

NCTSN

The National Child
Traumatic Stress Network



caring
for
KIDS

*What Parents
Need to Know about
Sexual Abuse*

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Traumatic Stress Network



caring for KIDS

What Parents Need to Know about Sexual Abuse

This product was developed by the Child Sexual Abuse Committee of the National Child Traumatic Stress Network, comprised of mental health, legal, and medical professionals with expertise in the field of child sexual abuse.

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National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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Introduction

If you have just discovered that your child or a child you care about has been sexually abused, it may feel as if your world is falling apart. But there is hope. Other caring adults have been where you are.

Caring for Kids: What Parents Need to Know about Sexual Abuse, is designed to give you the information you'll need to help support children who have experienced sexual abuse. From dealing with the shock of disclosure to coping with the emotional impact of navigating the legal system, these resources will help you and your child move past the pain, and realize that it is possible to transcend trauma.

In addition to helping you to recognize child sexual abuse and cope with its aftermath, this toolkit provides resources that can help you to keep children and adolescents safe. *Caring for Kids* includes information on understanding sexual development in children and on how to talk to children about sexual issues and body safety, as well as information for teens on acquaintance rape and how to reduce their risk of victimization.





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Child Sexual Abuse Fact Sheet



For Parents, Teachers, and Other Caregivers

What is child sexual abuse?

Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Touching behaviors may involve touching of the vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. **Abusers often do not use physical force, but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence.** Abusers frequently employ persuasive and manipulative tactics to keep the child engaged. These tactics—referred to as “grooming”—may include buying gifts or arranging special activities, which can further confuse the victim.

Who is sexually abused?

Children of all ages, races, ethnicities, and economic backgrounds are vulnerable to sexual abuse. Child sexual abuse affects both girls and boys in all kinds of neighborhoods and communities, and in countries around the world.

How can you tell if a child is being (or has been) sexually abused?

Children who have been sexually abused may display a range of emotional and behavioral reactions, many of which are characteristic of children who have experienced other types of trauma. These reactions include:

- An increase in nightmares and/or other sleeping difficulties
- Withdrawn behavior
- Angry outbursts
- Anxiety
- Depression
- Not wanting to be left alone with a particular individual(s)
- Sexual knowledge, language, and/or behaviors that are inappropriate for the child's age

Although many children who have experienced sexual abuse show behavioral and emotional changes, many others do not. It is therefore critical to focus not only on detection, but on prevention and communication—by teaching children about body safety and healthy body boundaries, and by encouraging open communication about sexual matters.

Why don't children tell about sexual abuse?

There are many reasons children do not disclose being sexually abused, including:

- Threats of bodily harm (to the child and/or the child's family)
- Fear of being removed from the home
- Fear of not being believed
- Shame or guilt

If the abuser is someone the child or the family cares about, the child may worry about getting that person in trouble. In addition, children often believe that the sexual abuse was their own fault and may not disclose for fear of getting in trouble themselves. Very young children may not have the language skills to communicate about the abuse or may not understand that the actions of the perpetrator are abusive, particularly if the sexual abuse is made into a game.



If a child discloses abuse, it is critical to stay calm, listen carefully, and NEVER blame the child.

What can you do if a child discloses that he or she is being (or has been) sexually abused?

If a child discloses abuse, it is critical to stay calm, listen carefully, and NEVER blame the child. Thank the child for telling you and reassure him or her of your support. Please remember to call for help immediately.

If you know or suspect that a child is being or has been sexually abused, please **call the Childhelp® National Child Abuse Hotline at 1.800.4.A.CHILD (1.800.422.4453)** or visit the federally funded Child Welfare Information Gateway at:

<http://www.childwelfare.gov/responding>.

If you need immediate assistance, call 911.

Many communities also have local Children's Advocacy Centers (CACs) that offer coordinated support and services to victims of child abuse (including sexual abuse). For a state-by-state listing of accredited CACs, visit the website of the National Children's Alliance (http://www.nca-online.org/pages/page.asp?page_id=3999).

Child Sexual Abuse Myths and Facts

Myth: Child sexual abuse is a rare experience.

Fact: Child sexual abuse is not rare. Retrospective research indicates that **as many as 1 out of 4 girls and 1 out of 6 boys will experience some form of sexual abuse before the age of 18.**¹ However, because child sexual abuse is by its very nature secretive, many of these cases are never reported.

Myth: A child is most likely to be sexually abused by a stranger.

Fact: Children are most often sexually abused by someone they know and trust. Approximately three quarters of reported cases of child sexual abuse are committed by family members or other individuals who are considered part of the victim's "circle of trust."²

Myth: Preschoolers do not need to know about child sexual abuse and would be frightened if educated about it.

Fact: Numerous educational programs are available to teach young children about body safety skills and the difference between "okay" and "not okay" touches. These **programs can help children develop basic safety skills in a way that is helpful rather than frightening.** For more information on educating young children, see *Let's talk about taking care of you: An educational book about body safety for young children*, available at www.hope4families.com/Lets_Talk_Book_Information.html.

Myth: Children who are sexually abused will never recover.

Fact: Many children are quite resilient, and with a combination of effective counseling and support from their parents or caregivers, **children can and do recover from such experiences.**

Myth: Child sexual abuse is always perpetrated by adults.

Fact: Twenty-three percent of reported cases of child sexual abuse are perpetrated by individuals under the age of 18.³ While some degree of sexual curiosity and exploration is to be expected between children of about the same age, when one child coerces another to engage in adult-like sexual activities, the behavior is unhealthy and abusive. Both the abuser and the victim can benefit from counseling.

Myth: Talking about sexual abuse with a child who has suffered such an experience will only make it worse.

Fact: Although children often choose not to talk about their abuse, **there is no evidence that encouraging children to talk about sexual abuse will make them feel worse.** On the contrary, treatment from a mental health professional can minimize the physical, emotional, and social problems of these children by allowing them to process their feelings and fears related to the abuse.



Tips to Help Protect Children from Sexual Abuse

1. Teach children accurate names of private body parts.
2. Avoid focusing exclusively on “stranger danger.” Keep in mind that most children are abused by someone they know and trust.
3. Teach children about body safety and the difference between “okay” and “not okay” touches.
4. Let children know that they have the right to make decisions about their bodies. Empower them to say no when they do not want to be touched, even in non-sexual ways (e.g., politely refusing hugs) and to say no to touching others.
5. Make sure children know that adults and older children never need help with their private body parts (e.g., bathing or going to the bathroom).
6. Teach children to take care of their own private parts (i.e., bathing, wiping after bathroom use) so they don’t have to rely on adults or older children for help.
7. Educate children about the difference between good secrets (like surprise parties—which are okay because they are not kept secret for long) and bad secrets (those that the child is supposed to keep secret forever, which are not okay).
8. Trust your instincts! If you feel uneasy about leaving a child with someone, don’t do it. If you’re concerned about possible sexual abuse, ask questions.



Children are most often sexually abused by someone they know and trust.

The best time to talk to your child about sexual abuse is NOW.

References

1. Centers for Disease Control and Prevention. (2005). *Adverse Childhood Experiences Study: Data and Statistics*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved January 12, 2009 from: <http://www.cdc.gov/nccdphp/ace/prevalence.htm>
2. U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2007). *Child Maltreatment 2005*. Washington, DC: U.S. Government Printing Office. Retrieved January 12, 2009 from <http://www.acf.hhs.gov/programs/cb/pubs/cm05/cm05.pdf>
3. Snyder, H. N. (2000). *Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved January 12, 2009 from <http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf>

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Questions & Answers about Child Sexual Abuse



An Interview with Esther Deblinger, PhD

Defining Abuse

Q: What is child sexual abuse?

A: Sexual abuse is [any interaction between a child and an adult or older child in which the child is used for the sexual stimulation of the perpetrator or an observer](#). Sexual abuse often involves direct physical contact, touching, kissing, fondling, rubbing, oral sex, or penetration of the vagina or anus. Sometimes a sex offender may receive gratification just by exposing himself to a child, or by observing or filming a child removing his or her clothes. Offenders often do not use physical force, but may use play, deception, threats, or other coercive methods to engage youngsters and maintain their silence.

Q: When would you consider sexual activity between two children abuse?

A: Activity in which there is a clear power difference between them and one child is coercing the other—usually to engage in adult-like sexual behavior—generally would be viewed as abuse. This is very different from behavior in children of about the same age that reflects normal sexual curiosity and mutual exploration (such as playing doctor).

Frequency and Risk

Q: How common is sexual abuse among children of different ages?

A: Sexual abuse affects both boys and girls of all ages from infancy through adolescence. In fact, this is a problem that directly affects millions of children across all social, ethnic, religious, and cultural groups around the world. While the overall rates of child sexual victimization seem to have declined since 1993, children and adolescents are still more likely than adults to suffer a sexual assault.

Q: Are any particular children at increased risk?

A: Unfortunately, child sexual abuse is very common. All children are vulnerable. However, some children may be more likely to be victimized because sex offenders often target children who seem more vulnerable and less likely to tell, such as those who suffer emotional, developmental, or physical challenges. Research suggests sexual abuse is even more common among these children.

Q: Who are the most common perpetrators?

A: The majority are male, although a small percentage is female. Sexual offenders are not “dirty old men” or strangers lurking in alleys. More often, they are known and trusted by the children they victimize. They may be members of the family, such as parents, siblings, cousins, or non-relatives, including family friends, neighbors, babysitters, or older peers. There’s no clear-cut profile of a sex offender. Some offenders were sexually abused as children, but others have no such history. Some are unable to function sexually with adult partners and so prey on children, while others also have sexual relations with adults.

Child sexual abuse is so hard for most people to comprehend that we want to believe it only happens when an offender is under the influence of alcohol or drugs, but that’s not usually the case. Very frequently, abusers are repeat offenders and a significant percent are adolescents.



Child sexual abuse is a problem that breeds in secrecy. Speaking openly and publicly about it will enhance efforts at prevention.

Prevention Is Key

Q: Is there any way to prevent abuse?

A: There are many actions that we can take as a society to reduce the prevalence of child sexual abuse, although it is probably not possible for any parent or caring adult to guarantee a child’s protection. Child sexual abuse is a problem that breeds in secrecy, so simply speaking openly and publicly about it will enhance efforts at prevention.

It is critically important to educate our children. They need to know that their bodies belong to them and that they don’t have to go along with everything an adult tells them to do. It is important to teach children the proper names for their genitals.

We must encourage them to feel comfortable talking to their parents about their bodies without embarrassment, and teach them what kind of touching is okay between a child and an adult, and what is not. Parents should explain to children that offenders may try to trick them into keeping the “not okay” touching a secret. It is important that we help them to understand the difference between secrets and surprises. We can remind children not to keep secrets and that no matter what an offender might say, it’s okay for the child to tell. Finally, when children are brave enough to disclose sexual abuse, it is important that we respond by doing everything we can to protect them, enforce the laws against the perpetrators, and offer effective medical and mental health care. We can help children to recover from such experiences and protect other children in the process.

The Impact of Abuse on Children

Q: What is the psychological impact of child sexual abuse?

A: In the short term, it’s not unusual for a child to develop some post-traumatic stress reactions that will respond to treatment. Others—particularly those who have suffered multiple traumas and received little parental support—may develop post-traumatic stress disorder, depression, and anxiety. Their ability to trust adults to take care of them may also be jeopardized. Sadly, **when children do not disclose sexual abuse and/or do not receive effective counseling, they can suffer difficulties long into the future.** As one child expressed it, “Abuse is like a boomerang. If you don’t deal with it, it can come back to hurt you.” On the other hand, children who have the support of an understanding caregiver and effective treatment can recover without long-term effects.



Q: What are the signs of post-traumatic stress reactions?

A: Three types of symptoms occur with post-traumatic stress reactions:

Hyperarousal means that the child is nervous and jumpy, has a heightened startle response, and may react more strongly to any anxiety-producing situation.

Reexperiencing means that the child may keep seeing mental images linked to the abuse, or relive some aspects of the experience, either while awake or during sleep in the form of nightmares. A child may have other sleep disturbances, such as insomnia or frequent awakenings. Younger children are more likely to have generalized fears or nightmares about other scary things, such as monsters chasing them. With an older child, the nightmares are more likely to be directly related to the trauma. Reexperiencing also includes reactions to traumatic reminders: any thing, person, event, sight, smell, etc., connected to the abuse. For example, if the perpetrator had a beard, the child might start to feel frightened and uncomfortable, usually without knowing why, around any man with a beard. Even being touched by another person may become a traumatic reminder.

Avoidance means that a child avoids exposure to traumatic reminders, and sometimes avoids thinking about the abuse altogether. So, for example, if the abuse occurred in the basement, the child may avoid going into any basement. Reactions to—and avoidance of, traumatic reminders—can become generalized. A child may begin with fear of one particular basement that generalizes to reactions to and avoidance of all basements, and from that to any room that in any way resembles a basement. Avoidance can seriously restrict a child’s activities—an important reason to seek help early.

