



Child Safety & Youth Protection

Training Guide

Myths and Truths about Child Sexual Abuse

1. Myth: Strangers and dirty old men are responsible for most child sexual abuse

Truth: 85% of the time it is a person the child trusted, 13% of the time it is someone the child was familiar with and 2% of the time it is someone with whom they have no significant relationship. The average age of abusers are 32 and in 10% of the cases the abuser is over 50 years old.

2. Myth: Incest is a rare occurrence in the United States.

Truth: Incest is more common than most people believe. There are one million or more children under the age 18 currently involved in incestuous relationships. 50% of abuse cases nationally are incest. 80% of all cases in Franklin County are incest.

3. Myth: The sex abuser can be the victim of a seductive child.

Truth: The child is always the victim. A seductive or promiscuous child often is the result, but never the cause of sexual abuses.

4. Myth: Child sex abuse usually involves some kind of violence to the child.

Truth: Sex abusers are usually very patient people who gain a child's trust through manipulation, deception, bribery and coercive techniques. Sexual abuse less often involves violence.

5. Myth: Most sex abuse occurs away from home.

Truth: Most sexual abuse occurs in the victim's home. Most abusers are familiar to the victim.

6. Myth: Children make up stories of sexual assault.

Truth: When a child tells you he has been sexually touched or used in any way believe it. Almost never is it a lie or a fantasy. Children rarely possess the facts and information necessary to invent detailed accounts of sexual assault.

7. Myth: Child victims of abuse rarely blame themselves for letting the abuse happen.

Truth: Children who have been sexually abused generally carry around a tremendous amount of guilt because they believe the abuse was their fault.

8. Myth: Sexual abuse usually involves single isolated incidents.

Truth: When the abuser is known to the child the abuse will be of long duration. The "known abuser" builds upon his relationship with the child, using the child's innocence and trust as his main weapon.

9. Myth: Boys are rarely, if ever, victims of sexual abuse.

Truth: Boys are sexually abused just as girls are yet they do not report the abuse as fast as a girl would due to the way males are socialized.

Suggested In-Home Follow-Up Activities

1. Teach children to use whistles in dangerous situations.
2. Evaluate children's regular walking routes, noting spots of potential danger (abandoned warehouses, wooded areas, etc.)
3. Confront suspicious people and question suspicious events in the community.
4. Establish or join existing "block-parent network" of trusted adults who are available to help children.
5. Discuss children's rights: the right not to be touched in ways that make them feel uncomfortable, the right to say "no," and the right to get help.
6. Let your children know that you believe in their ability to stay safe and that you will always be there to help.
7. Discuss "good" vs. "bad" touches and secrets and how to tell the difference.
8. Tell your children what a bribe is, what it seeks to accomplish, and why someone would give you something.
9. Answer children's questions about nightmares, television programs, real-life tragedies, and "what-ifs" positively and creatively without ridiculing a child's feelings or denying reality.
10. Read books on building children's self-esteem, child sexual assault, children's rights and assertion as a family. Make children's good self-esteem and safety a family project.

Identifying Abused Children

Children are potential victims because of their vulnerable, powerless position in our culture. Children who are abused often display the common characteristics outlined below. Any one of these characteristics, on its own, can be a natural, normal response for a child in a given situation. What is important to note and follow up on are children who exhibit a number of these behaviors, in extreme forms, consistently, over an extended period of time.

Physical / Medical Symptoms:

- severe bruises, burns, cuts
- chronic, unexplainable ailments, stomach aches, vomiting
- anorexia, bulimia, or other sudden changes in eating habits
- chronic vaginal or urinary infections
- venereal disease

Behavioral and Activity Clues:

- depression
- withdrawal from peers, family
- aggression/hitting
- overly compliant
- not affectionate at all
- overly affectionate/clingy
- nightmares or other sleep disturbances
- seductive behavior
- poor hygiene
- constant bathing
- constant or obsessive masturbation
- running away
- self-mutilation
- delinquency
- drug/alcohol abuse
- suicidal
- wearing multiple layers of clothing
- prostitution

Age Inappropriate Behavior:

- constant thumb sucking or other age regressive behavior
- sexually active behavior at an unusually young age
- bed wetting

Educational Concerns:

- sudden change in school performance; drastic decrease or increase in grades
- inability to concentrate; constant preoccupation with daydreaming
- learning disabilities
- consistent inability to stay awake during school hours

General Emotional Support Guidelines

- **Create a Safe Place:** Be conscious of the atmosphere in which you approach or talk to your child. A quiet, comfortable, private environment will enhance your child's feelings of safety. Distractions such as noise or interruptions should be kept at a minimum.
- **Remain Calm:** Your reaction makes a difference to your child. Being attentive and responsive, yet calm, is important. Your child is likely to be feeling frightened, confused, and upset. Your child comes to you for support and guidance. Let your child know that you value what they say.

