children and their parents can be reluctant to ask questions about normal physical development or the differences noted in their child's development compared to that of the child's peers.

Key Data and Statistics

PARENTS AND ADOLESCENT SEXUAL DECISION MAKING

A National Campaign to Prevent Teen Pregnancy survey conducted in 2004 demonstrated that:

- Adolescents aged 12 to 19 years report that parents are the greatest influence regarding sexual decision making and values (37% compared to 33% for friends, 6% for siblings, and 5% for the media).⁴
- Ninety-four percent of adolescents and 91% of parents believe that adolescents should be advised that they should not have sex before completing high school.⁴
- Nearly 87% of adolescents agree that “it would be easier for adolescents to postpone sexual activity and avoid adolescent pregnancy if they were able to have more open, honest conversation about these topics with their parents.”⁴

Data from the National Longitudinal Study of Adolescent Health, sponsored by the National Institutes of Health, demonstrate that a strong parental relationship is related to an adolescent’s decision to delay sexual initiation.⁵ A report released by the National Campaign to Prevent Teen Pregnancy found that a strong parent-child relationship and parental supervision are associated with reduced risk of teen pregnancy. Adolescents who have a close relationship with their parents are more likely to be abstinent than those who do not, and, of those who are sexually active, are more likely to have fewer partners and to use contraception.⁶ Other protective factors that are related to delayed sexual initiation include strong community support, youth who are connected to their schools and faith communities, and youth who report strong personal values or religious beliefs. Adolescents report that their own morals and values are as influential as health information in their decision to delay sex.⁴

PERCENTAGE OF YOUTH WHO REPORT HAVING HAD SEXUAL INTERCOURSE

The 2002 National Survey of Family Growth (NSFG) released by the Centers for Disease Control and Prevention in 2004, contains the following data about adolescent sexual activity⁷:

- Forty-six percent of never-married male and female adolescents aged 15 to 19 years reported that they have had sexual intercourse. This represents a significant decline in sexual involvement for male individuals from 55% reported in 1995.
- Approximately 30% of female and male adolescents aged 15 to 17 years reported having intercourse in 2002, compared to 38% for female and 43% for male adolescents in 1995.
- African American males aged 15 to 17 years reported the most remarkable decline in sexual intercourse. Their rate of sexual initiation changed from nearly 76% in 1995 to 53% in 2002.
- Older female adolescents (aged 18 to 19 years) reported stable rates of sexual intercourse at approximately 69% in 1995 and 2002, while male adolescents declined significantly from 75% (1995) to 64% (2002).

Adolescents aged 12 to 19 years report that parents are the greatest influence regarding sexual decision making and values...



- Young adolescents (younger than 15 years) also are delaying sexual intercourse. Between 1995 and 2002, the percentage of young adolescents who reported sexual intercourse dropped from 21% to 15% among males and from 19% to 13% among females.

ONSET OF INTERCOURSE

- In 2005, according to the Youth Risk Behavior Surveillance System, the percentage of students who had sexual intercourse for the first time before the age of 13 years was 6.2% (8.8% for boys and 3.7% for girls)⁸ compared to 1995, in which it was 9.0% (12.7% for boys and 4.9% for girls).⁹
- Early age of onset of sexual intercourse is associated with an increased number of partners during adolescence.¹⁰ Young women who first had sex before age 14 years were about twice as likely to have had multiple partners than those who first had intercourse at age 16 years or later.¹¹

Two thirds (66%) of the sexually experienced adolescents (aged 12 to 19 years) who participated in the 2004 National Campaign to Prevent Teen Pregnancy survey said they wished they had waited longer before having sexual intercourse.⁴

CONTRACEPTION

Data from the NSFG⁷ show that education about contraceptive use may be reaching the adolescent population. Its studies report the following:

- Along with an overall decline in the percentage of sexually active adolescents, contraceptive use at first intercourse for women is much higher for those who had first intercourse between 1999 and 2002 (79%) compared to those who initiated sexual activity before 1980 (43%).
- Although the birth control pill and condoms are the most frequently used

methods of contraception, use of injectable contraception and other methods is increasing.

- Between 1995 and 2002, reported condom use increased for 15- to 19-year-old sexually active, never-married males (from 64% to 71%) and females (from 38% to 54%).