Q: What other trauma-related behaviors might you see in a toddler or school age child?

A: In a very young child you might see traumatic play in which the child re-enacts some aspect of the experience. For example, a child may act out running away from a “bad man” over and over again. The play may or may not be specific to the sexual abuse. You might see other signs of stress, an increase in oppositional or withdrawn behavior, tantrums, or nightmares. The child might engage in age-inappropriate sexual behavior such as trying to engage another child in oral-genital contact or simulated intercourse. The child might talk about her body as being “hurt” or “dirty.” Of course, children may have these problems for other reasons, so you cannot assume they mean the child has been abused.

Q: Is the impact of sexual abuse different in adolescents?

A: The basic symptoms of post-traumatic stress are similar, but as children grow up and develop more autonomy, the difficulties they can get into may be more serious. Teenagers have more access to substances, so to cope with hyperarousal and reexperiencing, they might be more likely to abuse substances. High-risk behaviors might also include indiscriminant sexual behavior. A teenager avoiding traumatic reminders may withdraw socially. Self-cutting and suicidal behaviors are also more common among adolescents. However, with parental support and effective treatment, adolescents can avoid or overcome these problems.



Q: What’s the long-term impact of sexual abuse?

A: Research has repeatedly shown that child sexual abuse can have a very serious impact on physical and mental health, as well as later sexual adjustment. Depending on the severity of and number of traumas experienced, child sexual abuse can have wide-reaching and long-lasting effects on an individual’s physical and mental health. Sexual abuse also tends to occur in the presence of other forms of child maltreatment and life adversity. The Adverse Childhood Experiences study documents that the more traumatic experiences one has, the more likely one is to have problems with substance abuse, depression, anxiety, and some chronic physical conditions.¹

Discovering Abuse

Q: What should a parent do if sexual abuse is suspected?

A: Although this is not easy for a concerned parent, it’s important to remain as calm and supportive as possible. A parent shouldn’t grill a child for every detail, or ask numerous questions. Reassure the child that he/she is not to blame and ask a few gentle open-ended questions or prompts (e.g., “Tell me more about that.” “Who did that?” “Where were you when that happened?”). Parents may contact a mental health professional with expertise in child trauma, or, alternatively, a pediatrician may help parents determine if their suspicions are reasonable. Also, every state has a child protection agency that will take a report and launch an investigation if warranted. Many states have laws that require persons who have reasons to suspect child abuse to report their suspicions to Child Protective Services.

Q: Is it common for children not to tell even their parents that they've been abused?

A: Delayed disclosures are common and are not a reflection of a poor parent-child relationship. Sometimes children will say that they didn't want to "hurt" or "upset" their parents because they love them so much. Child sexual abuse is, by its very nature, secretive. It almost always occurs when the child is alone with the offender. An offender may directly threaten physical harm to the child or beloved family members if he or she tells, or coerce the child with promises, gifts, or other verbal persuasion. It's common for children to blame themselves, fear punishment, or be afraid that they will not be believed. A child may feel embarrassed and ashamed. The avoidance, which is part of post-traumatic stress reactions, may make a child simply try to forget what happened. Many children who have experienced sexual abuse grow up before they tell anyone about what happened.

Healing and Recovering Together

Q: Does every child who is sexually abused need treatment?

A: At the very least, sexual abuse is very confusing for a child. Often there's an investigation that requires the child to speak to a police officer or other professional. It's helpful for parent and child to have support from a mental health professional and assistance in understanding the abuse and reactions to it. In many cases, a child may not need lengthy, intensive therapy, but it's helpful for the child and parent to sit down with a trained professional and talk through what has happened, to make sure the child understands and feels safe talking about his or her feelings. Children may blame themselves or hold other unrealistic ideas or beliefs about the abuse (cognitive distortions) that need to be corrected.

Parents may also benefit from talking to a professional who can assist them in overcoming the distress naturally associated with discovering that their child has been sexually abused. One approach to treatment, involving parents and children, that has received considerable scientific support is Trauma-focused Cognitive Behavioral Therapy. There is increasing evidence that, with support from a caring adult and high quality treatment, many children and parents effectively recover and may feel stronger and closer as a family in the aftermath of a traumatic experience.



Suggested Reading for Children and Families

Freeman, L. (1982). *It's MY body*. Seattle, WA: Parenting Press, Inc.

Girard, L.W. (1992). *My body is private*. Morton Grove, IL: Prairie Paperbacks, Albert Whitman and Company.

Ottenweller, J. (1991). *Please tell! A child's story about sexual abuse*. Center City, MN: Hazelden Foundation.

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Stauffer, L., & Deblinger, E. (2003). *Let's talk about taking care of you: An educational book about body safety*. Hatfield, PA: Hope for Families.

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About Esther Deblinger, PhD

Dr. Esther Deblinger is a member of the National Child Traumatic Stress Network and Co-Director of the Child Abuse Research Education & Service (CARES) Institute, University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine. A licensed clinical psychologist, Dr. Deblinger has conducted extensive clinical research examining the mental health impact of child abuse and the treatment of post-traumatic stress disorder (PTSD) and other abuse-related difficulties. She has authored numerous scientific articles and book chapters, and published four books including Treating Sexually Abused Children and Their Nonoffending Parents: A Cognitive Behavioral Approach. Dr. Deblinger is a co-developer of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), an empirically validated treatment for child sexual abuse that has evolved as the clear standard of care for children and adolescents who have experienced abuse and trauma.

What to Do If Your Child Discloses Sexual Abuse



Information for Parents and Caregivers

What is disclosure?

Disclosure is when a child tells another person that he or she has been sexually abused. Disclosure can be a scary and difficult process for children. Some children who have been sexually abused may take weeks, months, or even years to fully reveal what was done to them. Many children never tell anyone about the abuse. In general:

- Girls are more likely to disclose than boys
- School-aged children tend to tell a caregiver
- Adolescents are more likely to tell friends
- Very young children tend to accidentally reveal abuse, because they don't have as much understanding of what occurred or the words to explain it

Fast Fact

Sexual abuse affects many families. It is estimated that 1 in 4 girls and 1 in 6 boys are sexually abused.¹

Children are often reluctant to tell about being sexually abused. Some reasons for this reluctance may include:

- Fear that the abuser may hurt them or their families
- Fear that they will not be believed, or will be blamed and get in trouble
- Worry that their parents will be upset or angry
- Fear that disclosing will disrupt the family, especially if the perpetrator is a family member or friend
- Fear that if they tell they will be taken away and separated from their family

Fast Fact

In studies of adults who were sexually abused as children, 2 out of 3 said they never told anyone about the abuse during childhood.²

Disclosure can be particularly difficult for younger children who have limited language and developmental abilities. If the child does not understand that the abuse was wrong, this may also lead the child not to tell.

What should I do if I suspect my child has been sexually abused?

If you think your child may have been sexually abused, it is okay to talk to your child about it. You may first want to access some resources to learn more about child sexual abuse, such as The National Child Traumatic Stress Network's *Child Sexual Abuse Fact Sheet* at <http://www.nctsn.org/nccts/asset.do?id=1216>.

It is important to remain calm in speaking to children who may have been sexually abused. You can ask children directly if anyone has touched their bodies in a way that they did not like or has forced them to do things that they did not want to do. If you are concerned about talking to your child about abuse, you might want to seek help from your child's pediatrician or a mental health provider who is knowledgeable about child sexual abuse.

Therapy Can Help

To learn more about how therapy can help your child overcome the effects of sexual abuse, see The National Child Traumatic Stress Network's video, *The Promise of Trauma-Focused Treatment for Child Sexual Abuse*, available at <http://www.nctsn.org/nccts/asset.do?id=1151&video=true>.

For help finding a therapist, try:

- The National Child Traumatic Stress Network's *Finding Help* page: http://www.nctsn.org/nccts/nav.do?pid=ctr_gethelp
- The American Association for Marriage and Family Therapy's *Therapist Locator* page: <http://www.therapistlocator.net>



Children whose parents or caregivers are supportive heal more quickly from the abuse.

What should I do if my child discloses sexual abuse?

Your reaction to the disclosure will have a big effect on how your child deals with the trauma of sexual abuse. Children whose parents/caregivers are supportive heal more quickly from the abuse.^{3,4} To be supportive, it is important to:

- **Stay calm.** Hearing that your child has been abused can bring up powerful emotions, but if you become upset, angry, or out of control, this will only make it more difficult for your child to disclose.
- **Believe** your child, and let your child know that he or she is not to blame for what happened. Praise your child for being brave and for telling about the sexual abuse.
- **Protect** your child by getting him or her away from the abuser and immediately reporting the abuse to local authorities. **If you are not sure who, to contact, call the ChildHelp® National Child Abuse Hotline at 1.800.4.A.CHILD (1.800.422.4453; http://www.childhelp.org/get_help) or, for immediate help, call 911.**

- **Get help.** In addition to getting medical care to address any physical damage your child may have suffered (including sexually transmitted diseases), it is important that your child have an opportunity to talk with a mental health professional who specializes in child sexual abuse. Therapy has been shown to successfully reduce distress in families and the effects of sexual abuse on children. Many communities have local Children’s Advocacy Centers (CACs) that offer coordinated support and services to victims of child abuse, including sexual abuse. For a state-by-state listing of accredited CACs, visit the website of the National Children’s Alliance (http://www.nca-online.org/pages/page.asp?page_id=3999).
- **Reassure** your child that he or she is loved, accepted and an important family member. Don’t make promises you can’t keep (such as saying you won’t tell anyone about the abuse), but let your child know that you will do everything in your power to protect him or her from harm.
- **Keep your child informed** about what will happen next, particularly with regard to legal actions. (For more information on helping abused children cope with the stress of dealing with the legal system, see the National Child Traumatic Stress Network’s factsheet, *Child Sexual Abuse: Coping with the Emotional Stress of the Legal System*, available on the web at http://nctsn.org/nctsn_assets/pdfs/caring/emotionlaimpactoflegalsystem.pdf).

I have heard that some children who disclose sexual abuse later “take it back.” Does this mean they were lying?

No. In fact, attempting to “take it all back”—also known as *recantation*—is common among children who disclose sexual abuse. Most children who recant are telling the truth when they originally disclose, but may later have mixed feelings about their abuser and about what has happened as a result of the disclosure. Some children have been sworn to secrecy by the abuser and are trying to protect the secret by taking it back. Some children are dealing with issues of denial and are having a difficult time accepting the sexual abuse. In some families, the child is pressured to recant because the disclosure has disrupted family relationships. A delay in the prosecution of the perpetrator may also lead a child to recant in order to avoid further distressing involvement in the legal process. A very small percentage of children recant because they made a false statement.

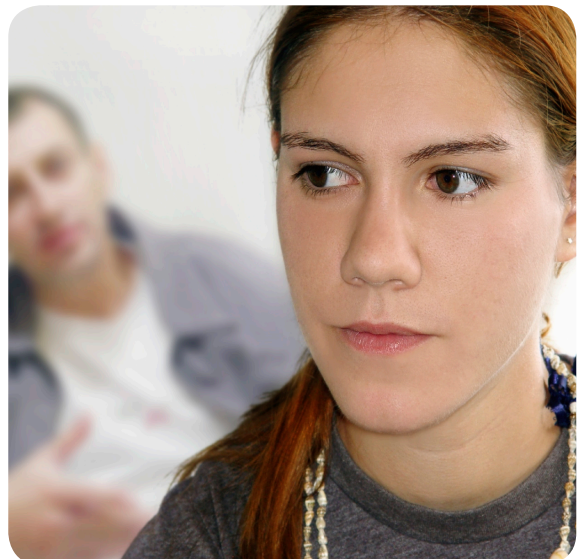
Books That Can Help

Freeman, L. (1987). *It’s MY body: A book to teach young children how to resist uncomfortable touch*. Seattle, WA: Parenting Press. Ages 3-8; also available in Spanish.

Lowery, L. (1995). *Laurie tells*. Minneapolis, MN: Carolrhoda Books, Lerner Publishing Group. Age 11 and up.

Ottenweller, J. (1991). *Please tell! A child’s story about sexual abuse*. Center City, MN: Hazelden Foundation.

Stauffer, L., & Deblinger, E. (2003). *Let’s talk about taking care of you: An educational book about body safety*. Hatfield, PA: Hope for Families. Version for preschool children also available.



The idea that something like this could happen to my child is completely overwhelming. What can I do to cope with my own feelings?

If you suspect that your child has been abused, try to get support by talking to someone else before talking to your child about the sexual abuse. If your child has already disclosed the abuse, hearing the details may be profoundly upsetting to you, particularly if the abuser is someone you know and thought you could trust. (For more information on such “intrafamilial” sexual abuse, see the National Child Traumatic Stress Network’s factsheet, *Coping with the Shock of Intrafamilial Sexual Abuse: Information for Parents and Caregivers*, available at http://nctsn.org/nctsn_assets/pdfs/caring/intrafamilialabuse.pdf.)