- **Always Believe Your Child:** Never assume your child is lying. The facts may not appear accurate because they may just be telling parts of the story they think you can handle. For example, a child who is assaulted in an abandoned house may say that it happened at school because they are afraid of getting in trouble for entering an empty house.
- **Validate Your Child's Feelings:** Do not make assumptions about how your child is feeling. You might believe the child is angry at the offender. However, if the offender is a family member, this may not be the case. The child may have conflicting feelings, loving the person but hating the behavior, which is often more difficult to express. Ask and acknowledge how your child is feeling.
- **Let Your Child Know that They have the Right to be Safe:** All children have the right to be safe. The offender was wrong to take that right away. Your child has the right to get help in order to feel protected. Let your child know that they are not to blame for any incidence of abuse, that they are not "bad", and that this will not affect your relationship. Reassure your child that you will do the best to protect and support them.

What Parents Should Know About Preventing Child Sexual Abuse

The following information is based on child sexual abuse research studies:

Offenders are most often known to their victims. 85% - 95% of victims know their abuser.

Abusers represent a diverse group. Offenders vary in their occupation, marital status, income, etc.

Offenders are sophisticated in their approach to victims. Offenders often use subtle strategies that mimic prosocial behaviors for accessing their victims. Many offenders indicate the use of a desensitization approach involving a slow progression from appropriate verbal content to physical and non-physical interactions to sexually abusive behaviors.

Offenders manipulate parents and caregivers as well as victims. Many offenders attempt to establish friendships or romantic relationships with caregivers to gain access to their victims. Offenders also offer to baby-sit, help out around the victim's home, pay with the victim, or drive them to school. Offenders are patient, gaining trust of child and parent(s).

Offenders engage in behaviors to set-up their victims that may be visible to parents, caregivers, professionals and members of the community. The majority of adult and adolescent offenders report moving and/or keeping their victim over a period of time that

would suggest that a caregiver, teacher or community member may have seen them with the victim.

Common Signs & Symptoms of Child Sexual Abuse

The following behaviors may be suggestive of sexual victimization. However, they may also be indicative of other types of problems requiring professional help. If noted, please contact your pediatrician for guidance.

- Sadness, depression or withdrawal
- Sexualized behavior with other children
- Inappropriate sexual vocabulary or knowledge for age
- Poor hygiene
- Unexplained gifts or money
- Abrupt drop in school grades
- Other attempts on the child/teen's part to make themselves less attractive

Parents should also be suspicious of family members, friends, neighbors, older teens, etc. who:

- Offer free baby-sitting
- Buy expensive or repeated gifts for the child/teen
- Lead a life that completely revolves around children than themselves
- Offer a take child/teen away on a trip
- Offer to have a child/teen sleep over
- Seem more interested in a child than in an adult relationship
- Play with children much younger around activities with children

What Parents Should Ask their Child/Teen If They Have Suspicions of Sexual Abuse

If you have suspicions about your child being sexually abused begin by asking your child questions about their safety. Ask them if anyone has tried to hurt them or to do something to them that they did not want to happen. Tell them that they can talk with you about anything and that you will not be mad at them. Follow these general inquiries with more direct questions such as: Has anyone ever tried to or actually touched your private parts (i.e., penis, vagina, buttocks, breasts)?; Has anyone ever asked you to or made you touch their private parts? If your child/teen tells you that someone has tried to abuse them or has abused them, stay calm. Very briefly ask them who, when, where, and what happened. Reassure your son or daughter that they did the right thing in telling you. Tell your child/teen that you will protect them and that you are going to call someone who will help you figure out what to do next. Immediately, call and report the behavior to Children's Services (see number below) to ensure your child/teen's safety and that of other children. If you continue to have suspicions, but your child/teen does not confirm your concern, consider calling one of the resources below for advice.

