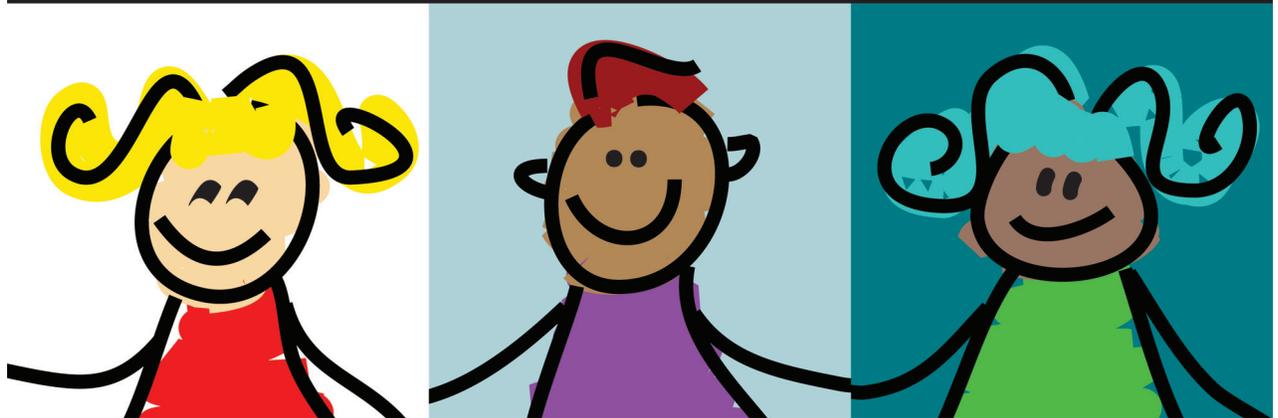


MY BODY, MY BOUNDARIES

A Sexual Abuse Prevention Curriculum



*Made possible through the generous support of
The Higgins Family Foundation*

*Developed by Christine Trecker, MSW, Jennifer Mitchell, M.ED. 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, My Boundaries: 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 Pre-K to 2nd, Middle School and High School all meet the Hawai’i Content Performance Standards (HCPS) III for health education.

The My Body, My Boundaries curriculum for 3rd – 5th 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.

Each of the 3rd – 5th grade lesson plans incorporates the 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 grade-level benchmarks achieved and an associated performance assessment component.

Also, to assist teachers in presenting this challenging topic to students, each lesson plan provides the actual words to use to explain sensitive concepts to students, in addition to teacher tips and answers to common questions that may arise in the classroom.

Subjects covered in the My Body, My Boundaries curriculum include:

- the three types of sexual abuse— unwanted talking, showing and touching of private parts
- how to recognize and respond to sexually abusive behaviors
- how to access help if victimized
- understanding what personal boundaries are and the importance of respecting them
- how to stay safe from internet predators

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. The current curriculum, My Body, My Boundaries, if for 3rd -5th graders and it reinforces the earlier messages 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 middle school [respect] curriculum, which follows this curriculum, reinforces the key messages of the My Body, My Boundaries curriculum and extends its scope to include more emphasis on the impacts of sexual violence, respecting personal boundaries in peer-to-peer relationships, sexual harassment and taking action to create a safer, more respectful school environment. 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 this curriculum 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, My Boundaries curriculum for 3rd – 5th 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, My Boundaries curriculum was the assistance provided by the Hawai'i Department of Education (DOE) staff. A special thanks to i-SAFE Inc., who partnered with SATC and provided generous contributions to the development of this curriculum. 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 3rd-5th 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.

Special Thanks To:

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Project Foresight
&
Julie Ulloa, University of Guam



My Body, My Boundaries

A Sexual Abuse Prevention Curriculum (3rd – 5th Grade)

Key Messages

- It is never my fault if sexual abuse happens to me.
- I can respond to unsafe situations by saying no, getting away, and telling an adult.
- If sexual abuse happens to me I will tell a trusted adult and keep telling until I get help.
- My personal boundaries and gut feelings help me recognize unsafe situations.

Lesson Plan #1: Staying Safe from Sexual Abuse

In this lesson, students learn a basic definition of sexual abuse and how to recognize if it is happening. Students discuss and practice what to do if unwanted talking, showing or touching of private parts does occur and the importance of telling a trusted adult.

Lesson Plan #2: Personal Boundaries & Gut Feelings

This lesson helps students associate their sense of boundaries and their gut feelings as effective tools for staying safe. Students identify their personal boundaries and how it feels when other people cross their boundaries. Students practice identifying and using gut feelings to recognize and respond to scenarios of unsafe situations.

Lesson Plan #3: Tell and Keep Telling

This lesson helps students expand their skills at telling a trusted adult if unwanted talking, showing or touching of private parts happens. Students identify helpful resources in and outside of school. Students participate in skits, role-plays and creative projects to practice new skills, overcome barriers to accessing help, and share with others what they have learned.

Lesson Plan #4: Cyber Safety

In this lesson, students learn to identify dangers online, the importance of telling a trusted adult if online activity makes them feel uncomfortable or scared, and ways to stay Cyber Safe by being Cyber Smart. Lesson provided by i-SAFE, Inc., a national leader in internet safety education.



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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 students 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. You may also help students identify their own inappropriate and disrespectful behaviors to help prevent various forms of sexual abuse from happening in the future. 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 36.)

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 violence 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 students 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 student's parents or guardians, the student) to decide if the benefits of presenting the material outweigh concerns for the youth.
- Brief the child ahead of time about the material to be covered (if you decide to teach the lessons with the child present.)
- Assure the child that he or she is free to leave the classroom during the lessons if he or she feels uncomfortable.

It is *more likely*, however, that you will have students 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 Topic

Talking about sexual abuse or unsafe behavior in the classroom can be difficult. You may feel uncomfortable discussing such matters with students, you may be concerned about parental objections to the material, 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

Set a Respectful Tone

Each lesson begins with a short exercise to create a safe space for all present. It is designed to set a tone of respect among students and to highlight the



seriousness of the subject matter. Be sure to provide sufficient time for this exercise before each lesson.

Stress That Victims Are Not to Blame

Fear of others' reactions and guilt keep many victims silent. It is, therefore, very important to state at least once during every lesson that victims are never to blame for being sexually abused.

- They are not to blame for what happened to them.
- They are not to blame because they couldn't get it to stop.
- They are not to blame if they keep silent about the abuse.

Incest victims, in particular, often remain silent because of misplaced guilt or because they have mixed feelings about the abuser. Creating an environment of respect and compassion for victims may encourage them to speak up and to get help.

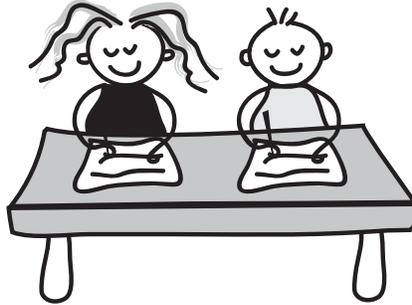
Be Prepared for Disclosures

Before teaching the curriculum, think through how you will respond if a student 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 **How to Respond if a Child Discloses Sexual Abuse** (page 11), and to involve the school community in preparing to handle student 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 Handout: **Keeping Our Children Safe** (page 7) with the letter. 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 9 & 11).

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



Children need the help of adults to protect them from sexual abuse. Through education and communication you can reduce a child's risk of being abused.

How Adults Can Help

- * Teach your child that their body belongs to them. They have the right to say NO to any type of touch that makes them feel uncomfortable.
- * Let your child know that if unwanted talking, showing, or touching of private parts happens to them they should *Say NO, Get Away and Tell a Trusted Adult.*
- * Tell your child that touching should not be kept a secret and to let you know if someone wants a secret relationship.
- * Teach your child to trust their gut feelings. If something feels wrong or uncomfortable leave and get help.
- * Make it safe for your child to tell you if sexual abuse happens:
 - believe your child; and
 - make sure they know that a child is never to blame for sexual abuse.

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.



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

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 unwanted talking, showing or touching of private parts happens to them they can *Say NO, Get Away, and Tell a Trusted Adult*. 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 Violence

When receiving disclosures, remember that teachers, counselors, and other 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)

How to Respond if a Child Discloses Sexual Abuse

* **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).

What to Expect When Teaching About Sexual Abuse

1. TEACHER'S PERSONAL REACTIONS

It is important to be aware that feelings and memories from past experiences or exposure to sexual violence may resurface while preparing to teach, or while teaching this curriculum. Please be sure to carefully review Section 1, **Preparing to Teach the Curriculum** before teaching your first lesson.

2. STUDENT'S REACTIONS

Students may seem uncomfortable, giggle or seem embarrassed, particularly during the first lesson when they hear their teacher and/or peers talking about sexual abuse and related terminology (i.e., private parts, touching). This is normal and expected. It often subsides as they learn that it is ok to address this topic in terms of their safety. They will take their lead from you, and learn from you that it is ok to say certain words and discuss this important topic in the classroom.

Tips for handling student discomfort with subject matter:

1. Acknowledge that their discomfort is normal.
2. Emphasize that learning about this subject is an important way to help keep them safe... just like (use any analogy such as learning to cross the street).
3. Acknowledge that this is not something you/they usually talk about in class and assure students that the classroom is a safe place for this conversation.
4. Try this activity if giggling becomes a problem: Tell the students whenever they feel like laughing to take a deep breathe in through their nose and blow it out through their mouth. Practice this once or twice with the students.

