Protecting Your Children

An information packet for parents and caregivers who want to know more about preventing the sexual abuse of their children.

Brigid Collins is a private non-profit organization dedicated to providing comprehensive services that promote the healthy development of all families.

2016
SEXUAL ABUSE
GUIDELINES FOR PREVENTION

Prevention of sexual abuse training for children is built on conveying the following ideas effectively to your children early on:

- Your body belongs to you.
- You have a right to say who touches you and how.
- If someone touches you in a way you don't like, in a way that makes you feel funny or uncomfortable inside, or in a way that you think is wrong, it's okay to say no.
- If the person doesn't stop, you say, “I'm going to tell,” and then you tell, no matter what.
- If you’re asked to keep a secret, you say, “No, I'm going to tell.”
- If you have a problem, keep talking about it until someone helps you.

Your body belongs to you
Kids should be taught where their “private zones” are. Say, “Show me where on your body you wear a bathing suit.” Then tell the children that a person's private zones are the part of our body a bathing suit covers. Let children know that their body belongs to them and that they have the right to say who touches them. Some parents say something like, “Your private parts are special parts of your body. You can touch yourself there in private times, but others shouldn’t, except if you're sick or hurt or at the doctor. It’s not okay for someone older than you to touch your private parts or to ask you to touch their private parts.”

The right to say who touches you and how
Prevention is based on allowing children to decide about touching for themselves and giving them permission and support to speak up for themselves. One of the worst consequences of abuse-prevention training would be the withdrawal of normal affection and play with children. It is important, however, to acknowledge and support their likes and dislikes, especially when it comes to touching.

It's okay to say no
Give them ways to say no. Here are some examples:
  “Stop. I don't like that.”
  “That's not fun anymore, and I don’t want you to do it.”
  “You shouldn’t be asking me to do that. Leave me alone.”
  “I'm not allowed to do things like that. Please take me home.”

I'm going to tell/No secrets
Then they need to learn to say, “I’m going to tell if you don’t leave me alone” immediately if their first request is ignored. Children need to be taught to tell their parents or someone they trust anytime they want someone to stop touching them. No matter how scared they feel, they need to tell someone who can help them. And they must know that they will be believed and supported no matter what the abuser has said. You may adopt a family agreement not to keep secrets. Then your child can say, “We don’t keep secrets in our family. I'm going to tell.”

Keep talking about it until you get help
It is essential that you never tell your children whom they can trust. An abuser can be anyone. Children need to make their own decisions about who they trust to tell. It is important to teach children to keep telling until someone hears them and helps with their problem. Children are not always clear in the ways they try to tell. If someone does not understand what the child has tried to say, it is important that the child try to tell someone else until she/he is understood and is helped. You can help your child problem-solve about whom they might tell if you are unavailable to them. (“Who could you tell if…?”)

While adults can’t always prevent sexual abuse, children may, if they are given permission to think for themselves, the ability to speak up for themselves, and the resources to get help when they need it.

(Adapted from Kraizer, Sherryl K., “The Safe Child Book”)
INDICATORS OF CHILD SEXUAL ABUSE

There are seldom witnesses to child sexual abuse, so caregivers must make themselves aware of the ways children might “tell” about sexual abuse.

**STATEMENTS** made by the child of sexual acts committed upon him/her are the most reliable indicators of sexual abuse. However, many children do not tell in words that they have been sexually abused. Often the reason they don’t tell is because they think no one will believe them, or they are afraid of what might happen to them as a result of telling. Children may fear that they will be blamed for the abuse and that something bad will happen if they tell. This may have been reinforced by the offender, who may have threatened, “You will get into trouble if you tell” or “You will be sent away and I’ll have to go to jail.”

Children may not have the words to tell, or don’t know what to say. They may use vague terms, such as: “I don’t like Mr. Jones anymore” or “Mr. Smith wears funny underwear.” The offender may have told them that “it’s okay” or that “it’s our special secret.”

