



PARENT HANDBOOK

INDEX

Kootenai County Resources	3
Summary of Crime Victims’ Rights in Idaho	4
Letter to Parents and/or Caregivers	5
Investigation Information	6
A. Investigation facts	
B. What is a forensic interview?	
C. Court information	
D. Helping your child through the court process	
E. Medical examination	
Effects of Sexual Abuse	11
Sex Offender Information	12
A. Who are sex offenders?	
B. Signs to watch for when adults are with children	
C. Progression of child sexual abuse	
D. How do offenders keep children from telling?	
E. Offenders manipulate adults, also	
Protecting Your Children from Sexual Abuse	15
A. Talking to children about sexual abuse	
B. What to do if your child is abused	
C. Safety tips for supervising children	
D. Sexual development and behavior between children	
E. Talking to your child about the birds and the bees	
F. Behavioral characteristics of normal sexual development	
G. Sexual behaviors that raise concern	
Healing from Sexual Abuse	21
Understanding “Triggers” and Developing a Coping Plan	22
Books for Non-Offending Caregivers	26
Books to Read with Children	27
Websites for Non-Offending Caregivers	28

KOOTENAI COUNTY RESOURCES

TO REPORT ABUSE

Emergency Services.....911

Health & Welfare Idaho Central Intake Unit..... 855-552-5437

Local Law Enforcement

Coeur d'Alene Police Department.....208-769-2320

Kootenai County Sheriff's Department..... 208-446-1300

Post Falls Police Department208-773-3517

Idaho Department of Health & Welfare (CPS) – Region 1

1120 Ironwood Dr., Coeur d'Alene

Your Caseworker: _____

Victim Advocacy

Children's Advocacy Center by Safe Passage..... 208-664-3446

2190 Ironwood Center Dr., Coeur d'Alene

Your Advocate: _____

Safe Passage (Shelter Services, Domestic & Sexual Violence Advocacy)..... 208-664-9303

850 N. 4th St., Coeur d'Alene

Child Sexual Abuse Medical Examinations

Coeur d'Alene Pediatrics..... 208-667-0585

700 W. Ironwood Dr., #155, Coeur d'Alene

Lakeside Pediatrics.....208-292-5437

980 W. Ironwood Dr., #302, Coeur d'Alene

Mental Health Services

Children's Mental Health (Crisis Intervention & Assessments)208-769-1406

2195 Ironwood Ct., Coeur d'Alene

Family Support Services (Medicaid).....208-769-4222

2201 Ironwood Place, #100, Coeur d'Alene

Walk-in Intakes Mon. and Thurs. 9:30 a.m. - 1:00 p.m.

Legal Help

Kootenai County Prosecutor's Office208-446-1800

Victim Witness Coordinator: Nancy Lee

Family Law Filing Workshops (i.e. Divorce, Custody, Modifications).....208-446-1225

Court Assistant Officer: Jay Q. Sturgell, www.courtselphelp.idaho.gov

Idaho Legal Aid Services..... 208-667-9559

SUMMARY OF CRIME VICTIMS' RIGHTS IN IDAHO

Each victim of a criminal or juvenile offense shall be:

- Treated with fairness, respect, dignity and privacy throughout the criminal justice process.
- Permitted to be present at all court proceedings.
- Entitled to a timely disposition of the case.
- Given prior notification of proceedings and, upon request, given information about the sentence, incarceration, placing on probation or release of the defendant.
- Heard, upon request, at all criminal justice proceedings considering a plea of guilty, sentencing, incarceration, placing on probation or release of the defendant.
- Afforded the opportunity to provide a victim-impact statement.
- Notified whenever the defendant or suspect is released or escapes from custody.

For more information regarding the rights of crime victims in Idaho:

Office of Attorney General Information for Crime Victims and Witnesses

This manual provides an overview of crime victims rights and explains how cases proceed through the court system.

Idaho Manual on Rights of Victims of Crime

This manual offers information on procedural rights of victims of crime in Idaho.

Crime Victims' Compensation Program

If you are a victim of a violent crime, possible payment of medical bills, lost wages, counseling, funeral bills and more is available through Idaho's Crime Victims' Compensation Program. More information and application forms are available at crimevictimcomp.idaho.gov/ or by calling 1-800-950-2110.



