


ALASKA LEGISLATURE COMMITTEE FILES 1985-1986 86/2

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Youth Treatment
& Educational
Network

Juneau, Alaska

DOMESTIC VIOLENCE CURRICULUM (Grades 7-12)

Understanding Anger and Violence

GOAL: To help youth understand how anger gets turned into violence and to develop non-violent strategies.

Objectives

1. To emphasize that domestic violence is learned, and that an individual is responsible for his decisions that lead to violence.
2. To demonstrate that domestic violence leads to negative consequences in relationships and in one's life.
3. To show that it is not an event that makes us angry, but what we tell ourselves about the event that raises our anger, i.e., we create our own anger.
4. To demonstrate that anger is not a primary feeling, but is an expression of other more basic feelings.
5. To show that there are several stages between the anger event and a violent response.
6. To introduce specific interventions to stop violence and manage anger.

Participating Agencies:

AWARE

586-6623

Big Brothers/Big Sisters

586-3350

M.E.N. Incorporated

586-3585

City & Borough Social Services

586-9780

Division of Family & Youth Services

586-1861

Juneau School District

586-2303

National Council on Alcoholism/Juneau

586-1688

Tlingit-Haida Social Services

586-1432

DRAFT

ANGER AND VIOLENCE (Grades 7-12)
Part 2

Activity #1:

Objective: To emphasize that domestic violence is learned and that an individual is responsible for his/her decisions that lead to violence.

Materials: Anger logs--with an example written in the blanks (see example at the end of this lesson).

Procedures:

1. Relate to the students the following story: Jim and Mary are going together. One day on the way to school Jim saw Mary riding in a car with a boy named Peter. Jim was quite upset. When he got to school he met up with Mary. She said hi to him in her usual friendly way and didn't seem to notice he was upset.
2. Brainstorm with the students what they would do if they were Jim.
3. Eliminate the examples that are violent. Tell the students that violence is never justified and that it destroys closeness in relationships.

Activity #2:

Objectives:

1. To emphasize that domestic violence is learned and that an individual is responsible for the decisions that lead to violence.
2. To demonstrate that domestic violence leads to negative consequences in relationships and in one's life.

Materials: Chalk, chalkboard, chart with categories to list negative consequences to violence, flashcards to tack onto chart (see example at the end of this lesson.)

Procedure:

1. Use flashcards with the following words written on them: respect, love, addiction, jail, and a chart which has two categories: leads to and destroys. Show the students the cards one by one and ask them whether violence leads to or destroys the feelings, behavior, etc. listed on the card. Tape the card on the chart.

Activity #3:

Objective: To introduce specific interventions to stop violence and manage anger.

Activity #5:

Objective: To introduce specific interventions to stop violence and manage anger.

Materials: Anger log

Procedures:

1. Hand out a blank anger log to each student.
2. Tell the students that they can use this anger log to help themselves learn about their anger and how to control it. They can:
 - a. Keep track of their anger;
 - b. Find out how they really feel;
 - c. Find out what their self talk is;
 - d. Learn to use new self talk and non-violent solutions to their problem situations.

Follow-Up Assignment: Anger Log Practice

Background Information: Having been introduced to the Anger Log as a tool to manage anger, students need practice in order to completely understand its concepts and application.

Materials: Anger Log sheets

Procedures:

1. Teacher presents an anger or violence scenario to students. Students can participate in generating the scenario.
2. Teacher hands out anger log sheets and asks students to fill out sheets for homework.
3. Teacher reviews anger log responses in detail with students on the following day.

ANGER LOG

Please complete steps 1 through 7 in numerical order:

1. ANGER EVENT: What was the situation? What did you get angry about?	2. LEVEL OF YOUR ANGER: (see below) Rate 1 to 10: -10-	3. SELF-TALK: What were you saying to yourself or out loud that increased your anger? What does she think she's doing? I knew she wanted to go out with Steve. She doesn't care about me at all. She's cheating on me. I'll fix her good. Various cursing/ name calling.	4. EMOTION: What were you feeling UNDER your anger? (grief, sadness, hurt, fear, rejection, etc.) --jealous --sad --hurt --fear --insecure --rejected	5. NEW MESSAGE: What can you say to yourself to bring your anger level down? She's probably just getting a ride. I'm not going to jump to any conclusions. I know she really cares about me. I trust her. It's no big deal. I'll take a walk around the block and cool off. I'll talk to her about it later.	6. How did the situation actually end? --violence	7. If a situation like this happened in the future, how would you handle it? --Time out --Express feelings directly. --"New Talk"
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violently

mad angry

angry

Level of Your Anger: How Angry Were You? 1 2 3 4 5 6 7 8 9 10

Juneau, Alaska

CHILD SEXUAL ABUSE PREVENTIVE EDUCATION (Grades K-3)

Lesson #1

GOAL: To increase students' understanding of child sexual abuse and subsequently, increase student's understanding of ways to prevent it.

Objectives:

1. To know who the presenters are and the topic they shall address.
2. To identify who the members or the potential members of the children's support system are.
3. To make the students aware of what constitutes good touch, confusing touch, and bad touch.
4. To define and identify one's private parts.
5. To know that it is against the law if someone touches your private parts, or makes you touch theirs, and it is not your fault.
6. To know that you have a right to speak up and say "NO!" to anyone who touches, tries to touch or take pictures of your private parts or makes you touch their private parts, and that you should seek help from someone in your support system.

Participating Agencies:

AWARE

586-6623

Big Brothers/Big Sisters

586-3350

M.E.N. Incorporated

586-3585

City & Borough Social Services

586-9780

Division of Family & Youth Services

586-1861

Juneau School District

586-2303

National Council on Alcoholism/Juneau

586-1688

Tlingit-Haida Social Services

586-1432

Child Sexual Abuse Prevention K-3

Goal: To increase understanding of child sexual assault and ways to prevent it.

Activity 1: Introduction

Objective: To know who the presenters are and the topic they shall address.

Materials: Blackboard, chalk.

Procedures: Presenters will write their first names on the blackboard along with "A.W.A.R.E.", verbally introduce selves and explain that we work at "A.W.A.R.E.", a house that's a safe place for women and their children, and inform class that we are here to share information on and discuss a sometimes embarrassing subject - "touching problems."

Activity 2: Support Systems

Objective: To identify who are the members or the potential members of the child(ren's) support system.

Materials: Pictures of community support people.

Procedures: Describe in separate anecdotes, the following situations:

1. House fire when child is alone.
2. Child lost in a public place.
3. Theft of a personal item (sled, bike).
4. Being a victim of sexual exposure.

At the conclusion of each anecdote ask the children who they would tell if they were in the situation described. After all the problems have been addressed explain that the big person (adult, grown up) who helps them with their problem is a member of their support system. Include the following people: Parents, grandparents, siblings, teacher, nurse, counselor, pastor, priest, rabbi, police, firefighters, etc., and show accompanying pictures.

Activity #3: Touch Continuum

Objectives:

1. To make the students aware of (what constitutes) good touch, confusing touch, bad touch.

2. To define and identify one's private zones.
3. To be aware that if someone touches your private parts or makes you touch theirs, that it is against the law and it is not your fault.

Procedures:

1. Presenter explains the following, one at a time, and then asks if its good or bad touch:
 - a. handshake
 - b. Petting a pet
 - c. Hug
 - d. Kissing parents goodnight

Students are told these are examples of good touch if giver is gentle and the touch is welcomed.

2. After an anecdote illustrating the following situations, the students are again asked if it's good or bad touch.
 - a. Tickling which was fun but now hurts because the person won't stop.
 - b. Same situation for wrestling.

These are examples of bad touch because it hurts and you've asked that it stop.

3. Tell children of a family friend who insists on kissing you on the mouth and it makes you feel "yukky." It gives you a "wierd" feeling in your stomach because it feels wrong, yet he's an adult so it must be ok. Identify this as bad touch.
4. Children are asked to stand, and after being told that we're all going to pretend to go to the pool they are asked to outline their bathing suits on their bodies. The students are then told that their bathing suits cover their private parts.
5. Another example of bad touch is if someone touches you or takes pictures on your private parts or makes you touch their private parts. No one has the right to touch you there! It is against the law, and if you are touched there it is not your fault.

Activity 4: Procedure for Responding to Touching or Photographing of Private Parts

Objective: To understand that you have the right to speak up and say "No!" to anyone who touches or tries to touch your private parts (this includes photographs) or makes you touch their private parts and that you should seek help from someone in your support system.

Materials: None.

Procedures:

1. Ask the following questions of the class: Here is what you can say to a person when he tries to touch you on your private parts: "That's a private part of my body. Don't touch me there!" You don't have to scream or yell, but you do need to say it in a strong voice. Class then repeats statement after presenter (3x).
2. If someone touches your private parts, you may find it embarrassing but you need to tell because what he did is a crime (against the law). You may tell someone in your support system like your mom. Here is what you say: "Mom, someone is touching the private parts of my body and I want him to stop!" Let's all practice saying this. Use a strong voice. Have class repeat 3x.
3. If your mom tells you she doesn't believe you and to stop making up stories, you need to tell someone else. You'll have to say "Mom, I'm sorry you don't believe me, I'll have to tell someone else," and you keep on telling people in your support system until someone believes you. It may be hard and embarrassing and you may think you're tattling but you're not because no one has the right to touch you there.

Activity 5: Portraits of Victims

Objectives:

1. To identify who are the members or the potential members of the child(ren's) support system.
2. To make the students aware of (what constitutes) good touch, confusing touch, and bad touch.
3. To understand that you have the right to speak up and say no to anyone who touches or tries to touch your private parts (this includes photographs) or makes you touch their private parts and that you should seek help from someone in your support system.

Materials: None.

Procedures: After reading each portrait ask the following questions:

Is this good or bad touch?

Should the child tell?

Who should s/he tell?

What should s/he say to him s/he tells?

Had s/he done anything wrong?

Had the person done anything wrong? Why?

How do you think the child felt?

Joey (age of children in class) was playing by himself outside when his neighbor (his dad's best friend) invited Joey inside to see the new kittens. Joey was excited and went in but he didn't see any kittens. His neighbor said he'd bring out the kittens if Joey would sit on his lap. Joey did and the man touched Joey on his private parts. Joey said, "those are my private parts, don't touch me there!" and ran out of the house back to his home.

Debbie (age of children in the class) and her uncle like to play basketball together. Often when Debbie makes an especially good basket, her uncle pats her on the back or gives her a hug.

Sally (age of children in class) was at home with her family. Everyone was in the kitchen, except Sally and her dad, who were watching t.v. Sally's dad was tickling her and then he began to feel her private parts under her clothes. She told him not to touch her private parts, but he told her to keep it a secret. She ran into the kitchen.

George loves his dad very much. Every night before he goes to bed he reads him a story. Then he hugs him and gives him a goodnight kiss on his cheek. George feels very happy and safe as he goes to sleep because he knows his dad loves him.

Activity 6: 12 minute film Who Do You Tell?

Objectives:

1. To identify who are the members or the potential members of the child(ren's) support system.
2. To make the students aware of (what constitutes) good touch, confusing touch, and bad touch.

3. To understand that you have the right to speak up and say no to anyone who touches or tries to touch your private parts (this includes photographs) or makes you touch their private parts and that you should seek help from someone in your support system.

Materials: Projector, screen, film.

Procedures:

1. Introduce film as a movie that's about all the different things we talked about today and more!
2. Show film.
3. After the screening ask if students have any questions.

Follow-up:

Pass out good touch/bad touch pictures to take home and color.

Thank class for their attention.

