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The Higgins Family Foundation*

*Developed by Christine Trecker, MSW, Jennifer Mitchell, M.E.D. and Rachel Block
Guam Amendments by Carol Hinkle-Sanchez, October 2016*

 **THE SEX ABUSE
TREATMENT CENTER**

A Program of Kapi'olani Medical Center for Women & Children

My Body is Special: A Sexual Abuse Prevention Curriculum

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Preface

The Guam Department of Education, with the support and assistance of the LaniKate Task Force implements this school curricula on child sexual abuse prevention in compliance with the mandates provided for in Public Law 31-097:1, enacted on September 30, 2011. The decision to integrate this curriculum in Guam's school system stems from the steadfast commitment to protect children in our community from the serious consequences of sexual victimization, and to provide them with fundamental knowledge that will help them to make healthier choices so they may live a healthy lifestyle. This curricula also places some focus on online predators and cyberbullying, which coincides with the mandates under P.L.31-009:9, which requires the school system to develop a process for discussing the "harassment, intimidation, or bullying" and "cyberbullying" policy with pupils as part of the curriculum.

This curricula was developed by the Sex Abuse Treatment Center (SATC), located in Honolulu, Hawaii, and is used by the schools as an educational tool. Since 1976, the SATC has served thousands of victims of sexual assault, both young and old, and it is to these courageous and resilient survivors that these curricula are dedicated. The lesson plans in this curricula, as well as in the curricula's for 3rd – 5th, Middle School and High School all meet the Hawai'i Content Performance Standards (HCPS) III for health education.

The My Body is Special curriculum for Pre-K – 2nd grade students is part of a series of curriculum for students in Pre-K through 12th grade. The key goals of the curricula are to protect children from sexual abuse and to teach them the importance of respecting personal boundaries.

In the Pre-K - 2nd curriculum, each lesson meets Guam's Core Concepts for Health Education. The health topics addressed include: Promoting Safety and Preventing Violence and Unintentional Injury; Health Information, Products, and Services; Mental and Emotional Health; and Communication Skills. Each lesson plan details the Guam Core Concepts benchmarks, learner outcomes and performance assessment tools. Also, to assist teachers in presenting this challenging topic to students, each lesson plan provides sample scripts to use to explain sensitive concepts to students, in addition to teacher tips that address questions or concerns that may arise in the classroom.

Key subjects covered in the *My Body is Special* curriculum include:

- How to recognize safe and unsafe types of touching and situations
- How to respond to unsafe touches
- Learning that unsafe touching of private parts is never a child's fault

To maximize the effectiveness of prevention education, the topic of sexual abuse should be taught throughout a student's school career, starting with basic body safety concepts found in this Pre-K – 2nd grade curricula. My Body, My Boundaries, the 3rd -5th grade curriculum which follows this curriculum, reinforces the key messages taught in this curriculum and extends the scope of prevention to include a more detailed look at what sexual abuse can include, the concept of personal boundaries, and how to keep safe from online predators. The high school [respect] curriculum reinforces the key messages of the [respect] middle school curriculum and extends its scope to include more emphasis on the concept of consent and on respecting personal and sexual boundaries in peer-to-peer relationships.

Given the sensitive nature of this topic, teachers need to adequately prepare to present My Body is Special to their students. A thorough reading of Sections 1–4 is a good place to start.

To assist teachers in presenting this challenging topic to students, the lesson plans include step-by-step outlines of how to lead students through discussion, activities and worksheets. Lesson materials include student and teacher versions of worksheets, helpful pull-out teacher's guides and discussion tools as well as review and enrichment options. In addition, teachers are provided teaching tips, answers to common teen questions, and reference materials to extend knowledge about sexual violence.



Acknowledgments

The My Body is Special curriculum for kindergarten – 2nd grade students is part of a series of sexual violence prevention curricula for children in grades K–12 produced by The Sex Abuse Treatment Center (SATC). This important curriculum project could not have been undertaken without the solid commitment and generosity of Sanne and Ron Higgins of the Higgins Family Foundation. It was from their belief in sexual violence prevention education and their partnership with the SATC that this curriculum was developed, which has helped to provide greater protection to Hawai'i's children from sexual victimization. We are deeply honored to have them on our team.

Critical to the completion of the My Body is Special curriculum was the assistance provided by the Hawai'i Department of Education (DOE) staff. A heartfelt thanks to all those in Hawaii who assisted and contributed a lot of time and energy in the development of this curriculum and review of lesson plan drafts, as well as the curricula for middle and high school age children.

Guam is very thankful to have this opportunity and to have a wonderful working partnership with the Sexual Abuse Treatment Center (SATC), and we are forever grateful for their support and assistance in providing this important curriculum to Guam to use as part of the Guam Department of Education school curriculum.

Essential to curriculum development is classroom testing. The members of the LaniKate Task Force is most grateful to the Guam Department of Education, their administrators and personnel, more so, the many enthusiastic teachers, nurses, and counselors who opened their doors to incorporating these materials into their health curriculum at their respective schools, and who have willingly shared the curriculum lessons with students. Their insightful comments and practical suggestions helped create a user friendly and student centered curriculum.

Finally, without question, the LaniKate Task Force is indebted to hundreds of Pre-K-2nd grade students who provided critical feedback to Task Force and educators in the classroom. Through their avid participation and candid responses to the various topics and learning activities, they were pivotal in shaping the curriculum and in helping to ensure that it is an effective tool to keep them safe from sexual abuse. And a very special thanks to the "Project Foresight" UOG Master's Program for their contributions and efforts in producing supplemental materials for the curriculum to include educational DVDs on child sexual abuse prevention and cyberbullying and sexting.

We are proud to partner with The Sex Abuse Treatment Center (SATC) in implementing this sexual - violence prevention curriculum for Guam. The decision to support this project is rooted in our commitment to make a difference in the lives of Y Fama'gu'on-Ta. We firmly believe that through this curriculum, young people's risk of sexual victimization can be reduced and abusive behaviors can be replaced with healthy interactions. This curriculum is important in shaping a healthy and violence-free Guam.

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Deputy Attorney General Carol Hinkle-Sanchez
Jon Fernandez, Guam Department of Education
Doris Bukikosa, Guam Department of Education
Joe Sanchez, Guam Department of Education
Erika Cruz, Guam Department of Education
Dr. Ellen Bez, Guam Behavioral Health and Wellness Center (Healing Heart Crisis Center)
Maresa Aguon, Guam Behavioral Health and Wellness Center (Healing Heart Crisis Center)
Cynthia Cabot, Director of the Guam Coalition Against Sexual Assault and Family Violence
Director James W. Gillan, Department of Public Health and Social Services
Linda Rodriguez, Department of Public Health and Social Services (BOSSA)
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My Body is Special

A sexual abuse prevention curriculum (Kindergarten-2nd Grade)

Key Messages

- My body belongs to me.
- No one should touch my private parts unless it's to keep me healthy.
- No one should ask me to keep a secret about touching.
- Three things I can do to stay safe are: Say no, get away, tell a grown-up.
- It is never my fault if private part touching or secret touching happens to me.

Lesson Plan #1: My Body Belongs to Me

Students explore concepts of body awareness, body ownership and body safety. They define private parts as the area under their bathing suit and learn the safety rule: *No one should touch my private parts unless it's to keep me healthy.* Utilizing their knowledge of the safety rule, students identify safe versus unsafe touching in different scenarios. Students learn and practice skills to keep themselves safe from sexual abuse: Say no, get away and tell a grown-up.

Lesson Plan #2: I Don't Keep Secrets about Touching

Students review the concepts covered in lesson 1 and sing the song “My Body Belongs to Me” to reinforce what they have learned. Students learn the difference between good and bad secrets, particularly when it comes to private part touching. Students learn a second safety rule: *No one should ask me to keep a secret about touching.* They apply this rule to different scenarios and practice how to respond if this rule is broken. Students focus on telling a trusted adult and identify adults in their school and the community who they could talk to if an unsafe situation happens.

Lesson Plan #3: I Know the Safety Rules and How to Get Help

Students review the concepts of body ownership, the two safety rules and how to respond to unsafe touches. Students personalize what they have learned in response to a fictional character's story that is shared with the class. Students learn the song “Touches” and receive their own coloring book, *Lets Talk About Touching.* They are encouraged to share these with family at home to continue the conversation of staying safe and getting help.



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SECTION 1

Preparing to Teach the Curriculum

You are to be commended for your desire to teach sexual abuse prevention in your classroom. Your role is a critical one. By teaching this important topic, you may well encourage a silent victim of sexual abuse in your classroom to tell an adult and to get help. By educating children in an age-appropriate way about sexual abuse—what it is and what they can do to protect themselves—you may prevent some of them from experiencing victimization and the associated serious and often long-term consequences. Without question, you are embarking on very important work.

Sexual assault service providers in Guam strongly support your efforts and are available to assist you as you prepare to present this curriculum. (See Sexual Assault Service Providers on page 40.)

1. Before You Begin

Consider the following questions before you begin to teach this curriculum.

Do you have a history of sexual abuse?

If you or someone close to you experienced sexual abuse as a child or as an adult, it may preclude you from teaching this curriculum. To proceed could possibly trigger strong emotions or allow unresolved issues to surface. Be honest with yourself. Do not proceed unless you feel comfortable and confident about doing so. Also, you may want to consider seeking professional help if strong feelings arise as a result of teaching this curriculum.

Do you have victims of sexual abuse in your class?

Given the prevalence of sexual abuse, it is quite possible that you have children in your class with a history of sexual abuse. If you have a known victim in your class, you will need to:

- assess the advisability of presenting the material with that child present

- consult with others (e.g., school counselor, the child's parents or guardians) to decide if the benefits of presenting the material outweigh concerns for the child
- brief the child ahead of time about the material to be covered (if you decide to teach the lessons with the child present)

It is *more likely*, however, that you will have children in your class who have *not disclosed* their sexual abuse to anyone. It is important, therefore, to teach the curriculum based on the assumption that victims of sexual abuse are in your classroom.

2. Developing a Comfort Level with the Curriculum

Teaching concepts and skills to help prevent child sexual abuse can seem difficult. You may feel uncomfortable discussing such matters with children, you may be concerned about parental objections, or you may be apprehensive about covering topics that you feel may embarrass or frighten students. While these concerns are reasonable, they are far outweighed by the benefit of protecting children from sexual abuse. Sexual abuse is shrouded in secrecy. It is only through education that we can bring this devastating crime to light and guide our children toward healthy, respectful relationships.

By becoming more knowledgeable about the subject, most teachers can develop the comfort and confidence necessary to present this curriculum. Before presenting Lesson 1, review Sections 1, 3, and 4, at a minimum.

Review each lesson and its associated materials carefully before presenting it to your students. Familiarity with the subject matter will increase your confidence and prepare you to better respond to student questions or concerns.

3. Teaching Prerequisites

Stress That Victims Are Not to Blame

Fear of others' reactions and guilt keep many victims of sexual abuse silent. It is, therefore, very important to reinforce at least once during every lesson that if an adult breaks the safety rule (No one should touch my private parts unless it's to keep me healthy), it is never the child's fault. Incest victims, in particular, often remain silent because of misplaced guilt or because they have ambivalent feelings about the abuser. Creating an environment of respect and compassion for victims may encourage them to speak up and to get help.



Be Prepared for Disclosures

Before teaching the curriculum, think through how you will respond if a child discloses to you that he or she is a victim of sexual abuse. Teachers are not expected or advised to provide counseling to victims, but they do need to be sensitive and appropriate in their responses. As the first person to respond to a disclosure, you can play a powerful role in helping the victim feel safe and supported. Be sure to know ahead of time your school's protocol for handling disclosures and the appropriate staff member (e.g., counselor, principal) who will be available to assist in helping the child. Also, be sure to review **Basic Do's of Disclosure** (page 13), and to involve the school community in preparing to handle disclosures.