Resources for Additional Information and to Report Abuse

Cuyahoga County Child Abuse Hotline— 216/696-KIDS
Cuyahoga County Juvenile Court — 216/443-8400
Big Brothers Big Sisters of Greater Cleveland — 216/452-5211



Healing the Invisible Wounds: Children's Exposure to Violence

A Guide for Families

“Something’s Wrong With This Child. I’m Not Sure What It Is.”

Put yourself in the shoes of a child.

- Darla’s parents fight every day. She sees her dad hit her mom sometimes. Darla’s mom cries all the time.
- On his way to elementary school with his younger brother, Tony passes a gang of big kids. Sometimes, they say they’ll hurt him. Sometimes, they fight with each other. Once, he saw an older boy holding a gun.
- Sarah sees police breaking up a fight between two groups of teenagers while walking home from preschool. She hears shouting and sees blood on the leg of one boy.

All three children are terrified. They worry about themselves and their loved ones—whether they are the victims or have seen or heard the violence. But each child is different and reacts in different ways.

Darla acts “normal.” She does well in school. She plays with her friends as if nothing happened—but she never invites them to her house.

Tony pushes his food away. He has nightmares and cries all the time.

Sarah picks on younger kids at school. She pulled the head off her sister’s doll.

Do you suspect a child you know has witnessed or experienced violence?

Maybe you think a child you know has witnessed or been hurt by violence. Or maybe you think something’s wrong with the child, but you don’t know what.

It can be hard to tell what’s wrong. There may not be clear physical signs such as bruises and cuts. Children often suffer from “invisible wounds” that affect them emotionally and psychologically.

And as the examples you just read show, the signs of a child’s exposure to violence are as varied as children’s personalities. Some children hide their problems well. Others act out when something is bothering them.

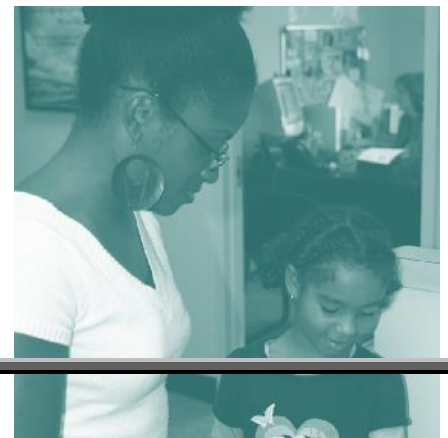
In fact, two siblings who witness the same act of violence may react in completely different ways. And children may have different reactions at different times.

“Why Is She Acting So Different?”

Children’s reactions to frightening situations depend on a number of things.

These include:

- what happened
- their age



- their thoughts or feelings about what may happen next
- how close they are to the violence
- how prolonged their exposure to violence was
- their relationship with the victim and the perpetrator of violence

When children think they are in danger—or that someone they care about is in danger—they may become sad, angry, or afraid.

Or they may “pretend” the whole thing didn’t happen.

Or they may do both, at different times or in front of different people.

Sometimes, children’s reactions don’t surface until long after the violence occurred. And sometimes, the reaction is something that seems completely unrelated to the violence.

Children may:

- have trouble with schoolwork
- have trouble making friends
- smoke
- use drugs
- develop stomachaches, headaches, or other physical ailments

Even if children seem to have gotten better over time, something could trigger them to be afraid again. They could even develop completely different symptoms than they had before.

If a child continues to experience problems after a few weeks or starts having more problems, you may want to talk to someone about how to help.



The harm is real.

Research shows that seeing or experiencing violence is bad for kids. Even when they are not hurt themselves, they can see, hear, or imagine what is happening to others. When a child sees someone get hurt and especially when it is a caregiver, it makes the child feel unsafe.

“What Can I Do To Make Her Feel Better?”

You don’t have to feel helpless. There are things you can do for the child you’re worried about.

Most children are resilient. They can get better—but they need your help.

If you know a child who sees or experiences violence on a regular basis, the most important things you can do right away are:

- ensure her immediate safety
- ask for help from a teacher, pastor, pediatrician, or other professional
- help stop the violence in her life

If you think a child is unsafe, call 911.