PREGNANCY RATES

- The adolescent pregnancy rate in 2000 was the lowest since 1976; it declined by 27% among female adolescents aged 15 to 19 years since 1990. In 2000, the rate of pregnancy among female adolescents aged 15 to 17 years was 54 per 1,000, compared to 67 per 1,000 in 1996.¹²
- Santelli et al¹³ analyzed the decline in adolescent pregnancy. Approximately 53% of the decline can be attributed to decreased sexual experience, and 47% can be attributed to greater contraceptive use.

SEXUALLY TRANSMITTED INFECTIONS

- An estimated 9 million young people (aged 15 to 24 years) develop infections that are spread primarily by sexual contact.¹⁴ Common STIs for people in this age group are human papillomavirus (HPV), trichomoniasis, Chlamydia, herpes simplex virus, and gonorrhea.^{14,15} Each type of infection has the potential for both short- and long-term consequences.
- Female adolescents are more likely than older women to become infected when exposed to STIs because their vaginal and cervical tissues are not completely mature.¹⁶
- An estimated 1,991 15- to 24-year-olds were newly diagnosed with acquired immunodeficiency syndrome (AIDS) in 2003, bringing the cumulative number of 15- to 24-year-olds with AIDS to 37,599 in the United States that year.¹⁷

The adolescent pregnancy rate in 2000 was the lowest since 1976; it declined by 27% among female adolescents aged 15 to 19 years since 1990.

Parents and health care professionals should be partners with youth in supporting healthy adolescent development and decision making.

Role of the Health Care Professional

Clinical care for adolescents and young adults is commonly related to concerns about sexual development, contraception, STIs, and pregnancy. Clinical encounters for acute care, health maintenance visits, or sports physicals all provide opportunities to teach adolescents and their families about healthy sexuality. Health care professionals can discuss sexual maturation, family or cultural values, communication, monitoring and guidance patterns for the family, personal goals, informed sexual decision making, and safety.

The American Academy of Pediatrics (AAP) policy statement, *Sexuality Education for Children and Adolescents*,¹ advises health care professionals to integrate sexuality education into the longitudinal relationship they develop through their care experiences with the preadolescent child, the adolescent, and the family. Confidential, culturally sensitive, and nonjudgmental counseling and care are important to all youth, including youth with special health care needs and nonheterosexual youth. The American College of Obstetricians and Gynecologists has a similar statement that supports the same approach.¹⁸

To address this issue in ways that respect values and meet the adolescent's needs, health care professionals must learn about the family's values and attitudes. Parents and health care professionals should be partners with youth in supporting healthy adolescent development and decision making. The rewards are long-term. Health care professionals, however, cannot assume that the family's values are the adolescents' values. In addition, although parents of most adolescents are concerned and available, health care professionals also must offer the best care possible to adolescents whose parents are absent or disengaged.

Counseling adolescents should include stating the advantages of delaying sexual involvement, suggesting skills for refusing sexual advances, providing information about

drug and alcohol risks, and expressing encouragement for healthy decisions. Adolescents with and without sexual experience may welcome support for avoiding sex until later in their lives. Health care professionals also should support adolescents in how to have healthy relationships. In addition, health care professionals should screen for, as well as counsel against, coercive and abusive relationships for adolescents who are involved with intimate partners.¹⁹

Information about contraception, including emergency contraception and STIs, should be offered to all sexually active adolescents and those who plan to become sexually active. Each contraceptive method has instructions for correct use, effectiveness for preventing pregnancy, potential side effects, and long-term consequences (eg, potential bone density concerns with depot medroxyprogesterone acetate). Hormonal contraception does not protect against STIs. Emergency contraception is available to prevent pregnancy after intercourse.²⁰ The latex condom is the only method available to prevent the spread of HIV and can reduce the risks of some other STIs, including Chlamydia, gonorrhea, and trichomoniasis.²¹ Condoms also can reduce the risk of genital herpes, syphilis, and HPV infection when the infected areas are covered or protected by the condom.

