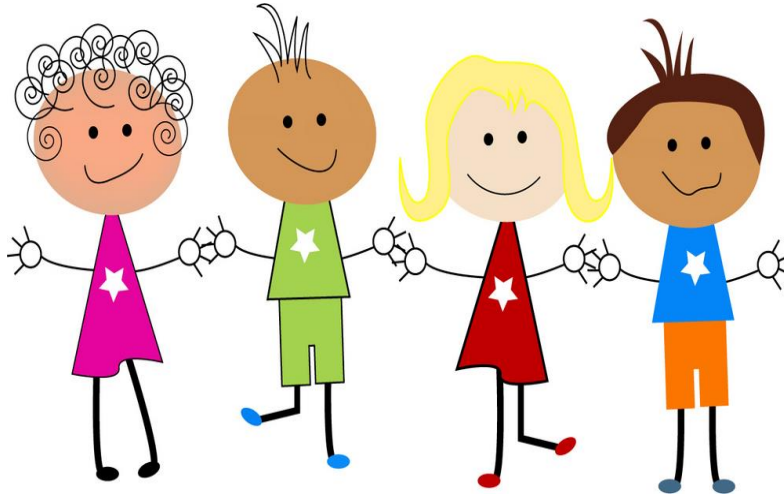


My Body Belongs to Me

A Child Personal Safety Education Tool Kit
For Parents & Teachers
Preschool to 6th Grade



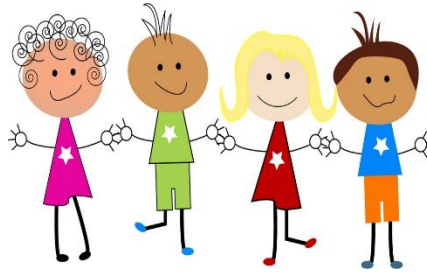
This guide includes the following items:

- Brief description of the “My Body Belongs to Me” Program
- Outline of the 30 to 45-minute Children’s Presentation
- Tips for teaching children personal safety skills
- List of “What If” Role Plays to Test the Child’s Knowledge
- Myth’s and Facts about Child Sexual Abuse
- Safety Planning with your Child
- Additional Resources/Information for Parents and Teachers
- Fun Activities



This program is administered by Interface Children & Family Services
4001 Mission Oaks Blvd., Suite I, Camarillo, CA 93012

For more information call (805) 485-6114, ext. 691



Are you concerned about your child's personal safety? Don't be Afraid—Be Informed!

- Does your child know how to recognize potentially dangerous situations and people?
 - Does your child know which “strangers” to ask for help if he/she were lost?
- Does your child know to tell you if an adult or older kid asks him/her to keep a secret?
- Does your child know that “secret touches” are not allowed between adults and children?
- Does your child know the 7 signals that give him/her the right to say, “NO!” GET AWAY and TELL a trusted adult? (See Seven Signals on page # 24-25).

Your child will learn all of this with the “My Body Belongs to Me” program.

The “My Body Belongs to Me” program teaches children about personal boundaries without making them afraid.

The basic message is that, most people are good, but there are a few people who have a “touching problem” and if your child were ever confronted with this kind of person, they could “Say No,” “Get Away” and “Tell a Trusted Adult.”

A 30-minute (Preschoolers to Kindergarteners) or 45-minute (1st to 6th Graders) presentation is conducted by a trained child-safety presenter from Interface Children & Family Services in your child's classroom, while in the presence of the regular classroom instructor.

**Thank you for helping your child learn how to stay safe with the
My Body Belongs to Me Program!**

For more information call (805) 485-6114, Ext. 691

My Body Belongs to Me

Child Personal Safety education for your School!

Children's Presentation

The 30 to 45-minute classroom lesson focuses on engaging children through an interactive-learning approach, as they are taught that their body belongs to them and how to recognize and respond to NOT OK touches. Children can learn and practice when and how to say:

"No", Get away, and Tell a trusted adult helper.

Our goal is to empower children as we teach them personal boundaries and ways they can seek help if they should encounter a dangerous person or situation. These are skills that help to prevent bullying, harassment and child sexual abuse, in a non-threatening manner. The curriculum has been updated to **age-appropriate** workshops that are tailored to fit the students' social and developmental ability:

- **Preschool – 3rd Grade**
- **4th – 6th Grade**

Staff Presentation:

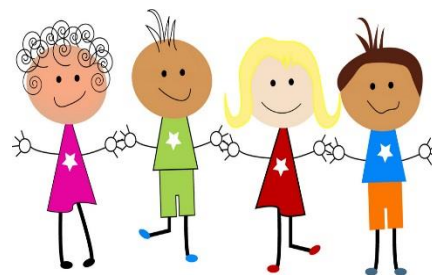
The 60-minute presentation introduces the program overview, while providing awareness and training for educators. Topics include:

- Child Sexual Abuse Awareness and Prevalence
- Strategies on how to Prevent Abuse
- Developmental Behaviors of Children
- Sexual Behaviors in Children
- Techniques for Effective Responses to Child Sexual Behavior
- How to Recognize Possible Signs of Abuse
- Refresher Piece on CA Mandated Reporting
- Local Help and Resources

Parent Presentation:

The 60-minute presentation includes a parental preview of the children's presentation, followed by an educational workshop for parents and caregivers. Child personal safety topics include:

- Preview of Children's Presentation
- Child Abuse Awareness
- Tips to help Parents Prevent and Protect
- How to Recognize Possible Risky or Inappropriate Behaviors
- Practice Personal Safety with Children
- Developmental Appropriate Behaviors of Children
- How to Recognize Possible Signs of Abuse
- Safe Responses to Child Abuse Disclosures
- Local Help and Resources



Child Personal Safety Videos

“My Body Belongs to Me” Video



*Written by Jill Starishevsky
Available to view on YouTube;*

<http://www.youtube.com/watch?v=a-5mdt9YN6I>

Note: Children will only be viewing a partial piece of the video (2:10 minute mark)

Español: <http://www.youtube.com/watch?v=KZ4cpmyoXbU>

Other Videos;

- “Mi Cuerpo Me Pertenece” – En Español
Disponible para ver en YouTube:
http://www.youtube.com/watch?v=towuyzPXgUk&feature=em-share_video_user
- “Check First”
<http://www.kidsmartz.org/Videos#checkfirst>
- “Tell a Trusted Adult”
<http://www.kidsmartz.org/Videos#telltrustedadult>
- “Talk to an Adult you Trust”
http://www.netsafeutah.org/kids/kids_videos.html

“My Body Belongs to Me” Chant:

ME: “From the Top of My head”

YOU: “From the Top of My head”

ME: “To the bottom of my feet”

YOU: “To the bottom of my feet”

ME: “And everything else that’s in between”

YOU: “And everything else that’s in between”

ME: “MY BODY BELONGS TO ME!”

YOU: “MY BODY BELONGS TO ME!”

ME: “I have the right to protect my body”

YOU: “I have the right to protect my body”

ME: “I can say NO”

YOU: “I can say NO”

ME: “I can try to GET AWAY”

YOU: “I can try to GET AWAY”

ME: “And I CAN TELL!”

US: “I can TELL!”

ME: “When I don’t feel safe”

US: “When I don’t feel safe”

Tips for Teaching Children Personal Safety Skills

Keeping children safe and healthy is everyone's responsibility.

Children need to be taught that their bodies are their own, and that they have the right to say **"NO"** when it comes to who touches them and whom they touch. If children are ever touched in way that is confusing or frightening to them, they need to be taught that they can tell someone about the touch. They need to be taught that they have the right to feel safe and be safe. It is important that adults teach children to **SAY "NO," GET AWAY, and TELL A TRUSTED ADULT HELPER.**

The key to effective training is repetition and active rehearsal. Children need to practice saying no, getting away and telling a trusted adult helper. While it is great to teach children that they have the right to **"SAY NO, GET AWAY, AND TELL"**, it should not stop there. All children are vulnerable and should not be held responsible for their own personal safety. Educating yourself, as well as other adults in children's care, on bullying, child abuse and child sexual abuse prevention and awareness, is essential to the safety of all children.

The following are additional tips that can help you teach effective personal safety to children:

1. **Assure children that most touches are OK touches and most people are good people.** But if someone touches their private parts in a secret way, or if they experience a touch that scares or confuses them, they can **SAY "NO," GET AWAY, and TELL SOMEONE.** Remember that if children receive a NOT OK touch from someone they know or care about, like a relative or a babysitter, they may not be able to say **"NO"** or even get away. However, they can tell someone. Emphasize the importance of telling a helper and if the helper doesn't believe them, keep on telling until someone listens and believes them. Let children know it's OK to question or challenge adults, when something doesn't seem right, especially touches. Assure them that adults are not always right. Teach them there are things that adults should never do.
2. **Teach children the correct names for body parts.** Just as they have arms and legs, they have a penis or vagina and anus. Children can't tell you if they've received a NOT OK touch if they don't have the words to describe the touch.
3. **Teach children how to use body language.** Have them practice standing tall and saying **"NO"** in a loud, strong voice. Help children develop good eye contact.
4. **Play "what if" games with children.** You can use the role-play scenarios found in the back of this packet or create your own. Develop **"what if"** situations that are pertinent to your own family. One of the purposes of **"what if"** games is to stress to children the importance of always getting mom or dad's/guardian's permission before going anywhere.
5. **Show children safe places and people to go if they ever get lost;** for example, a person behind a register in a store. Have a written list of people who the child knows it is OK to go with. Share the list with the child's school, daycare and baby sitter. Stress to your child the importance of **ALWAYS** getting permission before going **ANYWHERE** with **ANYONE**, even if the person is known by you.

These "Tips for Teaching Children Personal Safety Skills" are based upon information from Red Flag/Green Flag Resource Center of Fargo/Moorhead

“What If . . .”

(Role Plays for Personal Safety)