**PHYSICAL EVIDENCE** of sexual abuse includes*:
- Venereal disease (in mouth, vagina, urethra or rectum)
- Anal/oral/genital tissue trauma (bruising, bleeding or other damage)
- Presence of foreign objects in some opening of the body
- Pregnancy in adolescent females

*A physician should see a child as soon as possible in these situations.

Most often, a child will not tell in words, but by a change in behavior. **BEHAVIORAL INDICATORS** include**:
- Difficulty in walking or sitting
- Sexual knowledge beyond child’s age
- Manipulative or seductive-appearing attention-seeking behavior
- Fearful behavior towards certain individuals
- Excessive masturbatory behavior in small children (masturbation itself is normal behavior in children)
- Eating, sleeping, toileting disturbances
- Excessive crying, irritability, crankiness
- Regressive behavior (returning to younger, more babyish behavior)
- Lack of friends, withdrawal from others
- Acting out behaviors (aggression, truancy, running away, stealing, lying, etc.)
- Promiscuity
- Prostitution
- Self-destructive behaviors (substance abuse, eating disorders, suicide gestures, cutting or burning oneself)
- Depression
- Alienation from other family members

**The majority of these signals are some general indicators that the child may be troubled, though not necessarily about sexual abuse. They are signs of upset that arise sometimes during stressful life events, such as a divorce, a new sibling, or a move.**

Each of these “signals” should be taken seriously—professional evaluation may be indicated. Parents who follow up such indicators demonstrate support for the child, and may well interrupt a serious situation from developing.
WHAT TO DO IF A CHILD HAS BEEN SEXUALLY ABUSED

Learning that your child has been assaulted is a crisis. It can be overwhelming. It is important not to panic or to overreact. Keep the focus on the child’s need for help and support.

What to do immediately:
- Go with the child to a private place. Reassure him/her that you are glad she/he told you and that she/he did the right thing by telling.
- Gently ask the child to tell you what happened in his/her own words. Tell them it is okay to go slowly, but don’t pressure the child to talk.
- Let the child know you believe him/her.
- Let the child know you are sorry about what happened to him/her. Try to keep your own feelings separate from those of your child. Avoid angry threats about what you think should happen to the offender—the child may be mixed up about how he/she feels toward the abuser and may only be confused or frightened by your reaction.
- Let the child know it is not his/her fault. Children often feel they have done something wrong or have caused a lot of trouble for the family by telling. Make it clear that the fault lies with the offender, e.g., “It’s Mr. Smith’s fault. He has a problem and needs help.”
- Tell the child you will do your best to protect him/her from further molestation. Do not make any promises or any threats at this point. Promising action that may not occur can perpetuate a child’s sense of betrayal by an adult.
- If you suspect your child has an injury, contact your regular physician or St. Joseph Hospital’s Emergency Room immediately.
- You must alert Child Protective Services (360-594-6700 or 1-866-829-2153) or your local law enforcement agency. They can provide advice and information about what to do.

Helping your child following the abuse:
- Continue to believe in your child and offer reassurance and support.
- Provide consistency of care and follow regular routines around the house (rules, chores, bedtimes, meals).
- Respond to questions or feelings your child expresses about the abuse with a calm, matter-of-fact attitude, but do not pressure your child to talk about it.
- Respect your child’s privacy by not telling other people who do not need to know what happened.
- Consider the need for professional counseling for the child. To ignore the incident or “sweep it under the rug” is not going to help the child deal with exploitation. The incident is not forgotten, even if it is not discussed. Talking about the experience is as therapeutic for children as it is for adults. Children can be helped to express feelings of fear, anger, shame, guilt, confusion or embarrassment. They can understand what happened was not their fault, and that they are still believed, loved and whole. Therapy groups for children are available and assist them in working through these feelings.
- Find support for yourself with someone you trust—a friend, spouse, clergy person, sexual assault advocate or counselor. Support or therapy groups are available for parents of sexually abused children to explore and express their feelings about the abuse and its effects on themselves and their families.
- Remember that recovery comes with time, support, and the opportunity to acknowledge and express feelings.
SEXUAL BEHAVIORS OF PRESCHOOL CHILDREN

SEX PLAY
All aspects of normal sex and sexuality are related to curiosity and exploration. Preschoolers are trying to find out about the world: how it smells, tastes, sounds, feels and works. Everything related to the genitals, breasts, differences between males and females, and procreation are subjects of preschoolers’ exploration and curiosity. This interest comes and goes.