4. Involve Parents and the School Community

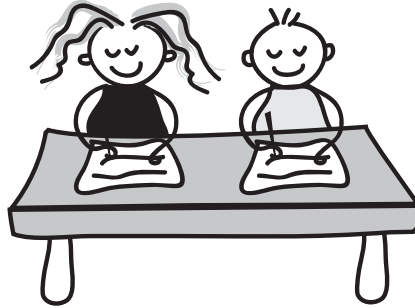
Some schools require parental permission before presenting sensitive subject matter in the classroom. You may want to use or adapt the Parent Letter provided (page 5). Be sure to include the Parent Letter Attachment: **Keeping Our Children Safe** (page 7) with the letter.

Note the parent handout, **Help Protect Your Child from Sexual Abuse** (page 9). This is a helpful tool to distribute to parents before or after teaching the curriculum to their children.

Also, it is important that members of the school community be notified that you will be teaching this curriculum and prepared for possible student disclosures of sexual abuse. If possible, meet with other teachers and school staff to discuss the topics covered in the curriculum, how to respond appropriately to a disclosure of sexual abuse, and mandated reporting laws. At a minimum, distribute the Staff Letter: **Responding to Student Disclosures of Sexual Abuse** and its attachment to appropriate parties (page 11 & 13).



Education Program on Sexual Abuse Prevention



Hafa Adai Parents!

Your child's safety and well being are important to us. For that reason we are offering an educational program to help prevent sexual abuse. This program is being implemented into the schools for all grades, Pre-K to 12th, pursuant to the mandates of Public Law 31-097;1, creating "The LaniKate Protehi Y Famagu'on-Ta Act."

Unfortunately, all children are at risk for sexual abuse. Through education we can help decrease children's risk of being abused and increase the likelihood they will speak up and get help if it happens to them.

Our in-class program will include topics on personal body safety, recognizing unsafe situations and getting help. Children will learn that if unwanted talking, showing or touching of private parts happens to them they can *Say NO, Get Away, and Tell a Trusted Adult*. Each lesson is taught in a simple, age-appropriate and child friendly manner.

We encourage you to take the time to talk with your child about this subject. Use the **Keeping our Children Safe** handout as a reference. Should you have any questions, please feel free to contact: _____

(school staff member)

This program is being made part of the school standards for all Health classes, and your child's participation in this program is integral in your child's success in school. Please sign and return this sheet no later than _____ [enter date], acknowledging your receipt of these documents.

Si Yu'us Ma'ase!

Student's Name _____

Parent/Guardian Signature _____ Date _____

Keeping Our Children Safe



Take an active role in protecting your child from sexual abuse. Children as young as 3 years old can be taught basic information about body ownership and personal safety- keeping their private parts safe.

How Adults Can Help

- * Teach your child that they have the right to say NO to any type of touch that they don't like.
- * Let your child know that no one should touch their private parts unless it's to keep them healthy. (e.g., ok during doctor visits or if they need parent help cleaning hard to reach places, such as their bottom)
- * Tell your child that he or she should tell you right away if unsafe private part touching happens to them.
- * Make sure he or she knows that a child is never to blame if unsafe touching (sexual abuse) happens to them.

Since abusers are typically someone in the child's life, pay attention to your child's relationships with others. Routinely ask your child about his or her activities with specific adults and older children and their feelings toward them.



**Talk to your Child:
Help Keep Them Safe**

Know the Facts

- **All children are at risk of being sexually abused.**
- **Over 90% of child victims are abused by someone they know** (a relative, family friend, neighbor, etc.).
- **Many children do not report the abuse** because they are scared, threatened, or tricked into secrecy by the abuser.

Help Protect Your Child From Sexual Abuse

As parents, you are the first teacher in your child's life. You have a valuable role in keeping your child safe from sexual abuse. There are many everyday opportunities that allow you to easily teach your child about staying safe from sexual abuse.

Helpful messages you can teach your child:

- My body belongs to me.
- No one should touch my private parts unless it's to keep me healthy. (*health related examples: touching during a doctor visit with parents; when a parent helps a child clean a hard to reach place, such as their lower back or bottom*)
- If someone touches me in a way that makes me feel uncomfortable or unsafe, I should tell you or another trusted grown-up.
- If unsafe private part touching happens to me, it is NEVER my fault.

Bath time or when your child is getting dressed is a great time to let them know that their body belongs to them!



Bath Time

- ✓ Teach your child the names of their private parts.
- ✓ Explain that it's not okay for someone else to touch them in these private areas except during doctor visits with you, or if they need help cleaning hard to reach places, such as their bottom.
- ✓ Ask them who is allowed to help them get dressed and undressed and who isn't.
- ✓ Ask them what they can do if someone who is not allowed to undress them tries to do so.

(Continued on back)



**Playing with
your child**

Whether it be tickling, playing soccer, or just sitting and watching TV, these are great times to talk to your child about personal safety!

- ✓ If you playfully tickle your child, when they say “stop!” stop immediately and let them know it is ok to say “no” to unwanted touches.
- ✓ Ask your child: “If someone were to touch you in a way that made you feel scared what could you do?” “What if someone asked you to keep the touching a secret?”
- ✓ If there are dangerous situations on TV, talk to your child about what he or she would do in that situation. Reinforce the idea that anytime a child feels unsafe or confused about something, it’s best to talk to a grown-up they trust.



**Problems with
other kids**

If your child tells you that someone hit them or touched them in a way they didn’t like, this is a great time to start a conversation about good, bad, and unsafe touches.

- ✓ Let them know you are proud of them for coming to talk to you.
- ✓ Ask them what happened, how they felt about it, and decide what to do next (if action is required).
- ✓ Let them know they can always talk to you about any type of touching,



Responding to Student Disclosures of Sexual Abuse

Hafa Adai,

I will be teaching a curriculum on sexual abuse prevention soon:

Name: _____

Date: _____

Grade/Class _____

Fast Facts

- **All children are at risk of being sexually abused.**
- **Over 90% of child victims are abused by someone they know** (a relative, family friend, neighbor, etc.).
- **Many children do not report the abuse** because they are scared, threatened, or tricked into secrecy by the abuser.

The curriculum covers personal body safety, recognizing unsafe situations and getting help. Children learn that if unsafe touching of private parts happens to them they can *Say NO, Get Away, and Tell a Trusted Grown-up*. A key message of the curriculum is the importance of students talking to a trusted adult (e.g., a parent, adult friend, member of the school community) if they have been sexually victimized recently or in the past. *Therefore, it is important that school staff be prepared to respond appropriately if a student discloses to them. Please review the attachment.*

Responding to Disclosures of Sexual Abuse

When receiving disclosures, remember that school staff are *mandated reporters* and bound by law to inform the Department of Public Health and Social Services–Child Protective Services Agency (475-2653/2672) when a minor discloses sexual assault by a family member or caregiver, even if the offense took place sometime in the past.

If you have questions about the curriculum, handling disclosures, or mandated reporting, please contact me or _____

(designated school staff member and contact number)

Basic Do's of Disclosure

*** Listen.**

A child may share their experience in detail or say little about the abuse. Try to avoid asking “why” questions because this can make the child feel as though they did something wrong.

*** Believe them.**

When a child discloses sexual abuse, believe what they say. It is often difficult for a child to talk about the abuse because the abuser is usually someone the child knows and trusted. The child may be fearful that they won't be believed or scared about what the abuser will do. Believing a child is the first step to their recovery.

*** Stay calm.**

You may experience strong feelings when you hear a child talk about being abused. Showing the child that you are calm will help ease their fears and make the experience of sharing easier for them.

*** Let them know that it wasn't their fault.**

Children often feel that the abuse was their fault because they didn't say no or tell an adult to stop right away. Reassuring a child that it wasn't their fault relieves them of the burden of self-blame.

*** Keep in mind that children react in various ways.**

When a child describes their abuse, they may cry, act confused, be fearful, laugh, or even seem emotionless. Respect the way a child victim copes even if it doesn't make sense to you.

*** Access help.**

For information, support and treatment services call the Healing Hearts Crisis Center at: 647-5351 (or 647-8833 or 911 for after hours).



Tips for Teaching K-2 Students about Sexual Abuse

1. ADJUST TO YOUR STUDENTS

The *My Body is Special* curriculum provides age appropriate content, concepts and activities to teach students about body safety and how to respond to unsafe touching. Given the range of abilities from kindergarten to second grade, teachers may need to make some adjustments to the curriculum to best address their students' interests, maturity and skill levels (e.g., adjust the phrasing of questions; decide whether to use written versus verbal reviews).

2. USE PUPPETS

We encourage the use of dolls or puppets throughout the curriculum to more effectively engage students and to help them connect more personally to the material. The puppets provide a safe way to refer to a “real person” when explaining concepts related to private parts and unsafe touching. Pictures of a boy and girl in a bathing suit are also provided for your convenience when talking about private parts.

3. TALKING ABOUT PRIVATE PARTS

Sadly, all children are at risk of being sexually abused. To reduce the risk of sexual victimization it is essential that children are taught basic, age appropriate information about what sexual abuse is and what to do if it happens to them. This includes knowing which parts of their body are private and understanding safety rules related to touching.

■ Naming private parts:

According to your comfort level, it is recommended that teachers use the proper name for the private parts of the body – penis, vagina, breasts, bottom – throughout the curriculum. In doing so teachers give children the language they need to speak up if they are sexually abused.

■ **If students express discomfort:**

Students may seem uncomfortable, embarrassed or even giggle, particularly during the first lesson when they hear their teacher and/or peers talking about private parts. This is normal and expected. It often subsides as they learn that it is ok to talk about this topic in terms of their safety. They will take the lead from their teacher, and learn from him or her that it is ok to say certain words and ok to discuss how to stay safe from, and respond to, unsafe touching of private parts.

Tips for handling student discomfort with subject matter:

1. Acknowledge that their discomfort is normal.
2. Emphasize that learning about private parts and touching is an important way to help keep them safe... just like learning how to cross the street safely (or another analogy).

■ **If students object to talking about private parts:**

Some students may say, for example, “My parents don’t let me talk about private parts.” You can respond by telling the students “Yes, private parts are something we don’t normally talk about. But today we are talking about keeping your entire body safe, and your private parts are part of your body.” Assure students that it is ok in today’s class, or in this classroom, to talk about private parts so that they know they have your permission.

4. TOUCHING OF PRIVATE PARTS

■ **Avoid labeling touching of private parts as inherently bad:**

It is normal for young children to touch their own private parts and/or to engage in some peer-to-peer genital exploration and play. It is therefore, important not to convey that touching of private parts is always wrong. Note that throughout this curriculum scenarios of inappropriate touching involve touching by a much older child or adult rather than self touching or peer-to peer genital play.

■ **Heightened awareness of touching:**

While learning about private part touching, some children may generalize the safety rules and apply their understanding to all forms of touching. They may report various types of touching to the teacher. This indicates a child is attempting to utilize the safety rules they have learned in class, however it may mean more questions for the teacher! In particular,



children may report “accidental touching” by other children. This can occur if one child touches another child’s genital area in play, such as wrestling.

Teachers should respond to student questions/reports of accidental touching in a positive, supportive manner. Help students distinguish between general classroom rules of behavior and the safety rules they learned in class about when touching is not safe.

■ **Self-touch of private parts/exploratory play:**

It is common for young children to occasionally touch their private parts. Also, some exploratory play (i.e., playing doctor) at young ages is expected and common. For more information about child sexuality see **The Stages of Sexuality in Young Children** (page 123) and **Child Sexual Behavior: What’s Normal, What’s Not** (page 127).





SECTION 2

Overview of Sexual Violence

Introduction

Sexual violence is a serious public health issue that often results in significant and lasting consequences for victims, families, and communities. The term *sexual violence* covers a wide range of behaviors that are commonly referred to as sexual assault, sexual abuse, or sexual harassment. Guam's sexual assault statutes covers various kinds of sexual assault ranging from First Degree Felony to Petty Misdemeanor offenses. (See Guam's Sexual Assault Statutes.)