Follow-up:

Read-a-loud: "I Like You to Make Jokes with Me, But I don't Want You to Touch Me"

Ellen Bass
Ms. Magazine 1982

CHILD SEXUAL ABUSE PREVENTIVE EDUCATION

Lesson #1, Grades 4, 5 & 6

GOAL: To increase students' understanding of child sexual abuse, incest, and subsequently, increase their understanding of ways to prevent it.

Objectives:

1. To know who the presenter is and the agency she represents.
2. To know the terms and definitions of the vocabulary involved with this topic.
3. To know that sexual abuse occurs frequently and in several different forms.
4. To know that sexual abuse is against the law.
5. To know that unwanted sexual contact is never the victim's fault and that s/he has the right to protection.
6. To increase students' understanding of what constitutes good, bad and confusing touch.
7. To know that you can speak up and say "NO!" to unwanted touch.
8. To know that there is a community support system.

Participating Agencies:

AWARE

586-6623

Big Brothers/Big Sisters

586-3350

M.E.N. Incorporated

586-3313

City & Borough Social Services

586-9780

Division of Family & Youth Services

586-1851

Juneau School District

586-2303

National Council on Alcoholism/Juneau

586-1688

Tlingit-Haida Social Services

586-1432

DRAFT

Child Sexual Abuse Preventive Education

Grades 4, 5 & 6

GOAL: To increase students' understanding of sexual assault and incest and subsequently, increase their understanding of ways to prevent it.

Activity 1: Introduction

Objective: Students will know who the presenter is and the agency she represents.

Materials: Blackboard, chalk.

Procedures: Presenter will write her name on the blackboard along with AWARE and proceed to explain what the acronym stands for, along with a brief explanation of the shelter program. The topic of sexual abuse will then be introduced and the potential for their being embarrassed, due to the subject matter, will be acknowledged.

Activity 2: Definitions

Objective: To make students aware of the following:

1. The terms and definitions of the vocabulary involved with this topic.
2. That sexual abuse is against the law.
3. That unwanted sexual contact is never the victim's fault and that s/he has the right to protection.
4. That sexual abuse occurs frequently and in several different forms.

Materials: Chalk, blackboard.

Procedures: The presenter will list the following terms on the board: Sexual abuse, victim, offender, obscene phone call, indecent exposure, pornographic pictures, incest. Provide a basic definition of each.

1. Write the term 'sexual abuse' on the board along with the following definition:

"Sexual abuse is when someone forces or tricks you so they can touch your private parts, or have you touch theirs. It is a crime. It is against the law in the State of Alaska."

2. There are kinds of sexual abuse that do not include touch.

They too, are against the law. List on board:

Indecent Exposure
Pornographic Pictures

Address one kind at a time. Ask class what it means, then give accurate definition with examples. An obscene phone call may include heavy breathing, farts, vulgar language, sexual requests/demands. Indecent exposure is when someone, most often a male, shows his private parts in a public place or inappropriately in a private place. Pornographic pictures do include movies, magazines, etc., but in relation to young people, we are talking about when someone forces or tricks you so they can photograph your private parts.

3. Just as there are characters in the books and stories the students read, there are two characters in the crime of child sexual abuse. Write victim on the board and ask class for a definition. A victim is the person the crime happens to. If I go home and find that someone has stolen my stereo, I am a victim of burglary. With sexual abuse, the person whose private parts are touched, or a person who is made to touch the private parts of another person, is the victim. Ask class for a victim profile which is: ages, sex, color, class. Victims are of all ages, color and class. Most times they are female, sometimes they are male. Sexual abuse is NEVER the victim's fault; a victim never asks for "it", nor does a victim ever deserve "it." People who are victims of sexual abuse have different feelings. Ask class what those feelings may be and list them on the board. Include sad, mad, scared, confused, betrayed, hurt, nervous, angry.

The second character in this crime is the offender. Ask class what an offender is as you write the word on the board. Offender is a word for the person who does the crime. If I do go home and find that my stereo has been stolen, the person who took it is the offender. In the crime of sexual abuse the person who forces or tricks another to have their private parts touched, or makes a victim touch their private parts is the offender.

Ask class for a profile of an offender, i.e., age, sex, color, class. Offenders, like victims are of all colors and class, and can be young or old. Most offenders are men that the victim knows or is related to, some may be strangers, few offenders are women that the victim knows or is related to.

Most offenders are men and some victims are boys. A man who sexually abuses a boy is not necessarily a homosexual, but usually is a heterosexual.

4. Incest is a form of sexual abuse that happens in a family. The victim is a boy or girl in the family and the offender is usually a male relative like their older brother, father,

cousin, uncle, grandfather, or step-father. The offender may also be a female relative.

Activity IV: Touch Continuum

Objectives: 3, 5, 6, 7, 8.

Materials: Blackboard, chalk.

Procedures:

1. Place three categories on the board, good touch, confusing (uncomfortable, mixed up, nervous) touch, bad (exploitive) touch, and explain to the class that you will suggest a type of touch and they will tell you under which category to place it.
2. Types of touch to include: handshake, hug, wrestling, games, soccer, football, tickling, kiss. If individuals in the class do not do so, be sure to point out that each example can be placed in any of the three categories. Suggest sexual abuse without, then with touch and explain why they can never be placed in the "good" column.
3. Acknowledge that it is hard to deal with types of touch that are confusing and that you must trust those feelings, use your common sense and respond in a way which makes you feel comfortable and safe.

If you find yourself in a situation where bad touch is occurring, speak up and say "NO!" if you feel you will be unharmed if you do so.

4. Place a fourth category on the board labeled "support system." Ask the class for adults they trust and could go to if they were experiencing confusing or bad touch. Be sure to include family, school personnel, clergy, law enforcement, social services, AWARE, friends. Stress to the class that even if a victim speaks up and says "NO!" it is necessary to tell an adult so that the offender does not victimize anyone else. If a victim tells a peer, the peer can be supportive, but an adult still needs to be notified.
5. If bad or confusing touch is happening to someone it is not their fault, they have not done anything wrong, and they do deserve to be protected. The victim needs to follow two steps:
 - a. Speak up and say "NO!"
 - b. Tell someone in their support system. Have class repeat the 2 steps, then review the following questions. If the adult a victim chooses to tell does not believe her/him what should s/he do? Keep on telling until

someone does believe them. Why? Because it's not the victim's fault, s/he has not done anything wrong, and s/he deserves to be protected.

Activity 5: Film "No More Secrets"

Objective: To reinforce the preceding objectives.

Materials: Projector, screen, film.

Procedures:

1. Presenter introduces the film by telling the class that the movie shows people their own age dealing with problems. Ask them to watch carefully so they can identify the problem and what steps were taken.
2. Show 15 minute film.
3. Ask for student responses to movie.
4. For each of the 3 situations ask: a) What was the problem? b) Has the victim done anything wrong? c) Has the offender done anything wrong? d) Which steps were taken by the victim? e) What other step did the victim need to do? f) How do you think the victim felt?

Activity 6: Community Resources

Objectives:

1. That unwanted sexual contact is never the victim's fault and that s/he has the right to protection.
2. To make students aware of support people in the Juneau community.

Materials: Handout ("Who I Can Talk to and Where I can Get Help."), chalk, blackboard, AWARE brochures.

Procedures:

1. Pass out the handout and request that they fill in the necessary information about people in their support system.
2. Presenter will write names and phone numbers of Juneau community resources on the board.
3. Distribute AWARE brochure.

Thank students for their time and attention.

Suggestions for Teacher Follow-up:

Read a portrait of a victim and ask the following questions of the students:

- What steps should the victim take?
- Who could s/he tell?
- Has s/he done anything wrong?
- Has the other person done anything wrong?
- Is it against the law?
- How do you think the victim felt?

Portrait #1

"Johnny (same age as students in class) was playing in the park. He recognized a man from his neighborhood. The man was passing out candy. When Johnny went over there the man had his pants unzipped and was exposing himself."

Portrait #2

"Greg (same age as students in class) was working 10 hours a week for a man who was a good friend of his parents. The man owned a company, had a family, and always did a lot of nice things for people. The man also made Greg touch his penis. This had been going on for about one year, and Greg was afraid of him because he told Greg if he told that he was really going to get Greg in trouble."

Portrait #3

"Sally (same age as students in class) was at home. Everyone was in the kitchen, except Sally and her dad, who were in the living room watching t.v. Sally's dad was tickling her and then he began to feel under her clothes. She told him to stop but he told her to keep it a secret. She ran into the kitchen."

SEXUAL ASSAULT

Lesson #1: Stranger Rape, Grades 7 - 12

GOAL: To increase students' understanding of sexual assault and subsequently, increase their understanding of ways to prevent it.

Objectives:

1. To know who the presenter is, the agency she represents, and the topic to be presented.
2. To know the terms and definitions of the vocabulary involved with this topic.
3. To know that sexual assault occurs frequently and in several different forms.
4. To know that sexual assault is against the law.
5. To know that unwanted sexual contact is never the victim's fault (and that s/he does not "ask for it").
6. To know that medical, legal and emotional assistance is available for victims of sexual assault.
7. To know the various means that may be used in attempting to try and prevent sexual assault.
8. To know the impact a sexual assault may have on the victim.

Participating Agencies:

AWARE

586-6623

Big Brothers/Big Sisters

586-3350

M.E.N. Incorporated

586-3583

City & Borough Social Services

586-9780

Division of Family & Youth Services

586-1861

Juneau School District

586-2303

National Council on Alcoholism/Juneau

586-1688

Tlingit-Haida Social Services

586-1432

DRAFT

Sexual Assault

Lesson #1: Stranger Rape, Grades 7 - 12

Activity 1: Introduction

Objective: 1.

Materials: Blackboard, chalk, overhead projector, screen, prepared transparencies, prepared tag board.

Procedure: Presenter will write her name on the blackboard along with AWARE and proceed to explain what the acronym stands for, along with a brief explanation of the shelter program. The topic of sexual assault will then be introduced and the presenter will acknowledge the potential for the students being embarrassed due to the subject matter. The breakdown of the two lessons will then be outlined.

Activity 2: Definitions

Objectives: 2, 3, 4, 5.

Materials: Blackboard and chalk; or overhead projector, screen, prepared transparencies, prepared tag board.

Procedure: The presenter will list the following terms on the board: Sexual abuse, victim, offender, stranger rape, acquaintance rape, incestual assault, obscene phone call, indecent exposure, pornographic photographs of a minor. A basic definition of each will then be provided.

- a) Sexual assault - unwanted sexual contact, someone tricks or forces you so they can touch your private parts or so that you have to touch theirs. Sexual intercourse, or penetration may also be involved. It is against the law in the State of Alaska.
- b) Victim - ask class what it means, then give an accurate definition with an example. A victim is the person a crime happens to. If I go out to the parking lot and find that my car has been broken into and my tape deck has been "ripped off", I am a victim of theft. In the crime of sexual assault the person who is assaulted is the victim. Victims are of all ages, color, and class (economic status). Most times they are female, sometimes they are male. One out of every 4 young women (girls) will be a victim of sexual assault by the time she is 18 years old. One out of every 8 young men (boys) will have been a sexual assault victim by the time he graduates from high school. Sexual assault is NEVER the victim's fault; a victim NEVER "asks for it", nor does a victim ever "deserve it".

