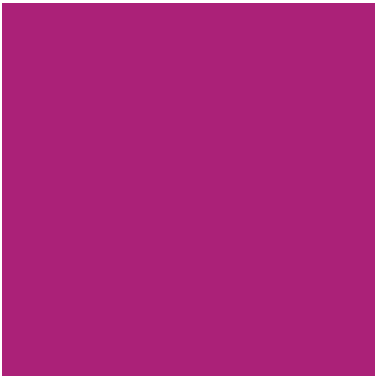


To the newest member(s) of the BE SAFE Training Team,

Welcome! By requesting this manual, you have joined a growing number of trainers, advocates, youth workers, and community leaders who have stepped up to educate and support communities and programs in order to create safe and healthy environments for all young people. Inside this manual you will find the tools and resources you need to provide excellent trainings to the youth serving organizations in your community. BE SAFE trainers help caring adults become knowledgeable, askable and approachable around the issues of sexual health, mental health, healthy relationships, substance use and sexual violence.

BE SAFE has found this training to be an effective first step in doing long-term, organizational change-focused work with youth programs. Although we believe that training youth workers will ultimately result in positive outcomes for young people, we also know that training alone will not lead to safer environments for young people. That is why BE SAFE has developed trainings and resources for the policy and decision makers at youth serving organizations.







Trainer's Manual

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Table of Contents

Acknowledgments	2
BE SAFE	3
Overview of the Training	4
Facilitating a BE SAFE training	5
Elements of a BE SAFE Training	6
This manual	8
Session 1: Exploration of Personal Beliefs and Values	10
Exercise 1: What Do You Believe?	11
Exercise 2: Make a Decision	18
Exercise 3: How Concerned Are You?	28
Session 2: Communication Skills	40
Exercise 4: Elements of a Satisfying Conversation	41
Exercise 5: ASK Tool	44
Exercise 6: Role Play	50
Exercise 7: Resource Research Activity	55
Session 3: Programs, Policies and Procedures	57
Exercise 8: Poster Walk	58
Exercise 9: What is a Safe Space?	60
Exercise 10: Review of Current Policies and Procedures	62
APPENDICES.....	
Appendix I: Icebreakers.....	65
Appendix II: Process Agreements.....	68
Appendix III: Sample Role Play Scenarios.....	69
Appendix IV: ASK Tool.....	71
Appendix V: Concluding Exercises.....	72

Appendix VI: Sample Resource Guide.....	74
Appendix VII: BE SAFE Glossary of Terms.....	76
Appendix VIII: Policy and Program Survey.....	85
Appendix IX: Evaluations.....	86

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Acknowledgements

BE SAFE began in 2006 as a prevention initiative with the idea of working collaboratively across the areas of sexual health, mental health, teen dating violence/healthy relationships, substance use, and sexual violence and focusing on the intersections of these issues. With the assistance of many people, organizations, and funders, this concept has taken shape and come alive.

Because of the openness of youth workers and the youth themselves, we learned of their challenges, hopes, and realities with us through focus groups, our Youth Leadership Board, site visits, and training sessions which provided major direction to our work. We particularly want to thank the staff and youth of the following programs for agreeing to participate in BE SAFE and serve as our pilot sites: BELL; Big Sister Association of Greater Boston; The City School; The Dimock Teen Center; The Food Project; SquashBusters; Thompson Island/Outward Bound; and West End House. Although they joined us with the promise of receiving training and support from BE SAFE, they also agreed to inform our work. We have learned a tremendous amount from these youth and staff, and thank them for their involvement, openness, and candor. They have truly been an inspiration.

During the past 6 years as we have developed and piloted the BE SAFE training, many other individuals and organizations contributed in a myriad of ways to help us shape the curriculum and training design. We thank the following individuals who met with us in small “think tank” sessions to share their ideas and offer insights: Jenny Amory, Pam Bailey, Peggy Barrett, Jessica Flaherty, Saun Green, Jessica Hollander, Elexia McGovern, Jeremy Phillips, Jamie Ramola, Candelaria Silva, and Tammy Tai. We also want to appreciate the members of our Partner Group and Advisory Group for their involvement and input.

Andi Genser was the first manager of BE SAFE, and it would not have prospered without her dedication. A special thanks to Linette Liebling, who developed, created, and served as trainer for countless sessions. Her intense interest, deep commitment, and generous spirit allowed us to “fly the plane as we were building it,” to use her metaphor.

Finally, we wish to thank our initial funders: Grand Circle Foundation, The Boston Foundation, and The Jessie B. Cox Charitable Trust for their enthusiasm about the promise of BE SAFE and their early belief in our work. They were joined by the J.E. and Z.B. Butler Foundation, the Cabot Foundation, the Ludke foundation, the Mass Promise Fellowship, the Plymouth Rock Foundation, and the ClipperShip Foundation. They are the reason we are able to make this idea into a reality.

The writing of this manual was a collaboration of Linette Liebling, Stephanie Trilling, and Melissa Gopnik. It was designed by Catherine Please.

BE SAFE

BE SAFE is a prevention initiative that focuses on youth and the interconnected issues of sexual health; mental health; substance use; healthy relationships; and sexual violence. BE SAFE is a partnership among: AIDS Action Committee of MA; BAGLY; Boston Area Rape Crisis Center; Community Advocacy Program of CCHERS; The Dimock Center; and Planned Parenthood League of MA.

BE SAFE Vision

Healthy transition into adulthood for all youth

BE SAFE Mission

BE SAFE changes systems that serve youth by increasing the capacity of programs to support young people regarding the interconnected health issues they face.

We do this by:

- * Valuing and listening to youth voice; viewing youth as experts in their own lives;
- * Leveraging existing resources by working in coalition;
- * Helping to create safe environments where adults are knowledgeable, ask-able, and approachable.

BE SAFE Activities

We train staff at youth serving organizations to be prepared to become 'ASK'able adults and to work together with young people to create safe environments.

We train program directors and youth serving organizations on developing and implementing policies and procedures.

We train trainers on how to deliver the BE SAFE training.

We provide technical assistance on our website to youth serving organizations on developing and implementing policies and procedures.

Overview of a Training

BE SAFE 101: This training for staff who work directly with youth creates an awareness of how personal values and beliefs about BE SAFE issues shape individual interactions with youth. It provides skill building exercises on responding appropriately to youth so as to build meaningful, healthy connections between youth and staff.

BE SAFE 101 provides an opportunity for staff to:

Engage in a shared experience designed to create an understanding of how their individual attitudes and beliefs about BE SAFE issues affect their work with youth.

Build skills on how to respond to youth in ways that strengthen connections and foster healthy decision-making by youth.

The sessions are experiential and interactive using group role plays and forced choice exercises drawn from the realities of the programs. Practice is aimed at assisting participants in how to have complicated and difficult conversations with youth.

Participants will:

- * Gain a greater understanding of how their own values, attitudes and beliefs affect their role as a caring adult in the lives of the youth in their program
- * Increase their understanding of adolescence as a pivotal developmental step towards adulthood
- * Understand their role as an active listener and resiliency mentor to the youth in their programs
- * Identify one's own strengths/skills and those of other staff in the program
- * Explore individual and programmatic responses in the arenas of: sexual health, interpersonal violence, and substance abuse, and how these issues interact with each other

Training Length

Training is 8 hours and can be offered in 1, 2, or 3 sessions.

Facilitating a BE SAFE Training

The issues that may come to the surface in a BE SAFE training are varied and often complex and challenging, both for the trainer and the participants. To ensure that participants gain the most from this training, we strongly recommend that trainers' possess the following:

- * Facilitation Skills**
 - * Experience guiding and leading a group through challenging discussions
 - * Understanding of group dynamics
 - * Ability to keep oneself "out of the mix" and allow the group to discuss and decide
 - * Ability to manage conflict effectively
 - * Skill in co-facilitation and willingness to facilitate BE SAFE with a partner who possesses a background in a different BE SAFE issue
- * Content Knowledge**

Strong background in at least one of the following BE SAFE issues:

 - * Sexual Health
 - * Mental Health
 - * Healthy Relationships
 - * Substance Use
 - * Sexual Violence
- * Strong background in adolescent development or experience working with youth**
- * Knowledge of adult learning theories; ability to understand the mental and emotional impact training can have on individuals with potential to relive trauma or respond deeply to the complex issues discussed in the training**
- * Cultural competence and experience working effectively with youth with varied sexual orientations, races, cultures, genders, and classes, and an understanding of how these issues impact a youth's experience in relation to the BE SAFE issues.**

Our experience has shown that BE SAFE trainings are most effective when conducted by co-facilitators who have complementary backgrounds. For example, one may have a strong background in issues of violence, while the other has a strong background in sexual health or adolescent development. Co-facilitation by individuals with complementary backgrounds ensures that participants receive the best information possible, and that the facilitators are better able to manage the broad range of issues and content that may arise.

Elements of a BE SAFE Training

The experiential aspect of this training is a major factor in its success. We've found that participants gain the most from this training when we create an environment for them to discuss real life situations that occur in programs, participate in activities that provide a unique opportunity to talk about these issues, and gain skills to handle these situations more effectively. Creating this safe environment where all participants can listen and be heard allows participants to learn from their community of fellow youth workers and ultimately become more effective together.

With this environment in mind, we recommend including the following:

1) Know your audience before you start

Each group of participants is unique in their racial/ethnic makeup, gender, age range, experiences, etc. Every effort should be made to know background information on the youth workers, as well as the youth they are working with, and tailor the training accordingly.

2) Welcome and Goals

Begin with a welcome to participants. This sets a positive tone. Clarify the goals of the training. This provides an opportunity for questions; it also honors the participants' intelligence, lets them know what to expect, and ensures that they understand the purpose of each activity and what they are to gain from it.

3) Personal Experiences

Acknowledge that many participants may have their own personal experiences with the BE SAFE issues, which may trigger strong feelings in participants that are often unanticipated.

As a result, it is important to mention this at the beginning of each training session, encouraging the participants to take care of themselves as needed. This creates a safe space for the participants and honors them as experts in their own lives.

4) Anonymous Question Box

Introduce this in the beginning as a place for participants to put any questions they might have throughout the training. We have found that participants can feel embarrassed about asking questions and we want to create a safe space in which they are able to do so.

We find that it's helpful before each break to hand out paper and have everyone submit a question or comment. This eliminates the stigma of putting a piece of paper in the box.

Be sure to reserve time to address any questions.

5) Introductions

Introductions give every participant the chance to speak from the start, which increases their likelihood of participation later on. This shows participants that we are interested in who they are and what they have to say; helps to enhance the group interaction; and encourages participants to learn from one another. Introductions should keep people on an even playing field. We recommend avoiding topics that set up hierarchies or “classes” within your group, for example; the number of years people have worked at a company, job title, etc.

6) Icebreaker (See Appendix II for examples)

The purpose of an icebreaker is to engage participants and increase comfort among the group, usually with a light touch of humor. Sometimes it works to use an activity as both an icebreaker and as an introduction exercise.

Icebreakers should be nonthreatening and keep participants on an equal footing. We don't recommend games with winners and losers, for example.

7) Process Agreements (See Appendix III for examples)

Have the group come up with a list of agreements for the process of training. Some facilitators refer to these agreements as “ground rules.”

These agreements will be followed by everyone, and will help to set the tone and environment for a successful training.

Step up, Step back reminder: Be sure to remind participants that we encourage those who usually speak out to “step back” and practice listening, and those who usually hold back to “step up” and practice speaking in the group. This will help to maintain equality within the group (no one person or few persons dominate the discussion) and be sure that every voice is heard. This also helps individuals stretch themselves and grow.

8) Food

Hard-working youth workers always appreciate a snack. If the budget allows, eating together is a great way to bring the group together.

9) Break Time

A break about halfway through the training is crucial. It provides an opportunity for participants to recharge and refocus. BE SAFE training can be an intense experience and we want to support the participants. The training also serves to model self-care to participants and the youth we serve.

10) Session Evaluations (See Appendix XI for examples)

Post-session evaluations are critical to the continued improvement and success of BE SAFE, and provide vital information on the strengths and weaknesses of the training and the facilitators.

Be sure to incorporate feedback into subsequent sessions. This improves the sessions and shows the participants that you have heard and valued their input.

How To Use This Manual

BE SAFE recognizes the experience and perspective that our facilitators have to offer, and encourages and invites you to adapt these materials as needed.

