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Investigation Information

FACTS ABOUT THE INVESTIGATION

- 1) The legal process is often times a very slow process, which means that when and if a case goes to trial, the child will have to repeat their story and potentially reopen some psychological/emotional wounds that may have started to heal.
- 2) You as a caregiver have little control over what happens with the legal case. Cases may be continued over and over again for various legal reasons. The important fact to remember is that the deputy prosecuting attorney is working to insure the best outcome for your child.
- 3) The case will be handled in the legal system according to Idaho statutes and laws that have been established. The needs of the child during the trial process do not drive the legal case.
- 4) Based on the Constitution, which was written more than 200 years ago, the legal system primarily protects the rights of the accused, not the victims. However, efforts are being made around the United States to improve the rights of child victims.
 - Professionals who are trained in specific areas relating to child abuse are receiving better training, and are frequently being called to testify on behalf of the child.
 - A child has to tell their story fewer times because interviews are now videotaped.
 - A multidisciplinary team approach is being used in these cases to expedite the process for the child and to ensure that the child is receiving all of the possible services available to him/her.
 - Inside and outside of the courtroom, legislation is being implemented to provide more protection for children when they have to testify or be interviewed about abuse allegations.
- 5) Filing decisions are made by the deputy prosecuting attorney in charge of the unit that handles Crimes Against Children. Without some corroborating evidence, cases may not get filed if they turn out to be only the word of the child versus the word of the suspect. The deputy prosecuting attorney in charge of filing cases can explain and clarify on a one on one basis why a case was or was not filed.

There are many paths your child may follow once the report has been made and the case is in the legal system. Sometimes the chance to speak up about what happened can be a good thing for the child, whether or not the abuser is convicted. Many children are relieved to think that someone more powerful will tell the offender he/she was wrong and help protect them. For other children, however, the events following the report can be scary.

You can make the process easier for your child by working with, and not against, the authorities. The legal system may be able to protect your child from future unsupervised contact with the offender. Working through the legal system is also a way to keep other children safe, because many offenders abuse more kids than those they have actually been caught molesting. In addition, most offenders do better in treatment with the force of the legal system behind them.

Remember, it is important not to base "healing" on the outcome of the trial. Instead, focus on things that are in your control. Whether or not a guilty verdict is found, remind your child how brave they were throughout the entire process. If a guilty verdict is found, celebrate!

WHAT IS THE INTERVIEW ALL ABOUT?

By reporting the allegation of your child's abuse, you have already taken strong steps toward protecting your child and helping him/her receive the support he/she needs. After the initial report of abuse is made to either law enforcement or the Department of Health and Welfare, the child is brought by a parent to the Child Advocacy Center to be interviewed. The interview is the first step of a criminal investigation, and helps the professionals gain the necessary information they need to proceed. The interview is conducted in a standardized manner and serves to:

- **Minimize the trauma for the child.** By participating in a videotaped interview with a skilled professional, the likelihood of the child being re-interviewed is greatly reduced. If a professional (such as a Guardian ad Litem, caseworker, or deputy prosecuting attorney) is interested in the disclosure/interview, they can view the tape as an alternative to re-interviewing the child.
- **Maximize the information.** When children see the strong emotional reactions of parents (anger, fear, sadness, guilt, etc.) during a disclosure, they tend to 'protect' the parent by shutting down. Experience has taught us that when children are interviewed without their parents present, they tend to disclose more detailed information. As a result, a stronger criminal case can be built. Please be assured that following the interview, the person conducting the interview will meet with you and discuss the interview, along with discussing what will happen next.
- **Minimize the contamination of the interview for a potential trial.** Our interviewers are trained in conducting interviews using a protocol that utilizes open-ended questions and a standardized format. This makes your child's statement more reliable, should it be used as evidence in a criminal procedure.
- **Maintain the child's integrity.** Every attempt will be made to help make your child feel comfortable. He or she will be treated with kindness and respect. Your child will be asked to talk about the allegations. Questions about graphic or explicit sexual acts will not be presented by the interviewer. In no way will your child be threatened or intimidated into providing information. It is the intent of the interviewer to put the child at ease, and if a disclosure is made, to help them feel safe and empowered about their decision to tell.

Before you leave the Child Advocacy Center, professionals will review the results of your child's interview and give you an idea of what, if anything will happen next. The following pages will give you a general idea of a potential criminal procedure. If your case goes into a criminal procedure, the deputy prosecuting attorney will talk with you about the specifics of what you and your family can expect to happen. He or she will contact you within the next few weeks or months.

After the interview, if the investigator feels a medical exam is warranted, the Advocacy Center will schedule a medical exam. You will be notified of your child's scheduled medical appointment. The next few pages will provide you with more information about the medical exam.

Medical examination

Purpose for a medical exam:

- To ensure the health and safety of a child.
- To reassure the child that everything is OK with their body.
- To diagnose and treat medical conditions related to the abuse.
- To document significant and forensic findings.



What to expect from the medical exam:

- The examination will be conducted by a qualified medical practitioner who has specialized medical expertise in the examination of abused children.
- A general head to toe physical exam will be conducted, including inspection of the genital and anal areas.
- The medical practitioner may use a colposcope to assist with the exam. The colposcope has a magnifying device and a camera to allow the best visualization of scars, injuries, and to ensure accurate documentation and interpretation of the physical findings. This is not a pelvic or internal exam.
- The exam is generally not painful. Shots and blood tests are usually not necessary.
- If there is a concern about STD's (infections that can be transmitted by sexual activities), a urine sample may be collected and/or a small swab may be gently inserted into the child's throat, anus, or vagina, much like the culture for strep throat.
- Expect the exam to take about an hour.

Tips for making the exam successful:

- Please bring only the child/children being examined and arrange alternative care if you have other children.
- It may help to bring a friend or relative along to entertain the child or watch them when the staff needs to talk to you alone.
- Children are very sensitive to what their parents and caretakers are feeling. Your positive attitude, support, and encouragement will help the exam go smoothly and quickly.
- Hungry and tired children frustrate easily. Be sure your child has had a chance to eat and rest. You may bring a snack along if you wish.
- Bring a favorite toy, blanket, or anything else that will make the child feel at ease away from home.

What to tell your child:

- It is best to prepare your child for the examination prior to coming to the appointment.
- Be careful not to “coach” your child about what to say to the medical staff.
- Let your child know that they will be coming in to see a Doctor who will be checking them to make sure that they are healthy, much like a well child exam in their regular pediatrician’s office.
- Reassure your child that everything will be explained to them before anything is done, including a demonstration of how a colposcope works.
- Your child will be allowed to have a person of their choice in the exam room with them.
- Reassure them that the exam is not painful.
- The medical exam is necessary and important, but let your child know that he or she may stop the exam at any time if they become uncomfortable.
- Explain that they will have their “private parts” checked, as they may need time to get used to this idea.

If you have any questions or concerns regarding the medical exam please contact us before the appointment at (208) 239-1650

Court information

There are three possible court situations you could find yourself in:



1. District Court

All felony cases are filed and prosecuted in District Court. If you or someone in your family is a victim of a felony classified crime, your case will be assigned to a deputy prosecuting attorney who handles specific types of cases. If your child is the victim, your case will be assigned to a deputy prosecuting attorney who prosecutes all crimes against children. What this means is that you and your family will not have to hire an attorney to prosecute your case. An attorney is assigned to you and will inform you of every step of the legal process.

If you or your child has to testify in District Court, and the perpetrator is an adult, a 12-person jury will hear the case. If the perpetrator is a juvenile, a judge will hear the case.

2. Magistrate Court

If the Department of Children and Family Services, often called CPS, is involved with the case, and the parents/guardians are not deemed protective of the child/children, a dependency and neglect case will be initiated by the Department of Children and Family Services. This entire process will be explained to you by your caseworker. All misdemeanor cases are also prosecuted in County Court.

3. Civil Court

Civil courts hear all cases in which there is a dispute over financial matters, including personal damages or losses. You have to hire your own attorney for these types of cases, if this is an avenue that you wish to pursue.

When child protection concerns exist, there is the possibility of involvement in both District and Magistrate court. A dependency and neglect case is filed along with the felony criminal case. Both cases involve the same parties, they just have to be tried separately due to the different nature and goals of the cases. Dependency and neglect cases are focused on the best interests of the child, while felony cases are focused on the prosecution of the person who committed a crime. The verdict of the dependency and neglect case is independent of the verdict of the felony case.

More information about the flow of court cases is on the following pages.

Progress of a Felony District Court Case

- 1) Crime committed
- 2) Arrest
- 3) Complaint filed by prosecutor's office
- 4) First appearance
- 5) Preliminary hearing
- 6) Arraignment
- 7) Trial
- 8) Sentencing



Explanations of the above terms and other legal terms:

Complaint:

The defendant is advised of the charges on which he was arrested. This is done with the defendant at the jail and is televised to the judge.

First Appearance:

The defendant will be given a copy of the charges being filed against him. This is the first time the defendant will appear in the courtroom in front of the judge. If in custody, the defendant will appear by video.

Preliminary Hearing:

Hearing in which the judge determines if there is enough evidence to take the case to trial. If probable cause is found, the defendant is "bound over" for trial. These hearings are often waived, which means that your child may not have to testify at this point.

Arraignment:

The defendant is required to appear before the judge to enter a plea of guilty or not guilty.

Pre-Trial Motions:

A formal request is made by prosecution or defense attorney to have the judge hear and decide a disputed issue before the trial.

Bond Hearings:

The reason for assessing a bail bond is to assure appearance of the released person in court at the proper time. A bond amount or condition is usually set at the complaint hearing. A request to reduce bond is usually heard at preliminary hearings, but is often set for a separate hearing in District Court.

Plea Negotiations:

Many cases are settled without a trial by negotiations between the prosecutor and the defense attorney. The prosecutor shall consult, where practical, with the victim concerning negotiated pleas. The final decision regarding any disposition is up to the prosecutor.

Trial:

The prosecutor presents the people's case and must prove beyond a reasonable doubt that the crime was committed by the defendant. The jury makes the final decision (verdict) as to whether the state has proven the defendant's crime beyond a reasonable doubt. If proven, the verdict will be guilty. If not proven, the verdict will be not guilty. **A not guilty verdict does NOT mean the child was not believed,** it means that the state did not meet its burden of proof.

Sentencing:

Once the defendant is found guilty or pleads guilty, the judge will impose a sentence. The probation office investigates the defendant's background and makes a recommendation to the judge regarding the sentence.

The victim has the right to speak at the sentencing or to write a letter to the judge to inform them of their feelings regarding the sentencing. This is called a victim-impact statement.

Rule 35B:

The court may reduce the defendant's sentence provided that a motion for reduction of sentence is filed within 45 days after the sentence is imposed.

Motion to Exclude Witnesses:

This means that one witness cannot hear what another witness says on the stand. Only one witness is allowed in the courtroom. This ensures that witnesses testify only from their memory with no outside influence.

No Contact Order:

A temporary no contact order is in effect once the defendant has been advised, through a court order upon arrest or in front of a judge, until the case is closed. The defendant is not to harass the victim in any way. If the defendant harasses the victim, the victim or family should call the police and file a report. After you call the police you should inform the prosecuting attorney.