Dear Parents/Caregivers,

We understand that this is a very difficult time for you. Any hint or suspicion of abuse of your child causes many strong and confusing emotions. The process of determining what happened to your child and how to proceed from there may seem quite overwhelming.

It is our desire to work together with you to reduce the number of times your child will have to be interviewed and to ensure that your family receives swift, necessary support.

Our goals are to:

- Do the best job possible in finding out what happened.
- Work with the legal system to help your child.
- Help you understand the child protective and legal systems.
- Help make the process as comfortable as possible for you.
- Help your child and family begin to heal.

We hope this guide will help you understand more about child sexual abuse and the system we use to respond to a report of abuse. Please call if you have any questions.

Children's Advocacy Center by Safe Passage

2190 W. Ironwood Center Dr.

Coeur d'Alene, ID 83814

208.664.3446

safety@safepassageid.org

safepassageid.org

INVESTIGATION INFORMATION

Investigation facts

1. The legal process is often 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 and 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 repeatedly continued for various legal reasons. The important fact to remember is that the deputy prosecuting attorney is working to ensure 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.
 - Your child is asked 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 are required 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 opportunity 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 the child by working with, and not against, the authorities. The legal system may be able to protect the 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 the child how brave they were throughout the entire process. If a guilty verdict is found, celebrate!

What is a forensic interview?

By reporting the allegation of your child's abuse, you have already taken a strong step 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, your child is brought by you, the nonoffending caregiver (parent, guardian or caregiver) to the Children's Advocacy Center to be interviewed. The interview is the first step in 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 your child.** By participating in a videotaped interview with a skilled professional, the likelihood of your 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" their 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 the next steps.
- **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 your child's integrity.** Every attempt will be made to help make your child feel comfortable. He/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 your 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 Children's 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 Children's Advocacy Center will help you schedule a medical exam with a qualified medical examiner.

Court information

There are three possible court situations:

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 will be assigned to you and will inform you of every step of the legal process.

If you or your child is required 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. County 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 must hire your own attorney for this type of case 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, but they must 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.

An example of progress of a felony district court case:

A crime is committed > an arrest is made > a complaint is filed by prosecutor's office > first appearance preliminary hearing > arraignment > trial > sentencing

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.

Here are some suggestions that other parents have found helpful:

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.

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.

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 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 must 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.

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 okay to feel this way. Some things you CAN do:

- It is very important for you to acknowledge how your child is feeling. 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, (such as reading or watching TV or a movie). Keep the emphasis off “getting a good night’s sleep” and just *FOCUS ON RELAXING.*

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. Try to bring healthy food such as fruit, milk and sandwiches, and avoid heavy sugars such as candy or cookies.
- 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), dolls or stuffed animals, small board games and electronic 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 journaling, knitting, playing board games and reading a book to their children.

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!!!

Medical examination

What is the purpose for a medical exam?

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

What can be expected 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 and injuries 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.
- 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.

EFFECTS OF SEXUAL ABUSE

(All effects are on a continuum and may or may not be experienced by every victim.)

Psychological/Behavioral/Emotional Effects:

- Problems with sleeping: insomnia, nightmares, weird dreams, tiredness, lethargy
- 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: crankiness, short-temperedness, craving of attention, irritability
- School problems: disinterest, truancy, discomfort dressing for P.E., inability to concentrate, perfectionism, over-achieving, under-achieving
- Emotional changes: very emotional behavior or inability to express emotion, craving of attention, clinginess, 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, promiscuity, unhealthy ideas about sex, overly affectionate behavior, seductive behaviors
- Sudden fears: suspicion of adults, fear of being alone, reluctance to visit/see certain family or friends or persons who resemble abuser, hyper-vigilance
- 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 to provide needed care, oversensitive to touch, no sense of personal space, lack of boundaries
- Changes in appearance: neglected, unclean, unkempt, sexy or seductive clothes, poorly groomed

Physical Effects:

- Bruises, welts, broken bones, cuts, scrapes, burns, missing hair, bite marks
- Bed-wetting, constipation, painful urination or elimination
- Stomachaches, headaches, recurrent problems
- Injured or swollen genitals
- Sexually transmitted diseases (STD's), pregnancy
- Problems walking, sitting, playing
- Tired all the time or overly excitable

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, stepparent, relative, family friend, teacher, clergyman, babysitter 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.*

Possible signs of an offender:

- 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 (e.g., 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 that 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.

