

**#PowerInPrevention**  
Ending Child Sexual Abuse Web Conference Series



# **Bridging Knowledge in Child Sexual Abuse Prevention: Promising Practices in Indigenous Communities**

## **February 18, 2015**

### Captions

Materials from the web conference including slides and recording can be found at <http://www.preventconnect.org/2015/02/bridging-knowledge-in-child-sexual-abuse-prevention-promising-practices-in-indigenous-communities/>

Hello, welcome to the power and prevention web conference series and today is Preventing the Harm, Promoting the Helpful: Health Sexuality. Preventing the Harm, Promoting the Helpful: Health Sexuality. We are about two minutes away from the start time and I'm seeing questions coming through. At this time you should be hearing my voice. For those of that are listening, or actually can't hear, if you are listening through the speakers on the commuter, it is not a perfect science and we suggest you call in, if possible. This is a recorded session. All lines are muted. You should be seeing the slides and it is saying welcome, this web conference will begin soon. If you are not seeing the slides, there are three tabs under the tool bar, start, content and promoting the helpful. Go ahead and click on that. You will be into the slides right now. I have put in the text box where to get resources that the presenters are providing. You can get that. I'm going to ask the speakers to unmute your lines at this time by pressing star 6 and we'll do a quick sound check before starting.

Cordelia.

Hi. Joan?

Hi, this is Joan.

Brooke, please?

Hi, there is Brooke.

Hi, Brooke. Laura?

Hi, this is Laura. Hi, we are now at time. I want to welcome you here for the web conference. We are very excited to have these sessions and this experience. The power web conference is a collaboration. Gosh, we are in the third series of this initiative with Ms. Foundation and we are so excited to be here today. I'm doing a little tech stuff and then introducing myself. Right now, you should be seeing a text chat box on the right and folks are putting in great information and saying hello and that is a way to communicate with the speakers. The power point slides are available on the PreventConnect website. I will put the link in again. It is at the top of the text chat box and you can scroll up and see that. We have closed captioning for the session and that is up on the screen. If you are having technical difficulties, or issues with the sound, we suggest you call in. Anything beyond that, that is outside of my skill set, I suggest that you call ILINC technical support. Before starting, we have a few questions for you all and getting an idea of who is in the room, so the speak. Have you attended a prior webinar? Joan and Cordelia, are you seeing the results?

Yes, we are. I am.

It looks as if we have a lot of new people. That is exciting to have you here. Some folks are putting things in the text chat as well. The next question, I'm going to clear this one. Does your work including promoting healthy sexuality? We are having a lot of yes's. That is interesting. In the text chat box, what are you hoping to get out of the webinar? You can fill that in. And then I'm sort of do this -- I'm Leona Smith Di Faustino and we have the co-hosts.

Hi, I'm Cordelia Anderson and thrilled to be here and particularly excited about this one, because I get to co-host as a person with long term experience in Health Sexuality, sexual abuse and promoting sexual health and this is near and dear to our hearts. Joan?

Yes, I have over the years realized how important the conversations are to have relating to sexual abuse prevention. This is part of my work and I feel it is essential that it becomes part of all of our work. Back to you, Leona, and thank you for doing this with us today.

So I sort of -- I'm excited to talk about this. I have a song playing in my head, salt and pepper. The you remember that song. I don't do education with youth any more. So it is always exciting to talk about healthy sexuality and how it is impacting the work we do. Joan is explaining the learning objectives for the day. Joan?

Thank you, the feedback is always wonderful. I read a couple of people are having a hard time hearing me and let us know and give us the feedback. First, the learning objectives. The three learning objectives that we have identified today is increasing the understanding of how promotion of healthy sexuality fits within the prevention of the child sexual abuse. Second learn about the applications of sexuality and how it is important with children and youth and families and the

communities. And third, learn how to face the barriers and I would like, what are the tools we are going to need in order to really begin to address the issues and questions around healthy sexuality and the questions of tools are coming up. One of the things that we like to do in terms of the beginning of the webinars, the framing why do we care about this topic and choosing it out of the topics we could address. It is important to talk about what we are working for and not just looking against. Not just stopping sexual abuse. We just don't want the absence of sexual abuse, we want people living healthy and rich sexual lives as well. In the work the child sexual abuse, it is important to know about healthy sexual development. We have had webinars in the past and talk about it, and talk about the concerns and what is abusive. In this conversation, seems to get difficult when we begin to talk ages 12, 13 and ages above that. Basically that is when some kids become sexually active and the questions are laced with values and legal issues. So when we don't talk about sex at all, we find those who sexually abuse can do what they do more easily and sexual abuse is more traumatic when there is no language for it for the child. The system can make mistakes, like sending the message that sex is bad. It is sending a message that all sex is bad. In treatment they learn about the negative and not necessarily the positive. So a basically, we have moved beyond the good and the bad touch over time. Kids are not looking at it that way. This is a quote, there is a kid perspective and the adult perspective. To kids it is a behavior that has an exciting piece, but not the same meaning to it. Adults have to look at the child's perspective. I remember talking to an offender in prison, and he's a minister, and when he was sexually abusing the child he asked if this is bad touch or good touch and because it was him it must be good touch. We need to learn how to have and how to begin the conversations. Cordelia?

