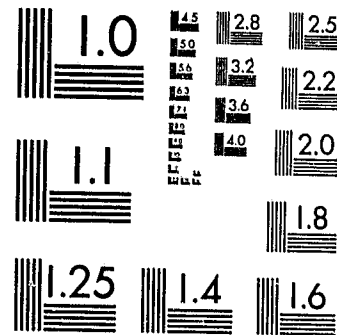


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FEELINGS AND YOUR BODY

A Prevention Curriculum for
Preschoolers

Shelly McFaddin

© 1982

Whatcom County Opportunity Council
Coalition for Child Advocacy
P.O. Box 159
Bellingham, WA 98227

Feelings and Your Body is a curriculum designed to teach skills to 4-5 year olds which will protect them from sexual abuse. This curriculum uses various support materials and organizes them into 5 daily lesson plans. A resource guide assists parents and teachers in locating the support materials.

Feelings and Your Body stresses a child's right to his or her feelings and a child's right to say no when a situation feels scary or uncomfortable. The concept of "private zones" is introduced to help kids understand the nature of sexual abuse. Assertive behavior is presented and practiced. Children are introduced to the community support system.

We recommend that parents be informed about plans to implement this curriculum with pre-schoolers and that parents be urged to participate in the program.

Sandra L. Kleven
Coalition for Child Advocacy
P.O. Box 159
Bellingham, WA 98227
(206) 734-5121

Feelings and Your Body

A Prevention Curriculum for Preschoolers

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| NCJRS | |
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| ACQUISITIONS | |
| <u>CONTENTS</u> | <u>PAGE</u> |
| Monday: Feelings | 1 |
| Tuesday: Feelings | 2 |
| Wednesday: Your Community Support System/ Assertiveness | 3 |
| Thursday: Private Parts/Right to Say No | 4 |
| Friday: Saying No/Identifying Problems | 5 |
| General Information on Child Sexual Abuse | 6 |
| How to Help a Child Victim? | 7,8 |
| Resources | 9 |

FEELINGS and YOUR BODY

Monday - Feelings

Books: I Was So Mad

Alexander and the Terrible, Horrible, No Good, Very Bad Day

Activities: Toss a Feeling

To play this game you need to make a "feeling" cube. Cover the six sides of a wooden or card board cube with faces cut from a magazine which show the following feelings:

1. Mad
2. Happy
3. Scared
4. Silly
5. Sad
6. Confused

Children will toss the cube and portray the feeling that comes up.

Discussion:

Using the same six feelings, ask the children the following questions:

1. What makes you _____?
2. How do you show you're feeling _____?
3. How can you tell when someone else is _____?

Ask the following questions to open discussion about the books used today:

1. What makes you mad?
2. How do you feel when you're mad?
3. Where in your body do you feel it?
4. What do you do about it?

FEELINGS and YOUR BODY

Tuesday - Feelings

Books: Sometimes I Like to Cry

The Hating Book

Activities: Toss a Feeling

"What Faces Say" a ten minute film strip from the series "How Can I Tell?"

Discussion:

The filmstrip contains 20 questions. Allow enough time for the children to answer the questions.

The following questions can be used to assist in discussion of the books shared today:

1. What makes you cry?
2. What makes you stop crying?
3. What makes you laugh?
4. What makes you hate someone?
5. What do you do about it?
6. How do you feel when someone hates you?

FEELINGS and YOUR BODY

Wednesday - Your Community Support System/Assertiveness

Film: "Who Do You Tell?"

Activities: The "PUSH" Game

He Told Me Not To Tell, page 14

Discussion:

Discuss the community support system. Identify the people in the child's own community who can help with a problem.

Talk about people in the film who might be unfamiliar to the children--clergymen, for example.

Have the children practice telling someone about a problem.

FEELINGS and YOUR BODY

Thursday - Private Parts/Right to Say No

Books: Human Body Book

Activities: Role playing - use ideas from:

He Told Me Not To Tell and Sexual Abuse Prevention:
A Lesson Plan

"Twist and Turn" a ten minute film strip from the
series "How Can I Tell?"

Discussion:

Private Parts - My Very Own Book About Me, pages 21, 22

Sexual Abuse Prevention: A Lesson Plan, pages 2-5

When using the filmstrip "Twist and Turn", pause at each question
(there are 23) to make sure children have enough time to answer.

FEELINGS and YOUR BODY

Friday - Saying No and Identifying Problem Situations

Books: Red Flag, Green Flag People

Activities: Continue role playing from Thursday

Play the "Saying No Game", He Told Me Not to Tell,
page 15

Discussion:

Talk about private zones, My Very Own Book About Me, pages 21,22

Talk about touching, My Very Own Book About Me, pages 36,37

Using Red Flag, Green Flag People, have children decide what color
to make the flags.

With the aid of Sexual Abuse Prevention: A Lesson Plan, talk about
touch, private zones and sexual abuse.

Practice saying no.

General Information on
Child Sexual Abuse

"Recognition of sexual molestation in a child is entirely dependent on the individual's inherent willingness to entertain the possibility that the condition may exist."

Suzanne M. Sgroi, MD

- I. Definition: The sexual exploitation of a child who is not developmentally capable of understanding or resisting the contact or who may be psychologically and socially dependent upon the offender.