Helping your child through the court process

Before you can help your child, it is important to know that being a witness in a trial or preliminary hearing is a new experience for most people. Since most people don't testify often, they may get nervous as they wait and think about testifying. Similarly, parents of child witnesses often feel nervous for their children. After working with many parents and children in this situation, we've seen several things that people often find helpful:

- 1). **Attend court preparation at the prosecutor's office.** A Victim/Witness Coordinator will explain to you what to expect in court and will introduce your child to the courtroom setting to try to decrease the anxiety he or she may have.
- 2). **Ask the deputy prosecuting attorney if you will be excluded.** What excluded means is that you as the parent will not be allowed in the courtroom while your child testifies. If this order is requested in your case, another family member may attend, or a Victim/Witness Coordinator will be with your child so they have a support person in the courtroom while they testify.
- 3). **Think about WHO is nervous about WHAT.** Feelings are contagious. For example, children are particularly sensitive and can easily "catch" their parents' feelings. It is important to remember that children are often nervous about something completely different than what parents are nervous about. A parent may worry about whether or not the child can describe the incident clearly, or about an overly aggressive defense attorney. The children may be worried about what will happen if they have to go to the bathroom while they are on the stand, what they will tell their friends when they get back to school, or about how mom feels while she is waiting outside the courtroom. We've been pleased to learn that many children are not as worried as their parents are about testifying, and that in looking back, testifying was often an empowering experience for the child.
- 4). **Find ways to assure your child to do their best in court by just telling the truth.** Do not tell your child "I'm not nervous" if you are, or that "there is no reason to be nervous" if he or she is. Those feelings are normal and you and your child both need to know that it is OK to feel this way.

Some things you CAN do:

- ❖ It is very important for you to acknowledge how the child is feeling at this time. Tell them it's OK to be afraid and ask them just what they are afraid of.



- ❖ Normalize the child's feelings (if they 're feeling nervous, let them know that lots of people get nervous about testifying, even you!) and really reinforce the POWER in truth!
- ❖ The night before, you and your child can relax with a favorite meal and activity (TV show, reading, movie). Keep the emphasis off of "getting a good night's sleep" and just FOCUS ON RELAXING.

5). Plan for the waiting. There is a good chance you and your child will spend time waiting outside of the courtroom

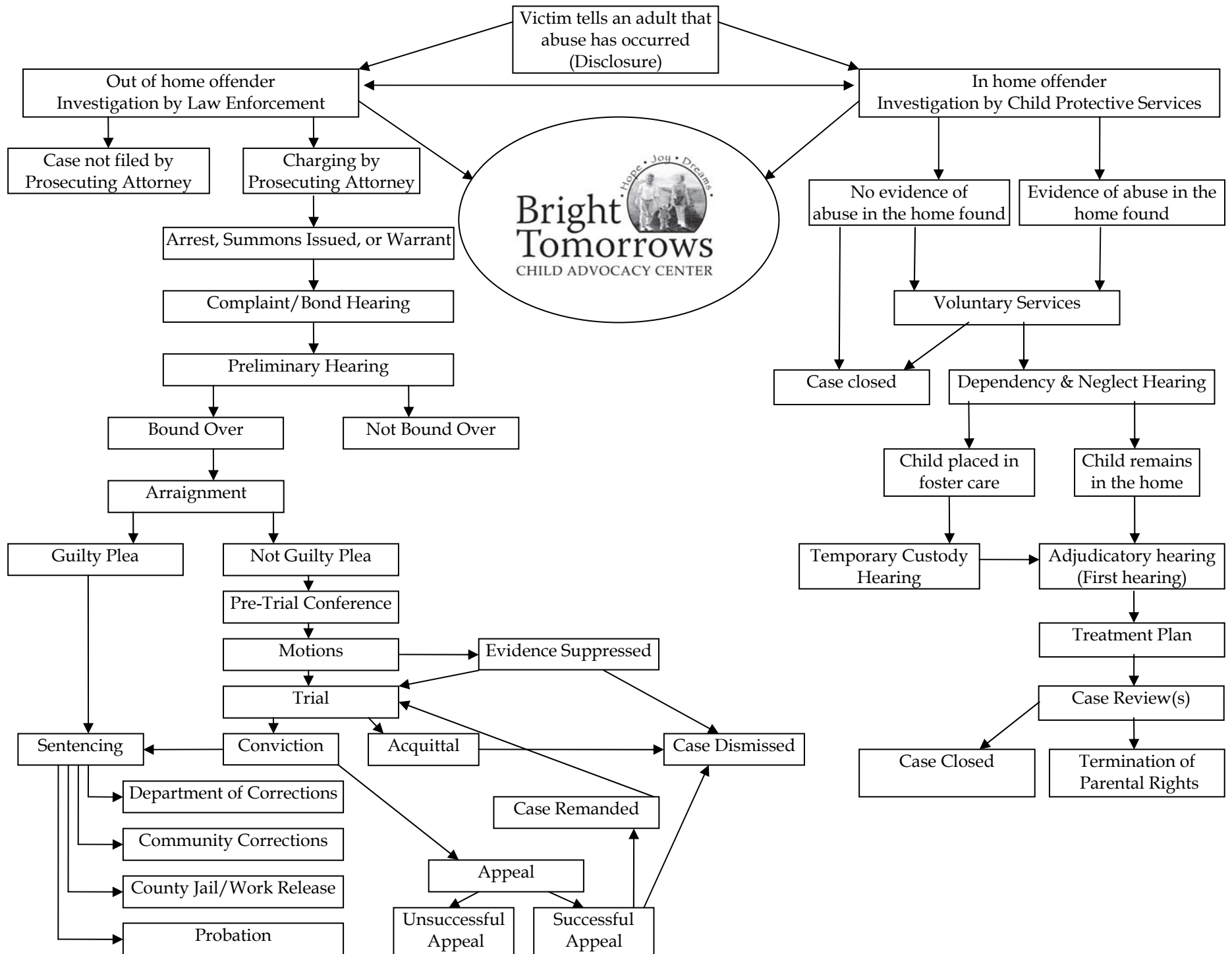
- ❖ There is often a lot of waiting involved and you will probably have to wait outside of the courtroom while your child is testifying. So, bring a book or magazine to entertain yourself while you are waiting. There will always be a victim/witness coordinator available to be in court with your child.
- ❖ Pack some snacks or lunch. There are snack bars and restaurants nearby, but by packing something yourself, you can bring healthy food such as fruit, milk, and sandwiches, and avoid the heavy sugars such as candy or cookies. Also, you can save money and not worry about what this day is costing.
- ❖ Pack a few favorite toys. Favorite toys have a double benefit: they help children and families pass time and they provide some security because they are familiar. We've seen families bring coloring books, crayons, favorite books (particularly older children and teenagers), small board games, gameboys, dolls or stuffed animals, and drawing tablets.
- ❖ Again, we cannot stress enough that it is a good idea to bring an activity for yourself. Things we've seen parents do include: reading a book or magazine, writing a letter or writing in a journal, knitting, playing board games, or reading a book to their children.

6). After your child testifies:

- ❖ Focus on how they are feeling, NOT on what was said.
- ❖ Don't ask specific questions about what was asked in court.
- ❖ CONGRATULATE your child on doing their very best in court because they were BRAVE and they TOLD THE TRUTH!!!



The Investigative process



Effects of sexual Abuse

Effects or responses of victims of sexual abuse

All effects are on a continuum, and every effect will not be experienced by every victim.

Psychological/Behavioral/Emotional Effects:

- ❖ Problems with sleeping: insomnia, nightmares, weird dreams, tired, lethargic
- ❖ Problems with eating: constant hunger, begging for food, loss of appetite, hiding food
- ❖ Problems with elimination: smearing feces, urinating in inappropriate places, constipation
- ❖ Changes in behavior: withdrawing, rebelling, isolating, regressing
- ❖ Emotional disorders: clinical depression, obsessive-compulsive disorder, anxiety, post-traumatic stress disorder
- ❖ Inability to trust or express feelings, feelings of guilt or responsibility for abuse
- ❖ Attitude changes: cranky, short-tempered, craving attention, irritable
- ❖ School problems: disinterest, truancy, uncomfortable dressing in P.E., inability to concentrate, perfectionist, over-achiever, under-achiever
- ❖ Emotional changes: very emotional or inability to express emotion, craving attention, clingy, needing continual reassurance
- ❖ Self-destructive behaviors: alcohol and/or drug abuse, cutting or burning self, high-risk activities, suicide attempts or ideation
- ❖ Changes in sexual knowledge or behavior: unusual knowledge of sex/sexual language, sexually reactive behaviors, promiscuous, unhealthy ideas about sex, overly affectionate, seductive behaviors
- ❖ Sudden fears: suspicious of adults, afraid to be alone, reluctant to visit/see certain family or friends or persons who resemble abuser, hyper-vigilant
- ❖ Identity confusion, low self-esteem, altered sense of self
- ❖ Problems with relationships: fighting with siblings and friends
- ❖ Sensitivity about body, need for privacy, refusal to allow doctors or parent provide needed care, over-sensitive to touch, no sense of personal space, lack of boundaries
- ❖ Changes in appearance: neglected, unclean, unkempt, sexy or seductive clothes, poorly groomed

Physical Effects:

- ❖ Injured or swollen genitals
- ❖ Bruises, welts, broken bones, cuts, scrapes, burns, missing hair, bites
- ❖ Bed wetting, constipation, painful urination or elimination
- ❖ Sexually Transmitted Diseases (STD's)
- ❖ Stomachaches, headaches
- ❖ Tired all the time or overly excitable
- ❖ Pregnancy
- ❖ Recurrent problems
- ❖ Problems not reported or treated
- ❖ Problems walking, sitting, playing



Effects of sexual abuse on families

Sexual abuse impacts not only the victim, but the entire family system. Below are some of the things your family may experience after sexual abuse is disclosed.

Losses:

- Innocence of your child/children
- Your family's safety
- Your sense of being in control
- Trust of others
- Family unity
- Support of extended family
- Friendships
- Peace and stability of home

Emotional Extremes:

- Anger
- Confusion
- Guilt
- Fear
- Denial
- Isolation
- Shame

Changes in family life:

- Intrusion of police and social services
- Rules imposed by outsiders
- Routines, rituals, and customs of your family
- Distrust of family members/blaming
- Everything is seen differently/nothing seems the same



Factors influencing the level of trauma in Sexual Abuse Victims

Studies have shown that the following factors can be indicators of increased trauma in abuse victims:

1. Sexual Responsiveness- If the victim experienced pleasure while genital stimulation was occurring, especially if the offender commented on this physical response, the level of trauma may be higher than if the victim did not experience pleasure.
2. Terror not Violence- In severely traumatized sexual abuse victims, their experiences tend to include terror building activities, prolonged periods of abuse, or ritualistic activities. These experiences have been found to bring more trauma to the victim than a single violent sexual abuse experience.
3. Distorted Offender I.D.- If the offender holds positive characteristics in the victim's mind (such as being a relative, friend, someone the child liked and trusted), the level of trauma may increase.
4. Distorted Victim I.D.- Individuals may be increasingly traumatized if they are confused about the victim's role, not knowing that as an innocent child, they were robbed of something precious.
5. Under age 12- If a child is under age 12, the level of trauma from sexual abuse may be increased. This is the case because the child's development in the years following the abuse may be impacted.
6. Footprints- When the child has a sense of denying, rationalizing, minimizing, and rearranging facts in a psychological process to avoid looking at the reality of the sexual abuse occurring, trauma may be increased. Some examples of this are dissociation, self-abusiveness, and taking the blame for the abuse.
7. Withheld Report- Victims who do not report sexual abuse immediately seem to suffer in silence, increasing their level of trauma. The longer the victim is silent about the abuse, the more trauma they may experience.
8. Disclosure Disaster- If the victim's disclosure leads to more abuse, beatings, institutionalization, or family abandonment, the level of trauma increases.
9. Trauma Bond- If the victim continues to be demanded to have a relationship with the offender or those significant to the perpetrator, the level of trauma increases.

Likewise, there are factors that can help reduce levels of trauma in sexual abuse victims:

1. Offender/Victim Identification
2. Reported abuse within 3 days of the abuse occurring
3. Report response was supportive and protective
4. After the abuse, appropriate information was given to the victim about the sexual abuse, as they developed.

Sex offender information

Who are sex offenders?

