

SAFETY AWARENESS PARENT GUIDE CHILDREN WITH DISABILITIES

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FOR PARENTS OR GUARDIANS, EDUCATING CHILDREN WHO ARE EXCEPTIONAL ABOUT THE PRESENT DANGERS OF DRUGS, SMOKING, ONLINE SAFETY AND OTHER DANGERS CAN BE A CHALLENGE. REGULAR AWARENESS PROGRAMS DO NOT ADAPT FOR DELIVERY OF INFORMATION IN WAYS THAT CAN BE ACCESSIBLE TO YOUTH WITH DISABILITIES, THIS REQUIRES A TAILORED APPROACH.



TOPICS

1- *DRUG AWARENESS*

- TALKING TO CHILDREN WITH DISABILITIES THE DANGERS OF DRUGS.

2- *MENTAL HEALTH*

- SUICIDE RISK
- SUICIDE HELP LINE

3- *EXPLORATION*

- SEXUAL ABUSE RISK
- ONLINE SAFETY
- HUMAN TRAFFICKING
- LABOR EXPLOITATION



FOR YOUR INFORMATION

ACCORDING TO THE REPORT RELEASED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), JANUARY 4, 2023, THE NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH) RESULTS DETAILING MENTAL ILLNESS AND SUBSTANCE USE LEVELS IN 2021. RESULTS DEPICT SUBSTANCE ABUSE IN CHILDREN 12 YEARS AND OLDER.

¹DRUG USE AND SUBSTANCE USE DISORDER

- AMONG PEOPLE AGED 12 OR OLDER IN 2021, 61.2 MILLION PEOPLE (OR 21.9 PERCENT OF THE POPULATION) USED ILLICIT DRUGS IN THE PAST YEAR. THE MOST COMMONLY USED ILLICIT DRUG WAS MARIJUANA, WHICH 52.5 MILLION PEOPLE USED. NEARLY 2 IN 5 YOUNG ADULTS 18 TO 25 USED ILLICIT DRUGS IN THE PAST YEAR; 1 IN 3 YOUNG ADULTS 18 TO 25 USED MARIJUANA IN THE PAST YEAR.
- 9.2 MILLION PEOPLE 12 AND OLDER MISUSED OPIOIDS IN THE PAST YEAR.
- 46.3 MILLION PEOPLE AGED 12 OR OLDER (OR 16.5 PERCENT OF THE POPULATION) MET THE APPLICABLE DSM-5 CRITERIA FOR HAVING A SUBSTANCE USE DISORDER IN THE PAST YEAR, INCLUDING 29.5 MILLION PEOPLE WHO WERE CLASSIFIED AS HAVING AN ALCOHOL USE DISORDER AND 24 MILLION PEOPLE WHO WERE CLASSIFIED AS HAVING A DRUG USE DISORDER.
 - THE PERCENTAGE OF PEOPLE WHO WERE CLASSIFIED AS HAVING A PAST YEAR SUBSTANCE USE DISORDER, INCLUDING ALCOHOL USE AND/OR DRUG USE DISORDER, WAS HIGHEST AMONG YOUNG ADULTS AGED 18 TO 25 COMPARED TO YOUTH AND ADULTS 26 AND OLDER.
- IN 2021, 94% OF PEOPLE AGED 12 OR OLDER WITH A SUBSTANCE USE DISORDER DID NOT RECEIVE ANY TREATMENT. NEARLY ALL PEOPLE WITH A SUBSTANCE USE DISORDER WHO DID NOT GET TREATMENT AT A SPECIALTY FACILITY DID NOT THINK THEY NEEDED TREATMENT.

¹SAMHSA ANNOUNCES NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH) RESULTS DETAILING MENTAL ILLNESS AND SUBSTANCE USE LEVELS IN 2021 | SAMHSA

CHILDREN WITH DISABILITIES ARE RISK FOR ENLICITING IN DRUG USE. FOR CHILDREN AUTISM AND INTELLECTUAL DISABILITIES, PROVIDING AVAILABLE DRUG AWARENESS INFORMATION IN WAYS THAT IT IS ACCESSIBLE TO THIS POPULATIONS IS KEY TO PREVENTION.