Health care professionals who care for adolescents may encounter some adolescents who are gay, lesbian, bisexual, transgendered, unsure, or uncomfortable with their sexual orientation or gender identity. Many of these youth remain unidentified and secretive because they are not comfortable enough to identify themselves and their sexual concerns. They may fear rejection or stigmatization from disclosure of their sexual orientation or gender identity issues to health care professionals. The goals for these youth are the same as for all adolescents—to promote healthy development, social and emotional well-being, and optimal physical health.^{22,23}

Supportive, quality health care for adolescents means that adolescents must feel welcomed as individuals, regardless of social status, gender, disability, religion, sexual orientation, ethnic background, or country of origin. The health care professional must create a clinical environment in which the adolescent believes that sensitive personal issues, including sexual orientation and expression, can be discussed.¹ According to an AAP clinical report on sexual orientation and adolescents, “Sexual orientation refers to an individual’s pattern of physical and emotional arousal toward other persons.”²² The health care professional must help the adolescent understand that same-sex interest and behaviors can occur at this age and that they do not define sexual orientation.²² Clinic and practice materials, as well as personnel, can convey a nonjudgmental and safe environment for care and confidentiality for adolescents who may be experiencing same-sex attractions.^{1,22,23} Nonheterosexual adolescents are sensitive to jokes, attitudes, and comments regarding their sexual orientation, and they may not feel comfortable discussing significant health history or concerns. If the health care professional cannot ensure a safe environment for these adolescents because of personal feelings or other barriers, the

adolescent should be referred to another practice or clinic with appropriate services.

As with all other patients, the adolescent should be assured that confidentiality will be protected and also should be told of the conditions under which it can be broken. In those situations of serious concern, the health care professional should help the adolescent discuss the issue with her parents or family and, if necessary, obtain additional services with mental health professionals or other health care professionals. The health care professional also should offer advice to guide these adolescents in avoiding sexual and other health risk behaviors.

Adolescents with special health care needs and their families can benefit from knowledgeable, personalized anticipatory guidance.²⁴ Education about normal puberty and sexuality can be augmented with information that is germane to adolescents with physical differences, especially those that directly affect sexual functioning, as well as youth with cognitive delays. The risk of sexual exploitation and the protection of youth are always critical. A focus on youth access to accurate and complete information and support for healthy decision making is key for all youth who are transitioning to adulthood.

Supportive, quality health care for adolescents means that adolescents must feel welcomed as individuals, regardless of social status, gender, disability, religion, sexual orientation, ethnic background, or country of origin.

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Our Family's Safety Plan

This agreement is designed to keep everyone safe in this family. These are our rules for living together safely, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that we have discussed these rules, that we understand them, that we will follow them and help each other follow them.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Signed:

_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____
_____	Date _____



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Don't Wait: Everyday Actions to Keep Kids Safe

The most effective prevention happens before a child is harmed. Kids are immediately safer when parents and caregivers take the time to learn about sexual abuse and its warning signs. Parents and caregivers who make a commitment to speak up as soon as they have a concern, instead of waiting for certain evidence of harm, play an even more crucial role in a child's safety.

Here are some things that you and your family can do to protect children from sexual abuse, right now.

Set and respect clear guidelines

- Set and respect family boundaries. All members of the family have rights to privacy in dressing, bathing, sleeping and other personal activities. If anyone does not respect these rights, an adult should clearly enforce the family rules.
- Demonstrate boundaries by showing in your own life how to say "no." Teach your children that their "no" will be respected, whether it's in playing or tickling or hugging and kissing. For instance, if your child does not want to give Grandma a kiss, let the child shake hands instead. And make sure, too, that Grandma understands why a child's ability to say 'no' is important for the safety of the child.
- Use the proper names of body parts. Just as you teach your children that a nose is a nose, they need to know what to call their genitals. This knowledge gives children the correct language for understanding their bodies, for asking questions and for telling about any behavior that could lead to sexual abuse.
- Be clear with adults and children about the difference between "okay touch" and inappropriate touch. For younger children, teach more concrete rules such as "talk with me if anyone – family, friend or anyone else – touches your private parts." Also teach kids that it is unacceptable to use manipulation or control to touch someone else's body.
- Explain the difference between a secret and a surprise. Both the adults and children in your life need to know how secrets may make kids unsafe. Surprises are joyful and generate excitement in anticipation of being revealed after a short period of time. Secrets exclude others, often because the information will create upset or anger. When keeping secrets with just one person becomes routine, children are more vulnerable to abuse.

Watch out for signs

- Watch for any inappropriate behaviors in other adults or older youth because children, especially young ones, are not as able to recognize these behaviors or to protect themselves.



- Stay on top of your children's use of technology – Internet, email, instant messaging, webcam use, peer-to-peer/social networking sites, and cell phones, including photo exchanges. The illusion of anonymity on these electronic mediums often leads to a breakdown of social rules and expectations, ones that would be assumed if the interactions were face-to-face. Whenever possible, make sure the child's interactions are visible and public. Kids, and even adults, can easily stumble into inappropriate or even dangerous situations and exchanges.