Child molesters in treatment gave the following information when asked, “Who is the typical child molester?”:

- ❖ I am probably well known and liked by you and your child (75%-95% of sex offenders are someone the child knows).
- ❖ I can be a man or a woman, married or single.
- ❖ I can be a child, adolescent, or adult.
- ❖ I can be of any race, hold any religious belief, and have any sexual preference.
- ❖ I can be a parent, step-parent, relative, family friend, teacher, clergyman, baby-sitter, or anyone who comes in contact with children.
- ❖ I am likely to be a stable, employed, respected member of the community.
- ❖ My education and my intelligence do not prevent me from molesting your child.
- ❖ **I can be anybody.**

Characteristics of sex offenders

- ❖ 80% are of normal intelligence
- ❖ 59% use seduction or enticement to gain access to their victims
- ❖ Studies have shown that 1 out of every 10 men has molested a child
- ❖ Only 3% of sex offenders are caught and prosecuted
- ❖ Many have emotional problems or a need to feel powerful
- ❖ Many feel under stress (out of control, impulsive)
- ❖ Many use alcohol and/or drugs
- ❖ Preoccupied with sex, fantasizes about sex with children, looks at child pornography, calls child sexual names or uses sexual slang to name child’s body parts
- ❖ Asks adult sex partners to dress or act like a child/young person during sexual acts
- ❖ Is overly interested in sexuality or sexual development of particular children or teens

Why do sex offenders abuse children?

Sex offenders may abuse children for the following reasons:

- ❖ Sense of power and a sense of pleasure
- ❖ Sexual attraction to children: Hooked on children for sexual arousal
- ❖ Opportunistic: Take opportunity to abuse a child that trusts them
- ❖ Victim of child sexual abuse themselves
- ❖ May not think it is wrong, hurtful, or a crime

The progression of child sexual abuse

Sex offenders usually use a relentless progression of sexual acts, going from less to more intimate interactions forced on the child.

Some of the following steps occur at the same time while the sex offender carefully GROOMS his or her VICTIM:

- ❖ The child's trust is gained using kindness, understanding, gentleness, etc. followed by hugging, patting, stroking, or other comforting, non-threatening touch.
- ❖ The level of physical contact increases. This may include backrubs, kissing, rubbing or licking all parts of the body except genitalia, tongue kisses with the child, while continuing to express care and concern for the child.
- ❖ The offender may play sex games with child's dolls or toys while with the child.
- ❖ Psychological manipulation is incorporated into relationship by the offender expressing his/her needs and how the child is so special, meets those needs, and is needed by them.
- ❖ The offender exposes himself or herself to the child, or views the child's body. Often exposes child to pornography or to real life sexual acts.
 - Exposes self subtly (wearing loose fitting clothing so that the genital area is exposed) or very obviously (purposefully going into the child's presence while exposed or nude).
 - Watches or helps a child undress or bathe or asks the child to remove clothing.
- ❖ The offender usually touches his or her own body first (often masturbates), before touching the child. If masturbating, there may be genital secretion on the hand touching the child.
- ❖ Touching, fondling, petting, stroking, or rubbing of the external genitals of the child, and has the child touch him/her. May "play" games (pants down game).
- ❖ The offender usually has the child lick or suck his or her genitals, or perform sexual acts with other children or adults. The offender then has oral contact with the child's genitals.
- ❖ Acts may increase to dry intercourse- rubbing the male offender's penis on the child's body, between legs or buttocks, or in the vaginal area without penetration.
- ❖ Vulva-vaginal penetration, with female victims, by separation of the vulva, hymen, and vaginal area with a finger or lips and tongue before penetration of the vagina occurs with the penis or other objects.
- ❖ With male victims, offender may insert a finger, his penis or an object into the victim's anus.

Can a sex offender ever be cured?

With specialized treatment and "tough love" from family and friends, a sex offender who **accepts full accountability for his or her crime** can learn to control his or her abusive behavior. We cannot expect a cure (as with many diseases or dysfunctions), but the abuser who accepts responsibility will **NEVER** allow himself/herself to jeopardize a child, no matter what the situation.

Signs to watch for when adults are with children

Have you ever seen someone playing with a child and felt uncomfortable with it? Maybe you thought, "I'm just over-reacting," or "He/she doesn't really mean that." Don't ignore the behavior or your feeling. Learn how to ask more questions about what you have seen. The checklist below offers some warning signs:

Do you know an adult or teenager who:

- ❖ Refuses to let a child set any of his or her own limits?
- ❖ Insists on hugging, touching, kissing, tickling, wrestling even when the child does not want this affection?
- ❖ Is overly interested in the sexuality of a particular child or teen (e.g. talks repeatedly about the child's developing body or interferes with normal teen dating)?
- ❖ Manages to get time alone or insists on time alone with a child without interruptions?
- ❖ Spends most of his/her spare time with children and has little interest in spending time with someone their own age?
- ❖ Regularly offers to baby-sit many different children and prefers to take them on outings alone?
- ❖ Buys children expensive gifts or gives them money for no apparent reason?
- ❖ Frequently walks in on children/teens in the bathroom?
- ❖ Allows children or teens to consistently get away with inappropriate behaviors?



If you answered yes to some of these questions, talk to the person. If you don't see these signs, but you feel uncomfortable, trust your instincts and ask questions.



Alert signals for an adult with a sexual behavior problem

Does someone you know or love act in a way that worries or confuses you? These behaviors may be a way for this person to ask for help. Many people with sexual behavior problems wish that someone had asked them what was going on.

Do you know someone who:

- ❖ Talks again and again about the sexual activities of children or teens?
- ❖ Masturbates a lot or takes breaks from other activities to go masturbate?
- ❖ Talks about sexual fantasies with children and is not clear about what is okay with children?
- ❖ Was abuse as a child and won't deal with it?
- ❖ Encourages silence and secrets in a child?
- ❖ Looks at child pornography?
- ❖ Asks adult partners to dress or act like a child or teen during sexual activity?
- ❖ Often has a "special" child friend, maybe a different one from year to year?
- ❖ Spends most spare time on activities involving children or teens, not adults?
- ❖ Makes fun of a child's body parts, calls a child sexual names such as a "stud," "whore," or "slut"?

How do sex offenders keep children from telling?

Most sex offenders are in a position of trust or authority and are usually able to molest children in a way that undermines the child's ability to accurately perceive the behavior as abusive or report them.

Offenders do several or all of these behaviors with the child they select to abuse:

- ❖ Find ways to control the victim
 - Intimidation/threats
 - May threaten that they will hurt family, friends, or pets
 - May kill or hurt an animal in front of the child
 - Deceit/lies
 - Use every opportunity to get the child alone
 - Desensitize the child to sexual words by telling dirty jokes, using sexual slang, talking about sexual things and then getting the child to participate with laughs, knowing looks, etc.
 - Increase physical relationship and intimate talk with the child, occasionally in front of the parent to make the child think it must be OK since the parent heard it or saw it
 - Bribes
 - Special attention
 - Gifts
 - Extra support
 - Encouragement
- ❖ Make child promise not to tell
- ❖ If the child refuses or balks at the contact, they might tell the child that they will be in trouble for what they have done, that since they have participated, they are at fault or that no one will believe them above the offender who is so trusted by the parent
- ❖ Count on child's normal tendencies/level of development
 - Children trust adults not to lie or to harm them
 - Children are dependent and egocentric, believing he/she is the cause of the other's behavior.
- ❖ When the child's body responds to the abuse, the offender convinces the child that they like the abuse or that they want it.



Offenders manipulate adults too

- ❖ Develop a relationship with a parent so the parent is unlikely to suspect the offender is capable of abusive behavior.
- ❖ Present themselves as moral, honest, spiritual individuals who generously do personal and community services and who love kids.
- ❖ Prepare excuses and rationalizations about what happened in case the child tells about the abuse.
- ❖ Make sure adults are aware of child's lying or promiscuous behavior. Will make up or suggest child is untrustworthy to prepare adult to doubt child's report of abuse.
- ❖ If possible, will use adults to "normalize" sexual behaviors to children.

Understanding and protecting your children from child molesters and predators

The following information was adapted from an article written by Cory Jewell Jensen, M.S. and Steve Jensen, M.A., posted on Oprah.com

The FBI estimates that there is a sex offender living in every square mile of the United States. One in ten men has molested children. Most child molesters are able to molest dozens of children before they are caught and have a three percent (3%) chance of being apprehended for their crimes. Boys and girls are at nearly equal risk to be abused and almost a quarter will be molested sometime before their 18th birthday. Fewer than five percent (5%) will tell anyone. The overwhelming majority of child victims are abused by someone they know and trust, someone most parents would never suspect. No one can protect your children but you. Educate yourself and your family about child sexual abuse. Don't let a child molester do it for you!

Dear Parents, Caretakers and Community Members,

During the past several years, many of us have begun to realize how many child molesters are living in our communities and how incredibly skillful they are when it comes to molesting children and getting away with it. Facing this information has forced many of us to take a hard look at our current child abuse prevention programs. The majority of programs try to teach children to protect themselves and to tell an adult if someone abuses them. Unfortunately, these programs have not been successful in reducing child sexual abuse and most children still don't tell anyone when they are being abused. One study suggested that the average child victim must tell nine different people about their abuse before someone actually calls the police. Clearly, children are no match for child molesters and parents should never assume that children can protect themselves or be able to report abuse when it happens. Parents and other adults need to acquire the education and skills necessary to protect children and create opportunities for them to report abusive experiences. As parents, adults and community members, we all need to put more effort into learning about child molesters and child abuse instead of placing all of the responsibility for safety on our children.

This packet provides information about child molesters and some of the things you, your family and community can do to help keep children safe. We encourage you and your own community of family and friends to get involved in prevention efforts by learning everything you can about molesters and taking a pro-active stance against child sexual abuse. As you become better educated about this problem, you may want to contact your local school, church, neighborhood association or community organization about sponsoring a workshop in your community. Most law enforcement and child advocacy programs have a lot of information they are anxious to share. We recommend that you call your local agencies to find out what they offer and when they can provide a presentation for your group. Although it takes a lot of hard work and education to protect children from predators, our children will be safer if we all work together. This packet includes only a summary of what is known about child molesters and prevention techniques. For more detailed information, read the books that are listed at the end of this packet. We've included the three best books on child molesters and predators and our favorite prevention book for children.

CHILD MOLESTERS, PEDOPHILES, PREDATORS, INCEST OFFENDERS, AND SEX OFFENDERS

While the above terms are used interchangeably, the terms "sex offender" and "child molester" are more of a legal and social definition than a clinical one. The term "incest" is used when the offender has molested someone they are related to. "Pedophile" refers to a diagnostic category of child molesters and "Predator" has more to do with the manner in which offenders gain access to children. However, these groups can overlap. For example some "incest" offenders also molest children outside of their family and some even become predatory. Not all child molesters are pedophiles and not all pedophiles molest children. Offenders are also categorized by how dangerous they are and how likely they are to re-offend. Most of us have many misconceptions about these groups of offenders. The below information may help dispel some of those myths.

“INCEST OFFENDERS” - Sexually abuse their own children but can also abuse other relatives and neighbors. They can be sexually attracted to children or offend because they are seeking “intimate” contact with another person regardless of relationship, age or vulnerability. Some don’t understand and others don’t care that they are hurting the child.

- Most have multiple victims both inside and outside of their immediate family.
- Some abuse both boys and girls in various age groups.
- Most appear normal and demonstrate no noticeable pathology.
- Few have criminal records.
- Most report that they were repeatedly able to talk family and friends out of reporting them and continued to offend.
- Many are likely to re-offend without “treatment”

“PEDOPHILES” - Are adults who are sexually attracted to children and have a primary or strong interest in children. They offend children because they desire sexual contact with children.