Okay. Just briefly, we have spent a lot of years talking about normalization of sexual harm and the way for the young people going from Dr. Seuss to harm. We have to draw attention to the healthy and the positive. There are many, many studies about the impact of the images of the media and pornography that is kids are seeing. One in the UK speaks to the 16-18-year-olds, expected, practiced anal sex. This connects to studies looking at three and four in context of romantic relationships, there was sexually abuse acts. What does it mean to a mutual consensual relationship. Besides making sure we talked about the positives and the boundaries with no touch and the negatives, the idea came about because at that time, in the mid 70s, people were afraid to touch, because equating all touch was sex. We didn't want that to be a negative and we didn't want people equating all touch with sexual abuse and indeed some of that happened. We talked for years the context of the behavior continuum and talking the health, helpful appropriate respectful safe. What to do when it is harmful and illegal. But the idea was it was easier, we continued to see it is easier to talk about the harmful or the criminal, than the healthy, because less ability and attention to talk about what is positive and healthy and what they wanted. Gail talks and we have talked for years about in many ways it hijacks the sexuality. And one of the questions she raises is sexual aggressive behavior. In that culture norms of gender, is seeing yourself as a consumable object, or over compliance with the culture norms or expectations for the girls. And questions about the norms. And back to you, Joan.

Thank you, Cordelia. We want to end, before we turn to the guests today, doing this work and staying sexual healthy is possible and essential and it is worth the investment and seeing ourselves and what we do with the stories in our own relationships is important thing to talk about. So it is possible and it

is essential for us to invest in staying healthy. We're trying to weave the expertise of who we know boundaries and impact of trauma, and sexual health and saying no, and how to say yes as well and when and how. Now to Cordelia.

We are so excited because of two great speakers. Laura is a prevention campaign professional and works media and antisexual violence and a key part is planning and implementing the sexual awareness month. It is a national wide campaign to bring awareness to sexual violence and a key tool, because for the past five years, the center developed the campaigns on healthy sexuality as a sex prevention materials and creating the tools. Brooke, now. I'm very happy to have Brooke, who I have known for many years. The director of a sexuality education at the annex team clinic and that is actually here in Minnesota as well. So a couple of Midwest people here. And the really -- Brooke is the annex and providing the services through the age of 25, and as well as fact based holistic sexual education for the youth and parents and youth serving professionals. Brooke is a long time leader here. So we are really thrilled to have Laura and Brooke and their contact informs is at the end of the slide show and they have provided many resources and tools, and with that, it is going over to Laura.

Hi, everyone. Thank you for that wonderful introduction, Cordelia. It is exciting to see the folks sharing in the chat about the events that are happening related to SAM. The month is April. It is wonderful to be with you today. It is a privilege to connect with Brooke, who I did not know of until we worked together in planning the webinar and really finding an ally in the sexuality education field and ally to prevention. To get started, I want to provide a little background on what brings me to healthy sexuality work, which is actually kind of a disclosure statement. I'm a lead person. It is a learning process. It is kind of going along with the national sexual resource center, where I work. The journey as a resource, to be talking about healthy sexuality in the prevention work and the project that really focussed on the topic is the annual prevention campaign, sex all-assault campaign. We choose a theme annually. So we actually got the feedback from the field. This is fuelled by the field interest and talking about the topic of healthy sexuality and then became the focus of a number of campaigns. Once we dipped our toes into the topic, it led to more interest and many requests for the materials and really a lot of interest for the age specific resources and materials. So that led us to a campaign focussed on children, we heard feedback, hey, we should have the tools for teens, too, and last year, we rolled out a campaign focussed on adolescents and I'm talking about the materials from the 2013 campaign and that focussed on healthy childhood sexual development and they were developed for sexual assault awareness month and they are very relevant tools and can help you get into the topic into further Depth. Just as a quick plug, SAM 2015 is next April. Actually this April now that we are in the new year. The campaign is focussed on campus sexual violence prevention and we are seeing this as, you know, a graduated and extended effort in the healthy sexuality work. And so in describing the campaign, it became really a period that we had to frame around with healthy sexuality and kids and for us, the goal is communicating the idea of talk early and talk often. People who had been proponents of the healthy sexuality work wanted us to talk about childhood and set the foundation for the key to healthy sexual health. There was a clear interest that these conversations need to happen before adulthood, before college and before high school and before middle school