Your feelings may range from denial, anger, and sadness, to frustration and helplessness. If you yourself are a survivor of child sexual abuse, the discovery that your child has been abused may also bring up your own painful and unresolved feelings and memories. Getting help for yourself is an important part of being able to get help and support for your child. You can contact the Rape, Abuse, and Incest National Network (RAINN) at 1-800-656-HOPE or www.rainn.org for help finding support in your area. The U.S. Department of Justice’s Office for Victims of Crime (<http://www.ojp.usdoj.gov/ovc/>) has resources and a web forum to communicate with others on topics such as child abuse, victim’s rights, court preparation, and more.



Books That Can Help

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Coping with the Shock of Intrafamilial Sexual Abuse



Information for Parents and Caregivers

What Is Intrafamilial Sexual Abuse?

Intrafamilial sexual abuse means sexual abuse that occurs within the family. In this form of abuse, a family member involves a child in (or exposes a child to) sexual behaviors or activities. The “family member” may not be a blood relative, but could be someone who is considered “part of the family,” such as a godparent or very close friend.

The discovery that someone you love and trust has sexually abused your child is extremely stressful and can bring up intense feelings of shock, rage, confusion, denial, disbelief, and guilt. Dealing with these reactions—and helping your child recover from the abuse—requires time, strength, and support from your extended family, your community, and from professionals in law enforcement, child protection, and mental health services. Although it may be difficult, it is important to notify law enforcement if your child discloses sexual abuse. This is an important step in keeping your child safe.

Facing the reality of intrafamilial sexual abuse can be painful. But by ending the secrecy surrounding sexual abuse, you can help your family to heal and protect and nurture your child so that he or she can grow into a healthy, successful adult.

By ending the secrecy surrounding sexual abuse, you can help your family to heal and protect and nurture your child.

Did you know?

More than half of all children who are sexually abused are abused by a parent or other relative.¹

The Effect of Intrafamilial Sexual Abuse on Children

When children are abused by adults who are supposed to protect them from harm, their ability to trust and rely on adults may be shattered. Knowing that the abuser is liked—or even loved—by other family members makes it all the more difficult for children to tell others about the abuse.

Children who have been abused by a family member are more likely to blame themselves for the abuse than those who are abused by someone outside the family unit. This is particularly true of older children, who may be all too aware of the effect that disclosing the abuse will have on other family members.

As a result, it can take victims of intrafamilial sexual abuse weeks, months, or longer to let anyone know that they've been abused,² and even longer to reveal all the details. Children from cultures that frown on talking about sex or sexuality (**See Box**) may be even more reluctant to tell.

After disclosing, children and adolescents who have been sexually abused by a family member are often tormented by self doubt, self blame, fear of the abuser, and distress over what their disclosure has done to the family. Sometimes, in a desperate attempt to make everything better in the family, they may change their story or even deny that the abuse occurred.

Recanting, or “taking back” the disclosure is common and does not mean that children were lying about the abuse. When the abuse is caused by a family member, children may feel pressure to recant because of how the disclosure is affecting the family or because of a lack of family support.



It can take victims of intrafamilial sexual abuse weeks, months, or longer to let anyone know that they've been abused.

Cultural Challenges

Virtually every culture has spoken and unspoken rules about sex and sexuality. These rules can make it even more difficult for children to ask for help when they have been abused

For example, in cultures that place a high value on female virginity, a girl who has been sexually abused may feel that she has been disgraced and is now “damaged goods” whom no one would want to marry. This can lead to feelings of shame that in turn lead to further secrecy.

Boys who have been sexually abused may experience shame and self-doubt. Boys who have been sexually abused by a male may struggle with a commonly-held misconception that this makes them gay.

Although your cultural beliefs are important, it is necessary to focus on the physical and emotional health of your child. Remember that the sexual abuse is not your fault and does not reflect negatively on your family or you as a parent. Seek guidance from people in your community that you trust, such as religious leaders, medical professionals, or others who will be supportive.

Seeking help from a counselor who specializes in child sexual abuse can help your child and your family to cope with what has happened. Counseling can reduce the stress and other effects of sexual abuse on your child and your family. With the proper help, your child and the family can overcome and heal from the abuse that has occurred.

The Effect of Intrafamilial Sexual Abuse on the Family

Sexual abuse of a child by a trusted adult also puts tremendous strain on relationships within the family. Some family members may find it hard to believe the abuser could do such a thing, and take sides (or feel pressured to take sides) over who is telling the truth. Family members may also struggle with how to manage their divided loyalties toward the abuser and the victim. Even in families that accept that the abuse occurred, reactions to the abuser may run the gamut from “lock him up and throw away the key” to “hate the sin but love the sinner.” Tensions may arise when different family members have different opinions about loyalty, fairness, justice, forgiveness, and responsibility.

If you are a mother whose child has been abused by a spouse or boyfriend, it can take a great deal of courage to stand up for your child. Some of the challenges you may face include:

- Dealing with family members who don't believe the abuse occurred or who continue to maintain their relationship with the abuser
- The possibility of economic hardship if you are financially dependent on the abuser
- Possible loss of friends and acquaintances when they learn your partner is a child abuser
- Making sense of conflicting advice from friends, family, or religious leaders—who may think you should forgive the perpetrator—and child protection and legal authorities who expect you to end your involvement with the perpetrator

For many mothers, the greatest challenge is dealing with their own reactions to the child's disclosure. If your child tells you that he or she has been sexually abused, your response can play a powerful role in his or her process of healing from the abuse.

Coping with Your Own Reactions

Your initial reactions to the disclosure of sexual abuse by a family member may include shock, rage, confusion, denial, and disbelief. If you yourself were a victim of sexual abuse as a child, the disclosure may stir up even stronger reactions and confusion (**See Box**).

Do not be surprised if you go through a painful period of doubting your child, particularly if the abuser is someone you love or depend on, such as a spouse, boyfriend, or grandparent. Because the abuser is almost certain to deny the abuse, you may find yourself in the difficult position of having to decide which family member is telling the truth, and having to weigh the consequences of believing one over the other.

For many parents, it is relatively easy to believe that abuse has occurred when the victim is a very young child. But [when the victim is an adolescent, many parents find themselves doubting the truth of what their child has told them](#).

Adolescence is a rocky time for parents and children alike, when tensions run high and tempers flare. Sadly, adolescents who have been sexually abused are even more likely to exhibit the kinds of behavior problems that lead to tension, resentment, and miscommunication.

If your child is an adolescent, you may find yourself wondering if he or she was in some way responsible for the abuse. You may wonder whether he or she could have resisted, or question why it took so long for him or her to tell you. If your child disclosed the abuse to someone else—such as a teacher or friend—you may also be dealing with feelings of confusion, anger, and guilt about his or her not confiding in you. And if the abuser is your spouse or partner, you may even find yourself feeling betrayed, as if your partner and child were “cheating” on you.

Echoes of Past Pain

For much of human history, children who revealed sexual abuse were rarely believed or supported. Children who disclosed abuse faced negative reactions ranging from being told to keep quiet—or forget—about the abuse to being berated and punished for “telling lies.” In addition to suffering from the effects of the abuse itself, such children grew up feeling betrayed and abandoned by the people who should have protected them.

If you are a survivor of child sexual abuse, the discovery that your own child has been abused—especially by a family member—can bring up a host of painful and unresolved feelings and memories. Getting help for yourself is an important part of being able to provide support for your child. You can [contact the Rape, Abuse, and Incest National Network \(RAINN\) at 1-800-656-HOPE or <http://www.rainn.org>](#) for help in finding support in your area.

As painful as these reactions can be, they are not unusual, and [working through your doubts and fears will be critical not only to your child's recovery, but to your own.](#)

It is important to remember that power takes many forms, and that your adolescent may have felt coerced in ways that were not directly physical. For example, if your partner is in a position of power and has control over financial resources, over disciplining the adolescent, and over your attitude and reactions to your child, your child may have been afraid that rejecting sexual advances or fighting back would only cause more problems in the family. In fact, many perpetrators “buy” their victims’ silence through veiled or overt threats of all the bad things that could happen if their victims disclose the abuse.



One Family's Story

Christina was a 12-year-old girl whose father, Michael, had been sexually abusing her for more than a year. One night, a neighbor called the police to report a violent argument between Christina's parents. When the police and Child Protective Services representative interviewed Christina, she told them what Michael had been doing to her and was removed from the home.

At first, Christina's mother, Joanna, did not support or believe her daughter. Joanna was financially dependent on her husband and terrified of his violent temper. A recent immigrant, she had no family in the States, and was embarrassed to talk about Michael's behavior with her few friends. When Michael had been violent with her in the past, Joanna had always told herself that it was because she was not a good enough wife, but that he was a good father and could be trusted with their daughter. It took Joanna several months to recognize that she was a victim of domestic violence, and to accept that her daughter had indeed been sexually abused.

The hardest part for Joanna was to realize just how wrong she had been and to let go of her illusions about Michael. It was crucial for Joanna to receive help that would allow her to understand that the problem lay with Michael, not with her. Once she could acknowledge this, she was able to believe her daughter, and to begin healing from her own experience of abuse. Only then could Christina and Joanna restore the trust in their mother-daughter relationship.

Don't let your natural and understandable feelings of confusion and doubt override the fact that [the perpetrator is always at fault](#). If, in the heat of your own pain and distress, you accuse your adolescent of betrayal instead of acknowledging that your child was the victim, he or she may begin to experience dangerous—and potentially damaging—self-doubt. This can be particularly devastating if he or she experienced normal sexual arousal during the abuse, even though it was unwanted and forced. This is not unusual and should not be taken as evidence that the adolescent “wanted” or was seeking out the abuse.

If you are struggling with feelings of anger or betrayal towards your abused child or teen, ask yourself: “What would it take for me to 1) believe my child, 2) not be angry at my child, and 3) not feel betrayed by my child?”

The answer is often revealing. For many parents:

- [Believing](#) your child means facing the fact that a person you have trusted and loved has betrayed, lied to, and used you and your child
- [Letting go of anger](#) means redirecting your anger away from your child and towards the person who perpetrated the abuse
- [Letting go of feeling betrayed](#) means recognizing the real source of the betrayal—the perpetrator. To move forward, you will need to accept that much of what you believed about this person was not true. By letting go of old beliefs, you can help your child—who has also been betrayed—to heal more fully

Even parents who believe their child from the start may struggle with guilt at not having been able to prevent the abuse, or not realizing that something was wrong before the child told. In such cases, it is helpful to remember that even though hindsight is 20/20, none of us have the power to read minds or predict the future. Many of the “clues” that seem clear when looking back are nonspecific behaviors (for example, increased irritability, poor sleep, etc.) that even a mental health professional may not have recognized as signs that the child was being sexually abused.

Moving Forward

Non-offending parents are the single most important resource that children have after they have experienced intrafamilial abuse.³ As hard as it may be to report sexual abuse that has been perpetrated by a family member, this is the best thing you can do to help your entire family heal, including the person who perpetrated the abuse. If you are not sure who to contact, call the ChildHelp® National Child Abuse Hotline at 1.800.4.A.CHILD (1.800.422.4453; http://www.childhelp.org/get_help).

Effective treatment is available to help you and your child move forward—together—towards a happy and healthy future.^{4,5} Children can recover from sexual abuse, with the help of protective, supportive parents. For more information on treatment options, see The National Child Traumatic Stress Network’s video, *The Promise of Trauma-Focused Treatment for Child Sexual Abuse*, available at <http://www.nctsn.org/nccts/asset.do?id=1151&video=true>. Many communities have local Children’s Advocacy Centers (CACs) that offer coordinated support and services to victims of child abuse, including sexual abuse. For a state-by-state listing of accredited CACs, visit the website of the National Children’s Alliance (http://www.nca-online.org/pages/page.asp?page_id=3999).



Children can recover from sexual abuse, with the help of protective, supportive parents.

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Acquaintance Rape



Information for Parents and Caregivers

What is acquaintance rape?

Acquaintance rape is when somebody a teen knows—a boyfriend or girlfriend, a friend, a classmate, or even someone they just met—uses coercion (including drugs or alcohol), violence, or threats to force unwanted oral, vaginal, or anal sex. When this happens in a dating relationship, it is commonly known as “date rape.”

How common is acquaintance rape?

Unfortunately, acquaintance rape is very common. In some surveys, as many as one in four young women reported being verbally or physically pressured into having sex during the past year,¹ while one in 10 high school girls—and one in 20 boys—reported being forced into sex at some point in their lives.² More than one third of acquaintance rape victims are between the ages of 14 and 17.³

As many as one in four young women reported being verbally or physically pressured into having sex during the past year.

How can I help protect my teen from acquaintance rape?