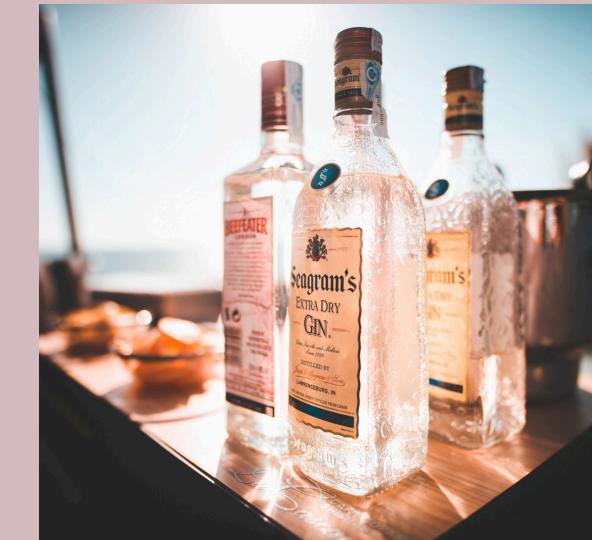
APPROACH THE BEAST DRUGS ACTIVITY

CREATIVITY AND INGENUITY IS KEY COMPARING THINGS THAT ARE BAD AND GOOD FOR YOU WILL PROVIDE A VISUAL MAKING CONCEPS MORE UNDERSTANDABLE. CUT OUT IMAGES , MAKE A COLLAGE OR USE A COMPUTER TO PLAY SORTING GAME.

THINGS THAT ARE GOOD FOR YOU



THINGS THAT CAN HURT YOU



PROVIDE A PLAN FOR CHILDREN AND YOUTH WHEN CONFRONTED WITH PEER PRESSURE

TEACH THEM TO ADVOCATE FOR THEIR SELFS, AND HOW TO REACT WHEN APPROACHED BY ADULS OR PEERS TO DO DRUGS OR ALCOHOL.



TEACH CHILDREN THE DANGERS OF DRUGS LIKE FENTANYL

WHAT IS FENTANYL?

FENTANYL IS A POTENT SYNTHETIC OPIOID DRUG THAT WHEN COMBINED WITH OTHER DRUGS OR ALCOHOL CAN CAUSE RESPIRATORY DISTRESS AND DEATH. FOR ADITONAL INFORMATION SEE BELOW LINK TO THE DEA GET SMARTH ABOUTH DRUGS PDF

<https://www.dea.gov/sites/default/files/2023-06/Fentanyl%202022%20Drug%20Fact%20Sheet-Update.pdf>

TOPIC 2 MENTAL HEALTH AWARENESS

MENTAL HEALTH CONDITIONS FOR CHILDREN AND YOUTH WITH DISABILITIES ARE ALARMING AND ESCALATING ACCORDING TO THE ¹CDC WEBSITE IN 2022, SUICIDE WAS AMONG THE TOP 9 LEADING CAUSES OF DEATH FOR PEOPLE AGES 10-64. SUICIDE WAS THE SECOND LEADING CAUSE OF DEATH FOR PEOPLE AGES 10-14 AND 25-34.²

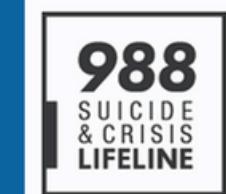
¹FACTS ABOUT SUICIDE | SUICIDE PREVENTION | CDC

² NATIONAL VITAL STATISTICS SYSTEM, MORTALITY 2018-2022 ON CDC WONDER ONLINE DATABASE, RELEASED IN 2024. DATA ARE FROM THE MULTIPLE CAUSE OF DEATH FILES, 2018-2022, AS COMPILED FROM DATA PROVIDED BY THE 57 VITAL STATISTICS JURISDICTIONS THROUGH THE VITAL STATISTICS COOPERATIVE PROGRAM. ACCESSED AT [HTTP://WONDER.CDC.GOV/MCD-ICD10-EXPANDED.HTML](http://WONDER.CDC.GOV/MCD-ICD10-EXPANDED.HTML) ON APRIL 23, 2024

SAMHSA/CMHS

[HTTPS://SPRC.ORG/WP-CONTENT/UPLOADES/2023/09/WARNING-SIGNS-OF-SUICIDE-A-FACT-SHEET-FOR-FAMILY-AND-COMMUNITY-MEMBERS.PDF](https://SPRC.ORG/WP-CONTENT/UPLOADES/2023/09/WARNING-SIGNS-OF-SUICIDE-A-FACT-SHEET-FOR-FAMILY-AND-COMMUNITY-MEMBERS.PDF)

Warning Signs of Suicide: A Fact Sheet for Family and Community Members



People who are considering suicide may show signs that they are thinking about or planning to attempt suicide. These are known as *warning signs of suicide*. It can be scary when someone you care about may be considering suicide, but there are things you can do to help. This fact sheet can help you recognize common warning signs that may indicate a person is at risk of suicide. It also provides tips on how to respond if you observe these warning signs in someone and when to seek immediate professional help.

