

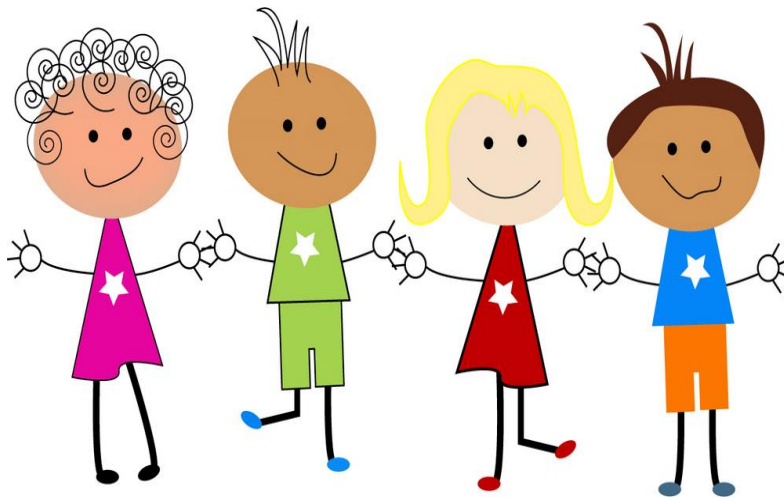


My Body Belongs to Me

A Child Personal Safety Education Tool Kit

For Parents & Teachers

Preschool to 5th Grade

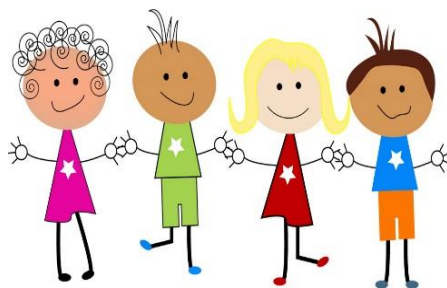


This guide includes the following items:

- Brief description of the “My Body Belongs to Me” Program
- Outline of the 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 about our program, contact our Prevention Services Program Coordinator
at (805) 850-4562 or Child Abuse Prevention Specialist at (805) 850-4566**



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 they were lost?
- ✓ Does your child know to tell you if an adult or older kid asks them 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 them the right to say, "NO!" GET AWAY and TELL a trusted adult? (See Seven Signals on page # 24).

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."

All presentations are conducted by a trained child-safety presenter from Interface Children & Family Services in your child's classroom and in the presence of their teacher.

Thank you for helping your child learn how to stay safe with the

My Body Belongs to Me Program!

For more information call (805) 850-4566

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My Body Belongs to Me

Personal Safety & Child Abuse Prevention Program

Program Overview

A personal safety/child abuse prevention program, My Body Belongs to Me, is for children from preschool through 6th grade and their families. The program works to educate and empower children in a non-threatening way, so that they may be better-equipped to avoid abuse. This safety program teaches children how to respond to potentially dangerous people and situations. The program is offered to schools, day-care centers and other child care and youth facilities free of charge.

According to the Child Molestation Research & Prevention Institute, 95% of sexual abuse is preventable through education and awareness. The goal of My Body Belongs to Me is to reduce child abuse in Ventura County through providing effective prevention education to school aged children, their families and the community. Through the power of education, children, parents and educators will be better equipped to prevent child abuse.

Why It Matters

- 1 in 3 girls and 1 in 5 boys are sexually abused before the age of 18 (The Advocacy Center).
- In 2015, there were 1,245 child sexual abuse reports in Ventura County (kidsdata.org).
- Child sexual abuse can happen anywhere, in any neighborhood, religion, racial or ethnic group, and among the rich, the poor and everywhere in between (Child Sex Abuse Prevention and Protection Center).

Effective Workshops

Our three-part program includes workshops for parents and educators lasting approximately one hour and are scheduled before the children's presentations. The children's presentation ranges between 30-45 minutes and are interactive and designed to engage children in an age appropriate and non-threatening manner. Each workshop and presentation include a pre- and post-survey and the children's presentation includes an additional 90-day post survey to track the increased knowledge of participants.