Although the blame for rape always lies with the rapist, there are some factors that can increase a teen’s risk of acquaintance rape. These include:^{1, 4-7}

- Frequently drinking to the point of being drunk or unable to resist sexual advances
- Using recreational drugs that impair judgment or make it difficult to resist sexual advances
- Outdated beliefs about sexual roles, such as thinking that someone who pays for a date has the right to expect sex
- Prior history of rape or sexual victimization

Books That Can Help

Haffner, D.W. (2008). *Beyond the big talk: Every parent's guide to raising sexually healthy teens, 2nd edition*. New York: Newmarket Press.

Murray, J. (2000). *But I love him: Protecting your teen daughter from controlling, abusive dating relationships*. New York: HarperCollins Publishers, Inc.

Parents can help teens stay safe by giving them the information and support they need to make smart choices and avoid risky situations. Parents can give their teens reliable information about sexual intercourse (including ways to protect themselves from sexually transmitted disease and pregnancy), alcohol, drugs (including “date rape” drugs such as Rohypnol and GHB), and the qualities of healthy relationships.

Talking about these topics can be hard, but the more open and honest you are with your teen, the more likely it will be that he or she will turn to you with any questions and concerns. In fact, in a recent survey of American high school students, 9 out of

10 teens said it would be easier to delay sexual activity if they were able to have “more open, honest conversations” with their parents about sexual issues.⁸ For help in what to say and how to say it, try some of the additional resources listed in **Table 1**.



Table 1: Additional Resources for Keeping Teens Safe

General information on acquaintance rape and prevention

Advocates for Youth, Parents' Sex Ed Center

<http://www.advocatesforyouth.org/parents/index.htm>

Committee for Children

Preventing sexual harassment and date rape

<http://www.cfchildren.org/issues/abuse/preventdaterape>

Domestic Violence and Sexual Assault Coalition

Date rape: What you need to know

<http://www.dvsac.org/resources/parents-date-rape.cfm>

National Childhood Traumatic Stress Network

Preventing acquaintance rape:

A safety guide for teens

http://nctsn.org/nctsn_assets/pdfs/caring/preventingacquaintancerape.pdf

Information on date rape drugs

Cleveland Clinic Journal of Medicine

Date rape drugs: What parents should know

<http://www.ccm.org/content/68/6/551.full.pdf>

Federal Bureau of Investigation

Tips for parents: The truth about club drugs

<http://www.fbi.gov/hq/ood/opca/outreach/clubdrugs/clubdrug.htm>

Parents. The Anti-Drug.

Rohypnol & GHB: How to avoid date rape drugs

http://www.theantidrug.com/DRUG_INFO/drug_info_ghb_rohypnol.asp

What should I do if my teen is a victim of acquaintance rape?

First and foremost, **stay calm**. Your teen may have exercised poor judgment and broken the rules by violating curfew, sneaking out of the house, drinking, or even using drugs, but rape is not a punishment for poor judgment. Even if your teen engaged in risky or inappropriate behavior, he or she did not ask for or deserve to be raped. It is understandable to feel angry and upset, but it is important to **aim your anger at the perpetrator and not at your teen**.

Get medical attention as soon as possible, even if your teen doesn't look hurt or doesn't want to see a doctor. Make sure that your teen does not change clothes, shower, or brush his or her teeth. The medical team and law enforcement may need to collect evidence from your teen's clothing and body.

Contact law enforcement to report the rape, and encourage your teen to share as much information as possible. Also, **seek counseling** for your teen. A counselor who specializes in sexual abuse can help you and your teen cope with what happened. Medical professionals and law enforcement officers can guide you in finding help. You can also contact your local mental health service agency, child advocacy center, or child trauma center. For additional info on where to seek help, see the additional resources in **Table 2**.



Aim your anger at the perpetrator and not at your teen.

Table 2: Help If Your Teen Has Been Raped

General information on acquaintance rape and prevention	
Domestic Violence and Sexual Assault Coalition <i>How to help a friend or family member who's been raped</i>	http://www.dvsac.org/resources/help-family.cfm
National Childhood Traumatic Stress Network <i>What do I do now? A survival guide for victims of acquaintance rape</i>	http://nctsn.org/nctsn_assets/pdfs/caring/acquaintancerapeguideforvictims.pdf
National Children's Alliance State-by-state listing of Children's Advocacy Centers, community-based facilities dedicating to providing support and care to victims of child abuse (including sexual abuse and rape)	http://www.nca-online.org/pages/page.asp?page_id=3999
Rape, Abuse & Incest National Network (RAINN) <i>Help a loved one</i>	http://www.rainn.org/get-help/help-a-loved-one
Substance Abuse and Mental Health Services Administration , Center for Substance Abuse Prevention <i>What to do if your child is raped or sexually assaulted</i>	http://pathwayscourses.samhsa.gov/vawc/vawc_8_pg3.htm

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Preventing Acquaintance Rape



a safety guide for teens

What is acquaintance rape?

Acquaintance rape is when somebody you know—a boyfriend or girlfriend, a friend, a classmate, or even someone you just met—uses coercion (including drugs or alcohol), violence, or threats to force unwanted oral, vaginal, or anal sex. When this happens in a dating relationship, it is commonly known as *date rape*.

How common is acquaintance rape?

Unfortunately, acquaintance rape is very common. In some surveys, as many as one in four young women reported being verbally or physically pressured into having sex during the past year,¹ while one in 10 high school girls—and one in 20 boys—reported being forced into sex at some point in their lives.²

Can guys get raped?

Yes. Guys can get raped and it has nothing to do with their sexual orientation, appearance, physical size, or strength. Guys can be raped by family members or other people they trust, as well as by strangers. If a guy gets raped, that does not mean he is gay.

Did you know?

75% of sexual assaults are committed by someone that the victim knows.³

What are date rape drugs?

An acquaintance may slip drugs into your drink to try to make it easier to victimize you. Being drugged without your knowledge makes consent impossible. ANY drug, even alcohol, can put you at risk. Drugs commonly used in acquaintance rape include:

- * **Rohypnol** (pronounced row-HIP-nal; also called roofies) is a sedative that can make you feel sleepy, slur your speech, make it difficult to walk, make you black-out, and cause amnesia.
- * **GHB** is a depressant that may cause nausea, vomiting, dizziness, heart problems, seizures, black-outs, and, in some cases, coma.
- * **Ketamine** (pronounced keet-ah-meen; also called Special K) is an animal tranquilizer that can cause delirium, loss of memory, depression, and long-term memory and cognitive difficulties.

Did you know?
28% of rape victims are assaulted by their boyfriends and 35% are sexually assaulted by relatives.⁴

What can I do to be safe?

- * Expect respect and keep away from people who don't show you respect.
- * Be clear about your limits: let the other person know what you want and don't want to do. You have the right to change your mind, to say "no," or to agree to some sexual activities and not to others.
- * Don't allow a person to touch you if it makes you uncomfortable. If your limits are reached or you sense danger, speak your mind and act immediately. Make a scene if necessary.
- * Avoid excessive drinking or drugs. They reduce your ability to think and communicate clearly. Being drunk or high does not give anyone permission to assault you.
- * Pour your own beverage and keep it in sight. Date rape drugs can be put into drinks and are often undetectable.
- * Don't hang out in places that keep you isolated from others. Although you may feel you can take care of yourself, it is always wise to be careful.
- * Trust your instincts. If you feel that a person is not trustworthy or a situation is unsafe, leave.
- * Have a back-up plan. For example, if you're going out to a party in a different neighborhood, make sure someone you trust knows where you're going. Have a person you can call to come and get you if you need to leave without your original ride.



Avoid excessive drinking or drugs. They make it harder to think and communicate clearly.

Fast Fact
38% of acquaintance rape victims are 14-17 years old.⁵

reality check: acquaintance rape myths & facts

MYTH

Girls who claim that they were raped are just looking for attention.

FACT

No one wants the sort of attention that comes after being raped. Rape is an extremely traumatic experience that is difficult to overcome.

MYTH

Rape only happens to girls.

FACT

Rape can happen to anyone.

MYTH

If a guy pays for the date, he deserves sex.

FACT

Nobody "owes" anybody sex. No one has a right to expect that a date will end in sex.

MYTH

Girls who wear short skirts or tight tops are looking for sex.

FACT

Rape has nothing to do with physical appearance; it's about power and control. How a girl dresses is not an invitation for sex.

MYTH

Only strangers and dirty old men in dark alleys commit rapes.

FACT

The vast majority of rapes are committed by people who already knew their victims.

MYTH

Girls who are raped are asking for it.

FACT

Rape is never the victim's fault. Nobody asks for or deserves to be raped.

MYTH

Rape is just about sex.

FACT

Rape is about power and control. It's a crime in which sex is used as a weapon.

MYTH

When a girl says "no" she really means "yes."

FACT

No means no.

For Additional Information on Staying Safe, Visit...

- * 911Rape → www.911rape.org
- * National Sexual Violence Resource Center → www.nsvrc.org
- * Project Respect → www.yesmeansyes.com
- * Rape, Abuse & Incest National Network (RAINN) → www.rainn.org
- * The Date Safe Project → www.thedatesafeproject.org/pledge_for_action.htm
- * The Safe Space → www.thesafespace.org

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What Do I Do Now?



a survival guide for victims of acquaintance rape

What is acquaintance rape?

Acquaintance rape is when somebody you know—a boyfriend or girlfriend, a friend, a classmate, or even someone you just met—uses coercion (including drugs or alcohol), violence, or threats to force unwanted oral, vaginal, or anal sex. When this happens in a dating relationship, it is commonly known as *date rape*.

Should I call 911?

Yes. **Rape is a serious crime and you should report it.** Do not worry about getting into trouble if you were partying, drinking, taking drugs, or violating curfew. The police are concerned with your health and your safety. And remember, calling the police and filing a report does not mean that you have to press charges.

Do I need a medical exam?

Yes. Call someone you trust—an adult or friend—and ask him or her to take you to the hospital. **Do not shower, eat or drink anything, brush your teeth, go to the bathroom, or change your clothes before you go.** The medical team and law enforcement need to find out whether you are hurt and need to collect evidence from your clothing and your body during the medical exam. You may also receive emergency contraception to prevent pregnancy. While the medical exam may be uncomfortable and embarrassing, it will not be painful.

Did you know?

28% of rape victims are assaulted by their boyfriends and 35% are sexually assaulted by relatives.¹

Should I see a counselor?

Yes. You may find it difficult to cope with what has happened to you. A counselor can help you work through your feelings and take steps toward healing. With help and support—and your own strength and resilience—you can get through this and move on with your life.

You can start by talking to your school counselor or school nurse. They can refer you to a counselor in your community who specializes in working with teens who have been raped. You can also [contact the National Sexual Assault Hotline](http://www.rainn.org/get-help/national-sexual-assault-online-hotline) operated by the Rape, Abuse & Incest National Network (RAINN) at 1-800-656-HOPE or <http://www.rainn.org/get-help/national-sexual-assault-online-hotline>. They can direct you to a rape crisis center in your community. (You can find additional online resources in **Table 1.**)

The important thing is to talk to somebody about what happened. The traumatic experience of rape does not have to ruin your life.

Fast Fact
Although young people are reluctant to speak out about dating violence, those who do often find talking helpful.²

table 1: getting help

<p>911Rape http://www.911rape.org/home</p>	<p>Sponsored by the Rape Treatment Center at Santa Monica-UCLA Medical Center, this site offers support for sexual assault victims as well as a safe, anonymous way to learn how to get help after a sexual assault.</p>
<p>After Silence http://www.aftersilence.org/index.php</p>	<p>On this website, you will find a support group, message board, and chat room for survivors of rape, sexual assault, and sexual abuse.</p>
<p>National Center for Victims of Crime, Teen Action Partnership http://www.ncvc.org/tvp/main.aspx?dbID=DBTeenActionPartnership788</p>	<p>Toll free helpline—1-800-FYI-CALL (1-800-394-2255, 8AM to 8PM EST), offers supportive counseling, practical information, and referrals to local community resources and victim’s advocates.</p>
<p>Rape, Abuse & Incest National Network (RAINN) http://www.rainn.org/</p>	<p>In addition to the toll free hotline mentioned above on this factsheet, RAINN offers general information on sexual assault, tips for what do following an attack, information on how to help loved ones who have been raped, and a search page for finding local rape crisis centers.</p>



With help and support—and your own strength and resilience—you can get through this and move on with your life.

Fast Fact
38% of acquaintance rape victims are 14-17 years old.³

Common Reactions to Acquaintance Rape

The experience of being raped by someone you thought you could trust can bring up a wide range of complicated emotions, including guilt, self-doubt, and worries that the rape was somehow your fault. Working through these feelings is an important part of the healing process, and will help you move on with your life.