- c) Offender - ask class what it means, then given an accurate definition. An offender is the person who commits the crime. The person who "ripped off" my tape deck is the offender. In the crime of sexual assault the person who assaults the victim is the offender. Offenders like victims, are of all colors and classes, they can be young or old. Few offenders are women, most are men between the ages of 18 and 36. Most of the time or usually the victim knows or is related to the offender, although some are strangers to the victim. Most offenders are men and some victims are boys. A man who sexually assaults a boy is usually heterosexual, he sexually prefers men, and is not a homosexual. Sexual assault is an abuse of power; it is an act of violence and not of sexual passion.
- d) Stranger rape - in 15% of all sexual assault the victim does not know the offender. This is labeled "stranger rape."
- e) Acquaintance rape - ask for a definition of the word acquaintance. Explain that an acquaintance is someone that you may have met, you recognize their face, may know their name, a friend of a friend. The victim of an acquaintance rape knows who the offender is. This is also sometimes referred to as "dating rape." This will be explained further in the 2nd lesson.
- f) Incestual assault - sexual assault that occurs within a family is termed incest. That victim not only knows who the offender is, but is also related to him.

85% of all sexual assault are either incest or acquaintance rape. In 85% of all sexual assault, the victim knows the offender.

- g) Obscene phone calls, indecent exposure, pornographic photographs of a minor (someone under the age of 18). All are examples of sexual abuse which do not include touch. Each is against the law. Each example is to be addressed separately (and briefly) with an accurate definition and an example. An obscene phone call may include heavy breathing, threats, vulgar language, sexual requests or demands. Indecent exposure is when someone, most often a male shows his genitals (private parts) in a public place or inappropriately in a private place. Pornographic pictures include movies, magazines, etc., but is against the law to take pornographic pictures of people under 18 years.

Activity 3: Movie - No Word for Rape

Objectives: 2, 3, 4, 5, 6.

Materials: Film, projector, screen.

Procedure: Film introduction. No Word for Rape is a film made in Alaska which talks about the information we've already discussed. The filmmakers interviewed victims, an offender, law enforcement personnel, therapists, and people who work at shelters and rape crisis centers throughout Alaska. Please pay close attention so you can answer the questions at the conclusion of the movie.

Activity 4: Dispelling Myths

Objectives: 3, 4, 5, 6.

Materials: Blackboard, chalk, overhead projector, screen, prepared transparencies, prepared tag board sheets.

Procedure: Write the following statements on the board with 2 beside it, one which reads "fact", the other to read "myth" or "fiction". Define myth and fiction using an example. Read the statement and ask the class which column it goes in, then provide an anecdote, then correct the class if they placed it in the wrong column. Briefly write the myth or fact (underlined) in the appropriate column.

a) Women provoke sexual assaults, they "ask for it." A professional woman who works for the state went out after work one Friday with some people from her office. As they were sitting in a bar drinking a co-worker introduced her to a friend of his. She liked him and they both were flirtatious towards each other. She had too much to drink and this new acquaintance offered her a ride home. She was relieved that she didn't have to try and drive and accepted. When he got her to her apartment he raped her. Has she done anything wrong? Has he? Did she "deserve it"? Did she "ask for it"? NO! She did not "ask for it", what she wanted was a ride home. She did not "deserve" to be physically violated, degraded or humiliated. Is what he did against the law? How did she feel? How else could she have been returned home? Now what should she do? Presenter then places a check or an 'X' in the "myth" column.

b) (Statement made by cop in film) "Rape is not an act of . . . but rather . . ."

Point out that it's a quote from the police officer in the film, and is a fact.

c) Only weak, or stupid people are victims of sexual assault.

A member of the wrestling team was hitchhiking into town one day. A man picked him up but didn't bring him into town, instead he pulled onto a seldom used dirt road. The man forced the boy to have sexual contact with him, the boy tried to fight him, but stopped when the man pulled out a gun. Afterwards, the man drove away laughing, leaving the boy in the dirt.

Had the boy "asked for it?" Had he done anything wrong? Was he weak or stupid? NO! He did not ask for "it", what he wanted was a ride. He did not deserve to be physically violated, degraded, humiliated. He certainly wasn't weak and he was smart enough to know not to try and resist when a weapon was pulled on him. Anyone can be rendered helpless when a weapon is involved no matter how strong or smart they are. Was a crime committed? How did the victim feel? What does he need to do now? (Medical exam, contact police, talk with someone.)

A mark is then made in the myth column.

- d) Offenders are ugly, lonely, socially isolated losers.

A young woman was driving into town and a tire went flat. She had never changed a tire by herself before, and a new car pulled up with a well dressed man driving. She was relieved. Because he was in a suit and on his way to work he offered to drive her to a gas station. She accepted. While driving he spoke of his wife, children and the great party he had been at the night before. Instead of going to the gas station, he stopped in an empty parking lot and raped the girl.

Had the girl done anything wrong? Did she "ask for it?" NO! What she wanted was help with a flat tire; she did not deserve to be physically violated, humiliated, and degraded. She trusted the man because of his appearance. Was a crime committed? What could the girl have done differently? What should she do after the rape? (Medical, legal help, talk to someone.)

A mark is placed in the myth column.

- e) Sexual assault is a dangerous crime.

The film is dedicated to a young women, whose mother said her daughter was only meant to be raped, but was killed.

Check fact column.

- f) Erase all the myths and just leave the facts on the board.

Activity 5: Prevention Education

Objective: 7.

Materials: Blackboard, chalk; overhead projector, screen, prepared transparencies; prepared tagboard.

Procedure: We all want to believe that this crime happens to someone else and not to us, but each of us needs to be prepared. There are means that may be used to try and prevent sexual

assault.

First and foremost, use your common sense and trust your senses. If you are uncomfortable in a situation or confused, listen to your "inner voice." Protect yourself and don't take any unnecessary risks.

Be aware of your environment. This includes people, exits, potential weapons, etc. (give an example).

If home alone or babysitting, lock the doors and do not open them unless you are certain who the person is and you feel safe with them.

Do not give personal information to someone you don't know or don't trust. (Example.)

When getting into a car, check the back seat, lock the doors. When walking alone stay in populated, well lit areas, may place keys between your fingers (demonstrate). When possible go with friends and not alone.

If you are uncomfortable in a situation, scared, confused, nervous, threatened, do not be embarrassed to say what you want or need. Be verbally assertive, scream, yell if necessary (give example).

If needed and you are capable, be physically aggressive. Learn self defense.

Activity 6:

Objectives: 6, 8.

Materials: Blackboard, chalk; overhead projector, screen, prepared transparencies; prepared tagboard; AWARE brochure.

Procedure: Even if a person tries to prevent sexual assault s/he may still be victimized. The victims in the film spoke of how they felt after the assault. What were some of their emotional and physical responses? See that the following are mentioned: feeling dirty, nightmares, shame, fear, guilt, not able to be intimate, lack trust in self and others.

The impact on victims is great, therefore it is very important that they get help: Go to MD for medical exam to assess physical damage and to check for v.d. and possible pregnancy.

Go to the police and report the crime. The offender needs to be caught so that he will not assault anyone else and so he can get help.

The victim should go and talk with someone s/he trusts. Someone who can be supportive and of assistance to them. If a victim

tells a peer, the peer can be supportive but an adult with authority still needs to be notified. These are people who can give a victim support and understanding so they know they're not alone.

There are groups for young victims at AWARE conducted by a therapist. All that is said in group is confidential.

Distribute an AWARE brochure. Write name, agency and phone number on the board. Thank the class for their attention and participation.

Youth Treatment

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Juneau, Alaska

SEXUAL ASSAULT

Lesson #2, Grades 7 - 12

Incest & Acquaintance Rape (Based on Lesson #1 - Stranger Rape)

GOAL: To increase students' understanding of sexual abuse and subsequently, increase their understanding of ways to prevent it.

Objectives:

1. To know who the presenter is, the agency she represents, and the topic to be presented.
2. To know the terms and definitions of the vocabulary involved with this topic.
3. To know that sexual assault occurs frequently and in several different forms.
4. To know that sexual assault is against the law.
5. To know that unwanted sexual contact is never the victim's fault (and that s/he does not "ask for it").
6. To know that medical, legal and emotional assistance is available for victims of sexual assault.
7. To know the various means that may be used in attempting to try and prevent sexual assault.
8. To know the impact a sexual assault may have on the victim.
9. To increase students' understanding of what constitutes good, confusing, and bad (exploitive) touch.

Participating Agencies:

AWARE

586-6623
Big Brothers/Big Sisters
586-3150

M.E.N. Incorporated

586-3585
City & Borough Social Services
586-9780

Division of Family & Youth Services

586-1861
Juneau School District
586-2303

National Council on Alcoholism/Juneau

586-1628
Tlingit-Haida Social Services
586-1432

Activity 1: Introduction

Objective: 1.

Materials: Blackboard, chalk, etc.

Procedure: The presenter will reintroduce herself and then ask the class if they recall what agency she represents. The information will be provided if it is not remembered.

The second lesson on sexual assault will focus on incest and acquaintance rape.

Activity 2: Review of Definitions

Objectives: 2, 3, 4, 5.

Materials: Same.

Procedure: The presenter will quickly review the terms and statistics from Lesson 1 by writing the terms down, asking the class for a definition, then clarifying the definition. The words to be reviewed include: sexual abuse, victim, offender, stranger rape, acquaintance rape, incestual assault, obscene phone call, indecent exposure, pornographic photographs of a minor.

Activity 3: Incestual Assault

Objectives: 2, 3, 4, 5, 6.

Materials: Same.

Procedure: The presenter will elaborate on the definition of sexual assault. The main points will be outlined on the board. Incest usually begins when the child is between the ages of 3 and 6 years old, and it goes on for an average of 6 years. If there are both female and male children in the home, both are equally at risk to be sexually assaulted by a person in their family. This is not a crime of passion. It is an abuse of power.

There are major differences between the adult offender and his child victim.

When a child is of preschool age the offender may trick her or him into sexual contact by explaining it as a 'game', a "special secret", something daddy (brothers, uncles, etc.) do with their little girls (boys, granddaughters, etc.). The adult may purchase treats for the child, or do favors for them.

As a child grows older and begins to understand that this "special game" is not what all uncles (fathers, grandfathers, etc.) do with their nephews (daughters, sisters, etc.) and the child tries to resist. The adult may manipulate the child by using threats: "If you tell no one will believe you. You'll get in trouble." "If

you tell, I'll have to go to jail, then who will pay the rent (groceries, etc.)?" "If you keep quiet and let me continue, I won'd do this to your younger brother (sister, cousin)."

By the time a victim reaches your age they feel confused, ashamed and guilty. If they tell him to stop he may try to physically force them by beating them or restraining them.

The victim needs to confide with someone in their support system so that the abuse will stop, then the offender will not be able to abuse anyone else, and both the victim and the offender can get treatment.

Activity 4: Touch Continuum

Objectives: 3, 4, 5, 6, 7, 8, 9.

Materials: Same.

Procedure: Often times touch can be confusing for both children and adults. We may not be sure about what's "ok" and what's "not ok;" about what's "normal" and what's "wierd." This activity should help clarify ideas about touch.

1. Place three categories on the board, good touch, confusing (uncomfortable, mixed up, nervous) touch, bad (exploitive) touch, and explain to the class that you will suggest a type of touch and they will tell you under which category to place it.
2. Types of touch to include: handshake, hug, wrestling, tickling, kiss. If individuals in the class do not do so, be sure to point out that each example can be placed in any of the three categories. Suggest sexual abuse without, then with touch, and explain why they can never be placed in the "good" column. (Use storytelling examples.)
3. Acknowledge that it is hard to deal with types of touch that are confusing and that you must trust those feelings, use you common sense and respond in a way which makes you feel comfortable and safe.

If you find yourself in a situation where bad touch is occurring, then you need to speak up and say "NO!" if you feel you will be unharmed if you do so.

4. Place a fourth category on the board labeled "Support System." Secondly, you need to tell someone in your support system. Ask the class for adults they trust and could go to if they were experiencing confusing or bad touch. Be sure to include family, school personnel, clergy, law enforcement, social services, AWARE, friends. Stress to the class that even if a victim speaks up and says "NO!" it is necessary to tell an adult so that the offender does not victimize anyone

else. If a victim tells a peer, the peer can be supportive, but an adult still needs to be notified.