3. TERMINOLOGY

Lesson content and skills focus on distinguishing between and responding to safe and unsafe situations. As such, the lesson can be taught with or without using the term sexual abuse. The lesson outline, sample scripts and student worksheets all offer alternative ways to describe sexual abuse, such

as referring to it as unwanted talking, showing or touching of private parts, or simply unsafe touching, behavior or situations. Teachers can adjust their terminology to their own comfort level and their students' needs. Teaching tools are provided to address both younger and older student maturity levels.

4. STUDENT PARTICIPATION

Asking student *volunteers* to read worksheets, scenarios and other lesson content is beneficial. Doing so not only keeps them engaged, but increases their comfort with the topic. Students learn that it is ok to talk about sexual abuse (unwanted talking, showing or touching of private parts) if it is to keep them safe. This practice helps them develop the vocabulary and confidence necessary should they ever need to disclose sexual abuse.

Most students become comfortable learning about sexual abuse once you acknowledge that the subject is new and can be uncomfortable to talk about.

We recommend student involvement – reading and participation – be on a voluntary basis.

Many activities can be done in pairs or small groups.

5. STUDENT COMMENTS OR DISCLOSURES OF SEXUAL ABUSE

It is possible that a student will disclose sexual abuse during or after teaching this curriculum. If a student remarks during class that they have experienced sexual abuse or that they know about unwanted talking, showing, or touching because it happened to them, validate that student:

I'm glad that you are speaking up about that, (student's name). Telling is important. Lets talk together after class.

Refer to **Responding to Student Disclosures of Sexual Abuse** (page 29) for important tips on how to respond.

After a student discloses, coordinate a meeting with the student, yourself and the school counselor (or appropriate staff member). Refer to **Reporting Child Sexual Abuse** (page 31) for mandated reporting requirements and procedures.





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 kinds of sexual assault offenses, ranging from First Degree Felonies to petty misdemeanor offenses. (See Guam 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).

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)

References

- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Boyer, D. and D. Fine. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives* 24:4-10.

- Desai, S., I. Arias, M. Thompson, and K. Basile. (2002). Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence and Victims*, Vol. 17 (6): 639-653.
- Finkelhor, D. (1987). The sexual abuse of children: Current research reviewed. *Psychiatric Annals* 17: 233-241.
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. (1998) The Adverse Childhood Experiences (ACE) Study . *American Journal of Preventive Medicine*; 14:245–258.
- Greenfeld, Lawrence A. Sex offenses and Offenders. Bureau of Justice Statistics, US Department of Justice, 1997.
- Greenfeld, Lawrence A. Alcohol and Crime. Bureau of Justice Statistics, US Department of Justice. 1998.
- Noll, J., L. Horowitz, G. Bonano, P. Trickett and F. Putnam. (2003). Revitalization and self-harm in females who experienced childhood sexual abuse. *Journal of Interpersonal Violence*, Vol. 18 (12): 1452-1471.
- Paone, D., W. Chavkin, I. Willets, P. Friedman, D. Des Jarlais. (1992). The impact of sexual abuse: Implications for drug treatment. *Journal of Women's Health* 1:149-153.
- Rennison, Callie M. "Criminal Victimization 1999: Changes 1998-00 with Trends 1993-99." Bureau of Justice Statistics, U.S. Department of Justice, August 2000)
- Ruggiero, K.J. and D.G. Kilpatrick. (2003). Rape in Hawaii: A Report to the State. Charleston, SC: National Violence Against Women Prevention Center, Medical University of South Carolina.
- Schafran, L.H. (1996). Rape in America. *American Journal of Public Health* 86 (1), 15-19.
- Seymour, A., D. Kilpatrick, C. Edmunds. (1992). Rape In America: A Report to the Nation. Arlington, VA.: National Center for Victims of Crime.
- Silverman, J., A. Raj, L. Mucci and J. Hathaway. "Dating Violence Against Adolescent Girls and Associated Substance Use, Unhealthy Weight Control, Sexual Risk Behavior, Pregnancy, and Suicidality." *Journal of the American Medical Association*. 286(5):572-579, 2001)



Snyder, H. "Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics." Bureau of Justice Statistics, U.S. Department of Justice, 2000.

United States Bureau of Justice Statistics. (2000). National Crime Victimization Survey, Criminal Victimization 1999, Changes 1998-1999 with Trends 1993-1999, U.S. Department of Justice, 1999. NCJ 182734

United States Bureau of Justice Statistics. National Crime Victimization Survey. US Department of Justice, 2004.

Zierler, S., L. Feingold, D. Laufer, P. Velentgas, S.B. Kantorwitz and Gordon, K. Mayer. (1991). Adult survivors of childhood sexual abuse and subsequent risk of HIV infection. *American Journal of Public Health* 81:572-575.

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), “abused or neglected 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. Guam’s reporting procedures 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) Agency:

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

Situations that need to be reported under the Child Protective Act:

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;

(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.

The Department makes every reasonable effort to maintain the confidentiality of a reporter who requests that his/her name not be released. 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. 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; and
- 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



4 Lessons in a Nutshell

<p>LESSON 1: Staying Safe</p>	<p>LESSON 2: Personal Boundaries & Gut Feelings</p>	<p>LESSON 3: Tell and Keep Telling</p>	<p>LESSON 4: Cyber Safety</p>
<p>PLAN:</p> <ul style="list-style-type: none"> - Introduction: Staying safe - Refresh classroom rules - Define unsafe behaviors (sexual abuse) and three types - Explain “it’s never the child’s fault” - Review defining characteristics via scenarios to help students distinguish safe and unsafe situations. - Explain and have students enact three ways to respond: Say no, get away, tell an adult - Help students personalize safety responses 	<p>PLAN:</p> <ul style="list-style-type: none"> - Refresh classroom rules - Review lesson one concepts - Explain and demonstrate boundaries (use hula hoop) - Lead students in <i>Guided Experience</i> to explore boundaries. - Lead <i>Hula Hoop Activity</i> to explain gut feelings - Help students apply knowledge in their response to scenarios. 	<p>PLAN:</p> <ul style="list-style-type: none"> - Refresh classroom rules - Review lesson 1 and 2 - Help students identify safe adults - Help students specify their personal safety plan - Explain concept of “keep telling” - Facilitate skit about getting help - Lead final review of core concepts - Facilitate role play and/or art project to help students share knowledge 	<p>PLAN:</p> <ul style="list-style-type: none"> - Refresh classroom rules - Lead Q&A to introduce Cyberspace and Cyber Safety concepts - Explain how to identify unsafe online messages - Review how to respond to unsafe situations: Say no, get away, tell an adult. - Explain how to respond to unsafe online messages: refuse to respond, close out internet access, tell an adult - Review FBI Internet Safety Tips - Help students apply what they learned in Brittany’s Story - Choose homework, enrichment, or review option
<p>TOOLS:</p> <ul style="list-style-type: none"> - <i>I Deserve to Be Safe</i> worksheet* - <i>Is It Safe or Not Safe?</i> worksheet* - <i>Extra practice: Is it Safe or Not Safe</i> worksheet - Say No, Get Away Tell Kinesthetic Exercise - <i>My Ways to Stay Safe</i> worksheet - *Younger and older version available 	<p>TOOLS:</p> <ul style="list-style-type: none"> - Choice of 4 review activities (verbal, worksheet, or kinesthetic) - Guided Experience with Object Activity - Hula Hoop Activity - <i>Trust Your Gut Feelings</i> worksheet 	<p>TOOLS:</p> <ul style="list-style-type: none"> - <i>Review of Lesson 1 & 2</i> worksheet* - And/or Kinesthetic Exercise - <i>Helping Hands</i> worksheet - <i>What I Can Do</i> worksheet - <i>Keo (or Kalei) Gets Help Skit</i> - <i>Turtle Gets Help Skit</i> - <i>Helping a Friend Stay Safe Role Play</i> - <i>Core Concepts for Staying Safe</i> list - *Younger and older version available 	<p>TOOLS:</p> <ul style="list-style-type: none"> - Dangers Online (teacher reference) - <i>Cyber Smart = Cyber Safe</i> worksheet with FBI Tips - <i>What Would You Do? Brittany’s Story</i> worksheet
<p>TOOLS For Enrichment & Review:</p> <ul style="list-style-type: none"> - <i>Stay Safe: Words and Safety Rules</i> worksheet* - <i>Review of Concepts and Skills to Stay Safe</i> worksheet - <i>Letter to a friend</i> - *Younger and older version available 	<p>TOOLS For Enrichment & Review:</p> <ul style="list-style-type: none"> - <i>Elevator Ride Visualization</i> - <i>Letter to a friend</i>* - *Younger and older version available 	<p>TOOLS For Enrichment & Review:</p> <ul style="list-style-type: none"> - Art project: <i>What I Learned</i> - <i>Letter to a friend or family member</i> - <i>My Body, My Boundaries Comprehensive Review</i>* - *Younger and older version available 	<p>TOOLS For Enrichment & Review:</p> <ul style="list-style-type: none"> - <i>Make it Make Sense!</i> worksheet - Create An Awareness Campaign



LESSON 1

Staying Safe



OVERVIEW

Students learn how to recognize and respond to sexually abusive or unsafe behaviors. Specifically, students learn the definition and types of sexual abuse and apply their understanding to determine if scenarios involve sexually abusive behavior. They identify and personalize effective responses to sexual abuse; in particular, say no, get away and tell a trusted adult.

Note: *Lesson content and skills focus on distinguishing between and responding to safe and unsafe situations. As such, the lesson can be taught with or without using the term sexual abuse. The lesson outline, sample scripts and student worksheets all offer alternative ways to describe sexual abuse, such as referring to it as unwanted talking, showing or touching of private parts, or simply unsafe touching, behavior or situations. Teachers can adjust their terminology to their own comfort level and their students' needs. Teaching tools are provided to address both younger and older student maturity levels.*



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.3.1.1): Identify the link between healthy choices and being healthy.