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 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 or tongue kisses with the child, while continuing to express care and concern for the child.
- The offender may play sex games with the child's dolls or toys while with the child.
- Psychological manipulation is incorporated into the relationship by the offender expressing his/her needs and how the child is so special, meets those needs and is needed by the offender.
- The offender exposes himself or herself to the child or views the child's body. He or she often exposes the child to pornography or to real-life sexual acts.
- The offender 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).
- The offender 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.
- The offender begins touching, fondling, petting, stroking or rubbing the external genitals of the child and has the child touch him/her. They 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, such as: 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 of female victims by separation of the vulva, hymen and vaginal area with a finger or lips and tongue often occurs before penetration of the vagina with the penis or other objects.
- With male victims, offender may insert a finger, his penis or an object into the victim's anus.

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 reportable. Offenders use 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.
- Use deceit and 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 okay since the parent heard it or saw it.
- Use bribes, gifts, special attention, extra support and encouragement.
- Make child promise not to tell.
- If the child refuses or balks at the contact, the offender might tell the child that they will be in trouble for what they have done and, since they have participated, they are at fault or that no one will believe them over the offender who is so trusted by the parent.
- Count on the child's normal tendencies/level of development.
- The offender will rely on the fact that children trust adults not to lie or to harm them.
- The offender will rely on the fact that 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 can often manipulate adults, as well, by doing the following:

- 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/rationalizations about what happened in case the child tells about the abuse.
- Make sure adults are aware of child's lying or promiscuous behavior; make up or suggest child is untrustworthy to prepare adult to doubt child's report of abuse.
- If possible, use adults to "normalize" sexual behaviors to children.

PROTECTING YOUR CHILDREN FROM SEXUAL ABUSE

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

“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, they should 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 about it even if your child thinks 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 touching 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 okay 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, they should call or go see another support person.

What to do if your child is abused

1. 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.
2. 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."
3. 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 not to make promises you can't keep.
4. Seek support and comfort for yourself where the child can't see or hear what you say.
5. 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.
6. 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 be abused, too.
7. Don't try to handle the situation yourself.
8. The prognosis for healing after being molested is better for children who are supported and believed when they disclose.
9. Don't allow any further contact between your child and the alleged offender.
10. Don't confront the offender yourself.

Safety tips for supervising 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 babysit 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 bikes 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 about 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) or more sexually sophisticated or uses bribes, threats or intimidation to be sexual with another child, sexual contact then 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,” “What’s Happening to My Body,” “A Very Touching Book,” and “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.

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 within the context of daily family life is okay, 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 okay, it should be saved for private times.
- If your family values do not believe that masturbation is okay, 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 your children understand their meaning 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.

Behavioral characteristics of normal sexual development

Infancy (0-1 year)

- Intra-uterine, fetus may suck their thumbs, fingers and toes
- Periodic erections and vaginal lubrication (reflexive rather than sexual)
- Genital stimulation for pleasure
- Physical closeness with primary caregivers, consisting of holding, clinging, cuddling, nursing, dressing and playing

Early Childhood (2-5 years)

- Interest in one's own body and its functioning
- Curiosity about the differences between the sexes
- Body exhibitionism (running nude through the sprinklers or after a bath)
- Beginnings of peer sexuality explorations, including genital
- Seeking names for body parts, sensual feelings and body functions
- Fascination with "obscene" words, jokes about sex, genitals and body functions
- Modeling of parental interactions expressing affection; continued responding to others with hugs, kisses and cuddling

Middle Childhood (5-9 years)

- Continued self-stimulation, in private
- Continued sexual play and exploration between same and opposite sex peers (secretive and hidden from adults)
- Peer discussions regarding sexual behavior
- Keen interest in children of the opposite sex
- Increased need for personal privacy
- Nocturnal emission in males may begin by age 9 (wet dreams)

Late Childhood (9-12 years)

- Beginnings and progression of the development of the secondary sexual characteristics are well defined
- Menstruation begins (average age 11.5 years)
- Beginnings of peer sexuality explorations, including genital examination
- Sexual activity of both boys and girls tends to be within their own general age range and may be either same or opposite sex
- Masturbation continues and may be mutual with boys and girls and may involve boy-girl acts of mutual fondling and stimulation to orgasm

Adapted from Debra Tharinger, PhD. (1988)

Children's sexual behaviors that 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-aged 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: he/she 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 you can do to help 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
(If you need help with these parenting issues, don't hesitate to ask for help from us!)
- Discuss sexuality, prevention issues (right to say "No", know 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 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. 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.