5. If bad or confusing touch is happening to someone it is not their fault, they have not done anything wrong, and they do deserve to be protected. The victim needs to follow two steps:

Speak up and say "NO!"

Tell someone in their support system. Have class repeat the two steps, then review the following questions. If the adult a victim chooses to tell does not believe her/him what should s/he do? Keep on telling until someone does believe them. Why? Because it's not the victim's fault, s/he has not done anything wrong, and s/he deserves to be protected.

Activity 5: Film for Grade 7 - No More Secrets

Objective:

Materials: Projector, screen, film.

Procedure: Film introduction: The movie shows people a little younger than you dealing with problems. Watch carefully so you can identify the problems and which of the two steps the victim took. Show film, then for each of the three situations ask: a) What was the problem? b) Has the victim done anything wrong? c) Has the offender done anything wrong? d) Which steps were taken by the victim? e) What other step did the victim need to do? f) How do you think the victim felt?

Activity 6: Community Resources

Objective:

Materials: Same, plus handout: "Who I can talk to and where I can get help."

Procedure: Handouts are distributed and the class is requested to fill in the necessary information about people in their support system.

The presenter will write the names and numbers of Juneau community resources on the board.

Thank the students for their time and attention.

Lesson #2

Grades 8 - 12

Activity 5: Film - The Party Game

Objectives: 3, 4, 5, 6, 7.

Materials: Projector, screen, film.

Procedure: Introduction to the film: When a person your age is a victim of acquaintance rape the offender may be a friend of the family, someone in your friend's family, a person you work for, a parent you babysit for, the person you may be dating. This film is about acquaintance rape. At the conclusion you should be able to tell why was Kathy at the party, why Mark was at the party, and what was the ending of the film. Be prepared for a party that's a little out of date.

After the film ask the following questions:

Why was Kathy at the party? How do you know?

Why was Mark at the party? How do you know?

What other ways could Kathy have responded to Mark?

What would he have done if she said she wanted to sit down inside and talk?

What happened at the end of the film? Was it against the law? Who's fault was it?

What should Kathy do now?

(Talk to the police, get a medical exam, talk to someone)

In acquaintance rape and incest is it "narcising" to tell the police about the offender? Why? Why not?

Activity 6: Community Resources

Objectives: 6, 8.

Materials: Same plus "Support System Handout."



Juneau, Alaska

HEALTHY DECISION MAKING (7-12)

BY: Walter Majoros
Ken McQuade



Participating Agencies:

AWARE

586-6623

Big Brothers/Big Sisters

586-3350

M.E.N. Incorporated

586-3585

City & Borough Social Services

586-9780

Division of Family & Youth Services

586-1861

Juneau School District

586-2303

National Council on Alcoholism/Juneau

586-1688

Tlingit-Haida Social Services

586-1432

HEALTHY DECISION MAKING (7-12)

GOAL: To examine the relationship between individual decisions and the problems of domestic violence, sexual assault, alcoholism and drug abuse, and to learn a model to make healthier decisions.

Objectives:

1. To introduce the Network project and the goal for today's lesson.
2. To identify routine decisions, future decisions and decisions that lead to destructive behavior.
3. To examine positive and negative influences on decision-making.
4. To understand how advertising and the media encourage roles that perpetuate negative decisions and destructive behavior; i.e., domestic violence, sexual assault, alcoholism and drug abuse.
5. To present a model for positive decision-making.

Activity #1: INTRODUCTION

Objective: To introduce the Network project and the goal for today's lesson.

Materials: Chalkboard/Chalk.

Background: This activity gives students an understanding of the Network project and its various components.

Procedure:

1. Presenters introduce selves and the agencies they represent.
2. Presenter briefly outlines the Network's educational and treatment components and the agencies participating in the project.
3. Presenter refers to goal statement for "healthy decision-making" curriculum. This statement (see above) is written on chalkboard prior to the presentation. Presenter defines the terms: domestic violence, sexual assault, and alcohol/drug abuse.

Activity #2: Brainstorming Session on Types of Decisions

Objective: To identify routine decisions, future decisions, and decisions that lead to destructive behavior.

Materials: Chalkboard/chalk.

Background: This activity is a readiness exercise designed to attract students' attention and to encourage their participation in the presentation. It helps students to identify types of decisions and shows that negative behavior can result from poor decisions.

Procedure:

1. Presenter divides chalkboard into three columns and writes down the following headings:
 - a. Today's Decisions
 - b. Future Decisions
 - c. Decisions that hurt ourselves and others
2. Presenter asks students to identify decisions in each category. Presenter facilitates and directs students to the degree necessary. Presenter writes down decisions in appropriate columns.

Activity #3: Illustrations of Influences on Decisions

Objective: To examine positive and negative influences on decision-making.

Materials: Slides and projector; cassette tape and recorder, T-shirt, screen.

Background: This activity stimulates students by using audio-visual aids to portray influences that are relevant to their everyday experiences. It introduces the concept of the socialization process whereby students are influenced to make unhealthy decisions.

Procedure:

1. Presenter chooses one example of a decision from Activity #2. Presenter asks students to identify the various influences that may affect that decision. Presenter introduces the concept of positive and negative influences on decisions.
2. Presenter demonstrates positive influences on decisions.
 - a. Presenter plays segment of popular song depicting healthy or harmonious behavior and asks students to identify predominant theme or message.
 - b. Presenter displays T-shirt sold by local high school basketball team to raise money for cancer research. Students are asked how this represents positive influences on decisions:
3. Presenter demonstrates negative influences on decisions.

- a. Presenter plays segments of at least two songs depicting violence and drug use. Students are asked how songs influence and legitimize negative behavior.
- b. Presenter displays slides and/or magazine ads which portray stereotypic male and female roles. Some of the slides/ads glorify alcohol use, violence, and other unhealthy behavior.

Activity #4: Societal Influences on Negative Behavior

Objective: To understand how advertising and the media encourage roles that perpetuate negative decisions and destructive behavior; i.e., domestic violence, sexual assault, alcoholism and drug abuse.

Materials: Chalkboard, flashcards depicting stereotypic male and female characteristics.

Background: Students are now prepared to analyze how societal influences create stereotypic roles leading to chemically or physically abusive behavior. This activity creates a framework to understand the slides/ads presented in the previous activity.

Procedure:

1. Presenter divides chalkboard into two columns: "All American Man" and "All American Woman."
2. Students and presenter brainstorm qualities of the all American woman and man, using previous audio-visual examples and flashcards to stimulate discussion; e.g., men as dominant, aggressive, emotionless; women as submissive, helpless, passive.
3. Presenter and students discuss the following points:
 - a. These expectations are very difficult to meet and are a setup for failure.
 - b. How stereotypic roles may be unhealthy for:
 1. men
 2. women
 3. relationships
 - c. That men and women are encouraged to drink excessively.
4. Presenter emphasizes that stereotypic roles are limiting and asks students to create a description of a "healthy" person. Students and presenter brainstorm qualities of the healthy person. Presenter writes qualities on chalkboard.

Activity #5: Making Positive Decisions

Objective: To present a model for positive decision-making, with emphasis on decisions relating to alcoholism, drug abuse, domestic violence, and sexual assault.

Materials: Chalkboard/Chalk.

Background: Students have learned to identify: types of decisions; positive and negative influences on decisions; and societal rules that lead to destructive decisions and behavior. Students are now given a tool to make decisions based upon the outcome that they desire.

Procedure:

1. Presenter writes down model for positive decision-making on chalkboard:
 - a. Consider all options.
 - b. Consider consequences to self and others.
 - c. Choose your desired outcome.
 - d. Make a decision to obtain your desired outcome.
2. Presenter briefly reviews the four components of positive decision-making. Presenter then applies model to attached Example #1.
3. Presenter explains to students that there may be a homework assignment and that the decision-making model will be used by other presenters from the Network project.

FOLLOW-UP ASSIGNMENT

Background: Having been given the outline for a positive decision-making model, students are now ready to apply the model to real-life situations.

Materials: Attached homework assignment and chalkboard.

Procedure:

1. Teacher hands out the attached sheet as a homework assignment.
2. Teacher reviews homework assignment with students the next day, carefully reviewing each component of the decision-making model to make sure students fully understand its application.

MAKING POSITIVE DECISIONS: EXAMPLE #1

This assignment will help you understand the process of making healthy decisions. Please read the paragraph below and answer the questions that follow.

Mark has borrowed his father's car and has picked up three friends to go to a party. One of the friends, Tim, pulls out a bottle of whiskey and passes it around. The bottle comes to Mark. What should he do?

Questions:

1. What are Mark's options?
2. What effect will these different options have on Mark and others?
3. If you were Mark, what outcome would you desire in this situation?
4. What decision would you make to reach your desired outcome?



Juneau, Alaska

ALCOHOLISM IN THE FAMILY SERIES

Developed by: THE NATIONAL
COUNCIL ON ALCOHOLISM/JUNEAU

Participating Agencies:

AWARE
586-6623

Big Brothers/Big Sisters
586-3350

M.E.N. Incorporated
586-3513

City & Borough Social Services
586-9710

Division of Family & Youth Services
586-1861

Juneau School District
586-2303

National Council on Alcoholism/Juneau
586-1638

Tlingit-Haida Social Services
586-1432

ALCOHOLISM IN THE FAMILY SERIES

INTRODUCTION TO THE LESSONS

There are lessons for five grade levels--3, 5, 7, 9, 11. The "Key Objectives" for teaching about alcoholism in the family are on the following page. Individual lessons make reference to this list. The Appendix contains descriptions of three teaching strategies used throughout these lessons. "Brainstorming" is a technique used because of its energizing effect and ability to solicit participation. "Ground Rules for Discussion" are designed to protect the safety of individual students during classroom discussion. "How to Direct Successful Improvisations" describes a tool for active learning used in secondary level lessons.

KEY OBJECTIVES

1. You are not alone. Alcoholism is so stigmatized that neither children nor adults tell their closest friends about it even during the hardest of times. As a result, most children think theirs is the only family that behaves as it does. It is an enormous relief to know that many other people have the same problem.
2. The drinking is not your fault. Children blame themselves for a parent's alcoholism, sometimes because the alcoholic or even the sober parent explicitly blames them. Obviously this guilt is a burden which has a tremendous impact on the child's personality. Children need to realize that there is nothing they can do to stop the drinking.
3. Alcoholism is an illness--it is not the alcoholic's fault. The child feels unloved, angry, rejected and thinks the alcoholic chooses to live as s/he does. The child can begin to love the parent again if s/he can separate the illness from the person who has it and can't control it.
4. Alcoholics do love their children. Alcoholics often act in inconsistent or confusing ways, as do spouses of alcoholics. The child may get a mixed message of love and hate from his/her parents. To begin to understand that, as a result of their illness, the alcoholic parent cannot always control the way they act, helps children believe that they are indeed loved by their parent who would act differently if they could.
5. Alcoholics will sometimes have "blackouts"--periods of time when they are drunk which they can't remember later. As a result of numerous broken promises, many of which the alcoholic can't even remember, the child lives a life of disappointment and learns not to trust the alcoholic parent. Simply realizing that the alcoholic really cannot remember everything s/he says or does is consoling to the child.
6. Alcoholics can recover; there is hope. There must be a reason to seek help, something to look forward to. Most young people look for help for their parent. They need to believe that it is possible for the alcoholic to get help, but know it is not their responsibility.
7. You need and should get help for yourself. Some people think it is pointless to help the child of an alcoholic unless the alcoholic gets help to stop drinking. This is a senseless belief. The object of these lessons is to help the children of alcoholics regardless of whether or not their parents get help. They need to understand that resources are available for members of alcoholic families and that they can learn to identify persons they can trust to talk with.
8. You can practice certain coping skills. In addition to seeking assistance these skills include: to avoid contact with the alcoholic when the alcoholic is drinking, to have fun, to get feelings out in acceptable ways and to be safe. They need to come to believe that they can feel guiltless, unashamed, loving and happy even while the drinking continues.