Speak up

- Practice talking before there's a problem. Say the "difficult" or "embarrassing" words out loud so that you become more comfortable using those words, asking those questions, and confronting those behaviors. Having stress-free conversations about difficult issues with both the adults and children in your life gets everyone in the habit of talking openly and honestly. Show those people in your life that you will listen to anything they have to say, even if it's about something embarrassing or something they've done wrong.
- Speak up when you see, or are subject to, any inappropriate behaviors. Interrupt and talk with the person who is making you uncomfortable. If you feel you can't do this, find someone who is in a position to intervene. The person behaving inappropriately might need help to stop these behaviors.
- Report anything you know or suspect might be sexual abuse. If nobody speaks up, the abuse will not stop.

Support your kids

- Make it clear that you will support your children when they request privacy or say "no" to an activity or a kind of touch that makes them uncomfortable.
- Talk to your kids about who you/they trust. Give your kids permission to talk to these trustworthy adults whenever they feel scared, uncomfortable or confused about someone's behavior toward them.

Be prepared

- Create a clear and easy-to-follow Family Safety Plan (www.StopItNow.org/family_safety_plan). Make sure that as adults, you know how to challenge each other when you see any inappropriate behaviors. Create a list noting both who to talk to when you see behavior you are unsure about and who to call if you believe you need to report sexual abuse. Teach the children about what to do and who to talk with if they are sexually threatened or touched by someone.
- Make a list of people and organizations you can call for advice, information, and help. For ideas, explore the Online Help Center at <http://GetHelp.StopItNow.org>. You can be a resource to your family and friends about how to report abuse and how to get help for everyone involved. If you know that a child has been sexually abused, be sure to get help for the child quickly, so the harm can be stopped and healed.
- Understanding the tools of sexual abuse prevention builds your confidence that you have the power and knowledge to keep your kids safe. Remember, the most effective prevention involves taking action before any abuse occurs. Prevention can start in your home today. You can start it now.



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Create a Family Safety Plan

The guidelines below can help you create an environment to better protect your family from sexual abuse. By understanding what puts children at risk of sexual abuse, we can take actions to counter those risks. Together we can create a community safety net with information and assistance to protect children from being sexually abused.

Educate everyone in the family

- Make sure each family member knows what healthy sexual development in children is, and what sexual behaviors might be of concern.
- Learn to recognize warning signs that a child may have been sexually abused or that an adult, adolescent or child may be touching a child in a sexual way. Some abusive behaviors may not involve touching; for example showing pornography to a child is abusive, even if the child is not touched.
- Teach children the proper names for body parts and what to do if someone tries to touch them in a sexual way.
- Make sure young children know that no one has the right to touch their private parts (unless for medical reasons) and that they should not touch anyone else's private parts.

Start talking with your family about sexual abuse

- Adults need to take the lead by opening discussion about what is healthy sexual behavior and what is abusive sexual behavior.
- Talk more than once with all family members—children, teenagers and adults—about appropriate and inappropriate sexualized behaviors to ensure that they understand and remember the information.
- Let everyone in the family know they can ask questions during the discussion, or talk further about any of these issues in private, at a later time.

Set clear family boundaries

- Set clear family guidelines for personal privacy and behavior. Discuss them with all members of your family and model respecting these guidelines.
- Discuss these guidelines with any other adults who spend time around or supervise the children (e.g., if a child does not want to hug or kiss someone hello or goodbye, then he or she can shake hands instead).
- Let children know that if they are not comfortable being around a particular adult or older child, then you or another adult will let that person know this (e.g., tell him or her that you don't want your child to sit on his/her lap).
- As a child matures, boundaries may need to change (e.g., knock on the door before entering the room of an adolescent).

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Get safe adults involved

- Identify one or more support person for each member of the family to talk to if there is a concern. Be sure that no one in your family is isolated. Research shows that having someone to talk with and confide in plays a key role in how well a child will bounce back from stressful events. Having a safe, responsible and consistent adult for a child or adolescent to turn to is critical.
- If someone is “too good to be true,” ask more questions. Even a close friend or relative may not be a safe person to trust with your child.

Know your local resources and how to use them

- Learn about the agencies in your area. Know who to contact to make a report if you know or suspect that a child has been sexually abused.
- Make a list of resources you can call for advice, information and help and include the phone numbers. Start with our list of helpful resources (www.StopItNow.org/help).