Children CAN recover from sexual abuse with help from non-offending caregivers, the single most important healing resource for children.

UNDERSTANDING “TRIGGERS” AND DEVELOPING A COPING PLAN

A “trigger” is something that sets off a memory or flashback of the original trauma. Triggers are trauma reminders. Children/adolescents respond as if they are in danger, even when they are not, and experience intense thoughts, feelings and behaviors as a result. Children experiencing trauma reminders may struggle with the following:

- Verbal or physical aggression
- Strong feelings (rage, terror, anxiety)
- Difficulty with concentration and learning
- Relationship challenges (trusting and respecting)
- Shutting down emotionally (avoiding or isolating)
- Making inappropriate choices and self-harming

Thoughts can include helplessness, imminent danger, betrayal, abandonment or need for retribution. In addition to thoughts, there may be a range of emotions she/he experienced at the time of the traumatic event, such as fear, anger, shame or sadness. The end result will be an action or behavior that could often be labeled as “acting out” or “defiant.”

Trauma reminders are very personal; different things trigger different people. They are often activated through one or more of the five senses: sight, sound, smell, touch and taste.

Sight

- Often someone who resembles the abuser or who has similar traits or objects (e.g., clothing, hair color, distinctive walk)
- Any situation where someone else is being abused (e.g., anything from a raised eyebrow and verbal comment to actual physical abuse)
- The object that was used to abuse
- The objects that are associated with or were common in the household where the abuse took place (e.g., alcohol, piece of furniture, time of year)
- Any place or situation where the abuse took place (e.g., specific locations in a house, holidays, family events, social settings)

Sound

- Anything that sounds like anger (e.g., raised voices, arguments, bangs and thumps, something breaking)
- Anything that sounds like pain or fear (e.g., crying, whispering, screaming)
- Anything that might have been in the place or situation prior to, during, or after the abuse or reminds her/him of the abuse (e.g., sirens, foghorns, music, cricket, chirping, car door closing).
- Anything that resembles sounds that the abuser made (ie. whistling, footsteps, pop of can opening, tone of voice)
- Words of abuse (e.g., cursing, labels, put-downs, specific words used)

Smell

- Anything that resembles the smell of the abuser (e.g., tobacco, alcohol, drugs, after shave, perfume)
- Any smells that resemble the place or situation where the abuse occurred (e.g., food cooking, wood, odors, alcohol)

Touch

- Anything that resembles the abuse or things that occurred prior to or after the abuse (e.g., certain physical touch, someone standing too close, petting an animal, the way someone approaches you)

Taste

- Anything that is related to the abuse, prior to the abuse or after the abuse (e.g., certain foods, alcohol, tobacco).

Additional trauma reminders:

Time-driven:

- Anniversary dates
- Holidays
- Seasons
- Times of the day

Conditions:

- Loss of control (e.g., being taken away, being told “no” or being re-directed)
- Transitions
 - Changing from one activity to another
 - Going from the familiar to the unknown

While the range of responses to trauma varies from person to person, when it comes to PTSD, there are some hallmark responses. These include: panic attacks, flashbacks, intrusive thoughts/memories, hypervigilance, startle response activation, anger and rage, physical pains and dissociation. These are not uncommon in cases of childhood physical abuse, sexual abuse or rape and domestic violence. In some cases, individuals may even have out-of-body-like experiences.

Just as the range of responses vary, so too do their triggers. The list below is just to get you started thinking about what your child's triggers might be. It's definitely not an exhaustive or personalized list.

- **Physical features of someone your child sees:** Beard or hair; glasses; clothing, scars; tattoos; overall build; etc.
- **Words someone says or writes (also, tone of voice/language):** “No”; “You’ll be sorry you ___”; “you better ___”; “Slut”; “Useless”; etc. (May be encountered in writing as well as spoken.)
- **Sensory triggers like sounds, odors, touch:** Slapping sound; loud noises; musky odor; smell of alcohol; specific colors; being touched (at all, or in specific places); etc.
- **Communicating with authority figures:** therapists and psychiatrists; judges and attorneys; the mechanic at the shop; etc.
- **Anniversaries:** Day of assault; court dates; parole hearing dates; birthdays; day your child was removed from the home; etc.
- **Places and Circumstances:** Crowded or enclosed places; alone in an isolated place; others walking behind you; being among family; being around all strangers and your child not knowing anyone; etc.