- Most hold responsible jobs and frequently align themselves with reputable organizations, sports leagues and churches.
- They may work or volunteer with children.
- They are likely to be single or live with their parents or have a dysfunctional marriage.
- Some appear socially inhibited while others can be extremely charming.
- Many target pre-pubescent boys.
- Most do not have a criminal record.
- Most have molested many children before they are effectively reported to law enforcement.
- The majority are highly likely to re-offend.

“SEXUALLY VIOLENT OFFENDERS” - Includes the group of offenders who kidnap, rape and even murder some children. This group constitutes the smallest, but most dangerous group of child molesters.

- They frequently abuse their victims physically.
- In addition to abusing children, many have committed adult rapes, abused spouses, engaged in burglaries, been chronic drug users, are frequently unemployed and have led a parasitic lifestyle.
- Criminal record checks usually reveal a lengthy record of versatile criminality, incarcerations, probation violations and failed attempts at treatment.
- They have high re-offense rates for both sexual and generic criminal behavior.

METHODS OFFENDERS USE TO GAIN ACCESS TO CHILDREN.

As noted above, offenders can be categorized by the way in which they gain access to victims. The majority of molesters abuse children they are related to or have regular access to by virtue of their position as a parent, step-parent, mother’s boyfriend, uncle, grandfather, neighbor, babysitter and so on. They frequently molest children both in and outside of the home and can abuse girls as well as boys. Because of family ties, close friendships and long-term relationships, people sometimes have a hard time believing these people are guilty and fail to report them to the police. It is always hard to turn a loved one in but it is something even the offender needs to have happen.

Another common group of offenders includes the molesters who work or volunteer in settings where they can purposefully obtain regular access to children. This group includes coaches, teachers, Boy Scout leaders, ministers/priests, school bus drivers, day care providers and other people whose professions or “community service” puts them in contact with children. Like the first group, these people molest boys and girls and usually offend many children before they get caught. Their profession or the appearance of “altruism” makes it harder for

people to believe they are capable of these crimes. They can be some of the slickest and most charming people we know and, because of this, people fail to believe they are guilty and, again fail to report them to police. When people finally discover that they have molested dozens of children, they are shocked. There are also adult offenders who may not fit in the above groups but still abuse children. This group includes exhibitionists who expose to children, “computer travelers” who contact and solicit children over the Internet and child pornographers. Some of these people exploit and abuse children in a variety of ways. They are our neighbors, friends and relatives. Some are “loners,” while others look just like the above groups. Females account for ten to twenty percent (10-20%) of child molesters.

WHY DO ADULTS MOLEST CHILDREN?

Most child molesters abuse children for a number of reasons. The two most common reasons are: a) a sexual interest/preference for children and b), a belief system that encourages, allows and supports sexual contact with children. In other words, child molesters are sexually aroused to children and do not understand or care that sexual contact between adults and children is harmful to the child. Some molesters mistakenly believe that they are showing love and affection to the child. Nonetheless, the vast majority know that what they are doing is wrong and illegal and do their best to keep their offenses a secret. Secrecy enables them to continue abusing children and to avoid rejection, prosecution and incarceration.

Many offenders become expert liars, even to the point of convincing well-meaning adults that the child was “mistaken” or “confused” about what happened. Even worse, some molesters convince other adults that the child made it up or lied. When the number of separate sexual crimes committed by the average child molester is compared to the low rate of reporting among child victims, the only conclusion that can be drawn is that children rarely misperceive, make up or lie about being sexually abused. If a child says he or she has been molested, the probability is high that it really happened and was probably more frequent and invasive than the child reported. Also, the odds are high that we all know at least one or two child molesters and don’t even know it.

WHY DO MOLESTERS ABUSE CERTAIN CHILDREN?

Molesters abuse children they are sexually and emotionally attracted to, children they feel are vulnerable and needy, and children they feel that they can control and manipulate into keeping the abuse a secret.

HOW DO MOLESTERS KEEP CHILDREN FROM TELLING?

Most child molesters are in a position of trust and are usually able to molest children in a manner that undermines the child’s ability to accurately perceive the behavior as abusive or report them. Most molesters are also able to convince other adults that “it never happened” or that “the child misunderstood”. When they are successful, they obstruct children and adults from reporting them to law enforcement and are able to continue molesting children even longer. So, it’s very important to understand how they manipulate both children and adults.

After the offender has selected a child to molest, the offender begins to develop a close relationship with the child and his/her family. If the offender is a parent or someone the child depends on, it’s very easy to manipulate the situation and repeatedly molest the child without getting caught. If the offender is in a position of trust or authority, (as is the case with teachers, coaches and priests who molest) the offender may pay special attention to the child, take them places, buy them gifts or give them extra support and encouragement. They also might threaten the child to keep them quiet. After the offender starts to develop the relationships, he/she may begin to isolate the child from his/her family and friends. This may include fueling conflicts within the family, alienating the child from friends or family or simply being available to “help out” with babysitting, special outings, rides home, etc. Molesters also test and desensitize children by telling dirty jokes, talking about sexual things and engaging in non-sexual physical contact like back-rubs, wrestling, hugging and horseplay. This behavior generally starts long before the sexual touching starts and serves to normalize contact and

trust. The increased physical relationship and intimate talk between the child and offender makes it easier for the offender to introduce sexual behavior into the relationship. If the child's parent has been present when some of the close physical contact or joking has occurred, it also makes the child think it must be ok.

Another thing that interferes with children's ability to tell is that many children don't even know that the contact has changed and is becoming increasingly intimate and sexual. Some offenders try to make it feel good to the child because they know if they hurt or scare the child, they are more likely to tell. Also, children become fearful that they will get into trouble for not telling sooner and become increasing guilt ridden about what is happening. Offenders know these things and caution children that "they will get in trouble too" if they tell. Some offenders are so good at developing dependent relationships that their victims feel obligated and may even feel protective of the offender. This phenomenon is especially pronounced when the offender is a parent, relative, admired family friend, teacher, coach or priest. Some offenders choose careers or volunteer with youth organizations because they "like" children and these settings provide increased access and control over children. It is extremely important to remember that offenders spend time and energy manipulating children into "cooperating" with the abuse and keeping it a secret. Some of them spend hours and hours thinking about what they will say if a child ever tells on them. Because they have been engaged in a covert behavior, sometimes for many years at a time, they have usually become very skilled at lying and manipulating people and situations.

DO OFFENDERS MANIPULATE ADULTS TOO?

Many molesters work just as hard to seduce and manipulate adults as they do to trick children. Some tell people they think "child molesters should be shot" while others work very hard to present themselves as a concerned citizen and "pillar of the community". Some of their "good works" are performed out of guilt, while others are intended to throw off suspicion if a child ever tells on them.

Most molesters spend time thinking of ways to talk people out of reporting them to law enforcement and are able to come up with very creative excuses or rationalizations about what happened. In addition to telling people "it was an accident" or that the child must have "misinterpreted" the situation, some make sure that people know the child has lied about things in the past, been "in trouble" or sexually promiscuous. Most professional forensic experts can't tell when people are lying, so regular people shouldn't expect to do any better. The best thing all of us can do if a child says they have been abused is to call the police and report the situation. The worse thing we can do is to accept the explanation of an adult. If the adult is lying and talks you out of reporting, he/she will probably go on to molest more children. Different offenders use different tactics. This paper only covers some of those tactics. For more detailed information about how child molesters operate, read the books listed in the bibliography.

DEFINING CHILD SEXUAL ABUSE:

The potential for abuse exists when power and control are not equal in a relationship. Sexual abuse includes any sexual behavior or activity that is abusive toward another person or prohibited by state or federal law. Fondling, oral sex, simulated or actual intercourse, exhibitionism, taking sexually explicit pictures of children, showing sexually explicit material to children or having sex in front of a child are all considered child sexual abuse. According to Dr. Carla van Dam, child sexual abuse occurs when a) there is a violation of a trust relationship with unequal power and/or advanced knowledge and, b) the need for secrecy and, c) sexual activity.

The following pages provide information specifically for you and your family to talk about and watch out for. Again, we strongly recommend that you read the books listed at the back of this packet in order to fully understand how child molesters operate.

PROTECTING YOUR CHILDREN FROM SEXUAL ABUSE

“No one wants to have to tell their children about sexual abuse. On the other hand, do you want your child to learn about it from a molester?”

TALKING TO YOUR CHILDREN ABOUT SEXUAL ABUSE

- Talk openly with your children about sexual development, behavior and abuse.
- Use proper or semi proper names for body parts (penis and vagina), and phrases like, “private parts are private and special.”
- Tell your children that, if anyone touches or tries to see their private parts, tries to get them to touch or look at another person’s private parts, shows them pictures of or tries to take pictures of their private parts, talks to them about sex, walks in on them in the bathroom or does anything that makes them feel uncomfortable to tell you or a “support person” as soon as they can or the next time they see you.
- Tell your children that some children and adults have “touching problems.” These people can make “secret touching” look accidental and they should still tell you even if they think it might have been an accident.
- Tell your children that touching problems are kind of like stealing or lying and that the people who have those kinds of problems need special help so they don’t continue to have problems or get into trouble. Don’t describe it as a “sickness.”
- Tell your children that some people try to trick kids into keeping the touching a secret. Tell your children, “We don’t want those kinds of secrets in our family.”
- Give your children examples of things that someone might use to try to get them to keep it a secret; candy, money, special privileges, threats, subtle fear of loss, separation or punishment etc.
- Tell your children that touching other people’s private parts is not ok for children to do or for adults to do with children. Tell them that you do not want them to do “secret touching” with other people but that you will not be mad at them if they do come and tell you it has happened. Even if it has been happening a lot.
- Talk to your children about safety issues at least two or three times a year. Develop a family plan for answering the phone, fire safety, getting lost and “secret touching.” Play “what if” games with them on a regular basis (monthly).
- Make sure they have support people they can talk to at home, at school, in their extended family, neighborhood or church. Have them pick out three people and tell you who they are. Put the phone numbers next to your phone and let them know that, if for any reason, they cannot talk to you - that they should call/or go see another support person.

WHAT TO DO IF YOUR CHILD GETS ABUSED

- If your child tells you that he or she has been touched inappropriately, stay calm. Your reaction may make your child feel more guilty or afraid and they might have a harder time talking about what happened.
- Tell your child you are glad they told you about it. Telling was a good way to take care of themselves and also, the person who touched them. That person needs help with their “touching problem.” Tell your child that you will take care of things. Tell your child that you will need to talk to someone to figure out what to do next. Be careful to not make promises you can’t keep.
- Seek support and comfort for yourself where the child can’t see or hear what you say.
- In order to avoid confusion, anxiety or guilt, children should not overhear conversations about their disclosure. Too much information/discussion can also interfere with the police investigation or prosecution.

- Call your local child abuse hotline or local police department and report the abuse. Failing to report the abuse ASAP may mean that other children might get abused too. Don't try to handle the situation yourself.
- The prognosis for healing after being molested is better for children who are supported and believed when they disclose.
- Don't allow any further contact between your child and the alleged offender. Don't confront the offender yourself.

SAFETY TIPS FOR SUPERVISION OF CHILDREN

- Trust your instincts. "Perception and not worry is what serves safety." (de Becker, 1999)
- Don't let young male children go into a men's public restroom by themselves.
- Be cautious about who you allow to baby-sit or spend time alone with your children. Get references. Try to bathe and dress your own children. Routinely quiz your children about what happens while you are gone. Ask questions like "What did you do that was fun?" or "Was there anything that happened while I was gone that worried you or that I should know about?" Don't always tell your children to mind the babysitter. Avoid having young male babysitters.
- Get to know the people and homes where your children play.
- Periodically check on your children, especially when they are playing with other kids in your home. If you know that one of your children's friends has been sexually abused, be more attentive to their playtime.
- Don't let your children walk or ride their bike to school or to a friend's home alone. Children should travel in groups or with an adult.
- Know your neighbors. Develop a Neighborhood Watch or Block House program.
- Supervise all Internet activities closely. Consider subscribing to an ISP that screens for obscenity and pornography. Make a "family agreement" about conversations before allowing your children to go into "chat rooms." Children should never give out their phone number, address or school name to anyone they meet over the Internet. Periodically, ask your children to see the kinds of "chat room" conversations that take place. Warn them about "what lurks on the Internet."
- Develop the kind of relationship that would allow your child to come to you for help or support for any kind of problem they might need help with, for themselves or a friend.