Care enough to reach out for help

- If you are concerned about the sexualized behaviors in a parent, cousin, sibling or other family member, care enough to talk with them. Read our Let's Talk guidebook (www.StopItNow.org/guidebooks). If you are concerned about your own thoughts and feelings towards children, help is available (<http://GetHelp.StopItNow.org>)
- Make sure everyone knows that they can talk with you about any inappropriate behavior that may already have occurred; that you love them and will work to get them help.

Original content by Joan Tabachnick

Children's Sexual Play: Healthy or Unhealthy?

<u>Healthy</u>	<u>Variable</u>	<u>Unhealthy</u>
Curiosity Learning	<i>Motivation</i>	Coercion/Control Emotional need Obsessive/Preoccupied
Mutual consent Equal power Spontaneous	<i>Dynamic</i>	Manipulation/Intimidation Unequal power or ability Strategized; uses games, tricks, bribery Compulsive, repetitive, lacking control Elicits complaints Uses drugs/alcohol
Talking Looking Touching Showing	<i>Activity</i>	Adult sex-like Hurts
Silly, fun, playful	<i>Affect</i>	Fear Shame Sense of secrecy



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Warning Signs in Children and Adolescents of Possible Child Sexual Abuse

Any one sign doesn't mean that a child was sexually abused, but the presence of several suggests that you begin asking questions and consider seeking help. Keep in mind that some of these signs can emerge at other times of stress such as:

- During a divorce
- Death of a family member or pet
- Problems at school or with friends
- Other anxiety-inducing or traumatic events

Behavior you may see in a child or adolescent

- Has nightmares or other sleep problems without an explanation
- Seems distracted or distant at odd times
- Has a sudden change in eating habits
 - Refuses to eat
 - Loses or drastically increases appetite
 - Has trouble swallowing.
- Sudden mood swings: rage, fear, insecurity or withdrawal
- Leaves "clues" that seem likely to provoke a discussion about sexual issues
- Writes, draws, plays or dreams of sexual or frightening images
- Develops new or unusual fear of certain people or places
- Refuses to talk about a secret shared with an adult or older child
- Talks about a new older friend
- Suddenly has money, toys or other gifts without reason
- Thinks of self or body as repulsive, dirty or bad
- Exhibits adult-like sexual behaviors, language and knowledge

Signs more typical of younger children

- An older child behaving like a younger child (such as bed-wetting or thumb sucking)
- Has new words for private body parts
- Resists removing clothes when appropriate times (bath, bed, toileting, diapering)
- Asks other children to behave sexually or play sexual games
- Mimics adult-like sexual behaviors with toys or stuffed animal
- Wetting and soiling accidents unrelated to toilet training

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Signs more typical in adolescents

- Self-injury (cutting, burning)
- Inadequate personal hygiene
- Drug and alcohol abuse
- Sexual promiscuity
- Running away from home
- Depression, anxiety
- Suicide attempts
- Fear of intimacy or closeness
- Compulsive eating or dieting

Physical warning signs

Physical signs of sexual abuse are rare. If you see these signs, bring your child to a doctor. Your doctor can help you understand what may be happening and test for sexually transmitted diseases.

- Pain, discoloration, bleeding or discharges in genitals, anus or mouth
- Persistent or recurring pain during urination and bowel movements
- Wetting and soiling accidents unrelated to toilet training

What You Can Do If You See Warning Signs

- Create a [Safety Plan](#). Don't wait for "proof" of child sexual abuse.
- Look for patterns of behavior that make children less safe. Keep track of behaviors that concern you. This [Sample Journal Page](#) can be a helpful tool.
- See our [Let's Talk Guidebook](#) for tips on speaking up whenever you have a concern.
- If you have questions or would like resources or guidance for responding to a specific situation, visit our [Online Help Center](#), <http://GetHelp.StopItNow.org>.

Remember, the most effective prevention takes place before there's a child victim to heal or an offender to punish.

For more information and guidance, please visit our Online Help Center, <http://GetHelp.StopItNow.org>.



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Signs That a Child or Teen May Be At-Risk to Harm Another Child

More than a third of all sexual abuse of children is committed by someone under the age of 18. Children, particularly younger children, may take part in inappropriate interactions without understanding how it might be hurtful to others. For this reason, it may be more helpful to talk about a child's sexually "harmful" behavior rather than sexually "abusive" behavior.