Common Warning Signs of Suicide



Talking about:

- Attempting suicide
- Feeling unbearable pain
- Death or a recent fascination with death
- Feeling hopeless, worthless, or "trapped"
- Feeling guilt, shame, or anger
- Feeling like they are a burden to others



How to respond if you observe warning signs:

- Let the person know you are concerned and ask if they are ok.
- Ask the person if they are having thoughts of suicide.
- Listen attentively and without judgment.
- Let the person know you care about them and support them.
- Offer to help connect them with professional help.



Changes in behavior or mood:

- Recent suicide attempt
- Planning a suicide attempt
- Increased alcohol or drug use
- Losing interest in personal appearance or hygiene
- Withdrawing from family, friends, or community
- Saying goodbye to friends and family
- Giving away prized possessions
- A recent episode of depression, emotional distress, and/or anxiety
- Changes in eating patterns
- Changes in sleep patterns
- Becoming violent or being a victim of violence
- Expressing rage
- Recklessness

When to Seek Professional Help Immediately

Some behaviors may indicate an emergency is happening or that a person is in crisis. **If you observe the following behaviors, you should immediately connect the person with professional help, such as the [988 Suicide & Crisis Lifeline](#), emergency medical services, or a mental health professional.**

- Talking about immediate harm to oneself or others
- Planning to attempt suicide (for example, searching online for information about how to attempt suicide)
- Acting in such an erratic manner that you are concerned about their safety

If the person in crisis is unwilling or unable to seek professional help, or if you are struggling yourself, contact the [988 Suicide & Crisis Lifeline](#) to ask for guidance and support.

Disclaimer

The content of this fact sheet is intended for informational purposes only and does not constitute or substitute for medical or clinical advice, consultation, diagnosis, intervention, or treatment from a licensed health care professional.

TOPIC 2 MENTAL HEALTH AWARENESS

- CHILDREN AND YOUTH WITH DISABILITIES EXPERIENCING FUSTRATION AS A RESULT OF LEARNING CHALLENGES, LACK OF ACCESSIBILITY IN THEIR DUCATION, BEHAVIORAL DISORDERS, PEER BIASES, BULLYING, AND TREATMENT THAT CAN AFFECT THEIR SOCIAL EMOTIONAL AND MENTAL WELLBEING ARE AT RISK OF EXPERIENCING ANXIETY, AND DEPRESSION THAT CAN LEAD TO SUICIDE.
- PARENTS OF CHILDREN WITH DISABILITIES THROUGH THEIR SCHOOL CAN REQUEST FOR THE CHILD TO BE EVALUATED IN AREAS OF CONCERN AND WITH THE PARENT AND CHILDS TEAM, CAN DEVELOP A PLAN IN HELPING THE CHILD ADDRESS THEIR BEHAVIORS AND HAVE ACCESSIBILITY IN THEIR EDUCATION.
- CONTINUING COMMUNITY SUPPORT SUCH AS THERAPY AND SUPPORT GROUPS CAN PROVIDE A FOUNDATION FOR THE FAMILY AND THE INDIVIDUAL IN OVERCOMING CHALLENGES.
- IT IS IMPORTANT FOR PARENTS, CAREGIVERS AND PROFESSIONALS TO OBSERVE AND NOTE CHANGES IN MOODS AND BEHAVIORS, FOR CHILDREN AND YOUTH WITH DISABILITIES A WATCHFUL EYE IS REQUIRED TO ADREES MENTAL AND BEHVIORAL NEEDS EARLY.

TOPIC: 2 MENTAL HEALTH AWARENESS

WARNING SIGNS

- DOES NOT WANT TO GO TO SCHOOL
- ISOLATES FROM FAMILY AND FRIENDS
- DOES NOT WANT OR ENJOY USUAL ACTIVITIES
- EXCESSIVE SLEEPING
- DRASTIC CHANGES IN BEHAVIORS SUCH CRYING TOO MUCH.



TOPIC: 2 MENTAL HEALTH AWARENESS

GET HELP

THE LIFELINE:

THERE IS HOPE. PROVIDING 24/7, FREE AND CONFIDENTIAL SUPPORT TO PEOPLE IN SUICIDAL CRISIS OR EMOTIONAL DISTRESS WORKS. THE LIFELINE HELPS THOUSANDS OF PEOPLE OVERCOME CRISIS SITUATIONS EVERY DAY.

