



Caregiver Resource Packet

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Communities for Safe Kids: Presentations

Child Abuse – Personal Safety (Grades 1-5)

During the show the basic topics covered are:

- All kids and their bodies deserve to be safe. A kid's body belongs to them and only them.
- Secrets or touches are not things that have to be kept a secret.
- Most kids need the help of a safe adult to stop big problems.
- Kids can keep telling safe adults until they get the help they deserve.
- It is never a kid's fault if they are having a problem. Even if they never tell.

During the workshops, kids practice talking with a safe adult and talking about secrets. Facilitators and puppeteers work with kids to use puppets to practice skills through role play. Younger children talk about trusting their bodies and talking to safe adults.

Healthy Relationships (Grades 3-5)

During the discussion the basic topics covered are:

- Emphasizing everyone's right to safety.
- Defining domestic violence
- Talking about mad feelings and choices about getting mad feelings safely
- Illustrate the complex feelings a child witnessing domestic violence
- Techniques for getting and staying safe when a problem happens

During the workshop kids participate in role play to practice communication and listening skills.

Families and Feelings (Grades 3-5)

During the discussion the basic topics covered are:

- Defining relationship
- Talking about friendships and issues
- Healthy and unhealthy relationship characteristics
- Talking about feeling jealous
- Solving friendship problems
- What to do when you make a bad choice

During the workshop kids create safety plans for a problem of their own choosing.

Definitions of Child Abuse

To understand the dynamics of abuse, it is important to first define our terms. In Oregon there are eight types of reportable abuse: Neglect, Mental Injury, Physical Abuse, Sexual Abuse, Threat of Harm, Child Selling, Manufacturing Methamphetamines, and Exposure to Controlled Substances.

Neglect

Failure to provide nutrition, clothing, shelter, supervision, or medical care for a child, which causes actual harm or substantial risk of harm.

*A child younger than ten cannot be left alone for a period of time that may likely endanger their health or welfare. A child should not be left in a position of authority or left alone in situations beyond their ability to handle.

"My dad sleeps a lot. One time he slept all day and I didn't get anything to eat. I told him and he said he wouldn't sleep all day again...it happens a lot but he doesn't do it anymore" – 1st grader

Indicators of Neglect:

Behavioral and Emotional Symptoms

- Difficulty Concentrating
- Seems invisible, has no concept of having needs
- Erratic or aggressive behaviors

Physical Symptoms

- Constantly tired, falls asleep
- Sick frequently with colds, fevers, stomach aches
- Dull look in eyes and appearance
- Unkempt appearance, persistent body odor, smell of urine
- Malnourished
- Chronic head lice

"I am a foster kid now because my mom couldn't take care of me. I am going to be adopted. It feels safe now. I have a clean place and a clean house. I miss my mom though. Kids tease me sometimes because my mom didn't love me. I like my new house now." -2nd grader

Mental Injury

A pattern of destructive acts that impairs a child's emotional, social, and physical development.

This can include rejecting, isolating, terrorizing, ignoring, corrupting, habitual ridiculing, scapegoating, and exposure to violence and humiliation. Reportable mental injury has a harmful effect on a child which can be observed.

Indicators of Mental Injury:

Behavioral and Emotional Symptoms

- Very aggressive or withdrawn
- Speech or language disorders
- Clinging or abnormally attached
- Poor self-concept

Physical Symptoms

- Nervous disorders, stomachaches, or other illness
- Failure to grow "naturally" or failure to thrive

This morning, I don't want you to tell my mom, she was in the bathroom and part of her glasses broke. She asked me to get my screwdriver. I couldn't find it and my mom said 'god damn it' and that I don't do anything she asks. She got mad and told me to 'get out'...she does that when she gets mad, tells me to 'get out.' I go to my grandma's, she lives next door. My mom threw my toys and my paint set on the floor cause she was looking for my screwdriver...When I was in the bathroom my mom put her hands on my face and pulled it close and screamed. Sometimes she says she wants to hit me."

Physical Abuse

Oregon law defines physical abuse as any injury to a child that is not accidental. This includes a wide range of behaviors that physically injure or harm a child's body, such as burning, hitting, kicking, shaking, poisoning, or throwing a child.