My Body Belongs to Me Program Overview

Parent Workshop: One-hour presentation scheduled prior to the children's presentation

Learning Objectives

Parents will:

- ✓ Preview the children's presentation
- ✓ Learn about the prevalence of child sexual abuse and tips to help prevent and protect
- ✓ Recognize the signs that could indicate a child may have experienced abuse
- ✓ Learn strategies to practice personal safety skills with children
- ✓ Learn how to respond to disclosures of abuse and community resources

Educator's Workshop: One-hour presentation scheduled prior to the children's presentation

Learning Objectives

Educators will:

- ✓ Learn about child sexual abuse awareness, prevalence, and prevention
- ✓ Recognize the signs that could indicate a child may have experienced abuse
- ✓ Learn techniques to appropriately respond to inappropriate sexual behaviors and disclosures of abuse
- ✓ Revisit Mandated Reporting laws and how to file a suspected child abuse report

Children's Presentation: Students will receive the presentation in their usual classroom setting

Learning Objectives

Prek-3rd Grade (30-minute presentation) Students will:

- ✓ Learn and practice when to say "NO", Get Away, and Tell an Adult Helper
- ✓ Learn about and practice using their power voice

4th-5th Grade (45-minute presentation) Students will:

- ✓ Learn everything listed under the PreK-3rd grade presentation description
- ✓ Learn about and practice personal boundaries and assertiveness

For more information about our program, contact our Prevention Services Program Coordinator at (805) 850-4562 or Child Abuse Prevention Specialist at (805) 850-4566

Seven Signals

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



1. **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!



2. **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.



3. **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!**



4. **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.



5. **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.

"I don't like that."

6. **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."



7. **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.

“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”



Child Personal Safety Videos

K – 3rd Grade*



“My Body Belongs to Me” Video

Written by Jill Starishevsky

Available to view on YouTube;

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

4th – 5th Grade



“Secrets” Video

Found on <http://fightchildabuse.org/>

Available to view on YouTube;

<https://www.youtube.com/watch?v=uAD17zMgjHc>

***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

- “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



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: Statistics show 93% of juvenile sexual assault victims know their attacker. Family members account for 34.2% of all perpetrators, and acquaintances account for 58.7%. Only 7% of perpetrators are strangers to their victim.

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

Fact: Seductive behavior is not the cause. Responsibility for the act lies with the offender. Children are not psychologically prepared to cope with repeated sexual stimulation. Sexual abuse, therefore, exploits children who are not developmentally capable of understanding or resisting the abuse.

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

Fact: It is estimated that 73% of child victims do not tell anyone about the abuse for at least a year and 45% of victims do not tell anyone for at least 5 years. Some never disclose. Child sexual abuse has been reported up to 80,000 times a year, but the number of unreported instances is far greater because children are afraid to tell anyone what has happened.

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: Because children are often taught the importance of obeying adults, they generally do not question the behavior of an adult. Children are often coerced with bribes, threats, or 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.

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 safe 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 some 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 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 to if they ever get lost;** for example, a worker 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 or the child.

Red flag, green flag people: A personal safety program for children. (2008). Fargo, ND: Rape and Abuse Crisis Center.

Tips for Preventing Abusive Situations

1. **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.
2. **Start talking with your family about sexual abuse/ NOT SAFE touches.** 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.
3. **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). (See page 15). As a child matures, boundaries may need to change (e.g., knock on the door before entering the room of an adolescent).
4. **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.
5. **Know your local resources and how to use them.** (See page ** for resources.) 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 this list of helpful resources (www.StopItNow.org/help).
6. **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. 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.

Tip Sheet: Create A Family Safety Plan. (2008).

Retrieved from <https://www.stopitnow.org/ohc-content/tip-sheet-create-a-family-safety-plan>

“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?

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

Red flag, green flag people: A personal safety program for children. (2008). Fargo, ND: Rape and Abuse Crisis Center.