[HTTPS://WWW.SAMHSA.GOV/FIND-HELP/988](https://www.samhsa.gov/find-help/988)



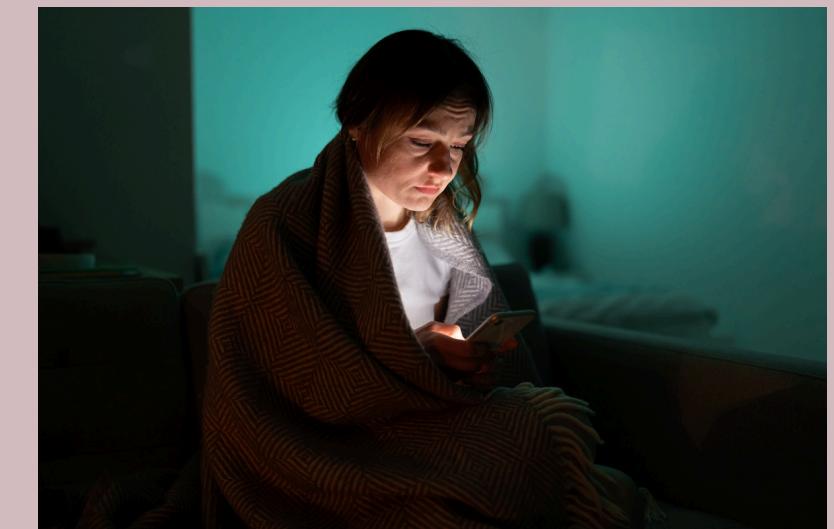
TOPIC: 3 AWARENESS OF EXPLOITATION AND SEXUAL ABUSE

CHILDREN AND YOUTH WITH DISABILITIES ARE MORE LIKELY TO BE TARGETED TO BE ABUSED, AND ARE OFTEN VULNERABLE TO PREDATION, THIS IS A NATIONAL PROBLEM THAT AFFECTS CHILDREN AT ALL LEVELS BUT IS HIGHLY PREVALENT FOR POPULATIONS THAT ARE AT RISK..

WHAT IS CHILD SEXUAL ABUSE?

CHILD SEXUAL ABUSE REFERS TO THE INVOLVEMENT OF A CHILD (PERSON LESS THAN 18 YEARS OLD) IN SEXUAL ACTIVITY THAT VIOLATES THE LAWS OR SOCIAL TABOOS OF SOCIETY AND THAT HE OR SHE:

- DOES NOT FULLY COMPREHEND.
- DOES NOT CONSENT TO OR IS UNABLE TO GIVE INFORMED CONSENT TO.
- IS NOT DEVELOPMENTALLY PREPARED FOR AND CANNOT GIVE CONSENT TO.



[HTTPS://WWW.CDC.GOV/CHILD-ABUSE-NEGLECT/ABOUT/ABOUT-CHILD-SEXUAL-ABUSE.HTML](https://www.cdc.gov/child-abuse-neglect/about/about-child-sexual-abuse.html)

TOPIC: 3 AWARENESS



THE CDC PROVIDES OVERVIEW WITH RECOMENDATIONS AND ADITIONAL RESOURCES FOR THE PUBLIC. CREATING SAFE, STABLE, NURTURING RELATIONSHIPS AND ENVIRONMENTS IS ESSENTIAL FOR HELPING CHILDREN AND FAMILIES THRIVE. THESE RELATIONSHIPS AND ENVIRONMENTS ALSO HELP PROTECT CHILDREN AGAINST OR LESSEN THE NEGATIVE EFFECTS OF VIOLENCE.

SAFETY, STABILITY, AND NURTURING ARE DEFINED AS FOLLOWS:

SAFETY: EXTENT TO WHICH A CHILD IS FREE FROM FEAR AND SECURE FROM PHYSICAL OR PSYCHOLOGICAL HARM WITHIN THEIR SOCIAL AND PHYSICAL ENVIRONMENT.

STABILITY: DEGREE OF PREDICTABILITY AND CONSISTENCY IN A CHILD'S SOCIAL, EMOTIONAL, AND PHYSICAL ENVIRONMENT.

NURTURING: EXTENT TO WHICH A CHILD'S PHYSICAL, EMOTIONAL, AND DEVELOPMENTAL NEEDS ARE SENSITIVELY AND CONSISTENTLY MET.

