

by LaShae Lopez



HEALING IN MOTION

COALITIONS SUPPORTING GROWTH AND CHANGE IN THE
LIVES OF ADULT SURVIVORS OF CHILD SEXUAL ABUSE

Healing in Motion: Coalitions Supporting Growth and Change in the Lives of Adult Survivors of Child Sexual Abuse

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FOREWORD

Dear coalitions,

Adult survivors of child sexual abuse are in every community, but often in silence and neglect. This silence permeates even advocacy programs and coalitions. **Healing in Motion: Coalitions Supporting Growth and Change in the Lives of Adult Survivors of Child Sexual Abuse** is your guide to understanding the dynamics that surround adult survivors of child sexual abuse and help advocates welcome all survivors--in all their complexity--with compassion and creativity.

Healing in Motion focuses on the services and skills that are within reach for any advocacy program today, including body based healing and spiritual healing. You will help advocates put emotional support and healing at the center of advocacy. This curriculum has nine modules over approximately 44 hours of facilitation time. We've designed it so you can present the modules in whatever pacing works best for you, and to be used virtually or in person.

The topics in the lessons include the realities of trauma in youth, coping into adulthood, dissociation, substance abuse, mental health, incarceration, identity and culture, healing in community and so much more. We also delve into racism, anti-Blackness, and anti-indigeneity, homophobia, and transphobia, along with other forms of oppression. We've been careful to provide content that is not graphic in nature, but we know that all these topics can be intense. We recognize that exploring the experiences of adult survivors of child sexual abuse and the intertwining nature of living at the intersections of identity and trauma is emotional and challenging. In these lessons, you will find hope, resilience, and compassion.

Healing in Motion is based on our belief that advocates:

- ▶ Value the survivor’s knowledge of themselves and creative methods of healing over clinical and evidence-based ideas of healing.
- ▶ Build trust with survivors over time.
- ▶ Feel comfortable without a concrete advocacy plan and confident with intangible advocacy. Advocates center emotional support and healing.
- ▶ Help survivors explore options for the issues they are facing today, without judgement.
- ▶ Stay present.
- ▶ Welcome and receive survivors’ whole selves, including cultural identities, strengths, and trauma. Respect survivors’ strength and creativity.

- ▶ Support survivors in finding ways to manage and accommodate their trauma and healing into their everyday life.
- ▶ Reflect on their practice and seek education on service provision, their own emotions, reactions, biases, oppression, and privilege. Advocates seek to understand the social context and history of their work: the anti-sexual violence movement, intersecting movements, racism, and other intersecting social issues.
- ▶ Help the survivor identify and build community.
- ▶ Instill hope for healing. Help the survivor recognize their own strengths and how far they have come.
- ▶ Provide context to survivors about what child sexual abuse is and how it affects adults.

Healing in Motion is based on our belief that tribal, state, and territory anti-sexual assault coalitions are instrumental to advocates' success

Coalitions are remarkable in their capacity to build community for enhanced learning. We believe in coalitions' aptitude for providing advocates with space to examine their fears and worries, biases, own trauma, and vicarious trauma, and help advocates feel their intangible advocacy skills are valued and valuable. Coalitions can help advocates know what they can and should provide to adult survivors of child sexual abuse and give advocates time and space to practice their skills. Through technical assistance and training, coalitions fulfill their role in supporting those who do direct advocacy with sexual violence survivors.

This curriculum was developed in collaboration with advocates, coalition staff, experts, and most importantly, adult survivors of child sexual abuse

We are grateful beyond measure to everyone who contributed to this curriculum. We hope you will join us in honoring adult survivors of child sexual abuse by building a learning community, listening to adult survivors of child sexual abuse, and by working towards more equitable, thriving, and safe communities for us all.

Our deepest thanks go to staff from the Native Women's Society of the Great Plains, Southwest Indigenous Women's Coalition, Yupik Women's Coalition, Reflection of Inspiration Inc., New Jersey Coalition Against Sexual Assault, Nevada Coalition to End Domestic and Sexual Violence, Kentucky Association of Sexual Assault Programs, Maryland Coalition Against Sexual Assault, Iowa Coalition Against Sexual Assault, North Carolina Coalition Against Sexual Assault, South Dakota Coalition to End Domestic and Sexual Violence, Connecticut Alliance to End Sexual Violence, Missouri Coalition Against Domestic & Sexual Violence, Tennessee Coalition to End Domestic & Sexual Violence, Maine Coalition Against Sexual Assault, and Wings. Your thoughtful reviews and comments made this curriculum better in so many ways.

Much love and gratitude to the RSP staff who assisted and advised on this project: Norio, Val, Rebekah, Tracy, Brittany.

In community,

The Building Resilience team:

LaShae, Leah, Kris, Olga, Nancy, Nicole,
Erica, Guadalupe, Cynthia

USING THE CURRICULUM

The Resource Sharing Project created this curriculum in response to the many coalition trainers who shared that they were unsure about how to teach advocacy skills for serving adult survivors of child sexual abuse to their member programs. The advocacy that these survivors need is complex and variable. Training Participants might be uncomfortable, distressed, or triggered by the subject matter, and that can be challenging for trainers. This curriculum provides tools to build facilitators' confidence and knowledge, so they can help advocates build their confidence and knowledge.

This training is designed to be adapted to each coalition and their participants. **Healing in Motion: Coalitions Supporting Growth and Change in the Lives of Adult Survivors of Child Sexual Abuse** brings the materials and ideas, while facilitators bring their unique training style and skills. For it to be relevant to the coalition's members and programs, facilitators will need to consider all the communities' diverse cultures and histories.

Preparation for Facilitators

The Training Curriculum Facilitators are tasked with teaching the curriculum, guiding conversations, and fostering an open space for learning, exploration, and skill development. **For this curriculum, the intended facilitators are those at tribal, territory, and state sexual violence coalitions who do trainings.**

Because of the content, it is suggested that this curriculum is given by an experienced **team of trainers** who:

- ✓ Understand how to teach about oppression
- ✓ Know how to provide and discuss sexual violence advocacy with an anti-oppression lens, with examples sexual violence advocates can apply to their work
- ✓ Have experience facilitating, framing, and navigating emotionally difficult conversations about trauma and healing. It would be particularly helpful if facilitators have experience supporting someone who discloses child sexual abuse.

- ✓ Have experience explaining, demonstrating, and teaching various mindfulness and grounding techniques
- ✓ Have a self-care routine that they can use after training
- ✓ Have facilitated trainings longer than two hours
- ✓ Feel comfortable creating and adapting sexual violence advocacy training materials based on concepts from a curriculum or lesson plans

Before delivering the content, it is important that the facilitators:

Understand the needs of adult survivors of child sexual abuse in their area and community

Each community is unique and has different histories, struggles, gaps, strengths, services, stories, and approaches to healing justice. It is important that facilitators are tapped into these factors. This cannot happen if they are not listening to survivors, especially survivors who are particularly underserved. For more examples of how to find out the needs in your area, please check out the [Listening To Our Communities: Assessment Toolkit](#) by the Resource Sharing Project and the National Sexual Violence Resource Center.

Engage healing work around their own personal trauma

Discussing child sexual abuse can be particularly difficult. Whether or not the facilitator is a survivor themselves, everyone is affected by the reality of child sexual abuse, as it affects individuals, families, and communities. **It is highly encouraged that prior to facilitating this training, facilitators reflect on how child sexual abuse has impacted their lives, and how it shows up in the way they cope, process, and heal from those experiences.** This reflection can be done alone, with colleagues, or with loved ones.

Collaborate on the delivery of training

For this training material, a team approach (two or more training facilitators) will work best in facilitating and supporting participants. If it's not possible to train as a team, please plan for self-care, pacing, debriefing and support.

Discuss, as a training team, how to respond and provide support to each other in different scenarios

Facilitators should take care to discuss some of their concerns about their past trauma openly, outline what kind of support they might like if they are triggered during the training, and what are some things they do to stay grounded and present in the moment. Facilitators should also discuss what they will do if a participant is triggered and needs support before, during, and after the training.

Discuss, as a training team, how to respond to oppression when it surfaces during the training

This training focuses on various topics of oppression, namely, racism, anti-Blackness, anti-indigeneity, colonization, homophobia, transphobia, and ableism. Prior to starting the training, the facilitators should:

- ▶ Reflect on the privileges they have and the oppressions they experience
- ▶ Discuss how oppression commonly shows up in training spaces and group discussions. Then, consider where it may show up throughout the training particularly thinking about the outside articles to be shared.

- ▶ Reflect on how these conflicts have played out in past trainings
- ▶ Reflect on your own coalition's history of perpetuating oppression, being complicit when it happens, and not taking accountability for past actions. Think about how this history may impact the delivery and reception of the information given in the training.

Additionally, facilitators should discuss how they will respond when these prejudices show up in the space. They should strategize around how they will respond to the incident when it happens initially and how they will address them with the participants, the facilitators, guest presenters, and anyone else present during the training. For more information, resources, and guidance on this, check out the [Interaction Institute For Social Change's Fundamentals of Facilitation for Racial Justice Work Online training](#).

Think critically about their facilitation style and the time it will take to work with this content

Every facilitator has their own presentation style, and it can greatly impact how the training participants receive, understand, and engage with the content. Facilitators should consider:

- ▶ How they like to prepare and familiarize themselves with new content
- ▶ What their training strengths and weaknesses are
- ▶ What their facilitation style is, and how that meshes with the other facilitator's approaches
- ▶ Adult learning principles and strategies. For additional information and resources on this, please check out the article [Adult Learning Principles from Valamis](#).

Consider the timing of the training and preparation needed for the training

Remember that this content can be heavy for both the facilitators and participants. Facilitators should take time to plan for the various aspects of the training, including:

Time needed to gather and prepare all the materials, resources, technology, accessibility requests and accommodations, and other established training needs.

What changes might need to be made to the content delivery, participant accommodations, and other training preparation depending on the setting for training. This can be impacted by:

- ▶ Whether the training is done in-person, virtually, or a hybrid. In-person, participants may need more time to move around the room, gather materials, return from breaks, access technology, wrap up discussions, signing in and out, etc.
- ▶ The number of participants. The larger the number of participants, the more time facilitators may need to give for discussions and activities.

Time participants need to read materials. Remember that some participants benefit from having more time to read and digest materials. We suggest giving all reading assignments to participants before the session, even if you plan to give time for reading during the session.

Time needed to debrief, review, evaluate, and go through feedback given by participants between modules or breaks in the training.

How to break the training up. This includes adequate breaks and mealtimes, and time to debrief after emotional activities and discussions.

- ▶ Debriefing could include some type of mindfulness or grounding exercise prior to the conversation. For a list of grounding exercises that may be helpful and will be used in the curriculum, go to the resource [Advocacy Skills: Grounding](#) by the Resource Sharing Project.
- ▶ Establish a plan of action in case of an emergency in which one or more of the facilitators can't attend. This might involve having a backup facilitator or having someone who's familiar with the content of the training on standby.
- ▶ Establishing a plan of action in case the training needs to be canceled/ended abruptly.

Welcome the participants, encourage care for themselves throughout the training, and set guidelines for participants to abide by during the training

Discussing child sexual abuse can be triggering even for advocates who have worked with sexual violence survivors previously. The facilitators should take time to make the space warm, open, accessible, and accommodating while being clear about the expectations surrounding participants' conduct and participation.

For more information on how to ground the space, please check out these chapters of the [Foundations of Advocacy Training Manual](#), a tool created by the Resource Sharing Project and the National Sexual Violence Resource Center:

- ▶ About This Training: Getting Started and Support for Training

- ▶ Modules 1: Welcome, and

- ▶ Module 2: Caring for Ourselves and Each Other.

Preparation for Participants

The training participants, (sometimes referred to as attendees, audience members, or learners) are those who have come to the training to learn, analyze, and expand their advocacy skills. **The target audience for this training curriculum is member programs of tribal, territory, and state sexual violence coalitions.** More specifically, this curriculum is for community-based sexual violence and dual/multi-service advocates who want to build on their fundamental advocacy skills.

Because of the content that will be discussed in this curriculum, it is suggested that the participants who attend the training:

- ✓ **Understand sexual violence advocacy and have completed a foundational sexual violence advocacy course.**
- ✓ **Have some experience providing sexual violence advocacy**
- ✓ **Have some understanding of how oppression and trauma impact the lives of survivors**

The goal of this training is to expand advocates' ability to provide sexual violence advocacy services to a specific underserved population.

Advocates should be familiar with concepts such as healing, anti-oppression, and trauma-informed care.

Advocates should also have some understanding of how to provide advocacy to survivors of sexual violence:

- ▶ outside of a domestic violence context
- ▶ that focuses on long-term healing
- ▶ offers support outside of the criminal legal systems
 - » For more guidance on how to develop this understanding, please check out the resource [It Matters! How Defining Sexual Violence Defines Advocacy Programs](#) by the Resource Sharing Project and the National Sexual Violence Resource Center.

Before attending this training, it's important that the participants:

Reflect on how their own life has been affected by child sexual abuse

Everyone is affected by child sexual abuse, as it affects individuals, families, and communities. It is highly encouraged that prior to attending this training, participants think about how child sexual abuse has impacted their lives, and how it shows up in the way they cope, process, and heal from those experiences. This reflection can be done alone, with colleagues, or with loved ones.

Be open to learning and change in individual and organizational approaches to advocacy

Centering the needs of adult survivors of child sexual abuse provides opportunities for advocates and organizations to shift how they do the work of advocacy.

- ▶ For more guidance on how to revise and expand your sexual violence services, please check out the resource [Throw Away the Menu: Broadening Advocacy](#) by the Resource Sharing Project and the National Sexual Violence Resource Center.

Be willing to advocate not only with outside systems for adult survivors of child sexual abuse but also inside of the organization and with funders to center the needs of adult survivors of child sexual abuse

Serving adult survivors of child sexual abuse requires changing policies, procedures, and practices; coalitions' training or accreditation needs to change; and funders' priorities need to shift for advocates and organizations to center adult survivors of child sexual abuse. Realizing that these changes and shifts need to happen will require advocacy within advocacy organizations, coalitions, and with funders.

Note for Preparation and Facilitation Time

Prep Time

Please note the estimated preparation time to facilitate the entire curriculum for the first time is between 25 and 40 hours.

This includes time needed to:

- ▶ Read the curriculum and become familiar with the content

- ▶ Gather and prepare all the materials, resources, technology, accessibility requests and accommodations, and other established training needs

- ▶ Create the suggested materials and community specific training modifications outlined in the curriculum

- ▶ Secure training locations; whether in-person, virtually, or a hybrid of both settings
- ▶ Promote the event, and recruit and register training participants
- ▶ Doing other administrative work regarding the training (sending out materials in advance, verifying information, etc.)

In addition to these things, it will also take extra time for facilitators to engage in healing work around their own personal trauma, and to do a community assessment for the needs of adult survivors of child sexual abuse in their state, tribal community, or territory.

Facilitation Time

Please note that the estimated facilitation time for the entire curriculum is around 44 hours.

This **does not** include:

- ▶ Taking intentional time to debrief between discussions, breaks between lessons and modules, and mealtimes

- ▶ Time for facilitators to debrief about each training session and make adjustments to the training content

It is highly suggested that this curriculum is facilitated over the course of a few weeks (at least two) to prevent burnout and give training participants a chance to reflect on what was learned and apply it to their advocacy. Additionally, it is suggested that if this training is facilitated virtually, the training is broken up over several weeks to lower the amount of Zoom fatigue.

For suggestions on how to break up the content, please refer to the section, Explanation of Module Structure.

EXPLANATION OF MODULE STRUCTURE

The order of the modules largely follows the order of the [Building Resilience: Conversations with and about Adult Survivors of Child Sexual Abuse conversation series](#). The lessons in each module progress with the timestamps of the podcast series.

While facilitators can review the curriculum with that structure in mind, facilitators may want to move the placement of different modules in the training based on the needs of training participants. Please note that some elements of learning may not build on each other the way intended if the order is changed.

CURRICULUM AND MODULE COMPONENTS

This curriculum has nine modules, and each module is broken down further into a list of lessons and steps. Facilitators will **need to modify the training components** to meet the needs of the training participants and cultural considerations not accounted for in the outline.

Overview of Components

Each module in the manual will have these core components.

component	description
Module Summary	A short description of the module's content
Learning Objectives	A list of the takeaways and conclusions participants should learn by the end of the module
Structure of the Module	The time needed for facilitation, name, and number of lessons in the module. Please note that the time given in the module is the estimated amount of time needed to facilitate the module, not prepare the module and gather the needed materials.
Materials Needed for the Module	A list of the suggested materials needed for each lesson of the module. The list is divided between in-person and virtual training needs. <ul style="list-style-type: none"> ▶ In the Materials Needed for the Modules list, PowerPoint is included as a material needed. Facilitators should use whatever presentation tool (Microsoft PowerPoint, Google Slides, Canva, Prezi, etc.) they normally use to present.

component	description
	<ul style="list-style-type: none"> ▶ In the Materials Needed for the Modules lists, “copies or links” is next to some of the virtual resources on the in-person training side. It is strongly suggested that the facilitators create a resource folder that has copies of all the resources used throughout the training for participants to reference outside the training. » For a list of all the resources referenced in the curriculum, please refer to the Healing in Motion: Compiled List of Resources on p. lvii









component	description
Notes for the Module	An in-depth guide to assist facilitators in what to be aware of in the module. This includes additional content to prepare that is not already explicitly written into the module (i.e., culturally specific materials) and potential issues that could arise. This section is broken down by the steps where additional attention is needed.
Module Content	The subject matter that will be discussed, learned, and explored.
Opportunities for Further Learning	Additional materials that are related to the module topic to enhance the participants' understanding and advocate skills. These resources could be helpful for the facilitators to review when preparing the training initially.

Additional Features

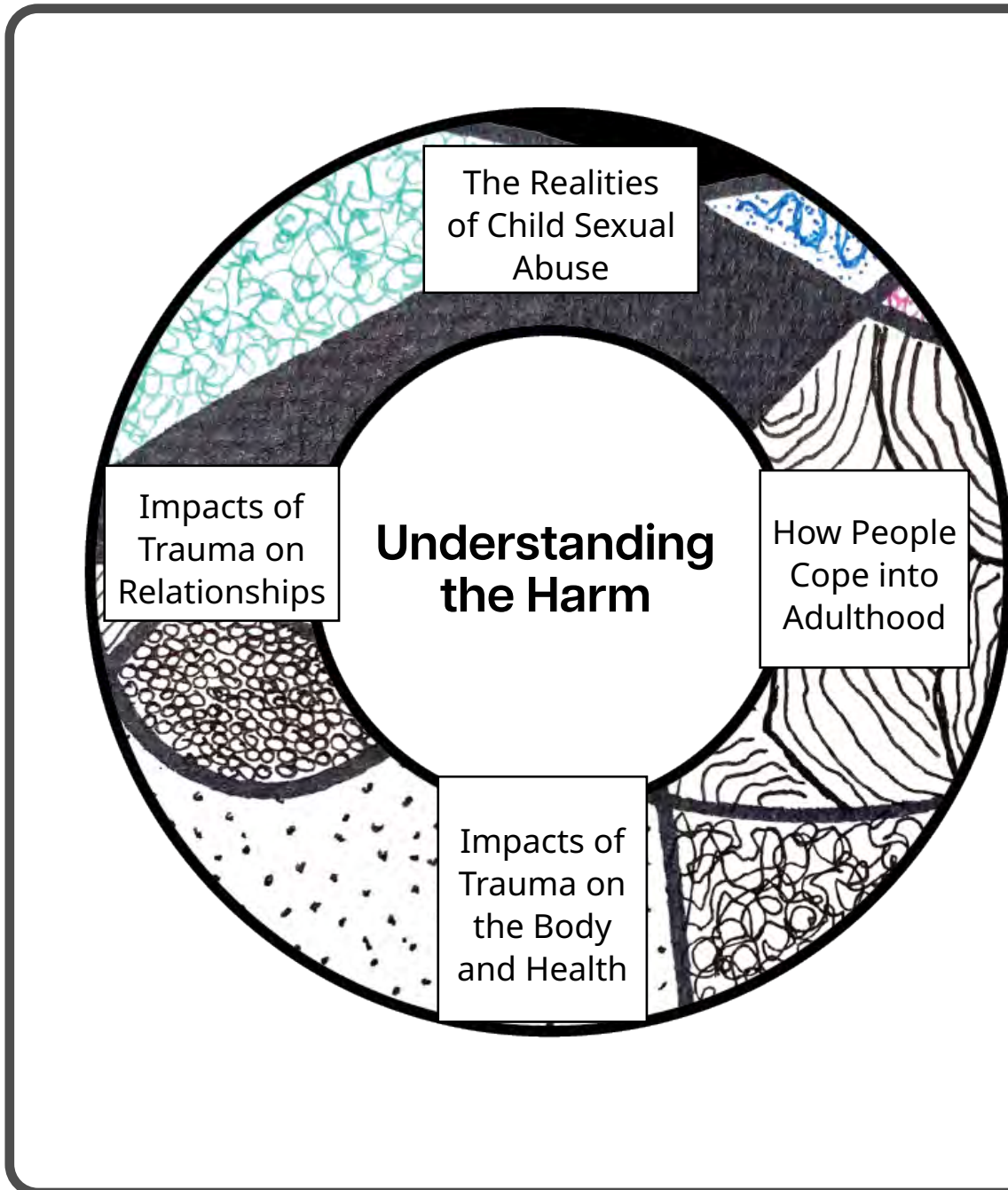
- ▶ Modules 2, 6, and 8 have a lesson called **Bringing it All Together**. This lesson is an opportunity for the facilitators and the participants to review the content learned in the previous two modules.
- ▶ Module 4 has a lesson called **Midway Check-In**, as this is the halfway completion point of the modules. If this activity is not the halfway point (i.e., content was added or removed), it is suggested that this lesson be moved where appropriate.
- ▶ As the first step in each module, facilitators will lead a grounding exercise. While grounding is an important skill for advocates to have when working with survivors, training facilitators can switch out the grounding activity in some modules to do affirmations, mindfulness, or team building exercises to open the session as appropriate.

- ▶ Some modules will have **Facilitator's Notes** which give specific guidance for the facilitator including things to verbalize to the participants.
- ▶ The **Compiled List of Resources** has all the resources referenced throughout the training in one compiled list.
- ▶ The **Style Guide** has tips for creating a presentation for this training. The Style Guide includes some guidelines for formatting and insight on imagery to use in your presentation.

LEGEND

-  Activity
-  Teaching
-  Debrief
-  Small Group Discussion/Break-out Group
-  Large Group Discussion/Collective Discussion
-  Conclusion
-  Handout
-  Watch

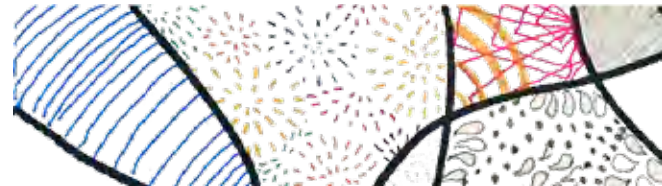
MODULE MAPS





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Time to Facilitate:
6.5 hours



MODULE #1

THE REALITIES OF CHILD SEXUAL ABUSE

MODULE SUMMARY

This module sets the foundation for the content to be learned throughout the rest of the course. It is essential that facilitators create a space where participants feel comfortable asking questions, sharing their thoughts, thinking critically, and receiving feedback during this first module. Because this is the first module, there will be more Notes for Preparation and Facilitator's Notes to give more context to the participants about the module components.

**DUE TO THE FOUNDATIONAL INFORMATION
DISCUSSED HERE**

it is important that facilitators keep The Realities of Child Sexual Abuse as the first module.

- ▶ Facilitators will want to take time to explain the components of the training that will be in the modules and give a description of them to participants when needed (descriptions can be found in Module Components on page 36 of the curriculum).

THE REALITIES OF CHILD SEXUAL ABUSE LEARNING OBJECTIVES

- ▶ Reflect on their current knowledge of adult survivors of child sexual abuse and their needs
- ▶ Familiarize themselves with commonly used knowledge and terminology
- ▶ Develop a deeper understanding of the prevalence, dynamics, and impact of child sexual abuse on a survivor's life
- ▶ Begin to explore how advocacy and their agency's services meet the needs of adult survivors of child sexual abuse

STRUCTURE OF THE REALITIES OF CHILD SEXUAL ABUSE

Time to Facilitate: 6.5 hours total

Lesson 1.1 Mapping Our Knowledge (1 hour)

Lesson 1.2 Glossary of Terms (1 hour)

Lesson 1.3 Exploring the Dynamics, Statistics, and Definition of Child Sexual Abuse (1 hour)

Lesson 1.4: The Difference Between Experiencing Sexual Abuse in Childhood Compared to Sexual Assault First Experienced in Adulthood (1 hour)

Lesson 1.5 What Does This Mean for Our Advocacy? (2.5 hours)

MATERIALS NEEDED FOR THE REALITIES OF CHILD SEXUAL ABUSE

Lesson	In-Person	Virtual
1.1	<ul style="list-style-type: none">▶ Whiteboard or chart tables▶ Markers (dry-erase and permanent)▶ Large sticky notes▶ Paper▶ Writing utensils	<ul style="list-style-type: none">▶ Google Jamboard or another live note-taking platform
1.2	<ul style="list-style-type: none">▶ Copies of, or link to, Glossary of Terms: The Realities of Child Sexual Abuse 1.2	<ul style="list-style-type: none">▶ Glossary of Terms: The Realities of Child Sexual Abuse 1.2

Lesson	In-Person	Virtual
1.3	<ul style="list-style-type: none"> <li data-bbox="537 327 753 369">▶ Computer <li data-bbox="537 464 881 548">▶ Projector or large screen TV <li data-bbox="537 642 946 726">▶ Speakers that participants can hear <li data-bbox="537 821 964 1052">▶ Video of Conversation Series Episode 1: Why are We Focusing on Adult Survivors of Child Sexual Abuse? <li data-bbox="537 1146 911 1325">▶ Copies, or link, to Building Resilience Coloring Page Episode 1 <li data-bbox="537 1419 951 1837">▶ Copies of, or link to, the article Remembering the Children of Native American Residential Schools from the National Sexual Violence Resource Center 	<ul style="list-style-type: none"> <li data-bbox="1032 327 1341 705">▶ Video of Conversation Series Episode 1: Why are We Focusing on Adult Survivors of Child Sexual Abuse? <li data-bbox="1032 800 1325 978">▶ Building Resilience Coloring Page Episode 1 <li data-bbox="1032 1073 1352 1629">▶ Link to the article Remembering the Children of Native American Residential Schools from the National Sexual Violence Resource Center

Lesson	In-Person	Virtual
1.4	<ul style="list-style-type: none">▶ Computer▶ Speakers that participants can hear▶ Projector or large screen TV▶ PowerPoint▶ Video of Conversation Series Episode 1: Why are We Focusing on Adult Survivors of Child Sexual Abuse?▶ Copies, or link to, Building Resilience Coloring Page Episode 1▶ Writing utensils▶ Copies, or link to, Healing in Motion: Strategic Planning worksheet	<ul style="list-style-type: none">▶ Video of Conversation Series Episode 1: Why are We Focusing on Adult Survivors of Child Sexual Abuse?▶ Building Resilience Coloring Page Episode 1▶ PowerPoint▶ Healing in Motion: Strategic Planning worksheet



Lesson	In-Person	Virtual
1.5	<ul style="list-style-type: none">▶ Computer▶ Projector or large screen TV▶ Copies, or link to, Areas of Hurt, Areas of Healing worksheet by the Resource Sharing Project▶ PowerPoint▶ Writing utensils▶ Paper	<ul style="list-style-type: none">▶ Areas of Hurt, Areas of Healing worksheet by the Resource Sharing Project▶ PowerPoint

NOTES FOR PREPARATION FOR Lesson 1.1 Mapping Our Knowledge

- ▶ Facilitators will open the module with a grounding exercise. For a list of grounding exercises to try, please check the [Advocacy Skills: Grounding](#) tool created by the Resource Sharing Project

- ▶ Participants will do an activity to gauge their initial knowledge of providing advocacy for adult survivors of child sexual abuse. For an in-person training, consider having participants take large sticky notes, write down their responses to the questions, and display them on a larger paper somewhere in the room, with one question per sheet. For those doing this training virtually, facilitators can have the participants do this activity on a Google Jamboard (a free interactive tool offered through Google) or another live note-taking tool, save the results and send them out to the participants at the end of the training.
 - » Facilitators will need to have access to a Google account to use Google Jamboard

Lesson 1.1: Mapping Our Knowledge

Estimated time: 1 hour



ACTIVITY Open the module with a grounding exercise.