In **Table 2**, you will find some common concerns and some misconceptions about acquaintance rape, and common sense answers you can focus on to deal with some of these mistaken beliefs.

table 2: making sense of your reactions

After a sexual assault you may . . .	The truth is . . .
<i>Blame yourself (for example, wonder if you were flirting too much or wearing clothes that were too sexy).</i>	It's not your fault, no matter how you acted or what you wore.
<i>Worry that it's your fault for accepting a drink that was drugged.</i>	It's not your fault. You didn't know the drink was drugged.
<i>Worry that you will get in trouble with the police if you were drinking because you are a minor.</i>	The police are more concerned with your health and safety.
<i>Feel ashamed, angry, sad, different, lonely, anxious, betrayed, depressed, or as if you will never be able to trust anyone again.</i>	All of these feelings are normal and the bad feelings will not last forever. Talking to a counselor can help you work through all of these feelings.
<i>Feel guilty or confused because you know your attacker.</i>	Most sexual assaults are committed by someone the victim knew. It wasn't your fault and you could not predict this.
<i>Have nightmares about the assault or have your mind filled with images of the assault even when you are trying not to think about it.</i>	This is normal, too and will not last forever. Counseling can help you learn to deal with these images.
<i>Worry about how your friends will react if they find out (Will they believe you or take sides?).</i>	Your real friends will be supportive and will not take sides. Besides, your well-being is more important than what other people think.
<i>Worry about how your family will react if they find out.</i>	This might be hard for them to accept at first, but your family loves you and will be supportive. Again, counseling can help your family as well as you.
<i>Think that nobody understands how you feel and you are all alone.</i>	A lot of teens have gone through this and you have the support of people who care about you.

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Sexual Development and Behavior in Children



Information for Parents and Caregivers

Your five-year-old daughter is playing in her room with a couple of friends. You hear a lot of giggling and squealing.

When you open the door to check on the kids, you find them sitting on the floor with their panties off, pointing at and touching each other's genitals.

What do you do?

Every day, parents around the world are faced with situations like this. Being caught off-guard by young children's self-exploration and curiosity about body parts and sexual issues is one of the uncomfortable realities of parenting, and can raise a host of troubling questions, such as, "Is my child normal?" "Should I be worried?" "What should I say?"

Although talking with children about bodily changes and sexual matters may feel awkward, providing children with accurate, age-appropriate information is one of the most important things parents can do to make sure children grow up safe, healthy, and secure in their bodies.

Sexual Development and Behavior in Young Children: The Basics

Like all forms of human development, sexual development begins at birth. Sexual development includes not only the physical changes that occur as children grow, but also the sexual knowledge and beliefs they come to learn and the behaviors they show. Any given child's sexual knowledge and behavior is strongly influenced by:

- The child's age¹⁻³
- What the child observes (including the sexual behaviors of family and friends)⁴
- What the child is taught (including cultural and religious beliefs concerning sexuality and physical boundaries)

"Young people do not wake up on their thirteenth birthday, somehow transformed into a sexual being overnight. Even young children are sexual in some form."⁵

Heather Coleman, PhD & Grant Charles, PhD
University of Calgary, Alberta, Canada and
The University of British Columbia, Vancouver, B.C.

Very young and preschool-aged children (four or younger) are naturally immodest, and may display open—and occasionally startling—curiosity about other people’s bodies and bodily functions, such as touching women’s breasts, or wanting to watch when grownups go to the bathroom. Wanting to be naked (even if others are not) and showing or touching private parts while in public are also common in young children. They are curious about their own bodies and may quickly discover that touching certain body parts feels nice. (For more on what children typically do at this and other ages, see **Table 1.**)

As children age and interact more with other children (approximately ages 4–6), they become more aware of the differences between boys and girls, and more social in their exploration. In addition to exploring their own bodies through touching or rubbing their private parts (masturbation), they may begin “playing doctor” and copying adult behaviors such as kissing and holding hands. As children become increasingly aware of the social rules governing sexual behavior and language (such as the importance of modesty or which words are considered “naughty”), they may try to test these rules by using naughty words. They may also ask more questions about sexual matters, such as where babies come from, and why boys and girls are physically different. (For more, see **Table 1.**)

Table 1: Common Sexual Behaviors in Childhood^{1, 3, 6}

<p>Preschool children (less than 4 years)</p>	<ul style="list-style-type: none"> ■ Exploring and touching private parts, in public and in private ■ Rubbing private parts (with hand or against objects) ■ Showing private parts to others ■ Trying to touch mother’s or other women’s breasts ■ Removing clothes and wanting to be naked ■ Attempting to see other people when they are naked or undressing (such as in the bathroom) ■ Asking questions about their own—and others’—bodies and bodily functions ■ Talking to children their own age about bodily functions such as “poop” and “pee”
<p>Young Children (approximately 4-6 years)</p>	<ul style="list-style-type: none"> ■ Purposefully touching private parts (masturbation), occasionally in the presence of others ■ Attempting to see other people when they are naked or undressing ■ Mimicking dating behavior (such as kissing, or holding hands) ■ Talking about private parts and using “naughty” words, even when they don’t understand the meaning ■ Exploring private parts with children their own age (such as “playing doctor”, “I’ll show you mine if you show me yours,” etc.)
<p>School-Aged Children (approximately 7-12 years)</p>	<ul style="list-style-type: none"> ■ Purposefully touching private parts (masturbation), usually in private ■ Playing games with children their own age that involve sexual behavior (such as “truth or dare”, “playing family,” or “boyfriend/girlfriend”) ■ Attempting to see other people naked or undressing ■ Looking at pictures of naked or partially naked people ■ Viewing/listening to sexual content in media (television, movies, games, the Internet, music, etc.) ■ Wanting more privacy (for example, not wanting to undress in front of other people) and being reluctant to talk to adults about sexual issues ■ Beginnings of sexual attraction to/interest in peers

Once children enter grade school (approximately ages 7–12), their awareness of social rules increases and they become more modest and want more privacy, particularly around adults. Although self touch (masturbation) and sexual play continue, children at this age are likely to hide these activities from adults. Curiosity about adult sexual behavior increases—particularly as puberty approaches—and children may begin to seek out sexual content in television, movies, and printed material. Telling jokes and “dirty” stories is common. Children approaching puberty are likely to start displaying romantic and sexual interest in their peers. (For more, see **Table 1.**)



Although parents often become concerned when a child shows sexual behavior, such as touching another child’s private parts, these behaviors are not uncommon in developing children. Most sexual play is an expression of children’s natural curiosity and should not be a cause for concern or alarm. In general, “typical” childhood sexual play and exploration:

- Occurs between children who play together regularly and know each other well
- Occurs between children of the same general age and physical size
- Is spontaneous and unplanned
- Is infrequent
- Is voluntary (the children agreed to the behavior, none of the involved children seem uncomfortable or upset)
- Is easily diverted when parents tell children to stop and explain privacy rules

Some childhood sexual behaviors indicate more than harmless curiosity, and are considered sexual behavior problems. Sexual behavior problems may pose a risk to the safety and well-being of the child and other children. (For more on this topic, see the National Child Traumatic Stress Network’s factsheet, *Understanding and Coping with Sexual Behavior Problems in Children: Information for Parents and Caregivers* at http://nctsn.org/nctsn_assets/pdfs/caring/sexualbehaviorproblems.pdf.) Sexual behavior problems include any act that:

- Is clearly beyond the child’s developmental stage (for example, a three-year-old attempting to kiss an adult’s genitals)
- Involves threats, force, or aggression
- Involves children of widely different ages or abilities (such as a 12-year-old “playing doctor” with a four-year-old)
- Provokes strong emotional reactions in the child—such as anger or anxiety



Responding to Sexual Behaviors

Situations like the one described at the beginning of this handout can be unsettling for parents. However, these situations also offer excellent opportunities to assess how much children understand and to teach important information about sexual matters.

The first step is to try to **figure out what actually happened**. To do this, it’s important to stay calm. Staying calm will allow you to make clear decisions about what you say and/or do, rather than acting on strong emotions.

To remain composed, try taking a long, deep breath, counting to ten, or even closing the door and stepping away for a couple of minutes before saying anything. In the case described above, a parent might calmly tell the children that it's time to get dressed and then ask each child to go to a different room in the house. After taking a few moments to collect his or her thoughts—and to consult with a spouse or partner if feeling very unsettled—the parent could then talk to each child one-on-one.

When talking to children about sexual behaviors, it's important to [maintain a calm and even tone of voice and to ask open-ended questions](#) as much as possible, so the children can tell what happened in their own words, rather than just answering yes or no. So, in this case, a parent might ask each child:

- What were you doing?
- How did you get the idea?
- How did you learn about this?
- How did you feel about doing it?

In the opening scenario, all of the children involved were about the same age, had been playmates for some time, and seemed to be enjoying their game. So, it's likely the children were just curious and playing around and that no one was upset about what happened. If you encounter a situation where the children are a little embarrassed but otherwise not distressed, this can present an ideal opportunity for teaching the children about healthy boundaries and rules about sexual behavior.

Myth: Talking about sex with my children will just encourage them to become sexually active.

Fact: In a recent survey of American teens, [9 out of 10 teens said it would be easier to delay sexual activity and prevent unwanted pregnancy if they were able to have “more open, honest conversations” with their parents](#) on these topics.⁷ When you talk honestly with your children about sexual issues, you can give them the knowledge and skills they need to keep safe and to make good decisions about relationships and intimacy.

Educating Children about Sexual Issues

Just because a behavior is typical doesn't mean the behavior should be ignored. Often, when children participate in sexual behavior it indicates that they need to learn something. [Teach what the child needs to know, given the situation](#). In this case, for example, the parent might teach the children that it's okay to be curious about other people's bodies, but that private parts should be kept private, even with friends.

Although children usually respond well when parents take the time to give them correct information and answer their questions, it is important to [provide information that is appropriate to the child's age and developmental level](#). In **Table 2**, you will find an overview of some of the most important information and safety messages for children of various ages. Keep in mind that you do not need to bombard children with information all at once. Let the situation—and the child's questions—guide the lessons you share. The important thing is to let children know that you are ready to listen and to answer whatever questions they may have.

Too often, children get the majority of their sexual education from other children and from media sources such as television shows, songs, movies, and video games. Not only is this information often wrong, it may have very little to do with sexual values that parents want to convey. Explicit adult sexual activities are sometimes found during “family time” television shows, in commercials, and on cartoon/children's channels, and can have an influence on children's behaviors.

Controlling media exposure and providing appropriate alternatives is an important part of teaching children about sexual issues. Get to know the rating systems of games, movies, and television shows and make use of the parental controls available through many internet, cable, and satellite providers.

However, don't assume that just by activating those controls you will be taking care of the situation. It's very important for you to **be aware of what your children are watching on television and online**, and make time to watch television with them. When appropriate, you can use this time as a springboard to talk about sexual or relationship issues, and to help children develop the skills to make healthy decisions about their behavior and relationships.

Table 2: What to Teach When⁸

Preschool children (less than 4 years)

Basic Information

- Boys and girls are different
- Accurate names for body parts of boys and girls
- Babies come from mommies
- Rules about personal boundaries (for example, keeping private parts covered, not touching other children's private parts)
- Give simple answers to all questions about the body and bodily functions.



Safety Information

- The difference between "okay" touches (which are comforting, pleasant, and welcome) and "not okay" touches (which are intrusive, uncomfortable, unwanted, or painful)
- Your body belongs to you
- Everyone has the right to say "no" to being touched, even by grownups
- No one—child or adult—has the right to touch your private parts
- It's okay to say "no" when grownups ask you to do things that are wrong, such as touching private parts or keeping secrets from mommy or daddy
- There is a difference between a "surprise"—which is something that will be revealed sometime soon, like a present—and a "secret," which is something you're never supposed to tell. Stress that it is never okay to keep secrets from mommy and daddy
- Who to tell if people do "not okay" things to you, or ask you to do "not okay" things to them

Young Children (approximately 4-6 years)

Basic Information

- Boys' and girls' bodies change when they get older.
- Simple explanations of how babies grow in their mothers' wombs and about the birth process.
- Rules about personal boundaries (such as, keeping private parts covered, not touching other children's private parts)
- Simple answers to all questions about the body and bodily functions
- Touching your own private parts can feel nice, but is something done in private

Safety Information

- Sexual abuse is when someone touches your private parts or asks you to touch their private parts
- It is sexual abuse even if it is by someone you know
- Sexual abuse is NEVER the child's fault
- If a stranger tries to get you to go with him or her, run and tell a parent, teacher, neighbor, police officer, or other trusted adult
- Who to tell if people do "not okay" things to you, or ask you to do "not okay" things to them

School-Aged Children (approximately 7-12 years)

Basic Information

- What to expect and how to cope with the changes of puberty (including menstruation and wet dreams)
- Basics of reproduction, pregnancy, and childbirth
- Risks of sexual activity (pregnancy, sexually transmitted diseases)
- Basics of contraception
- Masturbation is common and not associated with long term problems but should be done in private

Safety Information

- Sexual abuse may or may not involve touch
- How to maintain safety and personal boundaries when chatting or meeting people online
- How to recognize and avoid risky social situations
- Dating rules