AREAS OF CONCERN
Concern arises when the child focuses on sexuality to a greater extent than other areas of the child’s environment. Interest in sex and sexuality should be in balance with the curiosity and exploration of all other aspects of the child’s life. When a child has been corrected on certain sexual behaviors, yet they continue to engage in these behaviors, this raises concern. When a child shows no concern for warnings regarding certain sexual behaviors, this also raises concern. If a child shows several behaviors which are of concern (see chart), professional advice is recommended.

WHEN TO SEEK PROFESSIONAL HELP
When there is secrecy, anger, anxiety, tension, fear, coercion, force or compulsive interest and activity related to sex and sexuality, professional advice should be sought.

It is important to understand that children engage in a wide range of behaviors that are considered normal. In the following chart, these are identified in the first column. There will be differences among children due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos and pictures. The child’s parents’ attitudes and values will influence the child’s behaviors as well.

The second column describes behaviors which are seen in some children who are concerned about sexuality and in other children who have been sexually molested. When a child shows several of these behaviors, a consultation with a physician is advised.

The third column describes behaviors which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may have been sexually abused or maltreated. It may also be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child’s ability to understand it and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or abuse should be sought.

(Adapted from T.C. Johnson *Draft Publication.*)
Behaviors Related to Sex and Sexuality in Preschool Children
Toni Cavanaugh Johnson, Ph.D.
South Pasadena, California

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

REFERENCES


SEXUAL BEHAVIOR IN EARLY SCHOOL AGE CHILDREN*

SEX PLAY
Children in kindergarten through fourth grade are trying to understand their bodies, their abilities, how to make friends and what life is all about. The world is a marvelous place full of things to learn and explore; amongst these are sex and sexuality. Everything related to sex and sexuality, including the genitals, breasts, differences between males and females, love, marriage, intercourse, dirty books and pictures, dancing, hugging, touching, etc., are the objects of great curiosity. Young school-age children are often very active in their exploration of these topics. At times, children engage in solitary sexual behavior; at other times, similar age children engage in exploratory behavior together or make up games involving sexual themes in which groups of children engage together. Curiosity about sex is natural and is engaged in with liveliness and good humor. Children engaged in sex play mutually agree to participate and are generally giggly and silly. When one child wants to stop, the others stop also. If discovered in sexual behaviors, a child may feel guilty or ashamed, but this passes, if the adult treats it as normal.

AREAS OF CONCERN
Concern arises when a young school-age child focuses on sex and sexuality to a greater extent than other areas of his/her environment. Sexual interest should be in balance with the curiosity and exploration of all other aspects of the child’s life. Most sexual behaviors related to “looking and touching” go underground or stop as children learn that many adults are unaccepting of much of their overt exploration and curiosity. When a child continues to do sexual things in the view of adults who say “no,” this raises concern. Most sexual behaviors by young school-aged children are engaged in with children of similar age, usually within a year or so of their own age. The wider the age range between children engaged in sexual behaviors, the greater the concern. Sex play usually occurs between friends and playmates. When a child keeps asking unfamiliar children or children who are uninterested in mutually engaging in sexual activity, this is of concern. Children who appear anxious, tense, confused about sexual issues or who are continuously involved in sexual activity raise concern, as well as do children who do not understand others’ limit-setting around overt sexual behavior. If a child shows several behaviors that are of concern, professional advice is recommended.

WHEN TO SEEK PROFESSIONAL HELP
Generally, there is little concern about peer sexual exploration, yet there can be manipulation and coercion between same-aged peers. This can be very subtle, yet very forceful. Sexual behaviors between children of several years’ age difference where one is pressuring the other to engage in the behaviors can be very serious. If other children repeatedly complain about a child’s sexual behavior even after the child has been spoken to, an assessment by a professional is advisable. When there is anger, anxiety, tension, fear, coercion, manipulation, force or ongoing compulsive interest and activity related to sex and sexuality, professional advice should be sought.