BREAK OUT GROUP DISCUSSION Break the participants into groups and have them answer these questions.

- ▶ What do you know about adult survivors of child sexual abuse?
- ▶ What questions do you have when it comes to discussing adult survivors of child sexual abuse?
- ▶ What are your concerns when it comes to serving adult survivors of child sexual abuse?

- ▶ Where do you notice gaps in services or responses to adult survivors of child sexual abuse in your service area?
- ▶ Where do you notice gaps in services or responses to adult survivors of child sexual abuse in the anti-sexual violence movement?

Have the groups share and facilitate a large group discussion about what was shared.

Notes for Preparation For Lesson 1.2 Glossary of Terms

- ▶ Facilitators will guide the participants through an exercise in which the group will come up with shared definitions for a list of terms. While a list of terms, definitions, and explanations are provided in the Glossary of Terms: The Realities of Child Sexual Abuse worksheet on p. i, facilitators are highly encouraged to review and modify these definitions to reflect the language used in their communities. Facilitators are encouraged to add other terms to the list they feel need to be defined early in the training.

- » For time, facilitators may want to break the participants into small groups and have each group define multiple terms before coming back together as a larger group to agree upon the whole list.

► For the term triggers, facilitators should consider leading a discussion about how people have been using the word “triggered” in common language to describe an uncomfortable situation, often times connected to a challenging, difficult, or stressful experience. This casual useage of the word does not involve the activation of a traumatic incident. Additionally, using this term could be retraumatizing to survivors who have experienced gun violence. Many resources and tools through the curriculum reference triggers and have triggers in the name, but if preferred, the facilitators and participants can shift their language to use terms like:

- » trauma activation or activated: “the survivors was activated”
- » re-experiencing: “they were re-experiencing their trauma”
- » set off: “set off by the smell that reminded them of the place where they were abused”

Lesson 1.2: Glossary of Terms

Estimated time: 1 hour



ACTIVITY As a large group, lead the training participants in coming up with a list of shared definitions for the terms on page i. For time, facilitators may want to break the participants into small groups and have each group define multiple terms before coming back together as a larger group to agree upon the whole list. Review the created definitions as a large group.



HANDOUT Distribute the Glossary of Terms: The Realities of Child Sexual Abuse Lesson 1.2 handout for participants to take with them. The handout can be found on page i.

List of suggested terms:

- ▶ ableism
- ▶ accountability
- ▶ anti-Blackness
- ▶ anti-Indigeneity
- ▶ child sexual abuse
- ▶ cissexism
- ▶ colonization
- ▶ coping
- ▶ grooming
- ▶ harm
- ▶ harm doer
- ▶ healing
- ▶ heterosexism
- ▶ incest
- ▶ mental health
- ▶ oppression
- ▶ power
- ▶ racism
- ▶ sexism
- ▶ triggers
- ▶ violence

Notes for Preparation for Lesson 1.3 Exploring the Dynamics, Statistics, and Definition of Child Sexual Abuse

- ▶ In TEACHING #1 There are instructions to share relevant information about child sexual abuse in your area. It may be helpful to include information about the history and present conditions of colonization and oppression and how they affected child sexual abuse in your area. In particular, consider the effects of colonization on American Indian and Alaska Natives, as it pertains to and boarding schools; the enslavement of Black communities; and the treatment of farm worker communities, detained immigrants, incarcerated people, and institutionalized people with disabilities. Facilitators should be mindful that this lesson may bring up traumatic histories for participants and be prepared to provide emotional support to participants. Having a training team, rather than a sole facilitator, is especially helpful for this lesson.

- ▶ In ACTIVITY #1, the facilitator is asked to give a summary of the conversation series. If there is time, take the participants to the Resource Sharing Project website and click through the resources in the conversation series.

- ▶ Here are some things to include in a summary:
 - » The Building Resilience: Conversations with and about Adult Survivors of Child Sexual Abuse is a podcast series that focuses on providing advocacy to adult survivors of child sexual abuse

 - » Each episode features a conversation with adult survivors of child sexual abuse and experts in the anti-sexual violence field discussing different topics about advocacy for survivors

 - » The series contains 12 main podcast episodes, each about an hour long, with five bonus content episodes, and eight survivor interviews
 - ◆ Episodes 1-4: the basics of understanding child sexual abuse and its impacts on adults

 - ◆ Episodes 5-8: the ways adults can heal in adulthood, often addressing how they were hurt

- ◆ Episodes 9-12: how our organizations can better support adult survivors of child sexual abuse
- » Each of the episodes and survivor interviews have coloring pages and resources for people to explore
 - ◆ There are other additional resources attached to the different episodes that have tools for survivors and tools for advocates
- ▶ For HANDOUT #2, the participants are asked to read an article about the impact of Boarding Schools on American Indian and Alaska Native communities.
 - » Due to the article's length, it is best to send out the article before the training for those who may need more time to read it.
 - » For tribal coalitions, it may be better and more culturally relevant to take this time to reflect and discuss the impact boarding schools had and continue to have in their communities, as suggested in step 3 and do a group healing or grounding activity in place of this step. Another suggestion is to take this time to honor your ancestors and community during this time or make space for participants to do so.

Lesson 1.3: Exploring the Dynamics, Statistics, and Definition of Child Sexual Abuse

Estimated time: 1 hour



ACTIVITY #1 Give a summary of the Building Resilience Conversation Series (a list of what to include in the summary is in the Notes for Preparation for Module 1 on page 60). If there is time, show participants where to find the materials and the conversation series on the RSP (Resource Sharing Project) website.



HANDOUT #1 Distribute the [Building Resilience Coloring Page Episode 1](#) and let the participants know that is the notes page for each of the conversation series episodes.



WATCH Watch the video of [Episode 1 of the Conversation Series: Why Are We Focusing on Adult Survivors of Child Sexual Abuse?](#)



Play from 13:34 (What is child sexual abuse?) to 18:30 (The connection between child sexual abuse and incarceration).





TEACHING #1 Consider sharing relevant information about child sexual abuse in your area, including the following:

- ▶ statistics (population-specific and state/territory-wide)
- ▶ quotes, stories, and videos shared by survivors, and
- ▶ relevant news articles and/or social media posts about the experiences of adult survivors of child sexual abuse in your region

It may be helpful to include information about the history and present conditions of colonization and oppression and how they affected child sexual abuse in your area. It may also be helpful to verbalize that this information is relevant to understanding that sexual violence happens where the participants live and work.



HANDOUT #2 Distribute the article [Remembering the Children of Native American Residential Schools](#) from NSVRC (National Sexual Violence Resource Center), and have the participants read it silently to themselves.

BREAK-OUT GROUP DISCUSSION Break out into small groups to further discuss the dynamics of child sexual abuse and have a follow-up conversation to the lecture, article, and video. Ask the following questions:

- ▶ What stands out to you?

- ▶ What information is new to you?



SUMMARIZE KEY POINTS Close this section and emphasize these points to help people process the dynamics and statistics of child sexual abuse:

- ▶ Child sexual abuse frequently happens in our society
- ▶ Children are targeted by those who cause harm because they are perceived to be vulnerable, less credible, and more accessible
 - » Children who experience multiple oppressions are even more vulnerable
- ▶ Child sexual abuse, like other types of sexual abuse and oppression, is perpetuated by and because of oppression on individual, community, and societal levels
- ▶ The effects of child sexual abuse impact people during their childhood and in their adulthood, and this looks different for every individual

Notes for Preparation for Lesson 1.4 The Difference Between Experiencing Sexual Abuse in Childhood Compared to Sexual Assault First Experienced in Adulthood

- ▶ Facilitators may want to create a PowerPoint for the points listed in TEACHING #1. For guidance on how to develop a presentation for this training, please refer to the Healing in Motion: Style Guide on page lxxv.
- ▶ During the activity, Participants might express feelings of shame or guilt about the advocacy they provided, or not being able to provide adult survivors of child sexual abuse advocacy in the past. Facilitators should validate what the participants share and remind them that they are attending the training to learn more about adult survivors of child sexual abuse and supporting their healing.

Lesson 1.4: The Difference of Experiencing Sexual Abuse in Childhood Compared to Sexual Assault First Experienced in Adulthood

Estimated time: 1 hour



WATCH Show [Episode 1: Why are we focusing on adult survivors of child sexual abuse?](#)



Play from 00:00 (Introduction) to 13:19
(Pause, take a breath, take care of yourself).



LARGE GROUP DISCUSSION As a large group, ask participants what they heard that makes victimization in childhood unique. Take answers 'popcorn style' (participants call out answers in a random or self-selected order, like corn kernels popping in the heat).



TEACHING #1 Use the following points to create a PowerPoint or other visual presentation. Make sure these issues are raised by the end of this section:

- ▶ Forms their experience
- ▶ Impacts their ability to make relationships and sustain them
- ▶ Interrupts normal development
- ▶ Affects how survivors think about themselves
- ▶ Often occurs in the context of abusive family dynamics, thereby exacerbating impacts they were already experiencing of domestic violence, etc.
- ▶ Abuse and trauma challenge learning, focus, and education
- ▶ Alters family dynamics and attachment to family members

- ▶ Less likely to access legal systems and less likely to have legal remedies available
- ▶ Much less likely to have access to counseling and other supports than adults
- ▶ More likely to struggle with housing, mental and physical health, schools, and the criminal legal system
- ▶ At risk for further abuse, including sex trafficking, as well as outcomes like early (teen) pregnancy, etc., more likely to face poverty, higher incidence of divorce, etc.
- ▶ Challenges their ability to access traditional services – shelters



ACTIVITY Offer the participants the choice

Choice 1: Participants do some individual reflection and then come back to the large group to discuss or

Choice 2: Discuss the questions below in pairs before coming back to the large group:

- ▶ Have you provided advocacy for adult survivors of child sexual abuse?
- ▶ How did it go?
- ▶ Did you feel that you had the information you needed to support them?
- ▶ What do you wish you knew?

Ask participants to share and summarize their reflections.



Facilitator's Note:

Remember to validate what the participants share and remind them that they are attending the training to learn more about adult survivors of child sexual abuse and supporting their healing.

Notes for Preparation for Lesson 1.5 What Does This Mean for Advocacy

- ▶ The points under TEACHING #2 should be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs.
 - » Facilitators are also encouraged to share the [SADI Lessons for Local Programs](#) by the Resource Sharing Project and the National Sexual Violence Resource Center and [Enhancing Knowledge: Organizational Reflection](#) from the Resource Sharing Project at the end of this step as additional resources.
- ▶ This modified Pictionary activity is supposed to be frustrating and confusing to participants, though you won't tell them that ahead of time. That might feel awkward for you as the facilitator, but don't try to reduce the confusion. While doing the activity, try saying things like, "looks like you weren't following directions," "I already told you how to do it," and "you need to draw faster." To invoke additional confusion, consider speaking in multiple languages, using jargon that participants may not understand, or pausing at different times without explanation.

- ▶ Consider sharing the SADI Lessons for Local Programs by the Resource Sharing Project and the National Sexual Violence Resource Center and Enhancing Knowledge: Organizational Reflection from the Resource Sharing Project at the end of this step as an additional resource.

Notes for Preparation for Wrapping Up Module 1

- ▶ At the end of the first module, it may be helpful to provide a list of statutes and definitions surrounding child sexual abuse in your area and some information about mandatory reporting of child sexual abuse statutes. Be sure to stress alongside this information that:
 - » Most adult survivors DO NOT report what happened to them, and reporting should not be the focus of advocacy.
 - » Statute of Limitations restrict survivors' access to the criminal and civil legal systems. Conviction rates for child sexual abuse cases, especially without any evidence beyond testimonies, are low.
 - » Whether or not a person wants to engage with the criminal legal system, healing services can still meet some of their needs

Lesson 1.5 What Does This Mean for Advocacy?

Estimated time: 2.5 hours



HANDOUT Distribute and review the [Areas of Hurt, Areas of Healing worksheet](#) by the Resource Sharing Project. Be sure to highlight that the role of an advocate is to help with all these areas as they affect a survivor's life.



BREAK OUT GROUP DISCUSSION Break the participants into groups and have them discuss the following:

- ▶ Keeping in mind what you heard and learned from the Areas of Hurt, Areas of Healing worksheet, how does this affect your work with adult survivors of child sexual abuse?
- ▶ What advocacy skills are necessary to effectively support adult survivors of child sexual abuse?
- ▶ How can advocacy help adult survivors of child sexual abuse, whether or not they also seek counseling or other healing services?

Have groups share out about what they discussed.





TEACHING #1 Wrap up the break-out discussion. Emphasize the following:

- ▶ How advocacy supports healing,
- ▶ Emergency and crisis responses often do not fit the needs of adult survivors of child sexual abuse, and programs should not try to limit survivors to those narrow services
- ▶ How the experience for a survivor of child sexual abuse is different from someone who experienced sexual violence as an adult, including changes in a child's development, family involvement, and the autonomy children have as compared to adults
- ▶ Experiencing sexual abuse as a child increases the risks of experiencing sexual violence in adulthood
- ▶ How the experience for a survivor of child sexual abuse is different from someone who experienced sexual violence a few hours or days ago; this person may have been holding this trauma for years or decades

- ▶ The various core advocacy skills may be the only service you provide and that's okay
 - » Active listening, supportive listening
 - » Holistic safety planning
- ▶ Not talking about any specific service, but instead of the skill set you can apply to any setting or survivor

End this discussion by noting that while advocates should know some of potential differences between those who experienced child sexual abuse and those who experienced sexual violence as an adult, many adult survivors of child sexual abuse have experienced sexual violence throughout their lifetime.



Facilitator's

Note: While doing the activity, try saying things like, "looks like you weren't following directions," "I already told you how to do it," and "you need to draw faster."

To invoke additional confusion, consider speaking in multiple languages, using jargon that participants may not understand, or pausing at different times without explanation.



ACTIVITY Facilitate a game of modified Pictionary with the participants, in which the facilitators will describe an image for the participants to draw without telling them what it is. The point of the activity is for advocates to understand:

- ▶ How difficult life, systems, and emotions are to navigate even when help is available.
- ▶ Sometimes, the assistance available isn't helpful for a variety of reasons.



DEBRIEF After completing the activity, ask the participants to share how it made them feel. Make sure to:

- ▶ Validate their feelings of being lost, frustrated, and confused
- ▶ Highlight that these emotions are often how survivors feel when encountering systems and advocacy services

- ▶ Emphasize that:
 - » Advocacy that supports healing is a partnership that doesn't move in a straight line or happen in a specific timeframe.
 - » Trust is created through:
 - ◆ Honesty- being open about what you can and cannot do, what you can and cannot provide; upfront, direct communication
 - ◆ Transparency- sharing information proactively and acknowledging mistakes when you make them
 - ◆ Consistency- Showing up at agreed times; asking for and applying feedback given; amplifying survivors needs in spaces where they have less power
 - » Building connections and relationships is an important part of our advocacy
 - » It's helpful when choices are clearly articulated and defined, and all options are available



TEACHING #2 Create and review a presentation called “What does this mean for your organization?”

Discuss:

- ▶ If advocates change, and their advocacy changes, the organization is also shaped by this change.
- ▶ Organizational change is critical to the strength of rural advocacy programs.
- ▶ Organizations with strong sexual violence services focus on the holistic needs of sexual violence services.



HANDOUT and **BREAK OUT GROUP DISCUSSION**

Distribute the Healing in Motion: Strategic Planning worksheet to the participants. The worksheet can be found on page lxxi.



Explain that they will be using this worksheet several times throughout the training, and they will build on it throughout the different modules to help them identify tangible changes that can be made to their advocacy and programs to better support adult survivors of child sexual abuse.

Have the breakout groups start to brainstorm changes to be made in their organizations that they identified, starting with the factors below:

- ▶ Organizational changes to policy and grant reporting
- ▶ Changes to shelter setting and services
- ▶ Changes to foundational sexual violence training
- ▶ Outreach and marketing of services. Organizations need to design services that meet the needs of adult survivors of child sexual abuse before doing outreach and marketing.
- ▶ Listening for disclosures of child sexual abuse in services
 - » How to translate work with survivors into grant reporting
 - » Collaborating with community partners
 - » Collaboration between domestic violence and sexual assault services

After the groups are done brainstorming, give the participants time to fill in their individual Healing in Motion: Strategic Planning worksheets. Ask them to think about two changes in their organization that need to be made based on the discussion they had within their groups.



GROUNDING or **REFLECTION** Conclude this module with a grounding exercise or one of these suggested reflective journal prompts

- ▶ Reflective Journal Prompt Choice 1: What is one change you can make to your individual advocacy practice or how you do your work based on what you learned about the dynamics and prevalence of adult survivors of child sexual abuse?

- ▶ Reflective Journal Prompt Choice 2: What changes need to occur in my area so that our program can better meet the holistic needs of adult survivors of child sexual abuse?

FURTHER LEARNING OPPORTUNITIES

ABOUT THE REALITIES OF CHILD SEXUAL ABUSE

- ▶ [Dear Rural Advocates](#) by the Resource Sharing Project
- ▶ [Rooted in Healing Episode 2: Organizational Reckoning](#) by Elevate Uplift
- ▶ [Enhancing Knowledge: Further Reading and Resources](#) by the Resource Sharing Project
- ▶ [Enhancing Knowledge: Conversation Series Discussion Guide](#) by the Resource Sharing Project
- ▶ [Enhancing Knowledge: Sexual Abuse and Youth Detention System](#) by the Resource Sharing Project
- ▶ [Come on In: Re-imagining Shelter as a Healing Space for Adult Survivors of Child Sexual Abuse](#) by the Resource Sharing Project

- ▶ [Opening Our Doors: Building Strong Sexual Assault Services in Dual/Multi-Service Advocacy Agencies](#) by the Resource Sharing Project

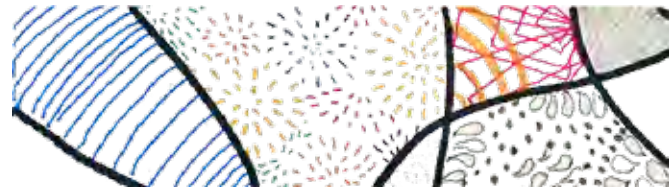
- ▶ [Picturing Your Program: Planning for Organizational Growth](#) by the National Sexual Violence Resource Center and the Resource Sharing Project

- ▶ [Listening to Your Communities: Assessment Toolkit](#) by the National Sexual Violence Resource Center and the Resource Sharing Project

- ▶ [The Effects of Child Abuse on the Developing Brain](#) by Keep Kids Safe

- ▶ [Stolen Season 2: Surviving St. Michael's](#) by the Connie Walker

TIME TO FACILITATE
6.5 HOURS



MODULE TWO

COPING FROM CHILD SEXUAL ABUSE INTO ADULTHOOD

MODULE SUMMARY

This module will explore coping for adult survivors of child sexual abuse. Facilitators will lead the participants in exploring different coping mechanisms and how to assist survivors in developing various coping skills. Another significant part of the module will explain how biases, past experiences, and oppression impact how society treats survivors dealing with trauma.

COPING FROM CHILD SEXUAL ABUSE INTO ADULTHOOD LEARNING OBJECTIVES

- ▶ Explore what coping mechanisms adult survivors of child sexual abuse use
- ▶ Examine the impact of coping mechanisms on the survivor
- ▶ Brainstorm how advocates can help survivors better understand the coping they used and their impact on them
- ▶ Analyze how their own internal biases, privileges, life experiences, and culture, alongside large systems of oppression and power, shape how they view various coping mechanisms

STRUCTURE OF COPING FROM CHILD SEXUAL ABUSE INTO ADULTHOOD

Time to Facilitate: 6.5 Hours total

Lesson 2.1 Coping Strategies (1 Hour)

Lesson 2.2 Coping Strategies Adult Survivors of Child Sexual Abuse Use (1 Hour)

Lesson 2.3 Letters from Survivors (1 Hour)

Lesson 2.4 What Does This Mean for Advocacy? (2.5 Hours)

Lesson 2.5 Bringing It All Together: Modules #1 & #2 Recap (1 Hour)

MATERIALS NEEDED FOR COPING FROM CHILD SEXUAL ABUSE INTO ADULTHOOD MODULE

Lesson	In Person	Virtual
2.1	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ PowerPoint 	<ul style="list-style-type: none"> ▶ PowerPoint
2.2	<ul style="list-style-type: none"> ▶ <u>Video of Building Resilience Conversation Series Episode 2: How do Adult Survivors of Child Sexual Abuse Cope?</u> ▶ <u>Building Resilience Coloring Page: Episode 2</u> 	<ul style="list-style-type: none"> ▶ <u>Video of Building Resilience Conversation Series Episode 2: How do Adult Survivors of Child Sexual Abuse Cope?</u> ▶ <u>Building Resilience Coloring Page: Episode 2</u>

Lesson In Person

- 2.3
- ▶ [Copies of, or a link to, Enhancing Knowledge: Letters from Formerly and Currently Incarcerated Survivors](#) from the Resource Sharing Project
 - ▶ [Copies of, or a link to, Sexual Abuse to Prison Pipeline Report: A Native Perspective](#) from Mary Annette Pember (Indian Country Today)
 - ▶ Copies of, or a link to, [Advocacy Skills: Grounding](#) by the Resource Sharing Project

Virtual

- ▶ [Enhancing Knowledge: Letters from Formerly and Currently Incarcerated Survivors](#) from the Resource Sharing Project
- ▶ [Sexual Abuse to Prison Pipeline Report: A Native Perspective](#) from Mary Annette Pember (Indian Country Today)
- ▶ [Advocacy Skills: Grounding](#) by the Resource Sharing Project

Lesson In Person

2.4

- ▶ Computer
- ▶ Projector or large TV
- ▶ Speakers that audience can hear
- ▶ [Copies of, or a link to, Advocacy Skills: Grounding](#)
- ▶ [Video of Building Resilience Conversation Series Episode 2: How do Adult Survivors of Child Sexual Abuse Cope?](#)
- ▶ [Building Resilience Coloring Page: Episode 2](#)
- ▶ Molding clay
- ▶ Glue
- ▶ Scissors
- ▶ Tape
- ▶ Paper
- ▶ Writing utensils
- ▶ Markers, crayons, colored pencils
- ▶ Copies of, or link to Strategic Planning worksheet

Virtual

- ▶ [Advocacy Skills: Grounding](#)
- ▶ [Video of Building Resilience Conversation Series Episode 2: How do Adult Survivors of Child Sexual Abuse Cope?](#)
- ▶ [Building Resilience Coloring Page: Episode 2](#)
- ▶ Strategic Planning worksheet

Lesson In Person

- 2.5
- ▶ Computer
 - ▶ Projector or large TV
 - ▶ Materials for Jeopardy or Family Feud
 - ▶ Game show buzzers, bells, etc.
 - ▶ List of questions

Virtual

- ▶ Access to virtual platform for Jeopardy or Family Feud
- ▶ List of questions

NOTES FOR PREPARATION FOR LESSON 2.1: COPING STRATEGIES

- ▶ Use the points under TEACHING #2 to create a PowerPoint
- ▶ During the BREAK OUT GROUP DISCUSSION, Participants will list some things they use to cope with after a long day at work. Facilitators should be ready to emphasize that everything should be done in balance and moderation, and not be judgmental of how someone copes. Instead, facilitators should be prepared to offer resources to those who would like support with their coping behaviors.

Lesson 2.1 Coping Strategies

Estimated time: 1 hour



ACTIVITY Open the module with a grounding exercise. For this grounding exercise, consider using a technique that involves releasing stress.



TEACHING Create and present a PowerPoint introducing the topic of coping. Incorporate the following ideas in the PowerPoint, and adapt them to fit the needs of the training:

- ▶ We all cope with challenges in our lives
- ▶ Coping strategies help us get through the moment
- ▶ Some coping strategies, if overused, can be a problem for folx, and others don't impact us as much.
- ▶ Coping skills aren't good or bad, or right or wrong; they have helped us survive and live and engage in intentional healing work at our pace.



BREAK OUT GROUP DISCUSSION Have the participants get into groups and discuss the following questions:

- ▶ What do you do to get through tough times? What behaviors do you do, or what reactions happen in your body? For example, “when I feel nervous, I feel it in my (part of body).”
 - » How have people responded to these behaviors?
- ▶ What do you do when things are good? What behaviors do you do or what happens in your body?
 - » How have people responded to these behaviors?

Have each group create a list of coping strategies for when they are having a rough day at work.



DEBRIEF Have the groups share out about the coping mechanism they identified. After answering the questions, be sure to discuss:

- ▶ We all have coping mechanisms that may not serve us overall

- ▶ What's important is that we notice these mechanisms and think about their impact on our lives, the people we care about, and the people we encounter (survivors, co-workers, etc.)

- ▶ Emphasize that if you aren't happy with the impact you notice on your life, the people you care about, or the people you encounter, take time to reflect on what need the coping skill meets, then see if you can come up with other ways to meet that need that have fewer negative impacts.

**NOTES FOR PREPARATION FOR
Lesson 2.2: Coping Strategies Adult Survivors of
Child Sexual Abuse Use**

- ▶ The points in step 4 can be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs.

Lesson 2.2 Coping Strategies Adult Survivors of Child Sexual Abuse Use

Estimated time: 1 hour



HANDOUT Distribute [Building Resilience Coloring Page: Episode # 2](#)



WATCH Play the video of [Building Resilience Conversation Series Episode #2: How do Adult Survivors of Child Sexual Abuse Cope?](#)



Play from 00:00 (Introduction) to 20:30 (How racism and oppression intersect with coping from trauma).



BREAK OUT GROUP DISCUSSION Ask the group to identify additional coping strategies discussed in the video.

Have the groups share out.

Be sure to name these strategies if they weren't named in the debrief:

- ▶ dissociation, creating parts – Dissociative Identity Disorder (DID)
- ▶ heightened masculinity
- ▶ suicidal ideation, self-harm
- ▶ drug use
- ▶ eating more or less
- ▶ drinking more
- ▶ Exercising, perfectionism, overuse of what seems to be good coping – like working too much



LARGE GROUP DISCUSSION Facilitate a large group discussion about how we judge some coping mechanisms in a binary, as good or bad, harmful, or not.

In concluding the discussion, reemphasize the following:

- ▶ Racism and, specifically, anti-Blackness play into these perceptions
 - » How we view things as good and bad, including different coping mechanisms, is influenced by white supremacy and racism. Examples:
 - ◆ white women are encouraged to express anger, and Brown and Black people are not
 - ◆ opioid addiction is now seen as something to treat since it started affecting white people.
 - ◆ Alcoholism is seen as normal in American Indian and Alaska Native Communities,
 - ◆ Opioid addiction has been criminalized when it was only being highlighted in Indigenous, Black, and Brown communities. Cheaper “street” drugs are criminalized even though they are coping mechanisms.

- ▶ Cisexism, classism, and ableism also affect how people view coping. Examples:
 - » Shopping by poor folks is frowned upon
 - » Trans people seeking gender-affirming care are shamed, dismissed, harassed, undermined, attacked, and killed
 - » Trans people not seeking gender-affirming care are scrutinized, criticized, undermined, invalidated, harassed, attacked, and killed
 - » People taking prescribed psychiatric medication or seeking out institutionalized care are shamed, and viewed as weak or “broken” when not taking it or reacting to their trauma
 - » People not taking prescribed psychiatric medication or seeking out institutionalized care are judged, shamed, dismissed, pitied, surveilled, and viewed as weak, and incapable of making their own decisions or having authentic emotional responses

TEACHING After the previous points are made, refocus the group on the fact that the strategies used in childhood helped adult survivors of child sexual abuse survivors cope and survive. The following points can be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs. Consider bringing in culturally, population-specific, and environmentally specific examples when relevant:

- ▶ The options for kids are limited. If the survivor is reaching out for help, the coping strategies they have used up until this point have helped them to survive.

