

# From Silence to Safety

Workshop Review

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## The Prevention Problem

Prevention is often underutilized due to three primary gaps:

### Knowledge Gap

Professionals often tell parents *what* to do but fail to provide the *how*.

### Comfort Gap

Adults frequently avoid or delay conversations due to personal discomfort, lack of childhood modeling, or trauma triggers.

### Cultural Gap

One-size-fits-all strategies often ignore cultural values or the systemic mistrust many families feel toward institutions.

## The Three-P Framework for Prevention

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### Preparation

Giving children concrete, accurate language for body parts and pattern recognition for behaviors like "boundary testing".

### Permission

Redefining respect to include self-protection. Children must know they will not get in trouble for saying "no" or questioning an adult's behavior.

### Practice

Rehearsing scenarios through role-play and games so children don't "freeze" in high-stress moments.

## Age-Appropriate Strategies

Age Group	Focus	Key Approach
Pre-School (3-5 years)	Concrete Thinking	Use visual aids; teach correct names for all body parts.
School Age (6-9 years)	Authority & Trust	Distinguish safe vs. unsafe secrets; practice with real-life scenarios.
Tweens (10-12 years)	Risk Recognition	Discuss grooming, manipulation, and digital/online boundaries.
Teens (13-17 years)	Identity & Consent	Use honest, two-way dialogue regarding power dynamics and consent.

# Coaching Parents: A 4-Step Model

Effective prevention requires professionals to move beyond "referring" to active coaching:

Normalize	Reduce defensiveness by validating that these conversations are difficult.
Educate	Connect risks to reality to help parents understand why immediate action matters.
Model	Demonstrate the exact language parents should use with their children.
Rehearse	Have parents practice the conversation in the moment to build confidence.

## The Black Perspective Framework

Silence in Black communities is often a survival strategy shaped by medical racism and over-policing. To engage effectively:

1	Lead with relationship rather than authority.
2	Acknowledge systemic harm and use language that feels safe rather than clinical.
3	Build on strengths like strong kinship networks and a high value on protection.

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