Sexual violence is broadly defined as any forced, tricked, or coerced sexual activity. It can involve both contact and non-contact activity and occurs when the victim does not consent to the sexual activity or is unable to do so (e.g., due to age, disability, incapacitation through the use of drugs or alcohol, etc.).

Sexual violence includes:

- **Sexual harassment**—Unwanted, usually repeated sexually explicit statements, gestures, or physical contact. It covers a broad range of activities such as pinching or grabbing body parts, sexually explicit gesturing, and pressuring someone for sexual favors.
- **Exposure**—Showing one's private parts to another or when a person is tricked, forced, or bribed into showing his or her private parts to someone else. Flashing and peeping tom activities are considered exposure. Also included are activities such as forcing or tricking others into viewing sexual activity or exposing them to sexually explicit materials via videos, Websites, magazines, etc. Offenders often “groom” child victims in this way.
- **Fondling/Touching**—Either having one's sexual parts touched or being made to touch another person's sexual parts over or under clothing.
- **Penetration**—Entering another person's body openings (vagina, mouth, anus) with a penis, finger, tongue, or object without the person's consent. Rape is a form of penetration.



Effects of Sexual Victimization

Experiencing sexual violence can be frightening and lonely. Victims are often left feeling shocked, confused, and overwhelmed. They may find themselves unprepared to deal with the many thoughts and emotions that arise. These are normal reactions for victims of sexual abuse.

In time, victims may find themselves trying to understand why the abuse occurred in the first place. *Why did this happen to me? Did I do something to encourage the assault? What sort of person would do this to me?* Victims commonly experience anger, shame, embarrassment, helplessness, mistaken guilt, and depression. Although these feelings are common, each victim is different and experiences sexual abuse in his or her own way.

If the sex offender is someone the victim knows well, such as a member of the family or extended family, the victim may have a very difficult time speaking up and getting help. Fear often prevents victims from telling anyone about the assault—fear of what the offender will do, fear of how everyone will react, or fear of what will happen to them and their families. Victims need to reach out to those they can trust for help, including professionals in the community who can counsel and support them and their families.

Common Short-term Effects

- anger
- self-blame
- denial
- sense of powerlessness, helplessness, being out of control
- sleep-pattern disturbances (insomnia, nightmares, etc.)
- eating-pattern disturbances (eating more or less)
- flashbacks
- emotional lability (crying jags, irritability, mood swings)
- hyperalertness and hypervigilance
- impaired concentration
- withdrawal from others
- depression



Common Long-term Effects

- difficulty trusting others
- impaired interpersonal relationships
- low self-esteem
- sexual dysfunction
- depression
- self-destructive behaviors (self-injury and suicide attempts)
- eating disorders (particularly bulimia, anorexia, and compulsive eating)
- re-victimization
- substance abuse
- sexually risky behavior such as multiple partners or prostitution

Surviving Sexual Violence

Although victims of sexual violence may never totally forget their victimization, they can recover from it. Psychologists and other mental health providers work with victims to help them find constructive ways of dealing with the emotional effects of sexual violence.

Therapy and support services, such as those offered through The Healing Hearts Crisis Center, help victims to survive the trauma of sexual assault and to heal. In time, victims can learn to integrate the experience into their lives and find ways to cope. In fact, many of them ultimately gain a stronger sense of self, see themselves as “a survivor,” and move forward in their lives with greater confidence in their ability to meet future crisis.





Child Sexual Abuse

Child sexual abuse is sexual activity between an adult and a child or between two minors if there is a significant age difference or imbalance of power between the minors. It can include a range of activities including sexualized talk, sexual touching, exposure to genitals, rape, and involvement in pornography. It is nearly always perpetrated by individuals who have a relationship with the child, such as family members, neighbors and youth organization staff. The abuse may occur over long or short periods of time and may be accompanied by varying levels of coercion or physical violence.

How Sex Offenders Groom Children

In more than 90 percent of child sexual abuse cases, the offender is known and trusted by the victim. Grooming is the process the offender uses to recruit and prepare a child for sexual victimization. Grooming begins when the offender targets a specific child. While all children are at risk for victimization, certain factors make some children more vulnerable to sexual abuse than others. For example, children are at increased risk if they feel unloved, have low self-esteem, have little contact with committed adults, or regularly spend time unsupervised.

Sex offenders commonly engage children by spending time with them, playing games with them, showing them special attention, or giving gifts to them. Older children or teens may be offered drugs or alcohol. Offenders forge an emotional bond through frequent contact and positive interactions and by conveying to their victims that they “understand” or can appreciate their interests and concerns. They become adult friends or confidantes. In time, the emotional bond leads to non-sexual physical contact, which can take the form of physical play such as wrestling, affectionate touching, and giving backrubs, etc. In this way, the offender tests the child’s boundaries and gradually desensitizes the child to overt sexual touch. Secrecy is usually introduced during the grooming process, and as the child starts to become uncomfortable or fearful of the sexual activity, offenders typically use threats to keep the child from speaking up about it (e.g., if you tell, I will hurt you, you will get into trouble, no one will believe you). Most child victims are caught in a web of fear, guilt, and confusion as a result of sex offender grooming and manipulation. Sadly, many child victims remain silent about their abuse.



Indicators of Child Sexual Abuse

Indicators of child sexual abuse are varied and **should always be looked at in the context of what else is happening in a child's life**. Any one indicator, on its own, is but one sign that something may be affecting a child's well-being.

Behavior Indicators

- unexplained change in comfort level (attachment to or fear of) around a family member, an adult who is close to the family, or any person in a position of trust or authority for the child
- abrupt changes in performance in school or work
- abrupt changes in socializing, being out with friends, or being in the house
- for younger children, a sudden regression in skills (e.g., a child who is toilet trained starts wetting the bed)
- extreme avoidance responses to someone the child once liked or to a certain house or room in a house
- sexualized behavior, often in front of others; exposing oneself; excessive masturbation; touching other people's privates; sexually charged language; promiscuous behavior (older children/teens)
- language and knowledge, especially detail specific, which is not age appropriate or has not been taught or shown in the school or household of the child

Physical Indicators

- bruises and scratches that are inconsistent with explanations of how they occurred or unexplainable irritation/itching around genital areas
 - signs of any sexually transmitted diseases or infections (e.g., crabs, herpes, gonorrhea, etc.) for those who are not sexually active
 - tenderness or soreness around areas of penetration
 - blood in stool or urine that is pervasive and not explained by any other actions (Proof of abuse may often exist in underwear.)
-



Children's Response and Recovery from Sexual Abuse

The speed and success of the child survivor's recovery depends, in large part, upon the degree to which the following five factors played a role in the assault.

1. Degree of intimacy/acquaintance between the survivor and the offender.

Nearly all cases of child sexual abuse involve offenders known to the survivor, such as a caregiver or a family acquaintance. The most highly reported cases of incest involve a father and a daughter. The entire family unit is often dysfunctional in cases of incest.

Assault committed by a relative or caretaker can result in more trauma for the victim because the child's trust has been betrayed and his or her sense of personal safety within the family is disrupted. The child may also feel betrayed by other family members (mother, siblings) who, the child feels, could or should have intervened but chose not to.

2. The period of time over which the abuse occurs.

Long-term, repeated abuse (characteristic of incest) is generally more traumatic to the child victim than a single incident of assault (characteristic of stranger assault) because the long-term abuse may involve extreme psychological pressure, causing confusion and guilt in the child. A child is more likely to report a one-time event to parents or other caregivers, who may then help the child understand what happened.

3. The relative intrusiveness of the abuse.

Generally, incest involves abusive contact that progresses from lesser though still traumatic contact (e.g., sexual talk, showing pornography, unwanted affection or contact) to more intrusive (penetrative) abuse over time. The more intrusive the contact (e.g., penetration, oral sex, genital fondling), the more traumatic it can be for child survivors.

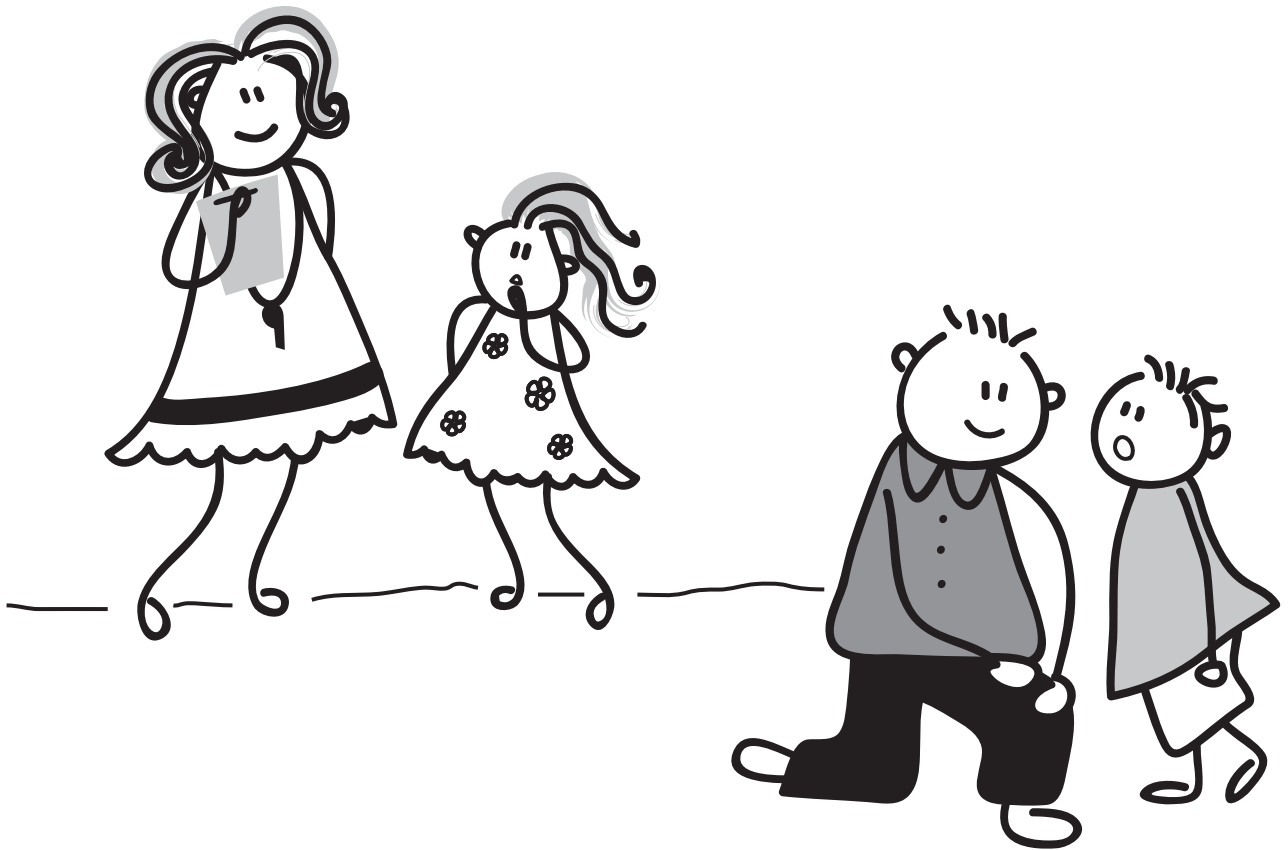


4. The way in which the child was engaged in sexual activity.

Although actual physical violence may worsen the trauma of assault for the child, a child victim who was tricked into sexual activity may have a more difficult time recovering from assault later. As with adult victims who were not physically harmed, the child victim who was emotionally overpowered may not be believed as readily by others and may feel that he or she could have done something to stop or prevent the abuse.

5. The response of the person to whom the child discloses the abuse.

If the person the child victim discloses the abuse to reacts with disbelief, anger, blame or indifference, it can re-traumatize the child and seriously undermine her or his recovery.