It is important to understand that children engage in a wide range of behaviors that are considered normal. In the following chart, these are identified in the first column. There will be differences among children due to the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos and pictures. The child’s parents’ attitudes and values will influence the child’s behaviors as well.

The second column describes behaviors which are seen in some children who are concerned about sexuality and in other children who have been sexually molested. When a child shows several of these behaviors, a consultation with a physician is advised.

The third column describes behaviors which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may have been sexually abused or maltreated. It may also be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child’s ability to understand it and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or abuse should be sought.

(*adapted from Cavanagh-Johnson, Toni, Draft publication)
# Behaviors Related to Sex and Sexuality in Kindergarten Through Fourth Grade Children

Toni Cavanaugh Johnson, Ph.D.
South Pasadena, California

## Natural and Expected

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Concern</th>
<th>Professional Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asks about the genitals, breasts, intercourse, babies</td>
<td>Shows fear or anxiety about sexual topics</td>
<td>Endless questions about sex; sexual knowledge too great for age</td>
</tr>
<tr>
<td>Interested in watching/peeking at people doing bathroom functions</td>
<td>Keeps getting caught watching/peeking at others doing bathroom functions</td>
<td>Refuses to leave people alone in bathroom</td>
</tr>
<tr>
<td>Uses “dirty” words for bathroom functions, genitals and sex</td>
<td>Continues to use “dirty” words with adults after parent says “no” and punishes child</td>
<td>Continues use of “dirty” words even after exclusion from school and activities</td>
</tr>
<tr>
<td>Plays doctor, inspecting others’ bodies</td>
<td>Frequently plays doctor and gets caught after being told “no”</td>
<td>Forces child to play doctor, to take off clothes</td>
</tr>
<tr>
<td>Boys and girls are interested in having/birthing baby</td>
<td>Boy keeps making believe he is having a baby after month(s)</td>
<td>Displays fear or anger about babies and intercourse</td>
</tr>
<tr>
<td>Shows others his/her genitals</td>
<td>Wants to be nude in public after the parent says “no” and punishes child</td>
<td>Refuses to put on clothes; exposes self in public after many scoldings</td>
</tr>
<tr>
<td>Interest in urination and defecation</td>
<td>Plays with feces; purposely urinates outside of toilet bowl</td>
<td>Repeatedly plays with or smears feces; purposely urinates on furniture</td>
</tr>
<tr>
<td>Touches/rubs own genitals when going to sleep, when tense, excited or afraid</td>
<td>Continues to touch/rub genitals in public after being told “no”; masturbates on furniture with objects</td>
<td>Touches/rubs self in public or in private to the exclusion of normal childhood activities; masturbates on people</td>
</tr>
<tr>
<td>Plays house; may simulate all roles of mommy and daddy</td>
<td>Humping other children with clothes on; imitates sexual behavior with dolls/stuffed toy</td>
<td>Humping naked; intercourse with another child; forcing sex on other child.</td>
</tr>
<tr>
<td>Thinks other sex children are “gross” or have “cooties”; chases them</td>
<td>Uses “dirty” language when other children really complain</td>
<td>Uses bad language against other child’s family; hurts other sex children</td>
</tr>
<tr>
<td>Talks about sex with friends; talks about having a girlfriend/boyfriend</td>
<td>Sex talk gets child in trouble; romanticizes all relationships</td>
<td>Talks about sex and sexual acts a lot; repeatedly in trouble in regard to sexual behavior</td>
</tr>
<tr>
<td>Wants privacy when in bathroom or changing clothes</td>
<td>Becomes very upset when observed changing clothes</td>
<td>Aggressive or tearful in demand for privacy</td>
</tr>
<tr>
<td>Likes to hear and tell “dirty” jokes</td>
<td>Keeps getting caught telling “dirty” jokes; makes sexual sounds, e.g. moans</td>
<td>Still tells “dirty” jokes even after exclusion from school and activities</td>
</tr>
<tr>
<td>Looks at nude pictures</td>
<td>Continuous fascination with nude pictures</td>
<td>Wants to masturbate to nude pictures or display them</td>
</tr>
<tr>
<td>Plays games with same-aged children related to sex and sexuality</td>
<td>Wants to play games with much younger/older children related to sex and sexuality</td>
<td>Forces others to play sexual games; group of children forces child/ren to play</td>
</tr>
<tr>
<td>Draws genitals on human figures</td>
<td>Draws genitals on one figure and not another; genitals in disproportionate size to body</td>
<td>Genitals stand out as most prominent feature; drawings of intercourse, group sex</td>
</tr>
<tr>
<td>Explores differences between males and females, boys and girls</td>
<td>Confused about male/female differences after all questions have been answered</td>
<td>Plays male or female roles in a sex, angry or aggressive manner; hates own/other sex</td>
</tr>
</tbody>
</table>
## Behaviors Related to Sex and Sexuality in Kindergarten Through Fourth Grade Children (continued)