Benchmark: (HE.3.1.4): Identify ways to prevent common childhood injuries.

Benchmark: (HE.4.1.1): Explain the connection between healthy behaviors and personal health.

Benchmark: (HE.4.1.3): Summarize ways in which a safe and healthy community environment can promote health.

Benchmark: (HE.4.1.4): Describe ways to prevent common health problems.

Benchmark: (HE.5.1.1): Describe the relationship between healthy behaviors and personal health.

Benchmark: (HE.5.1.3): Describe ways in which safe and healthy school and community environments can promote personal health.

Benchmark: (HE.5.1.4): Describe ways to prevent common childhood injuries and health problems.

Benchmark: (HE.5.1.5): Describe when it is important to seek health care.

Benchmark: (HE.5.1.6): Explain basic health terms and concepts.

Health Education Standard 3: Access Valid Information

Demonstrate the ability to access valid information, products, and services to enhance health.

Topic: Health Information, Products, and Services across Topic Areas

Benchmark: (HE.3.3.1): Recognize characteristics of valid health products and services.

Benchmark: (HE.3.3.2): Name resources from home and school that provide valid health information.

Benchmark: (HE.4.3.1): State characteristics of valid health information and services.

Benchmark: (HE.4.3.2): Identify resources from the community that provide valid health and wellness information.

Benchmark: (HE.5.3.1): Explain characteristic of valid health information, products and services.

Benchmark: (HE.5.3.2): Locate resources from home, school, and the community that provide valid health information.

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.3.7.1): Identify healthy practices to maintain personal health and wellness.

Benchmark: (HE.3.7.2): Demonstrate behaviors that avoid or reduce health risks.

Benchmark: (HE.4.7.1): Describe a healthy behavior to improve personal health and wellness.

Benchmark: (HE.4.7.2): Demonstrate a variety of behaviors to avoid or reduce health risks.

Benchmark: (HE.5.7.1): Identify responsible personal health behaviors.

Benchmark: (HE.5.7.2): Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.

Benchmark: (HE.5.7.3): Demonstrate a variety of behaviors to 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.3.4.1): Name effective non-verbal communication skills to enhance health and wellness.

Benchmark: (HE.3.4.2): Identify refusal strategies that reduces health risks.

Benchmark: (HE.3.4.4): Illustrate how to ask for assistance with a difficult personal situation.

Benchmark: (HE.4.4.1): Explain effective verbal communication skills to enhance health.

Benchmark: (HE.4.4.2): Show refusal skills that avoid health risks.

Benchmark: (HE.4.4.4): Model how to ask for support to enhance personal health and wellness.

Benchmark: (HE.5.4.1): Demonstrate effective verbal and nonverbal communication skills to enhance health.

Benchmark: (HE.5.4.2): Demonstrate refusal skills that avoid or reduce health risks.

Benchmark: (HE.5.4.4): Demonstrate how to ask for assistance to enhance personal health.

Health Education Standard 8: Health Advocacy

Demonstrate the ability to advocate for personal, family, and community health.

Topic: Advocacy Across Topic Areas



- Benchmark:** (HE.3.8.1): Share correct information about a health issue.
- Benchmark:** (HE.3.8.2): Promote positive health choices.
- Benchmark:** (HE.4.8.1): Give accurate information about a health issue.
- Benchmark:** (HE.4.8.2): Promote positive health choices.
- Benchmark:** (HE.5.8.1): Express opinions and give accurate information about a health issues.
- Benchmark:** (HE.5.8.2): Encourage others to make positive health choices.

LEARNER OUTCOMES

- Students define sexual abuse and the three types of sexual abuse.
- Students describe the key characteristics of sexual abuse which help them recognize sexually abusive behaviors and release them from self-blame.
- Students learn that sexual abuse is never a child’s fault.
- Students utilize definitions and characteristics of sexual abuse to recognize sexually abusive behavior.
- Students identify and practice three ways to respond to sexually abusive behavior: say no, get away, and tell a trusted adult.
- Students identify trusted adults who they can turn to if sexual abuse occurs.

TOOLS

- *I Deserve to be Safe* worksheet*
- *Is it Safe or Not Safe?* worksheet*
- *Extra Practice: Is it Safe or Not Safe?* *
- *My Ways to Stay Safe* worksheet

Optional Tools for Enrichment or Review:

- *Stay Safe: Words and Safety Rules* worksheet.
- *Review of Concepts and Skills to Stay Safe* worksheet*
- *Letter to a Friend* to share what you’ve learned about sexual abuse and how to stay safe.

* Younger and Older Version included

PREPARATION

Review:

- *What to Expect When Teaching About Sexual Abuse* (page 13)
- Teacher’s Answer Keys for Worksheets
- Student Questions (page 215)

Time: 45 minute class period



LESSON OUTLINE

I. Introduction

A. *Staying Safe*

Summary: Teacher leads Q&A with students to relate common safety rules to the new topic of staying safe from unwanted talking, showing or touching of private parts (sexual abuse).

Steps:

1. Write on board “We all deserve to be safe”

Sample Scripts:

Today we are going to be talking about safety and how we can stay safe.

2. Ask questions to promote discussion:

- *Who does your body belong to? (me)*
- *How do you take care of your body? (e.g., take a bath, brush teeth, tie shoes so don't trip, use band-aids on cuts, exercise, eat healthy etc.)*
- *What does the word safety mean to you? (e.g., not being hurt, not in danger, safe from harm, rules you follow....)*
- *What are some things we do to keep our bodies, or ourselves safe? (e.g., use seatbelts, look both ways when you cross the street, don't get in cars with strangers, don't go out late by yourself...)* Write answers on the board.
- *It is important to keep ourselves safe, right? (yes)*

3. Conclude: Today we will talk about another type of safety – keeping ourselves safe from unwanted talking, showing, or touching of private parts (sexual abuse).

B. *Refresh Classroom Rules*

Summary: Review general classroom guidelines adding two guidelines that are specific to learning about sexual abuse.

Steps

1. Review your classroom rules and expectations. Include to respect each other, to listen without interrupting, to establish a safe space for everyone to talk and learn about sexual abuse.

TIP: You can teach the lesson with or without using the specific term sexual abuse. It is written in the scripts along with other ways to refer to sexual abuse, such as “unwanted talking, showing or touching of private parts,” or unsafe behavior, actions or situations.



2. Add the following guidelines

- Out of respect for others, don't tell somebody else's story or personal information outside of the classroom.
- If one of you shares a personal story with me, and I think you may be in danger, I want to make sure you are safe. This may mean telling someone I trust who can keep you safe.
(Reporting Child Sexual Abuse see page 31)

II. What is Sexual Abuse?

Summary: Using the worksheet and teacher's answer key, lead students through a discussion to cover the definition of sexual abuse, the three types of sexual abuse, and key characteristics to determine if sexual abuse is happening.

Steps:

1. Hand out the *I Deserve to be Safe* worksheet (choose younger or older version).
2. Utilize teacher's answer key to help students fill in the blanks.
3. Review key terms in the definition:

Sample Script:

- *Who decides if it's unwanted? ...They (students) do, the person being touched decides if they are comfortable or not.*
 - *Private parts are the areas under your bathing suit. Or private parts are your breasts, penis, vagina and bottom.*
4. Clarify the three types of sexual abuse.
Have student volunteers read each definition and determine the type of sexual abuse.
 5. Help students fill in key terms in "I Deserve to Be Safe" section of the worksheet that further distinguish the qualities of sexual abuse: it's not for health reasons, it's often secret touching.
 6. Reinforce now and throughout lesson that sexual abuse is *never* a child's fault.

TIP: Naming Private Parts - According to your comfort level, use the proper names of private parts – penis, vagina, breasts, bottom. Using proper names conveys that there is nothing shameful or bad about these body parts. Also, it provides children the vocabulary they need to disclose if they are sexually abused.

KEY MESSAGE: It's Never Your Fault.

Throughout the lesson assure children that unwanted talking, showing or touching of private parts (sexual abuse) is never their fault.

- If unwanted talking, showing, or touching ever happens to you, it is never your fault. A lot of times the person who does this is someone you already know. No matter who does this, it is never your fault and you can always tell.
- Most adults are caring and safe.

**III. Is it Safe or Not Safe (When is it Sexual Abuse)?
Students Practice Identifying Sexual Abuse**

Summary: Students apply new understanding - the definitions, types and distinguishing characteristics - to scenarios to determine if sexual abuse is happening. After completing the worksheet, the teacher leads a review incorporating follow-up questions from the teacher's version.

Steps:

1. Hand out *Is it Safe or Not Safe?* worksheet (choose younger or older version).
2. Review the first scenario aloud with the class.
3. Students complete the worksheet individually.
4. As a class, read each scenario and review answers, asking additional questions to reinforce main points on teacher's version.
5. Reinforce **KEY MESSAGE: It's Never Your Fault** (above)
6. Transition: If sexual abuse happens to you, you can tell someone and you can get help.

**IV. What to do if Sexual Abuse Happens:
Say No, Get Away, Tell an Adult!**

Summary: Teacher leads Q&A discussion to teach students effective ways to respond to sexual abuse situations, in particular, to say no, get away, and tell a trusted adult. To make these steps fun and memorable, students physically practice or symbolize (or draw) the three responses.