and the conversations can happen earlier and further benefit across the life span and down the road. So again, we sort of labelled the campaign, talk early and talk often, it is never too late to talk, but never too early. And this is coming up for us still. In fact, the first webinar where we started to talk about the SAAM 2015 campaign, focussed on campus sexual violence prevention, someone in the audience talked about for people doing the campus based prevention, it is such an uphill battle talking with the young people when there's been sort of a, you know, years and years or decades of messages and information and norms solidified and what a value to be focussing the efforts on children and trying to access those earlier points with the prevention messaging. And so that again, on going reminder that setting the stage for healthy behaviors and skills across the life span is a key goal. The materials focussed on giving skills and information to advocates and communities to be able to have the conversations, because as you all know, in our culture, we are not always having the spaces and opportunities to talk about sex, and so, to approach the topic and focus the come pain on this and high lighting the kids as the audience was a gate opportunity and there needed to be a capacity development there, for all of the people not having the language needed to support the healthy development. So where this lead us next was again the fact that when we are talking about the prevention efforts, it is not always intuitive to what sex has to do with it, sex can be an uncomfortable topic, especially with children, it can be a little red flag and a barrier for the folks to start the conversation. And so, these tough conversations, but people were asking us to talk about the issue and relevance to prevention work, and in the fields to do that and we had to start with the ground level efforts to train our staff and build our own capacity in talking about healthy sexuality and human sexuality and so just because most of the folks on the team had that again that layperson, that average exposure to sexual education and for many of us there were gaps and we had to fill in the gaps. We developed a partnership with Allison, a parenthood keystone, and we had staff trainings and we had all of the informal learning opportunities for people in the organization and staff to really talk about healthy sexuality, to learn the basics of human sexuality, to really talk it on the individual level from the perspectives as advocates and from the perspective as parents and people in the community and that was to invaluable in our process of, like, you know, overcoming the barriers and to really build a familiarity within the team and seeing health sexuality as a core part of the work. And so, it is really asking the folks to think outside of the box when we bring the children into the topic of sexuality. There's this reasonable fear that folks experience of not wanting to sexualize children. And that absolutely not the goal. It is requiring a lot of building comfort and framing to let the folks know that we are actually talking is how adults and communities play an active role in ending child sexual abuse. So that's really focussing on framing the topic in accessible ways and understand all though this is a value leading and political conversations that is not the goal. We have to talk about the message and promote healthy children and communities. And so, this really was a process more of describe the values, and talking early and talking often of adults being supportive and playing a proactive role. And it also is a frame work that was about changing the target audience and bringing the goal of childhood sexual development is to engage adults and it is not on children to prevent sexual abuse from happening to them, it is not upon giving them the information, but for the children to have a range of information about development and we want to hold the communities and adults accountable for ending the child sexual abuse. Part of that is explaining what the healthy childhood sexual development looks like. So that was really just letting the folks know it is not

complex as it sounds. It is a lot of things you may already do, or concepts that are familiar to you. So things like open communication. Encouraging healthy boundaries, whether between children or children and adults. Modelling healthy behaviors. Someone that is modelling the appropriate attitudes and healthy behaviors and encouraging body rights, that is a huge piece, giving the children back ownership of their bodies and giving them the space to saying no to affection and no to touch. And of course, age appropriate information. Knowing that we are going to give a different response to a child at the age of two when asking where babies come from as opposed to a child of 8 or 9 and who is a supportive adult in a child's life. Whether you are a parent or a grandparent or a caregiver, what is the role or the opportunity for you, and if you are not a person that has a child or relative in the life, as a community member seeing your role. And how to see this as an important to empower the survivors, especially sexual abuse survivors that may want to as parents or adult in a child's life to be, to be at a resource for healthy development. It is also about engaging the adults as bystanders and reporters and responsible citizens and creating safe environments at the community level. So with that, it looks like we have a question.

Thank you so much. That is wonderful. At this point we want a chance to ask you and the audience if you can type in your responses, what are some of the hopeful outcomes that you have seen by promoting sexual health on your agenda? You can type in the answers. But also just, you know, ask you, you talked about the process, can you speak to the outcomes by taking these three years of SAAM and focus on sexual health.

It was really, you know, it became, planted a seed of really expanding our opportunities to be doing prevention work and to really, so one example of that is in the resource development, sort of creating the materials for SAAM and we involved a lot of partners, a printer, you know, all of that, we had the printer who is a local printer, working on publishing the resources came to us when delivering the sample of SAAM CD and said, you know, a few, I had an experience my son was looking at something on a phone with a friend and I thought they were watching a music video and I noticed it was porn. He had this initial reaction of just shock and not knowing how to do and the response to that. She knew she couldn't blow up or turn a blind eye because of coming into the contact with the materials and had some responsibilities bigger than that and saw the opportunity to make it a teachable moment rather than reacting or emotions and that is one of the many examples that we heard from, they saw them as opportunities out and about in their community or talking with the friends and loved ones to be actively talking about prevention in a way that is more accessible than the ways they thought they could talk about it before. Thank you, Laura. We have a lot of comments coming in and thank you and the materials and people are mentioning other tools. The Stewarts training. To talk about the role with enough abuse. The Vermont program. This the helpful to help them, the work coming out from your agency and distinguish healthy from harmful and reduce the stigma of talking about this. And the healing work. After we have been harmed and the broader community is harmed. With that, I want to thank Laura, and we'll have time to ask more questions of the speakers and now the Brooke.