9. We can learn to be better friends to each other. Children need to understand that even if they are not in this situation, they can be helpful friends. They can learn to listen uncritically to each other's thoughts and feelings, to protect with confidentiality each other's painful secrets and to share information about family alcoholism.

For secondary level students:

10. Members of an alcoholic family eventually play certain fixed roles. As the illness progresses, members of an alcoholic family begin to deny their own true feelings and play roles which cover them, even to themselves. This is in reaction to the denial of the alcoholic of his/her disease.
11. The alcoholic develops an "alibi system"--involving denial, rationalizations and projections--which functions to protect them from seeing their illness. This is one of the primary reasons why living with an alcoholic is so difficult. Refusing to see their illness and blaming those around them for problems being created ensures that as the alcoholic gets sicker, so will his/her family.
12. Family members can join self-help groups such as Alateen and Alinon which will help them detach from the alcoholic's drinking and learn to take care of themselves. Teenagers living in an alcoholic home need to be encouraged to attend Alateen. This ongoing support will help them to recognize self-destructive feelings and behaviors, and replace them by group support with constructive feelings and behaviors.

ALCOHOLISM IN THE FAMILY--GRADE 3
Lesson 1: "Lots of Kids Like Us"

Objectives:

(See KEY OBJECTIVES, pg. 2 , 1-9)

Materials: film--"Kids Like Us," projector, screen, puppet, chalk,
blackboard

Time Required: 45 minutes

Procedure:

1. Ask: "What do you call a person who drinks too much alcohol?" Field responses. Wait until someone says "alcoholic."
2. Brainstorm (see pg.17 for brainstorming rules): "What comes to your mind when you hear the word 'alcoholic'?" Write responses on board.
3. Explain: "Most of us have ideas about alcoholics. Some of our ideas are true and some are not. I brought a friend with me who is going to help us understand what it means to be an alcoholic." Bring out puppet. "This is Alice Alcoholic."
4. Alice Alcoholic speaks: "Hi Boys and Girls! My name's Alice and I'm an alcoholic. I have an illness called 'alcoholism.' But don't feel sorry for me because I don't drink anymore and I feel just fine! Before I stopped drinking, however, I had lots of problems--and caused lots of problems for other people. I have two beautiful children, just like you. Sometimes I used to act terrible and even scared them! I didn't want to, but I couldn't stop drinking and I couldn't control the way I acted when I drank. Sometime my children thought they made me drink because they were bad. This simply was not true! They were wonderful--just like you all. Children have to realize that they don't make their parents drink, and they can't make them stop.

Let me ask you a couple of questions:

- a. Is everyone who drinks an alcoholic? (Allow for responses.) Most adults who drink alcohol are not alcoholics. Probably most of your parents drink alcohol sometimes. That does not mean that they are alcoholics. Alcoholics, remember, are people who cannot control how much they drink and what happens when they drink. This just happens to some people. It's not because they are bad or wanted it to happen.
- b. Should a child try to get their parent to stop drinking? (Allow for responses.) No way! If your father broke his leg, could you fix it? Alcoholics need help from another adult, not from a child. Children need to learn to take care of themselves, and have fun even if someone at home is sick or unhappy.

Now, I'm going to show you a movie. It's about some friends of mine-- Ben, Laurie and Conrad. They had alcoholic parents--just like my kids. It's called "Lots of Kids Like Us." Why do you suppose it's called that? (Allow for responses--'Because lots of kids have parents who drink too much.')

If you pay close attention, you will find out ways to make life easier for you if you have a parent who drinks too much, or for a friend of yours, if they have a parent who drinks too much."

5. Show film.
6. Ask: "What were some of Ben's feelings?" List responses on the board.
7. Discuss ways to deal with these feelings and ways to reach out to each other by asking the following questions:
 - a. "What were some of the things Conrad taught Ben to do when he felt sad?" (angry, afraid, lonely, disappointed, etc.)
 - b. "If Ben were your friend, what would you tell him when he felt guilty?"

Suggest: "Why don't we all practice saying together, 'It's not your fault your parent drinks!'" Class repeats sentence together.

8. If time permits, brainstorm orally ways the students could reach out to each other when someone is feeling down or angry because of problems at home. Allow students to think of sentences. Have class practice saying sentences out loud together.

ALCOHOLISM IN THE FAMILY--GRADE 5
Lesson 1: "Survivors and Good Friends"

Objectives:

(See KEY OBJECTIVES, pg.2 , 1-9)

Materials: film--"Lots of Kids Like Us," projector, screen, butcher paper, markers, tape

Time Required: 45 minutes

Procedure:

1. Brainstorm (see pg.17 for brainstorming rules) everything students can remember or know about alcoholism. Write responses on board. Explain that most of us know both facts and myths about alcoholism. Define myths if necessary.) Go through brainstorm list, erase myths and clarify facts. In particular, these points should be covered:
 - a. Alcoholism is an illness--the alcoholic cannot stop drinking.
 - b. No one causes another's alcoholism.
 - c. There is nothing a child can do to fix alcoholism.
 - d. Alcoholics love their children, even if they don't always act like it.
 - e. How people get help--Alcoholics Anonymous, the Juneau Regional Rehabilitation Hospital, counseling at the Alcoholism and Drug Abuse Central Agency--recovery is possible.
 - f. Family members--even children--can get help for themselves.
 - g. ALL DRINKING IS NOT ALCOHOLISM.
2. Introduce film: "This is a film about children who live in alcoholic families. If you pay close attention you will learn ways to be happy even if one of your parents has a drinking problem. Even if neither of your parents has a drinking problem, you can learn information which you might be able to share with a friend." (Some students may have seen the film in lower grades, but its points cannot be over emphasized and it won't be boring. The discussion will be different and reinforcing each time.)
3. Show film.
4. Ask: "What were some of the things Conrad taught Ben?" Record these on a piece of butcher paper entitled "Survivors List." (If possible, keep this list hanging in the classroom for a period of time.)

5. Ask: "How can we be good friends to each other like Conrad was to Ben?" Record these on a piece of butcher paper called the "Good Friends List." (Save and post in classroom.)
6. Ask: "How can we identify persons we can trust to talk with?" Brainstorm a "Persons we can trust" list. (Save and post in classroom.)
7. Conclude lesson by explaining that sometimes we are in situations we can't control. Still we can try to make life better for ourselves. Hopefully today we have learned some of the things we can do.

ALCOHOLISM IN THE FAMILY--GRADE 5
Lesson 2: Hotline for Help

Objective: To reinforce points of Lesson 1.

Materials: "Survivors List," "Good Friends List," paper, pencils, two phones (unconnected)

Time Required: 35 minutes

Procedure:

1. Review "Survivors List" and "Good Friends List."
2. Ask students to remember some of the special problems of Conrad, Ben and Laurie. Ask them to write an imaginary letter to Abby (Dear Abby...) or Mr. Wizzard about a problem that concerns living with an alcoholic parent.
3. Ask for volunteers to share their letters. Ask class to answer for Abby or Mr. Wizzard.
4. Ask for two volunteers to role-play a hotline in which students "call in" problems to each other. Allow the "counselor" to put the caller on hold while they consult the class for further ideas if necessary.

ALCOHOLISM IN THE FAMILY--GRADE 7
"All Bottled Up"

Objectives:

(See KEY OBJECTIVES, pg. 2 , 1-9)

Materials: film--"All Bottled Up," projector, screen, blackboard, chalk.

Time Required: 45 min. - 1 hour

Procedure:

1. Brainstorm: "What comes to your mind when I say the word 'alcoholic'?" Write responses on board. (See pg. 17 for brainstorming rules.)
2. Explain: "There are no right or wrong answers. There are myths, facts and opinions. WE all know myths and facts and have opinions about alcoholism and alcoholics. Now we are going to categorize your responses into these three groups." (Circle facts. Erase myths. Check opinions.)

In particular these points should be covered:

- a. Alcoholism is an illness in which a person cannot control their drinking.
 - b. No one plans on being an alcoholic, yet one of ten persons who drinks becomes one and one out of nine Alaskans.
 - c. The illness progresses in stages--it gets worse, never better.
 - d. Alcoholics seldom admit to themselves or others that they have a disease. They deny being alcoholic.
 - e. Alcoholics have "blackouts"--periods of time they can't remember.
 - f. Alcoholics can and do recover. But they must stop drinking completely. There is no cure, but it can be arrested by total abstinence.
 - g. It is an unusual illness, because the alcoholic practices his/her disease usually with little motivation to stop. This is because of two reasons: the stigma attached to being an alcoholic, and the body is craving alcohol.
3. Ask: "Living with an alcoholic parent poses some special problems for teenagers. What do you think some of these might be?" List responses on board.

4. Introduce film: "We are going to see a film called 'All Bottled Up.' In it teenagers talk about their experiences living with an alcoholic parent and the things they learned to do which made life easier. Look for answers to these questions:
 - a. What were some of the harmful ways young people responded to their parents' alcoholism?
 - b. What were some of the characteristics of an alcoholic home?
 - c. What was most interesting to you?
5. Show film.
6. Discuss answers to questions.
7. Ask: "What are some of the things you can do to keep sane in a home with alcoholism?" List responses on board. List should contain:
 - a. Realize you are not to blame for the alcoholic's drinking.
 - b. Realize your parents do love you--even if they don't always act like it. They are just as confused as you are about the alcoholic's drinking.
 - c. Stay out of the alcoholic's way when he/she is drinking.
 - d. Don't preach or lecture.
 - e. Don't hide or pour out the liquor.
 - f. Don't take the alcoholic's behavior personally.
 - g. Develop other activities--sports, having fun, talking with persons you can trust.
 - h. Develop a support group of people you can count on. (Such as Alateen.)
 - i. Have an emergency plan.
8. Pass out "Survival Strategies" handout with Alateen information.
9. If time permits, discuss "Portraits of Victims" and solutions to the problems presented. Or, if there are volunteers, role-play talking to a friend with alcoholism in the family. (See pg.19 for suggestions on "How to Direct a Successful Improvisation.")

PORTRAITS OF VICTIMS:

Mary is worried about her mother's drinking. She believes that if she argues with her mother about it, pours out her bottles and hides the liquor her mother will stop. Mary is your friend and talks with you about this. What should you tell her?

Amy is embarrassed to have friends home because often her mother is drunk. A friend, Jean, is walking home with Amy. As they get closer Amy gets more and more nervous. What should Amy do?

Danny has a father who drinks. When his father is drunk, his mother often gets angry at Danny and blames him for the problems at home. At the basketball games Danny gets drunk, gets in fights and ends up at Johnson Jail. Danny is tired of fights and being hasselled by the probation office. What should he do?