Steps:

1. Students brainstorm and share how they would respond to unsafe situations like those they just read about. Write their responses on the board and organize into categories.
2. The final list should include:
 - a. Say no
 - b. Get away
 - c. Tell a trusted adult.
3. Review each safety tip/response with discussion about how to say no, get away, and tell, and why these could be helpful responses. The goal is for students to feel empowered and allowed to take action when they recognize sexual abuse or feel unsafe.
4. Use kinesthetic learning and/or art exercises to teach and reinforce the three responses. See the following as an example:



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

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), show me the pose for tell (i.e. hands framing mouth like about to shout, mimicking 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 curriculum to review.

V. My Ways to Stay Safe: Students Personalize Responses

Summary: Students review on a worksheet the three main ways to stay safe from sexual abuse. Students decide how they would carry out these actions, personalizing the options to their comfort level, recognizing they have choices and becoming comfortable with the responses.

Steps:

1. Hand out **My Ways to Be Safe** worksheet.
2. Have students complete the worksheet individually and ask for volunteers to share, as appropriate.

3. Review worksheets according to teacher's key and make sure students identify adults both in school and outside of school.
4. Identify specific people in the school who can help students with sexual abuse-related problems. Explain where and how to talk with the school counselor.
5. Have students recite the hotline number and answer questions they may have about using it.

KEY MESSAGE: Take Action to Stay Safe

Use the tools to help you respond to unsafe situations: Say no, get away and tell an adult.

TIP: Opportunity for Questions

Create the opportunity for students to ask questions in a more confidential, written manner.

1. Distribute paper to each student and explain that they do not have to put their names on the paper. Explain that you are going to answer questions for the class without saying whose question it is.
2. Ask students to write a question, or if they don't have a question, a comment (likes or dislikes, etc.) about the lesson. All students need to write something and turn in a paper.
3. Respond to the questions or comments that you decide are appropriate to address in front of the whole class.
 - This is an opportunity for you to "hear" from students who may be too shy or unsure to ask questions otherwise.
 - You may offer the option for students to write their name if they want you to answer their question privately, after class.

VI. Enrichment and Review Options

1. Quick Verbal or Written Review: Ask students what is sexual abuse (or, unsafe behavior)? What can you do to stay safe? Is this type of abuse ever your fault?
2. **Stay Safe: Words and Safety Rules** worksheet



3. *Review of Concepts and Skills to Stay Safe* worksheet
4. *Letter to a Friend* to share what students learned about staying safe.

VII. Reflection

Use the following questions to assist your personal reflection about the instruction and student responses to this lesson.

- What happened during the lesson?
- What did the students learn?
- What did I learn?
- How could I improve my lesson to be more engaging?
- How could I improve my lesson to help my students meet standards?

Name: _____

I Deserve to be Safe

Unwanted _____ , _____ , or _____
of _____ is NOT SAFE.

1. Unwanted _____

Someone talks about private parts.

2. Unwanted _____

Someone shows you their private parts or makes you show your private parts.

3. Unwanted _____

Someone touches your private parts or makes you touch their private parts.



1. It's not okay for anyone to touch a child's private parts unless it's for _____ reasons.

2. No one should ever ask a child to keep a _____ about talking, showing or touching of private parts.

3. If this happens to me it is _____ my fault.



I Deserve to be Safe

Unwanted talking , showing , or touching
of private parts is NOT SAFE.

1. Unwanted talking

Someone talks about private parts.

2. Unwanted showing

Someone shows you their private parts or makes you show your private parts.

3. Unwanted touching

Someone touches your private parts or makes you touch their private parts.



**I Deserve
to be Safe!**

1. It's not okay for anyone to touch a child's private parts unless it's for health reasons.

2. No one should ever ask a child to keep a secret about talking, showing or touching of private parts.

3. If this happens to me it is never my fault.

Name: _____

I Deserve to be Safe

Sexual abuse is unwanted _____ , _____ ,

or _____ of _____ .

1. Unwanted _____

Someone talks about private parts or sexual things to you.

2. Unwanted _____

Someone shows you their private parts or makes you show your private parts.

3. Unwanted _____

Someone touches your private parts or makes you touch their private parts.



1. It's not okay for anyone to touch a child's private parts unless it's for _____ reasons.

2. No one should ever ask a child to keep a _____ about talking, showing or touching of private parts.

3. Sexual Abuse is _____ my fault.

I Deserve to be Safe

Sexual abuse is unwanted _____ talking _____ , _____ showing _____ ,
or _____ touching _____ of _____ private _____ parts _____ .

1. Unwanted _____ talking _____

Someone talks about private parts or sexual things to you.

2. Unwanted _____ showing _____

Someone shows you their private parts or makes you show your private parts.

3. Unwanted _____ touching _____

Someone touches your private parts or makes you touch their private parts.



**I Deserve
to be Safe!**

1. It's not okay for anyone to touch a child's private parts unless it's for _____ health _____ reasons.

2. No one should ever ask a child to keep a _____ secret _____ about talking, showing or touching of private parts.

3. Sexual Abuse is _____ never _____ my fault.

Name: _____

Is It Safe Or Not Safe?

Unwanted talking, showing, or touching of private parts is NOT SAFE.

Directions: Read each example below. Circle if the example is SAFE or NOT SAFE. If it is Not Safe, write down if it is unwanted talking, showing, or touching.

1. When Millie is alone with her adult neighbor, her neighbor talks about her private parts and it makes her feel funny and uncomfortable.

Is this: SAFE NOT SAFE _____

2. Mack goes on a camping trip with his youth group. During the camping trip one of the camp workers touches Mack on his private parts when no one is around. The camp worker tells Mack to keep what he is doing a secret.

Is this: SAFE NOT SAFE _____

3. Tip is with his parents in the doctor's office. The doctor asks to examine his body, including his private parts, to make sure he is healthy. Tip says OK.

Is this: SAFE NOT SAFE _____

4. Rex touches his private parts when he washes himself in the shower.

Is this: SAFE NOT SAFE _____

5. Nell's uncle shows Nell his private parts when no one else is around. This scares Nell.

Is this: SAFE NOT SAFE _____

6. When Keanu sees his grandparents they hug and kiss him to say hello. Keanu likes this.

Is this: SAFE NOT SAFE _____

Is It Safe Or Not Safe?

Unwanted talking, showing, or touching of private parts is NOT SAFE.

Directions: Read each example below. Circle if the example is SAFE or NOT SAFE. If it is Not Safe, write down if it is unwanted talking, showing, or touching.

1. When Millie is alone with her adult neighbor, her neighbor talks about her private parts and it makes her feel funny and uncomfortable.

Is this: SAFE NOT SAFE unwanted talking

Talking Points: This is unwanted talking about private parts. If something makes you feel funny or uncomfortable that's one way to know that something isn't right.

2. Mack goes on a camping trip with his youth group. During the camping trip one of the camp workers touches Mack on his private parts when no one is around. The camp worker tells Mack to keep what he is doing a secret.

Is this: SAFE NOT SAFE unwanted touching

Talking Points: This is unwanted touching of private parts. Ask students: What is the safety rule about secrets? No one should ever ask a child to keep a secret about unwanted talking, showing, or touching of private parts.

3. Tip is with his parents in the doctor's office. The doctor asks to examine his body, including his private parts, to make sure he is healthy. Tip says OK.

Is this: SAFE NOT SAFE _____

Talking Points: It's okay for someone to touch our private parts for medical or health reasons. Ask students: How many of you ask your mom or another grown-up to come into the room with you when you visit the doctor? Tell them they can always ask someone else, a family member or the nurse, to be with them during their medical check up.



4. Rex touches his private parts when he washes himself in the shower.

Is this:

SAFE

NOT SAFE _____

Talking points: This is safe. Ask students: Who does your body belong to? They will probably say something like "my body belongs to me." That's right; your body belongs to you. Touching your own body, including your private parts, is not wrong.

Note: It is normal for young children to touch their own genitals; therefore it is important not to imply doing so is wrong or is sexual abuse. If some children laugh or express disgust at the notion of someone touching their private parts, clarify matter-of-factly that touching our private parts, when we are alone, is not wrong.

5. Nell's uncle shows Nell his private parts when no one else is around. This scares Nell.

Is this:

SAFE

NOT SAFE

unwanted showing

Talking Point: This is unwanted showing of private parts. Grown-ups should not be showing their private parts to children. Most grown-ups are safe and would never do this.

6. When Keanu sees his grandparents they hug and kiss him to say hello. Keanu likes this.

Is this:

SAFE

NOT SAFE

Talking Points: This is safe. Hugging and kissing family members when you greet them usually makes people feel good and comfortable.





4. Rex touches his private parts when he washes himself in the shower.

Is this sexual abuse: NO YES _____

Talking points: This is not sexual abuse. Ask the students: Who does your body belong to? They should say "my body belongs to me." That's right, your body belongs to you. Touching your own body, including your private parts, is not wrong.

Note: It is normal for young children to touch their own genitals; therefore it is important not to imply doing so is wrong or is sexual abuse. If some children laugh or express disgust at the notion of someone touching their private parts, clarify matter of factly that touching our private parts, when we are alone, is not wrong.

5. Nell's uncle shows Nell his private parts when no one else is around. This scares Nell.

Is this sexual abuse: NO YES unwanted showing

Talking Point: This is unwanted showing of private parts. Grown-ups should not be showing their private parts to children. Most grown-ups are safe and would not do this.

6. When Keanu sees his grandparents they hug and kiss him to say hello. Keanu likes this.

Is this sexual abuse: NO YES _____

Talking Points: This is not sexual abuse. Hugging and kissing family members when you greet them usually makes people feel good and comfortable.



Name: _____

Extra Practice: Is It Safe Or Not Safe

Directions: Read each example below. Circle if the example is SAFE or NOT SAFE. If it is Not Safe, write down if it is unwanted talking, showing, or touching.