- ▶ If the survivor identifies a problem with the way(s) they have been coping, it isn't the use of the coping mechanism; it is what happened to them that they needed to cope.
 - » Many survivors carry guilt and shame about their coping strategies

 - » Advocates can help survivors develop compassion for themselves

- » Advocates can help adult survivors of child sexual abuse think about the options they have now that they could use instead – but only if the survivors want to find a new way to cope
- » It is not the advocate's role to stand in judgment on how someone copes with the trauma they experienced
- ▶ Now, they may be coming to you to ask for help because these coping strategies may affect their health, relationships, and ability to move through the world. Again, the request for help is for them to decide if a coping mechanism isn't working for them, not for the advocate to tell survivor what our opinion is about how they're coping or the coping method they are using.
- ▶ An advocate may want to point out that many of these coping mechanisms are helping these survivors distract or numb themselves because of what happened to them. So, if the adult survivor of child sexual abuse is going to stop a coping mechanism, the survivor will need to plan or a strategy for what coping skill they will use once they start to feel those emotions. Assisting survivors in planning out these coping skills, also called a safety or trigger plan, is a key role of the advocate.

Lesson 2.3 Letter from Survivors

Estimated time: 1 hour



BREAK OUT GROUP DISCUSSION Have the participants join small groups again. Have half of the groups read and discuss [Enhancing Knowledge: Letter from Formerly and Currently Incarcerated Survivors](#), and have the other half of the groups read the article, *Sexual Abuse to Prison Pipeline Report: A Native Perspective*. After reading the publications, have the groups answer the following questions:

- ▶ How does oppression factor into coping strategies, and how do we treat people who use them?
- ▶ How does society legitimize some coping mechanisms while pathologizing or criminalizing others?



DEBRIEF Have the groups share highlights from their discussions.

- ▶ Emphasize how our society views:
 - » Addiction to prescription drugs vs. street drugs or alcohol. Who or what kinds of people fit into which categories?
 - » “Adrenaline junkies” v. cutting.” Who or what kinds of people fit into which categories?
 - » Kids and youth who are not completing schoolwork, attending class, or are disengaged vs. youth who are very active at school, are seen as mature, and strive not to cause any problems. Who is seen as a problem, even though both groups could be experiencing sexual abuse or the aftereffects?

- ▶ Discuss how reaching out to incarcerated survivors is critical to reaching out to adult survivors of child sexual abuse.
 - » Many adult survivors of child sexual abuse are incarcerated.
 - » Many prisons are located in rural areas, making the likelihood increase that there are adult survivors of child sexual abuse in your area.

NOTES FOR PREPARATION FOR Lesson 2.4: What does this mean for our Advocacy?

- ▶ In **ACTIVITY #2**, participants will create their own nurse log. While a list of suggested art materials is provided in the Materials Needed for Coping from Child Sexual Abuse into Adulthood Module list, we encourage facilitators doing this activity to collect all the art supplies they think will be helpful to create the nurse log (i.e., paint and paint brushes, magazines and newspaper clippings, stickers, chalk). The facilitators can also take this opportunity for participants to go outside and use natural elements in their artwork.
 - » For those doing this activity virtually, consider informing the participants in the previous break that they will be doing an art activity and gathering supplies they may have (the kitchen is a good place to look for building materials). The facilitators doing this activity virtually may want to consider building in time to go outside to incorporate natural elements in their art.
 - » Another alternative activity in place of creating a nurse log is to have the participants answer the questions under the **ACTIVITY** as individual reflection, and answer in the form of journal reflection or poem.

- ▶ Additionally, the **ACTIVITY** in this lesson asks the participants to reflect on their own coping skills and mechanisms. This reflection could become very emotional and vulnerable, and facilitators should be prepared for emotional responses, to provide emotional support, and plan to do a grounding exercise before going to the next step.

Lesson 2.4 What Does This Mean for Advocacy?

Estimated time: 2.5 hours



HANDOUT and **ACTIVITY** Distribute copies of the [Advocacy Skills: Grounding](#) by the Resource Sharing Project.



- ▶ In pairs, have the participants read the tool and practice doing two grounding exercises, in which each has the chance to pick a grounding exercise, explain it to their activity partner, and then model it for them. Instructions for the activity:

- ▶ Have the participants get into pairs and read through the tool.
 - » Have the pairs decide who will be Person A and who will be Person B in this activity.

- » Person A will start the activity by picking one grounding exercise from Advocacy Skills: Grounding, and then explain and model the grounding exercise for Person B.
- » After completing the grounding exercise, Person A will ask Person B for feedback about how they communicated and modeled the grounding exercise.
- ▶ Now switching roles, Person B will then pick a different grounding exercise from the tool and then explain and model the grounding exercise for person A.
 - » After completing the second grounding exercise, Person B will ask Person A for feedback about how they communicated and modeled the grounding exercise.
- ▶ After all the pairs have finished, facilitate a large group discussion with the participants about the activity and how they feel after the grounding exercise.



TEACHING Connect the participants to the purpose of doing grounding in a sexual violence advocacy training space. The following points should be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs. Be sure to emphasize:

- ▶ Helping survivors ground themselves when they are feeling “activated,” or triggered, or experiencing something that they need to cope with is a key role of an advocate.

- ▶ Being able to be grounded is especially difficult for adult survivors of child sexual who might feel disconnected from their past and present because of the trauma they experienced. Grounding helps bring them back to the present by connecting to their emotions and body.

- ▶ Grounding techniques can be used in the place of coping mechanisms the survivor used in the past, or in conjunction with the other coping skills. The choice is up to the survivor.

- ▶ Advocates should be able to demonstrate and explain multiple types of grounding exercises for survivors, depending on what the survivors' needs are and to give options.
- ▶ The only way to become more comfortable explaining, doing, and modeling grounding techniques with survivors is by practicing the techniques.



WATCH Play the [Building Resilience Conversation Series Episode #2: How do Adult Survivors of Child Sexual Abuse Cope?](#)



Play from 36:04 (Pause, take a breath, take care of yourself) to 43:28 (Creating shelters that accommodate the needs of adult survivors of child sexual abuse).



LARGE GROUP DISCUSSION Facilitate a large group discussion. Ask the participants:

- ▶ What did you hear in the video that advocates can do to help survivors?
- ▶ What are some other skills you can use to assist survivors?

In concluding the discussion, be sure that the following points are discussed:

- ▶ Show compassion and empathy for a survivor's experiences and struggles. Coping with child sexual abuse is difficult and is not the advocates job to judge how a survivor navigates hardships and oppression.
- ▶ Approach survivors with curiosity, but do not pry. Help survivors explore: Why are they responding the way they are? What is the root cause of their emotions or distress? What can an advocate do to assist with solutions?

- ▶ Reframe what may feel like opposition to you as a show of resilience in the survivor's life. This is their way of getting their needs met and assisting them with this should be our focus, not their managing their tone, volume, facial expressions, or other parts of their delivery.

Have the participants take out their Strategic Planning worksheet and ask them to fill it out with how they can incorporate at least two grounding techniques and/coping skills in their direct advocacy.



ACTIVITY Introduce the activity by reviewing the concept of the nurse log shown in episode #2 of the BR Conversation Series.

Have participants create their own nurse log with the art materials provided or that they have access to where they are located. Encourage participants to be creative with their interpretation of the nurse log, including its environment, size, look, etc. The suggested questions for participants to keep in mind for their artwork are:

- ▶ What coping mechanisms do you utilize?
- ▶ What purpose do they serve?
- ▶ When did you develop this coping mechanism?
- ▶ Is this coping skill working for you?

Call the group back together emphasize that this could be an activity for participants to do with survivors individually or in a support group, suggest participants to try the activity their own at their programs.

To conclude the activity, facilitators can have the participants share out in groups, as a large group about their art.

NOTES FOR PREPARATION FOR Lesson 2.5: Bringing It All Together: Modules #1 & #2 Recap

- ▶ Facilitators will review of the previous two modules with some type of game (Jeopardy, Family Feud, etc.), using the advocacy skills reviewed in the Lesson and the glossary terms in Lesson 1.1 for the game's content. Facilitators might also consider adding questions specific to your area (i.e., traditional Indigenous names of geographical features, the year your coalition was founded, famous people from your area, the name of a plant or endangered species in your area, etc.). If possible, give a prize to the winners of the game.

- ▶ To do this for an in-person event, you will need the following:
 - » Game show buzzers, bells, etc.

 - » List of questions and correct answers for the game

 - » A way to keep score of the points

► For virtual training, some online platforms will allow you to do this as a timed quiz, like [Kahoot!](#), or as an online game show format. Here are some free basic options to try out below:

» [Jeopardy Labs](#)

» [Factile](#)

Lesson 2.5 Bringing It All Together: Modules #1 & #2 Recap

Estimated time: 1 hour



Begin this lesson by summarizing both Module #1 and #2 and explaining that there will be “Bringing It All Together” lesson at the end of every two modules (besides Module #4 because of the Midway Check-In).



Do some sort of review game to assist participants in remembering the content learned in the first two modules. For more guidance on how to plan for this game, please see the Notes for Preparation Module #2 on page 116.

The content in the game should be made up of the advocacy skills reviewed in the modules and the glossary terms in Lesson 1.2.

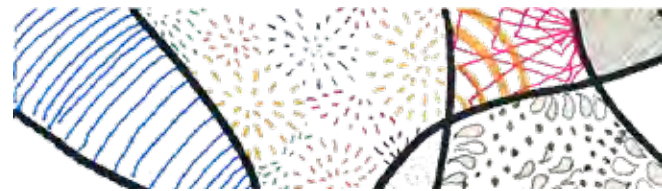
FURTHER LEARNING OPPORTUNITIES

ABOUT COPING FROM CHILD SEXUAL ABUSE INTO ADULTHOOD

- ▶ [Not Damaged, Not Broken: Exploring Mental Health and Substance Use with Adult Survivors of Child Sexual Abuse](#) by the Resource Sharing Project
- ▶ [A trauma going back centuries](#) by McKenna Leavens, Allison Vaughn, Anne Mickey, Rylee Kirk, Brendon Derr, and Leilani Fitzpatrick (Howard Center for Investigative Journalism, Indian Country Today)
- ▶ [Sexual Violence, Silence, and Japanese American Incarceration](#) by Nina Wallace, Densho Communications Coordinator (Densho)

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Time to Facilitate:
5 hours



MODULE #3

THE IMPACT OF CHILD SEXUAL ABUSE ON THE BODY

MODULE SUMMARY

This module focuses on how the invasive effects of sexual abuse impact survivors' health and bodily functions. Because this module is focused on body attunement and trauma, the facilitators should consider taking more frequent breaks to allow participants to regulate their bodies. The facilitators should ask participants to pay close attention to their breathing, body movement, and emotions and consider observing how their bodies react to stress and trauma.

THE IMPACT OF CHILD SEXUAL ABUSE ON THE BODY

LEARNING OBJECTIVES:

- ▶ Identify the ways that child sexual abuse impacts a survivor's relationship to their body

- ▶ Analyze the ways that child sexual abuse impacts the survivor's physical health

- ▶ Examine the impact of oppression on health and healthcare

- ▶ Discuss how child sexual abuse survivors struggle with navigating the healthcare system

STRUCTURE OF THE IMPACT OF CHILD SEXUAL ABUSE ON THE BODY MODULE

Time to facilitate: 5 Hours

Lesson 3.1 Understanding How Child Sexual Abuse Impacts a Survivor's Physical Health and Relationship to Body (0.5 Hours)

Lesson 3.2 Helping Adult Survivors of Child Sexual Abuse Navigate Their health care (0.5 Hours)

Lesson 3.3 Exploring Oppression – The Connection to Healthcare and The Healthcare System (3 Hours)

Lesson 3.4 What Does This Mean for Advocacy? (1 Hour)

MATERIALS NEEDED FOR THE IMPACT OF CHILD SEXUAL ABUSE ON THE BODY MODULE

Lesson	In Person	Virtual
3.1	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ Speakers that participants can hear ▶ PowerPoint ▶ Video: Building Resilience Conversation Series Episode 3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse? ▶ Copies of, or a link to, Building Resilience Coloring Page Episode 3 	<ul style="list-style-type: none"> ▶ Building Resilience Conversation Series Episode 3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse? ▶ Building Resilience Coloring Page Episode 3
3.2	<ul style="list-style-type: none"> ▶ Copies of, or a link to, Advocacy Skills: Helping Adult Survivors Address Health Issues by the Resource Sharing Project 	<ul style="list-style-type: none"> ▶ Advocacy Skills: Helping Adult Survivors Address Health Issues by the Resource Sharing Project

Lesson In Person

- 3.3
- ▶ Computer
 - ▶ Projector or large TV
 - ▶ Speakers that participants can hear
 - ▶ Video: Building Resilience Conversation Series Episode 3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse?
 - ▶ Copies of, or a link to, Building Resilience Coloring Page Episode 3
 - ▶ [Copies of, or a link to, I Was Pregnant and in Crisis. All the Doctors and Nurses Saw Was an Incompetent Black Woman by Tressie McMillan Cottom](#)

Virtual

- ▶ PowerPoint
- ▶ Video: Building Resilience Conversation Series Episode 3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse?
- ▶ Building Resilience Coloring Page Episode 3



Lesson In Person

3.3
cont'd

- ▶ [Copies of, or a link to, Medical Trigger Disclosure Cards by the Arizona Coalition to End Sexual and Domestic Violence](#)
- ▶ [Copies of, or a link to, Healing the Body: Exploring Comprehensive Medical Advocacy by the Resource Sharing Project](#)
- ▶ Chart tablets
- ▶ Markers
- ▶ Large sticky notes

3.4

- ▶ Copies of, or a link to, the Strategic Planning worksheet

Virtual

- ▶ I Was Pregnant and in Crisis. All the Doctors and Nurses Saw Was an Incompetent Black Woman by Tressie McMillan Cottom
- ▶ Medical Trigger Disclosure Cards by the Arizona Coalition to End Sexual and Domestic Violence
- ▶ Healing the Body: Exploring Comprehensive Medical Advocacy by the Resource Sharing Project
- ▶ Google JamBoard or another live notetaking tool
- ▶ Strategic Planning worksheet

NOTES FOR PREPARATION FOR

Lesson 3.1: Understanding How Child Sexual Abuse Impacts a Survivor's Physical Health and Relationship to Their Body

- ▶ Facilitators will open the module with a grounding exercise. Since this module focuses on the body, consider doing a breathwork exercise to open the space. Then throughout the module, consider having the participants share and model a grounding exercise they know of and use in their advocacy. Facilitators may want to use the grounding video from the [SASP e-learning course Healing Services for Survivors of Child Sexual Abuse](#), narrated by Santa Molina-Marshall.
- ▶ The next two lessons open with breakout groups, so it is suggested that the participants stay in the same groups in Lesson 3.1 through 3.3.



Lesson 3.1: Understanding How Child Sexual Abuse Impacts a Survivor's Physical Health and Relationship to Their Body

Estimated time: 0.5 hours



ACTIVITY Open the module with a grounding exercise. Consider doing a grounding exercise that focuses on breathwork.



HANDOUT [Distribute the Building Resilience Coloring Page: Episode 3](#)



WATCH Show the video Building Resilience Conversation Series #3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse?



Play from 00:00 (Introduction) to 14:08 (Pause, take a breath, take care of yourself)



BREAK-OUT GROUP DISCUSSION Have the participants get into groups and ask the following questions:

- ▶ What were some of the things you learned in the video?
- ▶ How does child sexual abuse affect survivors' relationship with their bodies?
- ▶ How does it affect a survivor's health?



DEBRIEF Facilitate a share out from the groups. Emphasize these points if they are not discussed:

- ▶ Trauma
- ▶ Dissociation
- ▶ How they feel about their bodies
- ▶ How their bodies develop over time
- ▶ Physical health
- ▶ Survivors may not connect how their physical health impacts other parts of their health and wellness holistically



Notes for Preparation for Lesson 3.2: Helping Adult Survivors of Child Sexual Abuse Navigate Their Health Care

- ▶ Facilitators will expand on why adult survivors of child sexual abuse might experience different health issues than survivors who were abused for the first time as adults in the DEBRIEF. For tribal coalitions, this may be a place to focus on the Medicine Wheel, or a similar concept from your community(ies) and how it represents the connection the body has to other parts of a person's identity. For non-tribal coalitions, consider noting the separation of physical health from other parts of wellness came from the professionalization and capitalization of healthcare in the U.S. and the legitimization of western medicine, which continues to be violent. It is not appropriate for non-tribal coalitions to use and discuss the Medicine Wheel.

Lesson 3.2 Helping Adult Survivors of Child Sexual Abuse Navigate Their Healthcare

Estimated time: 0.5 hours



HANDOUT Distribute the [Advocacy Skills: Helping Adult Survivors Address Health Issues](#) by the Resource Sharing Project.



BREAK-OUT GROUP DISCUSSION Ask the groups to read it and discuss the following question:

- ▶ Why are survivors of child abuse at increased risk for experiencing health issues?



DEBRIEF Facilitate a share-out about their discussion. Emphasize the following points if they are not mentioned:

- ▶ The mind and the body are connected. When someone experiences something traumatic, it's natural for it to take a toll on a survivor's mental and physical health.



- ▶ The trauma of childhood sexual violence affects their physical health. This happens in four important ways:
 - » Violence can result in physical injuries or illnesses (which could be delayed) for the survivor.
 - » Traumatic events can lead a survivor to cope with the stress of the trauma in ways that take a toll on them physically.
 - » Trauma influences health because it can change a survivor's brain and nervous system.
 - » Adult survivors of child sexual abuse often find medical appointments and procedures invasive and triggering and then avoid routine healthcare medical care

NOTES FOR PREPARATION FOR Lesson 3.3, Exploring Oppression – The Connection to Healthcare and The Healthcare System

- ▶ Participants will read an article during the opening HANDOUT and ACTIVITY. Remember that some learners benefit from having more time to read and digest materials. We suggest giving all reading assignments to trainees before the session, even if you plan to give time for reading during the session.
- ▶ The points under TEACHING can be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs. Facilitators are highly encouraged to prepare examples of how historical trauma has affected communities (particularly historical sexual trauma) and the effects on those communities where they live and work. For a broader context, facilitators may want to discuss the history of involuntary sterilization and sexual violence that happens during medical exams to 2SLGBTQ+ people (particularly to transgender and intersex survivors) in the U.S. and territories in or near their communities. Consider using firsthand accounts and videos to accompany these points.



- ▶ For HANDOUT #2, facilitators will distribute the [Medical Trigger Disclosure Cards](#). Please note that the link will take you to the Arizona Service Standards for Sexual Violence Service Providers document, and the cards can be found on page 103 (the last page of the document).
- ▶ In ACTIVITY #2, participants will discuss what advocates can do in the community to change the healthcare system to work better for survivors in step 6. The facilitators should consider having the participants display their ideas on flipchart paper so they can have them for reference later. As a virtual option, facilitators can have the participants do this activity on a Google Jamboard or another live note-taking tool, save the results, and send them out to the participants at the end of the training.

Lesson 3.3 Exploring Oppression – the Connection to Healthcare and the Healthcare System

Estimated time: 3 hours



HANDOUT #1 and **ACTIVITY #1** Distribute [“I Was Pregnant and In Crisis. All the Doctors and Nurses Saw Was an Incompetent Black Woman” by Tressie McMillan Cottom](#) and have participants read this article.



Ask the participants to discuss the article and answer the question:

- ▶ How do racism, ableism, cissexism, and other forms of oppression shape health and healthcare?





DEBRIEF Facilitate a share-out on what the groups discussed. Then ask the groups the following questions:

- ▶ How have you seen this in the way survivors have been treated? Are survivors second-guessed or shamed when approaching healthcare?
- ▶ How do you think it would impact adult survivors of child sexual abuse?



TEACHING To conclude the first activity, create a PowerPoint to highlight the following points and modify them to meet your training needs. Facilitators are highly encouraged to use cultural and population-specific examples from their communities' experiences as relevant:

- ▶ We talk about trauma as only arising from violence and abuse, but we fail to discuss trauma from oppression.
- ▶ We don't talk about the trauma of oppression because most programs are designed for society's dominant culture. As such, most programs center white women who are heterosexual, physically able, Christian, etc.

- ▶ But what about the trauma that comes from oppression? An example is the trauma passed down from generations due to historical trauma and the trauma American Indian and Alaska Native peoples in the US have experienced from the efforts to erase their culture and histories.



LARGE GROUP DISCUSSION Facilitate a large group discussion and ask the following question:

- ▶ Why do you think it could be hard for a survivor of child sexual abuse to care for their health?



WATCH After asking this question, show the next segment of the video [Building Resilience Conversation Series #3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse?](#)



Play from 14:20 (Barriers to supportive healthcare) to 27:15 (Pause, take a breath, take care of yourself).





DEBRIEF Ask the group:

- ▶ what stands out to you about what Kris, Nicole, and Nancy discussed?

Make sure to mention the following points if the participants do not name them:

- ▶ Racism, ableism, and oppression
- ▶ Getting triggered because of the proximity of the health care professional to the survivor
- ▶ Healthcare professionals aren't trauma-informed
- ▶ Shaming survivors about how they cope and about their bodies
- ▶ Unresolved trauma



BREAK OUT GROUP DISCUSSION Have the participants do another small group discussion and ask:

- ▶ What does that mean for their work with survivors?



DEBRIEF Have the groups share what they discussed.



HANDOUT Distribute the [Medical Trigger Disclosure Cards by the Arizona Coalition to End Sexual and Domestic Violence](#) and [Healing the Body: Exploring Comprehensive Medical Advocacy](#) by the Resource Sharing project resources. Emphasize the following points if they are not addressed:

- ▶ Normalize a survivor's fear and stress about the ways childhood trauma can make it difficult for survivors when seeking medical care.
- ▶ Work with survivors to consider their options and choices for addressing health concerns.
- ▶ Help survivors find holistic and supportive healthcare for treatment of health conditions. These would include dental care, gynecological, reproductive, cancer treatment, and long-term general health needs.

- ▶ Assist survivors in finding culturally specific and/or inclusive healthcare options (such as herbal medicine or traditional Indigenous healing practices including saging, smudging, or ceremony, if they are culturally relevant and appropriate for the survivor).
 - » In particular, the shunning of herbal and traditional medicines is rooted in anti-indigeneity. Connecting survivors to resources could be healing physically, emotionally, spiritually, and culturally.
- ▶ Assist survivors in determining what they need from medical providers and help them decide how to ask for what they need.
- ▶ Help survivors prepare for visits. This could involve conducting roleplay conversations with the survivor so they can practice asking for what they need during an exam or procedure and setting boundaries.
- ▶ Accompany survivors to medical appointments for support and trauma-informed presence.



ACTIVITY #2 Ask participants to reflect on the following prompt. Have participants write down their responses on sticky notes, and display them on a larger sheet of paper somewhere in the room so that all the participants may read them:

- ▶ What can advocates do in the community to improve the healthcare system for survivors?



DEBRIEF Facilitate a share-out after the activity is complete.

Lesson 3.4 What Does This Mean for Advocacy?

Estimated time: 1 hour



BREAK OUT GROUP DISCUSSION Have participants take out their Strategic Planning worksheet and have them discuss the following questions. Remind the participants to discuss the questions as a group but still complete the worksheet individually.

For the discussion, ask the groups to consider the following questions:

- ▶ What could they, as advocates, do to strengthen the supports for survivors trying to navigate healthcare? Add one thing they could do to strengthen support of adult survivors of child sexual abuse navigating healthcare to their Strategic Planning worksheets.
- ▶ What are some factors advocates should consider when discussing with the leadership of their organizations?

When the participants have started to fill out their Strategic Planning worksheet, consider giving the following prompts as considerations:

- ▶ Now that we've discussed the impact healthcare systems have on survivors and their relationships to their bodies, what does this information mean for...
 - » Your current community partners?
 - » How do you find creative relationships and provide support to health providers? (With traditional healers, reproductive health providers, and formal healthcare providers, for example)?
 - » The outreach your organization provides.
 - » The policies and procedures within your organization?
 - » Your individual advocacy practices?

Encourage the participants to add more items based on the prompts above to their Strategic Planning worksheets.





CLOSING Conclude this module with a grounding exercise, asking participants to fill out the Mental Health toolkit, or the reflective journal prompt below.

- ▶ Reflective Journal Prompt: What are some ways that you can look at health more holistically in your own life?

FURTHER LEARNING OPPORTUNITIES

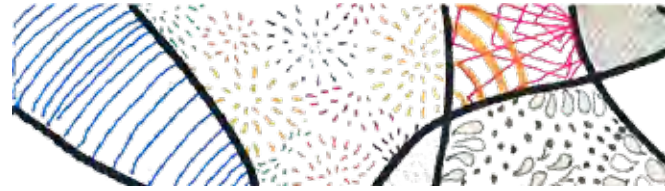
ABOUT THE IMPACT OF CHILD SEXUAL ABUSE ON THE BODY

- ▶ [Back to Basics: Partnering with Survivors and Communities to Promote Health Equity at the Intersections of Sexual and Intimate Partner Violence](#) by National Sexual Violence Resource Center and National Resource Center on Domestic Violence
- ▶ [Sexual Abuse to Maternal Mortality Pipeline - 2019 Report](#) by Black Women's Blueprint
- ▶ [Intersex and medicalized rape](#) by Netherlands Organization for Sex Diversity (NNID)
- ▶ [Survivor Support: Healthcare Guide for Adult Survivors of Child Sexual Abuse](#) by the Resource Sharing Project
- ▶ [Building Resilience Conversation Series Deeper Dive: What are Triggers](#) by the Resource Sharing Project
- ▶ [Building Resilience Conversation Series Deeper Dive: Dissociative Identity Disorder Part 1](#) by Olga Trujillo (Resource Sharing Project)
- ▶ [Building Resilience Conversation Series Deeper Dive: Dissociative Identity Disorder Part 2](#) by Olga Trujillo (Resource Sharing Project)



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Time to Facilitate:
5 hours



MODULE #4

HOW CHILD SEXUAL ABUSE IMPACTS RELATIONSHIPS

MODULE SUMMARY

This module will explore how child sexual abuse affects survivors' relationships differently, including with advocates. In this module, facilitators will need to emphasize how trust, power, and communication affect connections of different types, lengths, and strengths. Facilitators should intentionally connect with participants and foster space for participants to connect with each other during this module.