Great, thank you. Well, I want to start out with my silo picture. Laura assured me that people that don't live in the Midwest know what a silo is. If many reasons, including the funding, the fields of sexual violence are separated. What I think is interesting, the clients and the general public that we

work with really assume that we have crafts over expertise. We see this as part of a holistic spectrum and yet we don't have the expertise in one another's fields. A lot of people probably know, once we start working with the people at organizations, the opportunities to weave the messages together become obvious. I want to share a couple of examples. So the annex team clinic provides a lot of sexuality education for school age and for the parents to help them become the primary sexual educators to their children and we work with the parents in early family childhood education, so have infants. A couple of examples. Our organization facilitates a discussion on healthy sexuality for the sexual violence center during the 20 hour advocate training and we have gotten a lot of positive feedback where staff and the participants say, it is time for me to take the time to reflect on what it means for me and the clients I work with and kind of help expand and make more space for the these conversations. Another simple thing that happened from the collaboration with the sexual violence center is offering a conference room where the young people can meet and sexual violence center can offer support groups for teens that are victims and survivors. So already young people are comfortable and familiar with our organization and it is a beautiful fit. Instead of saying there is another place to go, they can kind of maintain their link to our organization. Then the last example, something simple, a lot of times in sexuality education we talk about correct condom use. And we do an activity, the condom line up activity. Where we shuffle the cards and they have different steps for proper condom use and it became really obvious to us, oh, we have to add a card that just says consent. And add that to the condom line up activity. It is a simple and important way for our organization to communicate and have conversations with the young people, yeah, sexual healthy is about consent, and it is a very simple opportunity for us to weave that message in as well. We also wanted to talk a little bit about sex versus sexuality. Why are you talking about the sexuality in children? So basically when talking about the sex, a lot of people will define this sex being sexual activity. Or sex being a verb. Sometimes people will talk about sex as being a signed sex. So those are a couple of definitions of sex. But what we are really talking about in the conversation, the broadly about sexuality. So there is a handout that's part of this webinar. It is called holistic or circles of sexuality. It is providing more examples of what we are talking about. I think this is helpful to sort of paint broad brush strokes. Circles of sexuality include at the top, sexuality, intimacy, sexization and sexual and productive health and sexual identity. Just as an example, when talking about children in particular, if we look at for example the intimacy circle, so intimacy being the experience of emotional closeness that a human being has. It is apparent that children and people of all ages need intimacy. The other piece sexual identity and children, we know that between ages 2 through 4, children clearly know their gender identity, even if they are not able to express that to the adults around them. So we just wanted to high light this to frame up what we are referring to when we speak about sexuality versus sex. Then I also wanted to include just a few points. The rationale for discussing sexuality, particularly with young people. We are all sexual beings. Sexuality is a life long process that involves both learning and unlearning. So many toxic messages that we have received. Children are already learning about sexuality from media, from peers, from a lot of people around them, and a lot of times as was mentioned earlier, children are learning about sexuality from the silence or the non discussion around sexual topics. Sexuality carries responsibilities and consequences. It involves the earn will -- the learning of skills. It is a complex topic for a lot of people. Then this last slide, sometimes the fish doesn't know they are in water. I wanted to point out

some realities that we are living in regarding sexuality and things that we want to move toward. So let's make the shift with sexuality from this idea that sexuality is disconnected from who we are that we can somehow drop it or leave it when we walk through a particular door. Really to the idea that sexuality is part of who we are. Again, sex and sexuality are not the same thing. We want to move the idea that sexuality is about many aspects of our being. And we improve that health. We want to move from a danger focus. Talk about the things that we want to avoid, really gets high lighted particularly with young people, so things like avoiding assault, avoiding infection, I voiding unintended pregnancy. We want to move to holist focus, and healthy sexuality is a number of aspects. Not just healthy reproduction and violence. We want move from the idea of not talking about this, to of course, we talk about it. It is an important part of our lives. Moving from the idea that sexuality applies to grown ups or beautiful people. We are all sexual beings and we deserve to have facts based education and grow to be as healthy as we can be around the issues of sexuality. Now to Laura.

Thank you, Brooke. I love that chart so much. It captures the vision of how this work in so many ways is moving towards and pursuing the vision of prevention and future free from sexual violence. I am moving to understanding the basics of healthy sexuality. We have the linking to the website and there all of the materials that I am referencing today are available. I high light the handout and overview of the healthy childhood sexual development. It is available on the website as well as some of the other audiences that were shared in terms of the materials for children, there is materials for older adult healthy sexuality and great tools there and some are translated into Spanish. So a key points, setting the frame thoughts for the folks to keep in mind, not all adults know what to expect. Not everyone has had great access to the information or for many of us the conversations were never put to us. It is a great to, having the adults share sort of the worst misinformation they have received it is a great way to break the ice with people on this topic. So much misinformation is out there. Again, the point that Joan made in her quote about adult and children viewing the world in very different ways. So the adult perspective reading into something and seeing the dynamics that are not apparent to the child that could be asking a question, and reacting or responding to a bodily need. At every stage of development every stage and age sexual development is happening. There is also these things are not starting at just puberty. It is an on going process. Children are always listening and learning and they are learning from the things we say and left unsaid. And seeing those opportunities as teachable moments and of course, acknowledging that normal is a range, and part of -- so the next set of materials that we have are the stages of sexual development and this is good place to keep in mind, that normal is a range. Physical development, cognitive development, Brooke will get into that in a minute. Children are all across the spectrum with the experiences and what they know and how quickly they develop and understand things. So in terms of stages of development, we are talking infancy and early child and late childhood and adolescence and on going development after that. There is a great table in the overview of the healthy childhood sexual development and taking the opportunity to look at common behaviors and taking the developmental markers in stages of development and finding the opportunity to encourage healthy development. Saying in the stage of infancy and children are curious about the bodies and having that to be the opportunity to encourage the appropriate terms for body parts, and using that language comfortably and confidently in a child's life. So there's also information on unhealthy



behaviors and sort of, we have some warning signaling behaviors that we drew from the childhood traumatic stress institute of behaviors that could be a red flag and represent abuse reactive behaviors or a child who experienced abuse, or many times when that is very much not the case, and adults are seeing it from the adult perspective. Again, highlighting opportunities for teachable moments and modelling the boundaries and encouraging development and all to the goal of community engagement and community ownership and getting people in all levels of the community to see it as their role and influencing the things, like the policies and the institutions and resources available on that level. Now Brooke is going to talk about cognitive development in the brain.