1. **What if** you are playing in your front yard when a person drives up and says, “Hi there, are you ready to go? Your dad sent me to pick you up and take you to his job. Your mom said it was OK. “What would you do?
2. **What if** a person who is visiting your parents keeps coming into the bathroom and looking at you while you are taking a bath or shower. Since the lock on the door is broken, you can’t lock them out. What would you do?
3. **What if** you are walking to school when a person drives up in a car and says, “Your mom or dad told me to pick you up.” What would you do?
4. **What if** you are playing at the park when someone walks up to you and says, “My puppy is lost. See, here’s his picture. Won’t you please come with me and help me find him before he gets hurt?” What would you do?
5. **What if** a family member or family friend who often visits enjoys hugging you or having you sit on his/her lap? When he/she hugs you he/she also touches your private parts. What would you do?
6. **What if** you are playing at the park and you see an older kid you don’t know standing by some trees. He/she asks you to come over and talk to him/her. What would you do?
7. **What if** you just got out of school. A person in a car says to you, “Your mom is late and she told me to pick you up. Hop in the car.” What would you do?
8. **What if** you are playing in your front yard when someone in a car drives up and says, “Hi there. I think I’m lost and I need some help. Can you please come over here and tell me where I am?” What would you do?
9. **What if** you are playing in your front yard by yourself when someone in a car drives up and says, “Hi, can you come over to the car? I have something for your parents.” What would you do?
10. **What if** you are riding your bike and the chain falls off. A person comes out of his/her house and says he/she can help you but you have to bring it into his garage. What would you do?
11. **What if** a family member who you like always wants to wrestle. When you wrestle with him/her he/she touches your private parts. What would you do?
12. **What if** you are in a store looking at the toys. Someone you don’t know says to you, “Come outside to my car with me and I’ll give you some money to buy that toy.” What would you do?
13. **What if** your coach, teacher or youth group leader tells you they like you so much that they want to begin a “special” friendship with you that involves “special” touching that you have to keep secret. What would you do?

These Role Plays are based upon information from Red Flag Green Flag Resource Center of Fargo/Moorhead

Are there other Examples you and your child can think of?

Myths and Facts about Child Sexual Abuse

Myth #1: Child sexual abuse occurs only among strangers. If children stay away from strangers, they will not be sexually abused.

- **Fact:** The National Department of Justice (DOJ) statistics indicate that in approximately 85% of the cases, the offender is known to the victim. He/she is usually a relative, family member, baby-sitter/other care giver, or older friend of the child. About 10% of perpetrators of child sexual abuse are strangers to the child.

Myth #2: Children provoke sexual abuse by their seductive behavior.

Fact: Seductive behavior is not the cause. Responsibility for the act ALWAYS lies with the offender. Sexual abuse sexually exploits a child not developmentally capable of understanding or resisting and/or who may be psychologically or socially dependent on the offender.

Myth #3: The majority of child sexual abuse victims tell someone about the abuse.

Fact: According to a study by Dr. David Finkelhor, close to 2/3 of all child sexual abuse victims may not tell their parents or anyone else because they fear being blamed, punished or not believed. Additionally, many victims feel that the abuse may be their fault in some way.

Myth #4: Men and women sexually abuse their children equally.

Fact: Men are the offenders 94% of the time in cases of child sexual abuse. Men sexually abuse both male and female children. 75% of male offenders are married or have consenting sexual relationships. Only about 4% of same-sex abuse involves homosexual perpetrators; 96% of the perpetrators are heterosexual.

Myth #5: If the children did not want it, they could say, "STOP!"

Fact: Children generally do not question the behavior of adults, and have been taught to obey adults. They are often coerced by bribes, threats, and use of a position of authority.

Myth #6: All sexual abuse victims are girls.

Fact: Studies on child sexual abuse indicate one of four females under the age of 18 and one of five to six males under the age of 18 are child sexual abuse victims.

Myth #7: Family sexual abuse is an isolated, one-time incident.

Fact: Studies indicate that most child sexual abuse continues for at least two years before it is reported. And in most cases, it doesn't stop until it's reported.

Myth #8: In family sexual abuse, the “non-offending” parent always knows.

Fact: While some “non-offending” parents know and even support the offender's actions, many, because of their lack of awareness, may suspect something is wrong, but are unclear as to what it is or what to do.

Myth #9: Family sexual abuse only happens in low-income families.

Fact: Family sexual abuse crosses all classes of society. There is no race, social, or economic class that is immune to family sexual abuse. Incest estimated to occur in 14% of all families. 10 to 20% of American children are incest victims; 90% of the victims are female, and 90% of the abusers are fathers or stepfathers.

Myth #10: Non-violent sexual behavior between a child and an adult is not damaging to the child.

Fact: Nearly all victims will experience emotional trauma such as confusion, shame, guilt, anger, and a poor self-image. Child sexual abuse can result in long-term relationship problems and be perpetuated from generation to generation. Dr. Nicholas Groth, who has worked extensively with sexual offenders, reports that 60% of convicted sexual offenders have reported histories of child sexual abuse victimization.

Information provided by Red Flag Green Flag Resource Center of Fargo/Moorhead.

Behaviors & Indicators

While the presence of the following behaviors does not mean that a child has been sexually abused, a pattern of these behaviors usually indicates that a problem exists. It is important to talk with a child who exhibits a pattern of behavioral problems and to seek any necessary help.

1. Abrupt change in behavior
 2. Clinging, whining*
 3. Excessive fear of being touched
 4. Fear of being alone
 5. Refusal to go to a certain place or be with a certain person
 6. Nightmares or other sleep disturbances
 7. Regression to more infantile behavior such as wetting, thumb-sucking, fecal soiling*
 8. Change in appetite, eating disorders
 9. Excessive masturbation
 10. Developmentally inappropriate knowledge of sexual acts and sexual language*
 11. Precocious sex play such as attempts at sexual intercourse*
 12. Genital and rectal trauma, abrasions-may be evidenced by torn, stained, or bloody clothing
 13. Vaginal or uterine discharge, infection or sexually transmitted disease-often evidenced by difficulty in urinating, scratching and tugging at clothing around genital area
 14. Unexplained gagging
 15. Withdrawal and isolation from peers
 16. Increase in physical complaints
 17. Acting out and attention getting behavior such as shoplifting, stealing, fire starting, physical aggression
 18. Depression, physical self-abuse, suicide attempts/threats
 19. School problems, truancy, drop in academic performance
 20. Prostitution or promiscuous sexual behavior
 21. Poor self-image-reflected in dress, cleanliness, appearance
 22. Alcohol/drug abuse
 23. Reluctance to undress for physical education classes
 24. Excessive bathing
 25. Pregnancy
 26. Attraction to older men or dislike of men
 27. Required to assume household and child care responsibilities
 28. Social activities have been unreasonably restricted
 29. Chronic running away
- (*Evident primarily in younger children)

Do Children Lie About Sexual Abuse?