Sex Offenders

While it is impossible to profile a typical sex offender, gender is one key characteristic. Nearly all sex offenders are male. This fact holds true in cases involving both male and female victims. Also, in a majority of sex assault cases, the offender is known and often trusted by the victim (e.g., a member of the family or extended family, a date, a friend, an acquaintance, etc.). While the average age of imprisoned sex offenders is the early thirties, an offender can be any age. Offenders also are a diverse group in terms of race, ethnicity, religion, profession, and socio-economic level.

Sex offenders can be broadly categorized as rapists (those who sexually assault adults, mainly women) and child molesters (those who mainly victimize children). Incest molesters are those who sexually victimize someone related to them. Pedophiles have an over-riding, primary sexual attraction to children and often show patterns of deviant behavior. Sex offenders do not always fall neatly into a single category. For example, a molester may commit incest, but may also target victims outside of the family.

Acts of sexual violence are typically premeditated or opportunistic. While the media tend to focus on psychopathic, sexually violent offenders, this group constitutes a small segment of the offender population. Most offenders do not use weapons or inflict serious bodily injury, but instead exert their power and control over the victim through the use of intimidation, threats, or coercion. It is very important to understand that while sexual assault involves sexual activity, it is not a sexual act. At root, it is an act of violation and aggression.

There are various theories to explain why offenders sexually assault others. Research suggests that biological factors and personality characteristics can help pave the way to sexually abusive behavior. Also, data show that many sex offenders were sexually victimized themselves as children. However, the majority of victims of sexual abuse do not become offenders. Most researchers agree that certain factors, such as beliefs sex offenders may hold and social environment underpinnings, can help set the stage for sexual abuse. Some of these factors include the belief in male superiority and sexual entitlement; objectification of women and children; encouragement of tough, aggressive behavior in men; and the use of pornography.

Given the vulnerability of children, it is particularly important for adults to understand how child sex offenders operate and to recognize the indications that signal a child may be a victim of sexual abuse. (See Child Sexual Abuse.)





Sexual Violence Statistics

Prevalence

Adults

- 1 in 7 women in Hawai'i has experienced a completed forcible rape during their lives. (Ruggiero, Kilpatrick 2003)
- Nearly 1 in 5 women (18.3%) in the United States has been raped in her lifetime. This includes forced penetration (completed or attempted) or alcohol/drug facilitated completed penetration (Black, et al. 2011)
- About 1 in 71 men (1.4%) in the United States have been raped and 1 in 21 (4.8%) men have been made to penetrate someone else in their lifetime. (ibid)
- Nearly 1 in 8 women (12.5%) and 1 in 16 men (6%) report experiencing sexual coercion in the lifetime. This is defined as unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. (ibid)

Children & Teens

- About 1 in 4 girls and 1 in 6 boys will experience some form of sexual abuse before age 18. (Felitti, et al. 1998)
- Of all sexual assault victimizations reported to law enforcement agencies, 67 percent of victims were under 18 years of age, 34 percent were under 12 and 14 percent were six years old or younger. (Snyder 2000).
- Over 40 percent of female victims of completed rape were first raped before the age 18 and more than one-quarter of male victims of completed rape were first raped before the age of 11. (ibid)
- Over 90 percent of juvenile sexual assault victims reported knowing their attacker: 34 percent were family members and 59 percent acquaintances. Only seven percent of the perpetrators were strangers to the victim. (ibid)
- Juveniles are perpetrators of about 40 percent of child sexual assault victimizations. (ibid)

- Women who reported they were raped before the age of 18 were three to five times more likely to experience subsequent adult victimization than those who had not been raped. (Desai et al 2002; Noll et al. 2003)
- Childhood or adolescent sexual abuse is associated with a range of high-risk sexual behaviors, including the likelihood of being battered; trading sex for drugs, shelter, or money; entry into prostitution; and less likelihood to use birth control. (Boyer and Fine 1992, Finkelhor 1987, Paone et al. 1992, Zierler et al. 1991)
- Teens 16 to 19 years old are three and a half times more likely than the general population to be victims of rape, attempted rape, or sexual assault. (Rennison 2000)
- Female students who have been physically and/or sexually abused by a dating partner in the 9th grade through 12th grade are at increased risk for substance abuse, unhealthy weight gain, risky sexual behavior, pregnancy and suicide. (Silverman, Raj, Mucci, Hathaway 2001)

Perpetrators

- Over 98 percent (98.1%) of female victims of rape report a male perpetrator. (Black, et al. 2011)
- Over 93 percent (93.3%) of male victims of rape report a male perpetrator. (ibid)
- About 80 percent (79.2%) of male victims who were made to penetrate someone else or who were sexually coerced into penetrating someone else (83.6%) report a female perpetrator. (ibid)
- Over 90 percent (91.9%) of female victims of rape report being raped by an intimate partner or acquaintance. (ibid)
- More than half of male victims of rape report being raped by an acquaintance and 15 percent by a stranger. (ibid)
- Juveniles are perpetrators of about 40 percent of child sexual assault victimizations. (Snyder 2000)
- Of all sexual perpetrators known to law enforcement 23 per cent are under the age of 18. (ibid)



Characteristics of Sexual Assaults

- About four in ten sexual assaults take place at the victim's own home. Two in ten take place in the home of a friend, neighbor or relative. (Greenfeld 1997)
- Approximately one-third of rapes/sexual assaults occur during the day (6 a.m. to 6 p.m.) (Greenfeld 1997)
- In over 35 percent of sexual assaults, the offender is intoxicated. (Greenfeld 1998)
- About 13 percent of sexual assaults involved a weapon. (US Bureau of Justice Statistics 2004)

Impact of Victimization

- Rape survivors are three times more likely to be diagnosed with major depressive disorder episodes than individuals who have not been raped, four times more likely to have contemplated suicide and 13 times more likely to have attempted suicide. (Schafran1996).
- Sexual victimization is associated with severe and enduring behavioral consequences for victims, including increased drug and alcohol use, domestic violence, depression, suicide and teenage pregnancy. (Seymour et al. 1992).
- Rape had the highest annual victim cost at \$127 billion per year, followed by assault, murder and drunken driving. (US Bureau of Justice Statistics 2000)

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Sexual Violence Statistics for Guam

Healing Hearts Crisis Center (HHCC) Statistics and Trends

- HHCC generally serves between 100-150 clients each year.
- On average, 92% of clients are female.
- 80% are minors
- The majority of minors are between 12-17 years of age, with 14-15 year olds being at highest risk according to the clients we serve.
- Although sexual assault and abuse affect all ethnicities, about 50% of our clients are Chamorro, followed by Chuukese (15%) and mixed ethnicity (12%).
- Perpetrators of sexual violence are often known to their victims. Over the past three years, statistics show almost 50% of perpetrators are family members, with an additional 33% listed as acquaintances. This means almost 90% of victims know their perpetrator.



SECTION 3

Responding to Student Disclosures of Sexual Abuse

Basic Do's of Disclosure:

*** Listen.**

A child may share their experience in detail or say little about the abuse. Try to avoid asking “why” questions because this can make the child feel as though they did something wrong.

*** Believe them.**

When a child discloses sexual abuse, believe what they say. It is often difficult for a child to talk about the abuse because the abuser is usually someone the child knows and trusted. The child may be fearful that they won't be believed or scared about what the abuser will do. Believing a child is the first step to their recovery.

*** Stay calm.**

You may experience strong feelings when you hear a child talk about being abused. Showing the child that you are calm will help ease their fears and make the experience of sharing easier for them.

*** Let them know that it wasn't their fault.**

Children often feel that the abuse was their fault because they didn't say no or tell an

(continued on back)



adult to stop right away. Reassuring a child that it wasn't their fault relieves them of the burden of self-blame.

*** Keep in mind that children react in various ways.**

When a child describes their abuse, they may cry, act confused, be fearful, laugh, or even seem emotionless. Respect the way a child victim copes even if it doesn't make sense to you.

*** Access help**

For information, support and treatment services call the following hotlines:

647-5351/647-8833(after hours number) Healing Heart Crisis Center

475-2653/2672 Child Protective Services

911 Guam Police Department

** Teachers are not expected or advised to provide counseling to victims, but they do need to be sensitive and appropriate in how they respond.*





SECTION 4

Reporting Child Sexual Abuse

Many people, including school and youth services staff, are mandated to report child sexual and physical abuse and neglect.

Under Title 19 of the Guam Code Annotated, Chapter 13, §13101(b), "abuse or neglect child" is defined as,

"a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the person(s) responsible for the child's welfare"

Reporting Child Abuse or Neglect

A mandated reporter* who, in the course of his or her employment, occupation or practice of his or her profession, comes into contact with children shall report when he or she has reason to suspect on the basis of his medical, professional or other training and experience that a child is an abused or neglected child. No person may claim "privileged communications" as a basis for his or her refusal or failure to report suspected child abuse or neglect or to provide Department of Public Health and Social Services (DPHSS), Bureau of Social Services Administration, Child Protective Services or the Guam Police Department with required information. If the suspected abuse is sexual in nature, all public school staff must also report the matter to the Guam Police Department, pursuant to Guam Department of Education school policy.

Steps to Report

19 G.C.A. § 13203 governs the reporting responsibilities. The reporting procedures under Guam law requires the following:

"Reports suspected child abuse or neglect from persons required to report under § 13201 shall be made immediately by telephone and followed up in writing within 48 hours after the oral report. Oral reports shall be made to Child Protective Services or to the Guam Police Department."

You must first immediately report any situations immediately by telephone. Once you have called the number provided below, and you have provided a verbal report, it is important that you submit a written report within 48 hours using the Child Protective Services Referral Form. Be sure to provide all relevant information requested for in the forms. If possible, download the Child Protective Services Referral Form and keep copies so you have it available should a situation arises that requires you to make a report. The referrals are available at the website: <http://dphss.guam.gov>, and they should also be available at the main office, or nurse's and counselor's offices at each of the schools.

Bureau of Social Services Administration, Child Protective Services (CPS):

- Child Protective Services: 475-2653/2672
- Guam Police Department: 911

Situations that need to be reported to CPS:

Mandated Reporters are required to report all matters where he or she has reason to suspect on the basis of his medical, professional or other training and experience that a child is an abused or neglected child. An abused or neglected child is a child whose physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the person(s) responsible for the child's welfare. Child abuse and neglect includes various situations or actions that seriously impact a child's physical or mental health. Guam law under 19 G.C.A. §13101(t) further defines "harm to a child's physical health or welfare occurs in a case where there exists evidence of injury, including but not limited to:"

(1) Any case where the child exhibits evidence of:

(A) skin bruising or any other internal bleeding,

(B) any injury to skin causing bleeding,

(C) burn or burns,

(D) poisoning,

(E) fracture of any bone,

(F) subdural hematoma

(G) soft tissue swelling,

(H) extreme pain,

(I) death or

(J) disfigurement or impairment of any bodily organ, and such injury is inflicted by other than accidental means, by excessive corporal punishment or where the history given concerning such condition or death is at variance with the degree or type of such condition or death; or

(2) Any case where the child has been the victim of a sexual offense as defined in the Criminal and Correctional Code; or

(3) Any case where there exists injury to the psychological capacity of a child such as failure to thrive, extreme mental distress, or gross emotional or verbal degradation as is evidenced by an observable and substantial impairment in the child's ability to function within a normal range of performance with due regard to the child's culture; or



(4) Any case where the physical health of the child is adversely affected because the person responsible for the child's welfare has not regularly provided the child, in a timely manner, with adequate food, clothing, shelter, psychological care, physical care, health care or supervision, when financially able to do so or if offered financial assistance or health care or other reasonable means to do so. "Adequate health care" includes any medical or non-medical health care permitted or authorized under territorial laws; provided, however, that a person responsible for the child's welfare who, while legitimately practicing his or her religious beliefs, does not specify medical treatment for a child should not for that reason alone be considered as harming or threatening harm to the child; or

(5) Any case where the child is provided with a controlled substance as defined by the Criminal and Correctional Code. However, this paragraph shall not apply to a child's family who provides such drugs to the child pursuant to the direction or prescription of a practitioner as defined in § 67.12(t) of the Criminal and Correctional Code of Guam; or

(6) Any case where the child is abandoned.