Indicators of Physical Abuse:

Behavioral and Emotional Symptoms

- Low affect, withdrawn
- Overly compliant to avoid confrontation
- Lacks curiosity
- Hyper-active, creates chaos, acts out anger against adults and peers
- Hits, kicks, and bites peers and others
- Acts frightened when adults approach quickly
- May seem accident-prone or clumsy

Physical Symptoms

- Bruises, burns, welts, lacerations, broken bones, marks on the body that resemble the shape of an object used, such as: a hand, electric cord, paddle (particularly on cheeks, buttocks or stomach)
- Injuries that do not fit the explanation. For example, bruises on both sides of the face from “falling off the couch”
- Poisoning – some parents punish children by forcing them to swallow toxic amounts of chemicals, liquid or food like water, peppers, ground pepper, laxatives, and other household products

“My step dad used to wet the leather strap and slap me across the face with it...I have an anger problem. I lock myself in this little room and bang my head and scream...My life is so messed up...My little brother who’s three hits himself and gives himself bruises. I don’t want to get my mom in trouble. When my mom and her boyfriend drink they kind don’t make a good couple...My mom’s boyfriend kicked my dog. I cussed at him and got a knife and I wanted to kill him.” – 4th grader

Sexual Abuse

Any forced or coercive sexual contact or experience with a child.

Types of sexual abuse include molestation, rape, incest, voyeurism, exhibitionism, pornography, prostitution, and sexual harassment.

Indicators of Sexual Abuse:

Behavioral and Emotional Symptoms

- Knowledge of sexual acts not appropriate to age
- Acting out adult sexual acts (simulating intercourse, oral or anal sex) with peers, adults, or pets
- Masturbates to excess or compulsively, when alone, in public, or when anxious
- Disassociates or splits from activity, is unable to concentrate on tasks, or in some cases, is unable to finish thoughts
- Gives hints about sexual activity
- Sleeps at school
- Depressed
- Looks perfect, never wants to disappoint, wants to look like a “good child”
- Shows extreme aversion to certain characteristics of a person, such as gender, smell, and general appearance

Physical Symptoms

- Sexually transmitted disease
- Bruising on inner, upper thighs
- Difficulty in walking or sitting
- Vaginal or anal soreness, bleeding or itching
- Chronic ailments, stomachaches, urinary infections
- Throat problems
- Uncontrollable bowel movements

"I already went to get help but I'm scared to tell about it...A long time ago, my mom's boyfriend touched me on my private parts. He told me to go to sleep in his bed...I was too scared to tell...Then I started having accidents and my dad asked me to and I told him and I had to go to court and he didn't get to go to jail and that's why I'm still scared. I had to go to court two times...I feel scared because I've already moved but he could find me." – 3rd grader

Threat of Harm

Includes all activities, conditions and persons which place the child at substantial risk of physical or sexual abuse, neglect or mental injury, making direct threats to a child, and taking threatening actions against a child. **This category includes witnessing domestic violence.**

Indicators of Threat of Harm:

Behavioral and Emotional Symptoms

- May exhibit any of the symptoms for other types of abuse
- Withdrawn or aggressive

Physical Symptoms

- Failure to develop emotionally and/or physically
- Nervous disorders, stomachaches, other illness

"One time my sister was putting out the trash and she saw broken glass and it was a picture. My granddaddy saw it and he said that my dad slammed my mom into the picture and it broke. Sometimes my dad goes out all night and gets drunk. Sometimes I get so scared because he might do something to me. I get so scared that I cry and my head hurts." – 2nd grader

When to Report Domestic Violence

A report is necessary when there is reasonable cause to believe there is current domestic violence or the alleged abuser has a history of domestic violence AND one of the following:

- There is a reason to believe the child will intervene or is intervening in a violent situation, placing them at risk of substantial harm
- The child is likely to be harmed during the violence (being held during the violence, physically restrained from leaving, etc)

- The alleged abuser is not allowing the adult caregiver and child access to basic needs, impacting the health or safety.
- The alleged abuser has killed or inflicted substantial harm, or is making a believable threat to do so to anyone in the family, including extended family members and pets.
- The child’s ability to function on a daily basis is substantially impaired by being in a constant state of fear.

Child Selling

This includes buying or selling a person under the age of 18

Manufacturing Methamphetamines

Permitting a person younger than 18 years of age to enter or remain in an or upon premises where methamphetamines are being manufactured

Exposure to Controlled Substances

Unlawful exposure to a controlled substance that subjects a child to substantial risk of harm to the child’s health or safety.