In this manual we have provided you with the content and activities that we believe comprise the core elements of a BE SAFE training. We have purposefully organized the manual by objectives to allow room for your own practice wisdom and community specific expertise. Depending on the audience, amount of time, and other relevant information, you may choose to switch the order of certain activities, add to our suggested discussion prompts, or bring in or create your own materials. While we discourage taking out any of the core training objectives, you can certainly add to them when it makes sense. For example, a group that had recently dealt with an incident of violence that had impacted the entire community asked us to spend more time on self-care, an issue that is extremely relevant to many youth workers. We were able to incorporate an activity from one of our partner's trainings into the second section to build on the ASK tool in order to accommodate this request.

Sessions

The sessions work together harmoniously and build on one another. The activities listed are suggestions of what has worked well for us but are certainly not the only way to reach an objective. Feel free to mix, match, revise, and create activities to meet the goals, skills, and interests of your group.

Session 1: Exploration of Personal Beliefs and Values

Objective 1: Become aware of personal beliefs and preconceptions surrounding BE SAFE issues

Objective 2: Recognize how personal beliefs and values fit within the philosophy of the program

Session 2: Communication Skills

Objective 3: Identify elements of successful communication

Objective 4: Increase skill and comfort in responding to youth using the ASK tool

Objective 5: Recognize resources available to youth, youth workers, and youth programs, and feel comfortable using them or referring to them

Session 3: Program Policies

Objective 6: Know program policies: recognize strengths, limitations, and potential gaps in policies and increase staff consistency in implementation

SESSION

Exploration of Personal Beliefs and Values

Objective 1

Become aware of personal beliefs and preconceptions surrounding BE SAFE issues



Exercise 1: What Do You Believe?



Exercise 2: Make a Decision

Objective 2

Recognize how personal beliefs and values fit within the philosophy of the program



Exercise 3: How Concerned Are You?



Objective 1

Become aware of personal beliefs and preconceptions surrounding BE SAFE issues

Introduction

It is essential that participants be aware of what they bring to the table when handling situations that come up with youth. It is the objective of the BE SAFE training to help uncover beliefs and raise awareness of how these views impact participants' work with youth. The activities we recommend for this objective are designed to be provocative and to get participants talking, thinking about, and ultimately examining long-held beliefs about the BE SAFE issues.

When you are training on this topic be prepared for a wide range of opinions. As trainers, part of our job is to model a safe space where all opinions are respected and valued. This session seeks to get participants talking about their own values and hear from their co-workers about their values.



Exercise 1: What Do You Believe?



60 to 90
minutes

Materials Checklist



- ☐ Copy of Sets for each participant or
- ☐ Pre-written flip chart pages for each set or
- ☐ A board to write each set on
- Remember that "B" must not be visible as they discuss "A"

* Trainer Notes:

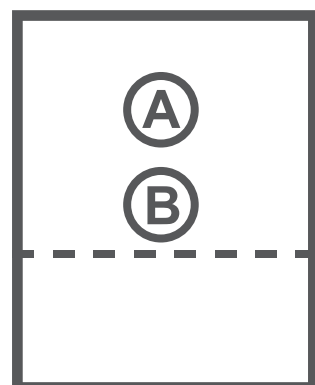
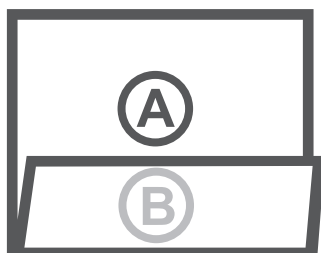
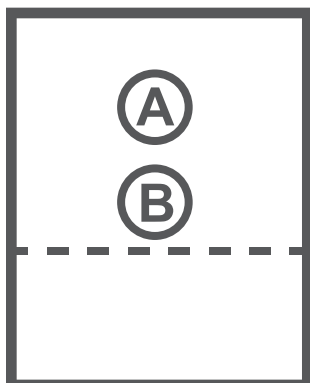
This exercise is designed to create self-awareness and understanding of each individual's own knowledge and experience regarding the BE SAFE issues. The goal is discussion, not an arrival at a "correct answer."

We have listed 5 sets of paired statements here, but we recommend using only 3 or 4, as time permits. Each set of statements will take 10-15 minutes to work through. We have categorized each set of statements by the BE SAFE issues. When selecting which sets to use, we recommend that you tailor the sets to your group and vary the issues addressed.

As individuals share and discuss, the strengths of each person will become more visible.



Exercise 1 Directions



- ① Have the group break up into dyads.
- ② Share the “A” statement with the group. Have the dyads discuss. The three prompts that you should share with the group are:
 - (((*Is this belief true for you as an individual?*
 - (((*Is this belief true for the family and or community within which you were raised?*
 - (((*Is this belief true at the agency where you are currently employed?*
- ③ Then share part “B”.
- ④ Ask the dyads:
 - (((*Does this “fact” in any way change or challenge the beliefs expressed in “A”?*
- ⑤ After each set, have the group come together to discuss as a large group. Dyads should be encouraged to share the nuggets of their conversation.
- ⑥ Topic-specific Discussion Prompts are listed underneath each set.







Exercise 1 Sets

Set 1 Not My Business

- Ⓐ As a youth worker, it is not my business to get involved in teen relationships even when I am concerned about their safety.
- Ⓑ 1 in 5 female Massachusetts high school students reported being physically and/or sexually abused by a dating partner. (MA YRBS, 2009)

Discussion Prompts

-  *What are the different ways to “get involved”?*
-  *How can we promote personal safety and healthy relationships in our relationships with youth?*
-  *Is abuse something we talk about? Should we talk about it? How do we?*
-  *Do they know existing policies and if so, what is the program policy about getting involved? On what level is “involvement” expected or encouraged?*







Exercise 1 Sets

Set 2 Drugs and Alcohol

- Ⓐ Adolescent experimentation with drugs and alcohol is normal and there is nothing that communities can do to change that.
- Ⓑ 30% of Massachusetts' sexually active students used alcohol or drugs before their most recent sexual encounter. (MA YRBS, 2007)

Discussion Prompts

-  *What are ways adolescents can experiment without drugs or alcohol?*
-  *Why might adolescents use alcohol or drugs before or during sex?*
-  *How do you think alcohol or drug use impacts our ability to give or receive consent? Do you know your state's law regarding consent?*
-  *How do you think drugs and alcohol may affect condom use?*



Exercise 1 Sets

Set 3 So Much Easier

- Ⓐ It is so much easier for young people to come out as gay or lesbian today because of shows like *Ellen* and *Glee*.
- Ⓑ 64.3% of LGBTQ youth felt unsafe in their school because of their sexual orientation. (2003)

*** Trainer Notes** *LGBTQ stands for Lesbian, Gay, Bisexual, Transgender and Queer or Questioning. Studies have shown that LGBTQ youth are at greater risk than their heterosexual peers for experiencing interpersonal violence, HIV, teen pregnancy, depression, suicide, discrimination at school or in the workplace, and homelessness.*

Discussion Prompts

-  *What are ways that we can support LGBTQ youth in our programs?*
-  *What role models do LGBTQ youth have in their families, schools, or communities for healthy relationships?*

Exercise 1 Sets

Set 4 Who Is Responsible?




- (A)** It is a girl's responsibility to actively prevent unwanted sexual attention.
- (B)** 1 in 3 adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner



Trainer Notes

Remember; no one ever deserves to be abused.

Discussion Prompts

-  *What messages are we sending to girls about sexual violence? What messages are we sending to boys?*
-  *What role do boys play in this? How can we teach them responsibility?*
-  *How is it different to talk to young people about sexual violence compared to other health issues like alcohol or drugs?*








Exercise 1 Sets

Set 5 Follow Me

- (A)** In my professional role, I should not look at a young person's Facebook page or follow them on Twitter.
- (B)** 29% of teens have posted demeaning information, embarrassing photos or spread rumors about someone on social networking sites.

Discussion Prompts

-  *Is this different than looking through a young person's diary or journal? How so?*
-  *What impact does cyberbullying have on young people?*
-  *What are the benefits of interacting with youth on social networking sites? What are the challenges?*
-  *How can you have healthy boundaries between program staff and youth online?*
-  *Are there existing policies in the agency to guide your interactions with youth?*



Exercise 2: Make a Decision



**60 to 90
minutes**

Materials Checklist



- ☐ Paper signs with the words “strongly agree” and “strongly disagree” placed at either end of the wall to form a continuum
- ☐ OPTIONAL: Masking tape to mark off the line between the two positions
- ☐ A board to write each statement on

* Trainer Notes:

This is an exercise designed to help participants clarify their own beliefs and attitudes about some of the issues that come up as we interact with youth. There are no right or wrong answers; this is about the individual values that each person brings and the impact of those values on work with youth.

There are 8 statements. As with the previous exercise, choose 4-5 statements for one training session. Each statement will take about 10-15 minutes to work through. We recommend selecting statements which address topics that complement the issues addressed in the “What do you believe” exercise.

The processing of this exercise is where the learning occurs. An open environment allows participants the opportunity to present different points of view and to reflect on a range of different perspectives. It can also provide space for people to begin to change their minds or see other perspectives in new ways.

This exercise often elicits personal stories and experiences from participants. It is helpful to remind the group at the beginning that some of the statements may be triggering or hit close to home. Tell them that it is their choice if they want to share with the group. If someone discloses something personal during the activity, the facilitator should thank them for sharing and check in with them on the break.

In facilitating this exercise be sure to hear from a variety of opinions – generally we start with people at either end of the line and then move towards the middle. An important prompt is to remind participants that they can move if they hear a co-worker illuminate the issue in a new way for them.



Exercise 2 Directions

- ① Set up the room with a line along the floor (you may use masking tape to create the line) forming a continuum between signs labeled “strongly agree” on one side, and “strongly disagree” on the other
- ② Read the statement and ask participants to move toward the label that they feel best matches their response.
- ③ Help participants process each statement using the Discussion Prompts listed under each one.
- ④ Encourage participants to move if their opinion changes. If you see someone move, ask them what prompted the shift.





Exercise 2 Statements

Statement 1 Mixed Messages





Young women who send mixed messages about sex are somewhat responsible for any forced sexual activity that may happen.



Trainer Notes

Remember; no one ever deserves to be abused.

Discussion Prompts

-  *“Forced” is a key word here. No matter what the action is, “forced” makes it wrong and not the survivor’s fault.*
-  *Clothes send a message, but not a clear one—wearing a tight top doesn’t mean “I want to have sex.”*
-  *Girls are getting messages from the media that particular clothing will get them noticed. Current clothing trends encourage girls to dress in a revealing manner.*
-  *Remember that this doesn’t just affect women. An estimated 1 in 6 boys and 1 in 2 transgender youth have experienced sexual violence.*







Exercise 2 Statements

Statement 2 Drink at Home

Young people should learn to drink at home.

Discussion Prompts

-  *This is murky—if there is a strong positive role model at home, this can be good. If someone in the home has an alcohol problem, this can have negative consequences.*
-  *Youth might want their parents to talk to them more about why not to drink, rather than just forbidding it. Learning about alcohol is different than learning how to drink.*
-  *It is illegal to serve alcohol to anyone under the age of 21, and there are developmental/biological issues to consider.*
-  *Alcohol should be understood in the context of culture.*







Exercise 2 Statements

Statement 3 Getting High

Smoking pot occasionally is not harmful.

Discussion Prompts

-  *Occasional is subjective. To one person it could be 3 to 5 times a week whereas another person smokes 3 to 5 times a year.*
-  *Do you think about this differently for adults than you do for teens?*
-  *Knowing that each of you has your own opinion, is there a policy in place at your organization? Who should talk to youth who are using marijuana?*
-  *There is also a legal component to consider. What are the laws in your state regarding marijuana use?*






Exercise 2 Statements

Statement 4 Let's Talk About Sex

Teenagers should be strongly encouraged to postpone sexual activity until they turn 16.

Discussion Prompts

-  *Is age a good indicator for emotional maturity or level of education? How might brain development play into this?*
-  *How do we define sexual activity? Does the definition matter?*
-  *It is important for youth to feel “ready” emotionally and physically. How does one know when they are ready to have sex?*






Exercise 2 Statements

Statement 5 What Is Normal?

It is normal for middle school boys to call each other 'gay' or say 'that's so gay.'

Discussion Prompts

-  *Does normal mean common? This is a common behavior but does that make it more acceptable?*
-  *Is it the same as a racial slur? How would an LGBTQ or questioning young person feel if they heard this comment?*
-  *Creating a safe space applies to LGBTQ youth as well as youth of different cultures.*







Exercise 2 Statements

Statement 6 Fashion Police

It is not our responsibility to talk to young women about what they wear.

Discussion Prompts

-  *Is there a consistent policy or dress code in the program?*
-  *Are the rules/expectations different for boys and girls? Does the responsibility differ for female vs. male staff?*
-  *Does culture play a role in this? Media influences?*
-  *Is it different for a female or male staff member to talk to female program participants about clothing choices?*





Exercise 2 Statements

Statement 7 Guidance Counselor

As a youth worker, I shouldn't be answering questions about birth control and safe sex.