<https://www.cdc.gov/child-abuse-neglect/about/about-child-sexual-abuse.html>

TOPIC: 3

BEHAVIORAL SIGNS

- KNOWLEDGE ABOUT SEXUAL TOPICS THAT GOES BEYOND THE CHILD'S DEVELOPMENTAL STAGE (OR WHAT IS EXPECTED FOR THEM TO KNOW ABOUT AT THEIR AGE)
- WITHDRAWAL FROM PREVIOUSLY REGULAR INTERACTIONS AND CONVERSATIONS WITH PEERS AND PARENTS OR ACTIVITIES THEY PREVIOUSLY ENJOYED
- DESIRE TO SPEND AN UNUSUAL AMOUNT OF TIME ALONE
- RELUCTANCE TO LEAVE SCHOOL OR OTHER ACTIVITIES; NOT WANTING TO GO HOME
- TRYING TO AVOID CERTAIN PLACES OR PEOPLE, ESPECIALLY IF THEY USED TO BE EXCITED TO BE AROUND THOSE PEOPLE
- REGRESSING TO BEHAVIORS THEY HAD GROWN OUT OF SUCH AS WETTING THE BED OR SUCKING THEIR THUMB
- SEXUAL LANGUAGE, KNOWLEDGE, OR BEHAVIOR THAT DOES NOT MATCH A CHILD'S AGE (SUCH AS ACTING OUT A SEXUAL ACT WITH TOYS OR INAPPROPRIATE SEXUAL CONTACT WITH OTHER CHILDREN)
- FREQUENT ABSENCES FROM SCHOOL OR OTHER ACTIVITIES
- HAVING MONEY, TOYS, OR GIFTS WITHOUT BEING ABLE TO EXPLAIN WHERE THEY CAME FROM
- REFUSING TO SHARE SECRETS THEY SHARE WITH AN OLDER CHILD OR ADULT
- TALKING ABOUT A NEW FRIEND THAT IS AN OLDER CHILD OR ADULT
- REMOVING CLOTHING AT INAPPROPRIATE TIMES
- DRUG OR ALCOHOL ABUSE
- RUNNING AWAY FROM HOME
- FEAR OF CLOSENESS WITH OTHERS

(ARÉVALO ET AL., 2014; MAYO CLINIC CHILD AND FAMILY ADVOCACY CENTER, N.D.; RAPE, ABUSE, AND INCEST NATIONAL NETWORK, N.D.-A; RAPE, ABUSE, AND INCEST NATIONAL NETWORK, N.D.-B; STOP IT NOW,



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TOPIC: 3 PHYSICAL SIGNS OF SEXUAL ABUSE

PHYSICAL SIGNS

- SEXUALLY TRANSMITTED INFECTIONS OR PREGNANCY
- UNEXPLAINED INJURIES, ESPECIALLY TO THE GENITAL AREA
- PAIN, BLEEDING, OR DISCHARGE IN THE GENITALS, ANUS, OR MOUTH
- PERSISTENT OR RECURRING PAIN WITH URINATION OR BOWEL MOVEMENTS
- TOILETING ACCIDENTS UNRELATED TO TOILET TRAINING
- PHYSICAL SYMPTOMS SUCH AS HEADACHES OR STOMACHACHES THAT CANNOT BE EXPLAINED

(ARÉVALO ET AL., 2014; MAYO CLINIC CHILD AND FAMILY ADVOCACY CENTER, N.D.; RAPE, ABUSE, AND INCEST N)

MICHIGAN STATE UNIVERSITY | MSU EXTENSION | EXTENSION.MSU.EDU

<https://www.canr.msu.edu/creating-safe-environments/uploads/files/Warning%20Signs%20of%20Child%20Sexual%20Abuse%209.16.pdf>

TOPIC: 3 EMOTIONAL SIGNS OF SEXUAL ABUSE

EMOTIONAL SIGNS

- SELF-HARM BEHAVIORS (SUCH AS CUTTING OR BURNING) OR SUICIDAL BEHAVIOR
- NIGHTMARES, TROUBLE SLEEPING, OR FEAR OF BEING ALONE AT NIGHT
- CHANGE IN MOOD OR PERSONALITY
- NEW OR INCREASED DEPRESSION, AGGRESSION, WORRY, OR FEARFULNESS
- CHANGES IN EATING HABITS
- DECREASE IN CONFIDENCE OR THE WAY THEY FEEL ABOUT THEMSELVES
- THINKING OF THEIR BODY AS BAD OR DIRTY
- LOSING INTEREST IN SCHOOL, FRIENDS, HOBBIES, OR THINGS THEY USED TO LOVE

(ARÉVALO ET AL., 2014; MAYO CLINIC CHILD AND FAMILY ADVOCACY CENTER, N.D.; RAPE, ABUSE, AND INCEST NATIONAL NETWORK, N.D.-A; RAPE, ABUSE, AND INCEST NATIONAL NETWORK, N.D.-B; STOP IT NOW, N.D.)



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<https://www.canr.msu.edu/creating-safe-environments/uploads/files/Warning%20Signs%20of%20Child%20Sexual%20Abuse%209.16.pdf>

TOPIC 3: ONLINE SAFETY

THE GUIDE FROM THE FEDERAL TRADE COMMISSION IS A VALUABLE RESOURCE FOR PARENTS AND CAREGIVERS.