What Happens Following a Report of Child Abuse?

If the report is accepted for investigation, a social worker will be assigned to investigate the referral to determine if the child has been harmed or is at risk of harm. The worker will gather as much information as possible by talking to the child, family members and if necessary, others in the community. Within sixty days of the date the report is assigned for investigation, a decision must be made whether the report is confirmed or not. You will be contacted regarding the disposition of your report.

Will The Police Get Involved?

A report of suspected child abuse or neglect or substantial risk of child abuse or neglect must be made to the Child Protective Services Agency or to the Guam Police Department. Depending on the circumstances of the report and harm to the child, the police may become involved either at the request of the department or by a determination by the police that they need to take immediate action and/or conduct an investigation.

Will The Family Find Out Who Made The Report?

Information received pursuant to this Article may be released, on a need to know basis, and only as necessary to serve and protect the child, to the following, except that release of the identity of persons reporting child abuse is strictly prohibited, unless disclosed pursuant to subsection (d) of § 13203. Any information received pursuant to this Article which could identify a subject of the report or the person making the report shall be confidential. It is a crime (felony of the third degree) for any person who willfully releases or permits the release of any such information to persons or agencies not permitted by this section. §13203 states that "the identity of all persons who report under this Article shall be confidential and disclosed only among child protective agencies, to counsel representing a child protective agency, to the Attorney General's Office in a criminal prosecution or Family Court action, to a licensing agency

when abuse in licensed out-of-home care is reasonably suspected, when those persons who report waive confidentiality, or by court order. Anyone reporting in good faith is immune from liability.

*** Those Mandated To Report Child Abuse or Neglect**

Persons required to report suspected child abuse under Subsection (a) include, but are not limited to:

- A. Any licensed physician, Medical examiner, Dentist, Osteopath, Optometrist, Chiropractor, Podiatrist, Intern, Registered Nurse, Licensed Practical Nurse, Hospital Personnel engaged in the admission, examination, care or treatment of persons;
- B. Christian Science Practitioner;
- C. Clergy Member of any religious faith, or other similar functionary or employee of any church, place of worship, or other religious organization whose primary duties consist of teaching, spreading the faith, church governance, supervision of a religious order, or supervision or participation in religious ritual and worship;
- D. School Administrator, School Teacher, School Nurse, School Counselor;
- E. Social Services Worker;
- F. Day Care Center Worker, or any other Child Care or Foster Care Worker;
- G. Mental Health Professional
- H. Peace Officer or Law Enforcement Official.

Information in this section is from the Guam Code Annotated, Title 19, Chapter 13, Child Protective Act. For more information, you can visit the Department of Public Health and Social Services, Child Welfare Services website: <http://www.dphss.guam.gov/content/child-protective-services-section>, or contact them at 475-2672. You can also contact the Office of the Attorney General of Guam, Juvenile Division at 475-3406.





Accessing Services at the Healing Hearts Crisis Center (HHCC)



School staff on Guam can contact The Healing Hearts Crisis Center for information and/or to access services for students who have been sexually assaulted. (Refer to Reporting Child Sexual Abuse (page 35) if the offender is a family/household member or caretaker of a child victim.)

What is Healing Hearts Crisis Center?

The Healing Hearts Crisis Center (HHCC) is Guam’s only Rape Crisis Center. Guided by Public Law 21-44, the Healing Hearts Crisis Center (HHCC), was established in 1993 under the Guam Memorial Hospital. The intent of the program was to provide survivors of sexual assault with “discrete, immediate, and full medical attention”. A year later, Public Law 22-23 removed the program from the hospital’s jurisdiction and placed the program under the Department of Mental Health & Substance Abuse, now the Guam Behavioral Health and Wellness Center, where it remains today.

HHCC incorporates a holistic approach for individuals who may have experienced a sexual assault. Regardless of when the assault occurred or the age, ethnicity, gender or disability of the victim, Healing Hearts offers a supportive, healing atmosphere with caring people to assist them in regaining feelings of safety, control, trust, autonomy and self-esteem.

The four prongs of the program are:

Administrative

The administrative arm involves a Program Manager who provides the following services: overseeing and monitoring the program and staff; developing and updating program policies and procedures; leadership of grant writing-administering funds and all record keeping functions; collecting statistics and publishing data; conducting meetings, and writing reports. Additionally, the HHCC Program Manager is an active member in the Guam Coalition Against Sexual Assault and Family Violence (GCASAFV) and provides leadership for Guam’s Sexual Assault Response Team (SART) Steering Committee.

Medical

At HHCC, registered nurses and medical doctors have been specially trained to perform examinations on children as well as adults who have experienced a sexual assault. The role of the examiner is to remain neutral and objective, and to care for the patient with sensitivity. These examiners fully understand the important role they play in not only the criminal justice aspect of the sexual assault case, but in the healing and emotional well-being of a person. HHCC is equipped to perform the examination in a private, calm environment, away from the crisis setting of the hospital emergency room. The exam may include treatment for Sexually Transmitted Infections, emergency contraception and collection of forensic evidence such as the rape kit provided by the Guam Police Department.



Social Work

HHCC offers crisis intervention, intake assessment, and short-term case management to coordinate services, and referrals for counseling, legal assistance and other services that may be needed. It has been shown to be best practice that a victim undergoes the fewest number of interviews as possible to limit the trauma of reliving the assault. HHCC works in partnership with different agencies such as the Guam Police Department, Attorney General's Office, Child Protective Services, Adult Protective Services and various military branches to provide a neutral location to interview the patient on a one-time basis to avoid repetitive questions with the different agencies. HHCC has staff specially trained in child forensic interviewing to conduct these interviews while the team observes through a one-way mirror to collect information necessary for their purposes. Child Forensic Interviews/Multi-Disciplinary Team Interviews are conducted for victims between 3 and 15 years of age.

Community Outreach and Public Awareness

Education and raising public awareness are the best ways to help women, children and men who have survived sexual assault as well as to prevent sexual assault. HHCC is involved in outreach and education programs for elementary, middle and high schools and the community at large to talk about appropriate touching, when and how to say "NO," and personal safety. To schedule a presentation, call 647-5351 during business hours.

In addition, the HHCC participates in the leadership of Guam's Sexual Assault Response Team (SART), which is a group of multi-disciplinary team members established to improve services to victims of sexual assault. Primary members of Guam's SART include protective service agencies, victim advocates, law enforcement, prosecution, legal assistance, and military counterparts. The benefit of the SART is a coordinated, efficient, and supportive response to victims who have been sexually assaulted. The SART Steering Committee meets monthly to discuss ways to improve a comprehensive, effective continuum of care for survivors.

Contacting HHCC

Hours of Operation: 8am-5pm Monday through Friday

Immediate medical services are available after hours, weekends and Holidays
(On-Call accessible through GBHWC Crisis Hotline)

Phone: (671) 647-5351

Fax: (671) 647-5414

Location: Please call for directions.





Guam Sexual Assault Service Providers

Office of the Attorney General Of Guam

- **Prosecution and Juvenile Division**
- **Victim Services Center**

590 S. Marine Corps Drive

ITC Building, Suite 706

Tamuning, Guam 96913

Phone: 475-3406

www.guamag.org

Healing Hearts Crisis Center

215 Duenas Drive

Tamuning, Guam 96913

647-5351 (after hours and weekends, call 647-8833)

Facsimile: 647-5414

Child Protective Services (Department of Public Health and Social Services)

194 Hernan Cortes Avenue

Ste 309

Hagatna, Guam 96910

475-2672/2653

<http://dphss.guam.gov>

www.dphss.guam.gov/content/child-protective-services-section

Guam Police Department

- **Domestic Assault Response Team (DART)**
- **Victims Assistance Unit (VAU)**

EMERGENCY CALLS 911

475-8620/8560 or 473-8000 (DART)

475-8514 (VAU)

www.gpd.guam.gov



Guam Coalition Against Sexual Assault and Family Violence

P.O. Box 1093

Hagatna, Guam 96932

479-2277

Facsimile: 479-7233

www.guamcoalition.org

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

TTY: 1-800-787-3224

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

Victim Advocates Reaching Out ("VARO")

P.O. Box 2045

Hagatna, Guam 96932

477-5552 **(24-hour hotline)**

varoguam1@yahoo.com

Guam Department of Education

P.O. Box DE

Hagatna, Guam 96932

475-0462/57

300-1547/36

Facsimile: 472-5003

www.gdoe.net

Guam Legal Services Corporation ("GLSC")

113 Bradley Place Hagatna

Guam 96910 477-9811/2

TDD/TTY: 477-3416

www.lawhelp.org/gu

information@guamlsc.org

Anderson Air Force Base Sexual Assault Prevention and Response Office

36WG/CVK Unit 14003

APO, AP 96543

366-7714/7715

Guam National Guard Sexual Assault Prevention and Response Program

735-4688/685-8512

Navy Sexual Assault Prevention and Response Program

PSC 455 Box 157

FPO AP 96540-1157

339-2654/2145

www.safehelpline.org



My Body is Special: 3 Lessons in a Nutshell

<p>LESSON 1: My Body Belongs to Me</p> <p>PLAN:</p> <ul style="list-style-type: none"> - Introduce concept of body ownership - Lead Q&A about personal activities and body safety - Explain the concept of private and define private parts - Introduce and clarify the first safety rule: <i>No one should touch my private parts unless it's to keep me healthy.</i> - Read touching scenarios and help students apply the safety rule - Utilize My First Safety Rule worksheets to review rule - Explain how to respond if someone breaks the safety rule: Say NO, get away, tell a grown up - Help students identify trusted grown-ups they can tell if someone breaks the safety rule - Utilize I Can Be Safe! worksheets for review - Lead kinesthetic exercise - Assure students: If someone breaks the safety rule it is never a child's fault <p>TOOLS:</p> <ul style="list-style-type: none"> - My Body is Special worksheet - Picture of boy and girl - My First Safety Rule handout - My First Safety Rule worksheets (2 options) - I Can Be Safe! worksheets (2 options) - Say NO, Get Away, Tell a Grown-Up Kinesthetic Exercise <p>TOOLS For Enrichment & Review:</p> <ul style="list-style-type: none"> - Simon Says: Your Body is Special activity 	<p>LESSON 2: I Don't Keep Secrets About Touching</p> <p>PLAN:</p> <ul style="list-style-type: none"> - Review lesson one concepts, utilizing verbal Q&A, kinesthetic exercise and for older students, the Word Scramble worksheet - Teach and lead "My Body Belongs To Me" song - Define and distinguish good and bad secrets - Introduce the second safety rule: <i>No one should ask me to keep a secret about touching</i> - Review both safety rules verbally and/or use the My Safety Rules handout - Lead Scenarios about Secrets activity for students to apply the second safety rule - Brainstorm trusted grown-ups with students - Lead Grown-Ups I Trust worksheet activity <p>TOOLS:</p> <ul style="list-style-type: none"> - Word Scramble: My Body is Special worksheet - "My Body Belongs to Me" song - My Safety Rules handout - Scenarios about Secrets - Grown-Ups I Trust worksheets (2 options) <p>TOOLS For Enrichment & Review:</p> <ul style="list-style-type: none"> - See Lessons 1 and 3 	<p>LESSON 3: I Know The Safety Rules and How To Get Help</p> <p>PLAN:</p> <ul style="list-style-type: none"> - Review lesson one and two concepts utilizing verbal Q&A, the "My Body Belongs to Me" song and My Safety Review worksheet - Read Leilani's Story and lead Q&A discussion activity - Distribute coloring books and lead brief Let's Talk About Touching coloring book activity - Teach and lead "Touches" song <p>TOOLS:</p> <ul style="list-style-type: none"> - "My Body Belongs to Me" song - My Safety Review worksheet - Leilani's Story: Getting Help When Secret Touches Happen (narrative or using puppet) - Let's Talk About Touching coloring book - "Touches" song <p>TOOLS For Enrichment & Review:</p> <ul style="list-style-type: none"> - My Body is Special Word Search worksheet
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LESSON 1

My Body Belongs to Me



OVERVIEW

Students learn and explore concepts of body awareness, body ownership, and body safety. Students define private parts and apply their understanding of body ownership and body safety to private parts. Students learn the rule that *no one should touch my private parts unless it's to keep me healthy* and apply the rule to distinguish safe from unsafe touching of private parts. Students learn and practice three skills to protect themselves and to get help if they suspect or experience unsafe touches: Say no, get away, and tell a grown-up.