| Takes advantage of opportunity to look at nude child or adult | Stares/sneaks to stare at nude persons even after having seen many persons nude | Asks people to take off their clothes; tries to forcibly undress people |
| Pretends to be opposite sex | Wants to be opposite sex | Hates being own sex; hates own genitals |
| Wants to compare genitals with peer-aged friends | Wants to compare genitals with much older or much younger children or adults | Demands to see the genitals, breasts, and buttocks of children or adults |
| Wants to touch genitals, breasts, buttocks of other same-age child or have child touch him/her | Continuously wants to touch genitals, breasts, buttocks of other child/ren; tries to engage in oral, anal, vaginal sex | Manipulates or forces other child to allow touching of genitals, breasts, buttocks; forced or mutual oral, anal, or vaginal sex |
| Kisses familiar adults and children; allows kisses by familiar adults and children | French kissing; talks in sexualized manner with others; fearful of hugs and kisses by adults; gets upset with public displays of affection | Overly familiar with strangers; talks/acts in a sexualized manner with unknown adults; physical contact with adult causes extreme agitation |
| Looks at the genitals, buttocks, breasts of adults | Touches/stares at the genitals, breasts, buttocks of adults; asks adult to touch him/her on genitals | Sneakily or forcibly touches genitals, breasts, buttocks of adults; tries to manipulate adult into touching him/her |
| Erections | Continuous erections | Painful erections |
| Puts something in own genitals/rectum out of curiosity and exploration | Puts something in own genitals/rectum when it feels uncomfortable; puts something in the genitals/rectum of other child | Any coercion or force in putting something in genitals/rectum of other child; anal, vaginal intercourse; causing harm to own/others' genitals/rectum |
| Interest in breeding behavior of animals | Touching genitals of animals | Sexual behaviors with animals |

### REFERENCES


RANGE OF ADOLESCENT SEXUAL BEHAVIOR
(adapted from Ryan, G. and Lane, S. (1991)
“Juvenile Sexual Offending: Causes, Consequences and Correction”)

NORMAL:
- Sexually explicit conversations with peers
- Obscenities and jokes (within normal limits of culture)
- Sexual suggestiveness, flirting and courtship
- Interest in erotic material
- Masturbating alone
- Hugging, kissing, holding hands
- Foreplay (petting, fondling, “making out”)*
- Mutual masturbation*
- Sexual intercourse with a single partner, or series of partners in long-term (several months or years) relationships (monogamy)*

YELLOW FLAGS:
- Sexual preoccupation/anxiety
- Pornographic interest
- Indiscriminate sexual contact with more than one partner during the same period of time (“promiscuity”)
- Sexually aggressive themes/obscenities
- Sexual graffiti (especially chronic or affecting individuals)
- Embarrassment of others with sexual themes
- Violation of others’ body space
- Pulling skirts up/pants down
- Single occurrences of peeping, rubbing genitals against, or exposing self to known age-mates
- Mooning and obscene gestures**