Yeah, thank you, Laura. So I wanted to talk just briefly about some brain development information. Particularly as it relates to adolescents. That is a time of profound growth and change and I really want to stress that the intellectual capacity is near or close to adult levels. One of the last areas of the brain to fully mature is the prefrontal cortex. We know that now that this is not fully mature until age 25. So the PFC is called the CEO of the brain. It is responsible for a lot of really important things. Including planning and organizing, decision making, imagining possible outcomes, or consequences, and controlling impulses. So a lot of things that may seem to adults to be sort of common sense, are really about the prefrontal cortex continuing to develop. As adults we have real opportunities to help and support young people. Particularly as they are moving towards being more concrete thinkers to more abstract thinkers. So for instance, as adults when it comes to sexuality topic or other topics, we can help expand the range of the options. Providing them with accurate and objective information and sexuality is of course very important. But we are also encouraging them to clarify what are their unique values that they hold in their family or school or in their culture. It is helpful as adults for us to expose people to a wide range of options that may exist to help them figure out what are some values that exist and what are the values that I hold or that my family holds. So I just wanted to point that out. There is really great information out there. Particularly, by the national campaign to prevent teen pregnancy. It is called the adolescent brain, a work in progress. There is a lot we are still learning about the adolescent brain, but it is important to keep in mind when talking about the decisions and the sexual development and decisions to be made.

Thank you, Brooke. I'm going to again kind of talk about the point of everyone has a role to play and the materials, we really identify three categories of audience, the parents and caregivers and immediate access and daily role in child's life and what are very hands-on and ways that you can play a part in the development and also for the people that are adults and just in the community and just want to be promoting the healthy environment, wanting to know about the different markers of development and wanting to know what they can do to prevent the Harm, Promoting the Helpful: Health Sexuality sexual abuse. And for educators and professionals, talking about prevention in a bigger picture or way and challenging the communities and organizations to be having these conversations. Of course, I would be remiss not to acknowledge they are challenging conversations and one of the things that just very easily comes up when this, when we start to tell people to talk to other adults about healthy childhood development and talking to the children and give the children the names for the body parts and the counter culture practices that are outside of the standards of the social norms, is that sometimes it can cause unexpected reactions, and challenges either within

the community or in a work. So I have heard the example from preventionists and educators, I was a total rock star parent that gave my child the accurate and appropriate terminology for the body and now they are not stop saying these things and in the grocery store and in the classroom, and I'm on everyone's parent list because of how comfortable my child is talking about this and seeing it again as a learning opportunity for the other adults and community members that are involved and reacting and with you in the grocery aisle, publicly concerned hearing those things and letting them know the values behind the practices, sort of the goals of providing the children with the information and teachable moment to engage others in the approach to prevention. On the topic of barriers, we realize that for the folks that are participating today in the call, doing this work and based on the chat so many are very engaged in having these conversations in community, educating and working directly with children and with parents, which really awesome and aware of the great resources and the materials that the folks are sharing. But the barriers and challenges do come up. We think about the four levels of what's personal, professional, community and societal. A personal barrier could be needing the information and resources and self-education and self-awareness. Professional is whether or not that the O you are working for shares the values or has the capacity to be doing this work. The community values whether or not you are in a conservative or safe community. And even different culture communities. In the societal context of just being a really stigmatized and challenging topic. We have the next question on the subject of barriers.

That goes back to me. I want to start asking with Brooke, but ask our very active chat line here. Laura, I will come back to you on too. Barriers that you face in talking about early childhood sexual development. Sometimes when we are particularly comfortable, that is a barrier. I'm I reminded my 22-year-old and 17-year-old doesn't have all the awful things happening to them that I see in my work. I have to be really mindful of the range of the life experiences that kids in the same age might be experiencing. So Brooke, starting with you, what might you say is a barrier you face in talking about this?

One of the pieces of information I would like to start with when talking the parents who have children of all ages, young children, or adolescent children, is to share with them the idea that talking about sexuality does not promote young people to go out and engage in sexual behaviors. There is a real concern and misunderstanding about that. We have good research now that shows when parents talk early and often and openly and honestly about facts about the body, and sexual health and promoting health in this area, it can have positive impacts. That is something I like to start with. I think are they going to go out in the world and be sexual. That is a piece I always start with.

Thank you, Brooke. that fits with some of the comments about the barriers in the conservative community and that is a very helpful tip. Laura, do you want to answer that one on a barrier you see?