1. Andy's 19-year-old cousin asks 10-year-old Andy to play a game on the computer. When Andy goes over to the computer, instead of the game he expected, he sees pictures of naked people touching each other. Andy feels tricked. The cousin tells Andy he better not tell his mother what happened.

Is this: SAFE NOT SAFE _____

2. Every Friday after school Julia and her classmate Tina change into their soccer clothes together in Julia's bedroom before practice.

Is this: SAFE NOT SAFE _____

3. Susan's dance teacher tells her that she is her favorite student and gives her special gifts. One day her dance teacher invites Susan to her house. While there, she touches Susan on her private parts.

Is this: SAFE NOT SAFE _____

4. Polly's step-father watches her while she is taking a shower even though she told him she doesn't like it.

Is this: SAFE NOT SAFE _____

5. Teddy's babysitter has hugged him and touched his private parts ever since Teddy was a little boy. Now that Teddy is 9 years old he doesn't like it and wants his babysitter to stop.

Is this: SAFE NOT SAFE _____

6. Dan is walking down the hall at school with his friend when Dan's friend swings his arm and accidentally hits Dan's private parts.

Is this: SAFE NOT SAFE _____

7. Sometimes at night Mindy's dad comes into her bedroom and touches her private parts. He tells her what he is doing must be kept a secret.

Is this: SAFE NOT SAFE _____

8. Suzy's 3-year-old brother runs out of the bathroom naked after their mother gives him a bath.

Is this: SAFE NOT SAFE _____

9. Gil feels some pain in his private parts. He is not sure what is causing the pain. He goes to his dad for help. They decide to go to the doctor to have it checked.

Is this: SAFE NOT SAFE _____



Extra Practice:

Is It Safe Or Not Safe?

Directions: Read each example below. Circle if the example is SAFE or NOT SAFE. If it is Not Safe, write down if it is unwanted talking, showing, or touching.

1. Andy's 19-year-old cousin asks 10-year-old Andy to play a game on the computer. When Andy goes over to the computer, instead of the game he expected, he sees pictures of naked people touching each other. Andy feels tricked. The cousin tells Andy he better not tell his mother what happened.

Is this: SAFE NOT SAFE unwanted showing

Talking Points: This is unwanted showing of private parts. Why do you think the cousin told Andy not to tell his mother? Because the cousin knows what he is doing is wrong.

2. Every Friday after school Julia and her classmate Tina change into their soccer clothes together in Julia's bedroom before practice.

Is this: SAFE NOT SAFE _____

Talking Points: This is safe. If Julia and Tina both feel comfortable changing their clothes in the same room, then it is OK.

3. Susan's dance teacher tells her that she is her favorite student and gives her special gifts. One day her dance teacher invites Susan to her house. While there, she touches Susan on her private parts.

Is this: SAFE NOT SAFE unwanted touching

Talking Points: This is unwanted touching of private parts. Sometimes unsafe people like Susan's dance teacher give children special attention or gifts. If Susan keeps the gifts her dance teacher gives her, is Susan to blame for the unwanted touching? No. Children are never to blame for unwanted touching of private parts.



Extra Practice: Is It Safe Or Not Safe?

- 4. Polly's step-father watches her while she is taking a shower even though she told him she doesn't like it.

Is this: SAFE NOT SAFE unwanted showing

Talking point: This is an example of unwanted showing of private parts. As we get older we deserve to have privacy in the bathroom. As soon as Polly told her father that she does not like him watching her in the shower, he should stop.

- 5. Teddy's babysitter has hugged him and touched his private parts ever since Teddy was a little boy. Now that Teddy is 9 years old he doesn't like it and wants his babysitter to stop.

Is this: SAFE NOT SAFE unwanted touching

Talking point: This is an example of unwanted touching. Ask Students: If Teddy let his babysitter touch his private parts when he was younger, was it Teddy's fault? No. Can Teddy tell his babysitter to stop even though it's been happening for a long time? Yes.

- 6. Dan is walking down the hall at school with his friend when Dan's friend swings his arm and accidentally hits Dan's private parts.

Is this: SAFE NOT SAFE _____

Talking Points: Sometimes our friends or other people may touch our private parts by accident. This is not unsafe touching. Unsafe touching is when someone touches our private parts on purpose.



7. Sometimes at night Mindy's dad comes into her bedroom and touches her private parts. He tells her what he is doing must be kept a secret.

Is this: SAFE NOT SAFE unwanted touching

Talking Points: This is unwanted touching of private parts. Also, touching should never be a secret. Most grown-ups are safe and would never tell us to keep touching a secret. What Mindy's father is doing is wrong.

8. Suzy's 3-year-old brother runs out of the bathroom naked after their mother gives him a bath.

Is this: SAFE NOT SAFE _____

Talking Points: This is safe. The mother needs to help the brother take a bath because he is very young. Also, little children are not expected to know the rules about unwanted talking, showing, or touching of private parts.

Note: It is normal for young children to engage in some form of sex play/exploration with peers. Students in your class may feel unnecessarily guilty or confused if now they learn that looking at or touching others' private parts is unsafe. It is therefore important to stress that as young children they were not expected to know the safety rules, but now they are old enough to know and follow the safety rules.

9. Gil feels some pain in a private part. He is not sure what is causing the pain. He goes to his dad for help. They decide to go to the doctor to have it checked.

Is this: SAFE NOT SAFE _____

Talking Points: This is safe. Gil has a health problem and wants his dad to help. Boys and girls sometimes have problems or questions about their private parts. When that happens it is ok to ask a parent or another trusted grown-up for help.

Talking Points: This is unwanted touching of private parts. Touching should never be a secret. Most grown-ups are safe and would never tell us to keep touching a secret. What Mindy's father is doing is wrong.

8. Suzy's 3 year old brother runs out of the bathroom naked after their mother gives him a bath.

Is this sexual abuse:

NO

YES _____

Talking Points: This is not sexual abuse. The mother needs to help the brother take a bath because he is so little. Also, little children are not expected to know the rules about unwanted talking, showing, or touching of private parts.

Note: It is normal for young children to engage in some form of sex play/exploration with peers. Students in your class may feel unnecessarily guilty or confused if now they learn that looking at or touching others' private parts is unsafe. It is therefore important to stress that as young children they were not expected to know the safety rules, but that now they are old enough to know and try to follow the safety rules.

9. Gil feels some pain in his private parts. He is not sure what is causing the pain. He goes to his dad for help. They decide to go to the doctor to have it checked.

Is this sexual abuse:

NO

YES _____

Talking Points: This is not sexual abuse. Gil has a health problem and wants his dad to help. Boys and girls sometimes have problems or questions about their private parts. When that happens it is ok to ask a parent or another trusted grown-up for help.

Name: _____

My Ways to Stay Safe

If unsafe talking, showing, or touching happens to me,
I have three things I can do:

1. _____
2. _____
3. _____

List 2 different ways I can say no.

1. _____
2. _____

List 2 different ways I can get away.

1. _____
2. _____

List 2 different adults I trust.

1. _____
2. _____

If unwanted talking, showing, or touching of private parts happens to me, a hotline number I can call with my trusted adult is: _____



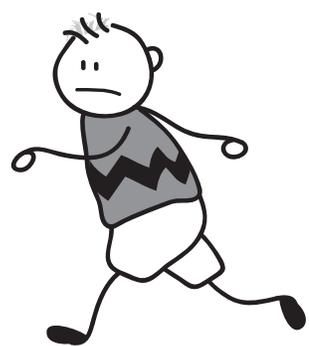
My Ways to Stay Safe

If unsafe talking, showing, or touching happens to me,
I have three things I can do:

1. Say No
2. Get Away
3. Tell A Trusted Adult

List 2 different ways I can say no.

1. Stop! Please Stop! Leave me alone! Don't! etc.
2. I don't like this! Get out of here! Go away! etc.



List 2 different ways I can get away.

1. Run, Skip, Walk, Drive away in a car, etc.
2. Walk, Jog, Ride on my bike, etc.

List 2 different adults I trust.

1. mom , dad, specific auntie, uncle or adult friend
2. specific teacher, counselor, health aide, pastor etc.



Note: You may volunteer yourself and/or school counselor here as well.

If unwanted talking, showing, or touching of private parts happens to me, a hotline number I can call with my trusted adult is: **Oahu: 524-7273, Kauai: 245-4144, Maui: 873-8624, Molokai/Lanai: (866) 443-5702, Big Island: 935-0677**

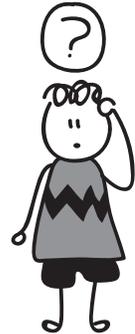
Name: _____

Stay Safe: Words and Safety Rules

S S S L S M C F H D T D K B Z
G H I S Y I U J X L V H C G L
L W O B Q N V D U R Z F X P S
V C O W E A F D Z O Y L O M T
A D A T I H A O M G N I E Z R
Y F K F C N J R N G E Y H T A
E U T N A P G P O E Z W A D P
J K F L J Z S A E T A V B S E
V K L M U P L F W A Q I U H T
T E R C E S A Y X W R Y L F A
T I O K C S N L K A X W R K V
T A L K I N G Y N Y W O E L I
I Q T L O F H F K R H K V M R
O I J T S J G K A V U F E V P
C Y X H C D F B C M O H N Z J

WORD BANK

PRIVATE PARTS
TALKING
TELL AN ADULT
SECRET
GET AWAY
SAFE
SHOWING
NEVER
MY BODY
SAY NO



Words may be backwards, forwards, upside-down, diagonal, vertical or horizontal.

Fill in the blanks using the word bank:

1. _____ belongs to me!
2. It's not okay for people to touch my _____ unless they are trying to keep me healthy.
3. I deserve to be _____ no matter what!
4. If someone asks me to keep a _____ about unwanted talking, showing or touching of private parts, I should tell an adult I trust right away.