Discussion Prompts

-  *How does the age of the student factor into your belief —what would you tell a 12 year old compared to a 16 year old?*
-  *Does your organization have a policy to guide you, and if so, what is the policy of your organization about distributing sexual health information?*






Exercise 2 Statements

Statement 8 Friend Requests

A youth worker and a youth should not be friends on facebook.

Discussion Prompts

-  *What are healthy boundaries between program staff and youth?*
-  *Can being 'friends' on Facebook be positive? What are some of the drawbacks?*
-  *Are there existing policies in the agency to guide your off-site interaction with youth?*

Objective 2

Recognize how personal beliefs and values fit within the philosophy of the youth serving program

Introduction

In addition to recognizing one's personal views, it is important to be aware of how those views interface with the philosophy of the youth program. It is the objective of the BE SAFE program to help participants see whether and how their own views mesh with those of the program, and to help staff find ways to bridge any differences or challenges. This objective serves as a bridge between participant self-assessment and program policies and procedures.



Exercise 3: How Concerned Are You?



**60
minutes**

Materials Checklist



- ☐ Paper signs with the words “concerned” and “not concerned” placed at either end of the wall to form a continuum
- ☐ Masking tape to mark off the line between the two positions

* Trainer Notes:

Much of what happens in programs takes place “on the fly”—between activities, while walking to an event, etc. This exercise deals with that reality. Each scenario is designed to elicit a response from participants and the key learning takes place in the processing.

When processing the participant's responses, be sure to keep in mind the following:

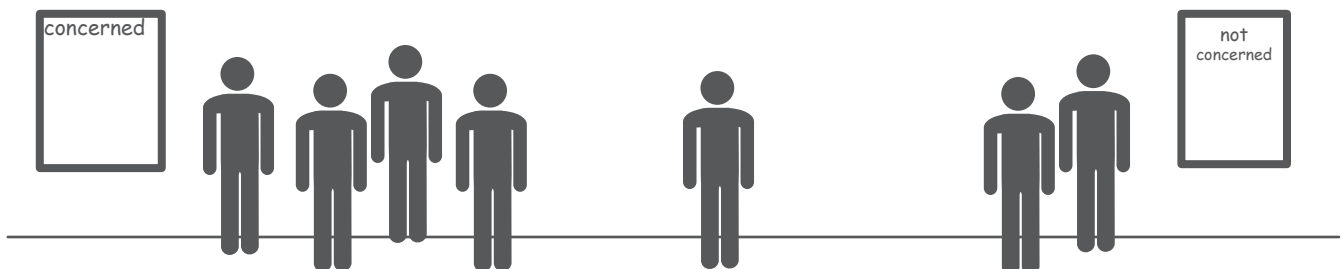
- * *Help the staff assess the situation quickly*
- * *Address with the staff the tension between confidentiality and collusion or secrecy*
- * *When to refer*
- * *When and how to educate youth*
- * *Be sure to bring into the discussion how these concerns relate to the policies and procedures of the youth program. A manager from the program could step in to clarify policy questions as necessary*

We recommend choosing 5 of the 9 scenarios as each will take about 10-12 minutes to process.

As individuals share and discuss these statements, the strengths of each person will become more visible.

Exercise 3 Directions

- ① Create a continuum along a wall with paper signs labeled “concerned” and “not concerned”.
- ② Read the statement and have the participants move along the continuum based on how they feel.
- ③ Ask participants to explain their position. This should be a discussion not a debate. Disagreement is healthy and welcomed in this instance.
- ④ Remind participants that they can move along the continuum at any time. Ask them why they changed their minds.
- ⑤ Read the prompts for each scenario and give participants an opportunity to move.
- ⑥ Help participants process each statement using the Discussion Prompts listed under each one.
- ⑦ Use Discussion Prompts to help summarize the discussion of that scenario.





Exercise 3 Scenarios

Scenario 1 Late Bloomer

One of the girls in your group is always late coming out of the locker room because she waits until all the others have left before getting changed.

* Trainer Notes

Some of the following points may be made by participants:






- * *She has a slow pace and is often late for other activities.*
- * *This is new behavior – she is usually on time.*
- * *Youth often make comments about each other bodies while they are getting changed.*
- * *She makes negative comments about her own body at other times.*
- * *In her family/culture, people don't disrobe in front of each other.*
- * *There is no private place to change in the locker room.*
- * *She has shared that she is unsure of her sexual identity or orientation.*
- * *She has something to hide about her body —cuts, bruises, tattoos.*



Exercise 3 Scenarios

Scenario 1 Late Bloomer (continued)

Discussion Prompts

-  *What role might body image play in this situation? Many young women have body image issues about their weight, breast size, etc.*
-  *What role might culture play? In some families, cultures, or religions, women do not undress in front of one another.*
-  *What if she is being bullied by other youth about her body? Young people often report that locker rooms, because of the unstructured, unsupervised time, are one of the areas of a school or program where they feel least safe.*
-  *How might someone who is questioning their sexual orientation or gender identity feel in a situation where they have to undress in front of peers?*
-  *Could this be a warning sign of something else going on? She may be hiding bruises or scars from violence, abuse, or self-injury. She may be struggling with an eating disorder or be a survivor of sexual violence who feels ashamed of or uncomfortable with her body.*








Exercise 3 Scenarios

Scenario 2 Good Question

A young man asks you where he can get condoms cheap.

Discussion Prompts

-  *How would the age of the young person impact your response? If the youth was 12? 16?*
-  *Does this make the youth worker particularly uncomfortable because of personal beliefs? Is there someone on staff better able to handle this situation?*
-  *Do you know the legal age of consent in your state? (In MA it is 16 years old).*
-  *What is the program's policy or practice?*
-  *Could you use this as an opportunity to start a conversation about sexual health and safety?*





Exercise 3 Scenarios


Scenario 3 Control Freak


A 15 year old says “My boyfriend is freaking me out. He always wants to see my text messages.”


Discussion Prompts

 *Could this be abusive behavior? Many teens say they want their partner to get jealous because they like the attention or because it shows that they really like them. What is the relationship between jealousy and abuse?*

 *Many adults have experienced or witnessed controlling or abusive relationships. Did this question personally upset you? Is there a better person to handle this?*

 *Consider the youth and the situation—what information do you need to fully assess the situation?*

 *What gender did you imagine the 15 year old to be? The prompt doesn't assign a gender, but many people assume we are talking about a girl. Not all unhealthy behaviors and bullying take place in heterosexual relationships. What if the situation was about a couple of two young men? Does this change your reaction? Should it?*

 *What if the situation was about a male youth whose girlfriend was freaking him out? Or a female whose girlfriend was freaking her out? Remember that both males and females can be perpetrators and victims. Is there a policy which might guide your response to this situation?*








Exercise 3 Scenarios

Scenario 4 Passing Out

You overhear a middle school aged youth talking about drinking at a party until passing out.

Discussion Prompts

-  *How much does the age matter here? How does a middle school aged youth have access to alcohol? Where is the adult supervision?*
-  *For what reasons might a young person start drinking? What else do you want to find out?*
-  *What is the relationship between alcohol use and safety? Is this young person safe?*
-  *What programming and prevention education might you consider?*
-  *If they aren't under the influence at your program, do you have any responsibility here?*








Exercise 3 Scenarios

Scenario 5 Put Down

A young man says to another young man, “you hit like a girl.”

Discussion Prompts

-  *How common is the use of this kind of put-down based on gender?*
-  *Do you think it is different than saying, “don’t act retarded,” or “that’s so gay?”*
-  *Is there a negative impact on girls in the program who overhear this kind of language? For boys?*
-  *How could you turn this into a teachable moment?*
-  *Is this bullying? Does your program have an anti-bullying policy? How often is it enforced by staff? By youth?*








Exercise 3 Scenarios

Scenario 6 Goodbye Note

You find a note signed by a young person saying, “I hate myself and I can’t go on anymore...”

Discussion Prompts

-  *What would you do next? Does your program have a clear protocol if a young person discloses suicidal thoughts? Do you feel capable of carrying it out?*
-  *What else do you want to know?*
-  *How would your response change if you read this on their Facebook wall?*
-  *Beyond suicide, what might be going on for a young person who feels so hopeless?*
-  *Identify resources and assets: who on staff is more qualified than you to handle this situation? Where do you turn?*








Exercise 3 Scenarios

Scenario 7 Hanging Around

A 16 year old girl is always hanging around one of the male staff and her attention is making him uncomfortable

Discussion Prompts

-  *What does “hanging around” mean? Should staff and young people ever have physical contact with one another?*
-  *Would this be taken more or less seriously if the genders of the participants were swapped? If they were the same gender?*
-  *What is the line between flirtation and friendliness?*
-  *Who should respond to this young person? A staff person of the same or different genders?*
-  *Who should respond to the staff person? A peer or a supervisor?*







Exercise 3 Scenarios

Scenario 8 Cutting

You notice several small red cuts on a young person's thigh.

Discussion Prompts

-  *Could this be indicative of abuse or self-harm? How would you ask in a non-threatening and non-judgmental way?*
-  *If a young person is cutting themselves, do you think they are also suicidal? Why or why not?*
-  *What else would you want to know?*
-  *Are you picturing a young person of a certain gender or race? How do things like gender, race, sexual orientation, etc, impact how you think about this? For example, adults often associate self-harming behaviors like cutting with young women and aggressive or hostile behaviors with young men. If a young woman was acting aggressively, getting into fights, punching walls, etc, would we be as concerned as if it were a young man?*








Exercise 3 Scenarios

Scenario 9 Distant

A 12 year old, who was outgoing and engaged last year, wanders around and doesn't seem to want to participate in anything.

Discussion Prompts

-  *Is it just a phase? Developmentally this kind of shift may be expected and normal for adolescents. Does that make it OK?*
-  *How might you engage this young person?*
-  *What else would you want to know and what else could you be noticing? Is the young person only acting that way when certain people are around, during certain activities? Have they had any life changes recently like moving homes, starting a new school, or hanging out with a new group of friends?*
-  *What could happen if it remains unaddressed? They may feel invisible or like no one cares.*
-  *What else might be going on? It could be anything from drugs, depression, abuse, not getting enough sleep, or hormonal changes during puberty.*

SESSION

Communication Skills

Objective 3

Identify elements of successful communication



Exercise 4: Elements of a Satisfying Conversation

Objective 4

Increase skill and comfort in responding to youth using the ASK tool



Exercise 5: ASK: Assess, Support, and Knowledge of Resources



Exercise 6: Role Play

Objective 5

Recognize resources available to youth, youth workers, and youth programs, and feel comfortable using them or referring to them



Exercise 7: Resource Research Activity (optional)



Objective 3

Identify elements of successful communication

Introduction

The goal of this objective is to have all participants work together to explore the many facets of successful and effective communication and conversation between youth and staff, and also between staff members.



Exercise 4: Elements of a Satisfying Conversation



**15 to 25
minutes**

Materials Checklist



Chalkboard &
Chalk
or
Whiteboard &
Dry erase markers
or
Flipchart &
Markers

* Trainer Notes:

Participants generally have a lot to say during this activity. They tend to tell you how they felt during a conversation but they might not give you many concrete examples of what they or the other person did to make them feel a certain way. Don't be afraid to push them to elaborate on their answers, for example, if they say "active listening" ask them how they can tell when someone is "actively" listening. You want participants to have a clear picture in their minds of what steps they can take to be a good listener when they are having a difficult conversation with youth. For more information, see Appendix VI: Tips for Successful Conversations with Youth.



Exercise 4 Directions

① Make sure the entire group can see so that everyone can actively participate.

② Put participants into dyads and write the following prompts onto chart paper:



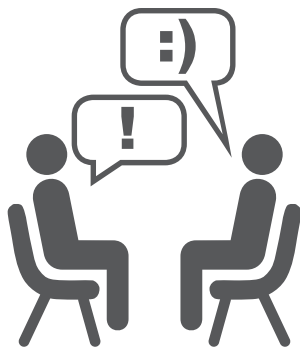
Think of a satisfying conversation you recently had.
What made it satisfying?



How did you know it was satisfying--how did you feel?



What happened during the conversation?