Setting Boundaries

TIPS FOR PARENTS: SETTING PHYSICAL BOUNDARIES



Remind children that their bodies are their own.

It's never too early to start talking about consent. If your children don't feel comfortable giving hugs, sitting on laps, or are uncomfortable with another type of touch, encourage them to speak up and *tell people "no"*.



Let children know you will listen.

Encourage children to talk about their concerns and listen respectfully. If your child discloses something troubling, try to respond calmly, and reassure children that telling you was the right thing to do.



Keep the adults in your child's life in the loop.

Many friends or family members may not think twice before picking up your children, giving them hugs, or otherwise showing their affection. Let adults in your child's life know that you are working on these skills and strategies. Suggest alternative options for showing affection if your child expresses discomfort, such as "How about a high five instead of a hug?"



Be a good role model.

Demonstrate what consent and boundaries look and sound like. Ask younger kids questions like "Would you like to be picked up to see better?" or "Should I help you get dressed, or would you like to do that on your own?". Take it a step further by extending this behavior to adults that you and the child interact with, for example: "I'm sorry you had a bad day Aunt Maria, can I give you a hug?"



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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)

What Are the Indicators of Possible Child Abuse and Neglect? - Preventing and Reporting Child Abuse: Do Right by Kids.
Retrieved from <https://www.dorightbykids.org/how-do-i-recognize-child-abuse-and-neglect/what-are-the-indicators-of-possible-child-abuse-and-neglect/>

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)?

Tip Sheet: Behaviors to Watch for When Adults Are with Children. (2008). Retrieved from <https://www.stopitnow.org/ohc-content/tip-sheet-20>

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.

Pay attention and monitor more closely when you observe the following types of behaviors in your child or another child you know.

Confused about social rules and interactions

- Experiences typical gestures of friendliness or affection as sexual.
- Explores 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).
- Insists on physical contact with a child when the child resists the attention.

Anxious, depressed, or seeming to need help

- Does 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 or behaves as if he wants 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.
 - 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.

Tip Sheet: Behaviors to Watch for When Adults Are with Children & Signs That A Child or Teen May Be At-Risk to Harm Another Child. (2008). Retrieved from <https://www.stopitnow.org/ohc-content/tip-sheet-behaviors-to-watch-for-when-adults-are-with-children-signs-that-a-child-or>

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 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. Extensive prompting or interrogating children can be moved to recant 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 consider 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.

How do we know children rarely lie about abuse? (2008). Retrieved from <https://www.stopitnow.org/advice-column-entry/how-do-we-know-children-rarely-lie-about-abuse>

Commercial Sexual Exploitation of Children in the United States

CSEC is the “sexual abuse of a minor entirely, or at least primarily, for financial or other economic reasons.”

CSEC encompasses many types of sexual exploitation, including child pornography, stripping, street prostitution, gang-based prostitution, escort services, phone sex lines, private parties, interfamilial pimping, and internet-based exploitation. CSEC involves three parties—the child who is being exploited for profit (victim), an individual who is paying to sexually abuse the child (perpetrator), and the individual who is profiting financially.

70%

Of child sex trafficking survivors were at some point **sold** online

70%-90% of victims have a history of child sexual abuse

11-13-year-old boys are the highest rated target population for pimps

1 out of 3

Teens on the streets will be lured toward prostitution within 48 hours of running away from home.

All 50 U.S. States have reported child sex trafficking cases



There are **100,000** to **300,000** underage girls being **sold** for sex in **America**.

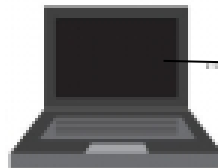
1 in 7

Runaways reported are most likely sex trafficking victims

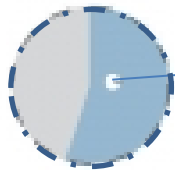
The average age of entry into prostitution
12-14 YEARS OLD

Minor victims were **sold** an average of six days a week...

10-15 times a day



Over 100,000 websites offer child pornography



55% of internet child pornography comes from the United States.