SEXUAL DEVELOPMENT AND BEHAVIOR BETWEEN CHILDREN

- Many forms of sexual play or experimentation are normal and developmentally appropriate. However, when one child is three or more years older, significantly larger, more powerful (physically or emotionally), more sexually sophisticated or uses bribes, threats or intimidation to be sexual with another child, sexual contact falls under a legal definition of abuse. If oral sex, simulated or actual intercourse, French kissing or penetration are involved, the situation warrants immediate investigation. Parents should not attempt to resolve these issues alone and should seek outside, professional guidance.
- If your child engages in any type of sexually inappropriate behavior, get professional help right away. Try not to become overly defensive of your child or reject the notion that your child could have done something sexually inappropriate. If your child does have a problem that goes untreated, it may become worse and create many more problems for your child, family, school and community. This includes date rape or sexual abuse between preteens and teenagers. Boys who sexually abuse girls frequently grow up to molest their own children or engage in domestic violence.
- If another child engages your child in sexually inappropriate behavior or talk, tell their parents what happened so that they can get help before it's too late. If you do not think that the family is seeking professional help, contact your local child abuse hotline.

- Buy or borrow books like “Where Did I Come From,” “It’s My Body” and “What’s Happening to My Body,” “A Very Touching Book,” or “The Right Touch” for your family to read together. Do it before your children become embarrassed about sexuality or they start developing. Talk to your children about appropriate sexuality. Emphasize consent, birth control and STDs.
- Demonstrate loving, respectful intimate relationships in your home. Children should not observe direct sexual contact or any type of pornography.

FACTORS THAT PLACE CHILDREN AT A HIGHER RISK FOR ABUSE

- Age, friendliness, shyness, good manners, naivety, curiosity, or isolation.
- Living in a single parent home.
- Drug or alcohol abuse by parents.
- Parental illness or emotional unavailability.
- Severe marital conflict or domestic violence in the home.
- Living in a home with a stepfather or a mother’s boyfriend.
- Previous abuse.
- Having an unemployed father or parents that work different shifts.
- Parents who are sexually preoccupied, use pornography, or have pornography in the home.
- Inadequate parental supervision of children.

OFFENDER TRAITS

- Adults who seem preoccupied with children.
- Single adults who work or volunteer with children’s clubs/activities.
- Adults who work with children and also frequently spend their free time doing “special” things with kids.
- Adults who spend time volunteering with youth groups who do not have children in those groups.
- Adults who seem to engage in frequent contact with children, i.e., casual touching, caressing, wrestling, tickling, combing hair or having children sit on their lap.
- Adults who act like children with children or who allow children to do questionable or inappropriate things.
- Adults who want to take your children on special outings too frequently or plan activities that would include being alone with your child.
- Adults who do not have children and seem to know too much about the current fads or music popular with children.
- Adults that your children seem to like for reasons you don’t understand.
- Adults who seem able to infiltrate family/social functions or are “always available” to watch your kids.

Please note, not all offenders will demonstrate the above characteristics. Likewise, not all people who demonstrate the above characteristics are offenders. Be sure to talk with your children and be in close contact with the people your children are close to.

Normal sexual Development

Distinguishing Between Appropriate and Inappropriate Sexual Behaviors In Children

Adapted with permission from Eliana Gil (1993)

1. Is there an age discrepancy greater than three years?
2. Is there a disparity in size?
3. Is there a difference in status?
4. What type of sexual activity is involved?
5. Are the dynamics associated with sexual play or associated with problematic sexual behaviors?



Dynamics of Age-Appropriate Sexual Play	Dynamics of Problematic Sexual Behavior
<p>Interactions usually include:</p> <ul style="list-style-type: none"> • spontaneity • joy • laughter • embarrassment • sporadic levels of inhibition and disinhibition 	<p>Interactions include themes of..</p> <ul style="list-style-type: none"> • dominance • threats • coercion • force <p>Children might seem...</p> <ul style="list-style-type: none"> • agitated • anxious • fearful • intense <p>May include the child...</p> <ul style="list-style-type: none"> • having higher levels of arousal • participating in habitual sexual activity • being unresponsive to caretaker's limits or distractions

Behaviors Related to Sex and Sexuality In Preschool Children

The following chart attempts to describe behaviors which relate to sex and sexuality of preschool children of normal intelligence. This chart is **not** meant for use in the assessment of child sexual abuse. A further explanation of the chart is on the following page.

Natural and Expected	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told many times not to do this.	Touches/rubs self in public or in private to the exclusion of normal childhood activities.
Explores differences between males and females, boys and girls.	Continuous questions about genital differences after all questions have been answered.	Play male or female roles in an angry, sad or aggressive manner. Hates own/other sex.
Touches the genitals, breasts of familiar adults and children.	Touches the genitals, breasts of adults not in family. Asks to be touched himself/herself.	Sneakily touches adults. Makes others allow touching. Demands touching of self.
Takes advantage of opportunity to look at nude persons.	Stares at nude persons even after having seen many persons nude.	Asks others to undress. Tries to forcibly undress people.
Asks about genitals, breasts, intercourse, and babies.	Keeps asking people even after parent has answered questions at an age appropriate level.	Asks strangers even after parent has answered questions. Sexual knowledge too great for age.
Erections	Continuous erections.	Painful erections.
Likes to be nude. May show others his/her genitals.	Wants to be nude in public even after the parent says "no."	Refuses to put on clothes. Secretly shows self in public.
Interested in watching people doing bathroom functions.	Interest in watching bathroom functions continues for days/weeks.	Refuses to leave people alone in bathroom, forces way into bathroom.
Interested in having/birthing a baby.	Boys interest does not wane after several days/weeks of play about babies.	Displays fear or anger about babies, birthing, or intercourse.
Uses "dirty" words for bathroom and sexual functions.	Continues to use "dirty" words at home after parent says "no."	Uses "dirty" words in public and at home even after scolding.
Interested in own feces.	Smears feces on walls or floor more than one time.	Repeatedly plays or smears feces after scolding.
Play doctor inspecting others' bodies.	Frequently plays doctor after being told "no."	Forces other children to play doctor, to take off clothes.
Put something in the genitals or rectum of self or other due to curiosity or explorations.	Put something in genitals or rectum of self or other child after being told "no."	Any coercion or force in putting something in genitals or rectum of another child.
Play house; act out roles of mommy and daddy.	Humping other children with clothes on.	Simulated or real intercourse without clothes, oral sex.

Further explanation of the chart:

Column 1: Natural and Expected Behaviors

The behaviors described in this column are those which are in the “expected” range. This range is wide and not all children will engage in all of the behaviors, some children may engage in none while some may only do one or two. Natural and expected sex play and sexuality for preschool children are related to curiosity and explorations. Preschoolers are trying to find out about the world, how it smells, tastes, works, sounds, and feels. Everything related to the genitals, breasts, differences between males and females, and procreation is subjects of preschooler’s exploration and curiosity. This interest comes and goes. There may also be differences due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos and pictures. The attitudes and values of the parents will also influence the child’s behaviors.

Column 2: Of Concern

The behaviors described in this column are behaviors which are seen in some children who are overly concerned about sexuality, children who lack adequate supervision and other children who have been, or are currently being, sexually molested or maltreated. Concern arises when the child focuses on sexuality to a greater extent than 1) other areas of the child’s environment or, 2) other developmentally matched peers. Interest in sex and sexuality should be in balance with the curiosity and exploration of all other aspects of the child’s life. When a child is asked to stop acting out certain sexual behaviors, yet continues, this raises concern. A concern is also raised when a child does not seem to understand that the open display of sexual behaviors is uncommon. If a child shows several behaviors which are of concern, professional advice is recommended.

Column 3: Seek Professional Help

This column describes behaviors which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may or may not have been sexually and emotionally abused and/or physically maltreated. It may be that the level of sex and/or aggression in the child’s environment has overwhelmed the child’s ability to integrate it and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or child sexual abuse should be sought. In addition, when there is secrecy, anger, anxiety, tension, fear, coercion, force or compulsive interest and activity related to sex and sexuality, professional advice is highly recommended.

C. 1993 Toni Cavanagh Johnson, Ph.D.

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Behaviors Related to Sex and Sexuality In Kindergarten Through Fourth Grade Children

The following chart attempts to describe behaviors which relate to sex and sexuality of children on normal intelligence in kindergarten through fourth grade. This chart is **not** meant for use in the assessment of child sexual abuse. A further explanation of the chart is on the following page.

Natural and Expected	Of Concern	Seek Professional Help
Asks about the genitals, breasts, intercourse, and babies.	Shows fear or anxiety about sexual topics.	Endless questions about sex. Sexual knowledge too great for age.
Interested in watching/peeking at people doing bathroom functions.	Keeps getting caught watching/peeking at others doing bathroom functions.	Refuses to leave people alone in bathroom.
Uses "dirty" words for bathroom functions, genitals, and sex.	Continues to use "dirty" words with adults after parent says "no" and punishes.	Continues use of "dirty" words even after exclusion from school and activities.
Plays doctor, inspecting others' bodies.	Frequently plays doctor and gets caught after being told "no."	Forces another child to play doctor, to take off clothes.
Boys and girls are interested in having/birthing a baby.	Boy keeps making believe he is having a baby after months.	Displays fear or anger about babies or intercourse.
Shows others his/her genitals.	Wants to be nude in public after the parent says "no" and punishes child.	Refuses to put on clothes. Exposes self in public even after scolding.
Interest in urination and defecation.	Plays with feces. Purposely urinates outside of toilet bowl.	Repeatedly plays with or smears feces. Purposely urinates on furniture.
Touches/rubs own genitals when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told "no." Masturbates on furniture or with objects.	Touches/rubs self in public or in private to the exclusion of normal childhood activities. Masturbates on people.
Plays house, may simulate all roles of mommy and daddy.	Humping other children with clothes on. Imitates sexual behavior with dolls/stuffed toy.	Humping naked. Intercourse with another child. Forcing sex on another child.
Thinks other sex children are "gross" or have "cooties". Chases them.	Uses "dirty" language, even when other children <i>really</i> complain.	Uses bad language against another child's family. Hurts other sex children.
Talks about sex with friends. Talks about having a girl/boyfriend.	Sex talk gets child in trouble. Romanticizes all relationships.	Talks about sex and sexual acts a lot. Repeatedly in trouble in regard to sexual behavior.
Wants privacy when in bathroom or changing clothes.	Becomes very upset when observed changing clothes.	Aggressive or tearful in demand for privacy.
Likes to hear and tell "dirty" jokes.	Keeps getting caught telling "dirty" jokes. Makes sexual sounds, e.g. moans.	Still tells "dirty" jokes even after exclusion from school and activities.
	Continuous fascination with nude	Wants to masturbate to nude pictures

Looks at nude pictures.	pictures.	or display them.
Plays games with same-aged children related to sex and sexuality.	Wants to play games with much younger/older children related to sex and sexuality.	Forces others to play sexual games. Group of children forces child/ren to play.
Draws genitals on human figures	Draws genitals on one figure and not another. Genitals in disproportionate size to the body.	Genitals stand out as most prominent feature. Drawings of intercourse, group sex.
Explores differences between males and females, boys and girls.	Confused about male/female differences after all questions have been answered.	Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex.
Takes advantage of opportunity to look at nude child or adult.	Stares/sneaks to stare at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Pretends to be opposite sex.	Wants to be opposite sex.	Hates being own sex. Hates own genitals.
Wants to compare genitals with peer-aged friends.	Wants to compare genitals with much older or much younger children or adults.	Demands to see the genitals, breasts, buttocks of children or adults.
Wants to touch genitals, breasts, buttocks of other same-age child or have child touch him/her.	Continuously wants to touch genitals, breasts, buttocks of other child/ren. Tries to engage in oral, anal, vaginal sex.	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced or mutual oral, anal, or vaginal sex.
Kisses familiar adults and children. Allows kisses by familiar adults and children.	French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection.	Overly familiar with strangers. Talks/acts in a sexualized manner with unknown adults. Physical contact with adult causes extreme agitation.
Looks at the genitals, buttocks, breasts of adults.	Touches/stares at the genitals, breasts, buttocks of adults. Asks adult to touch him/her on genitals.	Sneakily or forcibly touches genitals, breasts, buttocks of adults. Tries to manipulate adult into touching him/her.
Erections.	Continuous erections.	Painful erections
Puts something in own genitals/rectum out of curiosity and exploration.	Puts something in own genitals/rectum when it feels uncomfortable. Puts something in the genitals/rectum of other child.	Any coercion or force in putting something in genitals/rectum of other child. Anal, vaginal intercourse. Causing harm to own/others genitals/rectum.
Interest in breeding behavior of animals.	Touching genitals of animals.	Sexual behaviors with animals.