Exercise 4 Directions

- 3 Bring the group back together and lead a brainstorm discussion about the elements of a satisfying conversation. Some examples from past trainings include:

- * Listening was active
 - They made eye contact*
 - They gave me their full attention, put away their cell phone, turned off the computer or TV, etc.*
 - Nonverbal cues like nodding their head, saying “mmhmm”*
 - They reflected back what I was saying in their own words*
- * Listener was supportive
- * Listener was not judgmental
- * Listener affirmed my perspective
- * Listener didn’t rush to solutions or try to “fix” things
- * Listener stayed calm, didn’t overreact
- * Each person got to respond or “say their piece”

- 4 Lead the group toward an agreed-upon list of the most important elements from the brainstorming.

- 5 Ask the group:

-  *How can we make a conversation satisfying for youth?*
-  *Are these still the most important elements?*
-  *Are there other elements that should be included?*



Objective 4

Increase skill and comfort in responding to youth using the ASK tool

Introduction

Communication is a key component of working with youth. It is the goal of this objective that staff become more comfortable communicating with youth and with other staff about BE SAFE issues.



Exercise 5: Using the ASK tool



30 to 45
minutes

Materials Checklist



- ☐ copy of ASK tool for each participant
- ☐ markers
- ☐ flip chart paper

* Trainer Notes:

ASK (Assess, Support, and Knowledge of Resources) is an adaptation of a tool used by social service and community health workers when facing challenging disclosures from youth and adults. ASK is not a comprehensive response, but rather, an empowering communication style that helps navigate difficult issues like safety and mandated reporting. Originally used (as AVDR) by health professionals and dentists to screen for domestic violence in patient settings, the tool helped to increase awareness of and response to family violence. While the ASK tool can be used as a guide for any youth worker, it may be particularly helpful for those who are new to youth work or are less experienced in working with youth on these issues.

Self Care is not included in the ASK acronym not because it is optional. We recommend this fifth component of ASK be presented as an important (albeit invisible) part of the process.



Exercise 5 Directions

- 1 Distribute the ASK tool as a handout for discussion.
- 2 Explain that ASK stands for ASSESS, SUPPORT and KNOW YOUR RESOURCES.
- 3 Begin by discussing ASSESS.



Discussion Prompts



When working with young people, it is important to assess for safety. Safety can be both physical and emotional. Youth workers should ask:

- *Are you feeling safe at home? at school? or in the program?*
- *Are you thinking about hurting yourself or anyone else? Are you thinking about ending your life?*
- *Are you able to come up with a plan for how you can keep yourself safe until we can get you help?*



Staff should consider how they can best ensure privacy or confidentiality of young people who are talking to them about sensitive issues.



Staff should consider how to talk to young people about issues that may conflict with their personal values. For example, a young woman wants help seeking abortion counseling from a staff person who personally does not agree with abortion.



Staff should be aware of and manage their own reactions to the situation. They should ask themselves, “Why am I responding this way? Is it in the best interest of the young person, or is this really about my own anxiety, values, or past experiences?”



Consider the strengths of the young person and identify other supports in their lives. Ask participants what other areas staff could assess during a conversation with a young person.

Exercise 5 Directions

* Trainer Notes:

If you are working in MA with someone under the age of 18, you may be a Mandated Reporter.

 *Ask participants how they could let young people know they are mandated reporters:*

EXAMPLE: *“I want you to know that I take your safety very seriously and there are actually laws protecting you. If we continue this conversation, I may need to get some help to make sure we do everything we can to keep you safe.”*


It is the youth’s choice to continue on or not.


(For more information on mandated reporting, use this link to access the Massachusetts Dept. of Children and Families (DCF) Guide for Mandated Reporters:


<http://www.mass.gov/eohhs/consumer/family-services/child-abuse-neglect/reporting-abuse.html>)

4 Next discuss SUPPORT.

Discussion Prompts

 *Encourage participants to look back at the list from the “Elements of a Satisfying Conversation” activity. Many of them talked about various ways that they felt supported by the other person.*

 *Staff can acknowledge the importance of seeking help and reaching out to others by saying, “I am glad you came to me,” and “thank you for sharing that with me.”*

 *Many times young people feel like they are the only ones who have ever experienced something like this. Staff can help them feel less alone by letting them know that many young people have experiences similar to theirs.*



Exercise 5 Directions

* Trainer Notes:

*Sometimes staff will want to disclose their personal experience with an issue that the young person is bringing up in order to show support or in order to help educate them. For example, a young person may ask a staff person how old someone should be before they have sex. A staff person might be tempted to say, “I was 16 years old when I had sex for the first time.” The staff should first **STOP** and think about why they are sharing this information. Although well-intentioned, it has the potential to take the attention and the focus off of the youth and put it onto the staff member. They should weigh whether or not they are comfortable having the young person know this information about them and whether or not they can convey the message of “you are not alone” in another, less vulnerable, way.*



Staff should show empathy and validate the young person’s experience. Asking a lot of questions may seem like an interrogation. Saying something like “That sounds very difficult. Do you want to tell me more about it?” empowers the young person by putting them in control of their story.



For issues of interpersonal violence, it is important to let young people know that whatever happened wasn’t their fault and that everyone deserves to feel safe.



Let the young person know that your role is to support them and that you can advocate on their behalf. Staff can be supportive in a number of ways beyond just listening; they can offer to sit with the young person while they call their parents, give them a ride to a health appointment, or help them brainstorm or even role play what they can say to their friend or dating partner next time they are feeling pressured to use substances. It is important to follow up – this means check in, don’t nag.



Exercise 5 Directions

5 Next discuss KNOWLEDGE OF RESOURCES.



Discussion Prompts



You do not have to be an expert! You just need to know how to help the young person find others who can help them on the particular issue.



Know a few resources that connect youth to broad ranging issues.



When you give a contact, try to be as specific as possible. Let the youth know about the agency's services, contact information, and hopefully, if you have it, a person's name. Your level of trust in the institution will make a difference.



If the youth declines the referral, let them know that they have options and can always get the information another time; leave the door wide open.



Exercise 5 Directions

- ⑥ Close the discussion with SELF CARE.



Discussion Prompts



Staff should try to be aware of their own reactions. Let them know that it is normal for youth workers to feel similarly to their youth after hearing about difficult or traumatic experiences. A range of emotions like sadness, anger, guilt, fear, or a feeling that it will never change or get better are common as well as having nightmares or increased anxiety.



Encourage them to speak to someone about their experience. Whether this person is from inside or outside your organization, it is important that you can be able to trust them. Seek on-going support and guidance.



Youthwork is a high turnover field. It is normal for people who work directly with young people to start feeling symptoms of compassion fatigue or vicarious trauma. Help them understand that they are not alone. Encourage them to talk to their co-workers or supervisor about what is bothering them. It is important for organizations to support their staff in this work.

For more information about vicarious trauma visit the headington-institute.org

* Trainer Notes:

Prior to the training, find out if there are resources in your community that deal with vicarious trauma and provide that information during the training.



Exercise 6: Role Play



**60 to 90
minutes**

Materials Checklist



- ☐ Note cards
- ☐ Pens/pencils
- ☐ Pre-cut scenarios

* Trainer Notes:

BE SAFE is an experiential program at the core, and participants learn best by doing. Role playing is a great way to give participants the experience of practicing their new skills in a safe environment.

We have found that the best scenarios come from the participants. Try to have the participants provide scenarios from personal experiences—ones where they felt particularly challenged or ones they felt they didn't handle as well as they might have. If you don't have time or participants have trouble coming up with their own scenarios, you can use the sample scenarios in Appendix IV.

Participants should keep in mind the Elements of a Satisfactory Conversation and the ASK Tool as they carry out their role plays.



Exercise 6 Directions

- ① Ask participants to take a moment and reflect on a situation they have addressed with a youth that was particularly challenging for them or a situation that they are worried about having to address with a young person.
 - ? How old was the young person? Was mandated reporting a concern? Why or why not?
 - ? Were there any clear boundary issues between the young person and staff, or between other young people?
 - ? What was your main concern in the situation? What was the young person's? Were they the same?
 - ? Were you able to utilize program policies for guidance? Community resources? What other resources could have been helpful?
- ② Allow time for participants to write down their scenario with all relevant information. Collect the scenarios and redistribute them. If there is time, read through the scenarios and select the ones that would be best to role play. Try to get a mix of different issues and difficulty levels.
- ③ Depending on which method of role play you choose (Fishbowl or Small Group Centered) follow the instructions below.
- ④ While they are in small groups, walk around to each group and offer suggestions or feedback. Encourage them to really act it out, not just discuss it, as they may be asked to perform their scenario in front of the full group afterwards.



Exercise 6 Directions

- ⑤ Save enough time at the end in order to process every scenario with the whole group.

(((*Focus the discussion on what came up and how they handled the situation.*

(((*Ask the person who played the youth worker how it felt for them to have that conversation, what was challenging for them, and where they felt they did a good job.*

(((*Ask the person who played the youth if they had any feedback for the youth worker. Did they feel comfortable talking to this person? What did the youth worker do well? What else could they have done?*

(((*Ask the coach if they have anything to add.*



Exercise 6 Methods of Role Play

Fishbowl

Begin with two participants at the front of the room: one is the youth, one is the youth worker. Participants who are observing may tag in and out as they'd like, to introduce new challenges or try new strategies. Some groups are more reserved than others so you may have to be more active as a facilitator while other groups are so outgoing that you may take on more of a referee role.

* Trainer Notes:

If you have trouble facilitating a quieter or a rowdier group, interrupt and explain that everyone's participation is key and that they should keep in mind the "Step up, Step back" ground rule in order to allow enough space for everyone to participate in a meaningful way.

The use of coaches for both youth and youth worker roles seems to be beneficial to participants. This not only engages more participants in each role play, but provides an opportunity for engaged observers to provide instant feedback to the role players. Have the coach sit next to the role player and provide suggestions or "coach" them through the role play. For example, a coach might tell the person playing the youth to be more challenging.

After each scenario in the fishbowl, break the group into triads (a youth, a youth worker, and a coach) and have each triad tackle the same role play on their own. This will provide the participants with an opportunity to try out a different role or further explore the issues that came up for them. The coach should be actively observing the role play and be prepared to offer suggestions and advice to the youth worker.

Small Group Centered

Break the group into triads, with one person playing the role of the youth worker, one person playing the role of the youth, and the third playing the role of a coach.

Have the triads spend time acting out the role play and then have each group present their scenario (in role play form) in front of the larger group. The coach and others should feel free to step in and provide help when it's needed. Help should be given as a brainstorming of ideas. Process with the group what worked and what didn't work.

Fishbowl



Small Group Centered





Objective 5

Recognize resources available to youth, youth workers and youth programs and feel comfortable using them or referring to them

Introduction

The purpose of this activity is to give participants an opportunity to explore resources for their youth and for themselves. Staff are not expected to know everything, but they should know where to go to get information, or where to send fellow staff or youth. Depending on available time you can either do the exercise described below or assign it for homework. Either way, participants should be encouraged to explore their local resources on their own.



Exercise 7: Resource Research Activity



**45 to 60
minutes**

Materials Checklist



- ☐ Brochures from your organization and your partner organizations,
- ☐ a resource guide
- ☐ markers
- ☐ posters
- ☐ laptops with internet connections.

* Trainer Notes:

Youth workers overwhelmingly ask us for resources for their youth. “What’s out there, how can my youth access it, and how will I know whether or not it’s any good?” Helping them develop the skills to find, access, and even critique local resources before a crisis hits is critical. Bring brochures and resources from your programs and your partner programs into the training, but give them room to make their own determinations of what materials and resources would be best for their youth. In the internet age it can be as easy as 1-2-3-google to find information about mental health, sexual health, substance use, and dating and sexual violence, but that information isn’t always accurate and the resources aren’t always competent at working with teens.

The ideal training space for this exercise is a space with computers and internet connection, but we recognize that can be hard to come by. In our experience, most youth workers come to sessions with their smart phones. If people are willing to group together and surf the web on their smart phones, that can work too.



Exercise 7 Directions

- ① Break the participants into dyads or groups of three and hand each group poster board and markers.
- ② Assign each dyad/small group one of the following issues:
 - Sexual health and sexuality
 - Mental health
 - Substance use
 - Sexual violence
 - Teen dating violence
 - Ask for other suggestions from the group

* Trainer Notes:

In the past people have suggested homicide bereavement, bullying, teen parents, homelessness, etc.

- ③ You can have more than one group assigned to the same issue area. NOTE: If you have specific sites you want to recommend, do so before they start searching.
- ④ Have participants search for resources in their local communities and spend time on the sites looking for:
 - What does the resource have to offer?
 - Who is this resource aimed at? Would youth be able to understand this website or access this resource?
 - How and when would it be used?
 - What can someone expect from this resource?
- ⑤ After they find a website or resource that they are confident in, ask them to create a poster advertising this resource in their program. How would they catch young people's attention? What is the most important thing they would want a young person to take away?
- ⑥ Bring the group back together and have each small group share their poster with the larger group, as well as information about the resources that they found.