Yes, I'm taking in what the folks are saying about really people their individual level of understanding and exposure to understanding of healthy sexuality is a huge challenge, again, so much misinformation and folks can't share something they don't know. And then this sort of layer of fear and stigma being a tremendous barrier, sometimes folks shutdown when the topic of sex comes up. The choices that we had to make in our sexual awareness month work, it is time to talk

about it. That was sort of a big debate. Why aren't we saying it is sex. Are we contributing to the culture silence around sex calling it. But the reality of the matter is that the folks that we were connecting with were saying they didn't know if they could use the materials in the community if sex was on front and center on the label. Those are really significant challenges.

I think people have concerns that if they start talking openly and honestly about sexuality, that people will ask them personal questions and very people want to answer personal questions on their own sexuality. I want to point out, there is a wonderful handout included in this webinar, tips on responding to value based questions around sexuality, versus fact based questions around sexuality. When it comes down to it, there are about five general categories of questions that people ask around sexuality. That is reassuring in some ways. You never have to answer the personal questions is another piece of advice.

Great, these are fabulous answers and I hope people are reading through the chat as well. I think that people are coming up with really wonderful points that talk about just the some of the differences that are faced by communities and I think a couple of people have mentioned a conservative community might have a different response and a couple of people mentioned also the misunderstanding between developmentally expected behavior and saying it is okay from the culture perspectives. As we get to discussion, maybe the first question, talk about, I think we have talked generalities and important ones, about how to begin the conversations, but how do you then bring it to the differences that are stark in the communities. So we can talk about the importance of talking early and often, but certainly in my community, there is precedent for that and other communities that is not the case. How do you address the culture issues and start with Brooke.

Well, I would echo what some of the people are writing in the chat piece that it can be really challenging to partner effectively with parents and caregivers for a lot of reasons, they are super busy, again, concerned about talking about sexuality topics and somehow that encourages the children to engage in activities. So you know, we take a couple of, well many different approaches at our organization. For instance we have a program called celebration of change that I think brings parents and children together to talk about the changes that happen in puberty and talking sometimes that is a safe place to start. So let's talk about what you can expect. It is not a choice to go through puberty. So that feels safer. And we bring parents together with the young children ages 9-11 and do activities together and we break up into different groups and where the parents are there just to talk with one another and support each other and talk about the questions and fears that they have. Young people talk separately about the questions that they have. And we bring them back together. And so that is really helpful just create a separate space for the parents to talk about the fears and concerns and getting the support and advice from one another.

Great. Certainly people are sort of saying how finding some of the leaders of the early adopters in the community. Laura, do you have anything to add to the question working with the culture communities?

It is valuable to know your audience and know when you are talking about a culture community, what is their perspective and their values on the issue and topic and what is your common ground here, because really taking the time to set the stage and thinking through articulating the goals, being clear this is what we are planning to say, and why we are planning to say it and this is how it is contributing to the goal, our shared goal of ending child sexual abuse or promoting healthy children in the community. What I have heard from the people working on the local level it is a lot of relationship building, often times it is creating that rapport and that trust that is this, you know, this isn't going to be necessarily the mind field or the conversation, the worse fears, and build a comfort and giving the context for how basic often times the information is and these conversations are and actually how the evidence is on the side of it supporting children delaying sexual activity and sort of healthy behaviors.

This is Leona. On the idea of talking about culture and the idea of going into cultures that are uncomfortable, it is also important to realize that we are going to communities that are uncomfortable talking about the prevention in general and the ways we respect those conversations should be woven in the way we talk about sexuality as well. Laura and Brooke highlighted the concept of sex is not sexuality and in particular, when we are moving away the adult concepts of it as well, the idea of because we are adults who most likely engaged in some form of sexual act, and when we use the word sexuality it is a word that we are just telling them. In the communities that for whatever culture reason are not comfortable having the dialogue at all.

That is a good point. I see in the comments that are references to a program in India teaching the children about the danger zones on the body and concerns about that in terms of also understanding sexual development and then also wonderful resource cited for the Muslim community about construction of Muslim youth sexual identities and that's a good resource and book that somebody submitted here. So I think that I'm also reminded of years back, decades back, when I was doing sexuality education in the schools and communities and I was working with a native American woman and the tribe had a specific elder women in it created for her. Created her a jingle dress and we talked about that spectrum and talked about the safer sex and the idea was around the coming to terms with having more sensitivity around HIV/aids and compassion and they have created and looked at the importance in their tribe specifically of humor and of stories and of culture truth and values, but the elder women created a piece in the jingle dress and wove in condoms and so when she walked in, and she had a story and culture stories and again a message that we are not expecting that actually they found going back to the research there, this wasn't about the concern that Brooke raised then you are going to be sexually active after this, but giving them permission to think about this and the impact of the behavior and humor and joy and having a perspective on this topic.

I add to that, that you know, our puberty education, the parent child puberty programs started out through community education. And we found that it attracted certain types of people who are perhaps just in that school district and not reaching all of the people that it could in the community and over time, different communities have looked at the puberty education curriculum and really talked about, well, what does this mean culturally and historically in the community and what you are referring to is really taking symbols and stories and things that are important culturally in different communities and really making it specific to African-American

communities, or Liberian communities and that was a process to do that and now it is being held at places that our organization wouldn't have thought of bringing it to, in the faith communities and the community centers and really having people invest in it who if it is going to be relatable and investable and investing at the front end. We have a comment about a missed opportunity to engage the grandparents and elders in talking about this. We interviewed a parents and got the grandparents involved in talking about pornography and the role with the children. Have you had any experience or tools with helping the grandparents and elders in the community?