RED FLAGS:
- Compulsive masturbation (especially chronic or public)
- Degradation/humiliation of self or others with sexual themes
- Attempting to expose others’ genitals
- Chronic preoccupation with sexually aggressive pornography
- Sexually explicit conversation with significantly younger children
- Touching genitals without permission (i.e., grabbing, goosing)
- Sexually explicit threats (verbal or written)

ILLEGAL BEHAVIORS AS DEFINED BY LAW:
- Obscene phone calls, voyeurism (peeping), exhibitionism (flashing), or frottage (rubbing genitals against others)
- Sexual contact with person of significant age difference (child sexual abuse)
- Forced sexual contact (sexual assault)
- Forced penetration (rape)
- Sexual contact with animals (bestiality)
- Genital injury to others

* Moral, social or familial rules may restrict, but these behaviors are not abnormal, developmentally harmful, or illegal when private, equal, non-coercive and by mutual consent.

** “Mooning” and obscene gestures have been called “Americana.” Although many of the yellow flags are not necessarily outside the normal range of behavior exhibited in teen peer groups, some evaluation and response is desirable in order to support healthy and responsible behavior.
ALERT LIST FOR KIDS

Be careful of someone who:

1. Treats you differently from other kids (meaner or special).
2. Wants to spend time alone with you, making excuses to go places or have others leave you two alone.
3. Asks you to do things that involve physical contact, like give back rubs or wash his/her back in the bathtub.
4. Does things to you that involve physical contact, like gives back rubs, massages, or wants to help you wash.
5. Accidentally-on-purpose touches your private parts—brushes against your breasts while wrestling, or rubs his/her body against yours.
6. Wants to play “doctor,” “house,” or “Simon Says,” and tells you to touch private parts or take clothes off.
7. Looks at or touches your body and says it is an “inspection” or it is to see how you are developing.
8. Puts lotion or ointment on your private areas when mother or others are not around or when nothing is wrong.
9. Accidentally-on-purpose comes into your room while you are undressed or in the bathroom when you are there.
10. Accidentally-on-purpose lets his/her robe fall open or walks around without clothes on.
11. Doesn’t respect your privacy—comes into your room without knocking, doesn’t allow you to close doors to your bedroom or the bathroom.
12. Asks questions or makes accusations about sexual things between you and your girlfriend/boyfriend.
13. Says sexual things about your body or how you dress.
14. Talks to you about sexual things he/she has done.
15. Tells you private things about his/her spouse or your parent.
16. Says you are special, different, the only one who really understands (better than his/her spouse).
17. Treats you like an adult, she/he acts like a kid.
18. Gives you special privileges or favors, makes you feel like you owe something.
19. Teaches sex education by showing pornographic pictures, videos, showing his/her body or touching yours.
20. Tells you not to tell your mother or other people about things that happen between you (wants you to keep secrets).
21. Comes into your bedroom at night, watches or touches you; says he/she thought you were his/her spouse.

6/93
Adapted from:
Harborview Sexual Assault Center
Child Sexual Abuse Clinical Consultation Group
SUGGESTED READING LIST FOR:

PARENTS

Alerting Kids To The Danger Zone Of Sexual Abuse. Berry, Joy.

By Silence Betrayed: Sexual Abuse Of Children In America. Crewdson, John.

Conspiracy of Silence: The Trauma of Incest. Butler, Sandra
Detailed and practical. Resources for single parents, parents of children with disabilities, parents who are Asian, Native American, Black or Hispanic.

Father's Day. Brady, Katherine.

Father-Daughter Incest. Herman, Judith. Author’s approach is both clinical and strongly political (feminist). The information can be generalized beyond the scope of father-daughter incest.

He Told Me Not To Tell. Sexual Assault Resource Center (PO Box 300, Renton, WA 98057)
Booklet which contains a collection of ideas and suggestions to help adults deal with the difficult subject of talking to children about sexual assault.