SESSION

Programs, Policies and Procedures

Objective 6

Know program policies; recognize strengths, limitations, and potential gaps in policies, and increase staff consistency in implementation



Exercise 8: Poster Walk



Exercise 9: What is a Safe Space?



Exercise 10: Review of current Policies and Procedures

Introduction

It is important for staff to be familiar with the policies, procedures, and protocols of their program. Not only will it help them respond in the moment, it will ensure consistency and help maintain a safe space for all young people. Many youth workers come from programs that lack clear policies around issues of mental health, sexual health, substance use, healthy relationships, and sexual violence. Clear, well-informed policies enable youth to ask questions, share their feelings, and grow into healthy adults. This part of the training is to help staff familiarize themselves with current program policies as well as identify the missing pieces. It can be helpful to include program directors in this part of the training to support staff in advocating for policy change. We encourage programs to engage their staff, youth, and parents in the development, review, and modification of their policies and procedures.



Exercise 8: Poster Walk



**30 to 45
minutes**

Trainer Notes:

The poster walk is a great way to bridge the resource discussion from the previous session to today's topic of policies and procedures. It allows people to apply what they have learned about the BE SAFE issues to their own programs. It also helps them think about how their own personal values and beliefs regarding the issues impact what messages they feel comfortable displaying at their individual programs.

Materials Checklist



- ☐ Chart paper and markers
- ☐ Printed out posters from as many health issue areas as you can find. You can choose posters on themes of sexuality, drug use, mental health, or others. Many posters are now available online and can be downloaded and printed. Check out www.besafe.org for sample posters under each of our issue areas. It is important to look for posters that are geared towards middle school and high school-aged youth.



Exercise 8 Directions

- ① Make sure to get there early to tape posters up along the walls or put them on various tables or surfaces throughout the room. There should be enough space between each poster for people to gather.
- ② Ask participants to stand next to a poster that they would feel comfortable displaying in their program.
- ③ After participants place themselves around the room next to the poster of their choice, have them introduce themselves and answer the question “What is it about this poster that speaks to me?”
- ④ Write down what they are saying on chart paper at the front of the room.
- ⑤ After all of the participants have spoken, you can recap the discussion by reading off the list of themes, or criteria, that have emerged.
- ⑥ If the following responses aren’t brought up you can include them in your discussion of what makes a good poster:
 - (((Educate about an issue
 - (((Normalize an issue or experience that isn’t usually discussed
 - (((Change social norms related to gender, race, sexuality, etc
 - (((Promote healthy behaviors
 - (((Raise awareness of local resources that could be beneficial to young people in the program
 - (((Encourage youth to talk to program staff



Exercise 9: What is a Safe Space



30 to 45
minutes

Materials Checklist



☐ Newsprint

☐ Markers

* Trainer Notes:

For most of the training, we have been helping youth workers become “safe people,” by teaching them the skills to respond well to difficult disclosures from young people. Youth programs are more than just the people, however, and the physical layout of a program can contribute significantly to how safe people feel when they are in that space. From the posters on the wall or the slang used between youth, to a resource table, or lack there of, in the middle of a common area, it is important for program staff to consider how they send and reinforce messages of mutual respect, healthy living, support, and safety.



Exercise 9 Directions

- ① Begin by posing the question, “What does it mean to feel safe?”
 - (((Ask if safety is just about physical safety, or if it can also be emotional.
- ② Write responses on newsprint or chalkboard, encouraging participants to keep their ideas both general and realistic.
- ③ Ask participants to think about a time when they felt really comfortable or safe. Where were they? What was contributing to that feeling?
- ④ Divide the participants into small groups.
Give the groups basic instructions:
 - (((Each group will draw a map of a “safe space” for youth. Afterwards we will come back together and give each other virtual tours of the space.



Exercise 9 Directions

- ⑤ Walk around to the different groups in order to make yourself available for questions or feedback.
- ⑥ After just about every group has had enough time to draw a map, call everyone together and ask for volunteers to give the first tour. After each tour, ask the entire group:
 - (((What did you like about the space?
 - (((Have you ever seen a space like this? Where?
 - (((What might be challenging about creating or being in this space?
- ⑦ Conclude with the Discussion Questions below. Record answers on chart paper.
 - (((Why is it important for youth programs to be a “safe space” for all youth?
 - (((What can young people do to create a safe space for other young people?
 - (((What can adults do to create a safe space for young people?



Exercise 10: Review of current Policies and Procedures



60
minutes

Materials Checklist



- ☐ Staff should bring in current program policies, preferably one policy per person
- ☐ Policy and Program Activity Survey
- ☐ Chart Paper
- ☐ Markers

* Trainer Notes:

It is important to set the right tone for this conversation. Participants may worry about looking foolish or even getting in trouble at work for asking for clarification about program policies and procedures, pointing out instances where they have not been followed, or commenting on their inadequacy. In order to encourage honest dialogue, you may want to say something like, "If something is unclear or doesn't make sense to you, it is probably confusing or unclear for others at your organization and that is important information for your program." Remind them that they are in this training to increase their skills and confidence when working with young people on these issues, and their questions, experiences, and insight are important to this process. You can also refer back to the Process Agreements from the first session.

If possible, try to get in touch with program managers or directors and have them hold a review of program policies and procedures with their staff prior to this activity. The purpose of this review is to bring the staff to a common understanding of the policies and procedures; to raise questions; to think about how the policies and procedures are implemented; and to identify where there might be grey areas or areas needing revision.



Exercise 10 Directions

- ① Hand out the Policy and Program Activity Survey and ask people to fill it out as best they can individually.
- ② Break into small groups of 3-6 participants.
- ③ Ask the groups to share and discuss their current program policies relating to the BE SAFE issues of mental health, sexual health, substance use, healthy relationships, or sexual violence.
- ④ Bring the group back together and ask if their conversations revealed any situations where:
 - (((the policies and procedures are silent?
 - (((they are not followed?
 - (((the participants would like more guidance?
 - (((the policies and procedures are perhaps too complex and/or confusing to be useful?
- ⑤ Record their answers on chart paper.



Appendix I Icebreakers

Icebreakers are an important part of any group training or session. They allow the facilitator to get to know the participants and allow the participants to get to know the facilitator and one another.

Icebreakers also get everyone in the group to say something, no matter how quiet or shy they may be. This initial chance to speak will increase the participant's likelihood of speaking later in the training. At BE SAFE, we value the opinions and ideas of all participants and want everyone to have the opportunity to speak and share.

Icebreakers are a great opportunity to get everyone moving; to increase or focus the group energy; and to help everyone in the group feel more comfortable tackling big issues together. A BE SAFE training session should always include an icebreaker.

Below is a list of six successful icebreakers. If you have a favorite that isn't on the list, please feel free to use it, and send it along to us!



1 All my Neighbors

All participants sit in a circle, except one, who stands in the middle. The participant in the middle thinks of something about themselves that they feel comfortable sharing with the group and calls out "All my neighbors who ____." Those participants in the circle who fit the call must leave their chair and find a new one that is not directly next to the original. The participant without a spot is now in the middle and the game continues. It is helpful for the facilitator to give some examples to help the group get started. Some common examples are, wears contact lenses, has a tattoo, was born in a different state, plays an instrument, loves football, etc.

*** Materials:** A chair for all participants minus one.

*** Notes:** This icebreaker is great for people who don't know each other, but also works well with a staff who work with one another daily. Be careful with this icebreaker the movement can be dangerous! Be sure to set some ground rules about speed and intensity to make sure everyone is safe.



Name Ball

Participants toss a ball to a person while saying their name. Each person must receive the ball once, and then the process begins again. The trick is, the order must remain the same!

* **Materials:** A soft ball or ball of yarn.

* **Variations:** Have the group try to throw the names to the person who originally threw to them (reverse order). This will show how well they paid attention!

* **Notes:** This icebreaker is great for helping participants learn each others' names, and would double as an introduction exercise as well. Be sure to use a soft ball that will not hurt and make sure there is enough space for people to move and toss/throw the ball.



Two Truths and a Lie

Each participant chooses three “facts” about him/herself (two of which are true, and one of which is a lie) to share with the group. The group must then guess which “fact” is the lie.

* **Notes:** This icebreaker tends to work best with a group that does not know each other very well. As there is no motion involved in this icebreaker, it is not a good “energizer.”



Guess Who

Place a card with a famous person's name on each participant's back. Participants then mingle and must guess who is on their back or “who they are.” Participants may only ask yes/no questions and may only ask one question to each participant before moving on to a new person.

* **Materials:** Paper and tape.

* **Variations:** Use famous places or people who are relevant to the organization or topic of training.

* **Notes:** This activity can take a lot of time, depending on the participants' familiarity with the famous people/places they've been assigned. Be sure to keep people moving, and allow time for them to discuss the people once they've discovered whose name they had (this is a great conversation starter).



Birthday Partner

Have participants mingle in the group and find the person whose birthday is closest to theirs. These two then pair off and discuss their favorite book, TV show, movie or favorite food, and why they like the work they do. Have each person in the pair take turns introducing their partner to the rest of the group and sharing what they learned.



Notes: Be sure to request that each pair present specific information. This may not work as well for coworkers, unless you request information they may not know already. Be sure that the information that you ask the participants to share does not put people on an unequal footing (asking about a dream house or a favorite place to vacation might be inappropriate).



Favorite Age

Have each person pick their favorite age and say why. Identify themes with a quick summary and point out differences.



Notes: This is not a kinesthetic icebreaker, so should not precede an activity that requires a long time to sit and listen. This activity is great because it can easily be related back to adolescence. If people recall adolescence as their favorite time it can help participants remember back to what was important to them when they were the age of the youth with whom they now work. If people remember other ages as their favorite time it can help them empathize with the young people.



Appendix II Process Agreements

Here are some common agreements about the process of BE SAFE training, also known as “ground rules.” Ground rules help set the tone for a successful training. This list is meant to serve as an example of what your group might brainstorm, and is certainly not exhaustive. Be sure to include any agreed-upon process agreements from your group, and suggest the agreements below as you see fit.

- * Confidentiality: What happens here stays here (but take the lessons with you!)
- * Safe space: Respect what others say, everything is comfortable, don't poke fun
- * Be respectful: Words and body language
- * Active listening: Take in what everyone is saying without worrying about what to say next
- * Step up/Step Back: if you normally dominate then step back, if you are normally quiet then step up. Everyone should have a chance to participate and speak
- * Give everyone the benefit of the doubt
- * Sensitive use of humor



Appendix III

Sample Role Play Scenarios

Here are several role play scenarios to provide as examples for the group. While these scenarios are actual issues that have come up in youth service programs, try to use issues that make sense for your audience. In triads, each member can play the roles of youth, youth worker, and "coach". The scenarios are categorized by intersecting BE SAFE issues. This exercise helps youth workers increase their skill and comfort in responding to youth.

*** Trainer Note:** Remember your ASK tool.



1 Alcohol and Sexual Violence

- * You overhear a 14-year old talking about passing out drunk at a party last weekend. He was telling a friend about making out with another person but not being able to remember who it was. As a youth worker, what is your response?**
- * During a group sharing, a youth disclosed that she drank so much last weekend that she passed out. She remembered that there were 3 guys around her and she didn't really know what happened. How would you respond in the moment? Later on?**



2 Alcohol and Drugs

- * You notice that a young person comes into the program hung-over nearly everyday. They tell you that they are feeling tired and ill, and you notice they have stopped participating in activities. How would you intervene?**
- * Youth in your program are Facebook friends of the organization. While you update the organization's status, you notice that one young person's status references using drugs. How do you address this issue?**
- * Lately, many people on staff are concerned about a certain young person. The young person's attendance has been erratic, there has been a noticeable change in their attitude and rumors have been circulating about their substance use. It was agreed upon that you would approach the 16 year old. How do you handle this?**



Sexual Health

- * A young person in your program asks you where he can get condoms for cheap. How do you respond?
- * A youth in your program tells you she is sexually active, and wants to know how to get birth control. What do you tell her?
- * A young person in your program confided to another young person that she has HIV. After the two have a falling out, other youth in the program begin excluding and bullying her. What do you do?



Mental Health

- * In a group sharing activity, a youth discloses that she has recently had thoughts of suicide. How do you respond?
- * A youth in your program pulls you aside and tells you that her friend is cutting her wrists. The youth is very concerned, but her friend does not wish to seek help. What can you do?