- COVERS ISSUES TO RAISE WITH KIDS ABOUT LIVING THEIR LIVES ONLINE.
- TALKING TO YOUR KIDS
- COMMUNICATING AT DIFFERENT AGES
- SOCIALIZING ONLINE
- USING MOBILE DEVICES
- MAKING COMPUTER SECURITY A HABIT
- PROTECTING YOUR CHILD'S PRIVACY

FROM THE FEDERAL TRADE COMMISSION.



<https://consumer.ftc.gov/sites/default/files/articles/p>

TOPIC 3: ONLINE SAFETY

KEEPING KIDS SAFE REQUIRES EARLY AND CONTINUING COMMUNICATION WITH CHILDREN AND YOUTH. STARTING EARLY IN LIFE GIVES CHILDREN INFORMATION AND TOOLS IN LEARNING TO USE TECHNOLOGY IN WAYS THAT TEACHES SAFETY FIRST RULES.

- START EARLY CONVERSATIONS
- INITIATE CONVERSATIONS ON ONLINE SAFETY
- COMMUNICATE YOUR EXPECTATIONS
- BE PATIENT REPETITION IS KEY
- [HTTPS://CONSUMER.FTC.GOV/SITES/DEFAULT/FILES/ARTICLES/P](https://consumer.ftc.gov/sites/default/files/articles/p)



TOPIC 3: ONLINE SAFETY

PARENT AND CAREGIVER RESPONSABILITY

- CHILDREN THAT HAVE ACCESS TO TECHNOLOGY SHOULD BE MONITORED CLOSELY. PARENTS CAN UTILIZE THE DEVICES. PARENTAL CONTROL FIXTURES, THERE ARE ALSO APPS THAT CAN CONTROL WEBSITE ACCESS AND TIME SPEND ONLINE.
- WHAT PARENTS CAN DO?
- SUPERVISION IS PIVOTAL IN KEEPING KIDS SAFE.
- TEACH KIDS ONLINE SAFETY AND STRANGER DANGERS.
- TEACH KIDS WHAT TO DO IS ENCOUNTER INAPPROPRIATE CONTENT AND UNUSUAL, STRANGER CONTACT WITHING PLATFORMS.
- SET PARENTAL CONTROLS IN DEVICES.
- TEACH KIDS NOT TO SHARE LOCATION MOST APPS HAVE GPS LOCATION FIXTURES THAT WHILE USING THE APP CAN PINPOINT THE CHILDS LOCATION AND IF PALYING ON LINE THEIR FRIENDS LOCATION.



TOPIC 3 ONLINE SAFETY



CHILDREN AND YOUTH SHOULD HAVE ASSIGNED DEVICES THAT ARE THEIR OWN WITH SET PARENTAL CONTROLS.

WHAT HELPS:

- SET FILTERING AND BLOCKING FIXTURES, THIS IS AVAILABLE IN ALL DEVICES.
- SET FIXTURES THAT BLOCK OUT GOING CONTENT, PREVENTING CHILD FROM SHARING PERSONAL INFORMATION.
- SET TIME LIMITS THIS CONTROL HOW MUCH TIME CHILD CAN SPEND IN DEVICE. PARENT CAN SET THIS FIXTURE TO CONTROL TIME AND ALLOWS FOR PARENT TO SHUTOFF ACCESSIBILITY IF TIME IS SURPASED.
- SET THE MONITOR TOOL IN DEVICE THAT ALLOWS FOR PARENT TO FILTER AGE LIMIT SITES, TYPE OF CONTENT AND MONITORS ONLINE ACTIVITY, THIS FIXTURE RECORDS SITES VISITED AND PROVIDES PARENT NOTIFICATION IF CHILD HAS ACCESS AND UNAUTHORIZED SITE.
- PASSWORDS FOR PARENTAL CONTROLS SHOULD NOT BE SHARED WITH THE CHILD
- TEACH KIDS MANNERS IN INTERACTING ONLINE BULLIYING OR ENGAGING IN UNKING BEHAVIOR IS UNACCEPTABLE.
- MAKE KIDS AWARE ABOUT BULLIYING AND SET CLEAR EXPECTATIONS WHEN PEERS ENGAGE IN THIS BEHAVIOR.