Next, make the child feel safe. Acknowledge the emotional or physical pain she’s going through. Listen to her. Tell her you love her. Tell her it’s OK to be scared sometimes. Tell her you want to help her not feel scared. Help her figure out what she’s feeling.

She might not go back to her old self right away, but you’ve helped her take the first steps to feeling better. (See the

box on page 3 for tips on talking to children about violence.)

In cases of domestic violence, knowing what to do can help a child feel safer and in control.

If a child feels she is in danger, you can help by rehearsing some things she can do.

Ask her what she thinks she can do to keep herself safe. Help her come up with ideas. Make sure what you agree on is something that suits her age. For example, a 3-year-old can't walk 2 blocks away to a friend's house, but a 10-year-old can.

Here are some basic things you might suggest:

- Leave the place where the violence is happening and go somewhere safe.
- Don't try to stop the violence.

Calmly write down the ideas, and explain that:

- They may not always work.
- It's not her fault if the suggestions don't work.

It is important to review the suggestions periodically, so the child remembers what to do in a crisis.



How you help a child deal with violence depends on the child's age.

Stopping the violence and making the child feel safe are general steps that work for children of all ages. The specific steps you take to help a child will depend on how old the child is.

For instance:

- Young children may want to be with people they know well.
- School-aged children may want to talk about their feelings.
- Teenagers may feel more comfortable confiding to their friends about what happened, rather than to adults.

How old is the child you're worried about?

For a young child, up to age 6, turn to the section for children ages birth–6 (page 5).

For a school-aged child, turn to the section for children ages 7–11 (page 6).

For a teenager, turn to the section for teenagers ages 12–18 (page 7).

In each section, you'll learn how to:

- understand children's behavior
- encourage children to express what they're thinking and feeling
- help children feel safe and in control

Remember: Every child is different. The descriptions and strategies included here may not apply to every child. If you are the child's parent or legal guardian, you should talk to your pediatrician in addition to consulting this booklet.

Talking with children about violence can be hard. But it's often the best way to help.

Adults avoid talking to children about violence for many reasons. Have you thought any of the things below? If you have, you aren't alone.

- I don't know what to say.
- I've tried to talk about it, but she won't listen.
- I feel uncomfortable.
- I'm scared to bring it up.

continued on next page

- I'm embarrassed.
- It might make things worse.
- It's not a big deal.
- It's over now. Why talk about it?

It's OK to have these thoughts. But don't let them stop you from talking to a child who may have seen or been hurt by violence. Talking is the first step toward healing. Sure, you may not know exactly what to say. You may feel uncomfortable. But you can do your best.

Here are some ways to get started:

- Take a deep breath. Talking about violence is tough.
- Try to get more comfortable by talking to someone you trust first. That person can help you plan what you want to say to the child.
- If you were hurt by the same violence the child saw or experienced, tell yourself that it's OK to feel upset when you remember what happened. It's scary for the child, too. Once you start talking, you may feel better.
- Begin with an opening question, asking the child what *she* thinks happened and how she feels about it.
- Don't assume you know what the child experienced, even if you were there when the violence happened. Children often perceive violence very differently than grownups do. Don't try to correct the child. Listen.
- Be patient. Don't push it if it seems as if the child doesn't want to talk or listen. You can try again later.

You'll find more age-specific tips on how to talk to children about violence later in this booklet.

Sometimes, a child needs more help than you can give.

A child may be so upset by what has happened or what she has seen that nothing you can do will help. In those situations, you should find a trained professional. A psychologist, social worker, or a school counselor can help the child talk about what happened. The professional can also help you find the actions or words to help very young children who are not able to talk about their experiences.

Seeing a mental health professional is a good idea when a child does one or more of the following for longer than 1 month:

- has frequent nightmares or trouble sleeping
- withdraws and doesn't want to play with other children
- has angry outbursts
- has nausea, headaches, or other physical illnesses
- loses or gains weight
- has problems at school
- feels intensely anxious
- avoids people, places, or things that remind him of the event
- seems depressed or hopeless
- gets involved with alcohol and other drugs
- gets in trouble with the law or takes dangerous risks
- constantly worries about what happened



Getting professional help will keep the child's problems and worries from getting worse—although the symptoms may not disappear immediately. If you believe a child needs professional help, talk to a trusted adult, such as the child's pediatrician, teacher, school counselor, spiritual leader, or coach, about finding an appropriate mental health professional.