Violence/Crime

- * A youth in your program has a sibling who is facing jail time and explains that this is creating a lot of tension at home. How do you respond?
- * During a group sharing activity, a youth shares that he is beginning to get gang involved. All of his friends are already involved in gangs. How would you approach this situation?
- * A young person seems to be very sad—sometimes crying and preoccupied with personal issues. He opens up about losing friends to violence. He is feeling hopeless and depressed. He is no longer in school and is missing a lot of work. How would you handle this?

Unsure what to say?

Just **ASK**

Assess

- * Immediate physical concerns
- * Immediate emotional concerns
- * Privacy and confidentiality
- * Ask yourself, “Am I the best person to handle this?”

Support

- * Let the young person decide what to talk about
- * Believe them
- * Help them understand their options and how to access them
- * Be respectful of their decisions
- * Use their language
- * Validate their experiences

Know

- * Be prepared with relevant information and resources
- * Know the impact this work can have on you

Remember: the goal of any conversation should be to provide a safe place for a young person to seek what they need.



Appendix V Concluding Exercises

After all objectives have been met, it is important to bring closure to the training before evaluation forms are distributed. This provides participants the opportunity to reflect on what they have learned throughout the training and what they will take away from the training. We have suggested two different activities that have been utilized in past trainings, however, please feel free to use your own activities as well.



1 Sentence Stem

Write the following three sentence stems on chart paper. Have each participant choose one of the following sentence stems to complete. Then go around the room and let each participant complete their chosen sentence.

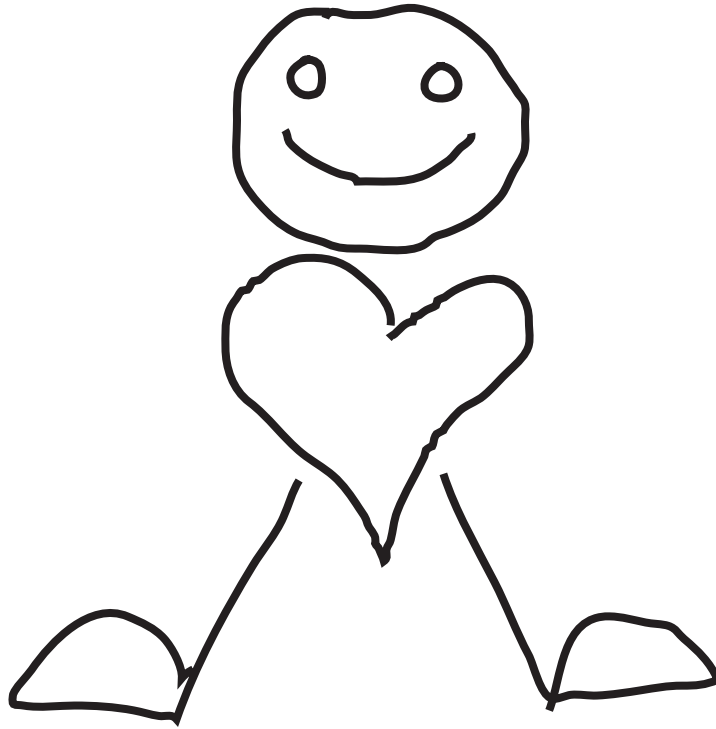
- * One thing I am taking away from this training is _____
- * One thing I will do differently as a result of this training is _____
- * One thing I learned during this training is _____



Head, Heart, Feet

Materials: chart paper, markers, sticky notes, pens

Recreate the following graphic on a chart paper, or chalk/white board:



1. Give each participant three sticky notes. One for the “head” one for the “heart” and one for the “feet”
2. On the “head” sticky note, request that each participant write one thing they learned which they will take with them.
3. On the “heart” sticky note, have each participant write one thing that they have felt deeply or which moved them during the training.
4. On the “feet” sticky note, have each participant write steps they will take as a result of this training.
5. When they have completed all three sticky notes, invite participants to stick each note on the correlating body part. Then read them aloud to the group.

Resources for Youth Workers

	Resource	Website/Helpline	Hours
Sexual Assault Domestic Violence	BARCC Boston Area Rape Crisis Center	www.barcc.org 800.841.8371	24 hours/ 7 days
	<i>Call for questions or concerns about sexual violence- rape, date rape, sexual assault, sexual harassment, stalking, incest. Services offered include 24 hr accompaniment to the hospital, case management, counseling, and legal services for victims, families and friends. English and Spanish</i>		
	SafeLink	877.785.2020	24 hours/ 7 days
	<i>Massachusetts based hotline that offers information and referrals for domestic violence, dating violence, and violence in the home. English and Spanish</i>		

Sexual Health	AIDS Action Committee Helpline	www.AAC.org HIV/STD's: 800.235.2311 Hepatitis: 888.443.4372	Monday-Thursday 9am-8pm Fridays 9am-5pm
	<i>Info and referrals for HIV, hepatitis, and sexually transmitted diseases (STDs) in Massachusetts. Interpreters available for many languages</i>		
	Planned Parenthood League of MAW	www.PLANNEDPARENTHOOD.com 800.258.4448	Monday-Thursday 9am-8pm Fridays 9am-6pm
	<i>Info and referrals for HIV, hepatitis, and sexually transmitted diseases (STDs) in Massachusetts. Interpreters available for many languages</i>		
	STD411	www.STD411.com 800.235.2311	Monday-Thursday 9am-8pm Fridays 9am-5pm
	<i>Provides information on sexually transmitted diseases and infections and offers service referrals in Massachusetts. Interpreters available for many languages</i>		
	Advocates for Youth	www.ADVOCATESFORYOUTH.org	24 hours/ 7 days
	<i>Provides information on sexually transmitted diseases and infections and offers service referrals in Massachusetts. Interpreters available for many languages</i>		

Substance Use	Massachusetts Substance Abuse Information & Education Helpline	www.HELPLINE-ONLINE.com 800.327.5050	24 hours/ 7 days
	<i>Info and referrals for drug and alcohol problems including info on rehabilitation, counseling and detox facilities in Massachusetts. Language Interpreters available for many languages</i>		
	Free Vibe	www.FREEVIBE.com	24 hours/ 7 days
	<i>Offers advice on how to determine and talk to youth about their substance abuse and provides free resources as well.</i>		

Mental Health	Safe Youth	www.SAFEYOUTH.org	24 hours/ 7 days
	<i>Offers information and resources for youth dealing with bullying, school violence, and other unhealthy social relationships and gives referrals to other crisis hotlines.</i>		
	Nineline	www.NINELINE.org 800.999.9999	24 hours/ 7 days
	<i>Call if a youth is facing issues surrounding community violence, depression or suicidal thoughts, or has general issues with being involved in unhealthy relationships or crisis.</i>		

**DCF (Department for Children & Families) 24-hr Hotline for information on 51-A filing: 1-800-792-5200.
Call for questions about how and when to file and for clarity on which situations must be reported**

Resources for Youth

	Resource	Website/Helpline	Hours
Sexual Assault Domestic Violence	BARCC Boston Area Rape Crisis Center	www.barcc.org 800.841.8371	24 hours/ 7 days
	<i>Call for questions or concerns about sexual violence- rape, date rape, sexual assault, sexual harassment, stalking, incest. Services offered include 24 hr accompaniment to the hospital, case management, counseling, and legal services for victims, families and friends. English and Spanish</i>		
	SafeLink	877.785.2020	24 hours/ 7 days
	<i>Massachusetts based hotline that offers information and referrals for domestic violence, dating violence, and violence in the home. English and Spanish</i>		

Sexual Health	Planned Parenthood League of MAW	www.PLANNEDPARENTHOOD.com 800.258.4448	Monday-Thursday 9am-8pm Fridays 9am-6pm
	<i>Call for information and service referrals dealing with birth control, pregnancy options, Sexually Transmitted Infections including HIV/AIDS and other aspects of reproductive health. English and Spanish</i>		
	Maria Talks	www.MARIATALKS.com 877.627.3933	Monday-Thursday 9am-8pm Fridays 9am-5pm
	<i>Offers comprehensive information and referrals targeted to youth and young adults for issues of Adolescent Sexual health including Family Planning, Emergency Contraception, Sexual Assault, STDs, etc.</i>		
	BAGLY: The Boston Alliance of Gay, Lesbian, Bisexual & Transgender Youth	www.BAGLY.com	24 hours/ 7 days
	<i>Community support network for LGBT youth offering health service references as well as programming geared towards social change work.</i>		

Substance Use	Above the Influence	www.ABOVETHEINFLUENCE.com	24 hours/ 7 days
	<i>Offers information and advice for youth on how to avoid pressures in using drugs/alcohol, while providing various resources for substance abuse.</i>		
	Free Vibe	www.FREEVIBE.com	24 hours/ 7 days
	<i>Offers advice on how to deal with substance abuse and provides free resources as well.</i>		

Mental Health	Safe Youth	www.SAFEYOUTH.org	24 hours/ 7 days
	<i>Offers information and resources for youth dealing with bullying, school violence, and other unhealthy social relationships and gives referrals to other crisis hotlines.</i>		
	UR HealthStyle	www.URHealthStyle.org	24 hours/ 7 days
	<i>Offers youth various health resources on topics from sexual health, mental health, eating disorders, etc.</i>		
	Samariteens	www.NINELINE.org 800.999.9999	24 hours/ 7 days
	<i>A teen lead hotline that allows youth to call and get advice from their peers if they are struggling with depression, loneliness, or stress.</i>		



Appendix VII BE SAFE Glossary of Terms

40 developmental assets: developed by the Search Institute™, this term is used to refer to 40 internal and external positive experiences, meaningful opportunities and personal qualities that young people need to be responsible, successful, and caring.

A

Abortion: a medical procedure that terminates a pregnancy.

Abstinence: voluntarily choosing to not engage in certain sexual behaviors, including any sexual behaviors that can result in pregnancy or STIs. People may have different ideas about what constitutes abstinence, from no sexual contact of any kind, including kissing, to abstaining only from sexual intercourse.

Abstinence-only curriculum: sexuality education programs that promote delaying sex until marriage. These programs often do not provide medically accurate information about contraception, safer sex, or sexual orientation.

Addiction: is a condition where you become dependent on or can't do without physical substances or any activity to the point where it impacts your daily life and social functioning and stopping it is very hard and causes severe, and often painful, physical and mental reactions. Or "a chronic, relapsing brain disease that is characterized by compulsive substance seeking and use, despite harmful consequences. Addiction is considered a brain disease because drugs change the brain; they change its structure and how it works. These brain changes can be long lasting and can lead to many harmful, often self-destructive, behaviors (National Institute of Drug Abuse, 2011).

Adolescence: the period of life from puberty to adulthood when a young person "grows up" and changes physically, socially, cognitively, and mentally.

Adultism: Promoting only an adult view, which negates the importance or inclusion of youth voice or views.

Age of consent: the minimum age for someone to be considered legally old enough to engage in sexual intercourse. These ages vary state to state.

Aggression: Physical or verbal behavior that is intended to harm another person.

Ally: Any individual who supports or advocates for people in less advantaged positions in society. For example, a straight-identified individual who speaks out against discrimination or anti-gay bias could be considered a "straight ally".

A Anti-oppression: strategies, theories, and actions that challenge illegitimate power structures such as racism, capitalism, sexism, and heterosexism.

Asset-based model: a positive approach which aims to identify existing individuals, group, or community strengths and build upon them.

B Bisexual: a person who is attracted to people of all genders.

Body image: one's attitudes and feelings about one's own body and appearance.

Bullying: repeated verbal, physical, social, psychological, or online attacks or picking on a person that cause distress about present and the possibility of future attacks.

Bystander: someone who is present at, or witness to, an event without participating in it. There are no "innocent bystanders." When harm is inflicted on another person, bystanders have the power to help.

C Child abuse: The physical, sexual, or psychological/emotional abuse of a minor under the age of 18. This includes neglect that results in harm or potential harm of the child. Any adult who interacts with a child/youth who suspects such abuse is occurring is mandated, by law, to report this to the child welfare agency in their community.

Climate of safety: a place where anyone can relax and be fully themselves, without fear of being made to feel uncomfortable, unwelcome, or unsafe due to their biological sex, race/ethnicity, sexual orientation, gender identity or expression, cultural background, age, or physical or mental ability. This is also a place where the rules guard each person's self-respect and dignity and strongly encourage everyone to respect others.

Coming out: an individual's process of accepting their own sexual and/or gender identity and then sharing with family, friends, and others.

Comprehensive sexuality education: education that promotes a positive view of sexuality as a natural part of human development. It also provides information about sexual abstinence, pregnancy and disease protection, and sexual orientation. Finally, it provides teens with skills to ensure they are able to take care of their sexual health and make healthy, responsible decisions.