Do you know a child or adolescent who is:

Confused about social rules and interactions

- May experience typical gestures of friendliness or affection as sexual?
- Explores his or her own natural sexual curiosity with younger children or those of differing size, status, ability, or power?
- Seeks out the company of younger children and spends an unusual amount of time with them rather than with peers?
- Takes younger children to "secret" places or hideaways or plays "special" games with them (e.g. playing doctor, undressing or touching games, etc.)?
- Insists on physical contact with a child when the child resists the attention?

Anxious, depressed or seeming to need help

- Tells you they do not want to be alone with a child, or group of children, or becomes anxious about being with a particular young person?
- Was physically, sexually or emotionally abused and has not been offered adequate resources and support for recovery?
- Seems to be crying for help, i.e. behaves as if they want to be caught; leaves "clues" or acts in ways that seem likely to provoke a discussion about sexual issues?

Impulsively sexual or aggressive

- Links sexuality and aggression in language or behavior (e.g. makes sexual threats or insults)?
- Unable to control inappropriate sexual behaviors involving another child after being told to stop?
- Engages in sexually harassing behavior?
- Shares alcohol, drugs, or sexual material with younger children or teens?
- Views sexual images of children on the Internet or elsewhere?
- Forces sexual interaction, including direct contact and non-contact (like exposing genitals) on another adolescent or child?

For more information and guidance about responding to a child with these behaviors, please visit our Online Help Center, <http://GetHelp.StopItNow.org>.

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Signs That an Adult May Be At-Risk to Harm a Child

Someone you care about may be acting in ways that worry or confuse you. The behaviors below may indicate a possible risk of sexual abuse to a child, but may also be a way for this adult to ask for help.

Many people with sexual behavior problemsⁱ believe that others already suspect and often wish someone would ask what's going on or advise them where to call to get help. Remember, you can start a conversation by pointing out harmful impacts on a child without accusing someone of abusive intentions.

Do you have concerns about someone you know in these areas of daily life?

Relationships

- Misses or ignores social cues about others' personal or sexual limits and boundariesⁱ?
- Often has a "special" child friend, maybe a different one from year to year?
- Spends most of his/her spare time with children and shows little interest in spending time with someone their own age?
- Encourages silence and secrets in children?

Sexual Interactions

- Links sexuality and aggression in language or behavior, e.g. sexualized threats or insults, like "whore" or "slut"?
- Makes fun of children's body parts, describes children with sexual words like "stud" or "sexy" or talks again and again about the sexual activities of children or teens?
- Masturbates so often that it gets in the way of important day-to-day activities?
- Has an interest in sexual fantasies involving children and seems unclear about what's appropriate with children?
- Looks at child pornographyⁱ or downloads/views Internet pornographyⁱ and is not willing to show whether children are involved?
- Asks adult partners to dress or act like a child or teen during sexual activity?

Personal safety/responsibility

- Has been known to make poor decisions while misusing drugs or alcohol?
- Justifies behavior, defends poor choices or harmful acts; blames others to refuse responsibility for behaviors?
- Minimizes hurtful or harmful behaviors when confronted; denies harmfulness of actions or words despite a clear negative impact?

For more information and guidance about starting a conversation with someone who behaves in these ways, please visit our Online Help Center, <http://GetHelp.StopItNow.org>.



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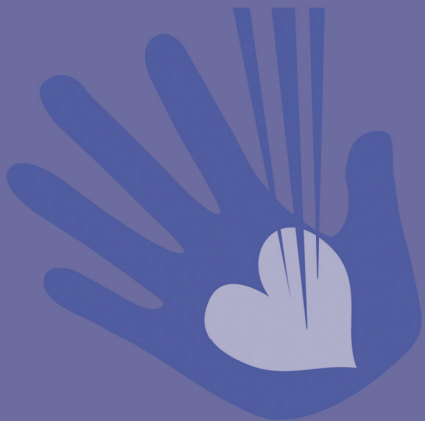
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Behaviors to Watch for When Adults Are With Children

We all have personal likes and things that make us uncomfortable. "Personal space" is the private area of control inside an imaginary line or boundary that defines each person as separate. Ideally, that boundary helps us stay in charge of our own personal space. It helps keep out the things that make us uncomfortable - unsafe and unwanted feelings, words, images, and physical contact. Solid social rules strengthen the boundary. Behaviors that routinely disrespect or ignore boundaries make children vulnerable to abuse.