HOW CHILD SEXUAL ABUSE IMPACTS RELATIONSHIPS LEARNING OBJECTIVES:

- ▶ Explore how abuse in childhood impacts a survivor's relationship building skills
- ▶ Examine how relationships can affect a survivor in the various areas of their life
- ▶ Explore how you can collaborate with survivors to strengthen relationship-building skills

STRUCTURE OF HOW CHILD SEXUAL ABUSE IMPACTS RELATIONSHIPS MODULE:

Time to facilitate: 5 hours total

Lesson 4.1 How Does Child Sexual Abuse Affect Relationships (0.5 Hours)

Lesson 4.2 Roleplays (1.5 Hours)

Lesson 4.3 What does this Mean for Advocacy? (2.5 Hours)

Lesson 4.4 Midway Check-In (0.5 Hours)

MATERIALS FOR HOW CHILD SEXUAL ABUSE IMPACTS RELATIONSHIPS MODULE

Lesson	In Person	Virtual
4.1	<ul style="list-style-type: none"> <li data-bbox="573 537 786 569">▶ Computer <li data-bbox="573 669 971 701">▶ Projector or large TV <li data-bbox="573 802 889 926">▶ Speakers that participants can hear <li data-bbox="573 1026 813 1058">▶ PowerPoint <li data-bbox="573 1159 971 1577">▶ <u>Video Building Resilience Conversation Series Episode 4: How Does Child Sexual Abuse Impact Relationship Building by the Resource Sharing Project</u> <li data-bbox="573 1677 971 1852">▶ <u>Copies of, or link to, Building Resilience Coloring Page Episode 4</u> 	<ul style="list-style-type: none"> <li data-bbox="1040 537 1408 1003">▶ Building Resilience Conversation Series Episode 4: How Does Child Sexual Abuse Impact Relationship Building by the Resource Sharing Project <li data-bbox="1040 1104 1408 1230">▶ Building Resilience Coloring Page Episode 4

Lesson In Person

- 4.2
- ▶ Copies of, or link to, Roleplay Cards: How Child Sexual Abuse Impacts Relationships

Virtual

- ▶ Roleplay Cards: How Child Sexual Abuse Impacts Relationships

Lesson In Person

4.3

- ▶ Computer
- ▶ Projector or large TV
- ▶ Speakers that participants can hear
- ▶ PowerPoint
- ▶ [Video Building Resilience Conversation Series Episode 4: How Does Child Sexual Abuse Impact Relationship Building by the Resource Sharing Project](#)
- ▶ [Copies of, or a link to, Building Resilience Coloring Page Episode 4](#)
- ▶ [Copies of, or link to, What are Personal Boundaries worksheet by TherapistAid.com](#)
- ▶ Copies of, or link to, Strategic Planning worksheet

Virtual

- ▶ [Building Resilience Conversation Series Episode 4: How Does Child Sexual Abuse Impact Relationship Building by the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page Episode 4](#)
- ▶ [What are Personal Boundaries worksheet by TherapistAid.com](#)
- ▶ Strategic Planning worksheet

Lesson In Person

- 4.4
- ▶ Whiteboard or chart tablets
 - ▶ Markers (dry erase and permanent)
 - ▶ Large sticky notes
 - ▶ Paper
 - ▶ Writing utensils

Virtual

- ▶ Mentimeter or another live polling platform

Notes for Preparation for Lesson 4.1 How Does Child Sexual Abuse Affect Relationships

- ▶ Facilitators will open the module with a grounding exercise or activity that allows participants to get to know each other better. An activity that training facilitators can try (adapted from [Icebreaks.ws](https://www.icebreaks.ws/)):
 - » Categories (or Similarities Game): Divide your group into teams. Ideally, you should end up with at least 4 different teams with a minimum of 4 people per team.
 - ◆ When dividing teams, try to make teams of people that are not already close with each other.
- ▶ Instruct each team to talk among themselves and find things that every single group member has in common with the other members.
 - » You might consider not allowing teams to use simple things like working in the same state/ area/territory or how they are all advocates. Limiting the similarities to non-physical things helps people to learn more about each other and engage in active, more meaningful conversations that will promote inclusion and lasting connections between team members.

- ▶ This game is played as a race, and each team competes to come up with the most similarities in a set amount of time.
- ▶ If the training facilitators would like to do the opening ACTIVITY in-person, it might help training participant pairs focus on the conversation if they leave the training space for the activity and come back at set time.
- ▶ The points under the LARGE GROUP DISCUSSION should be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs.

Lesson 4.1 How Does Child Sexual Abuse Affect Relationships

Estimated time: 0.5 hours



ACTIVITY Open the module with doing an exercise to help training participants get to know each other better.

Give the participants the following instructions:

“This module is all about building relationships, which is a key part of building our advocacy skills. We are going to start off the module by getting to know someone else in this training that you may not know very well.”

Put the participants in pairs with people from different organizations, and if possible, in pairs that haven't yet connected in the training.

Have them stay in pairs for 5-10 minutes, having conversations and getting to know one another. Make sure both people in the pair have a chance to answer.



Facilitator's Note: Here are some sample prompts the participants can ask if they are unsure how to start:

- ▶ What made you come to this training?
- ▶ Do you have children?
- ▶ Do you have pets?
- ▶ What are your hobbies?
- ▶ What is your favorite food?
- ▶ What is your passion in life?
- ▶ Where would you most like to visit/travel?
- ▶ What would you change if you could?
- ▶ What music/food/weather do you most enjoy?
- ▶ What do you like best: words, numbers, pictures, or sounds?
- ▶ What is your most underused strength?
- ▶ What's your name?
- ▶ Where are you from?
- ▶ What do you do for work?
- ▶ What is something you are working towards getting better at?



WATCH Show the video Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building?



Play from 11:07 (How relationships are impacted by others in the community) to 15:05 (Components of relationship building)



HANDOUT Distribute Building Resilience Coloring Page: Episode 4.



LARGE GROUP DISCUSSION Facilitate a large group discussion about the video and relate it back to the video segment. Emphasize:

- ▶ Abuse in childhood makes it difficult for survivors to build relationships.
- ▶ The impact of the abuse makes trusting someone much more complex. They may struggle to trust anyone new, or do they easily trust folks who end up being unsafe because they prey on vulnerabilities.

- ▶ The impact of the abuse means that survivors learned coping mechanisms in childhood which may now make it difficult to build relationships and determine whether other people are safe. Dissociation is one example of a coping mechanism.
- ▶ Setting boundaries with others may be difficult.

NOTES FOR PREPARATION FOR Lesson 4.2 Roleplays

- ▶ The activity can be done in small groups or as one large group. If the facilitators choose to do the activity in one large group, it is suggested that the facilitators take the Survivor Prompt and have participants do the corresponding Advocate Prompt, working together. This can be a reassuring strategy for participants, as they take turns playing the advocate and helping each other. Facilitators may also invite two participants to do the roleplay and have the other participants watch. The sample Roleplay Cards: How Child Sexual Abuse Impacts Relationships that accompany this activity can be found on page xix.

Lesson 4.2 Roleplays

Estimated time: 1.5 hours



TEACHING The following points should be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs.

- ▶ Coping mechanisms and the impact of trauma can make it difficult for survivors to build trust with others. The roleplaying exercise we will do after this illustrates the ways this can come about. The point of this exercise is to highlight the difficulties that adult survivors of child sexual abuse can have with anyone in their life.
- ▶ It's hard for survivors to be themselves in relationships because the environment they grew up was unsafe, and/or did not have many examples of open, respectful, reciprocal, honest, and initiative-taking boundary relationships.

- ▶ It's hard to trust people.
- ▶ It's hard to figure out, set, and keep boundaries.
- ▶ Many survivors have fear of or deference to authority often related to the fawn response of the autonomic fight-flight-freeze-fawn response).
- ▶ It's difficult to determine what they want and like in sexual relationships as well as friendships.



ACTIVITY The sample Roleplay Cards: How Child Sexual Abuse Impacts Relationships that accompany this activity can be found on page xix. Give the instructions for the roleplays:

“We have four conversations to play out – the goal for the advocate is to accomplish the prompt while building trust with survivor. When you receive conversation prompts, you will see one is labeled advocate, and one is labeled survivor. Please do not share what the prompts say with anyone.”



HANDOUT The facilitators will give out guidance prompts (Roleplay Cards: How Child Sexual Abuse Impacts Relationships) for participants who volunteer to play the roles of either the advocate or the survivor.

Options for exercises:

- ▶ Option 1 – do the exercise in small groups where one person does that prompt of the survivor, one does the prompt of the advocate, and the rest of the group are the observers, listening to what is being done by the survivor and advocate. After about 3 minutes, end the roleplay and discuss how it went. Make sure the people playing the- two different roles don't disclose the prompt they have been given. After the pair has finished the roleplay, debrief in their small groups, and then as a large group. Emphasizing the role is not to problem solve with the survivor but to try and build a relationship with them.
- ▶ Option 2 – do the exercise in a large group. Ask for two volunteers, and facilitate the process. In a large group, you can stop the role play at different times, and the person playing the advocate can ask for advice from the audience on what they should do. Make sure the volunteers playing the survivor don't disclose what their prompt is until the end of the entire exercise.
- ▶ Option 3- do the exercise in a large group, but one of the facilitators does the survivor role. In a large group, have one of the training facilitators read the survivor prompt, and have the whole participant group read the advocate prompt.

After each conversation ends, discuss the learning points from the Conversation Prompts. DO NOT read the learning points to the participants before starting the conversations.

Conversation Prompts #1:

- ▶ Survivor prompt: Observe and appease the advocate.
- ▶ Advocate Prompt: You have 10 minutes to figure out what the survivor needs from the grocery store and get back to the office for your next meeting.

The learning point here is that adult survivors of child sexual abuse have used appeasement as a coping mechanism, and it is still one of the things they will do that can complicate relationships. This is not a choice, but an automatic response to trauma.

Conversation Prompts #2:

- ▶ Survivor Prompt: talk about the last time you went to the grocery store. Stream of consciousness and all over the place... Don't talk about your feelings except how you felt in the grocery store.
- ▶ Advocate Prompt: you only have 10 minutes to talk to the survivor and find out how they are feeling today.

The learning point here is that survivors of trauma have a hard time feeling and speaking in a linear manner.

Conversation Prompt #3:

- ▶ Survivor Prompt: everything the other person tells you may not be true except when you ask them a yes or no question.
- ▶ Advocate Prompt: you have 10 minutes to tell them what you like about grocery shopping.

The learning point here is that survivors have difficulty trusting people.



Conversation Prompt #4:

- ▶ Survivor Prompt: you are impatient and frustrated and want to end the conversation as soon as possible.
- ▶ Advocate Prompt: you have 10 minutes to get the person to tell you about their hopes and dreams.

The learning point here is that challenges in building relationships can be triggering for survivors, and that can show up in any number of ways, including frustration, anger, and impatience.



LARGE GROUP DEBRIEF Facilitate a debrief as a large group. Ask the participants:

- ▶ What did it feel like to be the survivor in the conversations?
- ▶ What did it feel like to be the advocate?
- ▶ What did it feel like to be the observer? What are some of the things you noticed?
- ▶ Think about the way you provide advocacy. How could communication affect how you provide support to survivors?

**NOTES FOR PREPARATION FOR
Lesson 4.3 What does that Mean for Our Advocacy?**

- ▶ The points under TEACHING #1 and #2 should be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs.

Lesson 4.3 What Does This Mean for Advocacy?

Estimated time: 2.5 hours



WATCH Show video [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building?](#)



Play from 11:07 (How relationships are impacted in the community) to 27:18 (Pause, take a breath, take care of yourself).



LARGE GROUP DISCUSSION As one group, ask the participants to reflect on what they saw in the video.

To conclude this discussion, consider emphasizing the following points:

- ▶ It's important to build a relationship with survivors because we all need connections to be able to survive and meet our needs in life. Without having a relationship with the survivor you're working with; your interactions can seem transactional and inauthentic.

It's difficult to do advocacy if you don't know the person (and some of their experiences, wants, motivations, and needs

- ▶ Advocates should model a safe and consent-based relationship, and that includes:
 - » Having boundaries.
 - » Being able to express your needs without fear of the consequences.

- ▶ It is important to be authentic and be okay (and transparent) with making mistakes.

- ▶ How to build relationships with survivors:
 - » Ask for consent and ask frequently.

 - » Learn more about trauma.

 - » Be transparent to build trust.

 - » When trust is lost, be willing to build it again; do not stop communicating with a survivor if you make a mistake.

 - » Don't be defensive.

 - » Be patient; trust builds over time.

- » Be genuine- survivors can tell when you are simply parroting things you think you should say.
- » Proactively acknowledge your power as an advocate, as someone who has knowledge and access to resources they might not.
- » Believe survivors and be willing to hold multiple truths and multiple perspectives.
- » Apologize when you mess up and ask if there is anything the survivor needs from you to repair the harm you have caused.
- » Encourage survivors to set boundaries with you and tell you when they disagree.
- » Ask survivors if they have experiences with things (i.e., certain systems, strategies, or coping mechanisms) before assuming they don't. Ask them if would like feedback or would like more information before launching into explanations of things.

- » If a survivor wants you to share information about how a system will respond (including your own organization), make sure to not speak as if the system were right and the survivor wrong. Instead, share the system's perspective and acknowledge injustice if systems (or your organization) are not operating in ways that are healing for the survivor.



TEACHING #1 Use the following points to create a PowerPoint, made to fit your training needs.

- ▶ Boundaries are the limits and rules we set for ourselves within relationships.
- ▶ In order to have healthy relationships, boundaries have to exist.
- ▶ Adults who have experienced child sexual abuse have had their boundaries violated; sexual abuse is a boundary violation.

- ▶ Adults who experienced child sexual abuse often have trouble identifying, setting, and maintaining their personal boundaries: sometimes from lack of experience, and other times because people are pressuring them to break their boundaries
- ▶ Helping survivors identify, set, and maintain boundaries is part of the role of the advocate



HANDOUT and **ACTIVITY** Distribute copies of the [What are Personal Boundaries Worksheet by TherapistAid.com](#) and have the participants read through it independently. Remember that some learners benefit from having more time to read and digest materials. We suggest giving all reading assignments to trainees before the session, even if you plan to give time for reading during the session.

After the participants have finished reading, inform them that this is a tool they can use for themselves, and give to survivors.

- ▶ As a support group activity, this can be a helpful tool for discussing boundaries as a group.
- ▶ With individual survivors, this can help them identify places in the life with the different types of boundaries in the sheet



ACTIVITY Ask the participants to take out their Strategic Planning worksheet and think about one place in their advocacy in which they have rigid boundaries, and one place where they have porous boundaries.

Fill out the sheet and form a plan for modifying those boundaries.



TEACHING #2 The following points can be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs.

- ▶ Setting, identifying, and maintaining boundaries can be a part of a survivors' emotional safety plan.
- ▶ Adult survivors of child sexual abuse may especially struggle with setting boundaries with:
 - » Family, especially who:
 - ◆ Did the sexual abuse
 - ◆ Knew and didn't stop the sexual abuse from happening



- ◆ Who want to support but are still not respecting boundaries
 - » Authority Figures
 - » Romantic Partners
- ▶ The only way to be better at setting boundaries is to practice setting boundaries.



BREAK OUT GROUP DISCUSSION Ask participants to get into groups and discuss:

- ▶ What are some methods of helping survivors with relationships in their lives?
- ▶ What are some phrases you could practice with a survivor when they want to set a boundary?



DEBRIEF Have the participants share out. As part of the debrief, be sure to emphasize the following:

- ▶ Help survivors pinpoint what is getting in the way of their relationships, reflect on past and current relationships
- ▶ Roleplay relationships in their life
- ▶ Help survivors identify boundaries- What helps you feel safe, listened to, and cared for? What makes you feel unsafe, ignored, or rejected? How would you like to express those things to those around are you?
- ▶ Practice setting boundaries- What would like to happen? What would not like to happen? What would you like to stop?
- ▶ Help survivors maintain boundaries- If someone violates a boundary, how would like to respond? What's your plan? If someone continues to violate that boundary, what's your plan?
- ▶ Help survivors set relationships goals and figure out what they want and need in relationships

- ▶ Practice new skills with the advocate
- ▶ Recognize and celebrate with the survivor when they tell you about or you observe them using their new/renewed skills
- ▶ Reflect on new relationship skills being used with others in the community
- ▶ Create opportunities for community-building among survivors in your program and in the community



CONCLUSION Conclude this module with a grounding exercise or the reflective journal prompts below.

Reflective Journal Prompt:

- ▶ Trust. Think about how trust shows up in your own life. What does it feel like to trust someone? What does it feel like to mistrust someone? How do you build trust? What does it feel like when trust is broken?
- ▶ What are some things you can do to build trust with survivors you work with?
- ▶ What relationship do you want to build or strengthen in your life? What is one relationship you want to end? What is a relationship you want to repair? What are the similarities in these relationships? What are the differences?

NOTES FOR PREPARATION FOR

Lesson 4.4 Midway Check-in

- ▶ Facilitators will lead a large group check-in about the training, as this is the halfway completion point of the modules. If this activity is not the halfway point (i.e., content was added or removed), move this lesson to where it is appropriate in the schedule. For in-person training, the facilitators may want to facilitate a large group discussion with the suggested questions in the lesson, or they can do a sticky note activity like that in Lesson 1.1.
- ▶ For virtual training, the facilitators may want to facilitate a large group discussion or use a virtual platform like Menti-meter (which has a free basic subscription) or another live polling tool and ask the suggested questions in the module. Facilitators should adapt the questions to what works best for their training style and participant needs.

Lesson 4.4 Midway Check-In

Estimated time: 0.5 hours



LARGE GROUP DISCUSSION Congratulate the participants that they have made it to the halfway point of the training and facilitate a group discussion and ask the following questions:

- ▶ How do you feel the training is going?
- ▶ What's coming up for you during the training?
- ▶ What have you learned so far?
- ▶ What's making it easier for you to learn in this space?
- ▶ What's making it difficult?

FURTHER LEARNING OPPORTUNITIES

ABOUT HOW CHILD SEXUAL ABUSE IMPACTS RELATIONSHIPS

- ▶ [Enhancing Knowledge: Discussion Guide Episode 4](#) by the Resource Sharing Project
- ▶ [Motherhood as a Means to Healing: A BR Interview with Tashmica Torok](#) by the Resource Sharing Project

Time to Facilitate:
3 hours



MODULE #5

A VISION FOR HEALING

MODULE SUMMARY

While the first half of the modules focused on the dynamics and effects of child sexual abuse, the latter starts a new stage in the training that focuses on the various parts of holistic healing. The facilitators should continue to reemphasize the importance of choices, the individuality of healing, and why these topics should be the focus of services for adult survivors of child sexual abuse.

**A VISION FOR HEALING
LEARNING OBJECTIVES:**

- ▶ Explore what helps adult survivors heal from sexual abuse in childhood
- ▶ Examine what skills advocates have that can help adult survivors of child sexual abuse heal
- ▶ Examine how helping survivors make choices about their lives can help survivors heal

A VISION FOR HEALING MODULE STRUCTURE:

Time to facilitate: 3 hours total

Lesson 5.1 Defining Healing for Adult Survivors
of Child Sexual Abuse (1 Hour)

Lesson 5.2 Choice Points (2 Hours)

Lesson 5.3 What Does this Mean for Advocacy
(0.5 Hours)



MATERIALS NEEDED FOR A VISION FOR HEALING MODULE

Lesson	In Person	Virtual
5.1	<ul style="list-style-type: none"> <li data-bbox="500 604 716 644">▶ Computer <li data-bbox="500 737 894 777">▶ Projector or large TV <li data-bbox="500 869 906 961">▶ Speakers that participants can hear <li data-bbox="500 1054 959 1331">▶ Video Building Resilience Conversation Series Episode 5: What is Healing? by the Resource Sharing Project <li data-bbox="500 1423 959 1556">▶ Copies of, or link to, Building Resilience Coloring Page Episode 5 	<ul style="list-style-type: none"> <li data-bbox="1040 604 1422 882">▶ Building Resilience Conversation Series Episode 5: What is Healing? by the Resource Sharing Project <li data-bbox="1040 974 1422 1115">▶ Building Resilience Coloring Page Episode 5

Lesson	In Person	Virtual
5.2	<ul style="list-style-type: none"> <li data-bbox="412 596 630 632">▶ Computer <li data-bbox="412 730 808 766">▶ Projector or large TV <li data-bbox="412 863 651 898">▶ PowerPoint <li data-bbox="412 995 857 1178">▶ <u>Copies of, or links to, Advocacy Skills: Choice Points by the Resource Sharing Project</u> <li data-bbox="412 1268 889 1444">▶ Copies of, or links to, Healing in Motion: A Vision for Healing Scenarios - Choice Points 	<ul style="list-style-type: none"> <li data-bbox="954 596 1328 779">▶ Healing in Motion: A Vision for Healing Scenarios - Choice Points
5.3	<ul style="list-style-type: none"> <li data-bbox="412 1472 797 1600">▶ Copies of, or link to, Strategic Planning worksheet 	<ul style="list-style-type: none"> <li data-bbox="954 1472 1312 1556">▶ Strategic Planning worksheet



Lesson 5.1 Defining Healing for Adult Survivors of Child Sexual Abuse

Estimated time: 1 hour



GROUNDING Open the module by doing a grounding exercise.



WATCH Show [the video Building Resilience Episode #5: What is Healing? by the Resource Sharing Project](#)



Play from 03:34 (How we came to understand what healing means to us) to 20:06 (Assessing our own readiness to offering healing services to all survivors),



HANDOUT Distribute the [Building Resilience Coloring Page: Episode 5](#).



BREAK OUT GROUPS Have the participants get into groups and discuss the following questions:

- ▶ What stands out to you about how healing happens for adult survivors of child sexual abuse?
- ▶ What advocacy skills do you have that can help you support adult survivors of child sexual abuse?
- ▶ How would you define healing?

Have the groups share what they discussed.





DEBRIEF In the debrief, highlight the points that were made in the video:

▶ Advocates don't:

- » Have to be an expert
- » Try to fix it because you cannot fix it
- » Have to come up with a magical alternative option- sometimes our role is to help survivors choose the choice that works the best out of options that aren't ideal

▶ Advocates should

- » Listen
- » be present
- » Believe them
- » Be patient
- » Provide information when needed
- » Be inclusive and welcoming
- » Be curious but not voyeuristic

NOTE FOR PREPARATION FOR Lesson 5.2 Choice Points

- ▶ The points in TEACHING can be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs.

- ▶ In the BREAK OUT GROUP DISCUSSION, the participants will break out into groups and find the different choices in the scenarios. While scenarios are provided in the module, facilitators are encouraged to adapt the scenarios and include more specific cultural nuances from communities in your area. The Healing in Motion: A Vision for Healing Scenarios - Choice Points can be found on page xxi. For the A Vision for Healing scenarios, facilitators should be mindful that:
 - » The copy of the scenarios in the curriculum has the “Why this Scenario” and “Context” sections for each scenario. These are notes to explain to the facilitator why these scenarios were chosen and **SHOULD NOT BE GIVEN TO THE TRAINING PARTICIPANTS**. Facilitators need to print separate copies to distribute to the groups during the training.



Lesson 5.2 Choice Points

Estimated time: 2 hours



TEACHING Discuss how regaining control in their lives can help adult survivors of child sexual abuse heal. The following points should be displayed on a PowerPoint that the facilitators will need to create and modify to fit their training needs. Be sure to make the following points (taken from the Choice Points handout):

- ▶ Sexual violence robs the survivor of their power. Healing comes, in part, from the survivor finding and acting in their own power again.
- ▶ Choices help survivors regain and act in their power. A choice point is a moment where survivors can pause and actively make a decision.
- ▶ Every life event is made up of many moments where people can exercise their power and autonomy—where they can find their choice points.
- ▶ It might be a choice about how something happens rather than if it happens.

- ▶ Some choice points are small or subtle, but every choice matters.
- ▶ Choices are also about saying no to things a survivor thinks they should do, even saying no to their advocate.
- ▶ An advocate's job is to help survivors find their choice points and consider their options.
- ▶ The more advocates increase their knowledge and ability to observe and name choice points in advocacy, the more they can support survivors' ability to observe and name choice points in all areas their lives.



- ▶ In learning to see and use choice points, there are a few important things to consider:
 - » Many layers of survivors' identities and contexts affect the choices.
 - » There are choices before, during, and after many events.
 - » Don't get stuck in believing that choice points are complex. A lot of them are very simple.
 - » The purpose of finding choice points isn't to develop a fancy or intricate advocacy skill. Instead, it is purely to help survivors identify places where they have choices and then to choose actively and mindfully.



HANDOUT Distribute the [Advocacy Skills: Choice Points](#) by the Resource Sharing Project as a resource to the group.

**HANDOUT and BREAK OUT GROUP DISCUSSION**

Ask participants to get into small groups and pass out the Healing in Motion: A Vision for Healing Scenarios - Choice Points. Assign each group a scenario in the handout and have them identify the choice points.



DEBRIEF Debrief this exercise in a large group. Have the groups identify the choice points they found aloud and discuss whether it was difficult to identify them.

At the end of this discussion, make the following points:

- ▶ Even though we know about some of the people's identities (race, nationality, sexuality, gender) in the scenarios, we don't know all of them. This was intentional, and like real life, we won't have all of the identities, violent experiences, or happy times of the survivors we're working with written out. This is why relationship building and active listening is important.



- ▶ Survivors of child sexual abuse often don't have the option or don't want to involve criminal legal systems.
- ▶ Healing may look different at various ages and stages of life. Therefore, advocates play an important role in supporting survivors in their healing no matter when they seek help.



WATCH Conclude the discussion by showing Video [Building Resilience Episode #5: What is Healing?](#)



Play from 33:02 (Helping survivors find their agency) to 39:22 (Defining healing is a uniquely individual experience)

Lesson 5.3 What Does this Mean for Advocacy?

Estimated time: 0.5 hours



LARGE GROUP DISCUSSION As a group, discuss the following questions with the training participants:

- ▶ Where are places you can identify choice points with survivors:
 - » When meeting them for the first time in person at your office?
 - » Speaking over the phone while on your agency's helpline?
 - » Calling their number after receiving it through a partner agency referral?





ACTIVITY Ask the participants to get out their Strategic Planning worksheet and identify two choice points that they can plan for with a survivor they are meeting outside their office.



CONCLUSION Conclude this module with a grounding exercise or the suggested reflective journal prompt below.

- ▶ Reflective Journal Prompt: What are some ways you can describe the choices survivors have when it comes to your agency's services?

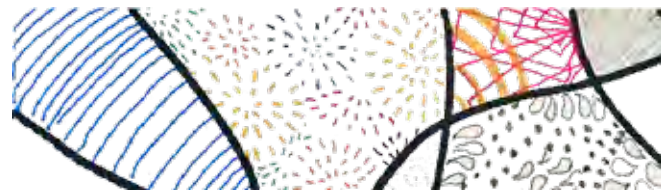
FURTHER LEARNING OPPORTUNITIES ABOUT A VISION FOR HEALING

- ▶ [Rural Advocacy Through a Healing Lens \(e-learning course\)](#) by the Resource Sharing Project
- ▶ [Enhancing Knowledge: Organizational Support for Creative and Compassionate Advocacy](#) by the Resource Sharing Project



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Time to Facilitate:
5.5 hours



MODULE #6

INCORPORATING THE BODY INTO HEALING

MODULE SUMMARY

This module provides context and strategies on how our bodies impact the ability to heal in parts of our lives; reinforcing the idea that what happens in our minds, relationships, sexuality, and spirituality are interconnected with the body. During this module, facilitators should intentionally include movement and attunement (having the advocates check in with themselves) in the training.