Further explanation of the Chart:

Column 1: Natural and Expected Behaviors

The behaviors in this column are those which are in the “expected” range. This range is wide and not all children will engage in all of the behaviors; some children may engage in none while some may only do one or two. Children in kindergarten through fourth grade are trying to understand their bodies, their abilities, how to make friends and life. The world is a marvelous place full of things to learn and explore; amongst these are sex and sexuality. Everything related to sex and sexuality, including the genitals, breasts, differences between males and females, love, marriage, intercourse, dirty books and pictures, dancing, hugging, touching, etc. are the objects of great curiosity. Young school-age children are often very active in their exploration of these topics. At times children engage in solitary sexual behaviors, at other times similar age children engage in exploratory behavior together or make up games involving sexual themes in which groups of children engage together. Curiosity about sex is natural and is engaged in with liveliness and good humor. Children engaged in sex play mutually agree to participate and are generally giggly and silly. When one child wants to stop, the other/s stop also. If discovered in sexual behaviors a child may feel guilty or ashamed but this passes, if the adult treats it as natural.

There will be differences due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos, pictures and child’s level of interest. The child’s parents’ attitudes and values will influence the child’s behaviors.

Column 2: Of Concern

This column describes behaviors which are seen in some children who are overly concerned about sexuality, who lack adequate supervision, or live in sexualized environments, and other children who have been, or are currently being, sexually maltreated. Concern arises when the child focuses on sex and sexuality to a greater extent than 1) other areas of the child’s environment or 2) his or her peers. Sexual interest should be in balance with the curiosity and exploration of all other aspects of the child’s life. Most sexual behaviors related to “looking and touching” go underground or stop as children learn that many adults are unaccepting of their overt exploration and curiosity. When a child continues to do sexual things in the view of adults who say “no”, this raises concern. Most sexual behaviors by young school-aged children are engaged in with children of similar age, usually within a year or so, younger or older, of their own age. The wider the age range between children engaged in sexual behaviors, the greater the concern. Sex play usually occurs between friends and playmates. A child who keeps asking unfamiliar children or children, who are uninterested to engage in sexual activity, raises concern. Children who appear anxious, tense, confused about sexual issues, or who are continuously involved in sexual activity, or children who do not understand others’ admonitions against overt sexual behavior, also raise concern.

When a child shows several of these behaviors, or the behavior persists in spite of interventions, consultation with a professional is advised.

Column 3: Seek Professional Help

This column describes behaviors which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may or may not have been sexually and emotionally abused or physically maltreated. It may be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child’s ability to integrate it and the child is acting out the confusion. When anger, anxiety, tension, fear, sadness, coercion, force, ongoing destructive or aggressive impulses, or compulsive interest and activity are associated with sexuality, professional advice should be sought.

Generally, there is little concern about peer sexual exploration, yet there can be manipulation and coercion between same-aged peers. When assessing peer sexual behaviors which are considered problematic, the every day relationship between the children is the best measure of how the children interact. If a child is regularly aggressive and controlling in interactions with another child, this relationship may be the same when sexual behaviors are occurring. Sexual behaviors between children where one is pressuring the other to engage in the behaviors can be very serious. If other children repeatedly complain about a child’s sexual behavior even after the child has been spoken to, an assessment by a professional is advisable.

When Children's Sexual Behaviors Raise Concern **~Signals for Parents and Counselors~**

1. The child focuses on sexuality to a greater extent than on other aspects of his or her environment, and/or has more sexual knowledge than similar-ages children with similar backgrounds who live in the same area. A child's sexual interests should be in balance with his or her curiosity about, and exploration of, other aspects of his or her life.
2. The child has an ongoing compulsive interest in sexual, or sexually-related activities, and/or is more interested in engaging in sexual behaviors than in playing with friends, going to school, and doing other developmentally-appropriate activities.
3. The child engages in sexual behaviors with those who are much older or younger. Most school aged children engage in sexual behaviors with children within a year or so of their age. In general, the wider the age range between children engaging in sexual behaviors, the greater the concern.
4. The child continues to ask unfamiliar children or children who are uninterested, to engage in sexual activities. Healthy and natural sexual play usually occurs between friends and playmates.
5. The child, or a group of children, bribes or emotionally and/or physically forces another child/children of any age into sexual behaviors.
6. The child exhibits confusion or distorted ideas about the rights of others in regard to sexual behaviors. The child may contend: "She wanted it", or "I can touch him if I want to."
7. The child tries to manipulate children or adults into touching his or her genitals or causes physical harm to his or her own or other's genitals.
8. Other children repeatedly complain about the child's sexual behaviors—especially when the child has already been spoken to by an adult.
9. The child continues to behave in sexual ways in front of adults who say "no", or the child does not seem to comprehend admonitions to curtail overt sexual behaviors in public places.
10. The child appears anxious, tense, angry, or fearful when sexual topics arise in his or her everyday life.
11. The child manifests a number of disturbing toileting behaviors: s/he plays with or smears feces, urinates outside of the bathroom, uses excessive amounts of toilet paper, stuffs toilet bowls to overflow, sniffs or steals underwear.
12. The child's drawing depicts genitals as the predominant feature.
13. The child manually stimulates or has oral or genital contact with animals.
14. The child has painful and/or continuous erections or vaginal discharge.

Healing from Sexual Abuse

What to do to heal your child and family

- ❖ Recognize the reality of what has happened. Talk openly about what has happened and what has changed in your family.
- ❖ Be prepared for the reactions and comments of others- extended family, friends, neighbors, etc.
 - Decide how much you want to say. Balance protecting your privacy and that of your child against protecting the abuser and possibly putting other children in danger with your silence.
 - Prepare your child to respond to comments.
- ❖ Learn or keep watching for signs/effects of abuse in the victim. Be alert to clues. If your child behaves inappropriately, sexually or otherwise, use good parenting skills to:
 - Acknowledge the child's feelings and desires
 - Name or describe the unacceptable behavior
 - Suggest an acceptable behavior to replace the unacceptable behavior with
 - If you need help with these parenting issues, don't hesitate to ask for it!
- ❖ Discuss sexuality, prevention issues (right to say No, no secrets, tricks perpetrators use) openly and frequently.
- ❖ Model being able to set boundaries and limits with your friends and family so your child can see how it's done.
- ❖ Continue to commend the child for telling. Remember, the offender is to blame. Reassure your child of your concern and willingness to listen, but be careful not to pressure your child to talk about the abuse.
- ❖ Recognize child, family, and the offender need treatment now and possibly will again in the future. Get help as needed. Avoid blaming and don't shame each other. Move forward.
- ❖ Acknowledge your own feelings and reactions. Take care of yourself (a list of some ideas is included later in this handbook). Express your grief about the losses your child and family have experienced.
- ❖ Take actions to protect your child. Teach your child how to protect themselves.
- ❖ Don't desert your child. If you withdraw from your child because of guilt, embarrassment or even anger, your child must carry the burden alone.
- ❖ Deal as calmly as possible with the investigators, police, court system, attorneys, and others who become involved in your family's life when abuse occurs. If you become distressed and agitated with these people, your child may feel they were wrong to report the abuse.
- ❖ Resume your family activities and traditions that do not jeopardize your child or family healing as soon as possible.

How to know when your family is healing

- ❖ You are using your anger against the molester to be constructive and preventative.
- ❖ Thoughts about the abuse don't take up most of your time.
- ❖ You have family times. More interaction, less strained relationships.
- ❖ Family members talk with each other in non-blaming ways.
- ❖ Family routines are again predictable.
- ❖ Abused child plays in age-appropriate ways with friends his or her own age.



- ❖ You and your mate talk about things besides the abuse.
- ❖ Child's behaviors have diminished or stopped.
- ❖ Less social isolation from family and friends.
- ❖ You have ongoing prevention plans in place.
- ❖ You are cautious, but not over protective.



Supporting Non-offending Family Members

Research has consistently shown that supportive and empowered caregivers play a major role in lessening the negative impacts of trauma on children and in promoting healing and recovery. It is therefore critical that non-offending parents, caregivers and family members are given appropriate information and support to enable them to deal with their own feelings and to provide the support necessary for the abused child.

Discovering that a child has been sexually abused is a shocking and traumatic experience for parents and caregivers which impacts both on their sense of self as a parent and as a person. It is painful to care for a child who has been hurt and frightened and it can also trigger memories and feelings associated with difficult experiences from their own childhood. It can have a significant impact on how you see yourself and your relationships.

Parents and family members can have a range of reactions that can be frightening and that become expressed in a range of ways. They may find that normal day to day life can be complicated by sleeping and eating problems, anxiety, depression, and a range of other responses. These are normal reactions after experiencing events out of the ordinary and parents and caregivers need to be reassured of this and supported in this experiencing and ways of coping. Some of the feelings often experienced by parent/caregivers include:

Guilt And Blame

Guilt is almost universal when a child has been sexually abused and can feel overwhelming. When things go wrong in our lives it is a natural response to want to blame someone or something. Often we need to blame because it is less painful than admitting one is totally helpless. Guilt can be easier to handle than feeling powerless. Most parents blame themselves and may also blame the child. It is common to think "why did you go there?" or "why didn't you tell me" or "I've told you never to let anyone touch you." The child is more likely to blame themselves.

Women may feel particularly guilty because they are taught that it is their job to keep their children safe. Mothers tend to have more day to day responsibility for their children and may feel guilty for not noticing behavior changes or for not listening carefully enough.

"I really felt I had failed as a mother. It's my job to keep her safe. I should have realized something was happening to her."

Men may feel guilty because society tells us that it is a man's job to protect women and children. There is a real sense of failure as a father when your child is abused. The powerlessness can be even more frightening than guilt for men. Feeling powerless is often very difficult for men who are expected to always be in control. Some men may feel guilty for being male when men are often considered responsible for sexual abuse and violence.

The reality is that we can never protect our children from everything.

The only real blame for sexual abuse lies with the offender. Nothing any victim EVER does makes them responsible for sexual abuse. Any child can at any time be tricked, bribed, threatened or forced into a sexual abuse situation.