Helping Abused Children. Parenting Press (Dept. 300, PO Box 75267, Seattle, WA 989125).
A book for those who work or live with sexually abused children.


Clear, direct and helpful. Includes a chapter on protecting your child from abuse.

If It Happens To Your Child It Happens To You! A Parent’s Help-Source For Sexual Assault. Golder, Christine. R&E Publishers (PO Box 2008, Saratoga, CA 95070).
This pamphlet deals with many crucial parenting concerns.

Incest: When Boys Are Victims (brochure). Looking Up, PO Box K, Augusta, ME 04330.

Male Child Sexual Abuse: The Best Kept Secret. Tick, E.

Moving Forward. Sibling Sexual Abuse: The Emerging Awareness Of An Ignored Childhood Trauma. Peterson, A.L.T.

My Mother/My Self: The Daughter's Search For Identity. Friday, Fancy.


No More Secrets: Protecting Your Child From Sexual Assault. Adams, Caren and Jennifer Fay.


Protect Your Child. Parenting Press (Dept. 300, PO Box 75267, Seattle, WA 98125)
Offers specific activities for children that reduce the likelihood of abuse.
**PARENTS - Continued**

**Sibling Abuse: Hidden Physical, Emotional and Sexual Trauma.** Wiehe, V.R.

**Sometimes It’s OK To Tell Secrets: A Parent/Child Manual.** Lenett, Robin and Dana Barhelme.

**Spiders and Flies: Help For Parents And Teachers Of Sexually Abused Children.** Hilman, Donald and Janice Solek Tefft.

**Suffering in Silence: The Male Incest Victim.** Nasjleti, M.

**Talking to Children/Talking to Parents About Sexual Assault.** Sexual Assault Resource Center (PO Box 300, Renton, WA 98057). A step-by-step guide including presentations for parents and children on sexual assault prevention.

**The Mother’s Book: How to Survive the Incest Of Your Child.** Byerly, Carolyn M.

**The Safe Child Book.** Kraizer, Sherryl Kerns.


**Touch And Sexual Abuse: How To Talk To Your Kids About It.** Illusion Theater.

**When Your Child Has Been Molested.** Brohl, Kathryn and Joyce Case. Simple, clear and helpful.

**When Your Child Has Been Molested: A Parent’s Guide To Healing And Recovery.** Hagans, Kathryn and Joyce Case.


**Your Children Should Know.** Colao, Flora, and Tamar Hosansky. Why, how and when to talk to your children. What to do if assault occurs. Teaching children to be powerful.

**ADOLESCENTS**

**Alice Doesn’t Babysit Anymore.** McGovern, Kevin.

**Beginning To Heal: A First Book For Survivors Of Child Sexual Abuse.** Bass, E. and L. Davis.

**In Search Of Healing.** Jiivanii.

**Incest And Sexuality: A Guide To Understanding And Healing.** Maltz, W. and B. Holman.

**No Is Not Enough: Helping Teenagers Avoid Sexual Assault.** Adams, Caren et al.

**Nobody Told Me It Was Rape: A Parent’s Guide To Talking With Teenagers About Acquaintance Rape and Sexual Exploitation.** Adams, C. and J. Faye.

**Promise Not To Tell.** Polese, C. Sexual Assault Resource Center (PO Box 300, Renton, WA 98057)

**So What’s It To Me? Sexual Assault Information For Guys.** Sexual Assault Resource Center (PO Box 300, Renton, WA 98057). A booklet written for teenaged men which analyzes the male role as sexual aggressor, helping readers to explore their own motives and ways of developing non-exploitive relationships. It also addresses the sexual assault of males.
**ADOLESCENTS - Continued**

The Creative Journal For Teens: Making Friends With Yourself. Capacchione, L.


Top Secret-Sexual Assault Information For Teenagers Only. Fay, Jennifer and Billie Jo Flerchinger.

**CHILDREN**


Do You Have A Secret? How To Get Help For Scary Secrets. Russell, Pamela and Beth Stone

For Pete’s Sake, Tell! Krause, Elaine.