INCORPORATING THE BODY INTO HEALING LEARNING OBJECTIVES:

- ▶ Examine how child sexual abuse impacts a survivor's relationship with their body
- ▶ Analyze the way trauma is held in adult survivors of child sexual abuse's body
- ▶ Explore the power of healing by incorporating physical activity
- ▶ Identify how coping and sexual violence disconnects survivors from their bodies

STRUCTURE OF INCORPORATING THE BODY INTO HEALING MODULE

Time to facilitate: 5.5 Hours

Lesson 6.1 Understanding Trauma and Dissociation
(1.5 Hours)

Lesson 6.2 Healing Through Mind and Body (1.5
Hours)

Lesson 6.3 Grounding (1.5 Hours)

Lesson 6.4 Bringing It All Together: Modules #5 &
#6 Recap (1 Hour)



MATERIALS NEEDED FOR INCORPORATING THE BODY INTO HEALING MODULE

Lesson	In Person	Virtual
6.1	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ Speakers that participants can hear ▶ Healing in Motion: Glossary of Terms Incorporating the Body Into Healing handout ▶ Video Neuroplasticity & How the Brain Heals Part 1 Saprea by Saprea ▶ Copies of, or link to, Enhancing Knowledge: Brief Introduction to Trauma and Triggers by Resource Sharing Project ▶ Survivor Support: Working Through Triggers by Resource Sharing Project 	<ul style="list-style-type: none"> ▶ Healing in Motion: Glossary of Terms Incorporating the Body Into Healing handout ▶ Video Neuroplasticity & How the Brain Heals Part 1 Saprea by Saprea ▶ Enhancing Knowledge: Brief Introduction to Trauma and Triggers by Resource Sharing Project ▶ Survivor Support: Working Through Triggers by Resource Sharing Project

Lesson	In Person	Virtual
6.2	<ul style="list-style-type: none">▶ Video Neuroplasticity & How the Brain Heals Part 2 Saprea by Saprea▶ Video Building Resilience Conversation Series Episode 6: How do Survivors Incorporate Their Body into the Healing Process?▶ Copies or, or link to, Building Resilience Coloring Page Episode 6	<ul style="list-style-type: none">▶ Video Neuroplasticity & How the Brain Heals Part 2 Saprea by Saprea▶ Video Building Resilience Conversation Series Episode 6: How do Survivors Incorporate Their Body into the Healing Process?▶ Building Resilience Coloring Page Episode 6



Lesson	In Person	Virtual
6.3	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ Speakers that participants can hear ▶ PowerPoint ▶ Video Building Resilience Conversation Series Episode 6: How do Survivors Incorporate Their Body into the Healing Process? ▶ Copies of, or link to, Building Resilience Coloring Page Episode 6 ▶ Copies of, or link to, Let's Get Grounded by Arizona Coalition to End Sexual and Domestic Violence ▶ Copies of, or link to, Strategic Planning worksheet 	<ul style="list-style-type: none"> ▶ Video Building Resilience Conversation Series Episode 6: How do Survivors Incorporate Their Body into the Healing Process? ▶ Building Resilience Coloring Page Episode 6 ▶ Let's Get Grounded by Arizona Coalition to End Sexual and Domestic Violence ▶ Strategic Planning worksheet

Lesson	In Person	Virtual
6.4	<ul style="list-style-type: none">▶ Computer▶ Projector or large TV▶ Materials for Jeopardy or Family Feud<ul style="list-style-type: none">» Game show buzzers, bells, etc.» List of questions» Prizes for participating	<ul style="list-style-type: none">▶ Access to a virtual platform for Family Feud or Jeopardy

NOTES FOR PREPARATION FOR

Lesson 6.1 Understanding Trauma and Dissociation

- ▶ To start the lesson, participants will do a grounding activity. Facilitators may want to have the participants assemble their own grounding toolkit that includes:
 - » one item they can see
 - » one item with a unique texture they can feel
 - » one item that makes a distinct noise
 - » one item that has a bitter taste
 - » one item with a strong smell
 - ◆ Facilitators can do a different activity for the participants to engage their physical senses, if preferred. Facilitators should adapt this activity to fit participants' needs and abilities.

- ▶ In **ACTIVITY**, the facilitators will guide the participants through an exercise in which the group will come up with shared definitions for a list of terms. While a list of terms, definitions, and explanations for those definitions are provided in *Glossary of Terms: Incorporating the Body Into Healing* on page xxxv, facilitators are highly encouraged to review and modify these definitions as they reflect the language used in their communities. Facilitators are also encouraged to add other terms to the list they feel need to be defined during this module.



Lesson 6.1 Understanding Trauma and Dissociation

Estimated time: 1.5 hours



GROUNDING Open the module by doing a grounding exercise that focuses on physical sensations. A suggested grounding activity can be found in the Notes for Preparation in Incorporating the Body Into Healing Module on page 208.



LARGE GROUP DISCUSSION Facilitate a large group discussion based on the following question:

- ▶ What are some things you learned about in the Coping from Child Sexual Abuse Into Adulthood module (Module 2) about being activated, (or “triggered”), and grounding?



DEBRIEF In wrapping up the discussion, emphasize that this module is going to expand on how grounding can help the mind and body feel reconnected as a part of healing for survivors.



ACTIVITY As a large group, lead the training participants in coming up with a list of shared definitions for the terms below. For time, facilitators may want to break the participants into small groups and have each group define multiple terms before coming back together as a larger group to agree upon the whole list.

- ▶ Body Attunement
- ▶ Trauma
- ▶ Triggers
- ▶ Dissociation
- ▶ PTSD
- ▶ Flashbacks
- ▶ Grounding



Review the created definitions as a large group and distribute the Healing in Motion: Glossary of Terms Lesson 6.1 Understanding Trauma and Dissociation for participants to take with them. The Healing in Motion: Glossary of Terms Lesson 6.1 Understanding Trauma and Dissociation can be found on page xxxv.



WATCH Play the video [Neuroplasticity & How the Brain Heals | Part 1 by Saprea](#).



HANDOUT and **REVIEW** After the video has finished, distribute the [Enhancing Knowledge: Brief Introduction to Trauma and Triggers](#) by the Resource Sharing Project and the [Survivor Support: Working through Triggers](#) by the Resource Sharing Project. Briefly review the content of handouts.



Highlight that this would be helpful information for survivors to know:

- ▶ When trying to learn about triggers for the first time
- ▶ When trying to understand their own triggers. In particular, the Survivor Support: Working through Triggers handout was created for survivors, and advocates can use this as a tool to support them in individual meetings or in groups.

Lesson 6.2 Healing Through Mind and Body

Estimated time: 1.5 hours



WATCH Play The video [Neuroplasticity & How the Brain Heals | Part 2 | Saprea by Saprea.](#)

After the video finishes, remind the participants to keep this video in mind when watching the next clip.



WATCH Play the video [Building Resilience Conversation Series Episode #6: How do Survivors Incorporate their Body into the Healing Process?](#)



Play from 00:00 (Introduction) to 13:56 (Releasing the Memories in the body)





DEBRIEF Facilitate a discussion about what people heard about healing their bodies. Make sure to cover these points:

- ▶ Healing doesn't only happen through therapy or by talking about the mental health impacts of the abuse. Healing also occurs when adult survivors of child sexual abuse get reconnected with their bodies.
- ▶ Adult survivors of child sexual abuse heal through their bodies with things like:
 - » Healing touch massage
 - » Exercise, dancing, or moving their bodies
 - » Centering their bodies
 - » Being present in nature
 - » Breathwork

- ▶ Being present in their bodies can help with flashbacks and dissociation
- ▶ This is sometimes frustrating and triggering for survivors, so we need to take care when suggesting this option. In particular, body awareness techniques shouldn't necessarily be used for adult survivors of child sexual abuse who cope through distancing and disconnecting from their body.



LARGE GROUP DISCUSSION In a large group, ask the participants how they can help survivors heal their bodies. After the participants have shared, make sure these points are brought up:

- ▶ Provide information about trauma and its impact on a person's body.
- ▶ Support a survivor's efforts to be active by finding places to knit, walk, do yoga, dance, run, hike, swim, work out, etc.



- ▶ Support a survivor's efforts to do things like singing or playing an instrument. These things require body attunement, and often achieve attunement with others as well.
- ▶ Create opportunities to explore different methods of being present in their body.



BREAK OUT GROUP DISCUSSION Have the participants get into groups and then play [Building Resilience Conversation Series Episode #6: How do Survivors Incorporate their Body into the Healing Process?](#)



Play from 14:18 (Releasing the memories in the body) to 28:55 (Pause, take a breath, take care of yourself).

In groups, have the participants share what they thought about the clip and answer the following questions:

- ▶ Why is it important for survivors to be connected to their bodies?
- ▶ What can advocates do to support survivors in doing so?



DEBRIEF Have the groups share their responses. Emphasize the following points if they are not named:

- ▶ The trauma response of dissociation is a common coping skill, but it disconnects survivors from their bodies.
- ▶ Encourages survivors to be present
- ▶ Enables survivors to make decisions about what they are doing that keeps them safe.
- ▶ Helps survivors to care for their health

NOTES FOR PREPARATION FOR Lesson 6.3 Grounding

- ▶ The points in the TEACHING can be displayed on a PowerPoint that the facilitators will need to create and modify to fit their training needs.
- ▶ Facilitators will close the module by doing a grounding exercise or the reflective journal prompt. Facilitators may want to ask the participants to demonstrate grounding exercises they already use in their advocacy for the large group so the participants can share knowledge peer-to-peer.

Lesson 6.3 Grounding

Estimated time: 1.5 hours



TEACHING The following points should be displayed on a PowerPoint that the facilitators will create and modify to fit their training needs:

- ▶ It is the role of advocates to help survivors develop safety and emotional/trigger plans.

- ▶ Some questions to help guide survivors form a plan:
 - » What are my triggers?

 - » When I am triggered, what happens in my body?

- » When I'm triggered, what do I need to feel calm?
- » When I'm triggered, what can help me regulate myself and be centered in my body?
- » When I'm triggered, what can other people around me do to help me calm down?
- » What are some things people should not do to help me calm down?
- ▶ Grounding techniques can be a part of the larger safety plan.



HANDOUT and **ACTIVITY** Distribute the [Let's Get Grounded toolkit by the Arizona Coalition to End Sexual and Domestic Violence.](#)



In pairs, have the participants read the tool and practice doing grounding exercises (one each from the physical, mental, and soothing section), in which each has the chance to pick a grounding exercise, explain it to their activity partner, and then model it for them.

In total, they should do six grounding exercises: demonstrate three and learn three.

Activity Instructions

- ▶ Have the participants get into pairs and decide who will be Person A and who will be Person B in this activity.
- ▶ Person A will start the activity by picking three grounding exercises from the [Let's Get Grounded toolkit](#), and then explaining and modeling them to Person B.
- ▶ After completing three grounding exercises, Person A will ask Person B for feedback about how they communicated and modeled the grounding exercises.
- ▶ Now switching roles, Switching Person B will then pick three different grounding exercises from the toolkit to explain and model to person A.
- ▶ After completing three grounding exercises, Person B will ask Person A for feedback about how they communicated and modeled the grounding exercises.





DEBRIEF After all the pairs have finished, facilitate a large group discussion with the participants about the activity and how they feel after the grounding exercises.

- ▶ Ask the participants if someone wants to demonstrate an exercise from the toolkit, or another grounding exercise they know for the large group.



REFLECTION Have the participants take out their Strategic Planning worksheet and think about how they can incorporate grounding throughout their workday to mitigate the impacts of vicarious trauma.



CONCLUSION Conclude this module with the following reflective journal prompts.

Reflective Journal Prompts:

- ▶ When you feel stressed, scared, tired, anxious, or angry, where do you feel it in your body? What does it feel like?
- ▶ Where do you feel it in your body when you feel relaxed, happy, excited, rested, or aroused? What does it feel like?
- ▶ What does feeling “grounded” look like to you? Taste like? Feel like? Smell like? Sound like?
- ▶ How can you incorporate grounding in your advocacy practice with survivors? How can your program incorporate policies, procedures, practices that supports staff in using grounding activities?



NOTES FOR PREPARATION FOR Lesson 6.4 Bringing It All Together: Modules #5 & #6 Recap

- ▶ The activity suggested for a review of the previous two modules is some type of game with the participants (Jeopardy, Family, etc.), as in Coping from Child Sexual Abuse into Adulthood (Lesson 2.5). The content in the game should be made up of the advocacy skills and terms identified in the modules. Facilitators might also consider adding questions specific to your area (i.e., traditional Indigenous names of geographical features, the year your coalition was founded, famous people from your area, the name of a plant or endangered species in your area, etc.). If possible, give a prize to the winners of the game.
 - » To do this for an in-person event, you will need the following:
 - ◆ Game show buzzers, bells, etc.
 - ◆ List of questions and correct answers for the game
 - ◆ A way to keep score of the points

- » For virtual training, some online platforms will allow you to do this as a timed quiz, like [Kahoot!](#), or as an online game show format. Here are some free basic options to try out below:
- ◆ [Jeopardy Labs](#)
 - ◆ [Factile](#)



Lesson 6.4 Bringing It All Together: Modules #5 & #6 Recap

Estimated time: 1 hour



Do some sort of review game to assist participants in remembering the content learned in the fifth and sixth modules. Use the advocacy skills and terms reviewed in the module as the content in the game. For suggestions on a review game, please refer to Notes for Preparation for the Coping from Child Sexual Abuse into Adulthood Module, page 224.

FURTHER LEARNING OPPORTUNITIES

ABOUT INCORPORATING THE BODY INTO HEALING

- ▶ [Building Resilience Conversation Series Deeper Dive: Dissociative Identity Disorder Part 3](#) by Olga Trujillo (Resource Sharing Project)
- ▶ [The Brain, Body, and Trauma](#) by the National Sexual Violence Resource Center



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Time to Facilitate:
3 hours



MODULE #7

SEX AND SEXUALITY AS A PART OF HEALING

MODULE SUMMARY

Discussing the full spectrum of sexual experiences is sometimes uncomfortable, even for sexual violence advocates. In this module, the focus will be on assisting survivors in understanding their own needs and boundaries regarding sex and intimacy. Facilitators should:

- ▶ be aware their own feelings regarding sex and sexuality.
- ▶ reflect on how society influences our thoughts on sex and sexual activity.
- ▶ encourage the training participants to stretch themselves in this module; to notice when they feel uncomfortable or awkward and reflect on that.
- ▶ emphasize that all survivors who can consent to sexual should have the tools and support to define what is enjoyable sexual activity to them.

SEX AND SEXUALITY AS A PART OF HEALING LEARNING OBJECTIVES:

- ▶ Identify how child sexual abuse impacts a survivor's relationship with sex
- ▶ Analyze how societal views, our experiences, and our culture impact personal beliefs about sex
- ▶ Connect the role of the advocate to helping survivors explore what feels safe, pleasurable, and enjoyable to them regarding sex and intimacy
- ▶ Explore tools and resources that may be helpful to survivors in this area

STRUCTURE OF SEX AND SEXUALITY AS A PART OF HEALING MODULE

Time to facilitate: 3 hours total

Lesson 7.1 Understanding the Discomfort (0.5 Hours)

Lesson 7.2 Deepening Our Understanding (1.5 Hours)

Lesson 7.3 What Does this Mean for Advocacy? (1 Hour)

MATERIALS NEEDED FOR SEX AND SEXUALITY AS A PART OF HEALING MODULE

Lesson	In Person	Virtual
7.1	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV 	<ul style="list-style-type: none"> ▶ Mentimeter or Jamboard; some sort of live collaboration tool
7.2	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ PowerPoint ▶ Copies of, or link to, Our Sexual Values as Advocates handout 	<ul style="list-style-type: none"> ▶ PowerPoint ▶ Our Sexual Values as Advocates handout

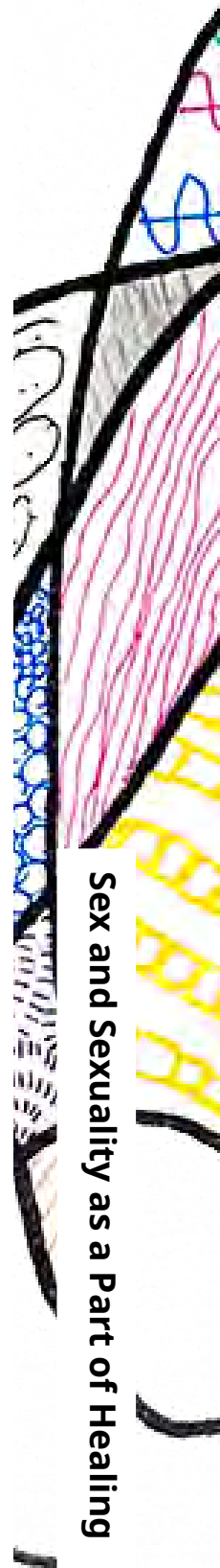
Lesson In Person

7.3

- ▶ Computer
- ▶ Projector or large TV
- ▶ Speakers that participants can hear
- ▶ PowerPoint
- ▶ [Copies of, or link to, Building Resilience Conversation Series Episode 4: How Does Child Sexual Abuse Impact Relationship Building?](#)
- ▶ [Copies of, or link to, Building Resilience Coloring Page Episode 4](#)
- ▶ Copies of, or link to, Strategic Planning worksheet

Virtual

- ▶ [Building Resilience Conversation Series Episode 4: How Does Child Sexual Abuse Impact Relationship Building?](#)
- ▶ [Building Resilience Coloring Page Episode 4](#)
- ▶ [How I Want It: Sexual Safety Planning for Survivors and Their Partners](#) by the Arizona Coalition to End Sexual and Domestic Violence
- ▶ Strategic Planning worksheet



NOTES FOR PREPARATION FOR Lesson 7.1 Understanding the Discomfort

- ▶ Facilitators will open the module with the Word Association activity. The point of the activity is to defuse some of the tension and awkwardness that can occur when speaking about sex in a formal space. As a group, participants will be asked to list the words they have heard used to describe sex, penis, vagina, breasts, anus. Due to the nature of this activity, it is suggested that:
 - » Facilitators inform participants beforehand that they may feel awkward, and uncomfortable doing this, but to sit in the discomfort and participate in the activity. It's also okay to giggle and have fun with this activity.
 - ◆ Facilitators can (and should encourage) participants to include profanity, other languages, and emojis they've heard as answers in the activity.
 - » The co-facilitator(s) who is not facilitating the activity should participate if engagement is low.

- » Facilitators should consider allowing answers to be submitted anonymously to increase engagement. If not, participants may feel too embarrassed to participate in the activity.
 - ◆ In a virtual setting, facilitators are encouraged to use a platform like Menti-meter in the word cloud function to submit answers anonymously.
 - ◆ Google Jamboard could also work, as the facilitators could preset different boards with one word (sex, penis, vagina, breasts, anus) on each board. However, if any of the participants are logged into their Google accounts and are accessing the Jamboard, you will be able to see who typed what word on the screen which may increase hesitancy to participate and lower engagement.

- » For in-person, the facilitators will need to spend some time thinking about how they can encourage participation when there is most likely not a way to ensure anonymity. Some ideas are:
 - ◆ Project a Menti-meter on a large screen, and do the activity as suggested for virtual facilitation.
 - ◆ Have five different boxes set around the room labeled with the terms sex, penis, vagina, breasts, anus, and have people fold up their answers and put them in the boxes. The facilitator (or a participant volunteer) can then read them aloud to the group.
 - ◆ Have 5 large pieces of paper around the room labeled with the terms, and have people stick smaller sticky notes with the terms they think of on them.

- ▶ Facilitators should be prepared to offer observations about what they notice each term. For example:
 - » Which term generated the most and least responses
 - » Which term generated the fastest and slowest responses
- ▶ As an alternative activity, facilitators could have a discussion asking why sex and sexuality seem difficult to discuss, even as sexual violence advocates.

Lesson 7.1 Understanding the Discomfort

Estimated time: 0.5 hours



ACTIVITY Open the module by doing a word association activity as a large group. Before doing the activity, let the participants know that there might be initial discomfort, but try and work through that and participate.

Activity Instructions

- ▶ “The objective of this exercise is list as many terms you know for the following terms.”
- ▶ “We will go through one term at a time, and someone from the facilitation team will read of the words you all generate.”
- ▶ “When thinking of terms, this can include slang terms, emojis, terms from other languages, and profanity as well. All terms are welcome, as long as they are terms you have heard to talk about these things.”

Showing the terms one at a time, ask the participants to list terms that have heard to describe:

- ▶ Sex
- ▶ Penis
- ▶ Vagina
- ▶ Anus
- ▶ Breasts



DEBRIEF After going through the term, facilitate a large group discussion. Ask the following questions:

- ▶ What did you think about that activity?
- ▶ What are some of the things you noticed? Did you feel awkward, uncomfortable, or did some of those terms catch you off guard?
- ▶ What do you think the reason for doing that activity was?



End the activity and give the context for the activity, including:

- ▶ Talking about sex and sexuality at work can feel uncomfortable, even for sexual violence advocates. The more we do it, (and practice it in controlled spaces like this) the less awkward it will be to have these conversations with survivors who are looking for support.
- ▶ Using the anatomically correct names for body parts:
 - » normalizes discussing them and takes away the secrecy and shame around naming them. Especially for adult survivors of child sexual abuse, these words can seem scary, cause anxiety, and may be attached to trauma.
 - » can be a place for education and demonstrating what respect and comfort talking about bodies can look like.
- ▶ We need to be able to mirror the terms survivors use to talk about without feeling uncomfortable. That can be difficult to do if we've never heard the terms they're using before and feel uncomfortable asking for an explanation.

Lesson 7.2 Deepening Our Understanding Sex and Sexuality

- ▶ The points under TEACHING should be displayed on a PowerPoint that the facilitators will need to create and modify to fit your training needs. It is recommended that the facilitators take some time to discuss how sexual stereotypes about different identities may cause survivors to struggle with their sexuality. For example, consider naming some of the sexual stereotypes about marginalized groups in your community and how they are harmful to survivors, and linking them to statistics about sexual violence in your area/community, survivor stories, societal issues (i.e., high levels of Missing and Murdered Indigenous Women and Girls (MMIWG); rising rate of violence against Asian women, the sexual abuse of people with disabilities in care facilities, the sexual violence experienced by those who are detained and incarcerated), policies efforts, and other themes the facilitators identify.

Lesson 7.2 Deepening Our Understanding

Estimated time: 1.5 hours



LARGE GROUP DISCUSSION Introducing the topic of sex and sexuality for adult survivors of child sexual abuse. Facilitate a group discussion, and ask the group:

- ▶ Why do you think a survivor of child sexual abuse would struggle with reclaiming or feeling comfortable in their sexuality?
- ▶ What are some aspects that may be difficult?



TEACHING In concluding the discussion, make sure to take some time to raise the following points. Facilitators should create a PowerPoint to display points, modifying them to meet your training needs. Discuss how sexual stereotypes about identities may cause a survivor to struggle with their sexuality:

- ▶ In our society, it's difficult to have open discussions about sex
- ▶ The stereotype about survivors is that they will always be afraid of sex and will never want to engage or they become hypersexual. People exist on many places on that spectrum, and that may change throughout their lifetimes.
- ▶ Survivors may struggle with:
 - » The physical acts involved in sex being triggering for survivors. This can include flashbacks, intrusive memories, or emotions/feelings that the survivor doesn't even connect to their abuse.

- » Feeling safe with a sexual partner
 - ◆ For survivors of incest, this may feel even more complicated, because the people or person (the survivor's family members) who were supposed to love and care for them in a nonsexual way abused them at an early age
- » Being able to set boundaries and saying no to aspects of sex or to stop at any point.
- » The connection between abuse and feeling pleasure.
- » Being connected with your body so that you can feel pleasure.
- » Describing sexual contact.
- » Knowing what they like and enjoy for themselves.
- » Emotional intimacy – it's scary to let people know you and get physically and emotionally close. Especially with a long-term partner, the survivor may feel they are family which complicates the sexual dynamic.



HANDOUT and **ACTIVITY** Distribute the Our Sexual Values as Advocates handout and ask the participants to fill it out individually. The handout can be found on page xlii.

After the group has finished, ask the following questions, and have a large group discussion about their results:

- ▶ Was anyone surprised by how they felt about some of the topics?
- ▶ Did people identify biases or myths?

Conclude this exercise by reflecting on the following points:

- ▶ We all have different feelings and beliefs about sexuality, and they come from our experiences, culture, environments, communities, and society.
- ▶ What we were taught and not taught, by abuse or not being abused, and sexual experiences we've had or not had shaped our judgment and how we feel about various behaviors and experiences.

- ▶ Being an advocate for survivors of sexual violence will require us to put those biases and myths aside and work with survivors in a non-judgmental manner.
- ▶ As a staff, they can hold each other accountable and support each other in their work.

NOTES FOR PREPARATION FOR Lesson 7.3 What Does That Mean for Our Advocacy

- ▶ It is suggested the participants stay in the same break-out groups throughout this lesson.

Lesson 7.3 What Does this Mean for Advocacy?

Estimated time: 1 hour



HANDOUT Distribute the [Building Resilience Coloring Page: Episode 4](#) by the Resource Sharing Project and show the video [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building?](#)



Play from 27:18 (Not being able to say No) to 33:04 (Advocates who are survivors themselves).



BREAK OUT GROUP DISCUSSION Ask the participants to get into groups and discuss:

- ▶ How do you think advocates could support survivors wanting to explore sex and sexuality?

Have the groups share out about what they discussed.



DEBRIEF Emphasize in the debrief, if not raised, that it's the advocates' job to:

- ▶ Talk with survivors about sex and sexuality without discomfort and judgement

- ▶ Ask questions about survivors' sexuality without judgment and for the purpose of assisting the survivor. It is not the role of the advocate to encourage or discourage any particular sexual activity or beliefs. Instead, advocates should be curious. Some questions advocates could be:
 - » Ask permission to discuss this. This is one way to ask permission. "Sometimes people are nervous to discuss sex, sexuality, and intimacy, even if that is something they are struggling with. I want you to know I am very comfortable having these conversations, and sharing resources if you'd like to explore on your own. Is that something you would like to chat more about with me? There is no pressure to discuss this with me, but I want you to know I am open to chatting about this if you'd ever like to."

 - » Do you have an interest in incorporating your sexuality, as you define it, into your healing?

- ▶ Help survivors understand consent and boundaries and the importance of being able to have control over their bodies and sexual experiences.
- ▶ Help survivors understand sexual response and anatomy.
- ▶ Have services that help survivors experience pleasure – being able to feel non-sexual pleasure is a first step to being able to feel sexual pleasure.
- ▶ Have services that help survivors feel connected within their bodies.
- ▶ Help survivors identify which sex acts they are comfortable with, are not comfortable with at all, and ones that they are unsure of but would like to explore.
- ▶ Be able to talk about masturbation and how that can be a way for survivors to experience sexual pleasure and learn to trust themselves.



HANDOUT Distribute the [How I Want It: Sexual Safety Planning for Survivors and Their Partners](#) by the Arizona Coalition to End Sexual and Domestic Violence and have the participants read the document. Explain that this a tool created for survivors and their sexual partners to discuss their sexual boundaries and form a sexual safety plan.



BREAK OUT DISCUSSION Have the participants bring out their Strategic Planning worksheet and reflect on the following questions in their breakout groups, while filling out their worksheets individually:

- ▶ What changes need to happen at your organization so you can support adult survivors of child sexual abuse exploring their sexuality?

Have the participants share out what they discussed in their groups.



DEBRIEF Discuss these ideas if they are not named:

- ▶ Get training on assisting survivors with sexual safety planning, setting boundaries, BDSM (bondage and discipline, dominance and submission, sadism and masochism) & kink and exploring their sexuality.
- ▶ Get training on reproductive health.
- ▶ Have books on consent for all ages as resources for survivors.
- ▶ Teach youth in the community about sex, consent, intimacy, and pleasure.
- ▶ Have educational groups about discussing pleasure and intimacy for adult survivors of child sexual abuse.
- ▶ Do a book club that discusses sexuality and pleasure at your organization.
- ▶ Invite in guest speakers from the public health department to talk about sexual health options.
- ▶ Reflect on how sex and sexuality is discussed in organization spaces (if at all).



HANDOUT and **ACTIVITY** On their Strategic Planning worksheet, ask the participants to write down one way they can change their individual advocacy to better support the sexual needs of adult survivors of child sexual abuse, and organizational change they can support to support the sexual needs of adult survivors of child sexual abuse.



CONCLUSION Conclude this module with the suggested reflective journal prompts below:

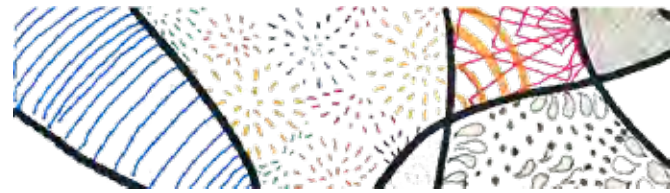
- ▶ Reflection Journal Prompt: what do you think the world would look like if adult survivors of child sexual abuse could express their sexuality in a safe, supportive, and liberated way as they defined it?