Condom: a sheath of thin rubber, plastic, or animal tissue that is worn on the penis during sexual intercourse. Some brands can also be placed inside the vagina or anus. It is an over-the-counter, reversible barrier method of birth control that also provides protection against sexually transmitted infections.

Confidentiality: The protection of information (written or spoken) that is shared between people from being shared with others, unless a written consent is given. Staff 15 working with youth are bound by state and federal guidelines regarding the release of information. Exceptions to confidentiality include the release of information because a person is believed to be at risk of harm by others, or harming themselves or others.

C **Contraception:** the prevention of pregnancy; birth control.

Cultural competency: the knowledge, understanding, and skills to work effectively with individuals from different geographic, religious, cultural, gender, sexual orientation, racial and other backgrounds...

Cultural norm: an activity, belief, or value that is shared by members of a particular culture. Deviation from cultural norms often invites scorn, ridicule, punishment, or banishment.

Cyber bullying: The use of e-mail, instant messaging, Internet, digital technology, or a mobile phone to repeatedly harass, threaten, or humiliate another person.

D **Date rape:** forced sex of any kind while on a date or in a dating relationship.

Dating violence: is when one person in a dating relationship hits, harms, verbally assaults, psychologically harms, or threatens the other person in the relationship. It also includes coercion to perform or participate in sexual activities.

Depression: a common condition that can result in extreme sadness, loss of interest, feelings of guilt or low self-worth, and changes in eating and sleeping behaviors. Some depression has a medical basis and, like other medical conditions (such as diabetes) benefits from taking medication to regulate it.

Discrimination: the unjust or prejudicial treatment of an individual or groups of people based on differences from the majority group in areas such as class, race, cultural background, sexual orientation or gender identity.

Diversity: the presence of many different kinds of people, including people of various racial and ethnic backgrounds, sexual orientations, and social classes.

Domestic violence: a pattern of coercive behaviors that may include repeated battering and injury, psychological abuse, sexual assault, progressive social isolation, deprivation, and intimidation. These behaviors are perpetrated by someone who is or was involved in an intimate relationship with the victim.

Dominant culture: the group that holds political, ideological, and economic power in a diverse society.

E **Eating disorders:** a group of illnesses characterized by disturbed eating patterns and a preoccupation with body image. These disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders not otherwise specified.

Emergency contraception: the use of oral contraceptives or IUDs to prevent pregnancy after unprotected intercourse has occurred. (see Plan B®)

G **Gay:** in common usage, a synonym for “homosexual” but especially for “male homosexual.”

G Gender: An individual's self-expression of maleness or femaleness, which may or may not be the same as their biological sex. Gender also includes social and cultural norms that correspond with gender identity.

Gender conformity: is a person who acts within the culturally expected gender role for his or her biological sex.

Gender expression: the ways in which an individual communicates gender identity to others through behavior, clothing, hairstyle, voice, and/or the emphasis or de-emphasis of bodily characteristics. This is not an indication of sexual orientation.

Gender identity: An individual's concept of their own gender that which is unrelated to sexual orientation. Some people may not identify with either male or female, but somewhere in between.

GLBTQI: is a popular abbreviation for "gay, lesbian, bisexual, transsexual/transgender, queer/questioning, intersex" implying community inclusiveness. (also see LGBTQI)

GSA: stands for Gay-Straight Alliance, which is a youth based GLBTQ support group based in high schools across the United States.

H Harassment: refers to a wide range of offensive behaviors that are disturbing or threatening. (also see bullying)

Harm reduction: An approach and philosophy to working with people at high risk for HIV, STIs, OD and other health threats. Harm Reduction meets people where they are in regards to their risky behaviors and desire/interest in making changes and supports them in doing what they want to do while lowering any associated harms (directly or indirectly related to health issues like HIV or Overdose). Harm Reduction includes a wide spectrum of strategies from abstinence from the behavior, modification of the behavior to no change at all. Harm Reduction has traditionally been applied to Intravenous Drug Users (IDUs), but is now effectively applied to many other communities at risk.

Hazing: A humiliating or degrading act expected of someone joining a group (e.g. sports team, fraternity, etc.), that may cause physical or emotional harm.

High risk behavior: a pattern of behavior in which a person engages in highly dangerous and possibly illegal activities, such as violence, excessive alcohol or drug use, or unprotected sex, placing them at risk for contracting a disease or other problematic outcomes.

HIV/AIDS: HIV stands for the human immunodeficiency virus, which harms the immune system that protects the body. People who have HIV may not have any symptoms for up to 10 years, but they can give it to others through unprotected sex, blood transfusions, mother to child transmission, and sharing drug needles. HIV may lead to full-blown AIDS. AIDS is a set of conditions that are part of the last stage of HIV.

H Homophobia: fear and or hatred of people who are gay, lesbian, or bisexual.

Homosexual: someone who has sexual desire/ attraction for people of the same gender.

Human Rights: refers to the “basic rights and freedoms to which all humans are entitled”, giving rights to basic needs such as education, health, housing, and democratic voice/vote.

Internalized Racism: Believing in prejudiced and racist views about you and your own racial group and letting it negatively influence how you see yourself or how you act.

Interpersonal violence: can be subdivided into: a) family and intimate partner violence, which occurs between family members and intimate partners usually, though not always, taking place in the home. This includes child abuse and neglect, intimate partner violence and elder abuse; b) community violence which includes violence between unrelated individuals, who may or may not know each other. It generally takes place outside the home. The latter includes youth violence, random acts of violence, rape or sexual assault by acquaintances or strangers, and violence in institutional settings such as schools, workplaces, prisons and nursing homes.

Intimate partner violence: is defined as physical, emotional, or verbal abuse, forced isolation, threats, or intimidation occurring between current or former spouses, dating heterosexual couples, and those in gay, lesbian or transgender relationships.

Lesbian: a homosexual woman. A woman who is attracted to or desires other women.

LGBTQI: is a popular abbreviation for “lesbian, gay, bisexual, transsexual/transgender, queer/questioning, intersex” implying community inclusiveness. The acronym GLBTQI is also commonly used.

Lubricant: a substance that feels slippery and is used to help make sex more comfortable or pleasurable. During sex, a person can put lubricant on the outside of a condom or inside a woman’s vagina or a person’s anus before and during sex. This can keep a condom from getting dry and breaking during vaginal sex or anal sex. There are two kinds of lubricants: water-based and oil-based. A water-based lubricant is the best because it won’t cause a latex condom to break.

M Masturbation: touching one’s own genitals for pleasure.

Mediation: bringing in an outside person to help end a conflict.

Mental health/wellness: the capacity of people to have positive thoughts, feelings, behavior and relations with others. Mentally healthy people interact with one another and their environment in ways that promote wellbeing, achievement of goals, and optimal use of their abilities.

N Neglect: a type of maltreatment that refers to the failure by the caretaker to provide needed, age-appropriate care.

N **Non-dominant culture:** A group that may be marginalized or oppressed and does not hold political, ideological, and economic power in a society.

O **Oppression:** The unjust abuse of power by one group over another. It may include, but is not limited to racism, sexism, classism, heterosexism, ageism, etc.

OST: is an abbreviation for out of school time which refers to the hours when young people are not in school and a place where youth can come after school. While in such programs, mentoring and activities for youth are typically available.

P **Parental consent:** Requirement that one or both parents give written permission for a minor child to receive medical attention or to enter into legal contract.

Peer pressure: social pressure on somebody to act, partake in activities, or dress a certain way in order to be accepted as part of a group.

Physical abuse: any physical injury, threat of injury, or threat of a situation that has a risk of physical harm, disfigurement, or death. Physical abuse can include hitting, kicking, biting, slapping, punching, and pushing. Physical abuse can also include such things as withholding access to medical treatment or necessities such as food or shelter.

Plan B®: Plan B® is the only product specifically packaged and sold as Emergency Contraceptive that is currently available in the United States. It does not cause an abortion but actually prevents pregnancy after sex and must be taken within 72 hours. It may be purchased over the counter without a prescription by anyone 18 and older,(with a valid ID) if you are under 18, you can get Plan B from a family planning clinic or your primary care doctor.

Post-traumatic stress disorder (PTSD): an anxiety response that can develop after a traumatic experience, such as a life-threatening event, being witness to such an event, or being a victim of domestic abuse. Individuals may have unwanted thoughts, feelings, or dreams that remind them of the event, wish to avoid anything, place, or person that they associate with the event, have changes in their usual activity or behavior (i.e. Avoid doing the things they used to like to do), have changes in their mood including increased fearfulness, anger, decreased ability to focus, or emotional numbness.

Poverty: refers to a lack of sufficient funds, resources, services, materials and/or supplies, affecting one's quality of life.

Power: is the ownership and control by individuals, social groups, classes, and institutions of the major resources of a states and the capacity to make and enforce decisions based on their ownership and control.

Prejudice: is a prejudgment in favor or against a person, a group, an event, an idea, or a thing.

P Primary Sex Characteristics: The body organs and reproductive structures and functions that differ biologically between women and men, including a woman's ability to produce eggs and a man's ability to produce sperm.

Pro-choice: The belief that women have the right to choose abortion.

Puberty: the process of developing from a child to adolescent, when a person becomes capable of having children. In a girl, puberty includes a growth spurt, development of breasts and hips, growth of body hair, and the beginning of menstruation (having periods). For boys, facial hair growth, ejaculation and voice change occur. The onset of puberty often takes place at different ages, depending on one's sex. Girls may reach puberty 1-2 years, on average, before boys. (also see primary and secondary sex characteristics)

Public health approach: a practical, goal orientated and community based approach to promoting and sustaining health.

R Racism: is a system of advantage and oppression based on race.

Rape: any unwanted sexual intercourse. The legal definition usually refers to only heterosexual forced intercourse, but commonly rape is used to refer to any forced sexual act regardless of the offender or the victim's gender, gender identity, or sexual orientation. Rape occurs when one person does not freely consent to sexual intercourse.

Rape Trauma Syndrome: the emotional and physical consequences one may experience after being sexually assaulted.

Rehabilitation: Training, therapy, or other help given to someone who has a serious injury or illness (e.g. addiction) to help them live a healthy and productive life.

Resilience: a person's ability to bounce back after experiencing difficult events or situations, which helps to protect them from developing mental health problems or illness.

Resiliency mentor: an adult who acts as a mentor to a youth by supporting positive development. Promoting positive development occurs when the mentor promotes protective factors and decreases risk factors in his or her interactions with the youth.

Risk behavior: behaviors or actions that place a person at risk for a disease or problematic outcome.

S Safe space/climate: a place where anyone can relax and be fully themselves, without fear of being made to feel uncomfortable, unwelcome, or unsafe due to their biological sex, race/ethnicity, sexual orientation, gender identity or expression, cultural background, age, or physical or mental ability. This is also a place where the rules guard each person's self-respect and dignity and strongly encourage everyone to respect others.



Safety plan: a set of response strategies that people can use in a variety of situations including living situations, school, and after school programs.

Secondary Sex Characteristics: Characteristics of the body that develop during puberty and last throughout adult life. These include breast development and widened hips for women and facial hair development for men.

Self-esteem: how someone feels about themselves, regarding self-worth or satisfaction (either positive or negative).

Self-efficacy: how confident someone feels about their abilities to perform certain tasks.

Self-harm: self-inflicted injury and suicide.

Sexual assault: any type of sexual activity that a person does not agree to, including touching, or forcing that person to touch someone, and forcing a body part into that person's vagina, rectum (bottom) or mouth.

Sexual contact: any type of contact during sexual activity between two people, including sexual intercourse, oral sex, and skin to skin contact in the genital area (around the vagina, penis, scrotum, anus, and thigh). Sexually transmitted infections (STI) such as genital herpes, HPV (warts), and syphilis can be passed by having sexual contact with areas that are not covered by a condom.

Sexual harassment: unwanted sexual advances with suggestive gestures, language, and/ or touching.

Sexual orientation/identity: A person's emotional, social, psychological, and physical connection to the opposite gender (heterosexual or "straight"), the same gender (homosexual, "gay", or "lesbian") or either gender (bisexual).

Sexuality: the interplay of gender, gender role, gender identity, sexual orientation, sexual preference, and social norms as they affect physical, emotional, and spiritual life.

Sexual risk: Increasing one's chance of contracting an STD or STI by participating in unsafe sexual behavior, such as unprotected sex or sex with multiple partners.

Sexually Transmitted Diseases (STD)/STI: infections that are often or usually passed from one person to another during sexual or intimate contact. A STI becomes a sexual transmitted disease when the infection has developed symptoms.

Straight: another term for heterosexual.

Social justice: using collective democratic action to create just, equitable, and sustainable society for all members.