Did you or your child find yourselves activated just reading the list above? If so, read on for relief as we dive into some exercises to calm the nerves.

Triggers are difficult to deal with, but these five steps (adapted from Haines, 1999) can help survivors navigate through the trigger safely and reclaim their power over triggers.

- 1. Notice.** Notice when your child is triggered, and notice that what is happening is a trigger. What triggered your child? What physical sensations did he/she feel? What emotion is your child experiencing? What memories or thoughts come up?
- 2. Stop and breathe.** Stop what you and your child are doing. Take a break from the situation.
- 3. Choose.** Consider your child's choices of coping mechanisms. Which options are best for this particular trigger? Does your child have what they need to enact a choice? (For example, does your child need a sound system of some kind if they want to listen to music as their coping strategy.) Deep breathing, on the other hand, requires no tools. Don't be afraid to try new coping strategies or to use several at once.
- 4. Engage.** Engage in your child's coping strategies. Stay present, as much as you can.
- 5. Return.** Return your child to what they were doing before the trigger or return to Step 1 as needed.

Crisis Survival Strategies

Suggest the following strategies to your child:

Distract

- With other thoughts. Count to 10, count colors in a painting or tree, windows, anything; finish a puzzle; watch TV; read a book.
- With opposite emotions. Read emotional books or stories, old letters; go to emotional movies; listen to emotional music. Be sure the event creates different emotions.
- With intense sensations. Hold ice in your hand until it melts completely; squeeze a rubber ball very hard, stand under a very hard and hot shower, listen to very loud music.
- With activities. Exercise; hobbies; cleaning; walking; work; sports, go to events; call or go see a friend; computer games; have a meal; drink coffee or tea; go fishing; chop wood.
- With leaving. Leave the situation for a while physically; leave the situation mentally; build an imaginary wall between yourself and the situation.
- With blocking. Censor ruminating; refuse to think about the painful aspects of the situation; put the pain on a shelf; box it up and put it away for a while and come back later.

Self-Soothe

- *With encouragement.* Cheerlead yourself; repeat over and over, "I can stand it," "It won't last forever," "I will make it out of this." Think about your strengths. Tell yourself positive, soothing things. Remember, you are not crazy—flashbacks are normal and you are healing.
- *With gentleness and kindness.* Take a bubble bath; light candles; put clean sheets on the bed; have a meal out; have a favorite soothing drink such as tea or hot chocolate (not alcohol); call a loved one or support person.
- *With beauty.* Buy a beautiful flower; make your space pretty; go to a museum with beautiful art.
- *With enticing smells.* Perfume, lotion, air spray, lemon oil, potpourri; boil cinnamon; bake cookies.
- *With meaning or prayer.* Open your heart to a supreme being, greater wisdom, or one's own wise self; ask for strength to bear the pain in this moment. Read or reflect on the teachings of others who have survived trauma.

- *With comforting thoughts.* Tell yourself you are having a flashback and that this is okay and very normal in people who have been traumatized.
- *With strength.* Remind yourself that the worst is over. It happened in the past and it is not happening now. However terrible you feel now, you survived the awfulness then, which means you can survive and get through what you are remembering now.

Grounding

- Stamp your feet on the floor to remind yourself where you are now.
- Look around the room, noticing the colors, the people, and the shapes of things.
- Look at a clock or calendar to keep you connected to the present time.
- Listen to the sounds around you: the traffic, voices, the washing machine, etc.
- Have an elastic band on your wrist that you can “ping” against your wrist. Feel it on your skin and know that feeling is in the now, the things you are re-experiencing were in the past.

Change Body Responses

- Try progressive muscles relaxation.
- Breathe deeply.
- Exercise, get a massage.

Imagery

- Imagine everything going well; imagine a different ending; imagine coping well.
- Imagine a world that is calming and beautiful and let your mind go, go with it.

Mindfulness

- Focus your entire attention on just what you are doing right now.
- Keep yourself in the very moment; put your mind in the present.
- Focus your entire attention on physical sensations that accompany non-mental tasks (e.g., walking, washing, fixing something, hobbies).
- Sometimes you might lose a sense of where you end and the rest of the world begins. You can rub your skin or wrap yourself in a blanket, so you can feel your body’s edges, the boundary of you.
- When you feel ready, write down all you can remember (if of appropriate age) about the flashback and how you got through it. This will help you to remember information for your healing and to remind you that you did get through it and can again.