1 out of 5 pornographic images is of a child. **WHY?** The sale of child pornography has become a

3 BILLION DOLLAR INDUSTRY

LGBT youth are at an increased risk for becoming sexually exploited due to their over representation in the homeless youth population.

50% - 80% of commercially sexually exploited children (CSEC) in California are or were formally involved with the foster care system

Maltreatment of Children with Disabilities

Child maltreatment is generally explained using the federal Child Abuse Prevention and Treatment Act (CAPTA) definition: “Any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm” (P.L. 111–320).

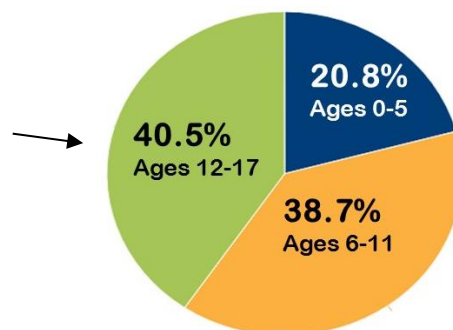
As it relates to children, **disability** is defined as follows by the Individuals With Disabilities Education Act (IDEA): “The term ‘child with a disability’ means a child (1) with intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance (referred to in this chapter as ‘emotional disturbance’), orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities and (2) who, by reason thereof, needs special education and related services”



Children with any type of disability are **3.44** times more likely to be a victim of some type of abuse, compared to children without disabilities.

Individuals with intellectual disabilities are **4 to 10 times** more likely to be victims of a crime than others without disabilities

Percentage of Children in the U.S. with Special Health Care Needs, by age (2009-2010)



15%
Of American children have a developmental disability, including autism and ADHD

According to federal child maltreatment data, **14.1%** of **child maltreatment victims** had a reported disability

Local county and state resources for Children with Special Needs:

Rainbow Connection Family Resource Center - website: <http://rainbowconnectionfrc.weebly.com>

Independent Living Resource Center- website: <https://www.ilrc-trico.org/our-services/>

The Arc Ventura County (and national) – website: <https://thearcvc.org/>

Spectrum Institute (disability and abuse project) <http://www.spectruminstitute.org/>

Child Welfare Information: <https://www.childwelfare.gov/topics/systemwide/statistics/can/stat-disabilities/>

Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health, National Survey of Children with Special Health Care Needs. (2017).

Child Welfare Information Gateway. (2018). *The risk and prevention of maltreatment of children with disabilities*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Davis, L. A. (2019). *Abuse of Children with Intellectual Disabilities*.

Resilience Guide for Parents & Teachers

We tend to idealize childhood as a carefree time, but youth alone offers no shield against the emotional hurts and traumas many children face. Children can be asked to deal with problems ranging from adapting to a new classroom to bullying by classmates or even abuse at home. Add to that the uncertainties that are part of growing up, and childhood can be anything but carefree. The ability to thrive despite these challenges arises from the skills of resilience. **The good news is that resilience skills can be learned.**

Building resilience — the ability to adapt well to adversity, trauma, tragedy, threats or even significant sources of stress — can help our children manage stress and feelings of anxiety and uncertainty. However, being resilient does not mean that children won't experience difficulty or distress. Emotional pain and sadness are common when we have suffered major trauma or personal loss, or even when we hear of someone else's loss or trauma.

We all can develop resilience, and we can help our children develop it as well. It involves behaviors, thoughts and actions that can be learned over time. Following are tips to building resilience.

1. **Make connections**

Teach your child how to make friends, including the skill of empathy, or feeling another's pain. Encourage your child to be a friend in order to get friends. Build a strong family network to support your child through his or her inevitable disappointments and hurts. At school, watch to make sure that one child is not being isolated. Connecting with people provides social support and strengthens resilience. Some find comfort in connecting with a higher power, whether through organized religion or privately and you may wish to introduce your child to your own traditions of worship.