Note about Labeling

Children labeled with “Learning Disabilities” or “Attention Deficit Disorders” may actually be responding to living with child abuse and/or domestic violence. Many of the above behaviors are misinterpreted as indicators of disorders/disabilities. Some others include:

- Lack of focus or concentration
- Daydreaming
- Sleepy
- Hyper vigilance
- Not engaged at school
- Regressive behaviors – thumb sucking, wetting pants
- Lack of “social skills”

Healthy Child Sexual Behaviors

Healthy Child Sexual Behaviors are:

- An information gathering process
- Involve children of similar age, size and development
- Participate on a voluntary basis
- Usually between children who have an ongoing mutually enjoyable play and/or school friendship

Normal Child Sexual Development

→ Ages 5-8

- Continue to explore all parts of their bodies, including their genitals, in a pleasurable way.
- Become increasingly curious about pregnancy and birth
- Form strong same-sex friendships/bond with others of same sex.
- Show interest in stereotypical male and female roles regardless of parents' approach to childrearing.

→ Ages 9-12

- Become more modest & desire privacy
- More curious about developed male and female bodies
- Look at erotic magazines or internet sites
- Develop romantic crushes on friends, celebrities, etc.
- Show interest in dating
- Wonder "Am I normal?"
- Experience pressure to conform to stereotypical gender roles
- Use sexual language
- Masturbate to a more adult style orgasm

When Are Sexual Behaviors Between Kids Abusive?

Adopted from 2003 workshop “Sexual Behaviors in Children; When to Relax, When to Report”
Presented by Susan Reichert, MD

- **Lack of Consent**
 - One child does not know what is being proposed
 - One child does not understand standards of behavior
 - One child does not know potential consequences
 - One child cannot choose to act freely without repercussions
- **Lack of equality**
 - Obvious difference between children is age, size, intellect, and responsibility
 - One child has been left “in charge”
 - Subtle difference between children in strength, popularity, and self image
 - One child consistently takes role of leader/boss in reality and fantasy play
- **Coercion**
 - Child uses manipulation, trickery, peer pressure, or bribes
 - Child uses threats of lost relationship, privilege, or esteem
 - Child uses intimidation or threats of force/harm
 - Child uses physical restraint, force, or weapons
- **Extent and persistence**
 - Behaviors seem inappropriate based on age of child
 - Child is unresponsive to limits set by other children and/or adults
 - Child’s behaviors are explicit even by typical sexual standards

Sexual Behaviors of Concern

From *Sexual Play: When Should You Be Concerned?* Published by Eva Essa and Colleen Murray in
Childhood Education, Summer 1999

- The child’s interest in sex is out of proportion with his or her curiosity about other aspects of the world. Interest in sex is compulsive, to the exclusion of interest in other developmentally appropriate activities.
- The child is more knowledgeable about sexual behaviors than other children of the same age, the same socioeconomic background, and from the same neighborhood.
- The child approaches unfamiliar children, not friends, to engage in sexual behavior. The child bribes or forces another child to engage in sexual behavior.
- Other children often complain about the sexual behavior of the child.
- When sexual matters are raised, the child becomes anxious, fearful, or angry.

Facts About Sexual Abuse Perpetrators

Individuals who sexually abuse children are most often people we think we can trust: family, friends, neighbors, teachers, baby-sitters, members of our religious groups, etc. In fact, the largest group of sexual abusers is referred to as “situational abusers”. For these abusers, the child’s age, gender, and appearance may be less important than their availability.

You cannot tell if a person is an offender just by looking at them. There is no correlation to race, ethnicity, religion, education, sexuality, or economic status.

People who sexually abuse children are only thinking about themselves and their own needs and feelings. They do not worry about hurting the child.

Offenders often manipulate children by providing for their emotional needs. Spending time with children in fun activities and expressing love and appreciation for them draws children to the offender so that their needs for love, attention, and approval can be met.

In law enforcement reports, men constitute 96% of all perpetrators in sexual abuse cases. Studies show, however, that women may account for 20-30% of child sexual abuse. Fewer than 5% of abusers have identifiable mental illness – about the same as the general population.

Perpetrators of child sexual abuse rationalize that what they are doing is okay. They lie to themselves and others.

40% or more of cases of child sexual abuse involve children or teens who sexually offended against their peers or younger children. This is new information for most people and can seem quite alarming.



Children who have been sexually abused are not destined to be offenders.



Grooming

Sexual abuse often involves a slow conditioning in which the level and type of sexual abuse increases over time. The child is manipulated into compliance and secrecy. Physical violence is rarely used; the child is coerced into escalation sexual abuse by bribes, threats, and mere adult authority. Common threats to a child include: “If you tell, I’ll go to jail,” “You’ll go to a foster home,” “Your mother will divorce me,” or “No one will believe you.” This process is called grooming.

Knowing the three types of force used against a child can be helpful in understanding sexual abuse of all types, but incest in particular.