GUAM CONTENT AND PERFORMANCE STANDARDS III

Health Education Standard 1: Core Concepts

Comprehend concepts related to health promotion and disease prevention to enhance health.

Topic: Promoting Safety and Preventing Violence & Unintentional Injury

Benchmark: (HE.K.1.1): Name Healthy Behaviors

Benchmark: (HE.K.1.4): State behaviors to prevent or reduce childhood injuries.

Benchmark: (HE.1.1.1): Tell how healthy behaviors impact personal health and wellness.

Benchmark: (HE.1.1.4): Identify places to play to prevent common childhood injuries.

Benchmark: (HE.2.1.1): Identify that healthy behaviors affect personal health.

Benchmark: (HE.2.1.4): List ways to prevent common childhood injuries.

Health Education Standard 7: Self-Management

Demonstrate the ability to practice health-enhancing behaviors and avoid or reduce health risks

Topic: Mental and Emotional Health

Benchmark: (HE.K.7.1): Identify healthy behaviors to improve personal health and wellness.

Benchmark: (HE.K.7.2): Recognize unsafe behaviors.

Benchmark: (HE.1.7.1): Describe healthy practices to maintain personal health and wellness.

Benchmark: (HE.1.7.2): Identify behaviors that avoid or reduce health risks.

Benchmark: (HE.2.7.1): Describe healthy practices and behaviors to maintain personal health.

Benchmark: (HE.2.7.2): Describe behaviors that avoid or reduce health risks.

Health Education Standard 4: Interpersonal Communication

Demonstrate the ability to use interpersonal communication skills to enhance health and avoid or reduce health risks.

Topic: Communication Skills across Topic Areas

Benchmark: (HE.K.4.1): Identify healthy ways to express needs.

Benchmark: (HE.K.4.3): State ways to respond when in an unwanted or uncomfortable situation.

Benchmark: (HE.1.4.1): Describe healthy ways to express needs, wants, and feelings.

Benchmark: (HE.1.4.2): Identify listening skills.

Benchmark: (HE.1.4.3): Identify ways to respond when in an unwanted, uncomfortable, or unsafe situation.

Benchmark: (HE.2.4.1): Demonstrate healthy ways to express needs, wants, and feelings.

Benchmark: (HE.2.4.2): Demonstrate listening skills.

Benchmark: (HE.2.4.3): Demonstrate ways to respond when in an unwanted, uncomfortable, or unsafe situation.

LEARNER OUTCOMES

- Students learn and personalize concepts of body ownership and body safety.
- Students identify certain parts of the body as private.
- Students apply the concepts of body ownership and body safety to private parts.
- Students learn the safety rule: *No one should touch my private parts unless it is to keep me healthy.*
- Students distinguish safe from unsafe touching of private parts.
- Students describe three ways to respond to unsafe touches: Say no, get away and tell a trusted adult.
- Students demonstrate appropriate refusal skills, ways to leave stressful situations, and effective communication skills to deal with stressful situations.

- Students identify trusted grown-ups whom they can talk to if unsafe touching occurs.
- Students learn that unsafe touching of private parts is never a child's fault.



TOOLS

- *My Body is Special* worksheet (coloring)
- Picture of boy and girl
- *My First Safety Rule* handout
- *My First Safety Rule* worksheet (coloring or fill in the blanks)
- *I Can Be Safe!* worksheet (tracing or fill in the blanks)

Optional Tools for Enrichment or Review:

- Puppet(s) or doll(s) to serve as models and co-teachers
- *Simon Says: Your Body is Special* activity



PREPARATION

Review:

- *Tips for Teaching K-2 Students about Sexual Abuse* (page 15)

Time: 30-40 minutes (depending on grade level and use of worksheets and activities)





LESSON OUTLINE

I. My Body Belongs To Me

Summary: Students learn the concept of body ownership, specifically, “my body belongs to me.” In response to Q&A about body parts and ownership, students apply the concept of body ownership to themselves and others such as their teacher, peers, and puppet (if included in the lesson).

Steps & Sample Scripts (T):

1. Introduce dolls or puppets (if using them) and the idea that our bodies are special. In this case we refer to the dolls as Leilani and Keoni.

T: *Leilani's body is very special to her. She wants you to know that you are special, too. And your body is very special. Your body belongs to you!*

2. Lead (or have the puppet lead) Q&A about body awareness and ownership.

Sample Questions:

- a. *Look at your hands, open and close them. Whose hands are those?*
- b. *Look at your feet, wiggle your toes. Whose feet are those?*
- c. *Look at your tummy, pat your tummy. Whose tummy is that?*
- d. *Look at your body, hug your body. Whose body is that?*
- e. *Who does Leilani's body belong to? (Leilani)*
- f. *Who does your body belong to? (Me)*
- g. *Who does _____'s (a student in the class) body belong to? Repeat with as many students as feasible.*
- h. *Everyone here is special and everyone's body is special. Your body belongs to you. Who does your body belong to?! (Me!)*
- i. *My body belongs to me. Let's say it together...*
- j. *Give yourself a big hug or a nice pat on the back.*

TIP: You can repeat this Q&A dialogue to review body ownership concepts at the beginning of lesson 2 and 3 as well.

3. Distribute the **My Body is Special** worksheet to enhance body ownership concepts. This may be utilized at another point in the curriculum or as homework if there are time constraints on lesson 1.



II. I Keep My Body Safe

Summary: Students expand on the concept of body ownership as they explore the many uses of body parts and the value of body safety. They learn the value of keeping their body safe in everyday situations before relating body safety to private parts.

Steps & Sample Scripts (T):

1. Introduce how we use the body for lots of activities and how the body allows us to do some of our favorite things.

T: *There are many things we can do with our bodies. Leilani's favorite thing to do with her body is somersaults. Keoni (other puppet) loves to swim with his family.*

2. Lead Q&A about personal activities and body parts, tailored to student's age and interests.

Sample Questions:

- a. *Who likes to go swimming at the beach?*
- b. *What are some of the body parts you use to swim?* Repeat the same concept for the following activities:
- c. *Who likes to dance?*
- d. *Who likes to ride a bike?*
- e. *Who likes to run?*
- f. *Who likes to jump?*
- g. *Who likes to draw?*
- h. *Who likes to play video games?*

T: *We all like to use our bodies in different ways. It's important that we keep our bodies safe too!*

3. Explain and ask questions related to ways to keep bodies safe.

T: *There are lots of ways we keep our bodies safe.*

Sample Questions:

- a. *Whenever Leilani and Keoni get in the car, what do they always put on? (their seat belt)*
- b. *What are some ways that you keep yourself, or your body safe?*
- c. *What do you wear when you ride a bike?*
- d. *What do you do before you cross the street?*

T: *That's right! We know how to keep ourselves safe.*



III. Some Parts of My Body are Private

Summary: Students learn that their private parts are the parts of their body covered by their bathing suit. These areas of their body are kept private. **Note:** See page 15 for tips on talking with students about private parts.

Steps & Sample Scripts (T):

1. Talk with students about body parts, the concept of “private,” and the location of private parts. Use a puppet or the full-body picture of the boy and girl provided to help explain private parts and body ownership as related to private parts.

T: *Leilani just came back from the ocean. She had such a fun time playing. Who can tell me what kind of clothes Leilani has on? (Bathing suit). Your private parts are the parts of your body that are covered by your bathing suit. These parts are just for you.*

Key Points to communicate to students:

- To keep your body safe you need to know what parts of your body are private.
 - **Private** means just for you.
 - Your **private parts** are the parts of your body that are covered by your bathing suit.
-

2. Review private versus not-private parts by pointing to different parts of picture/puppet, pointing to private (bathing suit area) parts and other body parts.

T: *I'm going to point to a part of Leilani's body and you say YES if it's a private part or say NO if it's not a private part.*

3. Connect self care, body ownership, and private parts through Q&A:

Sample Questions:

- a. *Who does Leilani's body belong to?*
- b. *Who does this part (i.e., point to arm) belong to?*
- c. *Who does this part (point to the doll's private parts area) belong to?*
- d. *Who do Leilani's private parts belong to?*
- e. *Who do your private parts belong to?*
- f. *Let's say it together: My private parts belong to me.*

TIP: Naming Private

Parts - According to your comfort level, use the proper names of private parts – penis, vagina, breasts, bottom. This gives children the vocabulary they need to disclose if they are sexually abused.



IV. My Safety Rule

Summary: Students apply their understanding of body ownership and body safety to the touching of private parts. Students determine when such touches are safe or not safe based on the first safety rule: *No one should touch my private parts unless it's to keep me healthy.* Students review key terms of the safety rule and apply the safety rule to different scenarios to decide if touches are safe or not safe.

Steps & Sample Scripts (T):

1. Write the safety rule on the board and/or display ***My First Safety Rule*** handout/teacher tool for students to see.

T: Now I want to share a very important safety rule for children: *No one should touch my private parts unless it's to keep me healthy.* This rule helps you know when touches are safe or not safe.

2. Have students repeat the rule after the teacher. Suggest that when they say “My” point to themselves (teacher models using thumb or finger to point at self). Repeat the rule.
3. Clarify key terms with students through Q&A:
 - a. ***Private parts*** are? (The area under the bathing suit. Or if you want to be more specific – breasts, vagina, penis and bottom)
 - b. ***Healthy*** means? (not sick, being well, feeling good)
 - c. *How do we keep our bodies healthy?* (Eat healthy foods, get enough sleep, keep our bodies clean, wash our hands before eating, visit the doctor when we are sick, etc.)
4. Share examples of safe private part touches.
 - a. *when a mother takes care of her baby and cleans his or her private parts under the diaper.*
 - b. *when a doctor checks your body, including your private parts, during an office visit with you and your parents.*
 - c. *when a parent helps a small child clean their private parts in the bathroom if the child needs help to reach that area.*

TIP: If children have questions about whether or when private part touching is ok or safe, assure them they can and should talk to a grown-up they trust such as their teacher, parent or other family member.

5. Read the **touching scenarios** with students and ask questions to help students apply the safety rule and determine if the touches are safe or not safe.

Note: Those who do the unsafe touching in the scenarios below are people in the child's life. Over 90% of child victims are abused by someone they know.

Five Touching Scenarios

- When Junior goes to the doctor, the doctor looks at all of his body parts to make sure he is not sick. The doctor checks his nose, his arms, his tummy, and his private parts. Is the doctor checking Junior's private parts to keep him healthy? (Yes, to keep him healthy) Is this touch safe? (Yes).
- One day Tom's private parts hurt really bad. He told his auntie, and his auntie checked his private parts to make sure he was not hurt. Is Tom's auntie keeping him healthy? (Yes) Is this touch safe? (Yes).
- Jane was over at her neighbor's house and they were watching a movie. During the movie her neighbor touched Jane on her private parts. Is Jane's neighbor trying to keep Jane healthy? (No). Is Jane's neighbor breaking our safety rule? (Yes) What is our safety rule? *No one should touch my private parts unless it's to keep me healthy.*
- When Bart and his babysitter play together, Bart's babysitter touches Bart on his private parts. He tells Bart it's just for fun. Is Bart's babysitter trying to keep Bart healthy? (No) Is this breaking the safety rule? (Yes) *These touches are NOT safe.*
- When Mary-Ann takes a bath she can wash her arms and legs but sometimes she can't reach all of her body parts. She asks her mom to wash her back and private parts to make sure she is all clean. Is Mary-Ann's mom making sure Mary-Ann is healthy and clean? (Yes) Is Mary-Ann's mom breaking our safety rule? (No)

6. Distribute your choice of the **My First Safety Rule** worksheets (based on skill level and/or time) and help students complete and review the concepts.