II. A. General Characteristics

Sex of child: 93% female; 7% male*
Age of Child: 2 years to 18 years
Relationship of offender: 75% known, 25% stranger
Sex of offender: 99% male, 1% female
Non-violent: 3% injuries

B. Incest

Sex of child: 95% female, 5% male*
Age of onset: 81% - 12 yrs or younger; 19% - over 12
Duration: 13% 1 incident; 20% - 0-6 months; 67% - 1-14 yrs.
Relationship of assailant: 75% father/stepfather; 7% mother's live-in boyfriend; 18% uncles, grandfathers, brothers, grandmother
Sex of offender: 99% male, 1% female

III. Myths

- A. Children lie/fantasize about sexual contact with adults.
- B. Children enjoy, provoke, or are partially responsible for sexual contact with adults.
- C. (Incest) Mother colludes in incestuous relationship.
- D. Non-violent sexual abuse is not emotionally traumatic.

IV. Effects

- A. Signs of distress exhibited through behavior changes, correlated with parental reaction.
- B. Parents suffer acute emotional disturbance similar to victims.

V. Treatment: Focus on victim's needs

- A. Crisis intervention
- B. Medical care
- C. Advocacy: Child Protective Service, criminal justice system, other social agencies
- D. Ongoing counseling: individual; family
- C. Consultation

Prepared by: Sexual Assault Center
Harborview Medical Center
Seattle, Washington
(206) 223-3047

* Current research indicates that prior figures on the male/female ratio of victims should be revised and that as many as 50% of the victims of sexual abuse are boys.

How to Help the Child Victim

Be aware that:

1. Children are usually molested by people they know - often a relative or friend of the family.
2. Children are usually not violently attacked or hurt physically during a sexual assault.
3. Children very seldom lie about such a serious matter.
4. Not all children are able to tell parents directly that they have been molested. Changes in behavior, reluctance to be with a certain person or go to a certain place may be signals that something has happened.

What to do immediately:

1. Go with the child to a private place. Ask the child to tell you what happened in her/his own words, and listen carefully.
2. Assure the child that it was right to tell, that you are very sorry this happened and that you will protect her/him from further molestation.
3. Call the police or the State Child Protection Agency immediately.

Helping a child following the assault:

1. Continue to believe the child and do not blame the child for what happened.
2. Non-offending parent or guardian should consult with a physician or the rape relief center regarding need for medical examination.
3. Instruct the child to tell you immediately if the offender attempts sexual molestation again or bothers her/him in any way.
4. Give the child reassurance and support that s/he is okay.
5. Respond to questions or feelings the child expresses about the molestation with a calm, matter-of-fact attitude, but do not pressure the child to talk about it.
6. Respect the privacy of the child by not telling a lot of people or letting other people question her/him.
7. Try to follow regular routine at school. (Expect usual activities, participation, rules, chores.)
8. Inform other children that something has happened to child but that it is being taken care of - do not give details.

9. Take the time to talk it over privately with someone you trust - your spouse, a friend, a relative, a counselor; express your feelings. Do not discuss the situation in front of your child/children.

Most common immediate problems of sexual molested children:

1. Sleep disturbances (nightmares, fear of going to bed, wanting light on, waking up during night, fear of sleeping alone).
2. Loss of appetite.
3. Irritability, crankiness, short-tempered behavior.
4. Bedwetting.
5. Needing more reassurance than usual, clinging to parent.
6. Changes in behavior at school or in relating to friends.
7. Fears.
8. Behaving as a younger child (regression).

These are normal signs of upset. A child may have some of these problems or none at all. They usually will last a couple of weeks. Try to notice all changes in usual behavior, and provide support to the child.

No one knows for sure about long-term emotional effects, but we believe that if the situation is handled in a direct and sensitive way at the time it is revealed, the child need not suffer permanently from the assault.

Adapted from "What If Your Child Tells You He or She Has Been Sexually Molested", Sexual Assault Center, Harborview Medical Center, Seattle, Washington, (206) 223-3047. Used with permission.

RESOURCES

GENERAL: The Human Body Book, S. Perl, L. McGuire, 1977, Platt & Munk

I Was So Mad, Norma Simon, 1974, Whitman

Sometimes I Like to Cry, E. & H. Stanton, 1978, Albert Whitman & Company

Alexander and the Terrible, Horrible, No Good, Very Bad Day, Judith Viorst, 1972, Halliday Lithograph Corp.

SEXUAL ABUSE PREVENTION:

He Told Me Not To Tell, King County Rape Relief, 305 South 43rd, Renton, Washington 98055

My Very Own Book About Me, Rape Crisis Network, Lutheran Social Service of Washington, North 1226 Howard, Spokane, Washington 99201

Red Flag, Green Flag People, Rape Abuse & Crisis Center of Fargo-Moorhead, P.O. Box 1655, Fargo, North Dakota 58107

Sexual Abuse Prevention: A Lesson Plan, Coalition for Child Advocacy, P.O. Box 159, Bellingham, Washington 98227

FILMS & FILMSTRIPS:

"How Can I Tell?" A filmstrip series; "What Faces Say?", "Twist & Turn" P. Kindle, Scholastic Magazine, Inc.

"Who Do You Tell?", MTI Teleprograms, Inc., 3710 Commercial Avenue, Northbrook, Illinois 60062, 1-800-323-5343

For staff orientation, we recommend the film or video tape "The Touching Problem", also available through MTI Teleprograms.

END