2. **Help your child by having him or her help others**

Children who may feel helpless can be empowered by helping others. Engage your child in age-appropriate volunteer work or ask for assistance yourself with some task that he or she can master. At school, brainstorm with children about ways they can help others.

3. **Maintain a daily routine**

Sticking to a routine can be comforting to children, especially younger children who crave structure in their lives. Encourage your child to develop his or her own routines.

4. **Take a break**

While it is important to stick to routines, endlessly worrying can be counter-productive. Teach your child how to focus on something besides what's worrying him. Be aware of what your child is exposed to that can be troubling, whether it be news, the Internet or overheard conversations, and make sure your child takes a break from those things if they trouble her. Although schools are being held accountable for performance on standardized tests, build in unstructured time during the school day to allow children to be creative.

Retrieved from <https://www.apa.org/helpcenter/resilience>

5. **Teach your child self-care**

Make yourself a good example and teach your child the importance of making time to eat properly, exercise and rest. Make sure your child has time to have fun, and make sure that your child hasn't scheduled every moment of his or her life with no "down time" to relax. Caring for oneself and even having fun will help your child stay balanced and better deal with stressful times.

6. **Move toward your goals**

Teach your child to set reasonable goals and then to move toward them one step at a time. Moving toward that goal — even if it's a tiny step — and receiving praise for doing so will focus your child on what he or she has accomplished rather than on what hasn't been accomplished and can help build the resilience to move forward in the face of challenges. At school, break down large assignments into small, achievable goals for younger children, and for older children, acknowledge accomplishments on the way to larger goals.

7. **Nurture a positive self-view**

Help your child remember ways that he or she has successfully handled hardships in the past and then help him understand that these past challenges help him build the strength to handle future challenges. Help your child learn to trust himself to solve problems and make appropriate decisions. Teach your child to see the humor in life, and the ability to laugh at one's self. At school, help children see how their individual accomplishments contribute to the wellbeing of the class as a whole.

8. **Keep things in perspective and maintain a hopeful outlook**

Even when your child is facing very painful events, help him look at the situation in a broader context and keep a long-term perspective. Although your child may be too young to consider a long-term look on his own, help him or her see that there is a future beyond the current situation and that the future can be good. An optimistic and positive outlook enables your child to see the good things in life and keep going even in the hardest times. In school, use history to show that life moves on after bad events.

9. **Look for opportunities for self-discovery**

Tough times are often the times when children learn the most about themselves. Help your child take a look at how whatever he is facing can teach him "what he is made of." At school, consider leading discussions of what each student has learned after facing down a tough situation.

10. **Accept that change is part of living**

Change often can be scary for children and teens. Help your child see that change is part of life and new goals can replace goals that have become unattainable. In school, point out how students have changed as they moved up in grade levels and discuss how that change has had an impact on the students.

Developing resilience is a personal journey and you should use your knowledge of your own children to guide them on their journey. An approach to building resilience that works for you or your child might not work for someone else. If your child seems stuck or overwhelmed and unable to use the tips listed above, you may want to consider talking to someone who can help, such as a psychologist or other mental health professional. Turning to someone for guidance may help your child strengthen resilience and persevere during times of stress or trauma. Information contained in this packet should not be used as a substitute for professional health and mental health care or consultation. Individuals who believe they may need or benefit from care should consult a psychologist or other licensed health/mental health professional.

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.

Strengthening Families.

Retrieved from <https://cssp.org/our-work/project/strengthening-families/>

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

Child at Risk Assessment Unit ACT. (2000). *Traffic Light Model: Age appropriate sexual play and behaviour in children*. Canberra: Australian Capital Territory Government Community Care.

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)
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

Child at Risk Assessment Unit ACT. (2000). *Traffic Light Model: Age appropriate sexual play and behavior in children*. Canberra: Australian Capital Territory Government Community Care.

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)
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

Child at Risk Assessment Unit ACT. (2000). *Traffic Light Model: Age appropriate sexual play and behavior in children*. Canberra: Australian Capital Territory Government Community Care.

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.

STAGES OF NORMAL SEX PLAY.