If you are unsure of what to say to your child about sexual issues, don't be afraid to do some research. In addition to talking to your pediatrician or doctor, you can turn to online resources such as the Sexuality Information and Education Council of the United States' (SIECUS) *Families Are Talking* websites (listed below). There are also several excellent books available on talking to children about sexual issues, as well as books that you and your children can read together. (For a partial listing, see **Table 3.**)

Table 3: Additional Resources for Communicating with Children About Sexual Issues

For You	
Books	<p>Haffner, Debra W. (2008). <i>From diapers to dating: A parent's guide to raising sexually healthy children— from infancy to middle school, 2nd edition</i>. New York: Newmarket Press. Author Debra Haffner provides practical advice and guidelines to help you talk to children and early adolescents about sexuality. Includes techniques to identify and examine your own sexual values so that you can share these messages with your children.</p> <p>Hickling, Meg. (2005). <i>The new speaking of sex: What your children need to know and when they need to know it</i>. Kelowna, BC, Canada: Wood Lake Publishing, Inc. This update of the bestselling <i>More Speaking of Sex</i> is packed with no-nonsense, accurate, and gently funny information on sexuality and sexual health. Author Meg Hickling dispels misconceptions and unhealthy beliefs about sex, provides guidelines on how to talk with children at various stages of their development, and offers examples of how to answer tough questions.</p> <p>Roffman, Deborah M. (2002). <i>But how'd I get in there in the first place? Talking to your young child about sex</i>. New York: Perseus Publishing. Sexuality and family life educator Deborah Roffman provides clear, sensible guidelines on how to talk confidently with young children about sexual issues, including how to answer sometimes-awkward questions about sexuality, conception, and birth.</p> <p>Roffman, Deborah M. (2001). <i>Sex and sensibility: The thinking parent's guide to talking sense about sex</i>. New York: Perseus Publishing. This book is designed to inspire honest communication about sexuality between parents and their children. It focuses on the core skills parents need in order to interpret and respond to virtually any question or situation, with the goal of empowering children through knowledge.</p>
Online Resources	<p>The Committee for Children offers tips on how to teach children about safe touch (http://www.cfchildren.org/issues/abuse/touchsaferules/) as well as general information on how to talk to your child about sexual issues (http://www.cfchildren.org/issues/abuse/touchsafety/).</p> <p>The Sexuality Information and Education Council of the United States' (SIECUS) Families Are Talking websites contain a wealth of information and resources to help you talk with children about sexuality and related issues (http://www.familiesaretalking.org and http://www.lafamiliahabla.org).</p>
For Your Children	
Books	<p>Bell, Ruth. (1998). <i>Changing bodies, changing lives: Expanded 3rd edition: A book for teens on sex and relationships</i>. New York: TimesBooks. <i>For ages 9 and up.</i> Designed to help young people make informed decisions about their lives, <i>Changing bodies, changing lives</i> provides answers to tough questions about how the body works and about sex, love, and relationships. It's packed with illustrations, checklists, and resources, as well as stories, poems, and cartoons from hundreds of teenagers.</p> <p>Brown, Laurie Krasny. (2000). <i>What's the big secret? Talking about sex with girls and boys</i>. New York: Little, Brown Books for Young Readers. <i>For ages 4–8.</i> This colorful and chatty book uses illustrations, cartoons, and very accessible text to explain the basics of anatomy, reproduction, pregnancy, and birth. Also discusses feelings, touching, and privacy.</p> <p>Hansen, Diane. (2007). <i>Those are MY private parts</i>. Redondo Beach, CA: Empowerment Productions. <i>For ages 4–8.</i> This short, easy-to-read book uses colorful illustrations and catchy rhymes to teach children that no one—relative, friend or neighbor—has a right to touch them in a way that makes them feel uncomfortable.</p>

For Your Children (continued)

Harris, Robie H. (2006) *It's NOT the stork: A book about girls, boys, babies, bodies, families and friends*. Somerville, MA: Candlewick Press.

For ages 4 and up. This lively, engaging book uses two cartoon characters—a curious bird and a squeamish bee—to give voice to the many emotions and reactions children experience while learning about their bodies. The information provided is up-to-date, age-appropriate, and scientifically accurate, and is designed to help kids feel proud, knowledgeable, and comfortable about their bodies and how they were born.

Harris, Robie H. (2004) *It's perfectly normal: Changing bodies, growing up, sex, and sexual health*. Somerville, MA: Candlewick Press.

For ages 10 and up. Providing accurate, unbiased answers to nearly every imaginable question, from conception and puberty to birth control and AIDS, *It's perfectly normal* provides young people with the information they need to make responsible decisions and to stay healthy.

Harris, Robie H. (2004) *It's so amazing!: A book about eggs, sperm, birth, babies, and families*. Somerville, MA: Candlewick Press.

For ages 4 and up. *It's so amazing!* provides answers to children's questions about reproduction, sex, and sexuality. The comic-book style artwork and clear, lively text reflects an elementary-school child's interest in science and how things work. Throughout the book, a curious bird and a squeamish bee help tell the story of how a baby is made—from the moment an egg and sperm join, through pregnancy, to birth. *It's so amazing!* also addresses and provides reassuring, age-appropriate information on love, sex, gender, families, heterosexuality, homosexuality, sexual abuse, and HIV and AIDS, while giving children a healthy understanding of their bodies.

Madaras, Lynda. (2007). *The "What's happening to my body?" book for girls, revised 3rd edition*. New York: Newmarket Press.

Madaras, Lynda. (2007). *The "What's happening to my body?" book for boys, revised 3rd edition*. New York: Newmarket Press.

For ages 10 and up. These books—part of the acclaimed "What's Happening To My Body?" book series by the same author—provide sensitive straight talk on children's changing bodies, diet and exercise, romantic and sexual feelings, and puberty in the opposite sex. They also include information on sensitive topics such as eating disorders, sexually transmitted diseases, steroid use, and birth control.

Mayle, Peter. (2000). *"What's happening to me?" An illustrated guide to puberty*. New York: Kensington Publishing.

For ages 9–12. For more than 20 years, "What's happening to me?" has been helping young people—and their parents—navigate the "time in between" childhood and adolescence.

Mayle, Peter. (2000). *Where did I come from? The facts of life without any nonsense and with illustrations*. New York: Kensington Publishing.

For ages 4–8. Dedicated to "red-faced parents everywhere," *Where did I come from?* covers the basic facts of sexuality from physiology to love-making, orgasm, conception, growth inside the womb, and childbirth. The illustrations are clear and realistic, and the text does an excellent job of explaining things in an age-appropriate way.

Schaefer, Valorie. (1998) *The care & keeping of you: The body book for girls*. Middleton, WI: Pleasant Company Publications.

For ages 7–12. This "head -to- toe" guide addresses the variety of changes that occur with puberty, and answers many of the questions girls have, from hair care to healthy eating, bad breath to bras, periods to pimples, and everything in between.

Parents play a pivotal role in helping their children develop healthy attitudes and behaviors towards sexuality. Although talking with your children about sex may feel outside your comfort zone, there are many resources available to help you begin and continue the conversation about sexuality. Providing close supervision, and providing clear, positive messages about modesty, boundaries and privacy are crucial as children move through the stages of childhood. By talking openly with your children about relationships, intimacy, and sexuality, you can foster their healthy growth and development.



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Understanding and Coping with Sexual Behavior Problems in Children



Information for Parents and Caregivers

Sexual exploration and play are a natural part of childhood sexual development, and help children not only to learn about their own bodies, but about the social and cultural rules that govern sexual behavior. (For more on this topic, see the National Child Traumatic Stress Network's factsheet, *Sexual Development and Behavior in Children: Information for Parents and Caregivers* at http://nctsn.org/nctsn_assets/pdfs/caring/sexualdevelopmentandbehavior.pdf.)

Some childhood sexual behaviors, however, indicate more than harmless curiosity. In some cases, sexual behaviors pose a risk to the safety and well-being of the child and other children in his or her world. These *sexual behavior problems* tend to continue even after the child has been told to stop or limit the behavior, and usually have one or more of the following characteristics:¹⁻³

- Are clearly beyond the child's developmental stage (for example, a three-year-old attempting to kiss an adult's genitals)
- Involve threats, force, or aggression
- Involve inappropriate or harmful use of sexual body parts (for example, inserting objects into the rectum or vagina)
- Involve children of widely different ages or abilities (such as a 12-year-old "playing doctor" with a four-year-old)
- Are associated with strong emotional reactions in a child—such as anger or anxiety
- Interfere with typical childhood interests and activities

Sexual behavior problems frequently involve other children, including younger children, siblings, and friends. No one knows how many children develop sexual behavior problems during their lives. Although the number of cases being referred to child protective services and the juvenile justice system has risen over the last two decades, it is not clear if these referrals represent a true increase in the number of children with sexual behavior problems, increased public recognition of the problem, or a combination of both.

It is known, however, that sexual behavior problems:

- Are not limited to any particular group of children
- Occur in children across all age ranges, socioeconomic levels, cultures, living circumstances, and family structures
- Are not related to children's sexual orientation

Some children with sexual behavior problems have married parents, some have divorced parents. Some have abuse histories, while others have no history of abuse or other trauma. But children with sexual behavior problems are all children first. And with proper treatment, children with sexual behavior problems can learn to have respect for themselves and others, and to demonstrate healthy boundaries and behaviors.

Causes of Sexual Behavior Problems

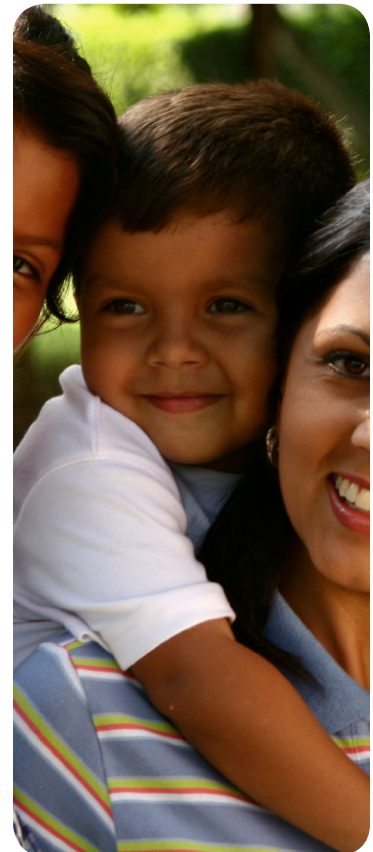
There are many possible reasons why children may show sexual behaviors that are inappropriate or unexpected for their age. In general, children's sexual behavior problems are rarely about sexual pleasure. In fact, these behaviors are much more likely to be related to anxiety, traumatic experiences, curiosity, poor impulse control, or other factors.

Some of the factors that have been linked to the development of sexual behavior problems include:

- Exposure to traumatic experiences, such as abuse, natural disasters, or accidents
- Exposure to violence in the home
- Excessive exposure to adult sexual activity or nudity in the home (including media exposure through television or the Internet)
- Inadequate rules about modesty or privacy in the home
- Inadequate supervision in the home, often as a result of parental factors such as depression, substance abuse, or frequent absences due to work

Children with sexual behavior problems often show other behavioral and social difficulties, including:

- Impulsiveness and a tendency to act before they think
- Difficulties following rules and listening to authority figures at home, in school and in the community
- Problems making friends their own age and a tendency to play with much younger children
- A limited ability to self soothe (calm themselves down), so they may touch their own genitals (masturbate) as a way to release stress and calm down



Although some children who have sexual behavior problems have a history of being sexually abused, many children who act out sexually have NOT been sexually abused. Sexual abuse may be suspected when a child:

- Reports that another person has touched his or her private parts
- Has had contact with a known sexual abuser

If you know or suspect sexual abuse of a child who is displaying sexual behavior problems, contact your state's child welfare authorities immediately to conduct an investigation. If you are not sure who to contact, contact the ChildHelp® National Child Abuse Hotline at 1.800.4.A.CHILD (1800.422.4453; also online at http://www.childhelp.org/get_help). You can also visit the website of the federally funded Child Welfare Information Gateway at <http://www.childwelfare.gov/responding/how.cfm>.

For additional information on recognizing and preventing sexual abuse, visit Stop it Now! (<http://www.stopitnow.org>) and the National Child Traumatic Stress Network (http://www.nctsn.org/nctsn/nav.do?pid=typ_sa_prom).



When Your Child Has Sexual Behavior Problems

One of the most stressful situations a parent or caregiver can face is finding out that their child has acted out in a sexual way. It can be difficult to know what to do. If you discover that your child has a sexual behavior problem, you may experience a range of reactions, including:

- Difficulty believing that the sexual behavior really happened
- Anger—at your child, at the other children involved, at yourself, and at the world in general
- Feeling upset with or withdrawing from your child
- Sadness and depression
- Guilt and shame
- Isolation
- Disappointment, in your child and yourself
- Confusion and uncertainty, especially if it is unclear why your child is sexually acting out
- Nightmares and other traumatic stress reactions, particularly if you were sexually abused as a child

Whatever your reaction, know that—with support—you and your child can move beyond this stressful time. You are not alone—many other parents have had to cope with children's sexual behavior problems and have experienced similar emotions and reactions. Problem sexual behaviors in children are quite responsive to treatment—particularly when caregivers are actively involved in treatment—and future sexual behavior problems can be prevented.