KEY MESSAGES:

- No one should touch my private parts unless it's to keep me healthy.
- Unsafe touching of private parts is NEVER a child's fault.

V. I Can Stay Safe and Get Help: Say No, Get Away, Tell!

Summary: Students learn what to do if someone breaks the safety rule. Students learn how to protect themselves and get help with 3 key skills: (1) Refusal skills such as saying no or asserting their boundaries, (2) Skills to seek safety and leave a harmful situation, and (3) Communication skills, specifically telling a trusted grown-up about what happened.

Steps & Sample Scripts (T):

1. Review the safety rule and explain to students that they have safe ways to respond if someone breaks this rule.

T: *Who can remind me what our important safety rule is? (No one should touch my private parts unless it's to keep me healthy.)*

T: *There are some things you can do to stay safe if someone ever breaks our safety rule. The three things are Say no, Get away and Tell a grown-up. Write these on the board and ask students to repeat it with you: **Say no, Get away and Tell!***

2. Explain and have students practice refusal skills: **Say NO!**

T: *What is the first thing you can do if someone breaks the safety rule (touches you on your private parts when it's not to keep you healthy)? (Say NO!)*

- a. *We can say "No" to touches we don't like. Let's practice saying no together.*
- b. *Let's practice again and make it even stronger.*

Steps to practice saying no:

1. *Everyone stand up your straightest and tallest.*
2. *Now cross your arms in front of you, or put your hand out in front making it look like a stop sign. (Point out how these are ways to say no with your body.)*
3. *Keep your eyes straight at me as if you are saying no to me. (or point to an object, such as a poster or chair, to say no to)*
4. *Now, in a strong voice say, "No!"*



5. Invite individual students to stand up and demonstrate how they would say no to an unsafe touch, or a touch they don't like. Accept a variety of styles. Have students model their own version of "no" and praise them so they know that, yes, they are allowed to do this. They are allowed to say no to adults or others in unsafe situations.
6. Have the entire class stand up and say in a loud, strong voice: "NO."
7. Acknowledge that students can do their best to say no, but if they *can't say no* for some reason, there are other helpful things they can do.

3. Explain the option **Get Away!**

T: *The next safe thing you can do if someone breaks our safety rule is to get away.*

- a. *So what is another thing you can do? (Get away!)*
- b. *What are some ways you can get away? (run, walk, skateboard etc.)*
- c. *If you are afraid and can't say no, can you still try to get away? (Yes)*
- d. *If you can't leave right away, that's ok, just try to get away as soon as you can.*
- e. Have students stand up and practice getting away by running in place. There are many ways to get away: Run, walk, bike, etc.

4. Explain the option **Tell! Tell a grown-up what happened**

T: *Another thing you can do to stay safe is: Tell a grown-up you trust. There are many grown-ups at school (like me and ...) who care about you and can help you.*

- a. *Who are some of the grown-ups you can tell if someone ever breaks the safety rule, if someone touches your private parts and it's not to keep you healthy?*
- b. *Later we will talk more about grown-ups you can go to for help.*

TIP: This is a great opportunity for you to identify yourself as a trusted adult that students can go to if they ever have a problem. Also identify any other familiar staff members who students can talk to. (e.g. counselor)



TIP: NO! GO! TELL!

Another way to help students remember the three safety skills is to correlate them to the three words: **NO!** (Say No), **GO!** (Get Away) and **TELL!** (Tell a Grown-Up).

As you are introducing and teaching each skill, correlate it to the matching one syllable word, NO, GO or TELL.

You can engage students in the short chant, “NO! GO! TELL!” to summarize, practice and review the three safety skills at any time during the curriculum.

NOTE: It may not be as effective for students who speak pidgin as “No, go, tell” implies to not go and tell. It would need to be clearly expressed what each word represents so it is not misunderstood.

5. To review: Distribute one of the *I Can Be Safe!* worksheets and/or lead verbal review.

T: Who does your body belong to? (you) *What can you do if someone breaks our safety rule (someone touches you on your private parts and it's not to keep you healthy)?* **Say NO! Get Away! and Tell!**



Kinesthetic Learning: Act out and practice Say No, Get Away, Tell

Have students think of a way to represent each concept physically. For example, stand up and show me your pose for “no” (i.e., hand out like a stop sign, scowl on face, hands on hips, etc.), show me the pose for get away (i.e., a running stance, slow motion walking, etc.), show me the pose for tell (i.e., hands cupped over mouth like about to shout, making a cell phone call, etc.)

You can make a game for it. When I say no – do your pose, when I say get away – do your pose, etc. Speed it up and slow it down, say the words out of order so students have fun following you or keeping up the pace. Make it memorable!

Note: Use this anytime throughout the lesson, and in later lessons for review.

6. Closing point: ***If unsafe touching of private parts ever happens to you, it is not your fault.*** It is ok to tell someone what happened.

Note: Child victims often do not report the abuse because they think is it their fault, or are tricked or threatened into secrecy by the abuser.



VI. Enrichment Activity

Simon Says: Your Body is Special!

Summary: Play the traditional Simon Says game focusing on body parts to reinforce students' understanding of body ownership. This activity works in any lesson or between lessons. See page 75 for a separate pull-out sheet of the game, or see below:

Steps:

1. Explain the rules of Simon Says:
 - a. When I say, "Simon Says" to do something, it means to do it. Such as, "Simon says, put your hands on your head," means to put your hands on your head.
 - b. If I don't say "Simon Says" before I tell you what to do, don't do it.
 - c. If I ask you a question, you can answer it.
 - d. Do a practice round.
2. Play the game. **Note:** Teacher version below includes positive body ownership questions and statements (in bold) as part of the game.
 - a. Simon says, touch your shoulders.
 - b. Simon says, touch your toes.
 - c. Simon says, touch your nose.
 - d. Touch your elbows.
 - e. Who do your elbows belong to? (Me!)**
 - f. Simon says, put your hands above your head.
 - g. Simon says, point to your knees.
 - h. Simon says, touch your ears.
 - i. Touch your stomach!
 - j. Who does your stomach belong to? (Me!)**
 - k. Simon says, give your body a big hug because your body is so special.**
 - l. Simon says, pat yourself on the back for being such a great student.**



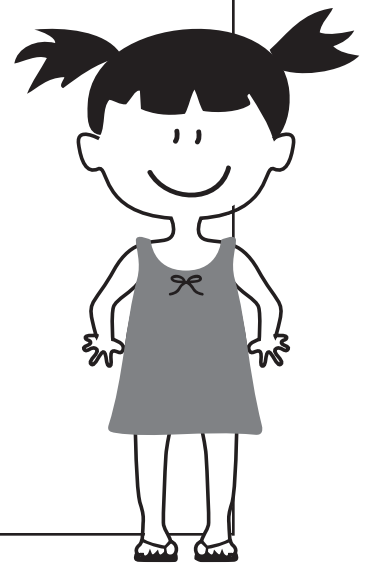
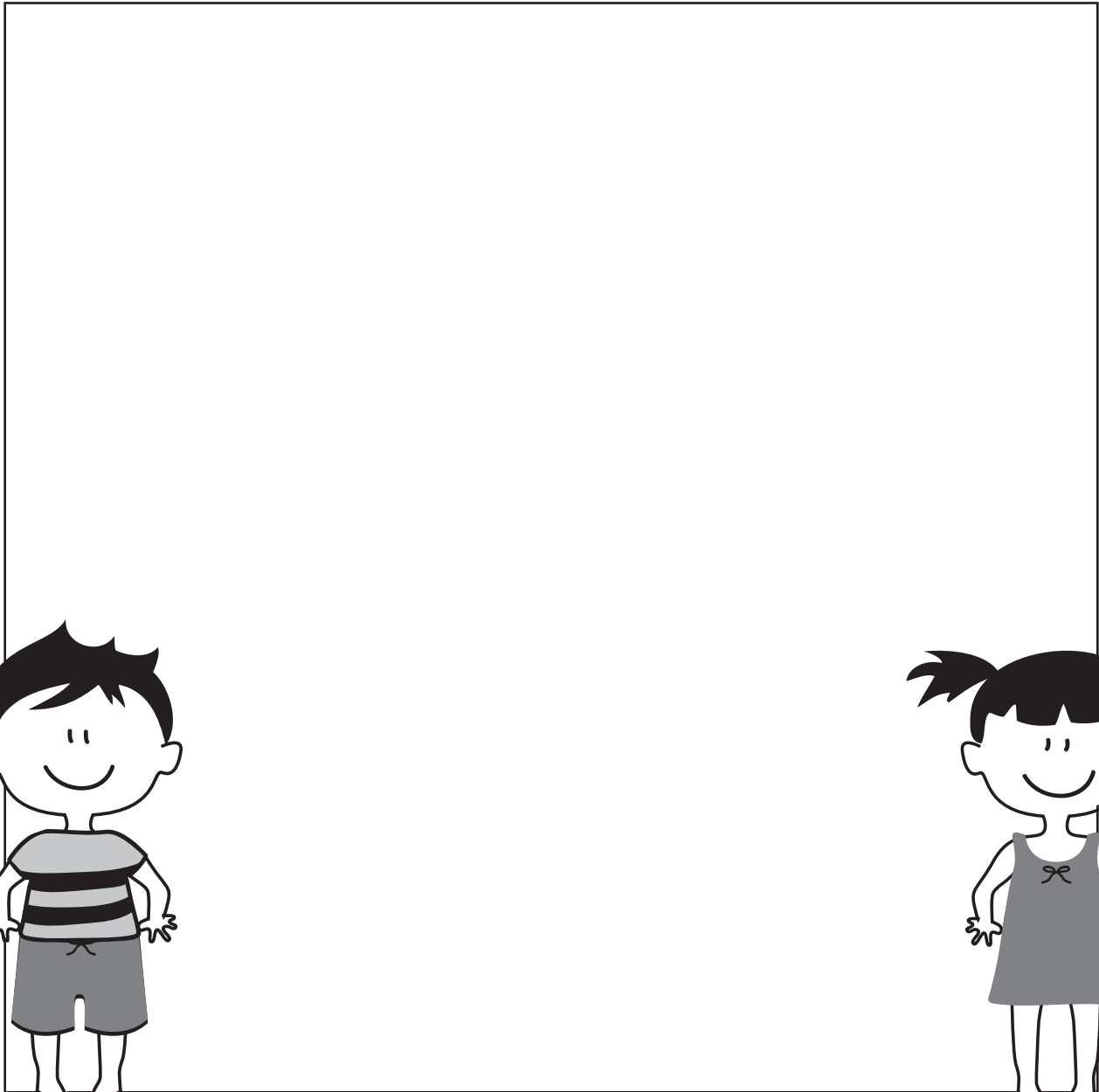