Yes, it is important to identify to parents and the caregivers as the audience, often times in situations, the grandparent of elder is having a role in the child care and so I think it is a super valuable opportunity as well. I think one of the, there's, you know, this very big challenge of how our society really depresses older adult sexuality. In reality, older adults having a lot of more patience when it comes to behaviors of children and having a lot of context as well, so I know that we sort of had the category of parents, we encourage people to say parents and grandparents or to know in the community, is it realistic that the parents are in the role or making more sense to partner with the senior center and have the parents resources at the senior center and so someone in the chat mentioned a material that is geared to folks in the care giving role and that is a curriculum called where we live and that is a really great resource and topic.

Brooke, do you want to add to that?

I would add that I agree. In terms of promotion, talking about the caregivers and including and stating that care givers, parents and grandparents are welcome at these types of workshops and when get into the workshop, our experience is that self-reflection piece is not changing that much when we ask parents to think about what have you learned who taught you your messages of sexuality and what would you like to pass on and what would you like to give up.

Great. There's a lot of great questions and comments. One is top on the list, what activities and things do you suggest in terms of talking about boundaries in terms of middle and high school, and I what I love about the question, there are different kinds of approaches that you would have depending on the age of the kid you are working with, I want to add too, some of the areas as people may know, I work more on the prevention of the perpetration, there is a lot of great resources for people working with kids with behavior problems. And there is an exercise with hoola hoops and everybody has a hoop and adjusting with the boundaries, and if they push into your space, it is isolating you from the other people around you. that is a way convey to the middle school kids. Laura, do you have ideas in addition to the resources listed here to talk about the boundaries in the middle and high school group?

That is a great question. I encourage the folks to check out the flash curriculum. It is from Seattle and they have a number of, it is a flash dance family life in sexual health education. I know they have some really great activities for folks in the middle school and high school age group and not all specific to boundaries, but thinking in a comprehensive ways of different elements from everything from gender norms, to practical kill skills when working with the youth and teens.

I want to take that to Brooke as well, mention that somebody listed there the shifting boundaries curriculum as one and another one, all THOSE I believe it is younger. Space invaders, boundaries. That is a game for families and she says suitable for foster, step children and a range of families. Brooke, do you want to add to that?

I wanted to add a comment in that a lot of people in the sexuality education field for a lot of different reasons, funding is one of them, is encouraged to use evidence based resources and so they have been evaluated quite extensively and unfortunately, I feel that the evaluated sexual education that is available, is not gotten to the point of concretely addressing boundary issues and consent and sexual violence in a way that we are really trying to foster between our fields and I think a lot of that has to do with really with the fields are not meshed well in the past and that is showing up in a lot of the evidence based sexuality education curriculum. So there is a ways to go.

And just another thought on this topic came to mind for me, I went to a workshop that looked at the approach of popular education in work with youth and teens. Part of that frame work is giving the young people the opportunity to facilitate too. Take them through the activity of the red light and green light and that is an activity, you know, more than a game, but communication, respecting boundaries, honoring and listening and each of the child in group have to be in the role of facilitating the red light green light and that is, you know, the person who leading the activity, giving the direction, red light, and people have to stop and green light to go and yellow going slowly and what it is like for the people to be responsive to that and when not responsive and it is a very, very simple activity and accessible way and familiar for youth from a number of backgrounds to begin this conversation.

This is Leona, I want to talk about an activity I used to do with high school schools and in the idea of the classroom is the culture in society and how do we define sexual activity. I drew a time line on the board. One end no sexual and at the end full inclusion. As class, we built up as we felt in the culture and society what are the norms around sexual intimacy and activities and it wasn't a get to an answer kind of activity, it was to get youth to really think out what they felt comfortable with and adhere to culture norms or beliefs, are they comfortable breaking out of that and the most interesting experience that I ever had when doing this activity was at the very end no touching and the other end you build up, hold hands and hug and kiss. One girl said annul sex and as society culture, we had to determine if everyone is comfortable with that and what it means for that to be there and what is the importance of it. And the youths are being critically thoughtful and promoting new ones, are always helpful when talking about sexual health and healthy sexuality.

I would add when we talk with young people about delaying sex, or choosing not to have sex or abstinence. We do a lot of exercises and talk about the definitions that people hold for abstinence. It is important for the person themselves understand the definition, what activities does that include and not include, but then secondly, in order for abstinence to work, you have to communicate that to a partner because going back to the idea of that everyone is probably going to have a different definition in the room, and we can't assume that someone else knows that and building in the self-reflection, what are the goals and what does abstinence mean to you.

That is great point. I have a question here, that is around using the term CIS gender. One of the questions was define CIS gender and to talk about just some of the terminology now, pan sexuality and how we deal with that with the young people.