1. Sexually abused children have been known to deny, minimize, “forget”, and confuse, but they rarely lie. Research by Lucy Berliner (University of Washington) and colleagues in Seattle has matched children’s statements by sexual offenders and found that not only were the children’s statements accurate, but they often were found to be understated accounts of the abuse suffered.
2. The reporting of sexual abuse is a developmental phenomenon. Children don’t automatically report the way adults do. Their reports vary at different ages. For example, a very young child might not have the vocabulary or concept to express an abusive act correctly. “He peed in my mouth” is technically incorrect, yet graphically descriptive. The manner in which children store and retrieve material also changes as they grow. For example, a child who is recalling details from incidents that occurred when he was four is attempting recall from a very different cognitive arrangement and even more different from an adult’s way of thinking! These differences and inconsistencies might initially appear as “lies” but they are not.
3. A well-documented phenomenon is the child’s suppression of his or her story right after a child has reported it; this has been described and documented by Suzanne Sgroi, M.D. This phenomenon of admission and then denial can make an adult wonder if their story is true; it is important to know and accept this aspect of a child’s reporting.
4. Although with extensive prompting or interrogating children can be moved to recant or alter details about their stories, most often they rework details they are least clear about, but usually remain adamant about central details.
5. Children who have suffered multiple abuse encounters often present conflicting data, sometimes combining information from years of abuse into one or two accounts with apparently inconsistent details. The more often a child has been abused, the more emotionally damaged he or she is. It often is precisely these children who give us clear, specific, consistent data that will stand up in court
6. The criminal justice system has certain rules necessary for its functioning. Some of these rules don’t fit a child very well, nor do they take into account the normal differences between a child’s and an adult’s cognitive structure and memory function. Only when a child’s statements can fit criteria of reliability and consistency can they be successful in criminal court. While a child’s inconsistencies may on the surface seem like lying, they often are normal for his or her age and developmental stage.

7. The support of the child protection system by believing the child and his or her attorney, is critical to protect the child from the angry repercussions of accusers. If the system fails and the child is not protected, the best way for a victimized child to cope might be to deny one's allegations and go back to life the way it was. Sadly, along with the risk of further abuse comes the reality that the protection system no longer works either.
8. Just because charges of alleged abuse have been dropped and children have recanted certain statements, this does not indicate that children lie about sexual abuse. While controversy rages about whether to believe certain children, the children themselves continue to feel misunderstood and mistreated, heightening their sense of being victims. The most important thing that you can do for a child who is surviving sexual abuse is to listen and believe the child and protect the child from further acts of abuse.

Typical Sexual Behavior of Young Children

Often, sexual behavior in children is very disturbing to adults. Much of this behavior is part of normal child development. Behavior, which is typical for a child's age, should be of little concern. Behavior, which is not typical, can be a warning sign of abuse.

Ages 0-4

REDIRECT (It's typical!)	MONITOR (Not as typical, Slow down)	PROTECTION (Not typical, ABUSIVE)
Comfort in being nude	Preoccupies themselves with sexual behaviors	Discloses of sexual abuse
Touches or rubs own genitals (randomly) or masturbates openly	Masturbates in preference to other activities	Compulsively masturbates which may cause self-injury, or in a persistent nature or duration
Shows genitals, is interested, and/or explores the differences between genitals	Persistently watches others in sexual activity, during toilet or bath times, or when nude	Demonstrates specific adult-like sexual touches or sexual activities, for example; imitates sexual intercourse
Shows an interest in body parts and their functions	Explicit sexual talk, art, and/or play	Persistently uses sexual themes in talk, art, and/or play
Wants to touch familiar children's' genitals during play, toilet, or bath times (out of curiosity)	Follows others into private spaces like toilets or bathrooms to look at their body or touch them	Persistently touches the genitals or private parts of others
Participates in make believe games that involve looking at and/or touching the bodies of familiar children, for example; "show me yours and I'll show you mine", playing "family", "house" and/or "doctor".	Pulls other children's pants down or skirts up against their will (displays power over the other child by force)	Forces other children to engage in sexual activity
Asks about or wants to touch the breasts, bottoms or genitals of familiar adult, for example: when in the bath	Touches the genitals/private parts of other children in preference to other activities	Sexual behavior between young children which involves penetration with objects, masturbation of others, and/or oral sex