It can be helpful for parents to try and pinpoint exactly what they feel guilty about. In this way they can apportion blame where it belongs - with the offender. They can write down exactly what they feel bad about or regret e.g. "I wish I had noticed that Jane did not like going to my brother's house" or "I wish I had not thought that Tom's bedwetting was about starting school." In this way they can admit mistakes but place the blame with the offender. One mother said "I know he was responsible for the abuse but I think we showed bad judgment in trusting him - I didn't trust my gut feeling that he was too good with the children"

Let parents know that feeling guilty can encourage children to feel guilty. If they forgive themselves they allow their child to forgive themselves. Guilt and blame belong to the offender NOT the child or the people who care for them.

Shame

Shame is a powerful and painful feeling that most people experience when sexual abuse touches their lives. It stems from the secrecy that surrounds sexual abuse and it helps to perpetuate that secrecy. Mothers often feel ashamed when their children are sexually abused. There is a fear that people will think you are a bad mother or that it is a reflection of your relationship with your child. It is easy to tell a school that your child has broken a leg but can be difficult and humiliating to tell them about sexual abuse.

"The worst thing was telling the teacher. I felt like children must. I thought she thought it was all my fault."

Fathers also feel ashamed when their child is sexually abused. They fear that people will think they are the perpetrator if anyone finds out.

The child will also be feeling ashamed and will feel the stigma of having been sexually abused. They will feel they are dirty, damaged and unlovable. Parents are in the best position to help them overcome those feelings. Shame thrives in silence when you believe you are the only one. The best way to fight it is for you and your child to talk and to challenge the silence.

Get them to discuss with the child who in the family and immediate environment should be told what has happened. Some people may not be that supportive, often because they are so uncomfortable about it

"Telling my mother was terrible. She kept asking why she (4yr old daughter) had 'let him do it'. She did not understand that she had no choice."

Some people do need to know so they can provide support but many children react very badly if they feel every one knows.

Parents are in the best position to actively provide their children with a good role models following sexual abuse. They can demonstrate that they are still loveable and good to help banish feelings of shame. Many fathers feel confused about how they should behave following sexual abuse of their child. They may become concerned about bath times or giving affection, tickles, horseplay etc. They can withdraw physically because they are worried about further traumatizing the child. When this happens children tend to think it is because of the sexual abuse and this confirms their sense of shame. Children can only benefit from love and physical affection from adults they trust after sexual abuse. They need to relearn good healthy touch that makes them feel loved regardless of what has happened to them.

Fear

Many parents and family members report feeling fearful of the offender. Sometimes they think the offender will seek revenge for the child having told. Even if the offender is in jail, parents can feel threatened by them. Parents fear meeting the offender or seeing them in court. In small communities this is more pronounced. One father spoke of feeling afraid every time he saw a similar car to that of the offender.

"I felt really frightened when I saw him in the supermarket. Other people thought I was scared because of what I could do to him but I actually felt scared of what he could do to me and the boys for telling"

Parents also have other fears for themselves and their child. Fear is not an easy feeling to admit to and people can sometimes lash out when they are afraid. Sometimes it's easier to admit to being frightened than trying to hide it. It is ok to feel afraid as this is perfectly normal. It helps to discuss fears with someone else because once fears are aired they become more manageable.

Anger

Anger is a normal reaction to child sexual abuse. It is healthy to be angry if you and those you love are hurt. Expression of that anger is not healthy if it hurts you and other people. Fathers are expected to be angry. Anger and thoughts of revenge are seen as typically male. They are also typically female. Mothers are angry also, as are other non-offending family members.

Most parents feel like damaging the offender but most do not do so realizing the further damage they could do to their child and themselves. One father lost his driving license and consequently his job when he went after the offender. Other fathers report feeling guilty if they do not personally assault the offender believing that they may have let their children down by not doing so. In fact, by remaining within the system you provide a good role model for your children.

Children feel responsible for what occurs after the disclosure/discovery of sexual abuse and would believe they were to blame for the repercussions of revenge. It can be helpful for parents to share thoughts of revenge with someone and write them down. Anger is energy and you can use it constructively to benefit you and your child.

Some ideas:

- Punching a pillow
- Destroying a picture of the offender
- Throwing things that cannot hurt self, others, or objects
- Screaming
- Writing letters to the media
- Writing letters to the offender (not to be sent)

It is good for parents to share their anger with their child. It is positive to give permission to be angry about being hurt and together you can find ways to express that anger safely.

"We went over to the dam and spent a while throwing bigger and bigger stones into the water shouting as we did it. We ended up having fun as well as getting rid of some of the anger."

Grief

The sexual abuse of a child evokes deep feelings of loss and sadness. It is a kind of mourning for the loss of childhood and innocence. There can be real sadness for the loss of trust and the ability to trust in the

future. For parents and children who loved the offender there is grief for that relationship. It can be extremely painful to love someone who hurts you and your children. It is normal to grieve for the relationship and to feel confused. The offender has betrayed you and your child. Many parents whose children have been abused by someone they loved can feel sorry for them and then feel guilty for feeling that. It is a normal response and just because someone does something terrible does not mean you stop loving them.

Again it is helpful to encourage family members to acknowledge their grief, share it, write it down, draw it, sing it, do whatever works best for you. It is a normal part of the process of recovering.

Sexuality

It is unusual for the sexual abuse of a child not to have an impact on the sexuality of the parents. There are many different reactions which are normal and natural. Some parents want to avoid sex altogether; they may feel revolted by what has happened and feel unable to enjoy their sexual relationships. Others may seek comfort from sex as a powerful antidote to sadness and loss. Parents have reported intrusive thoughts of their child's abuse when they are having sex. Parents who are not in a relationship can fear new sexual partners because their ability to trust has been undermined. Some mothers feel guilty about getting any pleasure from something that hurt their child. Others feel unable to have sex at all. Others may crave the comfort they get from their sexuality.

Sex is often seen as an acceptable way for men to show their emotions and a need for intimacy can be strong during a personal crisis. It is most important to admit these feelings and thoughts and parents should be encouraged to discuss them openly and honestly with a partner/counselor/friend so it will be easier to resolve them.

Reinforce that sexual abuse is about one person abusing their power to hurt another in a sexual way. Sex is about closeness, intimacy, love, comfort and pleasure. They are not in the least bit the same.

Dealing With Systems

Overnight, parents can become involved with police, legal, and medical systems which can be inadequate and frustrating. It can feel overwhelming to suddenly have to deal with unfamiliar people and procedures. There are frequently difficulties with the systems and they may seem to have little regard for them and their child as victims. People often feel ignored and marginalized as police and legal procedures get under way. Things often take a long time and can be difficult to understand. All this can happen while families are in emotional turmoil and making decisions can be hard.

Specific difficulties for fathers can be that they may feel excluded from the system due to work commitments and because it is often mothers who are assumed to have the responsibility of dealing with professionals.

Systems can make you feel powerless and lacking control about what is happening to you and your family.

The systems are the only ones we have, good, bad or indifferent. We can only do what we can within them. It can be empowering to encourage parents to share their experiences with other parents in similar circumstances and to direct energy in to changing the system.

"It felt like we were invisible in the court process. Every time I tried to get information I felt that I was being a nuisance. I just to keep asking questions until someone listened to me"

Relationship With The Child

Sexual abuse affects parents' relationships with their child as it does with each other. All the feelings outlined can become part of how you relate to your child. On the positive side it can mean that you communicate more with them and become more aware of their thoughts and feelings. Less positive can be dealing with a range of behaviors that challenge even the most devoted of parents. Constant bedwetting; lack of sleep; aggression and clinginess can make you feel angry with your child and then guilty for being angry. The child's behaviors are reflections of their feelings. If the feelings can be talked about the behavior disappears.

Above all reassurance by the parents that this crisis will pass and it will become easier to live with as time goes by will help the relationship between the parent and the child.

Siblings

Siblings are often ignored secondary victims of sexual abuse yet they are also impacted by the trauma and changes in the family as a result of the sexual abuse of a brother or sister. Parents/caregivers should be encouraged to ensure that they have an understanding of what happened and that their fears and concerns are also addressed. They may require counseling themselves and at the very least they should be provided with appropriate resource materials to help them understand and deal with their feelings.

Feelings About The Offender

If the person who abused their child was a stranger or acquaintance it is easier to express anger and hurt. The struggle is then to understand why they do it. If the person was a close relative or partner there is shock and sometimes denial. They may feel they are in a position of having to choose between a partner and a child. There are fears that people will blame them. It is a widely held belief that mothers must know if their partner is abusing a child. In fact it is rare for mothers to know. Offenders are very clever at hiding their abuse.

They may feel concern and compassion about the offender or fear him going to prison. They may also feel guilty about those feelings.

" I hate what he did to her. I want to kill him. But then I feel sad for him and worried about what will happen to him. He is my brother and I can't just stop loving him. I feel like I've lost him- He won't be there for me anymore."

"I've lost my Dad if I tell the police. Maybe he'll stop doing it now"

Reassure parents and family members that there are no right or wrong feelings when your child has been sexually abused...there are just lots of them!

Ways Of Coping

1: Acknowledge your own painful feelings and difficult thoughts. Share them with friends, partners, family or counselors. Try writing in a journal.

2. Talk to your child as much as possible about every aspect of what's happening to them and you. Expressing your feelings gives them permission to express theirs.

"You need to talk about every aspect of it not just once but about 5000 times".

3. Do every thing that you can to assist your child, e.g. statements, crimes compensation, medical exams, counseling, education. This helps you feel that you are back in control.

4. Keep a diary (include photos, details of counseling, names of relevant people) to record the things you and your child did and the details of dates and events, copies of statements. This can be helpful to give to children when they are older and need to make sense of what happened again as they grow up. Although it may seem a strange thing to do and may feel as if you are dwelling on what happened it does have very positive results. One boy aged 11 kept everything in a folder. He said it was good to look at it again when he needed to but that it was also good to have it in one folder and put it away.

5. Find out as much as possible about child sexual abuse. It really helps to have information. Talk to other parents and professionals get books and videos from library and welfare agencies.

6. Seek out professional help through counselors and support groups or start your own! If you have experienced sexual abuse yourself it is a good idea to see a counselor for yourself. You too deserve to be cared for.

7. Try to spend some individual 'special' time with your child doing something you both enjoy away from other demands. This benefits your relationship and gives your child a real sense of being loved. It can help you to have pleasurable experiences with your child and know how you are contributing to both your own and your child's recovery.

Parents need to take care of themselves also!

Dealing with an event such as the abuse of a family member is very stressful. Parents feel various feelings, ranging from anger to fear, sadness to guilt. These feelings are normal and understandable. Parents need to take care of themselves and their feelings so they can best help their child deal with the experience. The following are some suggestions for parents to consider during this stressful time.

1. **Clarify your values.** It is important to run not on the fast track, but on your own track. Make three lists: the things you have to do, the things you want to do, and the things that you don't have or want to do. Forget everything in the third category. Be realistic with your expectations of yourself.
2. **Improve your "self-talks."** We all talk to ourselves, and many of our self-talks are needlessly negative. Discipline yourself not to overreact emotionally. Why despair when sadness is sufficient? Why be enraged when simple irritation will get your message across?
3. **Learn how to relax.** All you need is a quiet room. Get comfortable. Then close your eyes, breathe rhythmically (preferably from your abdomen), and blot out distractions for 10 to 15 minutes. Do this twice a day.
4. **Exercise regularly.** Try to exercise at least three times a week for 20 minutes. Make sure your doctor approves and start gradually. Find enjoyable ways to exercise.
5. **Get the leisure you need.** The best way to avoid burnout is to allow yourself proper leisure to renew your commitment to work and recharge your batteries. Have lunch with a friend. Take time out. Take a leisurely bath. Schedule more fun. Unwind before bedtime.
6. **Use your support system.** Support by people who you like to be around is important. Get your feelings off your chest by talking to a trusted friend or family member. Bottling up feelings increases stress.
7. **Eat well.** Remember to eat breakfast. Try to eat healthy food; limit junk foods with high fat or sugar content. Set a good example for your children; children learn by copying what their parents do and will want the same foods you are eating.
8. **Avoid "chemical haze."** One definition of stress is loss of control; the need to acquire control through artificial means accounts for the popularity of nicotine, alcohol, caffeine, and drugs. Drink alcohol only in moderation. Too much caffeine can make you jittery, irritable, and prone to headaches. Use drugs only if prescribed. Chemicals make you feel you're in control; but you're not. Real control takes effort, not escape.