teacher's
tool

Name: _____

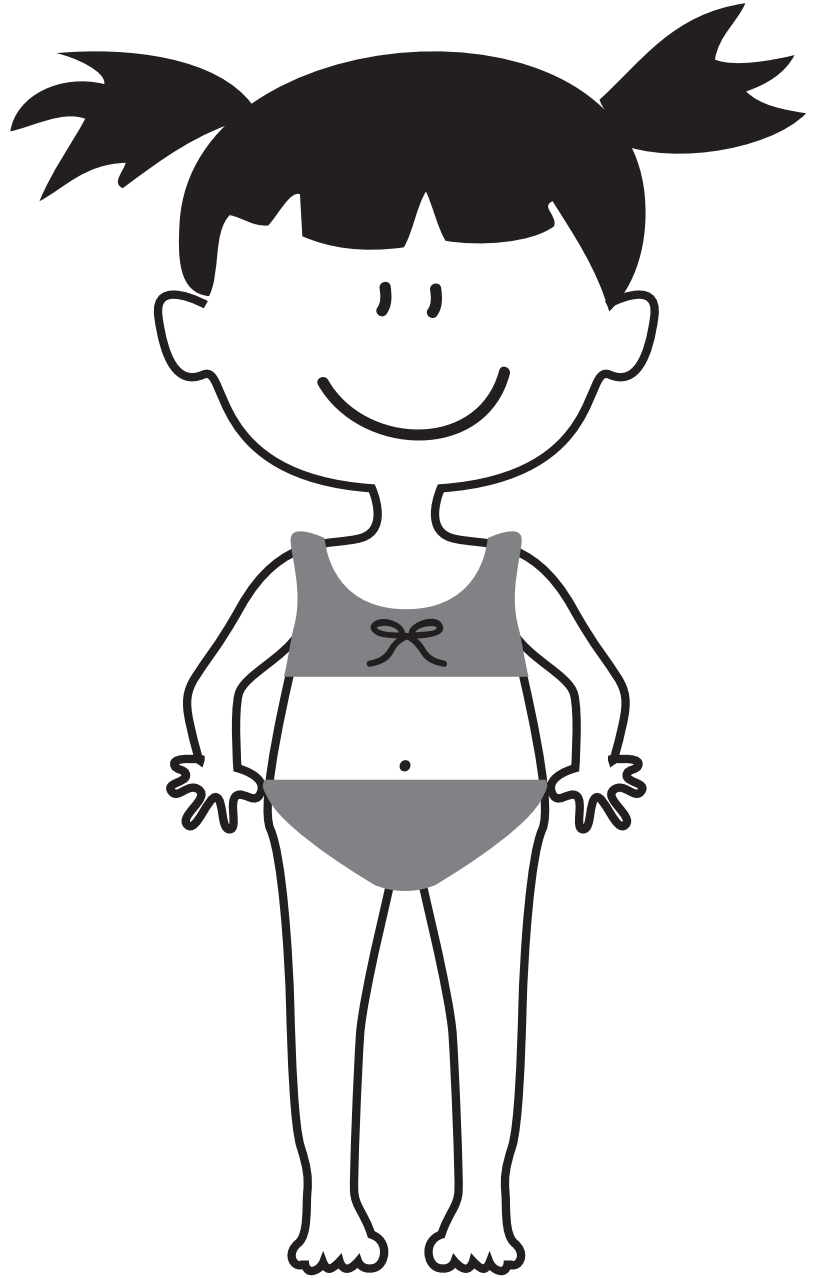
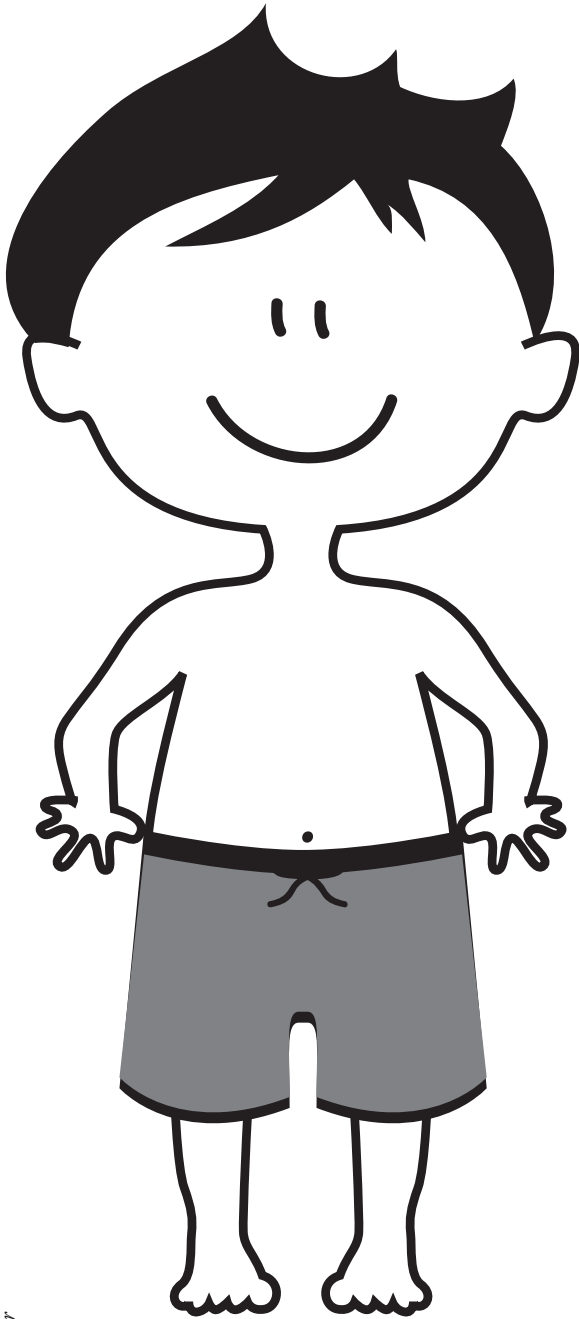
My Body is Special

Here is a picture of me!



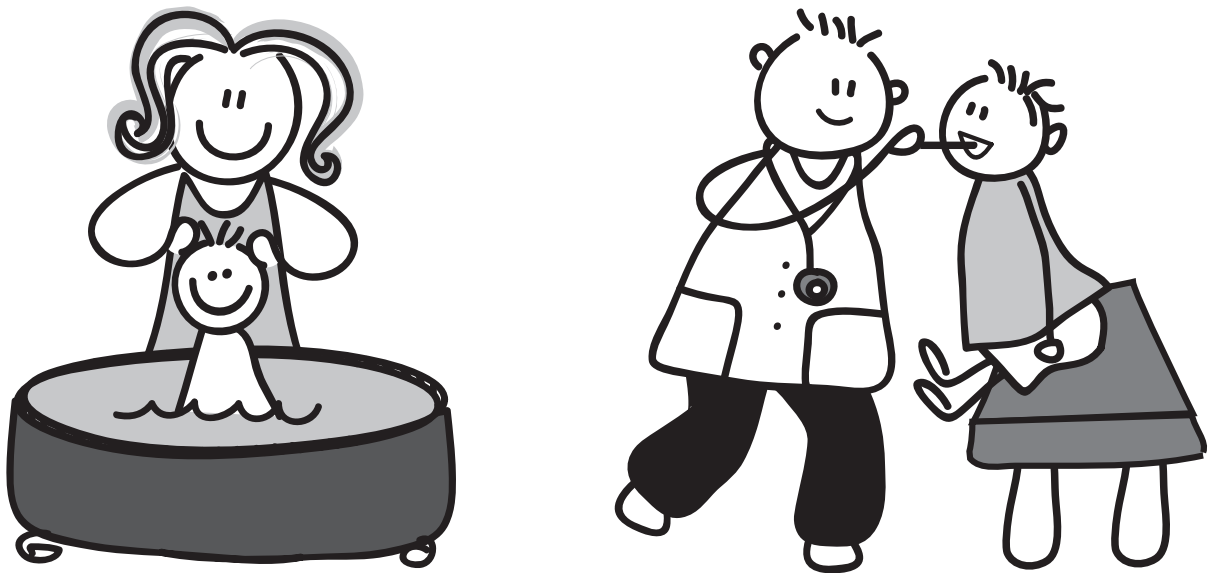
My Body Belongs to Me





My First Safety Rule

No one should touch my
private parts
unless it's to keep me
healthy.



Name: _____

My First Safety Rule

No one should touch my
private parts
unless it's to keep me
healthy.



Name: _____

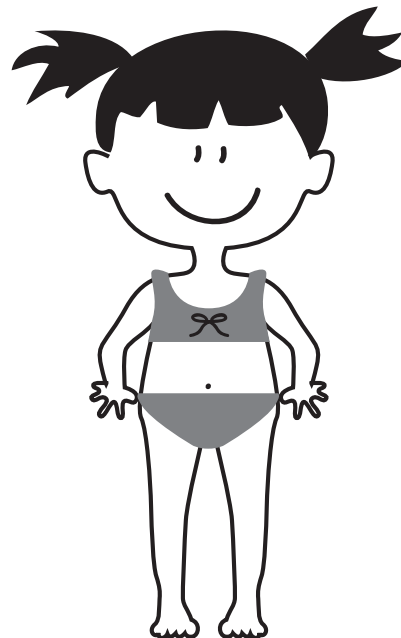
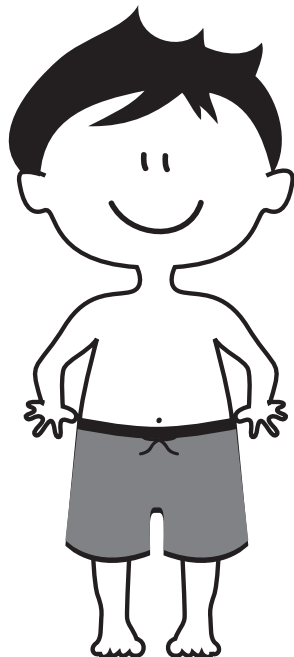
My First Safety Rule

No one should touch my

unless it's to keep me

_____.

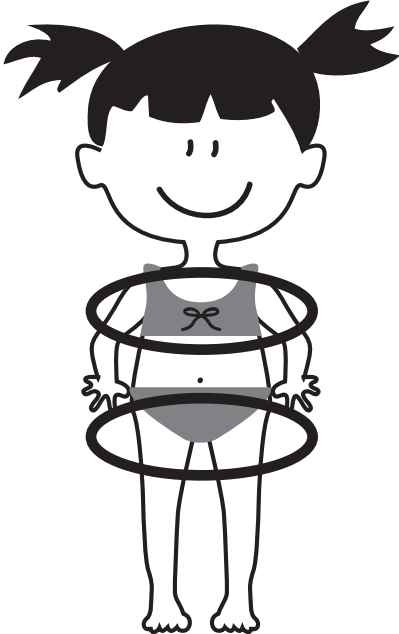
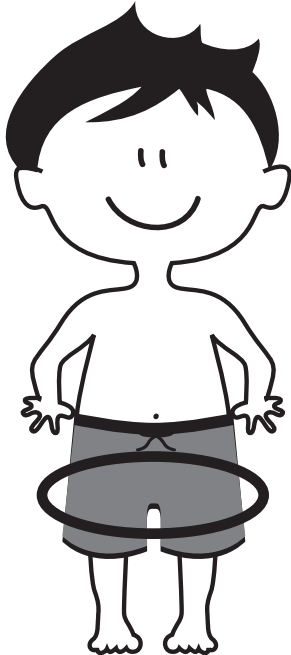
Circle the boy's and girl's private parts.



My First Safety Rule

No one should touch my
PRIVATE PARTS
unless it's to keep me
HEALTHY.

Circle the boy's and girl's private parts.



Name: _____

I Can Be Safe!

Directions: Trace the letters:

ME

My body belongs to _____.

YOU

Your body belongs to _____.

If someone touches my private parts and it is NOT to keep me healthy I can:

Say NO, Get AWAY, TELL an adult.



Name: _____

I Can Be Safe!

My body belongs to _____.

Your body belongs to _____.

I can keep my body _____.



No one should touch my _____ unless it's to

keep me _____.

WORD BOX (fill in the blanks above)

SAFE

ME

PRIVATE PARTS

YOU

HEALTHY

Three things I can do to stay safe are:







teacher
answer
key

I Can Be Safe!

My body belongs to _____ **ME** _____.

Your body belongs to _____ **YOU** _____.

I can keep my body _____ **SAFE** _____.



No one should touch my _____ **PRIVATE** _____ **PARTS** _____ unless it's to

keep me _____ **HEALTHY** _____.

WORD BOX (fill in the blanks above)

SAFE

ME

PRIVATE PARTS

YOU

HEALTHY

Three things I can do to stay safe are:



SAY NO

GET AWAY

TELL, TELL A GROWN-UP