Stay Safe: Words and Safety Rules

A 15x15 grid of letters with several words circled in various orientations:

- Horizontal: TALKING, TERCES, TIOKCS, TALKIN
- Vertical: GUY, WOLF, RAVEN, YWON, N, Z
- Diagonal: MASH, HAD, DKBZ, YL, OMT, EYHTA, ZWADP, AVBS, QIUHT, WRF, AXW, R, E, L, I, V, M, R, E, V, P, N, Z, J

WORD BANK

- PRIVATE PARTS
- TALKING
- TELL AN ADULT
- SECRET
- GET AWAY
- SAFE
- SHOWING
- NEVER
- MY BODY
- SAY NO



Words may be backwards, forwards, upside-down, diagonal, vertical or horizontal.

Fill in the blanks using the word bank:

- My body belongs to me!
- It's not okay for people to touch my private parts unless they are trying to keep me healthy.
- I deserve to be safe no matter what!
- If someone asks me to keep a secret about unwanted talking, showing or touching of private parts, I should tell an adult I trust right away.

Name: _____

Review of Concepts and Skills To Stay Safe

Directions: Fill in the blanks using the words in the dark box below.

- Unwanted _____, _____, or touching of private parts is _____.
- If this happens to me I can say _____, get _____, and tell _____ that I trust.
- If this happens to me it is _____ my fault.
- No one should ask me to keep a _____ about touching.



Not Safe Secret Talking No Away
 Showing a grown-up Never

Directions: Read the situation below and answer the questions.

Mr. Q, Billy's next door neighbor, invites Billy and other kids in the neighborhood over to his house to go swimming in his pool. Billy loves to swim in the pool, but sometimes when Mr. Q is in the pool with the kids he touches Billy on his private parts. Billy doesn't know what to do.

Is what Mr. Q doing safe or unsafe? _____

Are most grown-ups safe to be around? _____

What would you do if you were Billy?

How would you say no? _____

How would you get away? _____

Who would you tell? _____

What would you tell that person? _____

Review of Concepts and Skills To Stay Safe

Directions: Fill in the blanks using the words in the dark box below.

- Unwanted talking , showing , or touching of private parts is not safe .
- If this happens to me I can say No , get away , and tell a grown-up that I trust.
- If this happens to me it is never my fault.
- No one should ask me to keep a secret about touching.



Not Safe Secret Talking No Away
 Showing a grown-up Never

Directions: Read the situation below and answer the questions.

Mr. Q, Billy's next door neighbor, invites Billy and other kids in the neighborhood over to his house to go swimming in his pool. Billy loves to swim in the pool, but sometimes when Mr. Q is in the pool with the kids he touches Billy on his private parts. Billy doesn't know what to do.

Is what Mr. Q doing safe or unsafe? unsafe

Are most grown-ups safe to be around? Yes. Most grown-ups are safe and would never do what Mr. Q is doing.

What would you do if you were Billy?

How would you say no? Stop!, Quit it!, No way! Etc.

How would you get away? Swim away, Run, Ride my bike, Walk fast, etc.

Who would you tell? My mom, My dad, My foster mom, My grandmother, etc.

What would you tell that person? Mr. Q touched my private parts and it makes me feel uncomfortable, I need help Mr. Q is bothering me, Mr Q did something wrong to me and I need to talk to you, etc.

Name: _____



Review of Concepts and Skills To Stay Safe

Directions: Fill in the blanks using the words in the dark box below.

1. Sexual Abuse is unwanted talking, _____, or _____ of _____.
2. If someone tries to abuse me I can say _____, get _____, and tell _____ that I can trust.
3. If sexual abuse happens to me it is _____ my fault.
4. If someone asks me to keep a _____ about touching I should tell a trusted adult.

Private Parts	Secret	Touching	No	Away
Showing	an Adult	Never		

Directions: Read the situation below and answer the questions.

Mr. Q, Billy's next door neighbor, invites Billy and other kids in the neighborhood over to his house to go swimming in his pool. Billy loves to swim in the pool, but sometimes when Mr. Q is in the pool with the kids he touches Billy on his private parts. Billy doesn't know what to do.

Is what Mr. Q doing safe or unsafe? _____

Are most grown-ups safe to be around? _____

What would you do if you were Billy?

How would you say no? _____

How would you get away? _____

Who would you tell? _____

What would you tell that person? _____

Review of Concepts and Skills To Stay Safe

Directions: Fill in the blanks using the words in the dark box below.

1. Sexual Abuse is unwanted talking, showing, or touching of private parts.
2. If someone tries to abuse me I can say No, get away, and tell an adult that I can trust.
3. If sexual abuse happens to me it is never my fault.
4. If someone asks me to keep a secret about touching I should tell a trusted adult.

Private Parts Secret Touching No Away
Showing an Adult Never

Directions: Read the situation below and answer the questions.

Mr. Q, Billy's next door neighbor, invites Billy and other kids in the neighborhood over to his house to go swimming in his pool. Billy loves to swim in the pool, but sometimes when Mr. Q is in the pool with the kids he touches Billy on his private parts. Billy doesn't know what to do.

Is what Mr. Q doing safe or unsafe? unsafe

Are most grown-ups safe to be around? Yes. Most grown-ups are safe and would never do what Mr. Q is doing.

What would you do if you were Billy?

How would you say no? Stop!, Quit it!, No way! etc.

How would you get away? Swim away, Run, Ride my bike, Walk fast, etc.

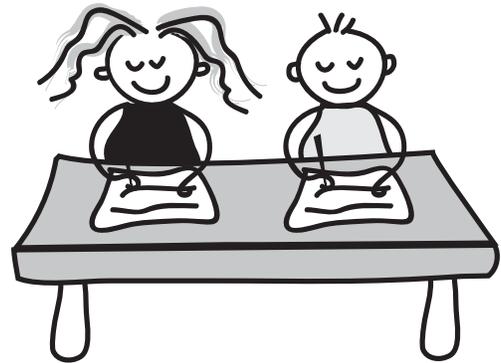
Who would you tell? My mom, My dad, My foster mom, My grandmother, etc.

What would you tell that person? Mr. Q touched my private parts and it makes me feel uncomfortable, I need help Mr. Q is bothering me, Mr Q did something wrong to me and I need to talk to you, etc.

Name: _____

Write a letter to a friend to help them stay safe.

Write a letter to a friend telling them about the types of unsafe behavior (unwanted _____, _____, or _____ of private parts). Explain to your friend what she or he can do if it happens to them.



Today's Date _____

Dear _____,

Your Friend,



LESSON 2

Personal Boundaries and Gut Feelings



OVERVIEW

Students define, identify, and experience personal boundaries and gut feelings. They use their sense of boundaries and gut feelings to recognize and react to unsafe situations. Through varied experiential activities, students become more aware of their unique personal sense of boundaries and that boundaries can change. Students recognize how it feels to have their boundaries crossed and practice naming and safely responding to this feeling. Students experience, identify, and name gut feelings, and practice trusting gut feelings in response to sexual abuse scenarios.



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.3.1.1): Identify the link between healthy choices and being healthy.

Benchmark: (HE.3.1.4): Identify ways to prevent common childhood injuries.

Benchmark: (HE.4.1.1): Explain the connection between healthy behaviors and personal health.

Benchmark: (HE.4.1.3): Summarize ways in which a safe and healthy community environment can promote health.

Benchmark: (HE.4.1.4): Describe ways to prevent common health problems.

Benchmark: (HE.5.1.1): Describe the relationship between healthy behaviors and personal health.

Benchmark: (HE.5.1.3): Describe ways in which safe and healthy school and community environments can promote personal health.

Benchmark: (HE.5.1.4): Describe ways to prevent common childhood injuries and health problems.

Benchmark: (HE.5.1.5): Describe when it is important to seek health care.

Health Education Standard 2: Access Valid Information

Demonstrate the ability to access valid information, products, and services to enhance health.

Topic: Health Information, Products, and Services across Topic Areas

Benchmark: (HE.3.3.1): Recognize characteristics of valid health products and services.

Benchmark: (HE.3.3.2): Name resources from home and school that provide valid health information.

Benchmark: (HE.4.3.1): State characteristics of valid health information and services.

Benchmark: (HE.4.3.2): Identify resources from the community that provide valid health and wellness information.

Benchmark: (HE.5.3.1): Explain characteristic of valid health information, products and services.

Benchmark: (HE.5.3.2): Locate resources from home, school, and the community that provide valid health information.

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.3.7.1): Identify healthy practices to maintain personal health and wellness.

Benchmark: (HE.3.7.2): Demonstrate behaviors that avoid or reduce health risks.

Benchmark: (HE.4.7.1): Describe a healthy behavior to improve personal health and wellness.

Benchmark: (HE.4.7.2): Demonstrate a variety of behaviors to avoid or reduce health risks.

Benchmark: (HE.5.7.1): Identify responsible personal health behaviors.

Benchmark: (HE.5.7.2): Demonstrate a variety of healthy practices and behaviors to maintain or improve personal health.

Benchmark: (HE.5.7.3): Demonstrate a variety of behaviors to 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.3.4.1): Name effective non-verbal communication skills to enhance health and wellness.

Benchmark: (HE.3.4.2): Identify refusal strategies that reduces health risks.

Benchmark: (HE.3.4.4): Illustrate how to ask for assistance with a difficult personal situation.

Benchmark: (HE.4.4.1): Explain effective verbal communication skills to enhance health.

Benchmark: (HE.4.4.2): Show refusal skills that avoid health risks.

Benchmark: (HE.4.4.4): Model how to ask for support to enhance personal health and wellness.