ALCOHOLISM IN THE FAMILY--GRADE 9

Objectives:

(See KEY OBJECTIVES, pg.2 , 1-12)

Materials: blackboard, chalk

Time Required: 45-60 minutes

Procedure:

1. Ask: "What comes to your mind when you hear the word, cancer?" Write responses on board.
2. Ask: "What comes to your mind when you hear the word 'alcoholic'?" Write responses on board.
3. Point out the differences in perceptions of both diseases and the stigma attached to alcoholism.
4. Explain the unique aspects of alcoholism:
 - a. The alcoholic is driven (by a physiological craving) to practice their disease.
 - b. The alcoholic is ashamed of being "out of control" of his/her drinking.
 - c. The alcoholic denies the existence of his/her disease. Is usually THE LAST PERSON TO KNOW.
5. Explain: If you have an alcoholic parent, you have special problems. In addition to the alcoholic denying the existence of his/her problem, he or she has blackouts when s/he can't remember things said or done and is unpredictable and perhaps explosive. You are subject to feelings of guilt, disappointment, anger, fear, feelings of being responsible for everyone, etc. What's more, you probably are denying at times your own true feelings (just like the alcoholic) even to yourself. In fact, children from alcoholic families usually play one of four roles.

Describe roles--hero, enabler, scapegoat, mascot, alcoholic and lonely child--using diagrams on board of inside feelings and outside defenses.

- a. The "classic enabler"--encourages the alcoholic's drinking by trying to cover up, deny it, make excuses for it. The enabler secretly feels responsible (guilty) for the alcoholic's drinking (played by the non-alcoholic spouse).

- b. The "hero"--takes charge when situations are out of control. Feels responsible for the salvation of the family members. Experiences a tremendous amount of stress. Inadequacy is the driving feeling. Functions to make the family proud.
 - c. The "scapegoat"--is blamed for many of the family problems. Becomes angry and acts out. Hurt and guilt is under the defiance. Functions to take the focus off the alcoholic.
 - d. The "mascot"--provides comic relief for the family. Is a jokester. Uses humor to mask true feelings of fear and insecurity.
 - e. The "lost child"--is neglected. Receives little attention. Accepts reinforcement for being "good." Feels lonely and unimportant, functions for family relief--one child not to worry about.
 - f. The alcoholic--denies drinking problems. Blames others for problems always. Is not fully aware of situation because of drunkenness. Doesn't remember violent or harsh actions. Guilt and remorse are underlying feelings.
6. Read "Dear Abby" letters. Ask class to discuss possible solutions to the problems. Out of their solutions compose a "Ways to Cope" list. List should include those strategies covered in "All Bottled Up" seventh grade lesson.

Dear Abby:

My father frequently goes on drinking sprees, some of which last for several days. When he's not drinking he is kind and generous. But when he drinks too much he is mean, sloppy and sometimes violent. He sometimes spends so much on liquor that the family has to do without much food. What can I do? I am 14 years old.

Signed,
Confused

Dear Abby:

My mother spends all day watching soap operas and nibbling potato chips and neglects my two baby twin brothers and the house. My father has two jobs to support us and isn't home too much. When I get home from school she's already had several drinks and gets mad at the slightest thing I do. What can I do?

Signed,
Oppressed

Dear Abby:

My husband spend every Saturday and Sunday afternooon and Monday night watching the football games. While watching he keeps on drinking beer until by the end of the game he is unsteady and irritable, so we can't go anyplace or have any guests in. Tuesday he wakes up with a hangover. The rest of the week he's fine. What can I do?

Signed,
Confined

7. Ask for 3 volunteers (See pg. 19 for suggestions on "How to Direct a Successful Improvisation"). Instruct them to think of a conflict situation involving an alcoholic parent, a teenage child and a friend of the teenager. Players should think of the "Ways to Cope" list when creating the solution.

ALCOHOLISM IN THE FAMILY--GRADE 11

Objectives:

(See KEY OBJECTIVES, pg. 2 , 1-12)

Materials:

Time Required: 45-60 minutes

Procedure:

1. Explain: Usually when we think of an alcoholic, we think of an isolated suffering person. What we don't think of is that usually several other lives are seriously being affected by the alcoholic. We say alcoholism is a "family" disease. As the alcoholic gets sicker, the family gets sicker.
2. Explain: First, we are going to play a game to check how much you know about alcoholism and alcoholism in the family. It involves a certain amount of personal risk. I am going to read a statement. If you agree, raise your hand up. If you disagree, drop your arm down. If you don't know, stick your arm out to the side. This should be a fun activity and is not meant to embarrass anyone. It's okay not to know and it's okay to make a mistake in front of others. These are valuable lessons for us to learn.

Statements:

- a. Alcoholism is a disease. (Agree? Disagree? Don't know?)
 - b. With help, alcoholics can learn to control their drinking.
 - c. Alcoholics usually admit they have a problem.
 - d. Teenagers should try to get their parents to understand that they have a problem and that they should quit drinking.
 - e. If you have a parent who is alcoholic you should be extra careful to make sure your parent does not get hurt.
 - f. The stress of having children often causes parents to become alcoholic.
3. Discuss. Explain that there are many misconceptions about alcoholism. What people most often don't consider is how a person's alcoholism drastically affects those closest to him/her.

4. Explain an alcoholic's "alibi system" of denial, rationalizations, projections. Ask for two volunteers--one to be an alcoholic and the other to confront the person about his/her drinking. (See pg. 19 for suggestions on "How to Direct a Successful Improvisation.")
5. Explain how the alcoholic's alibi system affects other members of the family.
6. Review roles family members play from ninth grade lesson pg. 12.

Review "Ways to Cope" from seventh grade lesson "All Bottled Up." pg. 9.

7. Ask for volunteers to do improvisations demonstrating some problem situations and effective ways to cope.

Examples of problem situations follow:

- a. Jean and Rita, both seventeen, are old friends. They just left Rita's home after her mother, visibly drunk at 4 p.m., alternated between verbal abuse and soggy kisses because Rita was going to sleep at Jean's. Rita refuses to acknowledge that her mother's behavior was unusual or disturbing to her.
- b. Rick is listening to his friend Joe bitterly complain about his own father, who was drunk and hit his mother. Joe wants to move out but is worried about his mother and younger sisters.

APPENDICES

BRAINSTORMING:

The five rules of conducting a brainstorming exercise are as follows:

1. Work for quantity, not quality;
2. Expand on each other's ideas, elaborate, be imaginative;
3. No negative evaluation of an idea is allowed;
4. Record each idea by a key word or phrase;
5. Set a time limit and hold to it.

Explain the rules to your group so that the structure is clearly understood. Poor brainstorming results are often caused by lack of adherence to the rules.

GROUND RULES FOR CLASS DISCUSSION:

In order to protect individual safety during discussion, review these ground rules prior to each discussion, and refer to them when necessary:

1. Never use someone's name when talking about a problem situation. Say instead, "I know someone who..."
2. Don't put down anyone else's answers, opinions or ideas. (In short, No put downs!)
3. Only one person talks at a time.

HOW TO DIRECT SUCCESSFUL IMPROVISATIONS

In order to initiate an improvisation, the participants need to be given a situation and a conflict as a starting point.

After that, for the improvisation to "work" dramatically (that is, be interesting), the participants are responsible for the following five major criteria of successful improvisations:

1. There must be a beginning, middle and end.
2. An environment must be developed.
3. There must be a conflict.
4. The conflict must be resolved by a strong choice for action.
5. Characters must be developed.

"Safety Rules" should be discussed. See section at the end of Appendix 3 for further instruction.

Procedure:

1. Ask for volunteers to participate in an improvisation (3-5 persons).
2. Give the participants time alone together to develop an initial story line and establish roles (3-5 minutes).
3. Before the action begins, instruct participants that they have the right to call a "cut" in the action at any time without having to say why. This allows participants who feel they are getting too emotionally involved an easy "out" from what may, on rare occasions, be an unpleasant situation. Be alert to the action and feelings of the improvisation and don't hesitate to call a "cut" yourself if you feel the improvisation is arousing too much anxiety.
4. While action is in progress, don't inhibit it by commenting on or altering the action.
5. The improvisation ends when the participants have reached a logical ending point or you decide to cut the action because it is dragging or has become irrelevant. The conflict ought to have been resolved and a strong choice have been made.
6. Student observers can also act as "reporters" who write down or later verbally describe what they saw and heard, comparing their accounts with each other and with what the players felt occurred.
7. Praise all efforts. Don't criticize, regardless of the outcome of the drama. Students won't participate if the teacher is critical. Don't expect miracles. The noise level may be high. Give students time to get used to the technique of improvisation.

8. Much of the learning from improvisation will be lost if you don't follow-up each improvisation with additional learning exercises designed to build on the experience. Among the follow-up exercises you can pursue are the following:
 - a. Students can repeat the completed improvisation with different participants or with a new conflict or scenario.
 - b. When an individual improvisation or series of improvisations is over, focus the ensuing discussion on what the participating students' feelings were as they acted; what their attitudes were toward the other players; what different actions the observers might have taken were they in the improvisation; and what the observers and participants feel they learned.
 - c. Avoid giving your opinion of whether the improvisation solution was "right" or "wrong" and concentrate instead on eliciting and having your students debate the advantages and drawbacks of alternative solutions.

Safety Rules:

In order for improvisation to work with your students, participating students must feel a sense of safety, that their risking is being protected by both you and other students. To ensure this safety, you must initially spend a short period of time establishing some "safety ground rules." This can be done either of two ways.

The first is to read the attached list of "safety rules" and review them periodically as reminders or refer to them if a rule has been violated.

The second takes a little more time but involves the students in the responsibility of establishing rules. A recorder is designated. The process of improvisation is reviewed. Then the class is asked, "What do we need to agree upon in order to make this a safe place to participate in improvisation?" The recorder is instructed to record the responses which the students brainstorm. After the brainstorming the class discusses the different rules and by consensus agrees which should be established. These rules are then posted. If someone breaks a safety rule more than once, they should be asked to leave the room for the duration of the lesson, unless a believable commitment to cooperate is firmly established.

"Suggested Safety Rules"

1. No one criticizes another's performance. Discussions focus around action taken rather than quality of performance.
2. No heckling or other discussion during performance. The observers are to remain silent, except for appropriate laughter.
3. During follow-up discussion, no one jumps on anyone else.

file

DAVID T. WALKER
ATTORNEY AT LAW
MENDENHALL BUILDING
328 FOURTH STREET, SUITE B
JUNEAU, ALASKA 99801
(907) 586-9537

*NRN
spoke 3-17-85
RE child protection
package
S*

March 5, 1985

Honorable Bettye Fahrenkamp
Alaska State Senate
Pouch V
Juneau, Alaska 99811

Re: Senate Bill 8

Dear Senator Fahrenkamp:

I am the registered lobbyist for the Alaska Nurses Association.

The Association supports CSSB 8 (State Affairs) "An Act relating to a personal safety curriculum in public schools." We support the concept that children should receive instruction through the public school system in the identification and prevention of child abuse, neglect, sexual abuse and domestic violence.

I would appreciate it very much if you would have your staff notify me of the hearing schedule on this bill, it may be that the Association will want to present testimony.

Please do not hesitate to contact me if you have a question about the Association's position regarding Senate Bill 8 or any other matter.

Very truly yours,

David T. Walker

David T. Walker

DTW/rnt

cc: Margaret Bixby
Janet Bunes

Revision Date: _____

REQUEST

Bill/Resolution No.: CSSB8 (HESS)
 Title: ...Personal Safety Curriculum...
 Sponsor: Kerttula
 Requestor: Senate HESS
 Date of Request: 2-20-85

FISCAL DETAIL

Agency Affected: Education
 Program Category Affected: Elementary and Secondary Education
 BRU, Program or Subprogram(s) Affected: Office of School Improvement

EXPENDITURES/REVENUES: (Thousands of Dollars)

	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90
OPERATING						
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL		20.0	10.0	5.0	5.0	5.0
400 SUPPLIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS						
800 MISCELLANEOUS						
TOTAL OPERATING		20.0	10.0	5.0	5.0	5.0

CAPITAL						
----------------	--	--	--	--	--	--

REVENUE						
----------------	--	--	--	--	--	--

FUNDING: (Thousands of Dollars)

GENERAL FUND		20.0	10.0	5.0	5.0	5.0
FEDERAL FUNDS						
OTHER						
TOTAL						

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: Attach a separate page if necessary

FY-86 and FY-87 costs include staff training, identification of existing materials and resources, and telephone and duplication costs of guideline development. Post FY-87 costs are telephone and duplication cost estimates. This estimate does not include materials or curriculum development.