Prevention of sexual abuse

Child Care suggestions

What Parents Should Expect From Providers

- Ongoing communication, open access to the home or center, and frequent updates on your child's progress.
- Loving care, responsiveness, stimulation, and attention to building your child's self-esteem.
- A safe and healthy environment.
- Honesty. Caregivers should share information about problems or accidents. They should pay income taxes and meet all legal requirements.
- Acceptance of your wishes on matters such as discipline, seat belt/car seat usage, TV watching, food, toilet training, smoking, etc.
- Advance notice of changes, such as in hours or costs. You should have between a month and six weeks notice if a caregiver can no longer care for your child.
- Support for your family. Caregivers should not be critical of your family's lifestyle or values and should not be involved in family disputes. They should respect your religious beliefs and cultural background.
- Acceptance of you as the most important person in your child's life. Advice should be offered in a non-critical way.
- Assurance that everyone in contact with your child is trustworthy, properly trained, and continuously supervised. This includes caregivers' friends and relatives, custodial help, transportation workers, and visitors.
- No surprises. Your child-care provider shouldn't suddenly announce that her teenage daughter will be watching your children three afternoons per week, nor should a favorite day-care teacher disappear without explanation.

What Providers Should Expect From Parents

- Open communication. You should clearly explain your wishes and provide information on problems, on change at home, and about your child's routine, activities, and preferences.
- Agreement on terms and arrangements (fees, hours, etc.) in writing.
- Honesty and trust. Show your trust by asking questions and not jumping to conclusions when you have a concern.
- Advance notice. Provide a month to six weeks' notice of changes in your child-care plans.
- Consistency. Pick up your child on time and follow through on agreements. If you are to supply diapers or other items, bring them before they are needed.
- Healthy children. Agree in advance about when you can and cannot bring a sick child.
- Payment on time. Your caregiver provides for his/her family with this income.
- Respect your caregiver as a professional. Taking care of children is his/her profession and a demanding job. Value your caregiver because he or she is an important person in your child's life.
- Understand and support for your child's feelings toward his/her caregiver. A child who spends hours with a caregiver should love that person, but this should not diminish how your child feels about you.
- No surprises. Caregivers don't like surprises any more than parents do. Caregivers should know ahead of time about changes in your child-care needs and about your concerns.

Tips for Choosing a Baby-Sitter

Interview all potential baby-sitters.



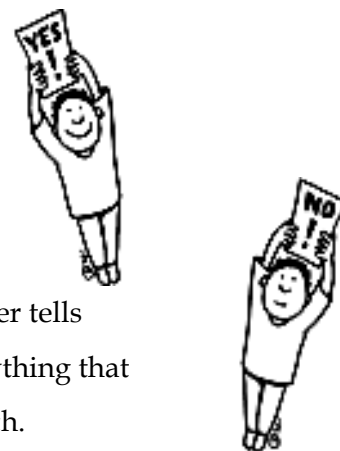
- Ask the baby-sitter's age, if (s)he is a teen. If you have very young children, you will want to find an older teen.
- Talk about the baby-sitter's past experience.
- What activities is (s)he involved in?
- Why is (s)he interested in baby-sitting?
- What does (s)he enjoy doing with children?
- Has (s)he taken the red cross baby-sitter's course?
- Ask for references. Talking to people who have hired this baby-sitter in the past will give you an idea of the baby-sitter's reliability and trustworthiness.

Invite the baby-sitter to your house.

- This will give you an opportunity to observe the sitter interacting with your children, and to show the baby-sitter around your home.
- Discuss your views on discipline and child care. Make sure that the sitter understands appropriate forms of discipline. Discuss the household rules, and tell the baby-sitter how you expect your child to be treated.
- Be sure the baby-sitter understands your rules on visitors, bed times, snacks, etc.
- Leave important telephone numbers with the baby-sitter (neighbors, nearby relatives, doctor, fire, police) in case an emergency should arise.

Talk to your children about the baby-sitter.

- It is important for your children to be comfortable with the baby-sitter.
- Respond to concerns your children may have.
- Listen to your children and trust them.
- Remind your children that they do not have to listen to everything the babysitter tells them to do, and that they should say no and tell you if they are asked to do anything that makes them feel uncomfortable or gives them a "yucky" feeling in their stomach.



Ten Ways to Start a Conversation With Your Child

1. How was today on a scale of 1 to 10 (where 1 is terrible and 10 is terrific)? What made it that way?
2. What was the high point (low Point) of your day?
3. Tell me the good news and the bad news about school today (work today, practice this week, camp this summer).
4. What's a thought or feeling you had today?
5. What happened today that you didn't expect?
6. If your child seems preoccupied, say to them, "I'm wondering what you're thinking about. Would you be willing to talk to me about it?"



The following conversation starters may be especially helpful if you haven't seen your child for a period of time:



7. Tell me about something good that's happened since the last time we talked.
8. What's something you've done recently that you're proud of?
9. What's on your mind lately?
10. What are you looking forward to these days?

A MONTH OF FAMILY HIGHLIGHTS

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Tell your children "I love you" every single day	Help your children trace their hands on paper	Write a poem with your children	Learn more about how to be a good parent	Pat yourself on the back	Play a sport together	Sing songs that everyone knows
Make a necklace with beads	Discuss your family history	Talk to your children about family rules and why they're needed	Make a special effort to listen to your children	Go for a walk with your children	Read a book together	Explore with a flashlight
Laugh with your children	Hug your children	Visit someone who's lonely	Find your city on a map	Clean a room together	Call a relative and let everyone talk on the phone	Work as a family on a neighborhood project
Make dinner together	Praise your children for good work	Respect your children's opinions	Plant flowers indoors or outdoors	Spend a few minutes alone with each of your children	Send a postcard to a friend	Take pictures of your family
Mark family birthdays on a calendar	Have a picnic	Cook a meal together	Cut out paper snowflakes together	Make puppets out of old socks	Put on puppet shows for each other	Bake treats together



How do i protect my child from sexual abuse?

- **Prevention first starts with parental awareness.** We must know where our children are, who they are with, who their friends are, and if there is any cause for concern or need for protection.
- **Parents educating themselves about sexual abuse.** Sexual abuse is more prevalent than anyone would like to believe.
 - What child abuse is and how prevalent it is.
 - Understanding normal sexual development.
 - Understanding signs and symptoms of sexual abuse.
 - Knowing how sex offenders gain access to children and manipulate them into abuse.
- **Open communication.** As a parent, you must establish and nurture a positive, trusting relationship with your child, which begins in infancy. Learn to listen and use “I” statements and let your child know you want to understand how they **feel**.
- **Talking about body safety isn’t a one-time conversation.** Use opportunities (TV, books, literature, situations, etc.) to bring up examples of appropriate body safety.
- **Be specific when teaching body safety rules.** Use names and known relationships to the child. (Starting a conversation with “Lots of kids are touched in their private parts by people they know and maybe love very much. This could be their babysitter, or even a family member like their uncle or grandpa. What would you do if “so and so” tried to touch your private parts? What if they said it was really OK or a fun game?”)
- **It is also important to teach your children the appropriate names for body parts (ie: breasts, vagina, penis...).** This takes some of the “stigma” associated with their private parts away, and helps them to more clearly communicate with you and not be fooled by an offender.
- **Expel offender’s manipulation and grooming behaviors.** Teach your children the signs which lead up to abuse.
- **Discuss “sexuality” and sexual development with your children at an age appropriate level.** Answer questions posed by your child. Start simple and answer until they have no more questions. Don’t overwhelm them with too much information. If you don’t teach them, someone else may (with false information or with abuse).
- **Teach children to listen to “inner prompting” rather than stranger danger.** You can talk about that “yucky feeling” inside, and most children can relate to that feeling. It is important to teach them to trust that feeling.
- **Our goal is to empower and boost a child’s sense of self, not bring an overwhelming fear or distrust.**





Talking with your child about the birds and the bees



Talking to our children about sexual topics can be difficult and embarrassing for many parents. It is a good time, however, to start a pattern of communication on all issues including sexuality. It has been shown in studies that teenagers want to get their sexual questions answered by parents or primary adult guardians, and this availability of parental influence effects their choices to be abstinent or promiscuous.

Common Questions and Concerns

Nudity:

- Parents often have questions about what is appropriate for children to see, nudity with in the context of daily family life is OK if you feel comfortable about it.
- If you don't feel comfortable being naked around your child or if this is against your family values, it is most important to be consistent with your beliefs.
- Children generally let us know when they are no longer comfortable seeing adults naked. Be sensitive to these clues and change your behavior.
- Children should not be witnessing sexual acts between adults, or be exposed to pornography. This is considered sexual abuse of a child.

Masturbation:

- As children grow they often fondle their genitals when they are tired, bored, reading a book, or watching television. Many children clutch their genitals when tense or nervous.
- By age 3 or 4, teach your child that while masturbation feels good and is OK, it should be saved for private times.
- If your family values do not believe that masturbation is OK, share these values and the reasons behind them. Be careful not to shame your child, remember it is a natural part of development.

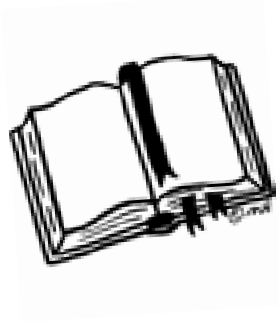
Playing "Doctor"/Sex Play:

- Sex play is a natural outcome of childhood curiosity. It usually involves exploration seeing or touching private parts of peers. It is seen in all cultures.
- It is important to explain limits and that our bodies are private. "Catching" children in sex play is an opportunity to teach your values and boundaries. Remember to stay calm, even though it may be difficult.

Tips for Communication

- Teach family values as well as facts.
- Answer questions when they come up.
- Listen carefully. Make sure you understand what your child is asking.
- Give only the appropriate amount of information for your child's age. A more simple answer will satisfy a young child. Remember children are concrete thinkers.
- Use correct terms. Make sure they understand meanings and use them consistently.
- If your child is not asking questions by age 5, bring the topic up yourself. Use teachable moments.
- Stop other activities and look at your child when discussing this important topic. Ask their ideas.

Reading list for Non-offending caregivers



Reading list for non- offending caregivers

Adams, C. & Fay, J. (1995). *Helping your child recover from sexual abuse*. Seattle: University of Washington Press.

Angelica, J. (2002). *We are not alone: A guidebook for helping professionals and parents supporting adolescent victims of sexual abuse*. Binghamton, New York: The Haworth Press.

Ashley, S. (1992). *The missing voice*. Dubuque, Iowa: Kendall/Hunt Publishing Company.

Brazelton, T. & Greenspan, S. (2000). *The irreducible needs of children*. Cambridge, Massachusetts: Perseus Publishing.

Byerly, C. (1992). *The mother's book*. Dubuque, Iowa: Kendall/Hunt Publishing Company.

Case, J. & Hagan, K. (1988). *When your child has been molested*. New York: Lexington Books.

Meyers, J. (1997). *Incest: A mother's nightmare*. Thousand Oaks, California: Sage Publications.

Ovaris, W. (1991). *After the nightmare*. Holmes Beach, Florida: Learning Publications, Inc.

Reeves, C. (2003). *Childhood: It should not hurt*. Huntersville, North Carolina: LTI Publishing.

Robinson, L. and Boyd, J. (2002). *I will survive: The African American guide to healing from sexual assaults and abuse*. New York: Seal Press.