FURTHER LEARNING OPPORTUNITIES

ABOUT SEX AND SEXUALITY AS A PART OF HEALING

- ▶ [Sex Turned Up Campaign](#) by the Arizona Coalition to End Sexual and Domestic Violence
- ▶ [Finding Healing in Kink: A BR Interview with Ignacio Rivera](#) by the Resource Sharing Project
- ▶ *Come as You Are: The Surprising New Science that Will Transform Your Sex Life* BY Emily Nagoski
- ▶ *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* by Ellen Bass and Laura Davis
- ▶ *The Survivor's Guide to Sex* by Staci Haines

Time to Facilitate:
5 hours



MODULE #8

SPIRITUALITY AND CULTURE IN HEALING

MODULE SUMMARY

This module will center on survivors' spirituality and culture and how they can support survivors in their ability to cope, heal, and exist in the world. While this module may be the shortest it is an equally important module. Facilitators should be mindful:

- ▶ Of how bias, and privilege show up when discussing spirituality, religion, faith, and culture both for themselves and among the participants.
- ▶ That religion and culture have been used as tools to perpetuate sexual violence in many communities and has offered solace and healing for individuals as well.
- ▶ To reflect on what religion, faith, and spirituality mean in their own lives and allow time for participants to do so in the training.

SPIRITUALITY AND CULTURE IN HEALING LEARNING OBJECTIVES:

- ▶ Analyze the difference between faith, spirituality, and organized religion
- ▶ Explore how faith and religion can be a part of someone's experience of child sexual abuse
- ▶ Examine how faith, spirituality, and culture can influence coping
- ▶ Explore how faith, spirituality, and culture can help someone heal

STRUCTURE OF SPIRITUALITY AND CULTURE IN HEALING MODULE:

Time to Facilitate: 5 hours total

Lesson 8.1 Identifying Terms (1 Hour)

Lesson 8.2 Culture as an Area of Healing (1 Hour)

Lesson 8.3 What does this mean for Advocacy? (2 Hours)

Lesson 8.4 Bringing It All Together: Modules #7 & #8 Recap (1 Hour)



MATERIALS NEEDED FOR SPIRITUALITY AND CULTURE IN HEALING MODULE

Lesson	In Person	Virtual
8.1	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ Speakers that participants can hear ▶ Video Building Resilience Conversation Series Episode 7: How are Spirituality and Culture Tied to Healing? by the Resource Sharing Project ▶ Copies of, or link to, Building Resilience Coloring Page Episode 7 	<ul style="list-style-type: none"> ▶ Building Resilience Conversation Series Episode 7: How are Spirituality and Culture Tied to Healing? by the Resource Sharing Project ▶ Building Resilience Coloring Page Episode 7

Lesson	In Person	Virtual
8.2	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ PowerPoint 	<ul style="list-style-type: none"> ▶ PowerPoint
8.3	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ Speakers that participants can hear ▶ Video Building Resilience Conversation Series Episode 7: How are Spirituality and Culture Tied to Healing? by the Resource Sharing Project ▶ Copies of, or link to, Building Resilience Coloring Page Episode 7 	<ul style="list-style-type: none"> ▶ Building Resilience Conversation Series Episode 7: How are Spirituality and Culture Tied to Healing? by the Resource Sharing Project ▶ Building Resilience Coloring Page Episode 7



Lesson	In Person	Virtual
8.4	<ul style="list-style-type: none"> <li data-bbox="552 632 771 674">▶ Computer <li data-bbox="552 758 950 800">▶ Projector or large TV <li data-bbox="552 884 917 1031">▶ Materials for Jeopardy or Family Feud <ul style="list-style-type: none"> <li data-bbox="600 1115 950 1209">» Game show buzzers, bell, etc. <li data-bbox="600 1293 950 1346">» List of questions <li data-bbox="552 1367 820 1459">▶ Prizes for the winners 	<ul style="list-style-type: none"> <li data-bbox="1023 632 1351 821">▶ Access to virtual platform for Jeopardy or Family Feud <ul style="list-style-type: none"> <li data-bbox="1071 905 1299 999">» List of questions <li data-bbox="1023 1020 1226 1115">▶ Prizes for winners

NOTES FOR PREPARATION FOR SPIRITUALITY AND CULTURE IN HEALING MODULE

Overall

- ▶ This module is about spirituality and culture, and some participants may want to share and discuss how these factors impact their lives. While participants may want to share about how their spirituality has helped them cope, facilitators should be mindful about the purpose of training is to educate about adult survivors of child sexual abuse, not share or try to convince others of their spiritual beliefs. Facilitators should be prepared to kindly but firmly interrupt discussions that promote certain beliefs or promote religious biases and discrimination.



NOTES FOR PREPARATION FOR Lesson 8.1 Identifying Terms

- ▶ Facilitators open the module with a grounding exercise. Facilitators may want to ask this question in the place of or in addition to the grounding exercise: what song (or another type of artistic expression such as a book, painting, poem, etc.) is or feels spiritual to you? This question can be asked as an individual reflection, in small groups, or in a large group.
- ▶ Participants define religion, faith, and spirituality in BREAK OUT GROUP DISCUSSION #1. There are no suggested definitions given for these terms as they serve as the foundation for a larger point: these concepts must be defined by the individual.

Lesson 8.1 Identifying Terms

Estimated time: 1 hour



GROUNDING Open the module with a grounding exercise.



FRAMING Frame the module so the training participants can know what to expect. Include the following talking points:

- ▶ This module will be about spirituality and culture, which can be a very personal topic for people.
- ▶ This module's focus is on how spirituality and culture can be healing in the lives of adult's survivors of child sexual abuse.
- ▶ While the training is an open space for sharing and learning, it is not the space to convince, convert, or dismiss anyone else's beliefs or culture.





BREAK OUT GROUP DISCUSSION #1 Have the participants get into groups and answer the following questions:

- ▶ What is religion?
- ▶ What is faith?
- ▶ What is spirituality?
- ▶ What is the difference between religion, faith, and spirituality?
- ▶ How may the concept of virginity impact a survivor of child sexual abuse?
- ▶ How could religion be used as part of a survivor's abuse?



HANDOUT Distribute the [Building Resilience Coloring Page: Episode 7](#).



WATCH Play the video [BR Episode #7: How are Spirituality and Culture tied to Healing?](#)



Play from 00:00 (Introduction) to 14:03
(Pause, take a breath, take care of yourself).



BREAK OUT DISCUSSION Have the groups discuss the questions about religion, faith, and spirituality again to see if they would change any of the answers they gave.

After the groups have rediscussed their answers, have the groups share what they discussed with the large group.



WATCH Play [BR Episode #7: How are Spirituality and Culture tied to Healing?](#)



Play from 14:14 (Religious schooling, racism, and shaming) to 19:26 (Advocacy practice: Culture and spirituality are also individual experience).



After watching the video, have the groups discuss the following:

- ▶ How did the panel members feel culture and spirituality were helpful with healing?
- ▶ What experiences of oppression did they discuss?
- ▶ How did this impact their understanding of religion vs. spirituality?

Have the groups share what they discussed with the large group.

NOTES FOR PREPARATION FOR

Lesson 8.2 Culture as an Area of Healing

- ▶ Creating a PowerPoint for the TEACHING will be helpful for learning.
- ▶ Facilitators will lead a discussion about how a person's culture perceives the different factors named in the BREAK OUT GROUP DISCUSSION.
 - » Tribal and territory coalition facilitators may want to hone in on the specific cultural practices and teachings within their communities.
 - » State coalition trainers should be mindful of the identities of the participants, and reflect on how marginalized communities, particularly Black, Indigenous, and other communities of color, have been tokenized to speak about their culture (especially to give a critique of their culture) in public spaces.



Lesson 8.2 Culture as an Area of Healing

Estimated time: 1 hour



TEACHING It's helpful for learning to display following points on a PowerPoint that the facilitators will create and modify to fit their training needs:

- ▶ Culture is defined and identified by each community
- ▶ For some communities, faith and religion are an intertwined part of the culture, but that is not true for all communities
- ▶ Cultures influence individuals, families, and communities, and each of those groups affect their cultures (ripple effects in both directions)
- ▶ Each person is affected by, and connected to their culture in a unique way

- ▶ Individuals can be a part of several different cultures. Some of them overlap, some of them are separate, and some of them exists inside another (i.e., subcultures)
- ▶ Our cultures give us some of our first understanding of what is acceptable and unacceptable behavior (i.e., rape culture)



BREAK OUT GROUP DISCUSSION In break-out groups, ask the training participants to discuss the following question- How might an adult survivor of child sexual abuse be affected by how their culture views:

- ▶ Children's roles in the community
- ▶ Child Sexual Violence
- ▶ Shame
- ▶ Responsibility
- ▶ Strength
- ▶ Healing





DEBRIEF Come back together as a large group and have the groups share what was discussed. Be sure to emphasize these points if they are shared:

- ▶ Cultural expectations and practices can be a source of hurt and healing to adult survivors of child sexual abuse.

- ▶ Hurt:
 - » Not being supported after disclosing

 - » Those in the community value the community's reputation over discussing sexual violence

 - » Expectation's around "virginity"

 - » Family is blamed or shunned for "not protecting their children"

- ▶ Healing:
 - » Community connections, or belonging to a group or groups, is so important for living through and coping with trauma. Sexual violence disconnects; building community reconnects.
 - » Finding support from someone who understands the different rituals, histories, foods, clothing, holidays, etc. that may be important to the survivor is helpful for the survivor's healing and connection.
 - » Cultural change and education builds community connectedness, offers a chance to repair relationships, and prevents child sexual abuse from happening in the future.
- ▶ While it is not the advocate's job to understand everything about someone else's culture, it is the advocate's job to be curious about how the survivor's culture impacts their healing and the sexual abuse they experienced as a child.



Lesson 8.3 What Does this Mean for Advocacy?

Estimated time: 2 hours



WATCH Play [BR Episode #7: How are Spirituality and Culture tied to Healing?](#)



Play from 19:26 (Advocacy practice: Culture and spirituality are also individual experience) to 23:00 (Spiritual healing can bring understanding of other spirituality).



LARGE GROUP DISCUSSION Ask the group the following question:

- ▶ what can advocates do to help adult survivors of child sexual abuse connect to their spirituality and culture as part of their healing?

After the participants share, make sure to emphasize the following points if they are not discussed:

- ▶ Be curious about the survivor's experience of their culture and faith and talk with them about:
 - » What their faith means to them
 - » What is their experience with spirituality
 - » What experiences do they have with their culture and/or cultural practices?
 - » How do they feel about their culture or heritage
 - » How has their spirituality and culture impacted their life?
- ▶ Help survivors reflect on these in a safe setting



BREAK OUT GROUP DISCUSSION Have the participants get into groups





WATCH Play [BR Episode #7: How are Spirituality and Culture tied to Healing?](#)



Play from 23:00 (Spiritual healing can bring understanding of other spirituality) to 36:05 (Don't feel afraid with the answers survivors give to questions: where do you find peace).

When the video has finished, have the group discuss:

- ▶ what cautions did the presenters raise about discussion of religion, faith, spirituality, and culture with survivors?



DEBRIEF Have the groups share what they discussed. Make sure to highlight the following points if they are not named:

- ▶ Ask questions about survivors' spirituality without judgment and for the purpose of assisting the survivor. It is not the role of the advocate to encourage your own belief or discourage another's. Instead, advocates should be curious.
 - » First, ask permission to discuss this. For example, "Sometimes people have experienced harm or healing in their spirituality, faith, or religion. Is that something you would like to chat more about with me? There is no pressure to discuss this with me, but I want you to know I am open to chatting about this if you'd ever like to." This is one way to ask permission. And because we all have different ways of using and expressing ourselves through language, it is so important that you be able to use language that reflects how you and the survivor prefer to communicate.



- » When it's appropriate, questions to consider are:
 - ◆ Does spirituality factor into your life?
 - ◆ Was spirituality part of the harm you experienced? Do you have an interest in incorporating spirituality as you define it, into your healing?
 - ◆ Are there any spiritual practices that are healing to you, or help you find a sense of security, hope, worth, or connection?
- ▶ Don't bring your spirituality in the conversation unless a survivor specifically asks.
 - » Survivors might accommodate your beliefs and will not have an authentic relationship with you.
- ▶ Everyone is influenced by their culture and has been affected by their culture differently.

- ▶ It is not the role of the advocate to judge a survivor for how they embrace, reject, or navigate their culture or heritage. Instead, advocates should ask questions to help survivors in their healing process.
 - » First, ask permission to discuss this. One way to ask permission is: “People’s cultural beliefs and identities can play a role in their harm and healing. Is your culture something you’d like to discuss with me? There is no pressure to discuss this with me, and I want you to know I am open to chatting about this if you’d ever like to.” Because we all have different ways of using and expressing ourselves through language, it is important that you are able to use language that reflects how the survivor prefers to communicate.
 - » Some questions to facilitate the conversation include:
 - ◆ How does your culture factor into your life?
 - ◆ Was your culture part of the harm you experienced?
 - ◆ Do you have an interest in incorporating your culture as you define it, into your healing? Are there any cultural practices (from their own culture or heritage) that are healing to you, or help you find a sense of security, hope, worth, or connection?





LARGE GROUP DISCUSSION As one group, ask that participants to discuss what advocacy skills they will use in discussing religion, faith, and spirituality with survivors. Make sure to cover these points if they are not brought up:

- ▶ Curiosity
- ▶ Active listening
- ▶ Openness and acceptance of differences
- ▶ Put your stuff away (religious beliefs or skepticism) and listen to what they feel, need, or want.
- ▶ Openness to learning



CONCLUSION Conclude this module with a grounding exercise or one of these reflective journal prompts:

- ▶ Reflective Journal Prompt: How do you feel about spirituality in your own life? What do you know about your spirituality? Where are you curious?
- ▶ Reflective Journal Prompt: How has your connection to your culture impacted your life? What do you wish you knew more about your culture?

NOTES FOR PREPARATION FOR Lesson 8.4, Bringing It All Together: Modules #7 & #8 Recap

Facilitators will review the previous two modules in some type of game with the participants (Jeopardy, Family Feud, etc.), as in Coping from Child Sexual Abuse into Adulthood (Lesson 2.5). The content in the game should be made up of the advocacy skills and terms identified in the modules. Facilitators might also consider adding questions specific to your area (i.e., traditional Indigenous names of geographical features, the year your coalition was founded, famous people from your area, the name of a plant or endangered species in your area, etc.). If possible, give a prize to the winners of the game.

- ▶ To do this for an in-person event, you will need the following:
 - » Game show buzzers, bells, etc.
 - » List of questions and correct answers
 - » A way to keep score

► For virtual training, some online platforms will allow you to do this as a timed quiz, like [Kahoot!](#), or as an online game show format. Here are some free basic options to try out below:

» [Jeopardy Labs](#)

» [Factile](#)



Lesson 8.4 Bringing It All Together: Modules #7 & #8 Recap

Estimated time: 1 hour



ACTIVITY Do some sort of review game to assist participants in remembering the content learned in the seventh and eighth modules. The content in the game should be made up of the advocacy skills and terms reviewed in the module. For suggestions on a review game, please refer to Notes for Preparation for Coping from Child Sexual Abuse Into Adulthood Module, page 280.

FURTHER LEARNING OPPORTUNITIES

ABOUT SPIRITUALITY AND CULTURE AS A PART OF HEALING

- ▶ [South Dakota Boarding School Survivors Detail Sexual Abuse](#) by Stephanie Woodard, Indian Country Today
- ▶ [‘Look what he’s taken from me’: the deadly toll of Catholic church sex abuse on Guam](#) by Anita Hofschneider (The Guardian)
- ▶ [Child Sexual Abuse Survivor Story: Daphne](#) by Saprea
- ▶ [The Medicine Wheel at Work | A BR Interview with Cristine Davidson](#) by the Resource Sharing Project
- ▶ [Enhancing Advocacy through a Healing Centered Approach](#) by Elevate | Uplift



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Time to Facilitate:
5 hours



MODULE #9

COMMUNITY BUILDING AS HEALING

MODULE SUMMARY

This is the last module and will focus on community building and creating space for the participants to start to plan and apply what they learned throughout the training. It will be important for the facilitators to emphasize collaboration, community, connection, and accountability throughout these lessons. Additionally, the facilitators should guide participants to think critically about their current community partnerships and how they can develop new and strengthen different ones.

COMMUNITY BUILDING AS HEALING LEARNING OBJECTIVES

- ▶ Applying the information learned in previous modules in the curriculum
- ▶ Examine why supporting survivors in creating community is healing for adult survivors of child sexual abuse
- ▶ Consider how your organization's approach to community collaborations can enhance or limit advocate's ability to support survivors in building community
- ▶ Examine your organization's current and future community partnerships in meeting the needs of adult survivors of child sexual abuse.

COMMUNITY BUILDING AS HEALING STRUCTURE

Time to facilitate: 4 Hours total

Lesson 9.1 Exploring Community Building (1 Hour)

Lesson 9.2 What Does that Mean for Our Advocacy (1.5 Hours)

Lesson 9.3 Closing the Circle (1.5 Hours)

MATERIALS NEEDED FOR COMMUNITY BUILDING AS HEALING MODULE

Lesson	In Person	Virtual
9.1	<ul style="list-style-type: none"> ▶ Computer ▶ Projector or large TV ▶ Speakers that participants can hear ▶ Video Building Resilience Conversation Series Episode 8: How Does Community Building Help Adult Survivors of Child Sexual Abuse Heal? by the Resource Sharing Project ▶ Copies of, or link to, Building Resilience Coloring Pages Episode 8 by the Resource Sharing Project 	<ul style="list-style-type: none"> ▶ Building Resilience Conversation Series Episode 8: How Does Community Building Help Adult Survivors of Child Sexual Abuse Heal? by the Resource Sharing Project ▶ Building Resilience Coloring Pages Episode 8 by the Resource Sharing Project

Lesson In Person

- 9.2
- ▶ Computer
 - ▶ Projector or large TV
 - ▶ Speakers that participants can hear
 - ▶ [Video Building Resilience Conversation Series Episode 8: How Does Community Building Help Adult Survivors of Child Sexual Abuse Heal? by the Resource Sharing Project](#)
 - ▶ [Copies of, or link to, Building Resilience Coloring Pages Episode 8 by the Resource Sharing Project](#)
 - ▶ [Copies of, or link to, Enhancing Knowledge: Discussion Guide Episode 8 by the Resource Sharing Project](#)

Virtual

- ▶ [Building Resilience Conversation Series Episode 8: How Does Community Building Help Adult Survivors of Child Sexual Abuse Heal? by the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Pages Episode 8 by the Resource Sharing Project](#)
- ▶ [Enhancing Knowledge: Discussion Guide Episode 8 by the Resource Sharing Project](#)



Lesson	In Person	Virtual
9.3	<ul style="list-style-type: none">▶ Whiteboard or chart tablets▶ Markers (dry-erase and permanent)▶ Large sticky notes▶ Paper▶ Writing utensils▶ Training evaluation	<ul style="list-style-type: none">▶ Mentimeter or some other live polling platform▶ Training evaluation

NOTES FOR PREPARATION FOR Lesson 9.1 Exploring Community Building

- ▶ Facilitators will lead a share-out with the small groups about their discussion during the DEBRIEF. The facilitator should listen closely for anything that makes participants feel less alone and be sure to recall and expand on these when ending this discussion.
- ▶ In the DEBRIEF, participants will name who helps them when they are having a hard time. Facilitators should take time to record these answers in preparation for step 3.
- ▶ In step 3, participants will again get into small groups. For ease, it is suggested that the participants stay in small groups between the first BREAK OUT GROUP DISCUSSION and the video DEBRIEF. If the groups are rearranged, however, it will not disrupt the flow of the lesson.

Lesson 9.1 Exploring Community Building

Estimated time: 1 hour



GROUNDING Open the module with a grounding exercise.



BREAK OUT GROUP DISCUSSION Have the participants get into groups and discuss the following questions:

- ▶ What helps you when you are having a hard time? Why do you think this is so helpful?

- ▶ Who helps you when you are having a hard time? What are some of the things they do that are helpful?



DEBRIEF Facilitate a report out and listen for how friends, family, clubs, or groups are involved in the answers. It is helpful for facilitators to write down, where participants can see, what was discussed. Highlight these at the end of the report-out.

When people report why these are so helpful, listen for anything that makes people feel less alone. For example, talking with a co-worker, friend, or family member.

Connect the answers that the participants gave to a discussion about who helps them (the participants) with community building.



Facilitator's Note: If it is helpful, verbalize the following points as they are written.

- ▶ Survivors who were sexually abused as children may not have connections or have strained connections to family or people from their childhoods because of the abuse.
- ▶ They might struggle with relationships generally because of the abuse.
- ▶ Imagine how helpful asking these questions would be to survivors who may have felt very alone in their childhoods or lives as adults because of the abuse. This may be the one of the few times someone in their life has asked these questions, and has the training and experience to give the survivor the support they need after they disclose.
- ▶ These questions could be the starting point for survivors' safety planning, as they might not have ever felt completely safe and may not know where to start in the process.



HANDOUT Distribute the [Building Resilience Coloring Page: Episode 8](#)



WATCH Play the video [BR Episode #8 How does Community Building Help Adult Survivors of Child Sexual Abuse?](#)



Play from 00:00 (Introduction) to 17:34 (Drawing Boundaries with Your Family)

In the same groups as before, have the training participants list what those in the video said they found most healing.

Once they have their list, have the participants discuss the following questions:

- ▶ What did the speakers say in the video about those actions that were healing to them?

- ▶ What else stuck out to you in the video?



DEBRIEF Have the groups come back together and share what they discussed. If not mentioned, make sure to highlight the following:

- ▶ Being in community is key to healing.
- ▶ Community connections or belonging to a group or groups is so important for living through, coping with, and healing from trauma.
- ▶ The complexity of families and people who caused harm makes community outside of family and broad definitions of family through community so important.
- ▶ Community can shift as people change. People may need different types of communities as they age, experience different traumas, or experience other circumstances in life.

NOTES FOR PREPARATION FOR Lesson 9.2 What Does This Mean for Our Advocacy

- ▶ In the DEBRIEF, participants will discuss who or what organizations or agencies they partner with as advocates. **Before starting this step, state coalition facilitators should explicitly encourage non-culturally specific organizations to build, maintain, and strengthen relationships with culturally specific service providers, agencies, and grassroots groups in their areas.** It may be helpful to display these points on a PowerPoint. Be sure to address, with examples, ways to:
 - » Begin a relationship with different cultures and populations in their area.
 - » Develop a strong relationship by demonstrating trust, being dependable, and maintaining consistent, clear, and honest communication.

- » Support culturally specific organizations in being the lead on funding applications if that is their priority. If a non-culturally specific (also known as “mainstream”) organization is the lead of a grant application, pay culturally specific organizations to work on the development of grant proposals and meaningfully center their priorities and suggestions; then compensate culturally specific organizations for their work when grants are awarded.
- » Support various groups in a genuine way.
- » Take accountability for past harm done by their organizations.
- ▶ Facilitators should adapt the list in DEBRIEF #2 and add specific activities and experiences relevant to your area’s cultures, populations, and environments.

Lesson 9.2 What Does this Mean for Advocacy?

Estimated time: 1.5 hours



WATCH Play [BR Episode #8 How does Community Building Help Adult Survivors of Child Sexual Abuse?](#)



Play from 17:34 (Drawing Boundaries with Your Family) to 25:17 (Love with Accountability)



BREAK OUT GROUP DISCUSSION Have the participants get into groups and discuss what they heard about how advocacy can support adult survivors of child sexual abuse.



DEBRIEF #1 After they share out, make sure to raise the following if they did not:

- ▶ Help survivors identify boundaries they can set with people who have harmed them.

Help survivors identify boundaries with family members that did not prevent sexual harm or didn't believe them.

- ▶ Help survivors identify boundaries they can set in new relationships (sexual relationships, family, and platonic).
- ▶ Help survivors be able to listen to their bodies about things, people, situations that might be too difficult for them.
- ▶ Help survivors feel okay with the complexity of relationships with family.
- ▶ Remember that advocates need to remain open and not judge the survivors for these decisions.
- ▶ Community and connections help survivors maneuver these challenges with support, and that is healing.
- ▶ Support survivors in meeting basic needs, like housing.

- ▶ Provide opportunities for relationship/community building:
 - » Support groups
 - » *paid* Survivor panels
 - » Survivors' Speak Out (survivors coming together to share their stories as a group as a one-time event)
 - » Skills exchange (teaching someone how to do something else and vice versa)
 - » Coordinating supported needed within the group (i.e., childcare, transportation, meal trains)



LARGE GROUP DISCUSSION As one group, have the participants discuss the following questions:

- ▶ With whom do you partner (what other organizations, groups, or agencies) as an advocate?
- ▶ How do these partnerships support your services for adult survivors of child sexual abuse? How do these partnerships help your program to serve the adult survivors of child sexual abuse that you may not have otherwise reached?
- ▶ What opportunities or specific spaces does your organization offer so that adult survivors of child sexual abuse can connect with other adult survivors of child sexual abuse? With other survivors? With other community members?
- ▶ Do any of these partnerships harm survivors or not meet the needs of adult survivors of child sexual abuse?
- ▶ Who is missing from your list of community partnerships? What does this say about which survivors you may be missing and/or not serving to the best of your ability?



BREAK OUT GROUP DISCUSSION Break out into small groups and fill out the [Enhancing Knowledge: Discussion Guide Episode 8](#) to come up with a list of people, organizations, and agencies your program can partner with to support adult survivors of child sexual abuse.



DEBRIEF #2 As one group, have the participants share what they discussed in their small groups. Make sure these ideas are raised if they are not named:

- ▶ Animal rescue and shelter groups
- ▶ Hiking clubs
- ▶ Community gardens
- ▶ Faith groups
- ▶ Agricultural groups, like 4H
- ▶ Sewing/knitting/crochet/craft groups
- ▶ Cooking or recipe exchange groups
- ▶ Book clubs
- ▶ Peer programs or support

- ▶ Running or cycling groups
- ▶ Storytelling
- ▶ Choirs
- ▶ Dance and theatre troupes
- ▶ Art groups
- ▶ Music groups
- ▶ Group gaming
- ▶ Animal therapy
- ▶ Drum circles
- ▶ Community activist groups
- ▶ Labor unions
- ▶ Tenant and housing justice organizers

End the discussion by emphasizing that community is a key factor in healing from sexual violence, and community ideas should be relevant and appropriate to your geographic and cultural communities, not appropriative.



CONCLUSION Conclude this lesson with a grounding exercise or the reflective journal prompt:

- ▶ What is one group or organization in your community (that is not another sexual violence responder) that you want to strengthen your relationship with as an advocate? What tangible steps can you take within the next week to strengthen your relationship with them? Within the next month? Within the next six months? Within the next year?

NOTES FOR PREPARATION FOR Lesson 9.3 Closing the Circle

- ▶ Facilitators will do a large group check-out to end the training series. If this activity is not the endpoint of the training (i.e., content was added or removed), move this lesson to where it is appropriate.
 - » For an in-person training, the facilitators may want to facilitate a large group discussion with the suggested questions in the lesson, or they can do a sticky note activity like that in How Child Sexual Abuse Impacts Relationships, Lesson 4.5 Midway Check-In.
 - » For virtual training, the facilitators may want to facilitate a large group discussion or use a virtual platform like Menti-meter (which has a free basic subscription) or another live polling tool and ask the suggested questions in the module. Facilitators should adapt the questions best for their training style and participant needs.

- » Facilitators may want to close the training with a celebration marking the end and thanking the participants for their participation. For inspiration and ideas for how to close out the training, please refer to the Organizational Support for Advocacy Training section of the [Foundations of Advocacy Training Manual](#) from the Resource Sharing Project and the National Sexual Violence Resource Center.
- ▶ Facilitators will end the training by distributing a training evaluation. Facilitators might want to use the one in the [Foundations of Advocacy Training Manual](#) on page 31 or another evaluation method that best fits their needs, such as filling out a survey, or conducting interviews after the training has ended with the participants, guest presenters, interpreters, and all others who were involved in the training.