TOPIC 3: ONLINE SAFETY

TEENS:



- KEEP COMMUNICATION LINES OPEN WITH TEENS TO BE AWARE OF WHAT THEY SHARE ON LINE, TALK ABOUT THE CONSEQUENCES A POST ONLINE CAN HAVE.
-
- TALK TO TEENS ABOUT SEXTING, WHAT IT IS, AND THE CONSEQUENCES IT CAN HAVE. PROVIDE THEM WITH RESPONSE ACTIONS IN CASE THERE ARE APPROACHED ONLINE BY STRANGERS, PEERS OR DATING PARTNERS.
-
- TALK ABOUT INAPPROPRIATE SOCIAL MEDIA INTERACTIONS THAT CAN POTENTIALLY ENDANGER THEM AND ALSO CAN PROVIDE A PLATFORM FOR CYBERBULLIYING.
-
- MONITOR AND LIMIT SOCIAL PLATFORMS TEEN ENGAGES WITH.
-
- CHECK OFTEN WITH YOUR TEEN TO WHAT IS HAPPENING IN THEIR ENVIRONMENT AND WITH WHO THEY ENGAGED IN FRIENDSHIPS.

FOR RESOURCES AND VIDEOS
ON THIS TOPIC AND MORE
FOR CHILDREN AND TEENS

SEE

[HTTPS://WWW.MISSINGKIDS.
ORG/NETSMARTZ/RESOURCES](https://www.missingkids.org/NetSmartz/Resources)



NATIONAL CENTER FOR
**MISSING &
EXPLOITED**
CHILDREN®

Videos

These differentiated video series present digital safety lessons in a fun and age-appropriate manner. Younger audiences learn with Nettie, Webster, and Clicky, the internet safety robot, while tweens engage with...

 National Center for Missing & Exploited Children

TOPIC 3: ONLINE SAFETY EXPLOITATION, WHAT IS HUMAN TRAFFICKING

ACCORDING TO THE BLUE CAMPAIGN YOUTH GUIDE

WHAT IS HUMAN TRAFFICKING? HUMAN TRAFFICKING INVOLVES THE USE OF FORCE, FRAUD, OR COERCION TO OBTAIN SOME TYPE LAW.1 OF LABOR OR COMMERCIAL SEX ACT. CAUSING SOMEONE UNDER THE AGE OF 18 TO ENGAGE IN A COMMERCIAL SEX ACT, REGARDLESS OF USING FORCE, FRAUD, OR COERCION IS HUMAN TRAFFICKING UNDER U.S. HUMAN TRAFFICKERS USE VARIOUS FORMS OF FORCE, FRAUD, AND COERCION TO CONTROL AND EXPLOIT VICTIMS. THESE FORMS INCLUDE IMPOSING OF DEBT, FRAUDULENT EMPLOYMENT OPPORTUNITIES, FALSE PROMISES OF LOVE OR A BETTER LIFE, PSYCHOLOGICAL COERCION, AND VIOLENCE OR THREATS OF VIOLENCE.

2 THE CRIME OF HUMAN TRAFFICKING HINGES ON THE EXPLOITATION OF ANOTHER PERSON. PEOPLE OFTEN FALSELY BELIEVE "HUMAN TRAFFICKING" IMPLIES VICTIMS MUST BE MOVED FROM ONE PLACE TO ANOTHER TO QUALIFY AS A VICTIM. HUMAN TRAFFICKING DOES NOT REQUIRE TRANSPORTATION TO BE CONSIDERED A CRIME.

3 IT IS A CRIME THAT CAN BE COMMITTED AGAINST AN INDIVIDUAL WHO HAS NEVER LEFT THEIR HOMETOWN. HUMAN TRAFFICKING VICTIMS CAN BE ANY AGE, RACE, GENDER IDENTITY, SEX, ETHNICITY, NATIONALITY, IMMIGRATION STATUS, AND SOCIOECONOMIC CLASS. IN MANY CASES, VICTIMS DO NOT COME FORWARD TO SEEK HELP BECAUSE THEY ARE VULNERABLE, POTENTIAL LANGUAGE BARRIERS MAY EXIST, THEY HAVE A FEAR OF LAW ENFORCEMENT, OR THEY DO NOT IDENTIFY AS A VICTIM.

TOPIC 3: ONLINE SAFETY EXPLOITATION

TALKING TO CHILDREN AND YOUTH
ABOUT THIS TOPIC CAN BE
DIFFICULT, THE GUIDE PROVIDES
TIPS FOR PARENTS AND CAREGIVERS
AS WELL AS OTHERS.