Children's Sexual Behavior Guide for Personal Safety

AGES 5-9

REDIRECT (It's typical!)	MONITOR (Not as typical, Slow down)	PROTECTION (Not typical, ABUSIVE)
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Increased sense of privacy about bodies	Masturbation in preference to other activities; in public, with others, and/or causing self-injury	Compulsive masturbation; self-injuring, self-harming, and/or to seek an audience
Body touching and holding own genitals	Explicit talk, art, and/or play of a sexual nature	Disclosure of sexual abuse
Masturbation; usually with awareness of privacy.	Persistent questions and/or comments about sexuality, despite being answered or addressed	Persistent bullying involving sexual aggression; pulling/lifting/removing other children's clothing
Curiosity about other children's genitals that involve looking at and/or touching the bodies of familiar children; "show me yours and I'll show you mine", playing 'family'	Persistent nudity and/or exposing private parts in public places	Sexual behavior with significantly younger or less developmental-abled children
Curiosity about sexuality like questions about babies, gender, relationships, sexual activity	Persistently watching or following others to look at or touch them	Accessing the rooms of sleeping children to touch or engage in sexual activity
Telling stories or asking questions, using swear words, sexual words or names for private parts	Pulling other children's pants down or skirts up against their will	Simulation of or participation in sexual activities such as; oral sex or sexual intercourse with older children or adults.
Use of mobile phones and internet in relationships with known peers	Persistently mimicking sexual-flirting behavior, too advanced for age	Presence of a sexually transmitted infection

Children's Sexual Behavior Guide for Personal Safety

AGES 10-13

REDIRECT (It's typical!)	MONITOR (Not as typical, Slow down)	PROTECTION (Not typical, ABUSIVE)
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Growing need for privacy	Masturbation in preference to other activities in public	Compulsive masturbation; which may cause self-injury and/or seeking an audience
Masturbation in private	Persistent explicit talk, art, or play which is sexual or sexually intimidating	Engaging others in a process to gain sexual activity by using grooming techniques; gifts, lies, bribery, flattery, etc.
Curiosity and seeking information about sexuality	Accessing age restricted materials; movies, games, internet with sexually explicit content	Force or coercion of others into sexual activity
Use of sexual language	Persistent expression of fear of sexually transmitted infection or pregnancy	Oral sex and/or intercourse with a person of different age, developmental ability and/or peer grouping
Interest and/or participation in girlfriend or boyfriend relationships	Changes to behavior, such as older children or adult flirting behaviors, and/or seeking relationships with older children or adults in preference to peers	Presence of sexually transmitted infection or pregnancy
Hugging, kissing, and/or affectionate touching that is appropriate, with known peers	Engaging in sexual activities with an unknown peer; deep kissing, mutual masturbation, etc.	Deliberately sending and/or publishing sexual images of self or another person
Exposing themselves amongst same age peers within the context of play; for example, occasional flashing or mooning	Oral sex and/or intercourse with a known partner of similar age and developmental ability	Arranging a face to face meeting with an online acquaintance

Typical Stages of Sex Play

- 2 ½ Years:** Child shows interest in different postures of boys and girls when urinating and interest in physical differences between the sexes.
- 3 years:** Verbally expresses interests in the physical differences between the sexes and in the different postures in urinating. Girls attempt to urinate standing up.
- 4 years:** Extremely conscious of the navel. Under social stress may grasp genitals and may need to urinate. May play game of “show”. Also, verbal play about elimination. Interest in other people’s bathrooms, may demand privacy for self, but extremely interested in the bathroom activity of others.
- 5 years:** Familiar with, but not too much interested in the physical differences between the sexes. Less sex play and game of “show”. More modest and less exposing self. Less bathroom play and less interest in unfamiliar bathrooms.
- 6 years:** Marked awareness of and interest in differences between the sexes in body structure. Questioning mutual investigation by both sexes reveal practical answers to questions about sex differences. Mild sex play or exhibitionism in play or in school toilets. Games of “show”. Giggling, calling names or remarks involving words dealing with elimination functions.
- 7 years:** Less interest in sex. Some mutual exploration, experimentation, and sex play, but is less than earlier.
- 8 years:** Interest in sex rather high, though exploration and play less common than at six. Interest in peeping, dirty jokes, provocative giggling. Children whisper, write or spell “elimination” or “sex” words.
- 9 years:** May talk about sex information with friends of the same sex. Interest in details of own organs and functions; seek out picture books. Sex swearing begins.
- 10 years:** Considerable interest in dirty jokes.

Child Safety: Internet Concerns

When used properly, the Internet can be a wonderful learning and entertainment tool for you and your family. In many ways, the virtual world of the Internet is like that of the real world. Similar safety rules apply. Just as you wouldn't tell a stranger on the street where you live, you shouldn't tell someone you just met on the internet your home address. Before allowing your children online, discuss with them safety issues. Talk to them about your concerns and together set up family guidelines for computer use. Here are some ideas to keep in mind.

- ✓ Help your children to understand why it is important that they do not give out personal information, even if their new e-mail pal seems to be real friendly or a "cool" website offers them a free gift for the information.
- ✓ Let your children know that they can come to you if they are receiving messages that make them feel uncomfortable. Tell them that in such an event, they should save the messages for you to read and handle in an appropriate manner.
- ✓ Set up guidelines that deal specifically with meeting people on the Internet. Talk to your children about what to do if their new Internet friend asks to see them in person, or wants your children to send pictures of themselves.
- ✓ Teach children about "netiquette" (etiquette on the Internet), so that they will not accidentally offend someone.
- ✓ Keep the computer in high traffic part of the house such as the living room. You can then easily monitor your children's activities without making them feel as if you are watching over their shoulder all the time.
- ✓ Find websites you think your children will enjoy and "bookmark" them. This will help direct your children away from using search engines, where they might find inappropriate sites.
- ✓ **Most importantly, spend time with your children** talking about their experiences online. Give them a chance to show you what they have learned or the things they like.

Helpful Websites on Child Personal Safety

www.netsmartz.org: sponsored by The National Center for Missing and Exploited Children

<https://www.childhelp.org>: A non-profit organization dedicated to the prevention and treatment of child abuse.