Prepared By: Steve Hole Phone: 2800
 Division: Commissioner's Office Date: 2-20-85
 Approved by Commissioner: Harold Reynolds, Jr. Date: 2-20-85
 Agency: Education

Distribution (by Agency preparing fiscal note):
 Legislative Finance
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 Office of Management and Budget
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file - SB 8

Alaska State Legislature

BETTYE FAHRENKAMP, Chairman
ARLISS STURGU, LEVSKI, Vice Chairman
JOE JOSEPHSON
PAUL FISCHER
EDNA ARMSTRONG-DEVRIES



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Senate Committee on Health, Education and Social Services

MEMORANDUM

TO: Members, Senate Committee on Health, Education and Social Services

FROM: Committee Staff

RE: Committee Meeting, February 19, 1985

DATE: February 14, 1985

On Tuesday, February 19 at 1:30 pm in the Beltz Room, the Senate Committee on Health, Education and Social Services will hear the following bills:

SB 8

Current statute encourages school districts to conduct health education programs. SB 8 would include personal safety, specifically the identification and prevention of child abuse, neglect, sexual abuse and domestic violence in the suggested curriculum. The bill does not prescribe a specific curriculum, but does require that the Department of Education in conjunction with the Council on Domestic Violence and Sexual Assault review existing personal safety programs and develop material appropriate to the expanded definition of health education.

Each school district has either a curriculum development office or a curriculum contact person. Many districts, such as Anchorage and Juneau, have already begun to incorporate personal safety and child abuse instruction and training in their health education programs. Local non-profit agencies have been working with school districts to this end, as has the Council on Domestic Violence and Sexual Assault.

SB 8

SENATE JOURNAL - PAGE 11- 3 1/14/85

SENATE BILL NO. 8 by Senators Kerttula, Sturgulewski, Halford, Kelly, Faiks and Coghill, entitled:

"An Act relating to a personal safety curriculum in public schools."

was read the first time and referred to the State Affairs Committee, Health, Education and Social Services Committee, and Finance Committee.

SB 8

SENATE JOURNAL - PAGE 193- 1 2/ 1/85

The State Affairs Committee considered SENATE BILL NO. 8 (personal safety curriculum in public schools) and recommended it be replaced with

CS FOR SENATE BILL NO. 8 (SA)

with a majority do pass. The report was signed by Senator Aboody, Chairman and concurred in by Senators Kelly, Vic Fischer and DeVries.

Fiscal note appears in Supplement No. 11.

SENATE BILL NO. 8 was referred to the Health, Education and Social Services Committee.

SB 8

SENATE JOURNAL - PAGE 647- 1 3/27/85

The Health, Education and Social Services Committee considered SENATE BILL NO. 8 (relating to personal safety curriculum in public schools) and recommended it be replaced with

SB 8

SENATE JOURNAL - PAGE 648- 1 3/27/85

CS FOR SENATE BILL NO. 8 (HESS)

with a majority do pass. The report was signed by Senator Fahrenkamp, Chairman and concurred in by Senators DeVries, Josephson and Sturgulewski.

"Letter of Intent
CSSB 8 (HESS)

The legislature recognizes that the Department of Education is presently soliciting comments from Alaskan school districts and various agencies and interested parties on a draft curriculum guide for health education. It is the intent of the legislature that the Department of Education in enacting CSSB 8 (HESS) prepare and distribute for comment a supplement to the

existing draft no later than six months from the effective date of this Act. The supplement shall contain draft curriculum guidelines for personal safety education that include the identification and prevention of child abuse, child abduction, neglect, sexual abuse, and domestic violence."

SENATE BILL NO. 8 was referred to the Finance Committee.

SB 8

SENATE JOURNAL - PAGE 1660- 3 1/29/86

The Finance Committee considered SENATE BILL NO. 8 (personal safety curriculum in public schools) and a majority of the committee recommended adoption of the Health, Education and Social Services Committee Substitute and do pass. The report was signed by Senator Faiks, Co-Chairman and concurred in by Senators Keritula, Halford, Paul Fischer and Ferguson.

Two zero fiscal notes were attached.

SENATE BILL NO. 8 was referred to the Rules Committee.

POSITION PAPER

CS FOR SENATE BILL NO. 8 (HESS)
Revised April 8, 1985

For an Act entitled: "An Act relating to a personal safety curriculum in public schools."

This Bill would add to section 14.30.360 of the Alaska statutes a recommendation that each school district expand the health education curriculum for grades K through 12 to include personal safety and the identification of child abuse, child abduction, neglect, sexual abuse, and domestic violence. The Bill would also require the Department of Education to consult with the Council on Domestic Violence and Sexual Assault in developing personal safety guidelines. *DHSS*

A child's knowledge of how to attain personal safety coupled with other public awareness and prevention efforts will assist in breaking the destructive cycle of child abuse and neglect in successive generations.

State Affairs Committee action on the department's recommended amendment to SB 8 to include "neglect" in the personal safety curriculum will greatly expand the target population of children at risk. National and state statistics regarding categories of harm indicate that neglect constitutes not only the largest number of reports, thereby affecting the largest number of children at risk, but that greater numbers of victims of neglect are more likely to suffer serious harm than are victims of sexual or physical abuse. The recently completed American Humane Association report, "Trends in Child Abuse and Neglect: A National Perspective", found that in 1982, 50% of all child fatalities were a result of failure to provide basic necessities. The inclusion of "neglect" in the Bill will ensure that primary prevention programs in the school districts meet the goal of preventing physical abuse, sexual abuse, neglect, and reducing the general vulnerability of children.

POSITION

The department supports this bill.

RECOMMENDED: *Michael L. Price*
Michael L. Price, Director
Division of Family
and Youth Services

DATE: *April 8, 1985*

A'PROVED: *John R. Pugh*
John R. Pugh, Commissioner
Department of Health
and Social Services

DATE: *4-9-85*



NEA-ALASKA

AFFILIATED WITH THE NATIONAL EDUCATION ASSOCIATION

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February 15, 1985

TO: Senator Bettye Fahrenkamp, Chair
Members, Senate HESS Committee

RE: CSSB 8 "An Act relating to a personal safety curriculum in public schools".

NEA-Alaska supports and encourages passage of the proposed amendments to AS 14.30.360.

Of particular importance is the cooperative work between the Department of Education and the Council on Domestic Violence and Sexual Assault to review and, as appropriate, to develop curricula. There is a lot of good curricula material available but school districts could certainly use help from the Department to design sound programs and to identify the best of the materials available.

Presumably the fiscal note has more to do with funding the health education position and providing the consultation to school districts than it does with the amendments proposed. NEA-Alaska supports coming into compliance with the existing AS 14.30.360 and providing the funding necessary to carry out this mandate.

Respectfully Submitted:

Gayle Pierce
President

L85:07

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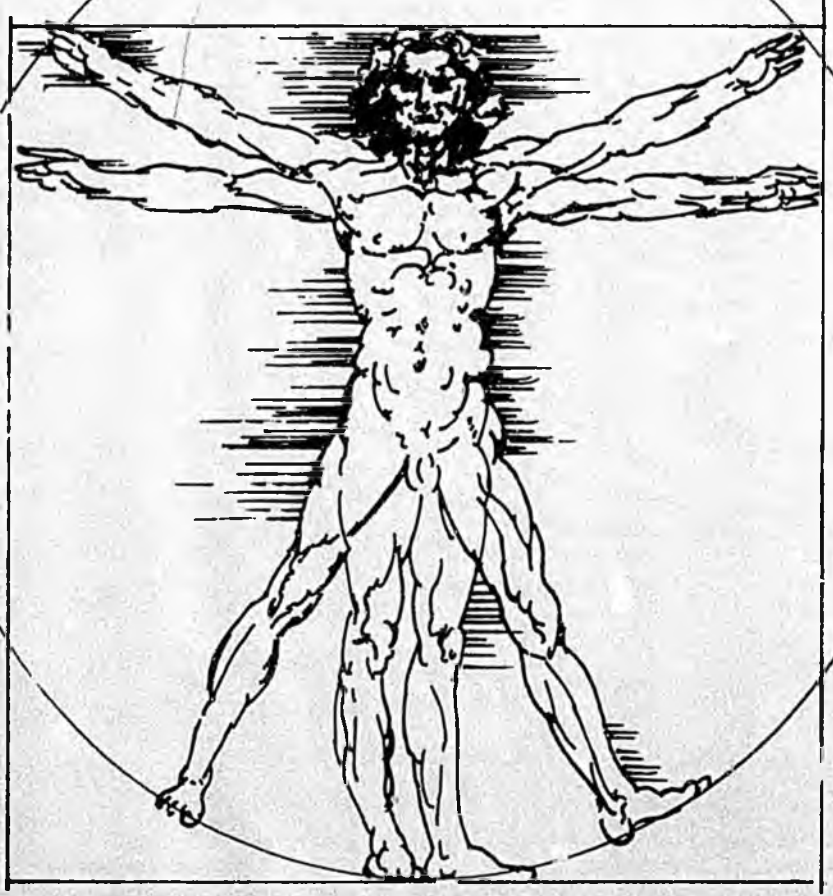
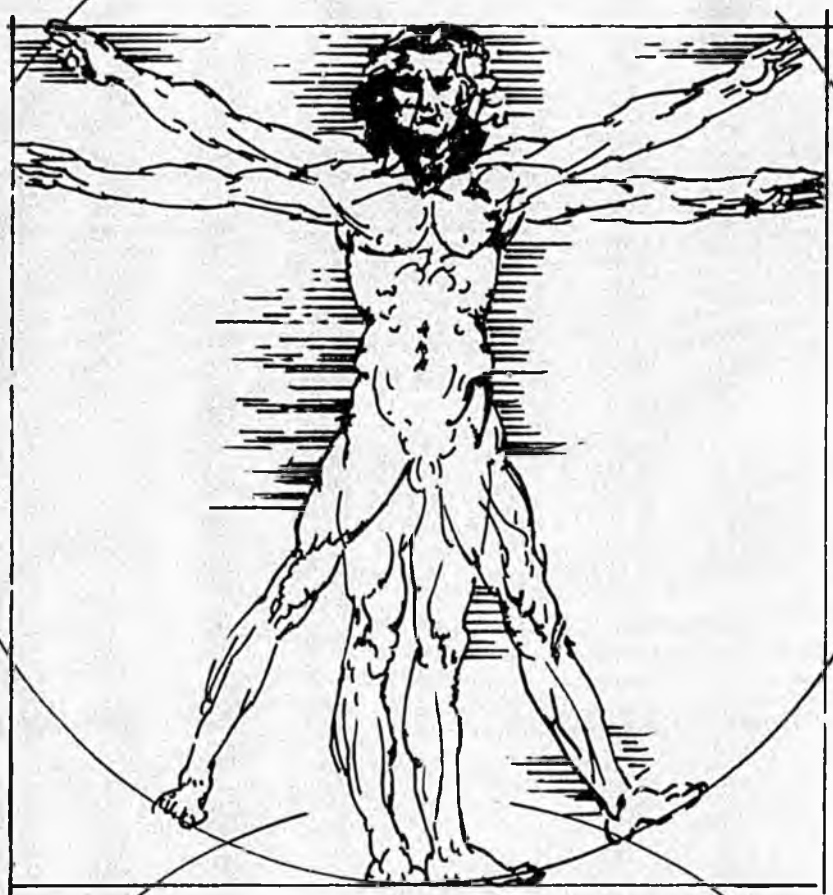
May, 1986

Copies of minutes listed below were originally included in this file. The minutes are available on the STAIRS date base CM 14. In order to save space copies of minutes have not been left in the files.