Focus on the Future

- Focus on long-term goals with manageable steps.
- Think about how you survived other painful experiences or triggers.
- Make choices to keep moving. Every step matters.
- Celebrate your strengths and accomplishments.

Get Support

- Let people close to you know about flashbacks so they can help you if you want them to. Tell them what you need. That might mean holding you, talking to you, helping you to reconnect with the present to remember you are safe and cared for now.

BOOKS FOR NON-OFFENDING CAREGIVERS

Helping Your Child Recover from Sexual Abuse by Adams & Fay (1995)

We Are Not Alone: A Guidebook for Helping Professionals and Parents Supporting Adolescent Victims of Sexual Abuse by J. Angelica (2002)

The Missing Voice by S. Ashley (1992)

The Irreducible Needs of Children by Brazelton & Greenspan (2000)

The Mother's Book by C. Byerly (1992)

When Your Child Has Been Molested by Case & Hagan (1988)

Incest: A Mother's Nightmare by J. Meyers (1997)

After the Nightmare by W. Ovaris (1991)

Childhood: It Should Not Hurt by C. Reeves (2003)

I Will Survive: The African American Guide to Healing from Sexual Assaults and Abuse by Robinson & Boyd (2002)

Basic Coping Plan for Caregivers by Haines, Staci (1999). *The survivor's guide to sex: how to have an empowered sex life after child sexual abuse*. San Francisco: Cleis Press, Inc. 2

Behavioral Characteristics of Normal Sexual Development Adapted from Debra Tharinger, PhD. (1988), Professor Emeritus, Department of Educational Psychology, University of Texas at Austin

Protecting The Gift: Keeping Children and Teenagers Safe (and Parents Sane) by Gavin de Becker (The Dial Press; 1999)

Understanding and Protecting Your Children from Child Molesters and Predators by Cory Jewell Jensen, M.S. and Steve Jensen, M.A.

"Working Together for our Children" Parent Handbook by Bright Tomorrows Children's Advocacy Center, Pocatello, ID

BOOKS TO READ WITH CHILDREN

It's Perfectly Normal: Changing Bodies, Growing Up, Sex, and Sexual Health by Harris & Emberley (2009)

It's Not the Stork!: A Book About Girls, Boys, Babies, Bodies, Families, and Friends by Harris & Emberley (2008)

Where Did I Come From? by Mayle & Robins (1973)

What's the Big Secret?: Talking About Sex with Girls and Boys by Krasny-Brown & Brown (2000)

Amazing You!: Getting Smart About Your Private Parts by Saltz & Avril-Cravath (2008)

Let's Talk About S-E-X: A Guide for Kids 9 to 12 and Their Parents by Gitchel & Foster (2005)

Sex, Puberty, and All That Stuff: A Guide to Growing Up by Bailey & McCafferty (2004)

Who Has What?: All About Girls' Bodies and Boys' Bodies (Let's Talk about You and Me) by Harris & Bernard-Westcott (2011)

Those are MY Private Parts by Diane Hansen (2004)

Where Do Babies Come From: For Girls Ages 7-9 (Learning About Sex for the Christian Family) by Hummel & McDonnell (2008)

The Period Book, Updated Edition: Everything You Don't Want to Ask (But Need to Know) by Gravelle & Palen (2006)

It's So Amazing! A Book about Eggs, Sperm, Birth, Babies, and Families by Harris & Emberley (1999)

Where Do Babies Come From?: Boy's Edition (Learning About Sex) by Hummel & McDonnell (2008)

Boys, Girls, & Body Science: A First Book about Facts of Life by Hickling & La Fave (2002)

WEBSITES FOR NON-OFFENDING CAREGIVERS

Darkness to Light

<http://www.darkness2light.org>

National Children's Alliance

<http://www.nationalchildrensalliance.org/>

Stop It Now

<http://www.stopitnow.org/>

The National Child Traumatic Stress Network

<http://www.nctsn.org/>

Early, Open, Often

<https://www.earlyopenoften.org/>

WE ARE HERE TO HELP.

2190 W. Ironwood Center Dr.
Coeur d'Alene, ID 83814
208.664.3446
safety@safepassageid.org
safepassageid.org