<http://www.stopitnow.org>: Stop It Now! Organization prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

www.netsmartzkids.org: for kids a safe site that won't link to any outside sources

www.connectsafely.org: for information on smart social networking

www.internetsafetycolorado.org: for information on smart social networking and internet use.

<http://www.kidsdata.org/> a program of the Lucile Packard Foundation for Children's Health, promotes the health and well-being of children in California.

Children's Entertainment: Making Good Decisions

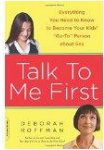
Parents everywhere are concerned about the increased levels of violence to which children are exposed, often in the name of entertainment. Since television, movies, and other forms of entertainment have the power to influence impressionable children, it is important that parents learn as much as possible about protecting their children from excessive amounts of violence and sexual exposure in all types of media.

The following tips are offered for parents who wish to take an active role in protecting their children from negative images and messages from media:

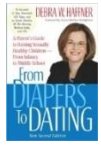
- Set limits on how much television is allowed each day.
- Make a list of all TV program for the week. Choose some that the whole family can enjoy together.
- Become familiar with video and computer games that children want to play. DO not assume that they are wholesome entertainment.
- Encourage your local Parent-Teacher Organization to take an interest in media violence by offering informative programs.
- Be aware of the ratings and content of movies that your children want to see. Titles and advertising can be misleading.
- Remember that children need adult guidance when selecting movies, television programs, and other forms of entertainment. Be fair, but firm. Don't be swayed by the plea, "But everyone will be seeing/playing it!"
- Let movie theaters know you want to see movies offering something besides violence.
- Form or join a parents' group to discuss concerns about children's exposure to media violence. Strength and support can be found in a group with similar issues and goals. Invite representatives from the media, law enforcement, schools, churches, and business community.

The information on this page was provided by the National Committee to Prevent Child Abuse.

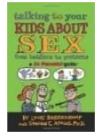
Books for Parents on Talking with your Children about Sexuality



[Talk to Me First: Everything You Need to Know to Become Your Kids' "Go-To" Person about Sex](#) by Deborah Roffman



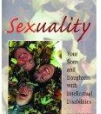
[From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children from Infancy to Middle School, Second Edition](#) by Debra Haffner.



[Talking to Your Kids About Sex: From Toddlers to Preteens \(Go Parents! Guide\)](#) by Laurie Berkenkamp



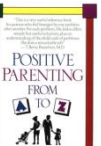
[Sex & Sensibility: The Thinking Parent's Guide to Talking Sense About Sex](#) by Deborah M. Roffman



[Sexuality: Your Sons and Daughters With Intellectual Disabilities](#) by Karin Melberg Schwier and David Hingsburger



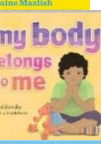
[The Intuitive Parent: Why the Best Thing for Your Child Is You](#) by Stephen Camarata Ph.D.



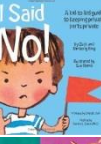
[Positive Parenting from A to Z](#) by Karen Renshaw Joslin



[How to Talk So Kids Will Listen & Listen So Kids Will Talk](#) by Adele Faber and Elaine Mazlish



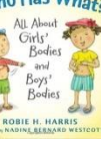
[My Body Belongs to Me: A book about body safety](#) by Jill Starishevsky



[I Said No! A Kid-to-kid Guide to Keeping Private Parts Private](#) by Kimberly King



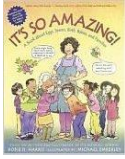
[Amazing You!: Getting Smart About Your Private Parts](#) by Gail Saltz



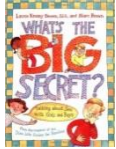
[Who Has What?: All About Girls' Bodies and Boys' Bodies \(Let's Talk about You and Me\)](#) by Robie H. Harris



[It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families and Friends](#) by Robie Harris



[It's So Amazing!: A Book about Eggs, Sperm, Birth, Babies, and Families](#) by Robie Harris



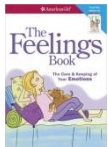
[What's the Big Secret?: Talking about Sex with Girls and Boys](#) by Laurie Krasny



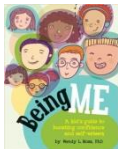
[The "What's Happening to My Body?" Book for Girls: A Growing Up Guide for Parents and Daughters](#) by Lynda Madaras and Marcia Herman-Giddens



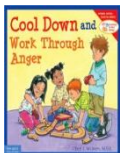
[The "What's Happening to My Body?" Book for Boys: A Growing Up Guide for Parents and Sons](#) by Lynda Madaras and Martin Anderson



[The Feelings Book \(Revised\): The Care and Keeping of Your Emotions](#) by Dr. Lynda Madison



[Being Me: A Kid's Guide to Boosting Confidence and Self-esteem](#) by Wendy L., Ph.D. Moss



[Cool Down and Work Through Anger](#) By Cheri J. Meiners M.Ed.

[My Body Belongs to Me](#)

Child Personal Safety Program - **SEVEN SIGNALS**

Each signal gives you the right to say **"NO!"**, **GET AWAY**, and **TELL** a Trusted Adult Helper.



1. **Swimming Suit covered areas (Private Parts)**

It is **NOT OK** for someone to touch your private parts or make you touch the private parts of someone else. Your private parts are the parts of your body that you cover up when you go swimming or go to the beach.



2. **Say "Ouch!"**

Touches that hurt your body or make you say, "Ouch!" can be unsafe. If someone hurts your body or says they are going to hurt you, get away from them and ask a trusted adult for help.