Jeanie Henry

Senate State Affairs Committee 1/31/85, 8:30am

H e a l t h



Model

Secondary

Curriculum Guide

Draft



June 1984
To Be Revised May 1985

SECONDARY HEALTH

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“He who has health has hope, and he who has hope has everything.”

— Arabian Proverb

Acknowledgments

In preparing the Model Curriculum Guides, the Department of Education requested and received copies of curriculum materials from school districts in Alaska, the state's own Centralized Correspondence Study and other state departments of education. The department thanks the following school districts and state departments for submitting materials:

Alaska School Districts

Adak	Galena	Nenana
Anchorage	Haines	Nome
Annette Island	Iditarod	North Slope
Bristol Bay	Kenai Peninsula	Northwest Arctic
Copper River	Ketchikan	Pelican
Cordova	Klawock	Railbelt
Craig	Lower Kuskokwim	Valdez
Delta/Greely	Lower Yukon	Yakutat
Fairbanks	Matanuska-Susitna	

State Departments of Education

Alabama	Maine	South Carolina
Arizona	Minnesota	South Dakota
Arkansas	Maryland	Tennessee
California	Nebraska	Texas
Connecticut	Nevada	Utah
Delaware	New Mexico	Vermont
Florida	New York	Virginia
Idaho	North Carolina	West Virginia
Illinois	Oregon	Virgin Islands
Indiana	Rhode Island	Guam

The department appreciates the efforts of its staff who reviewed and synthesized specific content area materials which resulted in an earlier draft of this Model Curriculum Guide. Contributions in secondary health included:

Sandra Berry
Heather Hansen

The department also appreciates the efforts of members of the Alaska Association for Health, Physical Education, Recreation and Dance and the Alaska Health Education Consortium who reviewed, critiqued and revised an earlier draft of this Model Curriculum. Working within very tight timelines, they provided useful and helpful suggestions for how the document could be improved. People who were involved included:

Nancy Bill	Carolyn Hoover	Mike Price
Trish Dory	Nancy Morgan	Brenda Rogers
Richard Frey	Martin Mulholland	Kristy Stender
Phil Gapinski	Al Poindexter	Teresa Tomczak

Introduction

The following model is a recommended guide for comprehensive health education in the State of Alaska. The intent of the suggested goals and objectives is to incorporate the health needs of all school age Alaskans living in either urban or rural/village settings.

Because the model is designed to serve a diverse population, some of the objectives may not be appropriate for all school districts. Therefore, it is recommended that the model be used as a *guide* for selection of desired objectives which address individual district needs.

A healthy society is determined by the overall wellbeing of its citizens. Informed decision making represents one of the highest desirable skills for responsible citizens. The most important decisions made by individual citizens are those affecting their own health and wellbeing. The calibre of health related decisions made by individual people has implications now and for the future quality of life in the school, community and the state.

School health education is designed to provide students with the basic information and experiences they will need to make intelligent decisions and assume responsibility for their physical, social, emotional, spiritual and environmental health. School health education focuses upon the need for students to establish patterns of living that promote good health and the ability to enjoy life to its fullest.

In Alaska, school health programs should highlight both the traditional and contemporary values of health, living and community. Special emphasis should be placed upon the leading health issues within the state. Students should be given the opportunity to examine these issues and explore alternate strategies for addressing them.

As a result of the school health education experience, students educated in Alaska schools shall:

1. Employ behavior which promotes physical, social, emotional, spiritual and environmental health and prevents disease.
2. Recognize the importance of family, elders, and significant others to their wellbeing and understand their role in developing a wholesome community.
3. Develop a positive sense of self worth and understand its value throughout life.
4. Understand responsible decision making and communication skills within the traditional and/or contemporary setting and effectively demonstrate these processes in the course of daily living as well as during stressful situations.
5. Understand the physical, social and emotional changes that occur from conception through death and prepare to meet the challenges within the growing process.
6. Interpret how their traditional and/or contemporary environment affects their wellbeing and know ways they can alter their environment to enhance wellbeing.

Introduction (con't)

7. Express feelings in an appropriate and positive manner, and interact satisfactorily with other people.
8. Have knowledge and skills relative to safe living, accident prevention and emergency care/procedures.
9. Select, use and evaluate health care products and services based on the best available evidence with professional supervision and advice recommended.
10. Understand current local, state, national and global health issues, and some of the ways they might be addressed.
11. Know career opportunities in health-related occupations.

HEALTH EDUCATION

GRADE 9-10

HEALTH EDUCATION Grade 9-10

CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
PERSONAL HEALTH	The learner will:	The learner will:
	Know regular physical activity promotes physical, emotional and spiritual fitness.	Interviews three people who actively engage in regular physical activity, and explain how activity enhances their well-being.
	Understand wise food selection is important to well-being.	Identify problems associated with eating disorders.
		Examine the social uses of food.
		Develop nutritious eating program that suits his/her tastes, lifestyle and family customs.
	Know traditional and/or contemporary methods of stress management and its importance to well-being.	Develop a personal stress management plan.
	Know most drugs are beneficial when used properly.	Differentiate between proper and improper uses of or, prescription, and recreational (alcohol, tobacco, caffeine) drugs.
	Understand substances designed to help us can also be harmful.	Analyze the use of any drug as risk-taking behavior that must be carefully considered in light of both risks and benefits.
	Know we can live happy and full lives without using harmful drugs.	Explore the non-drug activities in his/her life that provide personal satisfaction.
Be aware of the difference between acceptable drug use.	Identify the legal acceptance of drug use.	

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CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
FAMILY HEALTH	The learner will:	The learner will:
	Understand the serious social and personal problems associated with inappropriate use of substances.	Examine the consequences of drinking and driving a motor vehicle.
	Be aware of the kinds of situations requiring adjustment by family members.	Identify how decision-making in a family may be handled.
		Describe positive ways to deal with family crisis.
		Explain how he/she would handle a hypothetical family crisis.
		Describe methods of dealing with parent/child conflicts.
	Understand the concept of community in traditional and/or contemporary settings.	Listen to an elder talk about personal well-being and how to maintain it.
	Practice social behaviors which contribute positively to friendships and relationships with others.	Describe how elders affect the well-being of a community, past and present.
		Express kindness towards and concern for others.
		Identify social and anti-social behaviors.
		Compare social and anti-social behaviors of Alaskan cultures.

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CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
	The learner will:	The learner will:
SELF-CONCEPT	Understand the factors contributing to self-concept.	Choose three people he/she admires who have good self-concept, and analyze the factors which contributed to their positive self-esteem.
	Understand the importance of having a positive self-concept.	Analyze how having positive self-concepts helped his/her admired interviewers be successful.
	Understand personal change in life is normal.	Describe some of the common changes that have occurred and some that will occur, and typical reasons to these changes.
	Know how to enhance his/her self-concept.	Describe health methods others use to enhance their self-concepts. Explain why use of mind altering drugs is not self-concept enhancing.
DECISION-MAKING AND COMMUNICATION SKILLS	Know the traditional and/or contemporary steps for problem solving/decision.	Differentiate between contemporary and traditional decision-making.
	Recognize situations in which decisions are required.	Identify and define a situation which requires a decision to be made by using both the contemporary or traditional decision-making process.
	Be able to seek information relevant to problem solving/decision making.	Gather information relevant to the situation requiring a decision. Identify appropriate information sources for the situation requiring a decision.

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CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
	The learner will:	The learner will:
	Identify and analyze alternative solutions to problems.	Brainstorm alternative solutions to the situation which requires a decision.
		Predict the consequences of alternatives considered.
	Understand traditional and/or contemporary factors influencing a decision.	Identify factors which influence decision-making and describe their affects.
	Be able to select the most appropriate solutions to problems in traditional and/or contemporary settings.	Make a choice using both decision-making process.
		Create a plan to carry out the choice made.
		Act on the choice made.
	Understand the importance of evaluating decisions.	Review how individual responsibility relates to decision-making.
	Understand how individual responsibility relates to decision making in traditional and/or contemporary settings.	Recognize the importance of eliminating barriers for effective interethnic communication.
		Identify common barriers of interethnic communication.
	Know and identify traditional and/or contemporary elements of verbal and non-verbal communication, conversation rules, and the importance of each.	Extend conversation by relating personal experiences.
		Use positive disagreement behavior in conversation.

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CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
	The learner will:	The learner will:
	Understand the importance of assertion.	Logically sequence ideas in conversations. Review suggestions of how to be a better listener. List benefits of being a good listener. Demonstrate how to non-verbally show another person that he/she is listening.
	Understand the importance of listening.	Identify the important role that communication plays in initiating, developing, and maintaining relationship with other people.
GROWTH AND DEVELOPMENT	Understand relationships with others are a natural part of growing up.	Explain the emotional and physical changes people undergo at various stages of life.
	Understand the relationship between heredity, environment, health care and life-style.	Explain the importance of accepting one's sexuality to health and well-being.
	Understand there are different life patterns (stages) people may experience throughout life.	Outline the stages of pregnancy and birth and explain the importance and components of parental care.
	Know adolescence is a life stage which brings many changes.	Identify several birth defects and some of the known causes.
EMOTIONAL HEALTH	Understand his/her own emotions and the emotions of others.	Name types of emotions. Express emotions verbally and non-verbally.

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CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
SAFE LIVING AND EMERGENCY CARE	The learner will:	The learner will:
	Cope positively with various emotions.	Relate the effects of everyday circumstances on emotions. Differentiate between levels of closeness. Identify ways to cope with expression. Identify types of coping skills. Recognize pre-suicidal systems and explain where to get help for a suicidal person.
	Know who to contact for help in various emergency situations.	Describe how to signal for aircraft and/or boatcraft in an emergency.
	Know how to administer basic first aid.	Complete the red cross standard first aid cause . Recognize how to maintain current certification. Explain the benefits of continual practice of first aid skills.
	Understand how to reach school and return home safely.	Describe how to return home from school in severe weather conditions. Develop a plan to insure younger students safe return home in severe weather conditions.
Understand procedures for safe travel in a vehicle or on motorized vehicles.	Analyze why passengers ride with drivers under the influenced of alcohol or drugs.	

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CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
	The learner will:	The learner will:
	Know how to respond to and/or prevent sexual abuse and understand situations where people could pose a threat to safety.	<p>Explore methods to help passengers not ride with drivers under the influence of alcohol or drugs.</p> <p>Recognize potential sexual abuse situations where the offender is; a stranger, casually acquainted with the victim, well known to the victim.</p> <p>Demonstrate how to respond in case of sexual abuse, who to tell and how to support others who have been abused.</p> <p>Demonstrate his/her knowledge of self-defense options.</p> <p>Recognize how sex roles and his/her socialization affects behavior.</p> <p>Demonstrate his/her understanding of the effects of alcohol/drugs on behavior.</p> <p>Practice assertive responses to potential sexual abuse situations.</p>
GLOBAL HEALTH ISSUES	<p>Know the community resources which affect health.</p> <p>Know the itinerant health resources which are available in his/her community.</p>	<p>Identify which health resources have prevention programs.</p> <p>Explore local health resources.</p> <p>Demonstrate how the itinerant health helpers can be contacted outside his/her community.</p>

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CONCEPT	LEARNING OUTCOME	SAMPLE LEARNING OBJECTIVE
	The learner will: Know how to utilize community health resources.	The learner will: Demonstrate how the community health resources can be contacted and utilized.

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