IMAGE FROM THE BLUE CAMPAIGN GUIDE DEPARTMENT OF HOMELAND SECURITY

DO	DON'T
<p>Talk about exploitation. Focus conversations on what it means to be taken advantage of, what that may look like, feel like, and even examples of exploitation – such as job offers that seem too good to be true or online romantic relationships that move too fast.</p>	<p>Use crime-specific language. The term “human trafficking” may not resonate with youth and they may even “tune out” from conversations using too much crime-specific language.</p>
<p>Talk about protective factors. Conversations should focus on how youth can protect themselves and look out for their friends and peers. Encourage youth to recognize what they are good at, their future goals, and the value they bring to their friends and family.</p>	<p>Talk about risk factors. Many times, youth may not have any control over the risk factors they are affected by. Focusing discussions on risk factors may make youth feel singled out, vulnerable, and unable to protect themselves.</p>
<p>Use empowering language. Use language that focuses on highlighting the strengths of the youth you work with and emphasizes they are in control of their own decisions, especially when presented with opportunities that may seem too good to be true.</p>	<p>Use victimizing language. Using language that invokes fear and highlights weaknesses may discourage youth from taking any protective action.</p>
<p>Use language that resonates with youth. By interacting with youth regularly, you likely are familiar with the types of language they use in their everyday conversations. Use casual language that you’re comfortable with and that youth will connect with to keep them engaged.</p>	<p>Use “textbook” language. Using formal or “textbook” language that youth do not relate to may make it harder for your message to catch their attention.</p>
<p>Express that you care and are concerned about their safety. If youth shares information with you about an exploitative situation they may be experiencing, start by listening to them and letting them know you care about what they are going through.</p>	<p>Focus on questioning their situation. Let professionals who are trained in trauma response ask specific questions about their situation. Asking too many questions initially may also inadvertently place some blame on them and make them less receptive to help.</p>

THE TARGET

TOPIC 3: ONLINE SAFETY EXPLOITATION

MALICIOUS INDIVIDUALS OFTEN TARGET CHILDREN AND YOUTH THAT ARE BULNARABLE TO :

- POVERTY
- HOMELESSNESS
- INTERACTION WITH FOSTER CARE OR JUVENILE JUSTICE SYSTEMS
- LACK OF SUPPORT NETWORKS, LIKE STRONG RELATIONSHIPS WITH FRIENDS, FAMILY, OR OTHER TRUSTED ADULTS
- GANG INVOLVEMENT, ESPECIALLY AMONG YOUTH WHO IDENTIFY AS FEMALE
- HISTORY OF RUNNING AWAY
- LOW SELF-ESTEEM
- BEING BULLIED
- EXPERIENCE DISCRIMINATION DUE TO THEIR RACE, GENDER IDENTITY, SEXUALITY, DISABILITY, OR OTHER
- PERSONAL CHARACTERISTIC
- FAMILY HISTORY OF SEXUAL ABUSE OR VIOLENCE
- COMMUNITY OR FAMILIAL HISTORY OF TRAFFICKING AND COMMERCIAL SEXUAL EXPLOITATION
- SUBSTANCE ABUSE OR ADDICTIONS
- COGNITIVE AND PHYSICAL DISABILITIES
- EXPERIENCING OR WITNESSING A TRAUMATIC EVENT
- CULTURAL HISTORICAL TRAUMA (PARTICULARLY AMONG MINORITY COMMUNITIES)
- BEING THE SOLE OR PRIMARY PROVIDER FOR THEIR FAMILY



FROM THE BLUE CAMPAIGN YOUTH GUIDE PAGE 5

[HTTPS://WWW.DHS.GOV/SITES/DEFAULT/FILES/PUBLICATIONS/BLUE_CAMPAIGN_YOUTH_GUIDE_508_1.PDF](https://www.dhs.gov/sites/default/files/publications/blue_campaign_youth_guide_508_1.pdf)

WERE YOU CAN GET HELP

CALL 1-888-373-7888 OR TEXT HELP OR INFO TO BEFREE (233733). THE NATIONAL HUMAN TRAFFICKING HOTLINE

CALL 1-800-THE-LOST (1-800-843-5678) OR GOT TO CYPERTIPLINE.ORG TO REPORT SUSPECTED CHILD SEX TRAFFICKING, SEXTORTION, ONLINE ENTICEMENT, AND SEXUAL ABUSE MATERIAL TO THE NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN (NCMEC).

CALL 1-866-347-2423 TO REPORT SUSPICIOUS CRIMINAL ACTIVITY TO THE HOMELAND SECURITY INVESTIGATIONS (HSI) TIP LINE 24 HOURS A DAY, 7 DAYS A WEEK, EVERY DAY OF THE YEAR.

CALL 911

THANK YOU!

PROVIDING TOOLS FOR FAMILIES IN ADVOCACY FOR ACCESSIBILITY IN EDUCATION. PROTECTING THE CIVIL RIGHTS OF CHILDREN AND YOUTH WITH DISABILITIES.

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