3. **Scary**

A touch that is scary to YOU, even if it is not scary to anyone else. If someone says or does something that scares you, you can talk to trusted adults about how you feel.



4. **Secret**

A secret touch is when someone tells you to keep a touch a secret. For example, if someone touches your body and says, "You better not tell anyone!" That is **NOT OK**. You can always talk about touches to your body; your body belongs to you!



5. **Simply don't like** - A touch (any touch at all) that you simply don't like or want. If you don't like a touch, you can always say, "No, thank you" or "I don't like that."



6. **Shocked or Confused**

A touch that makes you feel shocked or confused, or gives you an "Uh, Oh" feeling inside. Even if you see something on TV or on the internet that makes you feel this way, you can say, "NO", turn it off or walk away.



7. **Self-Talk**

If you feel like you might touch someone else in a way that is **NOT OK**, you can say **"NO!"** to yourself before you make a choice that is not safe. You can **GET AWAY** from that person if you need space or time to think, and you can **TELL** or ask a Trusted Adult for help. You **CAN** make a safe choice because you have a thinking brain and it belongs to you. **YOU CAN MAKE THE RIGHT CHOICE!**

My Safety Plan

Feeling Safe Means:

- I know that someone will take care of me
 - I know what is expected of me
- I have an idea about what will probably happen next
- I am not worried that I or someone else will get hurt.
 - I don't feel scared.
 - I feel ok. I feel good.

- _____
- _____
- _____
- _____
- _____
- _____

Safe Places

When there is trouble, I can call someone.

List the places in your home or near-by where there are phones:

- _____
- _____
- _____

Safe places near my home are:

- _____
- _____
- _____

- How can I get out of the house if there is danger?
- How can I get away if someone is making me feel unsafe?
- How can I get away if someone is making me feel uncomfortable?
- Write down some other plans my family uses to stay safe:
- Write down some other plans my school or daycare uses to stay safe:

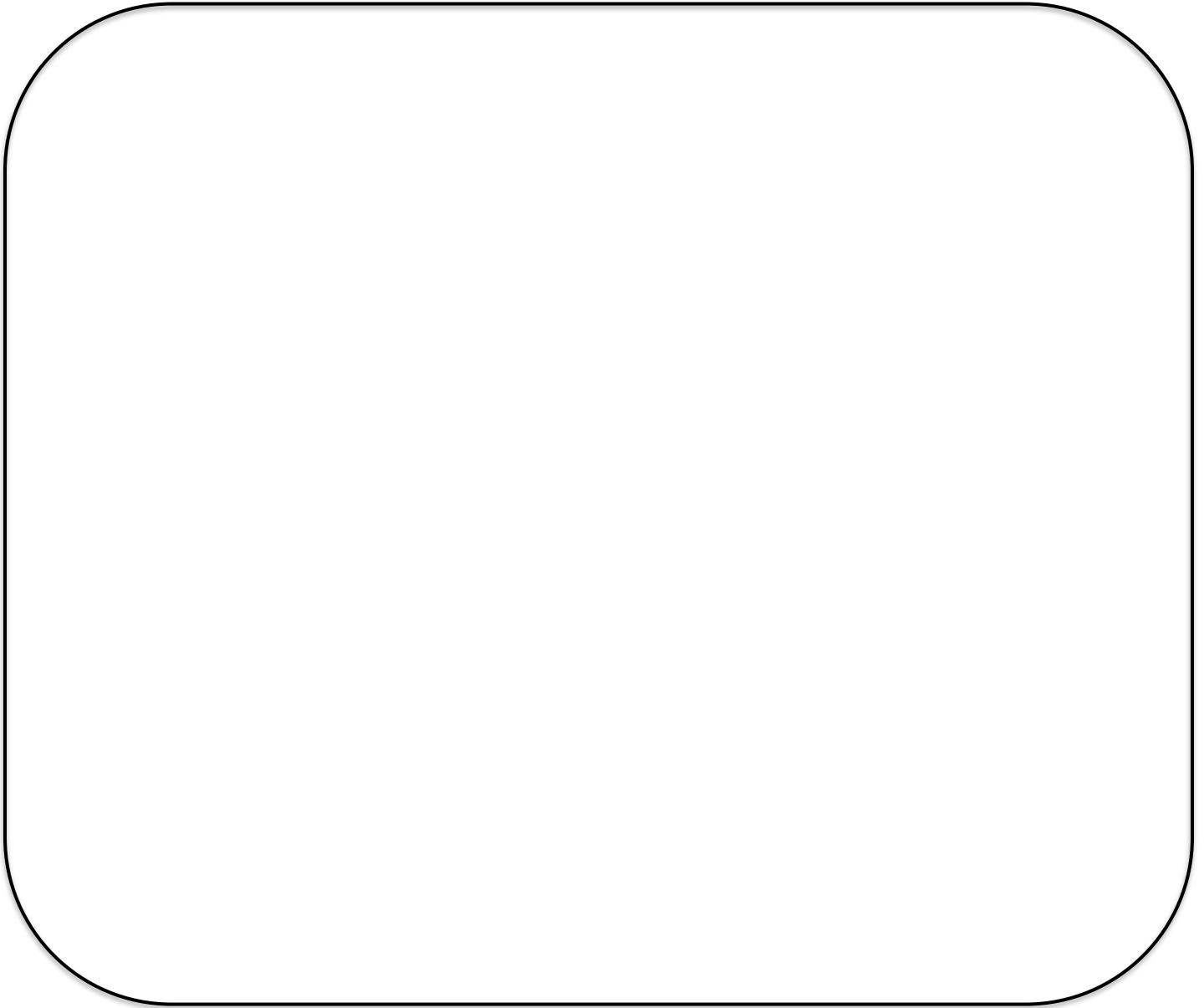
Helpers

Who are safe people I can talk to when I don't feel safe?