Retrieved from: <http://webshare.northseattle.edu/fam180/topics/sexed/stagessexplay.htm>

Ilg, F. L., & Ames, L. B. (1955). *Child behavior*. London: Hamish Hamilton.

Child Safety: Internet Concerns

When used properly, the Internet can be a wonderful tool for you and your family. The Internet provides an opportunity for children to learn, explore their world, and socialize with friends. 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. By understanding the potential dangers your children face, you can educate them and help them have safer digital experiences. 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 online pal seems to be really 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 family 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. Set boundaries for their cell phone use. For example, time limits, updating privacy, safety and content settings, keeping the phone in your care during the night time hours, checking up on what social media sites they are engaged in, etc.
- ✓ 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
<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.

How to Connect with Your Teen about Smart & Safe Media Use.

Retrieved from <https://www.healthychildren.org/English/family-life/Media/Pages/Points-to-Make-With-Your-Teen-About-Media.aspx>

Children's Entertainment: Making Good Decisions

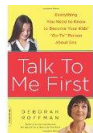
Parents everywhere are concerned about the increased levels of violence to which children are exposed, often in the name of entertainment. Since television, movies, and other forms of entertainment have the power to influence impressionable children, it is important that parents learn as much as possible 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, as well as more internet safety tips.

- 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.
- Make sure your youth serving organizations have and enforce communications policies that protect children. Teachers, instructors, and other youth workers should not be communicating privately with children. Instead, they should use group texts, messages, or other communications, and include parents.
- Do not underestimate the level of sophistication that a perpetrator will use to approach your child. Pay attention to all downloaded apps and their capabilities - even ones that do not seem to be chat-related.
- Smartphones and tablets have a "location services" feature which allows devices to broadcast their location to the users' apps and contacts. Ensure this feature is turned off to ensure your child's whereabouts remain private.
- If you discover questionable communications from your child to an adult or other youth, remain calm. Talk to your child without accusation and with the goal of resolving the situation.
- Report sexual solicitation, bullying, or child pornography immediately to your local law enforcement.

Child Abuse and Neglect Prevention Organizations. Retrieved from:
https://www.childwelfare.gov/organizations/?CWIGFunctionaction=rols:main.dspList&rolType=Custom&RS_ID=75&rList=ROL

Books for Parents on Talking with your Children about Sexuality



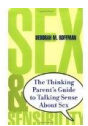
[Talk to Me First: Everything You Need to Know to Become Your Kids' "Go-To" Person about Sex](#) by Deborah Roffman



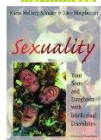
[From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children from Infancy to Middle School, Second Edition](#) by Debra Haffner.



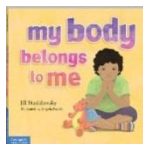
[Talking to Your Kids About Sex: From Toddlers to Preteens \(Go Parents! Guide\)](#) by Laurie Berkenkamp



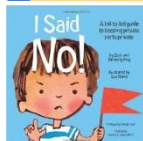
[Sex & Sensibility: The Thinking Parent's Guide to Talking Sense About Sex](#) by Deborah M. Roffman



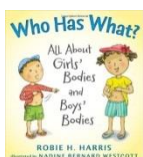
[Sexuality: Your Sons and Daughters With Intellectual Disabilities](#) by Karin Melberg Schwier and David Hingsburger



[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



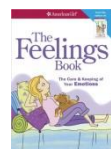
[Who Has What?: All About Girls' Bodies and Boys' Bodies \(Let's Talk about You and Me\)](#) by Robie H. Harris