Do you know an adult or older child who doesn't seem to understand what's acceptable when it comes to:

Personal space

- Makes others uncomfortable by ignoring social, emotional or physical boundaries or limits?
- Refuses to let a child set any of his or her own limits? Uses teasing or belittling language to keep a child from setting a limit?
- Insists on hugging, touching, kissing, tickling, wrestling with or holding a child even when the child does not want this physical contact or attention?
- Frequently walks in on children/teens in the bathroom?

Relationships with children

- Turns to a child for emotional or physical comfort by sharing personal or private information or activities, normally shared with adults?
- Has secret interactions with teens or children (e.g. games, sharing drugs, alcohol, or sexual material) or spends excessive time emailing, text messaging or calling children or youth?
- Insists on or manages to spend uninterrupted time alone with a child?
- Seems "too good to be true, i.e. frequently babysits different children for free; takes children on special outings alone; buys children gifts or gives them money for no apparent reason?
- Allows children or teens to consistently get away with inappropriate behaviors?

Sexual conversation or behavior

- Frequently points out sexual images or tells dirty or suggestive jokes with children present?
- Exposes a child to adult sexual interactions or images without apparent concern?
- Is 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)?

Good boundaries help prevent abuse. For more information and guidance about starting a conversation with someone who behaves in these ways, please visit our Online Help Center, <http://GetHelp.StopItNow.org>



Role Plays: Adults Crossing Boundaries

Instructions: Pick a role play, then choose who will be the person bringing up the concern, who will be the person to cross boundaries and who will be the observer. When you're done - switch; make sure everyone gets the chance to be in each role.

The Model

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

Slide Name: Role Play Scenarios

Parent/Family Scenarios

- Your child has told you your spouse asked them to keep a secret about buying them something.
- You are concerned that your spouse may be looking at illegal images.
- Aunt Mary (visiting for 2 weeks) tells your 6 year-old that he is going to break lots of hearts, and jokes about being younger so that she can take a "roll in the hay with him."

Professional Caregiver/Educator Scenarios

- A parent tells you that your assistant teacher texted their 14 year-old that they are "sexy."

- A parent in your day camp program has been bringing gifts to another camper (not his own child) and asking personal questions about the child's home life.
- 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.

Concerned Community Member Scenarios

- You have noticed that your neighbor has been standing at the bus stop with a group of children since school started.
- In your house of worship, you've noticed a religious leader taking a special interest in a 13 year-old, often bringing them alone to their office.
- Your supervisor has been bringing his 9 year-old to work daily after school, and a colleague has been spending a lot of time with her and you have observed him telling this girl that her dad just doesn't understand her the way he does and he has been talking about the dating websites he has been visiting.



Role Plays: Low Risk Situations

Instructions: Pick a role play, then choose who will be the person bringing up the concern, who will be the person to cross boundaries and who will be the observer. When you're done - switch; make sure everyone gets the chance to be in each role.

The Model

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

Slide Name: Practice, Practice, Practice

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

Sample Scripts for Role Plays

1. Set the tone: shared responsibility and accountability

- I know we both really care about the children here at _____ (*our program/school/foster agency/residential home*).
- I can tell how much you love _____ (*child*) and I know _____ (*he/she/they*) love you too!
- It's clear to me that we both want what's best for the children in our lives that we care about.
- It seems like you care about my child, and I want to talk with you so that we both get on the same page about _____ (*his/her/their*) wellbeing.

2. Be honest and genuine

- Bringing this up is really difficult for me, but it's also important. I wouldn't share this with you if this didn't feel necessary.
- I've spent a lot of time thinking over how I wanted to word this, and honestly, I'm really worried because I don't want to offend you.
- Oh gosh – I'm nervous! This is not something I feel comfortable talking about, but I wanted to have this important discussion with you because I really care about you, our relationship together, and _____ (*child*).
- I don't know how to word this, and this feels awkward because I don't know you very well, but it's important because it involves _____'s (*child's*) safety.

3. Describe the behavior (and why it's not okay)

- The other day I saw you _____ (*behavior*), and that's not okay. It can give _____ (*child*) a really unsafe message about how the adults they look up to should be treating them. What if someone else – someone with harmful intentions – did _____ (*behavior*), then they may not understand that this isn't appropriate because this has been normalized as okay. Instead we want _____ (*child*) to always speak up if someone is doing something like this with them.
- I feel _____ (*emotion*) when you _____ (*behavior*) with/around _____ (*child*). What you're doing is actually crossing boundaries. What if another adult were to do that around them – we want to make sure that _____ (*child*) understands that this type of behavior isn't safe.
- It's not safe for you to do _____ (*behavior*) with youth.
- I noticed that you _____ (*behavior*) with _____ (*child*), and I want to be clear that what you're doing crosses boundaries.