Even though children with sexual behavior problems are much like children with other types of behavioral problems, people may react more strongly to these problems because they are sexual in nature. As you move forward in getting help for your child, keep in mind that children with sexual behavior problems are—first and foremost—children. Your child may have made a poor decision, but he or she can learn to make good decisions.

Treatment Options for Children with Sexual Behavior Problems

Active involvement of parents or other caregivers is essential to maximize the benefits of treatment for children with sexual behavior problems. Treatment should be conducted by a licensed mental health professional with specific knowledge of:

- Child development (including sexual development)
- Childhood mental health issues, including attention deficit hyperactivity disorder (ADHD), posttraumatic stress disorder (PTSD), and other reactions to child trauma
- The relationship between social environment and sexual behaviors
- Scientific research on treatment for childhood mental health disorders and sexual behavior problems
- Cultural variations in parenting and attitudes toward sexuality



Children with sexual behavior problems are—first and foremost—children.

Once you have chosen a therapist, he or she will do an evaluation to decide how to best help your child and your family. This evaluation will typically include:

- Talking to the you, other caregivers, and other adults involved in your child's life
- Talking to your child (particularly if the child is six years of age or older)
- Asking caregivers, and perhaps teachers, to fill out information checklists about your child
- Psychological testing of your child

The therapist should talk with you about what he or she found out from the evaluation, including:

- Whether the behavior is common or an indication of a sexual behavior problem
- What other concerns or issues may need to be addressed with treatment
- What supports and protective factors are present in the family and community

Several types of treatment have been shown to be helpful for children with sexual behavior problems and their families. During treatment, the therapist will work directly with your child. The therapist will also teach you and other caregivers how to:

- Implement rules about private parts and sexual behaviors
- Use parenting strategies that prevent and reduce sexual and other behavior problems
- Address sexual education topics with your child
- Support abuse prevention strategies and skills
- Enhance communication skills and improve the quality of your relationship with your child

Other treatment characteristics that may be helpful include addressing the following topics with the child in an age-appropriate way:

- Privacy rules, sexual behavior rules, and boundary rules
- Abuse-prevention skills
- The labeling and expressing of feelings and skills to reduce distress
- Impulse-control strategies and decision-making skills
- Social skills

Most children with sexual behavior problems can benefit from [outpatient therapy](#). Outpatient therapy allows the child to stay in the home and community and usually involves the child, the parents, and other important caregivers and family members. Outpatient therapy is relatively short term, and can often be completed in three to six months if the family regularly attends therapy sessions, actively participates in services, and practices skills between sessions.

Some children will require more intensive treatments. These include [inpatient treatment](#) and [residential care](#). These options are generally reserved for more severe cases, such as children who:

- Have severe psychiatric disorders, such as psychotic symptoms (like hearing voices)
- Exhibit highly aggressive or coercive sexual behaviors or sexual behavior problems that continue even when they get treatment and are closely supervised by their parents
- Have suicidal ideations (including specific plans for killing themselves)
- Have specific plans to physically harm others

Myth: All children with sexual behavior problems grow up to be sex offenders.

Fact: Children who receive treatment for their sexual behavior problems rarely commit sexual offenses or abuse as adults. One study followed a group of children for 10 years after they were treated. The vast majority (98%) did not commit sexual offenses of any kind, and the group as a whole was no more likely to commit sexual offenses than children with a past of only nonsexual behavior problems.⁴



For more information on treatment options for children with sexual abuse problems, see the Association for the Treatment of Sexual Abusers' (ATSA) *Report of the Task Force on Children with Sexual Behavior Problems*, available online at <http://www.atsa.com/pdfs/Report-TFCSBP.pdf>.

When choosing an inpatient or residential facility, look for a program that:

- Allows you to be actively involved in your child's treatment
- Provides the least restrictive environment while providing needed safety measures
- Limits the number of other changes in the child's life (such as school placement or after-school activities)
- Has a clear plan for transitioning your child back into your home, including assisting you in taking any needed safety measures

Sexual Behavior Problems: Keeping All Children Safe

Protecting other children is an important concern when dealing with children who have sexual behavior problems, particularly if they have acted out with other children in the past. Children who have had sexual behavior problems typically can attend school and otherwise interact with other children as long as they:

- Receive treatment for their sexual behavior problems
- Have appropriate supervision in the school setting, such as direct supervision by an adult during unstructured times like recess or lunch

In such cases, direct communication between the family, the therapist, and school personnel is important, so that a safety or supervision plan can be developed as needed.

Children who have sexually acted out with their siblings present a unique challenge for parents and therapists. Children who have experienced problematic sexual behaviors at the hands of their brothers or sisters can have a wide range of responses. Sexual behavior that was threatening, aggressive, or painful can have a profound negative effect on other children. Other factors that may increase the traumatic effect of sexual abuse by a sibling include:

- The length of time that the behaviors took place (sexual behaviors that occur over a longer period of time are more problematic)
- How many times the behaviors happened
- The type and closeness of the relationship among the children
- How well the child was functioning before the sexual interaction (children who were doing poorly before the sexual behaviors are more likely to be negatively affected)
- The response and support received from parents or other caregivers

Some children who experience sexual abuse show almost no reaction or trauma symptoms, while others may experience reactions such as nightmares, a heightened startle response, and avoidance of the sibling or anything that reminds them of the event. Still others develop symptoms of depression, anxiety (such as difficulty in separating from parents), behavior problems, social and peer problems, or even inappropriate sexual behaviors themselves.

If your child has sexually acted out with another child in your home, you will need to consider the safety and well being of all your children when deciding what course to take with the child who has sexual behavior problems. If other children in the home express concern about living with their sibling or are showing signs of traumatic stress, the best course for all concerned may be placement outside of the home. Alternative placements may include a relative's home, a foster home, or inpatient or residential treatment. Below are some issues to consider when making decisions about where this child will live:

- Can you provide close visual supervision for this child and still respond to the needs of your other children?
- What safety measures can you take to increase the level of supervision and safety in your home? (For example, changes in sleeping arrangements.)
- How severe were the child's sexual behavior problems and how well is the child responding to supervision and treatment? Children with highly aggressive or intrusive sexual behavior, despite treatment and close supervision, should not live with other young children until this behavior is resolved.



Children who have experienced problematic sexual behaviors at the hands of their brothers or sisters can have a wide range of responses.

Planning for sibling contact and reunification should not be done alone. Before bringing a child with sexual behaviors back into your home, you will need to work with a knowledgeable support team to help make safety and treatment decisions. In addition to working with a qualified treatment provider, you may want help from child protective services or juvenile services. You may also want to take advantage of informal support from relatives, friends, and other supportive adults.

Together, you and this team can develop a clear safety plan for bringing your child back into your home. All members of the family should be involved in developing this plan, and everyone should agree with, understand, and be capable of following it. This plan should include:

- Rules for the children
- Activities the children can do and are encouraged to be able to do
- Responsibilities of the caregivers in charge of the children in the home
- Rules for all family members regarding privacy, boundaries, and supervision

Remember, the reunification process will—and should—take time, starting with brief visits, and increasing in frequency and duration as you and your family implement the safety plan. Raising a child who has sexually acted out with another child can be incredibly stressful. Many parents and caregivers are so focused on supporting and caring for their children that they forget how important it is to take care of themselves. As you move forward in helping your child heal, be sure to stay aware of your own needs, and seek professional help if informal supports are not enough.

For more information on sexual behavior problems in children, visit the National Center on Sexual Behavior of Youth, <http://www.ncsby.org>.

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Child Sexual Abuse: Coping with the Emotional Stress of the Legal System



Information for Parents and Caregivers

Children and adolescents who have been sexually abused frequently face the prospect of going to court. Although [legal action can be an important step in helping children and families move forward and recover from the trauma of child sexual abuse](#), it can also add to the stress of coping with life after the abuse.

If your family is involved in a legal action related to child sexual abuse, knowing what to expect can help your child or adolescent cope with the stress. You can help prepare yourself and your family by learning more about the role of the legal system, common concerns about legal action, and suggested strategies to cope with the legal process at different stages.

Understanding the Role of the Legal System in Child Sexual Abuse Cases

Your level of control and input will vary depending on the type of legal action that is involved. When your family is involved in legal action, it can be helpful to understand the different types of cases and their goals. Some of the most common types of legal cases are listed below.

- In [criminal cases](#), the goal is to protect society as a whole. The prosecuting attorney's role is to represent the entire community, not just the child who has been abused. The prosecutor decides how the case is conducted, and whether charges are filed or dismissed.

The lack of control over important decisions in criminal cases can be frustrating and distressing for victims and their families, particularly when their wishes differ from those of the prosecuting attorney, or when the verdict or sentencing is not what they had expected.

- In [private civil cases](#) (custody cases, restraining orders, suits against the abuser for personal injury, etc.), the goal is to ensure the best interests of the child and/or to obtain financial restitution for the emotional and physical costs of the abuse.

Because the parent, guardian, and/or child are the ones bringing the suit, they make the important decisions about how to conduct the case, and may be responsible for some of the court fees. A guardian *ad litem* (see “Court Q & A” box on page 4) may be appointed by the court to represent the child’s interests, but in private civil cases this will usually be at the expense of one of the parties.

- In **child protection cases**, the goal is to protect the child when there is evidence that the child has been abused by a parent, guardian, or other primary caregiver. During child protection hearings, decisions may be made to remove the child or adolescent from the family and place them in the temporary custody of a foster home or other placement.
- As with criminal cases, in child protection cases the government files the legal action, which means that the family does not have the right to dismiss the case. A guardian *ad litem* (**See Box**, p. 4) will be appointed to represent the child’s interests at the government’s expense. Understand that the goal of these actions is not to punish the parent or caretaker, but to protect the safety and well-being of the child.



Legal action can be an important step in helping families move forward.

Common Concerns about Taking Legal Action

Many abused children, adolescents and their families are worried about getting involved with the court process. They may want to get on with their lives and leave the abuse in the past. They may be afraid of losing their privacy, or feel embarrassed or ashamed about what happened. They may worry that going to court will cause more trauma and pain. These are all understandable concerns.

However, if children or adolescents have been sexually abused, it is also possible that the legal system can be of help to them and their families. In addition to giving children and adolescents a chance to stand up for their rights and speak out against those who hurt them, **participation in a criminal prosecution or a civil suit assures them that there are people who support them and believe them, and that they are trying to make sure the offender is held responsible for what was done.**

Table 1 lists some of the most common concerns about going to court in child sexual abuse cases, and suggests methods of coping with or reducing those concerns.

Also keep in mind that there may be local support groups, crisis centers, child and civil rights law firms, and Legal Aid agencies that provide free support services for court related cases. In addition, many communities have Children’s Advocacy Centers (CACs) that offer coordinated support and services to victims of child abuse, including sexual abuse. For a state-by-state listing of accredited CACs, visit the website of the National Children’s Alliance (http://www.nca-online.org/pages/page.asp?page_id=3999). If you are experiencing difficulty in getting the answers you need from the legal system, these groups can be of assistance in contacting the court system for you.

