



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.



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www.StopItNow.org
info@StopItNow.org
HelpLine: 1.888.PREVENT

Sample Journal Entry

If you are concerned about the safety of a child, we encourage you to trust your gut feelings. Sometimes vague feelings of discomfort or the sense that “something just isn’t right” can be an indication that something less visible is occurring in the background. Please take time to explore the situation further. Use this form to keep track of the behaviors that concern you. You can use this information to then [talk with others](#) about what you've witnessed.

Date of observed behavior(s):

Child’s name & age if known:

(Name)

(Age)

Name of adult, teen or child at risk to abuse, or suspected (if known):

(Name)

Time of day:

Describe activity and people involved (e.g., nap time with siblings, games at family picnic):



Describe behaviors as specifically as you can (e.g., what you saw and heard):

Note when you first noticed the behavior, how often you have seen it, and why you are concerned:

Note anything you said, or did and what happened:

For more information and guidance, please visit our Online Help Center, <https://www.StopItNow.org/gethelp>.