4. State what you want (and consider offering alternatives)

- I'm asking that you don't do _____ (*behavior*) because it's against our _____ (*program rules/safety plan*). I'm wondering if there are other ways you can _____ (*behavior*, for example - show affection to a child that doesn't violate their boundaries and respects their "no").
- It sounds like you wanted to joke around, but making sexualized comments about a young child is against our family's safety plan. We never use adult-like language or mature jokes around children in our family.
- I hear that you're looking to do something nice, but we don't single one child out in this day camp. We actually have a rule here that asks all adults to treat children equally, so we give any "special treats" to all kids out in the open.
- It seems like you are looking to connect with this 13 year-old, but it's vital for us to be giving kids healthy messages about how adults should be interacting with them. I saw that our religious institution has a set of guidelines that talks about how adults – including faith leaders – should interact with youth, and it says that doors should stay open or that there should always be two adults with one child – meaning that one child should never be alone with one adult. I'm asking that you follow that policy and either keep the doors open when you meet with this teen or have another adult with you when you're speaking to them.















5. Set boundaries

- I am talking to you about this because I want you to be involved in keeping _____ (*child*) safe. Please follow our _____ (*program policy/safety plan rule*) about _____ (*describe rule/guideline/policy*).
- It's important that you _____ (*state rule from safety plan or program policy*).
- I'm asking that you follow this _____ (*program policy/safety plan rule*) about _____ (*describe rule/guideline/policy*). If this happens again I will need to follow up by _____ (*further boundary-setting/additional involvement of supervisors/other action steps*).
- It sets a good example for _____ (*child*) when everyone is on the same page about healthy behavior, so that's why I'm sharing all this with you. Next time I'd like you to remember and respect our _____ (*program policy/safety plan rule*) about _____ (*describe rule/guideline/policy*).



Stop It Now!®

Resources for Support, Information, and Guidance – for Parents and Youth

- **Stop It Now!**, Helpline offers referrals and support by phone, email, and online chat; online advice column; tip sheets, resources, and tools; prevention education. Helpline open:
Monday 12pm-8pm EST
Tuesday 12pm-6pm EST
Wednesday 12pm-6pm EST
Thursday 10am-6pm EST
Friday 12pm-6pm EST
 <http://www.stopitnow.org/>
 1.888.PREVENT
- **Boys Town National Hotline**, 24/7 crisis and support line for children, youth and their parents; Spanish available; multi-topic and issue assistance. Also known as **Your Life, Your Voice**, 24/7 crisis helpline for teens, includes email, chat and text.
 <http://www.yourlifeyourvoice.org/>
 <http://www.boystown.org/national-hotline>
 1.800.448.3000
- **Childhelp**, 24/7 anonymous and confidential assistance in 170 languages to adults, children, and youth with information and questions regarding child abuse.
 <http://www.childhelp.org/>
 1.800.4ACHILD
- **National Runaway Safeline**, 24/7 crisis hotline for youth thinking about running away, for youth already on the run, and for adults worried about a runaway.
 <http://www.1800runaway.org/>
 1.800.RUNAWAY
- **National Teen Dating Abuse Hotline**, 24/7 peer advocacy available to support teens with concerns about dating violence
 <http://www.loveisrespect.org/>
 1.800.331.9474
- **Trevor Project Lifeline**, 24/7 crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth.
 <http://www.thetrevorproject.org/get-help-now>
 1.866.488.7386
- **National Suicide Prevention Lifeline**, 24/7 support and assistance for anyone feeling depressed, overwhelmed, or suicidal.
 <http://www.suicidepreventionlifeline.org/talk-to-someone-now>

☎ 1.800.273.TALK

- **National Domestic Violence Hotline**, National call center in 160 languages, refers to local resources.
🌐 <http://www.thehotline.org/help>
☎ 1.800.799.SAFE
- **National Parent Helpline**, Helpline for parent and caregiver support. Open Monday through Friday 10am-7pm PST.
🌐 <http://www.nationalparenthelpline.org/>
☎ 1.855.4A.PARENT
- **Naseeha**, Confidential Muslim youth helpline. Open 7 days a week 3pm-9pm EST.
🌐 <http://naseeha.org/>
☎ 1.866.NASEEHA