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- 1. **Physical** force means that a child is hurt physically or threatened with a weapon or physical harm.
 - 2. **Emotional** force is employed when an adult uses tricks and manipulation or threatens the child with undesirable outcomes so that the child’s feelings compel them to comply and to maintain secrecy, as in the example just cited.
 - 3. Force of **authority** happens when an adult uses the status of adulthood, parenthood, or care taking to force the child into compliance. “I’m your father , and you’ll do what I say” is an example of force of authority. Sometimes force of authority does not even need to be spoken; the child knows that privileges will be denied or punishments will follow is they fail to comply.
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Guidelines for Talking With or Listening to Children

Remember children are not little adults. Children have different and unique ways of understanding their experiences. As caring grown-ups we must listen carefully to how they make sense of their experiences.

The following is a list of simple everyday things you can do to improve your communication with your child.

- Address the child at eye level.
- Use simple and direct language
- Use a calm and neutral tone
- Address privacy
- Use body language and facial expression that indicate interest
- Acknowledge the child's right not to speak
- Do not make promises you cannot keep
- Always believe the child
- Ask clarifying questions
- Encouragers – phrases that encourage a child to continue speaking:

- Could it be...
- You appear to be feeling...
- What I think I am hearing is...
- Then what happened?
- I am glad you're talking about this.

- I wonder...
- Tell me more.
- You think...
- How do you feel?
- I believe you...

- Be honest – if you can't listen actively in the moment tell them and set a time when you will.
- Teach less and Listen more – focus on what they are telling you not how to fix the situation.
- Listen to the "little things" – if we don't listen to their complaints and daily experiences, our children will not share the harder stories.

→ **Remember, what we do and say makes a powerful difference-** "It's not your fault.", "This must be scary for you.", "You have the right to feel safe.", "I believe you.", "You are very brave for talking about this.", "I love you."

Responding to Disclosures of Abuse

Remain calm. Your reaction makes a difference to the child. Feeling angry or stunned are common adult responses, however in the moment stay focused on the child. Later, you may need to talk to a “safe grown-up” as well.

Always believe the child. Children rarely lie about abuse.

Let the child know that it is okay if they did not say “NO” to the abuse, or tell immediately. It is important to address any guilt or responsibility for the abuse that the child might be experiencing. Let the child know that you understand that it can be hard to say “NO”, especially if the abuser was older, stronger, smarter, or if the abuser was someone the child loved, trusted, or was told to trust.

Use the child’s language to talk about the abuse or violence. If you use their language you are less likely to be asking leading questions. Do not substitute the words children are using with more clinical terms, e.g. Child says “He touched me bad.” You say “He sexually abused you?”

Do not side-step the description of the problem. Children are perceptive; they will feel your discomfort and may avoid sharing their story with you in an effort to protect you.

Do not project or assume anything. Actively listen so that you don’t confuse your own feelings with those of the child. You may believe that the child hates the offender and never wants to see him again, but this may not be the case. Often, children care deeply for the offending adult but are frightened by the behavior of the person. It is quite possible to hate the behavior without hating the person. Affirm the child’s feelings even if they are not your own.

Avoid using “good” or “bad”. People often refer to the sexual abuse as “bad touch”, or to the offender as the “bad person.” These statements can be very confusing to a child survivor, and may reinforce feelings of guilt and shame. The child may have conflicting feelings about the abuser, who may be a parent, relative, or friend of the family. The offender may be someone the child loves, enjoys, and/or depends on to meet their needs. If the offender is labeled as bad and the child believes that s/he voluntarily engages in the sexual abuse, then they may feel they are also bad.

Do not make promises you cannot keep and never promise not to tell. Give them an idea of what will happen next. Knowing vs. not knowing helps relieve some of the child’s anxiety.

Offer simple words of encouragement:

- It is not your fault.
- Everyone (kids and grown-ups) has the right to feel safe.
- You are very brave for talking about this.

- Do you want to tell me more about that?
- I am glad you are talking about this.
- I believe you.

How to Report Suspected Child Abuse

Who do I call? If you believe abuse has occurred, call your local Child Protective Services office. If the situation is an emergency, you can also report to your local law enforcement agency, (police, sheriff, county juvenile department). If you do not know who to call, CPS is your best bet.

After 5 PM, in the tri-county area, call the child abuse reporting hotline at: 503-731-3000.

During the week from 9-5 call the Child Abuse Hotline in your county:

Clackamas County: 971-673-7112,

Multnomah County: 503-731-3100 local or 800-509-5439

Washington County: 503-681-6917 local or 800-275-8952 dial 1

Note: Child Protective Services (CPS) is a branch of Child Welfare, which is a part of the Department of Human Services (DHS).