Benchmark: (HE.5.4.1): Demonstrate effective verbal and nonverbal communication skills to enhance health.

Benchmark: (HE.5.4.2): Demonstrate refusal skills that avoid or reduce health risks.

Benchmark: (HE.5.4.4): Demonstrate how to ask for assistance to enhance personal health.

LEARNER OUTCOMES

- Students define personal boundaries and gut feelings.
- Students identify their personal boundaries, recognize their own role in asserting or deciding boundaries, and recognize the range of boundaries they have.
- Students recognize that not everyone has the same boundaries in identical situations and as a result, the value of respecting others' boundaries.
- Students identify and experience when their boundaries are crossed.
- Students recognize their own sense of boundaries and internal feelings as useful tools (resources) for staying safe.
- Students associate the experience of boundaries being crossed with the need to take action.





TOOLS

- Choice of review activity from lesson 1:
 - *Stay Safe: Words and Safety Rules* worksheet
 - *Review of Concepts and Skills to Stay Safe* worksheet
 - *Kinesthetic Exercise Activity*
- Hula Hoop Activity
- *Trust Your Gut* worksheet

Optional Tools for Enrichment or Review

- Elevator Ride Visualization
- *Letter to a Friend* to share what you've learned about boundaries and gut feelings.



PREPARATION

Review:

- *What to Expect When Teaching about Sexual Abuse* (page 13)
- Student Questions (page 215)
- Hula Hoop Activity Directions Sheet
- Teacher's Answer Keys for Worksheets

Acquire: One hula hoop

Time: 45 minute class period



LESSON OUTLINE

I. Refresh General and Sexual Abuse Specific Classroom Rules

II. Review Lesson 1 Concepts

Choose from Options:

1. Worksheet Review of *Concepts and Skills to Stay Safe*
2. Worksheet: *Stay Safe: Words and Safety Rules*
3. Kinesthetic Learning Exercise (page 47)
4. Verbally:



- *What is sexual abuse? Or, what kinds of unsafe behavior did we talk about?* Unwanted talking, showing or touching of private parts.
- *What if it is for health reasons and you feel ok/safe with it?* That's ok
- *What if someone asks you to keep a secret about touching?* That is not ok.
- *What can you do if it happens to you?* Say no, get away, tell an adult.
- *If unwanted talking, showing or touching of private parts (sexual abuse) happens to you is it ever, ever your fault?* No.

III. Personal Boundaries:

Teacher Explains and Demonstrates Concepts

Summary: Demonstrate and explain (with hula hoop, another object, or arms) the key points about boundaries.

Steps:

1. Write the word "Boundaries" on the board.
2. Students brainstorm about what they think of when they hear the word boundaries. (I.e. limits, "out of bounds" in sports, a fence around a yard, places you can't go.)
3. Teacher physically demonstrates boundaries: what they "look" like, where they are, how they can change.



Boundries Demonstration:

- **Set up:** Place the hula hoop around your body and raise it from your feet to above your head. “ This hula hoop represents my personal boundaries. Your personal boundaries surround your entire body and extend from your feet to the top of your head.”
 - **Explain:** “*We all have boundaries or limits on how close we want other people to be when we are talking, standing in line, taking an elevator, sitting on a bus, etc. When someone gets too close, that can be an example of someone crossing our boundaries.*”
 - **Show:** Place the hula hoop around your waist and explain to the students that your boundaries are different with different people. Say, “*For strangers or people you don’t know very well your boundaries may be all the way out to here* (stretch the hula hoop out far in front of you). *But for people like your mom or auntie or best friend your boundaries may be a lot closer, like to here* (bring the hula hoop close to you) *when they give you a hug.*”
4. Summarize concept: Boundaries are the area around your body. They can also be called your *personal bubble* or *personal space*. Boundaries and our awareness of boundaries help to keep us safe.

IV. Students Recognize Their Boundaries: Guided Experience with Moving or Stationary Object

Summary: Teacher leads students through a kinesthetic exercise in which students decide (instinctively) where their boundaries would be when they are approached by different people. In discussion and through experiential activity, students recognize their sense of personal boundaries, and that boundaries can vary by person and situation.

Steps:

1. Ask the students to pick up a piece of paper (or book, binder, folder, etc. for the moving object).
2. Ask students to stand up.
3. Explain to the students that they are going to use their paper, book, etc. to show where their boundaries would be when certain people approach them.
 - *The paper represents your boundary, your outer limit, your bubble. In other words, the paper represents how close you are willing to let this person come.*

4. **Note:** You may instead use a stationary object such as the student's chair or desk to represent the approaching person. Students move toward or away from the object to represent where their boundaries would be.
5. Lead students through various scenarios to cover a range of different people (or same scenario with different people).

Sample script:

A stranger you've never seen is walking toward you. *Where are your boundaries* (your limits)?

(Students hold paper out in front of them at their preferred distance.)

A friend comes toward you to ask you to play, where are your boundaries? (move the paper to show where your limits would be.)

At the store, your parents friend walks toward you. *Where are your boundaries?*

Now think about if you are at your house: Your favorite family member comes over to your house to visit, *Where are your boundaries?*

Ask the same question using different people such as mom/parent, neighbor, mail man so students see their own paper at different distances from themselves.

Now put the paper right up next to your nose. *What if someone you didn't trust came that close? How does that feel?*

6. **Discussion Questions:**

- *What did you notice about your boundaries?*
- *Did your boundaries change? (Did you move your paper at all?) Why?*
- *Were your boundaries the same for all the people?*
- *Does everyone (i.e. classmates) have the same boundaries for the same people?*

KEY MESSAGE: We have a choice about our personal boundaries.

- We allow some people to get closer to us than others. It is our choice.
- Not everyone has the same boundaries for their mom or their best friend, etc.
- We want people to respect our boundaries and we should respect other people's boundaries, too.



V. Boundaries and Gut Feelings: Hula Hoop Activity

Summary: Using the hula hoop and Q&A, the teacher and volunteer students demonstrate the connection between boundaries and gut feelings.

Steps:

See **Hula Hoop Activity Directions** Sheet for instructions and visuals (page 107).

1. Discussion with student volunteer:
 - *How does it feel when someone crosses your boundaries, in other words, how did it feel when I stepped into/near the hula hoop?*
 - Write their feelings/answers on the board. Continue to add feelings to the board as they are named.
2. Repeat with other student volunteers.
3. Explain that these feelings are sometimes called gut feelings. They can help us know when we are not safe.

Additional Ways to Explain Gut Feelings:

1. Car Alarm System

Sample script:

- *What are other ways we can describe gut feelings?* Answer: things that help us stay safe, butterflies, nervous feelings, etc.
- *What happens when a car thief breaks into a car that has an alarm on it?* Answer: the alarm goes off. Our gut feelings are like our body's alarm system. When someone gets too close to us, or crosses our boundaries, our alarm system – or our gut feelings - let us know something might not be safe.

2. Na'au

- For students who are familiar with the Hawaiian language/culture you can tie gut feelings to their na'au. Ask the students if they know where their na'au is; it is their gut. That's where a lot of people have their gut feelings.

VI. Trust Your Gut Feelings Worksheet: Apply Your Knowledge

Summary: Students complete a worksheet where they read a scenario and figure out if the person's boundaries are being crossed. They will identify possible gut feelings and indicate a plan of action for safety.

Steps:

1. Distribute the **Trust Your Gut Feelings** worksheet. Lead the class through the first example and complete the rest as a class, in groups or individually. Review answers as a class. (Refer to *Trust Your Gut Feelings* teacher's answer key).

KEY MESSAGE: Pay attention to gut feelings.

- Gut feelings are like car alarms or good friends; they can help us know when things are not right or not safe.
- Paying attention to gut feelings helps us know when our boundaries are crossed and that it's time to take action.

VII. Enrichment and Review Options

1. **Elevator Ride Visualization:** Experience boundaries and gut feelings

Summary: Lead students through a visualization of riding up an elevator as it becomes increasingly crowded. With eyes closed (ideally) students "pretend" they are on the elevator and take note of how it looks and feels at different stages along the ride. Connect these experiences and feelings again to boundaries and gut feelings, which are great tools/alarms/friends for helping students stay safe and take action when they need to.

Instructions: See separate sheet, (page 113) for script and discussion questions.

2. **Letter to a friend** to share what you've learned about boundaries and gut feelings.*

*Younger and older version available



VIII. Reflection

Use the following questions to assist your personal reflection about the instruction and student responses to this lesson.

- What happened during the lesson?
- What did the students learn?
- What did I learn?
- How could I improve my lesson to be more engaging?
- How could I improve my lesson to help my students meet standards?

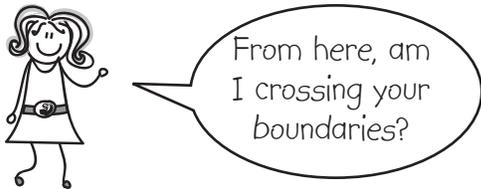
Name: _____

Hula Hoop Activity Directions

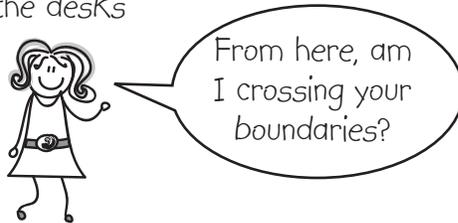
STEPS:

1. Place the hula hoop on the ground in the front of the classroom so all students can see.
2. One student volunteers to stand on the inside of the hula hoop.
3. At different places in the classroom the teacher asks, "Am I crossing your boundaries?"
4. Keep going toward the student until the student says YES!
5. Step away from the student. Ask how it felt when you crossed their boundaries.