Lesson 9.3 Closing the Circle

Estimated time: 1.5 hours



LARGE GROUP DISCUSSION Congratulate the participants for completing the training. Facilitate a group discussion with the following questions:

- ▶ What are your biggest takeaways from this training?
- ▶ What are some of the things you learned?
- ▶ What are you still curious to know more about?
- ▶ What is at least one thing you learned in the training that you want to implement in your program

Facilitators may want to take notes on the discussion, either for participants to see or for their own notes, as part of the training evaluation.



HANDOUT Before closing out the training, be sure to distribute an evaluation.

FURTHER LEARNING OPPORTUNITIES ABOUT COMMUNITY BUILDING AS HEALING

- ▶ [How Does Cultural Appropriation Affect Rural Sexual Assault Services?](#) by the Resource Sharing Project
- ▶ [Envisioning our Programs as Community Spaces: Building Community Involvement in Rural Programs Part 1](#) by the Resource Sharing Project
- ▶ [Youth as Our Leaders, Now & Future: Building Community Involvement in Rural Programs Part 2](#) by Engaging Voices and the Resource Sharing Project
- ▶ [Pods and Pod Mapping Worksheet](#) by Mia Mingus for the Bay Area Transformative Justice Collective
- ▶ [Advice for Muslim & South Asian Survivors](#) by Sobia S., student survivor, Equal Right Advocates
- ▶ [Love WITH Accountability: Digging Up the Roots of Child Sexual Abuse](#) edited by Aishah Shahidah Simmons
- ▶ [Sharing your Voice through Activism | A BR Interview with Aishah Shahidah Simmons](#) by the Resource Sharing Project
- ▶ [Art as Sustenance | A BR Interview with Mel Phillips](#) by the Resource Sharing Project



CONCLUSION

Advocacy is an art more than a science. Great advocates bring curiosity and compassion to each interaction with a survivor and use their skills to help each survivor navigate a personal and unique path to healing. But advocates are only as great as the organizations that nurture and teach them. In this learning community you built with advocates, you've explored the realities of child sexual abuse, and how survivors cope into adulthood. You have taught them about how child sexual abuse impacts the body and relationships. You now have a collective vision for healing and shared understanding of how advocates can support survivors' healing. That vision of healing includes the body, sexuality, spirituality, culture, and community.

As you send advocates back to their work after this training, remember that fully developing advocates' abilities and strengths takes ongoing compassionate and creative support. These resources will help you maintain your learning community on adult survivors of child sexual abuse into the future:

- ▶ [Building Cultures of Care: A Guide for Sexual Assault Services Programs](#) by the Resource Sharing Project and the National Sexual Violence Resource Center

- ▶ [Change Starts Within: Strengthening Services through Supervision](#) by the Resource Sharing Project and the National Sexual Violence Resource Center

- ▶ [Holistic Healing Services for Survivors](#) by the Resource Sharing Project

- ▶ [Picturing Your Program: Planning for Organizational Growth](#) by the Resource Sharing Project and the National Sexual Violence Resource Center

- ▶ [Strengthening Our Practice: The Ten Essential Strengths of Sexual Violence Victim Advocates in Dual/Multi-Service Advocacy Agencies](#) by the Resource Sharing Project

On our [Building Resilience page](#), there are many resources to take your learning on child sexual abuse deeper and to help advocates build their skills. You can watch the full Conversation Series, learn how to support adult survivors of child sexual abuse in shelter, explore a toolkit on mental health and substance use, and even find materials for survivors to use in their healing.

Take a deep breath.

Know that you are valued.

Know that your compassion and creativity help people heal.

Rest.

GLOSSARY OF TERMS: THE REALITIES OF CHILD SEXUAL ABUSE

FOR LESSON 1.2 GLOSSARY OF TERMS

In the chart are the terms for the Activity Glossary of Terms 1.2 on page 58. While definitions and justifications are provided above, training facilitators are highly encouraged to modify them to meet and reflect the cultural needs in their communities.

TERM	DEFINITION	JUSTIFICATION
ableism	Ableism is a set of beliefs or practices that devalue and discriminate against people with physical, intellectual, or psychiatric disabilities and often rests on the assumption that disabled people need to be 'fixed' in one form or the other (Center for Disability Rights, 2023).	Implies that those who are "able-bodied" are more valued; includes different types of disabilities in the definition

TERM	DEFINITION	JUSTIFICATION
accountability	<p>“...The intention behind accountability is not one of shame, guilt, or punishment -- but one of growth, learning, and care. We don’t want to respond to harm -- we want to change the conditions that enable that harm to take place” (Rad HR, 2022).</p>	<p>Explains the intention and the goals of accountability (i.e., change the conditions that enabled the harm to take place).</p>
anti-blackness	<p>The unique discrimination, violence, and harms imposed on and impacting Black people specifically (Movement for Black Lives, 2023).</p>	<p>Includes violence, harms, and discrimination, which are different yet related, and can be applied to situations that happen in systems and in the community alike.</p>

TERM	DEFINITION	JUSTIFICATION
anti-Indigeneity	Clear intentions to assimilate or eliminate Indigenous people; the core of anti-Indigeneity is in opposition to self-determination, political and cultural autonomy, and the right to maintain, use, and protect traditional territories and resources (The Anti-Indigenous Handbook, September 25, 2025, by Tristan Ahtone).	Includes the different way genocides of Indigenous people happen (elimination of political, cultural, and land self-determination), which goes beyond the physical killing of communities. It also includes autonomy of land and resources, which furthers the conversation of how land ownership is related to colonization.
child sexual abuse	Sexual violence that happens to children (Resource Sharing Project, 2023). Justification	This definition is broad enough and can include several types of conduct or behaviors.

TERM	DEFINITION	JUSTIFICATION
cissexism	The belief or assumption that cis people's gender identities, expressions, and embodiments are more natural and legitimate than those of trans people (Outspoken: A Decade of Transgender Activism and Trans Feminism by Julia Serano, 2016).	Cissexism is better known as transphobia but this definition was chosen because it puts the responsibility of bias, discrimination, and upholding systems of oppression on those in power, in this case, cis people, or people who identify with the gender they were assigned at birth.

TERM	DEFINITION	JUSTIFICATION
colonization	<p>“Colonization can be defined as some form of invasion, dispossession, and subjugation of a people. The invasion need not be military; it can begin -- or continue -- as geographical intrusion in the form of agricultural, urban, or industrial encroachments. The result of such incursion is the dispossession of vast amounts of lands from the original inhabitants. This is often legalized after the fact. The long-term result of such massive dispossession is institutionalized inequality. The colonizer/colonized relationship is by nature an unequal one that benefits the colonizer at the expense of the colonized” (Racial Equity Tools, 2020).</p>	<p>Includes the relationship between colonizer and those who are colonized; includes dispossession of resources, and that colonization is often legalized by the government doing the colonizing.</p>

TERM	DEFINITION	JUSTIFICATION
coping	To deal with and attempt to overcome problems and difficulties (Merriam Webster Dictionary, 2023).	Describes the term in a neutral way, without including whether the attempt solves the issue.
grooming	Broadly refers to the behaviors and tactics that harm does* use to manipulate children, their guardians, and their surroundings to facilitate sexual abuse while decreasing the likelihood of disclosure or detection (Identification of Red-Flag Sexual Grooming Behaviors , Psychology Today, 2023).	Describes the process of grooming that's not limited to only the survivor but those around them as well
	The word that has an asterisk in this definition has been changed for use in this curriculum.	

TERM	DEFINITION	JUSTIFICATION
harm	Physical or mental damage or injury; something that causes someone or something to be hurt, broken, made less valuable or successful (The Britannica Dictionary, 2023).	Describes the term in a broad way and does not include the intent of anyone involved.
harm doer	A person who does or causes the harm (Resource Sharing Project, 2023).	Also known as the perpetrator, abuser, or person who caused harm. A broad way to describe the term that doesn't just limit the discussion to sexual abuse, it can also include grooming, manipulation, etc. Using "person who caused harm" can reinforce the idea of people first language.

TERM	DEFINITION	JUSTIFICATION
healing	<p>Healing means caring for the many parts of oneself that have been interrupted by trauma: physical, emotional, social, mental, spiritual, and more. Healing takes time. Everyone's needs are unique to their experience and may change over time (Healing Services for Survivors of Child sexual Abuse, a course for SASP Administrators, Resource Sharing Project, 2021).</p>	<p>Includes the specific Areas of Hurt and Healing which are discussed in the curriculum.</p>

TERM	DEFINITION	JUSTIFICATION
heterosexism	<p>Heterosexism (sometimes referred to as homophobia), is defined as: “the marginalization and/or oppression of people who are lesbian, gay, bisexual, queer, and/or asexual, based on the belief that heterosexuality is the norm.” This means that heterosexism is based on the idea that romantic and/or sexual relationships and feelings between a man and a woman is acceptable, and that all other relationships or feelings are unacceptable or outside the “norm” (What is Heterosexism and What Can I do About It?, Anti-Defamation League, 2019).</p>	<p>Highlights which relationships are seen as the norm; this definition was chosen because it puts responsibility of bias, discrimination, and upholding systems of oppression on those in power, in this case heterosexual or “straight” people.</p>

TERM	DEFINITION	JUSTIFICATION
incest	Sexual abuse that is committed by one family member against another. Also called familial sexual abuse, incest can be committed by a parent, sibling, other family member, or an unrelated person living with, or treated as, part of the family (Minnesota Coalition Against Sexual Assault Glossary, 2023).	This definition is broad enough and includes live-in partners of family members who may not technically be related, and others that are considered family with no legal relationship.

TERM	DEFINITION	JUSTIFICATION
mental health	“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make...choices” (Not Damaged, Not Broken: Exploring Mental Health & Substance Use with Adult Survivors of Child Sexual Abuse, Resource Sharing Project, 2021).	Inclusive definition that includes thoughts, feelings, stress, and making choices.

TERM	DEFINITION	JUSTIFICATION
oppression	The use of power to marginalize, silence, or otherwise subordinate one social group, often to further privilege the oppressing and/ or dominant person or group. Oppression = prejudice + power (Healing Services for Survivors of Child Sexual Abuse, a course for SASP administrators by the Resource Sharing Project, 2021).	Includes power and privilege in the definition.

TERM	DEFINITION	JUSTIFICATION
power	<p>(A) The ability to name or define. (B) The ability to decide. (C) The ability to set the rule, standard, or policy. (D) The ability to change the rule, standard, or policy to serve your needs, wants, or desires. (E) The ability to influence decision makers to make choices in favor of your cause, issue, or concern. Each of these definitions can manifest on personal, social, institutional, or structural levels (Racial Equity Tools, 2020).</p>	Defines all the ways power is used on different levels, both within and outside of formal systems.

TERM	DEFINITION	JUSTIFICATION
racism	<p>Racism = race prejudice + social and institutional power</p> <p>Racism = a system of advantage based on race</p> <p>Racism = a system of oppression based on race</p> <p>Racism = a white supremacy system</p> <p>Racism is different from racial prejudice, hatred, or discrimination. Racism is when the power elite of one group, the white group, has the power to carry out systematic discrimination through the institutional policies and practices of society while shaping the cultural beliefs and values that support those racist policies and practices (Dismantling Racism Works web workbook, 2021).</p>	<p>Includes power, policies, systems, whiteness, and practices; shows how these concepts work together to perpetuate racism.</p>

TERM	DEFINITION	JUSTIFICATION
sexism	Sexism is prejudice and discrimination against people based on their sex or gender (Medical News Today, 2021).	While this definition was chosen because it was broad, it's important to know sexism also includes the belief or assumption that men are more valuable than people of other genders.
triggers	An environmental or emotional cue related to the trauma (e.g. a sound, a sensation, or an emotion). Being triggered might bring up the feelings of fear, powerlessness, or hopelessness that were present during the sexual violence (Rural Advocacy Through a Healing Lens, Resource Sharing Project, 2023).	Includes various things that could be triggers and the emotions it involves.

TERM	DEFINITION	JUSTIFICATION
violence	“The intentional use of physical force or power threatened or actual, against oneself, another person, or against a group or community...” (World Health Organization, 2002).	Includes the intentional use of power (instead of focusing on the intentions of those in power) and includes community, not just individuals.

<p>SURVIVOR PROMPT CONVERSATION #1:</p> <p>Observe and appease the advocate.</p>	<p>Survivor</p>
<p>SURVIVOR PROMPT CONVERSATION #2:</p> <p>talk about the last time you went to the grocery store. Stream of consciousness and all over the place... Don't talk about your feelings except how you felt in the grocery store.</p>	<p>Survivor</p>
<p>SURVIVOR PROMPT CONVERSATION #3:</p> <p>everything the other person tells you may not be true except when you ask them a yes or no question.</p>	<p>Survivor</p>
<p>SURVIVOR PROMPT CONVERSATION #4:</p> <p>you are impatient and frustrated and want to end the conversation as soon as possible.</p>	<p>Survivor</p>

**ADVOCATE PROMPT
CONVERSATION #1:**

You have 10 minutes to figure out what the survivor needs from the grocery store and get back to the office for your next meeting.

Advocate

**ADVOCATE PROMPT
CONVERSATION #2:**

you only have 10 minutes to talk to the survivor and find out how they are feeling today.

Advocate

**ADVOCATE PROMPT
CONVERSATION #3:**

you have 10 minutes to tell them what you like about grocery shopping.

Advocate

**ADVOCATE PROMPT
CONVERSATION #4:**

you have 10 minutes to get the person to tell you about their hopes and dreams.

Advocate

HEALING IN MOTION: A VISION FOR HEALING - CHOICE POINTS SCENARIOS

FACILITATOR COPY

Please note that the following scenarios have the “Why this Scenario” and “Context” sections for each scenario. These are notes to explain to the facilitator why these scenarios were chosen and **SHOULD NOT BE GIVEN TO THE TRAINING PARTICIPANTS**. Trainers need to create and print separate documents with just the scenarios to distribute to the participants during the training.

Printable copies of scenarios for participants are available on page xxx.

Scenario #1

Alma, a Latine person in their thirties, comes to your office for an advocacy appointment; they had called the helpline a few nights ago and decided to come in to talk more. Alma tells you they were “messed with” when they were a child. They have been experiencing some pain in their abdomen, and their primary care doctor referred them to a gynecologist for more tests. Alma tells you they’ve never been to a gynecologist because they can’t bear the thought of anyone looking at or touching “down there.” They tried calling the gynecologist’s office but kept panicking and hanging up. As you get to know Alma better, you learn that they are very active at their community center and love gardening (they even give you a few tips on the office’s garden!).

Why this scenario

Advocates sometimes try to define survivors' experiences (i.e., what does Alma mean when by "messed with") instead of focusing on the fact that someone is reaching out. It is also important that advocates can recognize, become familiar with, and use someone's pronouns (in this scenario, the person uses they/their/them pronouns) that align with their gender identity. Advocates should also realize the importance of helplines as a service that survivors can access across distances, anonymously, and at any time. Lastly, advocates should be able to identify opportunities for and to provide medical advocacy to survivors beyond medical forensic exams.

Please note that the term Latine was used in this scenario to be inclusive of nonbinary genders. [For more information on this topic, please check out the article *Latino, Latinx, Hispanic, or Latine? Which Term Should You Use?* by Vanesha McGee \(Best Colleges\).](#)

Context

Alma is a Latine non-binary person, and their identities may impact their sexual violence experience and other life experiences (i.e., racism and cissexism; Latine and nonbinary people experience high rates of sexual violence). They have also explicitly named something that could be their healing strategy (gardening). Alma also stated that they have anxiety around receiving medical care, which is another choice point, and potentially a place for advocacy (e.g., whether or not to make an appointment, going with Alma to appointments, being on the phone while making appointments, doing scenario work to prepare for the appointment, using the medical advocacy survivor guide, following up after the appointment, etc.).

Scenario #2

Lucy is a 43-year-old woman who was sexually abused by her father, Mike. Lucy never told anyone. Until recently, she felt like the abuse wasn't affecting her daily life and thought she had put it behind her. Recently, Lucy's 13-year-old niece, Tiffany, revealed that Mike sexually abused her as well. Tiffany and her parents are not angry with Lucy; Lucy and Lucy's girlfriend, Melinda, have been important supports for Tiffany. However, Lucy is distraught with guilt and shame. While talking with Lucy, you noticed some fresh cuts on her arms. Lucy acknowledges the cuts, blushing and saying, "Well, I guess it's what I deserve." Tiffany and her parents are getting support from one of your coworkers while you serve Lucy.

Why this scenario

Advocates need to understand that this pain may be fresh for Lucy for several reasons, but namely, 1) she never talked about it and 2) the person that harmed Lucy harmed someone close to her too. This pain will also be very intimate to her and her family because a parent caused the harm; this is someone they likely lived with, depended on, and trusted in many instances. Advocates often judge people whose coping mechanisms they may disagree with and may say the solution is for Lucy to stop that behavior instead of exploring what that coping mechanism provides the survivor.

Context

The oppressions that Lucy faces may impact her sexual violence and other life experiences (i.e., sexism and heterosexism; queer women experience high rates of sexual violence). Lucy has never told anyone, so she may be retraumatized often and may be disclosing and working through the various parts of her trauma for the first time. Because the person that sexually abused Lucy was a parent, Lucy may also experience victim blaming from other people close to her (e.g., blaming her for not speaking up and accusing her of lying about what happened). Lucy is also blaming herself for what happened, and that could be a point for advocacy (i.e., “only the person responsible for sexually abusing someone is the person who abused them,” “children are targeted for abuse because they are deemed as less credible, more accessible, and more vulnerable”). Lucy is also engaging in self-harm, which could be a place for an advocate’s curiosity (i.e., “what purpose does that serve you? When does that behavior feel good for you? When has that behavior felt harmful for you?”) and connection with resources, trigger planning, coping skills, and grounding skills. Lucy also seems to have some people as supports in her life, one of whom has been through a similar experience (i.e., Tiffany, and her partner, Melinda).

Scenario #3

Devon, an African American man in his forties, calls you on the helpline after a flashback. He is a long-term client of the center and occasionally calls the hotline. You know from experience with Devon that he suffered years of sexual abuse by his now-deceased grandfather. He does not mention specifics about the abuse on this call, just the flashback and how scared he feels now. Devon has migraines and Crohn's disease, a chronic gastro-intestinal disorder. Tonight, he got scared after the flashback and couldn't calm down. He tells you, "It won't stop, it won't stop. Please make him stop..." He doesn't feel safe and is scared to move out of the chair he's sitting in right now. He hasn't left the chair for 3 hours now, although he needs to take his medication. He tried praying and reaching his church deacon, who could always calm him and make him feel safe, but she didn't answer the phone.

Why this scenario

Advocates need to remember that advocacy is a renewable resource that survivors should be able to use whenever they need it, even if they have been utilizing services already. Additionally, advocates tend to focus on the available legal and tangible remedies, specifically how to punish the person that harmed the survivor. That person in Devon's scenario is no longer living, so much of his advocacy, if not all of it, can focus on his long-term healing and safety/trigger planning. Lastly, advocates may want to focus on getting the survivor to take his medicine as the first course of action. It's important that the advocates help Devon identify his choices and not quickly try to assess and prioritize his needs for him.

Context

Devon is an African American man, and the oppressions he experienced may impact his sexual violence experience and other life experiences (i.e., anti-Blackness, racism; Black men experience high rates of sexual violence yet are hypersexualized and perceived to be sexual aggressors). Devon also has a disability that may impact his ability to navigate systems, specifically the medical systems. Devon already has a coping mechanism that he has tried (i.e., praying) and a support system (church deacon), so advocates can explore a different safety plan with him (e.g., "I'm here to talk to you if you would like, but is there someone else you trust who might be able to help you calm down?" "What has your deacon done in the past to help you calm down? Would you like to try that now?") and help him in the moment with some grounding techniques. These supports also point to spirituality being an important part of his healing journey.

This may also be an opportunity to validate Devon's feelings about being triggered and to identify choice points he can make while sitting in the chair ("Does it feel better to have your eyes open or closed? "Would it help if we did a breathing exercise together?" "What can I do at this moment to help you?" "Would it help to focus on something else?").

Scenario #4

John is a 29-year-old-Native man and a beloved high school football coach who does a lot to mentor young men in your community. One night while filling in on your agency's helpline, you got a call from John. He tells you that he's in jail. He tells you while he was out fundraising for the team with some of the other coaches, someone took a picture of him without asking, and "I just snapped." He tells you that he punched the person several times before he came to. "I don't remember hitting him or stopping," he says, but he tells you that he always hated having his picture taken. After a few seconds of silence, he says, "I think that has something to do with my peewee coach taking naked pictures of us kids in the locker room. I don't know." He assures you that the coach didn't touch him, but he thinks he also recorded some videos of John and another one of his teammates in the shower. After listening a bit more, John tells you that he just wants to go home tonight because he's worried about his wife, who's close to giving birth to their first child, and about losing his job.

Why this scenario

Advocacy programs often do not know how to provide direct advocacy support for survivors who are in prison, despite 1) many people who are in prison have experienced sexual violence and 2) many people will experience sexual violence while incarcerated. Additionally, many programs do not have the knowledge, support, or infrastructure to advocate for incarcerated people. Programs need to establish policies and procedures to advocate for those incarcerated in nearby facilities. This scenario also exemplifies one of the results of the sexual abuse-to-prison pipeline. Advocates may hold some bias towards those in prison and towards those who are incarcerated for doing sexual harm. Therefore, advocates need to be aware of this bias and remember that advocates should provide support no matter where a survivor is in their community. It's also important that advocates can identify and support survivors who've experienced noncontact sexual violence.

Context

The oppressions John face may impact his sexual violence experience and other life experiences (i.e., anti-indigeneity, racism; Native men are perceived as sexual aggressors despite experiencing high rates of sexual violence; Native men are incarcerated at a high rate). There may also be an opportunity to discuss with John about trauma responses to sexual violence (i.e., "It sounds like your fight response was activated"), validate his feelings, and give him space to process his experience on the phone. Additionally, survivors who are incarcerated have limited options, so it's important that advocates are creative with the choices they provide to John ("Do you want to think of who can go check on your wife?"), but are also clear that the choices he has may be limited and not ideal ("What can I do to help you while we're still on the phone?" "I don't think you will be able to leave tonight. What can we do to help you stay regulated until you may be released?").

Scenario #5

Nour is an 82-year-old woman driven by her son to your office. In Turkish, she asks her son to wait outside for her and tells you she wants to discuss what happened to her as a child. Years ago, when she was a child walking to school, a person she didn't know sexually assaulted her. "It was very bad. I only told my father and brother what happened. My father made us leave Istanbul shortly after, and my brother said it was my fault." Nour loves driving and walking around her neighborhood, which she now finds hard due to arthritis. "I feel so alone now that I can't easily walk or drive to the community center and speak with my neighbors." Nour also whispers that her son steals money from her when she's not in the house they now share. Nour tells you that she doesn't want to tell her son to leave, but she doesn't want him to keep taking her money.

Why this scenario

Nonculturally specific advocacy programs often struggle to provide language interpretation and translation services as a crucial part of their program (and their program's budget). Because Nour is actively experiencing harm (i.e., elder abuse), advocates may want to focus on the available legal and tangible remedies, specifically how to "hold her son accountable through the criminal legal system" and "get her away from him." Some advocates may want to prioritize addressing her son's actions before assisting her in identifying her choices and making a choice that is the best for her. Many older adults have experienced child sexual abuse that continues to affect them throughout their lifetime. Advocates need to provide services no matter when they seek them out. Furthermore, doing restorative work and focusing on relationship building are advocacy skills that utilize a healing approach, yet these tools are often not valued as part of sexual violence services.

Context

The oppression Nour faces may impact her sexual violence and other life experiences (racism, sexism, xenophobia, ageism, ableism; immigrant survivors, in particular, experience higher rates of sexual violence; her son may view her weakening physical ability as an opportunity to take money from her). This may be an opportunity to reinforce that she did not have choices as a child (experiencing sexual violence, immigrating to the U.S.), but the choices she makes now will be supported by the advocate (how to navigate living with her son, what advocacy services are available and in what language she receives them in, etc.). Nour has also identified some things that help her cope (i.e., driving, walking around the neighborhood), so advocates can help her determine what choices she still has to heal even with her body changing and her advancing disability ("What about driving do you enjoy?" "I read somewhere that swimming is easier on your joints. Would you like to explore that option?" "Could we maybe work out a way to get you to the community center a couple of times a week?"). Additionally, she identifies as Turkish, so finding healing and choice points around her culture may also be helpful. Nour also has choices and may want to discuss her options for safety planning and setting boundaries with her son.

HEALING IN MOTION: A VISION FOR HEALING - CHOICE POINTS SCENARIOS

PARTICIPANT COPY

Scenario #1

Alma, a Latine person in their thirties, comes to your office for an advocacy appointment; they had called the helpline a few nights ago and decided to come in to talk more. Alma tells you they were “messed with” when they were a child. They have been experiencing some pain in their abdomen, and their primary care doctor referred them to a gynecologist for more tests. Alma tells you they’ve never been to a gynecologist because they can’t bear the thought of anyone looking at or touching “down there.” They tried calling the gynecologist’s office but kept panicking and hanging up. As you get to know Alma better, you learn that they are very active at their community center and love gardening (they even give you a few tips on the office’s garden!).

Scenario #2

Lucy is a 43-year-old woman who was sexually abused by her father, Mike. Lucy never told anyone. Until recently, she felt like the abuse wasn't affecting her daily life and thought she had put it behind her. Recently, Lucy's 13-year-old niece, Tiffany, revealed that Mike sexually abused her as well. Tiffany and her parents are not angry with Lucy; Lucy and Lucy's girlfriend, Melinda, have been important supports for Tiffany. However, Lucy is distraught with guilt and shame. While talking with Lucy, you noticed some fresh cuts on her arms. Lucy acknowledges the cuts, blushing and saying, "Well, I guess it's what I deserve." Tiffany and her parents are getting support from one of your coworkers while you serve Lucy.

Scenario #3

Devon, an African American man in his forties, calls you on the helpline after a flashback. He is a long-term client of the center and occasionally calls the hotline. You know from experience with Devon that he suffered years of sexual abuse by his now-deceased grandfather. He does not mention specifics about the abuse on this call, just the flashback and how scared he feels now. Devon has migraines and Crohn's disease, a chronic gastro-intestinal disorder. Tonight, he got scared after the flashback and couldn't calm down. He tells you, "It won't stop, it won't stop. Please make him stop..." He doesn't feel safe and is scared to move out of the chair he's sitting in right now. He hasn't left the chair for 3 hours now, although he needs to take his medication. He tried praying and reaching his church deacon, who could always calm him and make him feel safe, but she didn't answer the phone.

Scenario #4

John is a 29-year-old-Native man and a beloved high school football coach who does a lot to mentor young men in your community. One night while filling in on your agency's helpline, you got a call from John. He tells you that he's in jail. He tells you while he was out fundraising for the team with some of the other coaches, someone took a picture of him without asking, and "I just snapped." He tells you that he punched the person several times before he came to. "I don't remember hitting him or stopping," he says, but he tells you that he always hated having his picture taken. After a few seconds of silence, he says, "I think that has something to do with my peewee coach taking naked pictures of us kids in the locker room. I don't know." He assures you that the coach didn't touch him, but he thinks he also recorded some videos of John and another one of his teammates in the shower. After listening a bit more, John tells you that he just wants to go home tonight because he's worried about his wife, who's close to giving birth to their first child, and about losing his job.

Scenario #5

Nour is an 82-year-old woman driven by her son to your office. In Turkish, she asks her son to wait outside for her and tells you she wants to discuss what happened to her as a child. Years ago, when she was a child walking to school, a person she didn't know sexually assaulted her. "It was very bad. I only told my father and brother what happened. My father made us leave Istanbul shortly after, and my brother said it was my fault." Nour loves driving and walking around her neighborhood, which she now finds hard due to arthritis. "I feel so alone now that I can't easily walk or drive to the community center and speak with my neighbors." Nour also whispers that her son steals money from her when she's not in the house they now share. Nour tells you that she doesn't want to tell her son to leave, but she doesn't want him to keep taking her money.