[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

Resources

Where to go for Help in Ventura County

- ❖ County of Ventura Human Services Agency
 - Child Abuse Reporting Hotline, Children Family Services (CFS)
 - (805) 654-3200
 - Web site: www.ventura.org/hsa
- ❖ Interface Children & Family Services
 - Main Office: (805) 485-6114
 - 24 hour, 7 days a week, Information and Referral Line: 211
 - 24 hour, 7 days a week, Domestic Violence Hotline 1-800-636-6738
 - Mental Health Intake Department: 485-6114 ext. 662
 - Web site: www.icfs.org
- ❖ Coalition for Family Harmony
 - Phone number: (805) 656-1111
 - Web site: www.thecoalition.org
- ❖ District Attorney's Office
 - (805)654-2500
 - Web site: www.ventura.org/vcda
- ❖ Child Development Resources of Ventura County, Inc. (CDR)
 - (805) 485-7878
 - Web site: www.cdrv.org

Where to go for Help in the State

- ❖ Office of Child Abuse Prevention (OCAP)
 - California Department of Social Services
 - 744 P Street, MS 19-82 Sacramento, CA 95814
 - (916) 445-2771
 - Web site: www.dss.cahwnet.gov/getser/cfsocap.html
- ❖ Prevent Child Abuse California
 - 926 J Street, Suite 717 Sacramento, CA 95814
 - (916) 498-8481
 - 1-800-CHILDREN
 - Web site: www.pca-ca.org
- ❖ California Child Care Resource and Referral Network
 - 111 New Montgomery Street, 7th Floor San Francisco, CA 94105
 - (415) 882-0234
 - Web site: www.rrnetwork.org
- ❖ Parents Anonymous
 - 675 West Foothill Blvd. Claremont, CA 91711-3475
 - (909) 621-6184
 - Web site: www.parentsanonymous.org

Where to go for Help in the Nation

- ❖ Rape, Abuse & Incest National Network (RAINN)
 - 1220 L Street, NW, Suite 505 Washington, DC 20005
National Sexual Assault Hotline 1-800-656-HOPE
 - Office phone: 202.544.3064
 - Web site: <http://www.rainn.org/>
 - Email: info@rainn.org
- ❖ Child Welfare Information Gateway
 - 330 C Street SW Washington D.C. 20447
 - (800)394-3366
 - Web site: www.calib.com/nccanch
- ❖ Parents United, International
 - 615 15th Street Modesto, CA 95354
 - (209) 572-3446
 - Email: parentsu@ainet.com

Online and Hotline Resources

- ❖ Childhelp – Prevention and Treatment of Child Abuse Organization
 - Childhelp National Child Abuse Hotline – 24 hour, 7 days a week
 - 1-800-4-A-CHILD (1-800-422-4453) All calls are confidential.
 - Website link: <http://www.childhelp.org/pages/hotline-home>
- ❖ Stop It Now! – Together we can Prevent the Sexual Abuse of Children
 - Call the Helpline (1. 888.PREVENT) Our phone availability varies currently.
 - Please try our Helpline during standard business hours (Eastern Time).
 - Website link: <http://www.stopitnow.org/help>
 - Schedule a phone appointment - Schedule a 30-minute consultation with our Helpline Associates.
- ❖ NetSmartz Internet Safety Workshop
 - An interactive, educational program of the National Center for Missing & Exploited Children® (NCMEC) that provides age-appropriate resources to help teach children how to be safer on- and offline. The program is designed for children ages 5-17, parents and guardians, educators, and law enforcement.
 - Website link: <http://www.netsmartz.org>

Other Related Websites

National Child Traumatic Stress Network - <https://www.nctsn.org/>
Kids Data (Local data and statistics info) - <https://www.kidsdata.org/>
Darkness to Light - <https://www.d2l.org/>
National Center for Missing and Exploited Children - <http://www.missingkids.com/>
<https://www.kidsmartz.org/>
CA Megan's Law Website/Local Sex Offender Registry
<https://www.meganslaw.ca.gov/mobile/EducationAndPrevention.aspx>
National Alliance on Mental Illness - <http://namiventura.org/>
Sex Offender Information - <https://www.familywatchdog.us/>
CA Child Abuse Mandated Reporter Training - <https://www.mandatedreporterca.com/>

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:

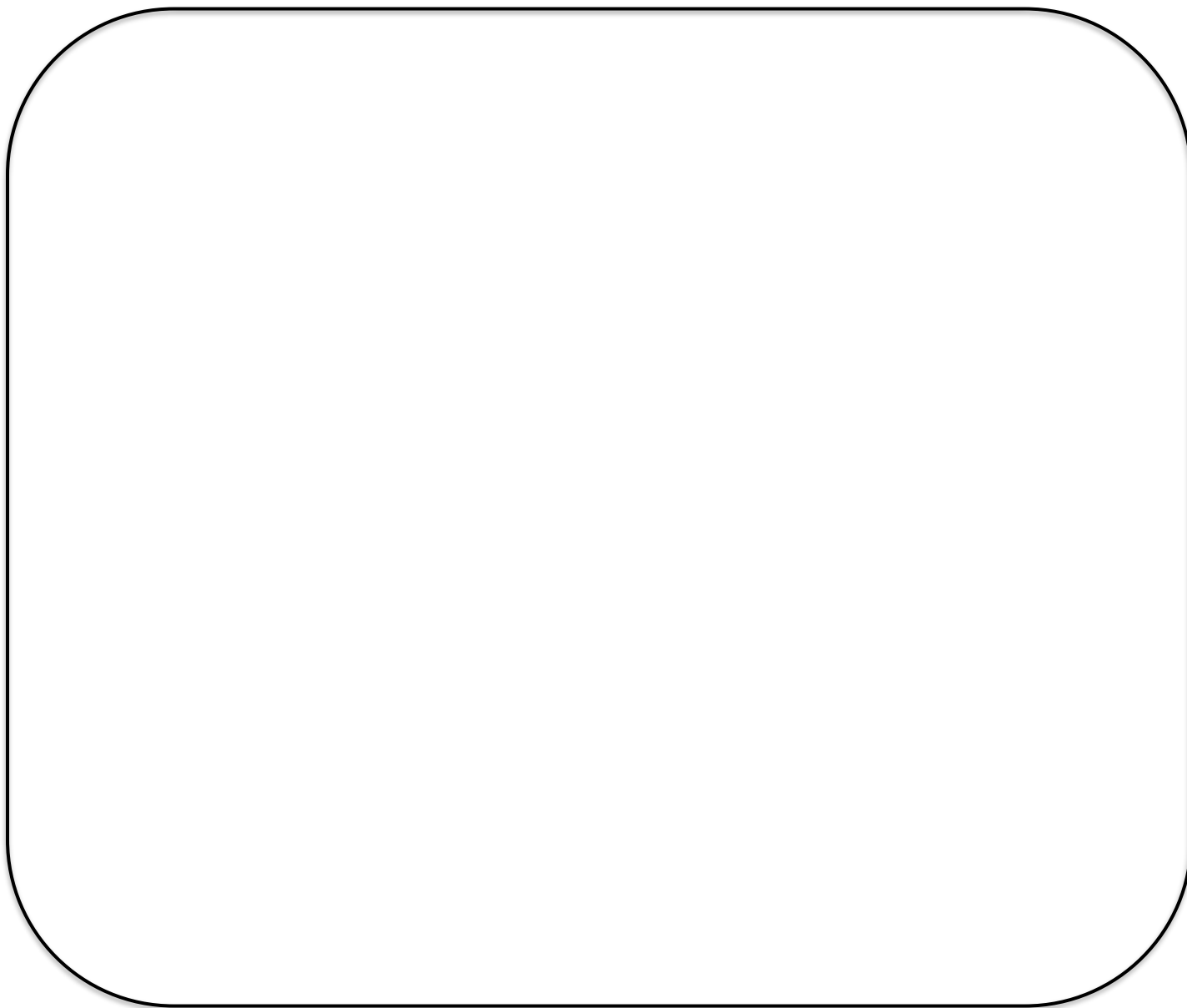
Helpers

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: _____

My Helpers

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

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

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

YOU ARE 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!**
(Your Name)

I CAN TELL _____ **if I do not feel safe!**
(Your Adult Helper)

Building 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:

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

My Feelings

How do you feel today?