Table 1. Going to Court—Fears and Realities

Fear	Reality
<p>Loss of privacy</p>	<p>Frequently when the victim is a child or adolescent, lawyers can ask that TV cameras be barred from the courtroom and that only necessary people be allowed to remain there, such as witnesses and law enforcement officers. Many cases never become high profile, and settle quietly out of court.</p> <p>The court will do everything it can to protect your privacy, and responsible reporters have policies not to disclose the name of a child victim. However, it is possible that some people in your community will know—or think they know—who is involved. If this occurs, it can help to talk to school staff, spiritual leaders, and other parents about how they will handle the curiosity and questions of other children.</p> <p>It is important to reassure your child that it is the abuser, not your child, who is responsible for what is happening. Getting appropriate treatment for your child is often the best step you can take in helping your child deal with issues of loss of privacy.</p>
<p>Fear of retaliation</p>	<p>Defendants in criminal cases are usually under court order to have no contact with the victim and the victim’s family while the case is pending. This may also be true in child custody or child protection cases. If you or your child are concerned about safety, you can take steps to make yourselves feel more secure. Several suggestions are included below.</p> <ul style="list-style-type: none"> ■ Notify the child’s daycare or school of the situation, and make it clear that the abuser is to have no contact with your child. ■ Keep a cell phone handy, ideally one with picture-taking capability, to document any instance where the abuser is violating any no-contact court order. ■ Encourage children or adolescents to talk about their fears. Be honest about the likelihood of a particular fear actually happening, and do your best to keep unrealistic fears in check. ■ Report threats or concerns about safety (e.g., calls in the middle of the night, etc.) to law enforcement, your crime victim advocate and/or the prosecuting attorney or civil attorney representing you and your family. All of these professionals can potentially take steps to address your safety. ■ Obtain information about a civil protective order. Child sexual abuse cases are frequently covered by domestic violence protective order laws and other types of protective orders, which are free and carry no court costs to obtain.
<p>Financial worries (e.g., missing work to go to court, paying for legal, medical, and/or mental health services)</p>	<p>Keep in mind that children are often sensitive to parents’ financial worries, and may blame themselves for causing financial stress. Assure your child that he or she is not to blame for the situation, and that resources are available to help. Ask your child protective services worker, crime victim advocate, and/or other involved professionals for advocacy and possible resources.</p> <p>Many states and communities offer financial assistance, including funds for crime victim compensation even if the case is not prosecuted or does not result in a conviction. These types of funds generally cover payments for necessary medical/mental health services for sexually abused children. Some also offer compensation for lost work time and other expenses related to prosecution of criminal acts. Ask your local law enforcement, civil attorney, prosecutor’s office, crime victim advocate, or child protective services worker for information.</p>
<p>Missing school for court and other necessary appointments</p>	<p>Talk to school administration about allowing children to finish schoolwork on a schedule that takes into account their abuse-related needs. Designate a particular teacher or staff member that the student can turn to if she or he feels overwhelmed during school hours.</p>

Coping with the Court Process: Step by Step

Step 1: The Investigative Phase

During the investigative phase, several different agencies may be involved in the investigation of the case. The immediate issues to be addressed may include establishing whether sexual abuse has occurred, who abused the child, where the abuse occurred, and how to ensure the child's immediate and future safety. Other issues focus on the child's medical and psychological needs, and the child may need a medical exam or a psychological assessment. For example, medical testing for injuries or sexually transmitted diseases, or counseling support for symptoms of depression, anxiety, or sudden changes in mood may be necessary.

The early investigative phase is a time when many things happen quickly and all at once. Sometimes the information may be confusing, overwhelming, or even conflicting between different service providers involved in the case. It is also a time when children, adolescents, and families are called upon to make many important and potentially difficult decisions and changes, such as:

As you navigate the legal process, keep in mind that the most important consideration is the safety and well-being of your child.

- Whether to have a medical exam or interview
- Whether to cooperate with law enforcement and child protective services to help build the case and keep the child or adolescent safe from further harm
- Whether to cut off contact with the abuser
- Whether to arrange for counseling or mental health treatment

As you navigate the legal process, keep in mind that the most important consideration is the safety and well-being of your child. If you are confused by the legal jargon, getting conflicting information from different people, or just feeling overwhelmed, don't hesitate to reach out for help. For information about mental health treatment for your child, go to www.NCTSN.org.

At this phase of the legal process, the full impact of disclosing sexual abuse becomes real, and your child or adolescent may be forced to talk about the abuse with people who are complete strangers. This can lead to a number of difficult reactions, including:

- Conflicted feelings about the abuser, especially if he or she is someone the child or adolescent likes, admires, or loves
- Guilt about the effect his or her disclosure is having on the abuser's family
- Self-doubt or embarrassment if he or she has unclear or confusing memories about the specifics of the abuse or feels that they may have invited the abuse

Court Q & A

The judge appointed a guardian ad litem for my child. What does this mean?

Guardian *ad litem* means *guardian at law*. This is a person appointed by the judge to advocate for the best interests of the child in a particular case. Appointment of a guardian *ad litem* usually happens in cases where the child disagrees with the parent or caretaker about how to proceed or where there is evidence that the caretaker may have been involved in or in some way responsible for the abuse. (For example, by failing to protect the child against harm by another person.)

Children and adolescents should be reassured that neither the abuse nor the impact of the resulting legal process is their fault. **The abuser is the sole person responsible for the harm**, and for setting the legal system into motion. Obtaining appropriate mental health counseling can help children and adolescents deal with both the trauma of the abuse and the stresses and confusion involved in the legal process. Over time, children, adolescents and their families become increasingly familiar and comfortable with the investigators and professionals involved in the case, and may even find them to be a source of comfort and empowerment as the legal process goes on.

If either you or the government decide not to go forward with a criminal or child protective services legal case related to the child sexual abuse, you may feel at a loss because the service providers who were assisting you are suddenly no longer there. It is important to continue to reach out for help from the victim advocacy community if you feel you or your child needs it. This may include continuing to learn about alternative legal choices such as civil protective orders, obtaining financial assistance, or seeking counseling for yourself and your child.

Sometimes when a case is dropped, families can feel betrayed by the process because they wanted the offender to be held more accountable. It can be a harsh reality for families to learn that the legal system relies on obtaining enough evidence to go forward to trial, rather than on the beliefs of the family and other professionals that the child was indeed abused.

Step 2: Going to Trial

Once the decision is made to go forward with the case, the whirlwind of the initial investigation usually stops and there may be a lull as lawyers prepare for the trial. In many, if not most, criminal and civil legal cases the case never actually goes to trial. Instead, it is settled before the trial date, either with a guilty plea to a lesser charge (in criminal court) or a negotiated settlement (in civil court). For some families, such out of court settlements may be a relief—a way of moving on and putting the case behind them. For others, plea bargains and negotiated settlements may make the family feel as if they or the system are giving in or that the punishment has not been adequate.

Court Q & A

I feel like no one is talking to us about what is going on with this case. What can I do to find out more?

In every state, law enforcement and prosecuting attorneys are required to provide crime victims with information about their rights in the system. If there is conflict between the family's interests and the government, families can get information about the case and about the rights of victims from government victim witness assistants.



If the case does go to trial, children or adolescents may have many questions about what will happen in court. The answer will depend on the child's age; younger children need shorter answers and less detail than older ones. For example, it is normal for children to be worried that the person who hurt them might try to do so again, or will try to get back at them for "telling." It is generally enough to reassure younger children that abusers know that the police can arrest them if they come near the child or family. With older children and adolescents, it can help to explain that the abuser is under a court order to have no contact, and to describe the penalties the abuser would face for violating the order. Such explanations also give adult caretakers the chance to **reassure children and adolescents that the responsibility for the abuse belongs to the abuser, no matter what.**

When your child asks whether the abuser will be held accountable for the abuse, it is important to be both honest and reassuring. Children and adolescents should know that no matter what happens in court, they are supported and believed, and the abuse was not their fault. Adults can talk with their children about the feelings that led to the question, and about their own feelings. If children or adolescents show signs of behavioral or emotional distress related to the abuse or court involvement, this may be a good time to explore treatment options.

During the trial, giving court testimony can be stressful, but it can also be empowering, offering the child or adolescent the opportunity to tell their side of the situation. Hearing others testify can sometimes be just as emotional as testifying. Your child may feel angry or sad when hearing about the experiences of parents or siblings, or feel outraged if he or she believes that witnesses are lying.

Tips for Helping Children Cope with the Stress of a Trial

Maintain normal routines. Younger children especially feel more secure when their daily lives follow predictable patterns. Don't let life revolve around the case or the abuse. Set regular times to do ordinary family things together, such as playing board games, helping with homework, or going to the movies together.

Set normal expectations. In order to feel safe and secure in their world, children (even adolescents) need parents to make and keep the rules. Although you may be tempted to "let things slide" because of the stresses your child is experiencing, big changes in routine may actually tell your child that he is now somehow different. Try to maintain schoolwork, chores, and behavioral expectations as much as possible.

Expect the unexpected. Don't be surprised if your child acts a little younger than his or her age during this time. Stressed children often revert to behaviors they've grown out of; it's their way of expressing that they don't feel so sure of themselves just now. Responding with reassurance and empathy will help. If your child begins to frequently act in ways that worry you, though, you may want to consider counseling for her or him.

Don't make life all about the trial. Let your child decide when to talk about court-related issues, and provide him or her with plenty of reminders and opportunities to just be a kid. If you have concerns that your child is very worried, scared, ashamed or embarrassed about something and isn't talking about it, try to bring out feelings with general questions like "Is there something on your mind?" or "You look like something's bothering you," rather than asking directly about court. Choose a time when you'll be able to continue the conversation once it's begun, in case it's a long one.

Avoid information overload. Part of what makes court involvement so stressful is that parents and children have no control over how—and when—the case will move forward. The court's plans can change suddenly, and court schedules often depend on the timing of other events. How much you tell your child will depend on your child's specific needs and desires. Abuse takes choice away from the victim, so any choices your child can appropriately be given will be empowering. For example, if a trial is rescheduled, your child might want to know the new date—even if it's months away—or may not want to know until its time to start preparing for the trial.

Build supports outside the family. Normal family supports can become splintered during child sexual abuse cases, particularly when the abuser is a family member. It may be useful to make a list of everyone in your community who can help when needed. If you are religious, a church, synagogue, or mosque may be a place of healing and hope. (If you experience judgment or blame at your place of worship, don't hesitate to seek a more welcoming environment to meet your spiritual needs.) Look outside of your immediate circle of friends and relatives, especially if that circle is small, or if it contains people who can't, don't want to, or don't know how to support you and your family. Many communities have organizations that exist just to help children and families in this kind of crisis. Please see the resource list at the end of this document for places to contact.

Take care of yourself. You can't support your child if you're at the end of your rope. Be aware of your own physical and emotional needs. Make every effort to eat well, get a decent night's sleep, and exercise as much as possible. If you need a break, give yourself permission to get what you need and turn to others for help. Pushing away troubling feelings will only make them come out in another (usually unhealthy) way. While it may be tempting to get a "quick fix" on tough days by using alcohol or drugs, these substances can actually make it harder for your body to recover from stress. If you find yourself drinking or taking drugs to escape painful feelings, recognize this as a clear sign that you need to get help.

Just going to court can have a dramatic emotional impact, particularly if it is the first time your child has seen the offender since he or she disclosed the abuse. You may be worried about sharing a waiting room in the courthouse with the defendant, hostile witnesses or family members loyal to the offender. If this is the case, law enforcement, attorneys, and court personnel can often arrange a variety of safety measures for your time in court, including accompanying you to and from the parking lot, providing separate waiting areas, and many other measures. A tour of the court facility before the trial, and knowing where the safety officers are positioned, can be a reassuring experience for children, adolescents and their families. Feel free to ask for as much information as you wish from the service providers involved in your case. You have the right to know what is happening in your case, to inform the attorneys of what you would like to have happen, and to provide victim impact statements or other feedback to the attorneys involved.

Step 3: Coping with the Verdict and Moving On

Once the case is over, you may feel a range of emotions regardless of the actual outcome. If the abuser is convicted, you may be very relieved, feel dissatisfied with the plea agreement or sentencing decision, or feel surprisingly “let down.” If the abuser was a close family member, there may also be sadness and grief mixed in with the satisfaction. If the abuser is acquitted, the resulting anger, fear, and sadness may be difficult to face. However, remember that support services are available both during and after the court case. Also remember



to reassure the child or adolescent that the court does not determine whether the abuse happened or not, but rather whether there is enough evidence to show that it did. Although the court system tries to find the truth, it cannot ever determine whether something really happened or not.

Simply ending such a long ordeal can be very emotional, and you and your child will need a great deal of support so that you can adjust to life after the trial, and get back to a normal school and work schedule. Once your case is completed, friends and family may feel that it is okay to ask your child questions about the case or the abuse. It is important to protect your child or adolescent from such intrusive questions. Clearly communicate to friends and family that your child is still healing both from the abuse and from the stress of the legal experience.

For most families, the decision in the civil or criminal trial related to child sexual abuse is the end of the legal process. However, for some there are other legal actions pending, such as a family court action. Less commonly, the defendant may file an appeal claiming the trial court made an error and seek to overturn the decision. Legal advocates and mental health and community service providers may also provide ongoing support to families when the legal matters take longer than expected.



You have the right to know what is happening in your case.



Additional Resources

The **Judicial Council of California, Administrative Office of the Courts, Center for Families, Children and the Courts** (www.courtinfo.ca.gov/programs/cfcc) offers a children's activity book, *What's Happening in Court*, with an interactive website component, designed to help children prepare for civil and criminal court. All materials are available in English and Spanish.

The **National Center for Missing & Exploited Children's** (www.missingkids.com) *Just in Case* series includes practical suggestions for parents of children testifying in court. Go to the "Resources for Parents and Guardians" section of the web site, click on "More Publications" under "Featured Publications" to find the series. (Other titles in the series relate to preventing exploitation of children.)

The **National Children's Alliance** (www.nca-online.org) offers a state-by-state listing of accredited Children's Advocacy Centers, community-based facilities where members of the child protection, law enforcement, prosecution, victim advocacy, medical and mental health communities provide abused children and their families with comprehensive, coordinated services and support.

The **American Bar Association Center on Children and the Law** (www.abanet.org/child) offers a range of resources and publications on the legal process in civil and criminal child abuse and neglect cases.

The **Rape, Abuse, and Incest National Network** (RAINN, www.rainn.org) can help you locate a rape and sexual abuse response agency near you, and provides links to other helpful resources. They can be reached toll free at 800-656-HOPE (656-4673).

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