What information do I need to report? You do not need to know the name of the abuser before you make a report. DHS will also ask for a *specific allegation of abuse*.

Example that is **not** an allegation of abuse:

“Mary seems withdrawn and quiet.”

Example of a specific allegation:

Mary comes to school with bruises on her face and tells you, “I don’t want to go home, because my mom hit me.”

If it is possible report the names and addresses of the child and parent; the child’s age; the type and extent of the abuse, as well as any previous evidence of the abuse; the explanation given for the abuse; how the abuse was detected, and any other information that will help establish the cause of abuse or identify the abuser.

What if I’m not sure it’s abuse? If you have questions about whether or not to report, please call your local DHS office to consult with CPS-trained staff. You can always call and consult DHS if you aren’t sure if you should report, or if you are looking for resources.

Reporting information compiled from the Oregon Department of Human Services website:

<http://www.oregon.gov/DHS/children/abuse>

Resources

For Educators

Schools Where Everyone Belongs: Practical Strategies for Reducing Bullying by Stan Davis. Easy to read and up to date bullying prevention theory and practice. Davis was a school counselor and educator for 40 years and is one of the leading experts in the country on bullying prevention.

Stop Bullying Now! Website – www.stopbullying.gov - Handy government website with resources, research, tips, and ideas for understanding the scope of bullying, cyberbullying and effective prevention techniques.

Futures Without Violence Website – www.futureswithoutviolence.org – Website for administrators and those interested in the most up to date violence prevention programs. Provides technical assistance to the Department of Justice’s Defending Childhood Initiative in Multnomah County.

Welcoming Schools – www.welcomingschools.org – Ideas and curriculum for teachers about how to talk about diverse families, gender and sexuality in the classroom.

Teaching Tolerance Website and Magazine – teachingtolerance.org is a website for educators and includes sample lesson plans, information and articles on how to incorporate anti-bias education into existing curriculum. The magazine is published twice per year and is free for educators.

Anti-Bias Education for Young Children and Ourselves – by Louise Derman-Sparks. Easy ideas for incorporating activities and games that promote acceptance and respect of diversity in the classroom and school environment.

For Students & Caregivers

Off Limits: A Parent’s Guide to Keeping Kids Safe from Sexual Abuse by Sandy Wurtele and Feather Berkower. An excellent and comprehensive book with ideas for how to talk with kids about normal sexual development and tips and rules to keep kids safe from sexual abuse.

Just Kidding, Say Something, Confessions of a Former Bully, and Trouble Talk – Books by Trudy Ludwig on the topic of bullying.

The Hundred Dresses – By Elenor Estes is a longer story centering around the effects of bullying on a polish girl named Wanda in the 1940s, and a bystander named Maddie who watches what happens. Perfect for understanding reasons why bystanders don’t interrupt bullying, and the effects of watching without taking action.

thatsnotcool.com & loveisrespect.org – A website for tweens and teens on the topics of healthy dating relationships and cyber-harassment.

www.handinhandparenting.org - support for parents to provide them with the insights and skills they need to listen to and connect with their children in a way that allows each child to thrive.

Books on specific topics

These are great books that show kids dealing with violence in their community, school or home. We like these books because they avoid victim blaming, false promises and fear tactics.

Neglect – Our Gracie Aunt by Jacqueline Woodson – two neglected children adjust to living with their aunt and the idea of their mom being in rehab.

Physical Abuse – I Don't Want to go to Justin's House Anymore by Beth Jepson – a boy doesn't want to go to his friend's house because of violence there.

Sexual Abuse – Not in Room 204 by Jamie Zollars. A teacher sets rules of respect in her room and tells her students they can talk to her about touching problems.

Partner Violence – Something is Wrong at My House by Diane Davis. A boy talks about the violence in his family and how it makes him feel.

Feelings and Empathy

Today I Feel Silly – by Jamie Lee Curtis. Covers a wide variety of emotions, with plenty of humor.

The Feelings Book – by Todd Parr. A preschool through 1st grade friendly book about various feelings.

I Love You Rituals – by Becky Bailey. A book for parents/caregivers full of short rhymes, finger games and other ideas to promote closeness and attachment; the best way to foster obedience and emotional health in young children.

Other Resources

211 – 2-1-1 provides free and confidential information and referral. Call 2-1-1 for help with food, housing, employment, health care, counseling and more. Learn more about your local 2-1-1 by looking it up at ww.211.org

Impact NW's Early Childhood and Family Programs off a range of resources for families including classes, groups and one on one support on a variety of topics. Please do not hesitate to call the Brentwood-Darlington Community Center at 503.988.5961 for more information.

References

For the PowerPoint presentation.

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