GLOSSARY OF TERMS: INCORPORATING THE BODY INTO HEALING

FOR LESSON 6.1 UNDERSTANDING TRAUMA & DISSOCIATION

In the chart are the terms for the Activity Incorporating the Body Into Healing, Lesson 6.1, Understanding Trauma & Dissociation on page XX. While definitions and justifications are provided above, training facilitators are highly encouraged to modify them to meet and reflect the cultural needs in their communities.

TERM	DEFINITION	JUSTIFICATION
body attunement	Refers to how aware you are of your body, what you know and what you actually do for and with your body (Body Intelligence: A Guide to Self-Attunement, 2012).	This definition is

TERM	DEFINITION	JUSTIFICATION
trauma	<p>Trauma is defined as an experience that causes overwhelming stress. The body and mind struggle to cope with a traumatic event - not just physically, but emotionally, socially, and spiritually too. "Trauma is an experience, series of experiences, and/or impacts from social conditions, that break or betray our inherent need for safety, belonging, and dignity" (Haines, Staci, as quoted in Resource Sharing Project, 2021).</p>	<p>This definition includes overwhelming stress, how trauma is more than just physical or emotional stress, and how trauma impacts several areas of peoples' lives (need for safety, belonging, and dignity).</p>

TERM	DEFINITION	JUSTIFICATION
triggers	<p>An environmental or emotional cue related to the trauma (e.g. a sound, a sensation, or an emotion). Being triggered might bring up the feelings of fear, powerlessness, or hopelessness that were present during the sexual violence (Rural Advocacy Through a Healing Lens, Resource Sharing Project, 2023).</p>	<p>Includes various things that could be triggers and the emotions it involves.</p>

TERM	DEFINITION	JUSTIFICATION
PTSD	<p>A real disorder that develops when a person has experienced or witnessed a scary, shocking, terrifying, or dangerous event. These stressful or traumatic events usually involve a situation where someone's life has been threatened or severe injury has occurred. Children and adults with PTSD may feel anxious or stressed even when they are not in present danger (SAMHSA, 2023).</p>	<p>It should be noted that the actual disorder is a medical diagnosis; having post-traumatic stress is normal after trauma.</p>

TERM	DEFINITION	JUSTIFICATION
flashbacks	A flashback is a vivid experience in which you relive some aspects of a traumatic event or feel as if it is happening right now. This can sometimes be like watching a video of what happened, but flashbacks do not necessarily involve seeing images, or reliving events from start to finish (Mind, 2023).	Includes past trauma and the term present; instead of “perceived danged or seems harmful” implying that what the survivor is experiencing isn’t real.

TERM	DEFINITION	JUSTIFICATION
grounding	<p>Grounding is the feeling of being present and connected in the here and now. Trauma can make survivors feel lost in time and space or overwhelmed by their emotions. Grounding is helpful when survivors are triggered, leading them to re-experience parts of a traumatic incident. In that moment, survivors are caught in the past. Grounding lessens the distress of flashbacks and helps bring survivors back into the present. Grounding is also a helpful tool for survivors to use in situations that could be triggering (Resource Sharing Project, 2022).</p>	<p>Includes feeling present and connected, and how grounding is connected to triggers.</p>

OUR SEXUAL VALUES AS ADVOCATES

FOR LESSON 7.2 DEEPENING OUR UNDERSTANDING

Thinking about sex and sexuality can feel awkward, uncomfortable, confusing, and emotional. It can also feel pleasant, amusing, exciting, hopeful and help people feel connected. It may feel like a mixture of these emotions and others, and these feelings may evolve throughout a person's lifetime.

The purpose of this assessment is to do some self-reflection about:

- ▶ What factors influence your feelings and thoughts around sex and sexuality,
- ▶ your core beliefs and attitudes regarding different sexual situations and experiences, and
- ▶ how those core beliefs and attitudes may impact the advocacy you provide to assist adult survivors of child sexual abuse in navigating sex and sexuality.

While this is not an all-encompassing list of questions, it is meant as a starting point for sexual violence advocates to gauge their feelings and their needs. The first parts of the assessment (Sections 1 and 2) should be used for advocates' individual reflection. The last section (Section 3) can be shared with the advocate's supervisors and organizations to assess their current capacity to support adult survivors of child sexual abuse who want to explore their sexuality.

Section 1: External Factors

The purpose of this section is to evaluate the influence core beliefs and attitudes from external areas have on your present ideas about sexual practices. Please reflect on these questions in the space provided.

Family

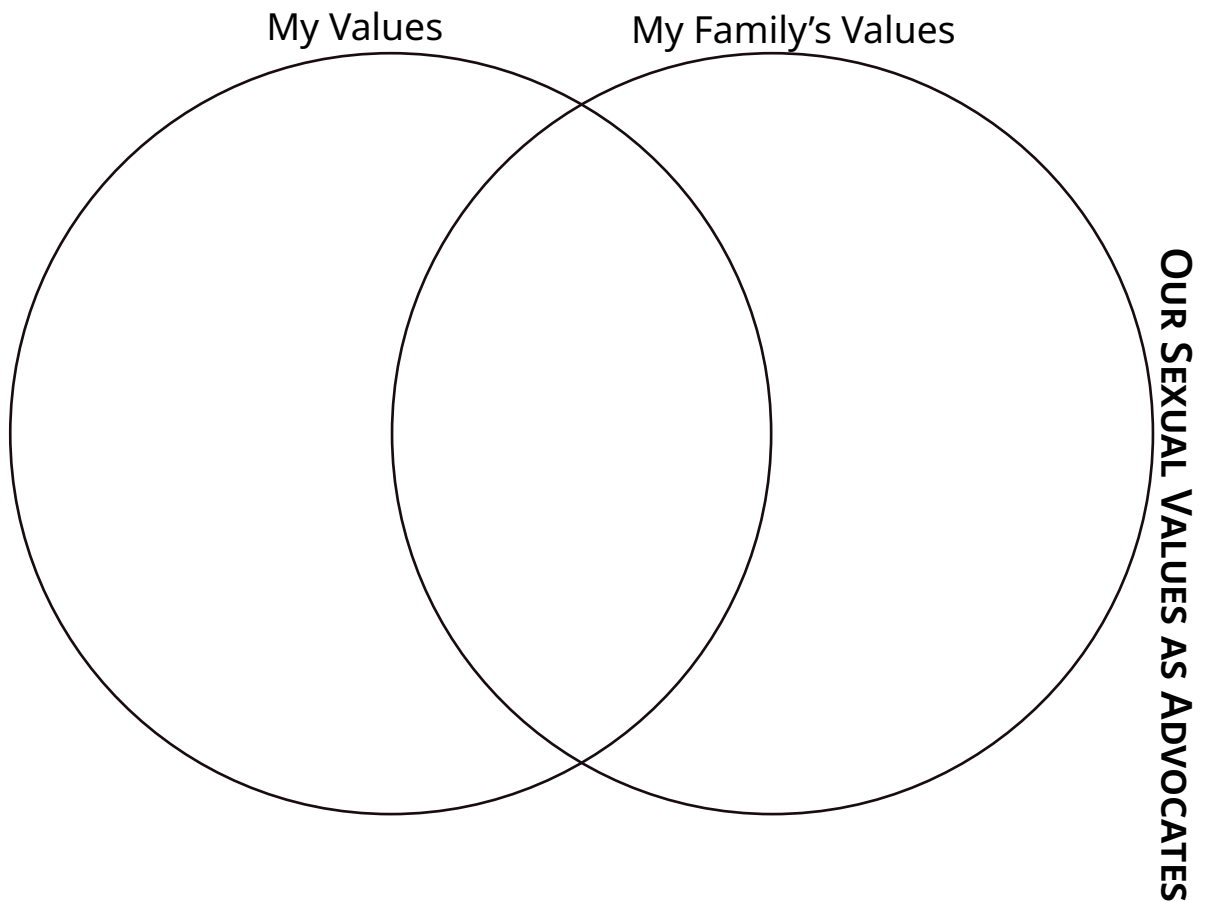
Did the family you were brought up in discuss specific sexual practices that were regarded as “acceptable” and “unacceptable?”

In your childhood, did anything happen to change your views on sexuality

Describe any differences between your current values about sexual practices and those of your family.

▶ How are they the same?

▶ How are they different?



Social Group

Do the culture(s) you belong to influence your attitudes/beliefs about “acceptable” and “unacceptable” sexual practices? This could include racial, ethnic, nationality, faith or religious, queer/LGBTQ+, or other communities you identify as a part of.

- ▶ If so, in what way?

Has anything occurred that led you to develop a different set of values than those prevalent in your culture(s)? Please mark either yes or no.

YES

NO

- ▶ Describe any differences between your current values and those of your culture.

Have your friends influenced the sexual practice values you currently hold? If so, in what way?

How has the media (including music, movies, newspaper, TV, etc.) shaped your values and beliefs regarding sex?

How has social media influenced your values regarding sex?

Spiritual/Religious Beliefs

Have you held the same spiritual beliefs since childhood? Please answer either yes, somewhat, or no.

- ▶ Yes, they are the same
- ▶ Somewhat, they have shifted as I have aged
- ▶ No, they are entirely different

If you currently practice spirituality/religious belief/faith, does it influence your values regarding sexual practices? Please mark either yes or no.

- | | | |
|-----------------------|-----|----|
| | YES | NO |
| ▶ If so, in what way? | | |

Describe any differences in values about sexual practice you may have compared to your spiritual background.

Section 2: How Do Personal Experiences Shape Our Values?

In addition to external influences, our own personal sexual experiences can influence our beliefs and attitudes regarding certain practices. Please reflect on the effects of your personal experiences in the space provided.

Personal experiences of sexual intimacy and sexual practices

How would you consider your sex life at this point? What words would you use to describe your sex life? Please circle or highlight the words below that you would use to describe it.

fun	satisfying	rushed	exciting
scary	disappointing	irritating	frequent
non-existent	pleasurable	amazing	rare
frustrating	underwhelming	content	terrifying
confusing	tender	affectionate	calm
boring	stressful	enthusiastic	bad
neglected	anxious	regretful	active
uncomfortable	good	shameful	fast
great	relaxed	isolating	
overwhelming	slow	empowering	

Are there other words you would use to describe your sex life? Please fill them in.

Personal attitudes about sexual practices

From your viewpoint, which of the following are acceptable sexual practices? Please mark the acceptable sexual practices from your perspective with an X on the space next to the activity.

- Not engaging in sex at all
- No sexual activity before marriage
- Engaging in sex before marriage
- Having sex with only someone you love
- Having sex with one person you are in a relationship with
- Having sex with a person you do not plan to meet up with again (sometimes called a one-night stand)
- Having multiple sexual partners (not at the same time)
- Having sex with multiple people at the same time
- Having sex without using contraceptives
- Having sex using contraceptives
- Any form of sex before marriage
- Sending naked images of yourself to other people
- Sexting
- Masturbation, alone
- Masturbation with others
- Oral sex
- Anal sex
- Other: _____

On a scale of very uncomfortable to very comfortable, how comfortable are you with survivors who want to discuss the following topics and find resources?

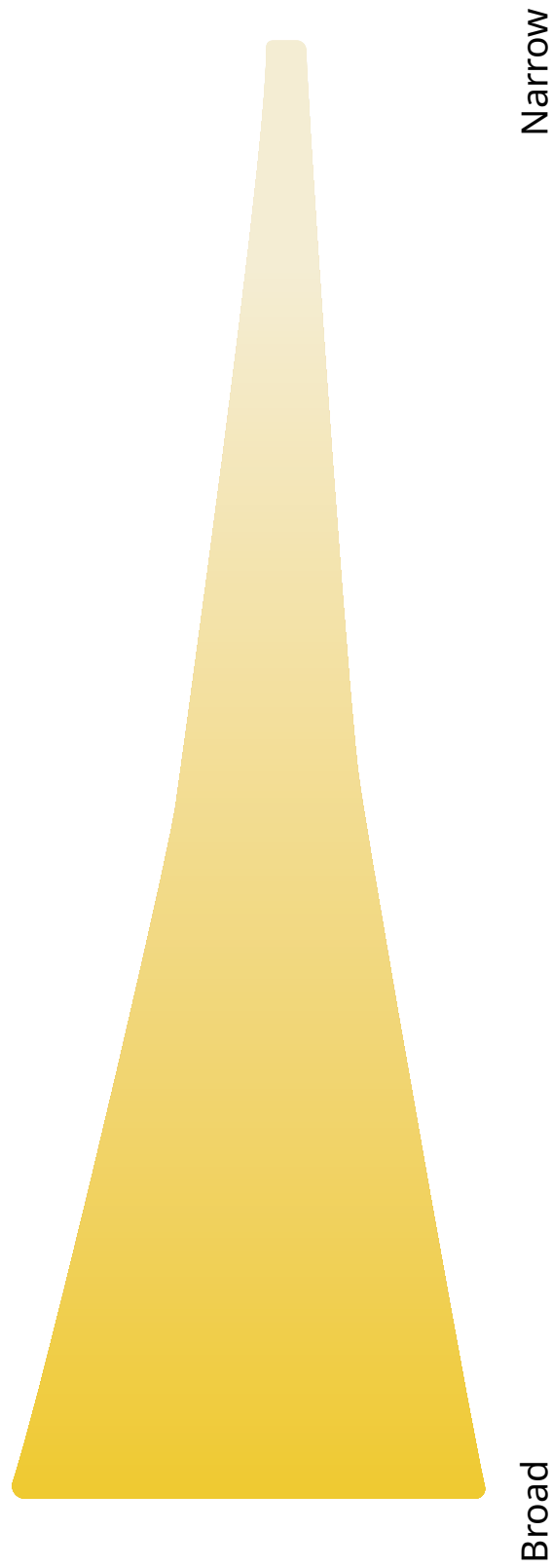
Very Uncomfortable

Very Comfortable

Example: Ice Cream	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Exploring LGBTQ+ identities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging in sex after experiencing sexual violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Setting sexual boundaries with their sexual partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
BDSM and/or kink	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Masturbation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex toys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching, listening, or reading porn or erotica	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exploring their sexual and reproductive health options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALING IN MOTION

Would you consider your attitudes regarding different sexual practices to be broad or narrow?
Please mark your position on the graphic.



Why did you select either broad or narrow?

What does the word intimacy mean to you?

What does the word pleasure mean to you?

Section 3: Agency Guidance and Support

While our individual beliefs and experiences impact the advocacy we provide, our organization's policies, procedures, and environment also affect the services and types of services we provide as sexual violence programs. Please reflect on your organization's policies and practices regarding support for survivors in navigating sexual and sexuality.

What guidance does your agency provide to staff about discussing sex and sexuality with survivors in general?

What guidance does your agency provide when discussing sex and sexuality with adult survivors of child sexual abuse specifically?

Has supporting survivors in navigating their sexuality been a focus area at your organization?

Have you received:

Training on how to support a survivor with making a sexual safety plan?	Yes	Not Sure	No
---	-----	----------	----

Training on how to talk about consent, intimacy, and pleasure with adults?	Yes	Not Sure	No
--	-----	----------	----

Training on teaching reproductive health and sexual education?	Yes	Not Sure	No
--	-----	----------	----

Time to discuss assisting survivors in exploring sex and sexuality as a part of staff discussions?	Yes	Not Sure	No
--	-----	----------	----

Guidance on where to find resources for survivors who want to explore their sexuality?

Yes Not Sure No

Training on your agency's policies on distributing contraceptives and reproductive health information?

Yes Not Sure No

Support in building collaborations that could help survivors access sexual health and sexuality resources in the community?

Yes Not Sure No

Guidance and time to develop an outreach plan to promote the sex and sexuality advocacy services your agency provides?

Yes Not Sure No

What guidance would you like your organization to provide when discussing sex and sexuality with survivors?

This assessment was adapted from the Sexual Practices Values Clarification: An Exercise for Health Care Professionals and Students (2011), by Jennifer Kaiser, University of Utah.

HEALING IN MOTION: COMPILED LIST OF RESOURCES

This list includes the links to all of the resources included in the training. Please note that while these were the correct web addresses when the curriculum was published, they are subject to change.

Using the Curriculum

Preparation For Facilitators

- ▶ [Listening To Our Communities: Assessment Toolkit by the Resource Sharing Project and the National Sexual Violence Resource Center](#)
- ▶ [Interaction Institute For Social Change's Fundamentals of Facilitation for Racial Justice Work Online](#)
- ▶ [Adult Learning Principles from Valamis](#)

Preparation For Participants

- ▶ [Throw Away the Menu: Broadening Advocacy by the Resource Sharing Project and the National Sexual Violence Resource Center](#)

The Realities of Child Sexual Abuse (Module #1)

Lesson 1.2 Glossary of Terms

- ▶ Healing in Motion: Glossary of Terms 1.2 from the Resource Sharing Project

Lesson 1.3 Exploring the Dynamics, Statistics, and Definition of Child Sexual Abuse

- ▶ [Building Resilience Conversation Series Episode #2: Why Are We Focusing on Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Color Page Episode 1 from the Resource Sharing Project](#)
- ▶ [Remembering the Children of Native American Residential Schools from the National Sexual Violence Resource Center](#)

Lesson 1.4 The Difference of Experiencing Sexual Abuse in Childhood Compared to Sexual Assault First Experienced in Adulthood

- ▶ [Episode 1 of the Conversation Series: Why Are We Focusing on Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Color Page Episode 1 from the Resource Sharing Project](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

Lesson 1.5 What Does This Mean for Advocacy?

- ▶ [Areas of Hurt, Areas of Healing from the Resource Sharing Project](#)

Coping from Child Sexual Abuse into Adulthood (Module #2)

Lesson 2.2 Coping Strategies Adult Survivors of Child Sexual Abuse

- ▶ [Building Resilience Conversation Series Episode #2: How do Adult Survivors of Child Sexual Abuse Cope? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode #2 from the Resource Sharing Project](#)

Lesson 2.3 Letters from Survivors

- ▶ [Enhancing Knowledge: Letter from Formerly and Currently Incarcerated Survivors from the Resource Sharing Project](#)
- ▶ [Sexual Abuse to Prison Pipeline Report: A Native Perspective from Mary Annette Pember \(Indian Country Today\)](#)
- ▶ [Advocacy Skills: Grounding from the Resource Sharing Project](#)

Lesson 2.4 What Does This Mean for Advocacy?

- ▶ [Advocacy Skills: Grounding from the Resource Sharing Project](#)
- ▶ [Building Resilience Conversation Series Episode #2: How do Adult Survivors of Child Sexual Abuse Cope? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode #2 from the Resource Sharing Project](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

The Impact of Child Sexual Abuse on the Body (Module #3)

Lesson 3.1 Understanding How Child Sexual Abuse Impacts a Survivor's Physical Health and Relationship to Their Body

- ▶ [Building Resilience Conversation Series #3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 3 from the Resource Sharing Project](#)

Lesson 3.2 Helping Adult Survivors of Child Sexual Abuse Navigate Their Healthcare

- ▶ [Advocacy Skills: Helping Adult Survivors Address Health Issues from the Resource Sharing Project](#)

Lesson 3.3 Exploring Oppression- The Connection to Healthcare and The Healthcare System

- ▶ [Building Resilience Conversation Series #3: How is a Survivor's Relationship to their Body Impacted by Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 3 from the Resource Sharing Project](#)
- ▶ [I Was Pregnant and In Crisis. All the Doctors and Nurses Saw Was an Incompetent Black Woman. by Tressie McMillan Cottom](#)
- ▶ [Medical Trigger Disclosure Cards by the Arizona Coalition to End Sexual and Domestic Violence](#)
- ▶ [Healing the Body: Exploring Comprehensive Medical Advocacy from the Resource Sharing Project](#)

Lesson 3.4 What Does This Mean for Advocacy?

- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

How Child Sexual Abuse Impacts Relationships (Module #4)

Lesson 4.1 How Does Child Sexual Abuse Affect Relationships

- ▶ [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 4 from the Resource Sharing Project](#)

Lesson 4.2 Roleplays

- ▶ Healing in Motion: Lesson 4.2 Roleplay Cards from the Resource Sharing Project

Lesson 4.3 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building? from the Resource Sharing Project](#)
- ▶ [What Are Personal Boundaries? Worksheet by TherapistAid.com](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

A Vision for Healing (Module #5)

Lesson 5.1 Defining Healing for Adult Survivors of Child Sexual Abuse

- ▶ [Building Resilience Conversation Series Episode #5: What is Healing? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 5 from the Resource Sharing Project](#)

Lesson 5.2 Choice Points

- ▶ [Advocacy Skills: Choice Points from the Resource Sharing Project](#)

Lesson 5.3 What Does This Mean for Advocacy?

- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

Incorporating the Body Into Healing (Module #6)

Lesson 6.1 Understanding Trauma and Dissociation

- ▶ [Neuroplasticity & How the Brain Heals | Part 1 by Saprea Video](#)
- ▶ [Enhancing Knowledge: Brief Introduction to Trauma and Triggers from the Resource Sharing Project](#)
- ▶ [Survivor Support: Working through Triggers from the Resource Sharing Project](#)

Lesson 6.2 Healing Through Mind and Body

- ▶ [Neuroplasticity & How the Brain Heals | Part 2 by Saprea Video](#)
- ▶ [Building Resilience Conversation Series Episode #6: How do Survivors Incorporate their Body into the Healing Process? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 6 from the Resource Sharing Project](#)

Lesson 6.3 Grounding

- ▶ [Building Resilience Conversation Series Episode #6: How do Survivors Incorporate their Body into the Healing Process? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 6 from the Resource Sharing Project](#)
- ▶ [Let's Get Grounded toolkit by the Arizona Coalition to End Sexual and Domestic Violence](#)
- ▶ Healing in Motion: Strategic Planning Worksheet from the Resource Sharing Project

Sex and Sexuality as a Part of Healing (Module #7)

Lesson 7.2 Deepening Our Understanding

- ▶ Healing in Motion: Our Sexual Values as Advocates from the Resource Sharing Project

Lesson 7.3 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series #4: How Does Child Sexual Abuse Impact Relationship Building? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 4 from the Resource Sharing Project](#)
- ▶ Healing in Motion: Strategic Planning worksheet from the Resource Sharing Project

Spirituality and Culture in Healing (Module #8)

Lesson 8.1 Identifying Terms

- ▶ [Building Resilience Conversation Series Episode #7: How are Spirituality and Culture tied to Healing? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 7 from the Resource Sharing Project](#)

Lesson 8.3 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series Episode #7: How are Spirituality and Culture tied to Healing? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 7 from the Resource Sharing Project](#)

Community Building as Healing (Module #9)

Lesson 9.1 Exploring Community Building

- ▶ [Building Resilience Conversation Series Episode #8: How does Community Building Help Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 8 from the Resource Sharing Project](#)

Lesson 9.2 What Does This Mean for Advocacy?

- ▶ [Building Resilience Conversation Series Episode #8: How does Community Building Help Adult Survivors of Child Sexual Abuse? from the Resource Sharing Project](#)
- ▶ [Building Resilience Coloring Page: Episode 8 from the Resource Sharing Project](#)
- ▶ [Enhancing Knowledge: Discussion Guide Episode 8 from the Resource Sharing Project](#)

STRATEGIC PLANNING WORKSHEET ON _____

HEALING IN MOTION

Changes that need to be made at my organization in my advocacy	Who needs to be involved to make that change happen?	Who do I need to consult or include to make sure it's done?
What can I do within a week to make that change happen?	What can I do within 2 weeks to make that change happen?	What can I do within a month to make that change happen?

STRATEGIC PLANNING WORKSHEET ON _____

Changes that need to be made at my organization in my advocacy

Who needs to be involved to make that change happen?

Who do I need to consult or include to make sure it's done?

What can I do within a week to make that change happen?

What can I do within 2 weeks to make that change happen?

What can I do within a month to make that change happen?

STRATEGIC PLANNING WORKSHEET ON _____

Changes that need to be made at my organization in my advocacy

Who needs to be involved to make that change happen?

Who do I need to consult or include to make sure it's done?

What can I do within a week to make that change happen?

What can I do within 2 weeks to make that change happen?

What can I do within a month to make that change happen?

STRATEGIC PLANNING WORKSHEET ON _____

Changes that need to be made at my organization in my advocacy

Who needs to be involved to make that change happen?

Who do I need to consult or include to make sure it's done?

What can I do within a week to make that change happen?

What can I do within 2 weeks to make that change happen?

What can I do within a month to make that change happen?

“Healing in Motion” PowerPoint Style Guide

There are several places in Resource Sharing Project’s “Healing in Motion: Coalitions Supporting Growth and Change in the Lives of Adult Survivors of Child Sexual Abuse” that encourage trainers to create presentation slides.

Rather than give you pre-made slide templates, we’ve created this handout to guide you as you create the visual tools that will be most helpful for the people you train. None of the tips on this handout are meant to override any agency branding guidelines you already have. These tips will be most useful for trainers who don’t have pre-existing guidance or rules for formatting and designing PowerPoint presentations.

Why Think About Design?

Design is an opportunity to reinforce the messages of **hope, resilience, healing, and empowerment** at the root of the curriculum.

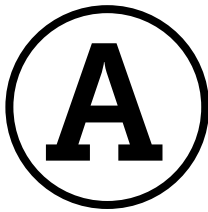
- » Design makes you think about how to organize information. Well-organized information can reduce fatigue and mental strain.
- » Design is a key component of accessibility for people with disabilities.

What you’ll need:

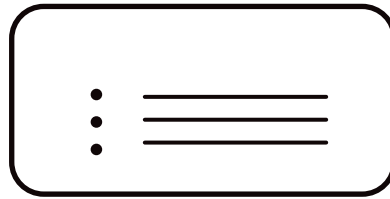
- ▶ PowerPoint program
- ▶ Your agency branding materials, if you have any
- ▶ Accessibility tools, like Colour Contrast Analyser and NVDA screen reader
- ▶ Basic design tools, like free stock photo websites, color palette creators, and free icon collections (we’ll give you links if you don’t have any yet!)

Key Design Tips

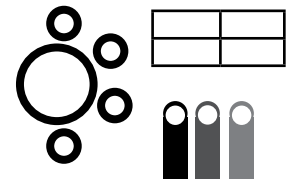
What design is accessible and conveys hope and resilience will vary from group to group. However you design your slides, what's most important is that they are easy to read. This means thinking about how the slides look and using short phrases instead of sentences and paragraphs whenever possible. In our own work, RSP finds the following tips most useful:



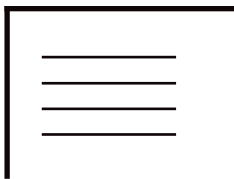
Use large, accessible fonts (at least 28pt), like Verdana, used here



Be generous with white space (the space around text)



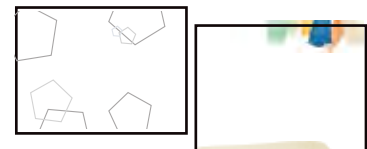
Think beyond bullet point lists to charts and graphs



Left-justify text



Use high contrast colors for font and background



Use colorful images or geometric prints. Avoid photos of sad people in the dark.

Links to Get You Started

- » [List of recommended accessible fonts](#)
- » [Colour Contrast Analyser](#) helps you ensure your slides meet minimum color contrast ratios for accessibility
- » [NVDA is a free screen reader](#) that lets you make sure your slides are accessible to screen reader users
- » [Pexels](#), [Unsplash](#), [The Noun Project](#), and [Wikimedia](#) all offer free images and/or icons. Microsoft 365 includes some for subscribers.
- » [Instructions for how to use PowerPoint's accessibility checker](#)

Healing in Motion: Coalitions Supporting Growth and Change in the Lives of Adult Survivors of Child Sexual Abuse

July 2023

This publication was written by LaShae Lopez, with contributions from the Building Resilience team: Resource Sharing Project, Activating Change, Just Detention International, Minnesota Indian Women's Sexual Assault Coalition, the North Carolina Coalition Against Sexual Assault, and Olga Trujillo, J.D.

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www.resourcesharingproject.org.

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