S **Statutory Rape:** Sexual intercourse between an adult and anyone who is below the age of consent, whether or not it is voluntary.

Stereotype: an overly simplified judgment or bias regarding a person or group

Stigma: negative association or prejudgment that causes discrimination against a person or group.

Substance abuse: the recurrent use of drugs or alcohol to the extent that a person's social functioning and behavior are affected. These individuals may be unable to meet their obligations at school, work, or in the home.

T **Trauma:** a physical injury or wound caused by an external force which may cause death or permanent disability. Trauma is also used to describe severe emotional or psychological shock or distress.

Transgender: A general term used to identify a person who has a gender identity which differs from their biological sex and who wants to change their body or image in some way to match their gender identity. Being transgender does not imply any specific sexual orientation.

Transsexual: Transsexual people may have sexual reassignment surgery, use hormones, or change their bodies by other means to look like the gender they identify with. This term fits under the umbrella term of transgender.

V **Victim:** a term for someone who has been through an assault or abuse experience. Victim is often used immediately after the occurrence of the assault or abuse and is always used when someone has died due to the assault or abuse.

Y **Youth development:** youth activities that help youth to develop their identity within the following areas: individual, family, group, ethnic, gender, and class/political stance.

Youth leadership: is the taking of initiative to advance the needs of youth by youth and as defined by youth.

Special thanks to Maria Talks, Teen Source, Jane Doe Inc., Sexuality Information and Education Council of the United States, National Campaign to Prevent Teen Pregnancy, Center for Disease Control and Prevention, HRSA, Youth Action Network, Advocates for Youth, Sex Etc, Safe Youth, Family Violence Prevention Fund, See It Stop It, Violence Prevention Alliance, Planned Parenthood, HIV community planning, responseability.org, youthtogether.net, Nonprofit Good Practice Guide, Free Child, and youth.aids2006.org for information made available on the web-sites that contributed to this glossary.

Name: _____ Organization: _____

Policy and Program Activity Survey

Policy/Program Question	Response	
There are written program policies regarding the following:		
• touching and personal space between peers as well as staff-to-peer contact (hugs, handshakes, and boundaries)	Yes	No Unsure
• known mental and physical challenges	Yes	No Unsure
• what to do if youth appear under the influence of drugs/alcohol	Yes	No Unsure
• youth/staff and youth/youth engaging in romantic behaviors while on program grounds	Yes	No Unsure
• procedures for mandated reporting/51A	Yes	No Unsure
• sexual bullying and inappropriate sexual behaviors	Yes	No Unsure
• sharing/distributing condoms/ birth control information to program youth	Yes	No Unsure
During this current program year, program staff (some or all) have participated in trainings related to one or more of the following issues: sexual health, sexual violence, healthy relationships, mental health, and substance use.	Yes	No Unsure
The program provides a copy of all program policies and procedures to participating families (not just to the youth).	Yes	No Unsure
Staff have access to hotline numbers for referring youth.	Yes	No Unsure
Youth are included in developing program rules and policies.	Yes	No Unsure

*Used or Adapted from J Bluestein's version of your school assessment.

** Used or Adapted from Afterschool Program Practices Tool (APT), NIOST

Participant Evaluations

We appreciate your feedback on this session of BE SAFE 101. Your comments and suggestions will help us to plan future sessions. Thank you for your time.

Overall Evaluation of Training

1. What is your overall rating of this session of BE SAFE 101?

Poor	Fair	Average	Good	Excellent
1	2	3	4	5

2. Were the goals of the training stated clearly? Yes___ No___

Were the goals met? Yes___ No___

3. Was the content clear? Yes___ No___

Was it useful? Yes___ No___

4. What aspects of the training were most helpful?

5. What suggestions do you have for improving this session?

6. Any additional comments regarding this session or suggestions for future sessions?

Evaluation of Trainers

	Trainer's Name		Trainer's Name	
	Yes	No	Yes	No
Were the trainers well organized?				
Were they knowledgeable about the training topics?				
Did the trainers model positive group management skills?				
Did they demonstrate effective communication skills?				
Were there opportunities for participants to take active part in the training session?				

Please share any additional comments concerning the trainers:

This form is adapted from the evaluation template developed by the National Institute on Out- of- School Time and is used with their permission.

BE SAFE
Staff Pre-Training Survey

Thank you for participating in the BE SAFE Training. An evaluation of the BE SAFE initiative is being conducted by the National Institute on Out-of-School Time and the Wellesley Centers for Women at Wellesley College. We would appreciate it if you would take a few minutes to complete this survey. We are interested in learning more about the experiences and perceptions of those working with youth involved in the BE SAFE Training. Your responses to this survey will be kept strictly confidential and at no time will any individual responses be shared or reported in any way that could identify you. When you have completed the survey please fold the survey and return it for placement in the completed survey envelope. Thank you!

Name: _____

Program Name: _____

Program Staff and Youth Interaction

1. How often have youth that you work with asked you questions about:

Sexual Health (including HIV/AIDS, teen pregnancy, and STIs)?

☐ Very frequently ☐ Sometimes ☐ Seldom ☐ Never ☐ n/a (do not work directly with youth)

Sexual Violence (including incest, sexual assault, sexual harassment, sexualized bullying, and sexual violence within a dating relationship)?

☐ Very frequently ☐ Sometimes ☐ Seldom ☐ Never ☐ n/a

Healthy Relationships?

☐ Very frequently ☐ Sometimes ☐ Seldom ☐ Never ☐ n/a

Substance Use (drug and alcohol use)?

☐ Very frequently ☐ Sometimes ☐ Seldom ☐ Never ☐ n/a

Mental Health Issues (suicide, bullying, depression)?

☐ Very frequently ☐ Sometimes ☐ Seldom ☐ Never ☐ n/a

2. Generally, how comfortable are you discussing sexual health issues with the youth you work with?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable ☐ n/a

3. Generally, how comfortable are you discussing sexual violence with the youth you work with?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable ☐ n/a

4. Generally, how comfortable are you discussing healthy relationships with the youth you work with?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable ☐ n/a

5. Generally, how comfortable are you discussing substance use with the youth you work with?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable ☐ n/a

6. Generally, how comfortable are you discussing mental health with the youth you work with?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable ☐ n/a

7. Generally, how comfortable are you as a youth worker at raising any of these issues in general with youth?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable

8. How often do you raise any of these issues in general with youth?

☐ Very often ☐ Often ☐ Sometimes ☐ Never

9. Do you feel like you have the support from your manager/organization you need to have conversations about these issues with youth?

☐ Strong support ☐ Some support ☐ Little support ☐ No support

10. What challenges have you faced in providing assistance to the youth you work with related to sexual health, sexual violence, healthy relationships, substance use, or mental health? Check all that apply.

- ☐ Having the right language to talk about the issues
☐ Understanding youth development (how youth grow and think)
☐ Creating a safe environment to talk
☐ Understanding my own beliefs and biases
☐ Developing trust with youth
☐ Feeling intimidated by the responsibility to respond to crises/issues related to sexual health, interpersonal violence, or substance use
☐ Have not faced any challenges
☐ Other _____
☐ n/a

11. How familiar do you feel with your program's guidelines and policies regarding communication with/supporting program youth related to the BE SAFE issues (sexual health, sexual violence, mental health, substance use, and healthy relationships or combinations of these)? (Examples of guidelines and policies might include but not be limited to: 51A reporting; sharing info on sexual health with youth; conflict resolution; use and possession of substances and weapons.)

☐ Very familiar ☐ Familiar ☐ Somewhat familiar ☐ Not at all familiar

12. Do you feel comfortable knowing what type of situations are OK for you to handle or when they require you to ask for help; and/or refer to others in the program or outside?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable

13. When an issue arises, how knowledgeable do you feel about the resources you could turn to and how to access them to get needed support for youth or other staff related to the BE SAFE issues (sexual health, sexual violence, mental health, substance use, and healthy relationships or combinations of these)? (e.g. youth experiencing sexual assault; problems with substances; need for information on sexual health).

☐ Very knowledgeable ☐ Knowledgeable ☐ Somewhat knowledgeable ☐ Not knowledgeable

Program Climate

14. To what degree is your program a place where all youth feel physically and emotionally safe?

☐ Very safe ☐ Somewhat safe ☐ Minimally safe ☐ Not safe

15. In my p^o

20. In my program we attempt to create emotional safety by noticing and supporting youth in crisis.*

☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree

21. In my program we provide appropriate outlets for youth in crisis.*

☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree

22. In my program our youth know that if they need to talk, we are willing to listen (or set a time when we can listen, or refer them to someone who can listen).*

☐ Strongly agree ☐ Somewhat agree ☐ Somewhat disagree ☐ Strongly disagree

23. What is your race/ethnicity? (check all that apply)

- ☐ African American/Black
- ☐ Asian or Pacific Islander
- ☐ Caucasian or White
- ☐ Hispanic or Latino
- ☐ Native American or Alaskan Indian
- ☐ Other _____

24. What is the highest level of education you have completed? (check only one)

- ☐ Some high school
- ☐ High school graduate or GED
- ☐ Some college but no degree
- ☐ Associate's degree
- ☐ Technical school
- ☐ Bachelor's degree
- ☐ Graduate degree

25. What is your current title/position?

26. How long have you worked with youth? _____ (years, write 1 if your first year)

27. How long at this organization? _____ (years, write 1 if your first year)?

28. What is your approximate age? 16-25____ 26-35____ 36-45____ 46 and over ____

Thank you for completing this survey!

BE SAFE
Staff Post-Training Survey

Thank you for participating in the BE SAFE Training. An evaluation of the BE SAFE initiative is being conducted by the National Institute on Out-of-School Time and the Wellesley Centers for Women at Wellesley College. We would appreciate it if you would take a few minutes to complete this survey. We are interested in learning more about the experiences and perceptions of those working with youth involved in the BE SAFE Training. Your responses to this survey will be kept strictly confidential and at no time will any individual responses be shared or reported in any way that could identify you. When you have completed the survey please fold the survey and return it for placement in the completed survey envelope. Thank you!

Name: _____

Program Name: _____

Program Staff and Youth Interaction

1. How often have youth that you work with asked you questions about:

Sexual Health (including HIV/AIDS, teen pregnancy, and STIs)?

☐ Very frequently ☐ Sometimes ☐ Seldom ☐ Never ☐ n/a (do not work direc

5. Generally, how comfortable are you discussing substance use with the youth you work with?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable ☐ n/a

6. Generally, how comfortable are you discussing mental health with the youth you work with?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable ☐ n/a

7. Generally, how comfortable are you as a youth worker at raising any of these issues in general with youth?

☐ Very comfortable ☐ Somewhat comfortable ☐ Minimally comfortable ☐ Not comfortable

8. How often do you raise any of these issues in general with youth?

☐ Very often ☐ Often ☐ Sometimes ☐ Never

9. Do you feel like you have the support from your manager/organization you need to have conversations about these issues with youth?

☐ Strong support ☐ Some support ☐ Little support ☐ No support

10. What challenges have you faced in providing assistance to the youth you work with related to sexual health, sexual violence, healthy relationships, substance use, or mental health? Check all that apply.

- ☐ Having the right language to talk about the issues
☐ Understanding youth development (how youth grow and think)
☐ Creating a safe environment to talk
☐ Understanding my own beliefs and biases
☐ Developing trust with youth
☐ Feeling intimidated by the responsibility to respond to crises/issues related to sexual health, interpersonal violence, or substance use
☐ Have not faced any challenges
☐ Other _____
☐ n/a

11. How familiar do you feel with your program's guidelines and policies regarding communication with/supporting program youth related to the BE SAFE issues (sexual health, sexual violence, mental health, substance use, and healthy relationships or combinations of these)? (Examples of guidelines and policies might include but not be limited to: 51A reporting; sharing info on sexual health with youth; conflict resolution; use and possession of substances and weapons.)

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13. When an issue arises, how knowledgeable do you feel about the resources you could turn to and how to access them to get needed support for youth or other staff related to the BE SAFE issues (sexual health, sexual violence, mental health, substance use, and healthy relationships or combinations of these)? (e.g. youth experiencing sexual assault; problems with substances; need for information on sexual health).

☐ Very knowledgeable ☐ Knowledgeable ☐ Somewhat knowledgeable ☐ Not knowledgeable

Program Climate

14. To what degree is your program a place where all youth feel physically and emotionally safe?

☐ Very safe ☐ Somewhat safe ☐ Mi

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24. What is the highest level of education you have completed? (check only one)

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- ☐ Graduate degree

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27. How long at this organization? _____ (years, write 1 if your first year)?

28. What is your approximate age? 16-25____ 26-35____ 36-45____ 46 and over ____

Thank you for completing this survey!