Thanks for the question. Many people have heard of the word transgender and one could be the idea of how we feel about our gender may not match what we have been assigned at birth. As an example, if I was assigned female at birth based on the doctor looking at my genitals, but I knew my identity to be male, we call that transgender. That is a pretty familiar term for a lot of people. CIS gender refers to people WHOSE biological or a signed sex matches or aligns with consider to be typical gender. Again using the example assigned birth is female and I identify as a woman, that is CIS gender. Part of that is bringing awareness to language that we want to be really aware of othering difference or othering other people and acknowledging like we all hold a gender, but some of us have the privilege of never needing to acknowledge it or think about it. So that is where the term CIS gender comes in. One thing I will say talking with young people middle school and high school age young people, sometimes we get invited to talk with a health class or psychology class and the teacher is saying they are interested in what it means to be transgender. It is really a discussion about sex and gender and pregender presentation and attraction in a way that we all own. If we go back to holistic circles, we all have sexual identities. We all hold a gender. What I find is so interesting is that young people immediately grasp this concept when we talk about you know a lot of times we talk about sex being your either this or either that, and actually there is a lot of ways to define their sex and a lot of ways to define gender and immediately bring up the examples and they really get it. The culture is talking more openly and honestly in pop culture in particular, they look to examples. Sometimes we feel we are going to overwhelm the young people talking about diversity, but they are on board once you provide examples or they provide the examples.

We are about to go into the next portion, but I want to high light for the folks, absolutely amazing resources in the chat and we are going to post that on the website, just a few of them, consent sexy campaign. Head heart body approach. Can I kiss you. Linked to candy kisses. Shifting boundaries. That is actually one of the three evidence based programs that really not only looked at what is possible, and they have evaluated the types of behaviors that are changed because of the curriculum. Use that as a resource and ask the question, is there evidence based behind this and what are the behaviors changing because of the curriculums and it is a wonderful way of merging between the silos that the visual was so at the beginning there. Cordelia?

Thank you. Boy, can we get the questions and the get the evidence and the other things along on the slides and we'll have copies of all of this and one action people can take is certainly looking at this and looking at the resources and seeing if it is fitting in the communities that you are working within. Brooke, one action, and I'm going to ask each of the speakers to answer this, and the participants, what is an action you are going to take today and let's start with Brooke, one action.

So Laura and I picked this visual, we talked which comes first, the chicken or the egg. One action that is really valuable, to assess our organizational values around healthy sexuality. And there are ways I think that you can tie in principles around healthy sexuality that will likely mesh really well with your

organization's existing values. And so one way to do that would be to survey staff and determine what are existing comfort levels and skills and information that they need to move forward with these conversations. One of the resources I want to recommend, that is part of the webinar handouts, it is the national sexuality education standards, it is primarily geared towards schools, it is core content and skills for grades K-12. But I think what we can do is we can really lean on these evidence based practices and best approaches in terms of saying we need to talk about this in the our organization because the research is showing for example that young people grades K-2 should have these skills and this information. So I would encourage us to lean on the evidence that already exists. When we think about the organization's values. Great now to Laura?

Thank you, Brooke. Again, for the chicken and the egg, my one action is around collaboration. I shared about how in the campaign development, collaboration was invaluable in addressing the gaps. You may realize you have gaps in your individual capacity of the organization that you are working or the tools that are valuable to you and knowing there are individuals and organizations that are a resource, and for I see this as a specific case by case collaboration can help you problem solve these challenges, but then also a big picture, I would love to see collaboration between the antisexual violence field and the partners in sexual education and developing the collaborations is fruitful and so much overlap because again the silos that we sometimes, the silos that we are sometimes in because of the funding or sort of organizational boundaries are not always true to the needs of our constituents and communities are, and knowing through developing relationships with partners and the sexuality education field, I'm a better sexual violence preventionist and that I have been able to support their sexual violence being part of their work and the trauma informed approaches to their work as well. I encourage the folks to check out the resources available in their community specifically around sexuality education, sexual health and this could be local planned parenthood or sexual based resources.

We have one other I think one of the favorite parts take away. This is for each of you to say what you have learned from the other presenters. So maybe starting with Laura, what's the one thing that you learned from Brooke and preparing for the webinar today?

Oh, it is a privilege to talk about this. It is wonderful getting to know Brooke and I love being here and showing the materials she's sharing. I harken back to chart, that was giving the concrete examples of the ways sexuality is often presented and approached and what the vision is for, the vision for the different ways that we can talk about it and approach sexuality is a vision for a future free from sexual violence.

Great. Laura, what do you say, I mean Brooke?

Well, I would echo, it is so wonderful collaborating with all of you and Laura. I would say that really, as Laura and were talking, we don't have all of the answers. But respective fields share commonalities and the goal of creating a more sexually healthy culture and it just really reinforces that the successes that we want in our field are really interdependent and there are small ways and big ways that our collaboration will benefit everyone.



Great, thank you very much. We have to move to close the discussion. This is amazing and great resources and take aways. Leona, can you take the next slide and talk about the upcoming and the final two webinars of this series.

I sure will. The next one coming up in February. Bridging knowledge in child sexual abuse prevention. That link is going up shortly. The last webinar conference for this series, pillars of policy for child sexual abuse prevention on March 18th. Be on the look out for the February announcement. It is coming out in the next two weeks because we are getting close to February.

And our very active wonderfully informed chat participants. You are all so great. Thank you, thank you for all you are sharing. Thank you again, Brooke and Laura, you have put in a lot of hours and time to prepare for this and coordinate and we very much appreciate that. So just want to thank you very much and thank the participants.

Thank you all.

Wonderful presentation. Thank you.