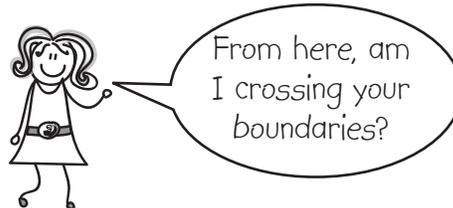
Step 1: At the door



Step 2: Behind the desks



Step 3: In between the desks



Step 4: Outside the hula hoop



Step 5: Inside the hula hoop



Name: _____

Trust Your Gut Feelings

Katie's Story

Katie and her friend are watching TV on a small sofa. While they are watching TV, three more people come into the room and squeeze onto the sofa with them. The sofa is very crowded now and Katie feels squished. She feels uncomfortable and kind of trapped.

Questions

1. Do you think Katie's boundaries were crossed? _____
2. If you were Katie what could you do to be more comfortable? _____

3. Do you think Katie's friend should be mad if Katie doesn't want to be squished on the sofa with them? _____

Mack's Story

Mack goes on a camping trip with his youth group. During the camping trip one of the adults touches Mack on his private parts when no one is around. The adult tells Mack to keep it a secret.

Questions

1. How do you think Mack might be feeling? _____

2. Do you think the adult crossed Mack's boundaries? _____

3. Is this unwanted talking, showing, or touching of private parts? _____
4. Is it Mack's fault that this happened? _____
5. Mack might be afraid to tell someone because the adult told him to keep it a secret. What is the secret touching rule you could tell Mack? _____

Andy's Story

Andy's high school cousin asks 10-year-old Andy to play a game on the computer. When Andy goes to the computer, instead of seeing the game he expected, he sees pictures of naked people touching each other. The cousin tells Andy he better not tell what happened. Andy is not sure if he will tell an adult what happened.

Questions

1. How do think Andy felt when he saw what was on the computer screen? _____

2. Is this unwanted talking, showing, or touching of private parts? _____
3. What could Andy do? _____

Mary's Story

Mary stays at her uncle's house when her parents go out. When Mary is alone with her uncle, sometimes he talks to her about how she is growing up, how her body looks and her private parts. One day he shows Mary his private parts.

Questions

1. How do you think Mary might be feeling? _____

2. Is this unwanted talking, showing, or touching of private parts? _____
3. Is it Mary's fault that this is happening? _____
4. Suppose Mary told her aunt what happened, but her aunt didn't do anything to help Mary. What would you tell Mary to do? _____



Trust Your Gut Feelings

Katie's Story

Katie and her friend are watching TV on a small sofa. While they are watching TV, three more people come into the room and squeeze onto the sofa with them. The sofa is very crowded now and Katie feels squished. She feels uncomfortable and kind of trapped.

Questions

1. Do you think Katie's boundaries were crossed? Yes
2. If you were Katie what could you do to be more comfortable? Get off of the couch; tell my friend that I feel too cramped and ask if one of them could get off; sit on another piece of furniture or on the floor. Tell them I was here first etc.
3. Do you think Katie's friend should be mad if Katie doesn't want to be squished on the sofa with them?

No. She should want her friend to feel comfortable. It is important to respect other people's boundaries.

Mack's Story

Mack goes on a camping trip with his youth group. During the camping trip one of the adults touches Mack on his private parts when no one is around. The adult tells Mack to keep it a secret.

Questions

1. How do you think Mack might be feeling?
Embarrassed, afraid, uncomfortable, scared, etc. (gut feelings)
2. Do you think the adult crossed Mack's boundaries? Yes
3. Is this unwanted talking, showing, or touching of private parts? Unwanted Touching
4. Is it Mack's fault that this happened? No
5. Mack might be afraid to tell someone because the adult told him to keep it a secret. What is the secret touching rule you could tell Mack? No one should ever ask a child to keep a secret about talking, showing or touching of private parts.

Note: Rule is initially from K-2 Curriculum and reviewed in the *I Deserve to be Safe* worksheet in lesson 1.

Andy's Story

Andy's high school cousin asks 10-year-old Andy to play a game on the computer. When Andy goes to the computer, instead of seeing the game he expected, he sees pictures of naked people touching each other. The cousin tells Andy he better not tell what happened. Andy is not sure if he will tell an adult what happened.

Questions

1. How do you think Andy felt when he saw what was on the computer screen? _____
Surprised, tricked, embarrassed, mad, etc.
2. Is this unwanted talking, showing, or touching of private parts? Unwanted Showing
3. What could Andy do? Andy could tell a trusted adult like his mom. What the cousin did was wrong, unsafe, etc. and Andy could leave the room. Unwanted showing of private parts is not safe.

Mary's Story

Mary stays at her uncle's house when her parents go out. When Mary is alone with her uncle, sometimes he talks to her about how she is growing up, how her body looks and her private parts. One day he shows Mary his private parts.

Questions

1. How do you think Mary might be feeling? _____
Upset, nervous, afraid, embarrassed, etc. (gut feelings)
2. Is this unwanted talking, showing, or touching of private parts? Unwanted talking and unwanted showing
3. Is it Mary's fault that this is happening? No
4. Suppose Mary told her aunt what happened, but her aunt didn't do anything to help Mary. What would you tell Mary to do? Tell another trusted adult and keep telling until you get help.



Name: _____

Elevator Visualization

Directions:

1. Explain that you are going to read a story about boundaries (personal space.)
2. Ask students to close their eyes and pay attention to what they are feeling.
3. Read the story below.
4. After the story, tell students to open their eyes
5. Ask the discussion questions from the next page.

Story

Imagine that you are waiting for an elevator. Decide where the elevator is and picture it in your mind. See the big metal doors and the lights next to the doors that you push to call the elevator. Push the button to go down. See the elevator doors open, it's empty, and you notice it is a little smaller than average size. You walk in and look around. You see the walls and floor and the buttons for the different floors. You are on the 10th floor and push the 1st floor button to go down. Decide where you want to stand for the ride down.

The doors close and you feel it moving down. Then you hear a ding as it stops at the 8th floor. The doors open and an older couple, like grandparents, come into the elevator with you. Notice what you do. Do you move to one side? How far away from them do you move? (Pause to give students time to react.)

Then the elevator continues to move down. On the 6th floor, the doors open and four high school friends come into the small elevator. What do you do? How do you feel? There isn't much space left in the elevator so it's kind of squished. You'll need to move further back in the elevator against the back wall with six older people now in front of you.

The elevator stops again on the 4th floor and two women walk in. You squeeze against the wall to make room for everyone. How are you feeling now? Some of the other people are very close to you, brushing against you because there is so little space. (Allow time for silent reactions.)

You are almost to your floor – the 1st floor, can you make it?!

At the 2nd floor the four teenagers get out so this gives you some space. (Pause.) How does that feel? Did you move around at all?

Finally, you hear ding and the doors open at the 1st floor. See yourself leaving the elevator. How does that feel? You are outside the doors now, with lots of space around you.

Open your eyes.



Questions for discussion:

1. How did you feel when the grandparents got in the elevator? When the high school students got in the elevator? When the two women got in the elevator? Write their answers on the board.
S: ok, nervous, uncomfortable, weird, scared, squished.
2. Who felt like their boundaries were being crossed at some point? When?
3. Did it feel different when you were comfortable versus when the strangers were crossing your boundaries? How did it feel?
4. Where on your body did you feel the uncomfortable feelings?
5. Who knows where their gut is?
Explain that your gut is another word for your stomach. This is the place where many people experience feelings. People can feel uncomfortable, weird, scared or other types of feelings in their gut.
6. What do you think gut feelings are?
7. How do you think your gut feelings can help keep you safe?
8. What can you do if a situation gives you a bad gut feeling?

Key Messages:

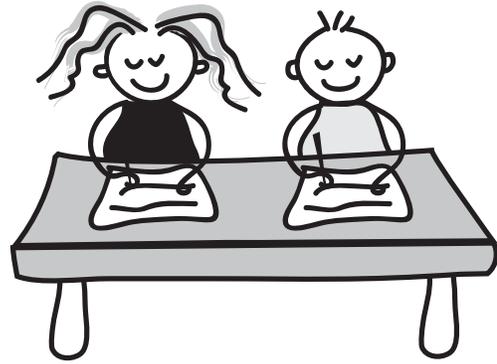
- Gut feelings are feelings we can get when someone crosses our boundaries.
- Gut feelings can keep you safe because they can let you know if you are in an unsafe situation.
- If you are in a situation that gives you a bad gut feeling try to say no, get away, and tell a trusted adult.



Name: _____

Write a letter to a friend to help them stay safe.

Tell your friend some thing(s) you learned about boundaries and gut feelings. Explain to your friend how your gut feelings can keep you safe.



Today's Date _____

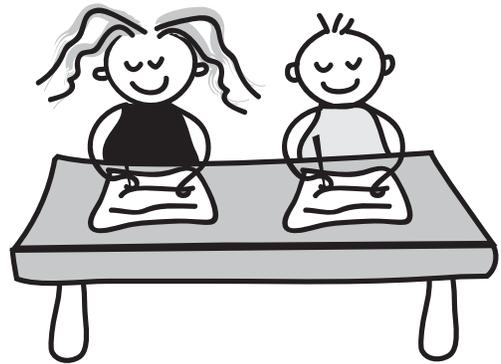
Dear _____,

Your Friend,

Name: _____

Write a letter to a friend to help them stay safe.

Tell your friend some thing(s) you learned about boundaries and gut feelings. How do gut feelings help you stay safe? Also, tell your friend why they should respect other people's boundaries.



Today's Date _____

Dear _____,

Your Friend,