I Belong To Me. Pawson, Barbara and Linda Kemp Keller.

I Can Say No. Selz, Shirley

I Like You To Make Jokes With Me, But I Don’t Want You To Touch Me. Bass, Ellen.

It Happens To Boys Too. Satullo, Jane, A. W. Roberta Russell and Pat Bradway.

It’s My Body. L Freeman, Lory. Parenting Press (Dept. 300, Box 75267, Seattle, WA 98125).
A book to teach young children how to resist uncomfortable touch.

It’s OK To Say No! Shields, Amy.

Loving Touches. Parenting Press (Dept. 300, PO Box 75267, Seattle, WA 98125).
A book for young children about positive, nurturing touch.


My Very Own Book About Me. Stowell, Jo and Mary Dietzel. SRCN (S. 7th Howard, Symons Bldg., #200, Spokane, WA 99204).


No More Secrets For Me. Wachter, Oralee.

NO-NO The Little Seal. Patterson, Sherri.

Something Happened And I'm Scared To Tell. Parenting Press (Dept. 300, PO Box 75267, Seattle, WA 98125). A book for young victims of sexual assault.

Sometimes It’s OK To Tell Secrets. Bahr, Amy.

Spider-Man And Powerpack On Sexual Abuse. Marvel Comics and the National Committee for Prevention of Child Abuse.

Stay Safe Around People You Don’t Know Well. Scriptographic Booklets.

Stop It! Berg, Eric.
CHILDREN - Continued

Strangers Don’t Look Like The Big Bad Wolf. Buschman, Janis and Debbie Hunley.


The Trouble With Secrets. Parenting Press (Dept. 300, PO Box 75267, Seattle, WA 98125) Helps young children decide whether to keep or share a secret.

The Wonder What Owl. Mackey, Jean and Helen Swan.

Touch Me Not! Amstutz, Beverly.


What If I Say No! Haddad, Jill and Lloyd Martin.

Working Together. Drake, Elizabeth and Anna Gilroy Nelson. Written for boys who are victims of sexual abuse.

Your Body Is Your Own. Bahr, Amy.

ADULT SURVIVORS

Allied In Healing: When The Person You Love Was Sexually Abused As A Child. Davis, Laura.

Adults Molested As Children: A Survivor’s Manual For Women & Men. Bear, Euan and Peter Dimcock. A simple, straightforward manual written by a survivor to help other survivors understand “what they are going through now as a result of what they went through then.”


Brother-Sister Sexual Abuse: It Happens And It Hurts. A Book For Sister Survivors. Cole, Autumn and Becca Brin Manlove. This clear and simple book validates the feelings, experiences, and healing needs of women who were molested by their brothers.


Healing The Incest Wound: Adult Survivors In Therapy. Courtois, C.

I Know Why The Caged Bird Sings. Angelou, Maya. Moving and life-affirming autobiography by a brilliant writer who is also an incest survivor.


Men Surviving Incest: A Survivor Shares The Recovery Process. Thomas, T.

Outgrowing The Pain Together: A Book For Partners And Spouses Of Adults Abused As Children. Gil, Eliana.
**ADULT SURVIVORS - Continued**

**Outgrowing The Pain: A Book For And About Adults Abused As Children.** Gil, Eliana. A simple, easy-to-read little book about recovery from all types of abuse.

**Survivors And Partners: Healing The Relationships Of Adult Survivors Of Child Sexual Abuse.** Hansen, Paul. A positive, straightforward manual for couples.

**The Courage To Heal: A Guide For Women Survivors Of Child Sexual Abuse.** Bass, Ellen and Laura Davis.

**Victims No Longer: Men Recovering From Incest And Other Sexual Child Abuse.** Lew, Mike. Solid, clear information and warm encouragement for men healing from child sexual abuse. This comprehensive, groundbreaking book was the first to talk about male survivors, not just potential perpetrators.

**Why Me? Help For Victims Of Child Sexual Abuse (Even If They Are Adults Now).** Daugherty, Lynn.