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____
4. _____ Phone: _____
5. _____ Phone: _____
6. _____ Phone: _____
7. _____ Phone: _____

Helpers

Draw a picture of your Safe Helpers in the box below:

A large, empty rounded rectangular box with a black border, intended for a child to draw their safe helpers inside.

If a Helper doesn't help, don't give up! Keep telling safe adults until you get help.
YOU ARE IMPORTANT!

I Am Important

My Body Belongs to ME

Draw a picture of yourself doing the things that make you
feel good, happy, and safe!

I, _____ **AM IMPORTANT!**
(Name)

It is important to be safe. I can TELL trusted adult helpers
if I do not feel safe.



Interface Children & Family Services - (805) 485-6114 ext. 691

Resiliency

Resiliency is the ability to overcome challenging or difficult circumstances; it is a fundamental and natural characteristic which is essential to healthy development. Resiliency can be nurtured and supported by caring adults who take a strength-based approach to foster and empower a child's efforts to cope with hardships.

To overcome adversities, children draw from three sources of resilience features labelled: I HAVE, I AM, I CAN. What they draw from each of the three sources may be described as follows;

I HAVE

- People around me I trust and who love me, no matter what
- People who set limits for me so I know when to stop before there is danger or trouble
- People who show me how to do things right by the way they do things
- People who want me to learn to do things on my own
- People who help me when I am sick, in danger or need to learn

I AM

- A person people can like and love
- Glad to do nice things for others and show my concern
- Respectful of myself and others
- Willing to be responsible for what I do
- Sure things will be all right

I CAN

- Talk to others about things that frighten me or bother me
- Find ways to solve problems that I face
- Control myself when I feel like doing something not right or dangerous
- Figure out when it is a good time to talk to someone or to take action
- Find someone to help me when I need it

Information provided by: A Guide to Promoting Resilience in Children: Strengthening the Human Spirit By *Edith H. Grotberg, Ph.D.*, The International Resilience Project, and from the *Early Childhood Development: Practice and Reflections* series by Bernard Van Leer Foundation. Website source: <http://resilnet.uiuc.edu/library/grotb95b.html>

I Am, I Have, I Can

There are many great things about you that make you the special person that you are! (I AM)

There are also many things that you have (I HAVE) and many things you can do! (I CAN)

Write down all of your I AM's, I HAVE's and I CAN's below:

I AM:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

I HAVE:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

I CAN:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

The Five Protective Factors

The Five Protective Factors are the foundation of the Strengthening Families approach. Extensive evidence supports the common sense notion that when these Protective Factors are present and robust in a family, the likelihood of abuse and neglect diminish. Research also shows that these are the factors that create healthy environments for the optimal development of children.

1. Parental Resilience

No one can eliminate stress from parenting, but building parental resilience can affect how a parent deals with stress. Parental resilience is the ability to constructively cope with and bounce back from all types of challenges. It is about creatively solving problems, building trusting relationships, maintaining a positive attitude, and seeking help when it's needed.

2. Knowledge of Parenting and Child Development

Having accurate information about raising young children and appropriate expectations for their behavior helps parents better understand and care for children. It is important that information is available when parents need it, that is, when it is relevant to their life and their child. Parents whose own families used harsh discipline techniques or parents of children with developmental or behavioral problems or special needs require extra support in building this Protective Factor.

3. Social and Emotional Competence

A child's ability to interact positively with others, to self-regulate, and to effectively communicate his or her emotions has a great impact on the parent-child relationship. Children with challenging behaviors are more likely to be abused, which is why early identification and working with them helps keep their development on track and keeps them safe. Also, children who have experienced or witness violence need a safe environment that offers opportunities to develop normally.

4. Social Connections

Friends, family members, neighbors and other members of a community provide emotional support and concrete assistance to parents. Concrete connections help parents build networks of support that serve multiple purposes: They can help parents develop and reinforce community norms around childrearing, provide assistance in times of need, and serve as a resource for parenting information or help solving problems. Because isolation can be a common risk factor for abuse and neglect, parents who are isolated need support in building positive friendships.


5. Concrete Support in Times of Need

Parents need access to the types of concrete supports and services that can minimize the stress of difficult situations, such as a family crisis, a condition such as substance abuse, or stress associated with lack of resources. Building this Protective Factor is about helping to ensure the basic needs of a family, such as food, clothing, and shelter, are met and connecting parents and children to services, especially those that have a stigma associated with them, like domestic violence shelter or substance abuse counseling, in times of crisis.

Information provided by: Strengthening Families, a project of the Center for the Study of Social Policy:
www.strengtheningfamilies.net. US Department of Health and Human Services Administration for Children and
Families/Strengthening Families and Communities 2009 Resource Guide: www.acf.hhs.gov/programs/cb

_____’s Feelings Chart

How Am I Feeling Today?

EMOTIONS	FEELINGS FACES	MON.	TUES.	WED.	THU.	FRI.	SAT.	SUN.
Happy								
Scared								
Mad								
Proud								
Sick								
Sad								
Confused								
Silly								
_____								