For a variety of reasons, many people are reluctant to seek help for mental health problems. But *not* getting professional help for a child who needs it could hamper her normal growth and development. Protecting her mental health is as important as caring for her physical health. Getting help early can help her cope better and prevent additional problems.

Young Children, Ages Birth–6

It can be hard to know what's bothering a very young child. Even children in this age group who know how to speak may not be able to express what's wrong.

Young children who have seen or been hurt by violence may:

- cry more than usual
- be difficult to calm
- change eating habits
- change sleeping patterns (have difficulty falling asleep; wake up several times during the night)
- scream and panic during sleep—but appear awake be quieter or less responsive than usual
- startle more easily
- become more fearful
- have trouble separating from Mom or Dad or another caregiver
- have more temper tantrums
- have bad dreams
- complain of headaches or stomachaches
- repeatedly hit, grab, or shove other children while playing
- ask many questions about the event
- go back to behaviors they've already outgrown (for instance, a 5- or 6-year-old might wet the bed, suck his thumb, or talk like a baby)



Don't get hung up on ticking things off the list above. Look for changes in a child's behavior. Is he acting differently?

What if a child is too young to tell you what's wrong? Try to understand his feelings from his behavior. For example, when a child is clingy, it might be because he's afraid of being alone or worried that something bad may happen to you.

Sometimes it's hard to tell what's normal and what's not. For example, preschoolers often fight, pinch, or hit each other. But if a child does these things more and more often, to the point that he can't learn or make friends, his behavior might point to a bigger problem.

Here are some ways you can help young children express what they're thinking and feeling:

- Provide comfort with a security blanket, a pacifier, or a special toy.
- Ask questions that will help them tell you their feelings, for example, "You look scared. Would you like me to hold you?" "You look sad. What would help you feel better?"
- Use storybooks to help you talk to them about how they're feeling.
- Let them draw pictures showing how they feel or what they know. Ask questions about what's in the pictures or why they used certain colors.

Here are some things you can do to help young children feel safe and in control:

- Soothe them by rocking, holding, or singing.
- Follow their leads (if a child wants to be picked up, do so).

- Allow children to show fear and provide support by staying close and remaining calm.
- Tell them that what happened is not their fault.
- Keep a regular schedule or routine or establish new, consistent routines.
- As much as you can, don't let them watch violent TV shows, read about violence in books or magazines, play violent video games, or listen to violent music.
- Don't leave them alone or with people they don't know well.
- Answer questions without giving more information than needed. You don't have to explain everything, as you would to an adult. For a 4-year-old, for example, it is enough to say, "Sometimes grownups do bad things and that can be very scary."
- With any change or transition, such as when people come to visit, let children know what will happen ahead of time.
- Let them make decisions such as picking what clothes to wear, books to read, or games to play.

School-Aged Children, Ages 7–11

School-aged children sometimes feel guilty about violence they witness or experience, particularly if the violence occurs at home or against a close friend. They think that if they had done or said something differently, the violence would have lessened. They also feel bad about not being able to protect their parent or another loved one. Some children are more sensitive to home or community violence than others. Some things that can increase the impact of violence on a child in this age group include:

- direct involvement in the violence
- exposure to violence for a long time
- the child or a family member has had mental illness or behavior problems
- ongoing stress such as starting a new school, having family financial difficulties, or not having friends

If school-aged children see or are hurt by violence, they may:

- feel responsible for or guilty about the event
- suddenly want to be left alone
- seem more sad than usual
- become very active or hyper
- become more aggressive or fight a lot
- seem "spacey" or distracted
- become startled by loud noises
- return to old fears or develop new ones
- not want to go to sleep
- have nightmares
- eat more or less than before
- get in trouble more often at home or in school
- have trouble concentrating
- complain of headaches or stomachaches



Again, don't get hung up on ticking things off the list. Look for "unspoken" signs that something is wrong. Have the child's behavior, appetite, or sleep patterns changed? Does she seem anxious or upset?

A child's symptoms can become worse when she moves to a new home or school. The problems may also worsen when one of her parents dies, leaves, or is taken away from home.

It's important to listen to school-aged children and tell them that it's OK to feel the way they do. Doing so will keep them from:

- thinking that the violence is normal
- becoming confused and blaming themselves
- thinking that it's not OK to ask about violence or discuss it
- learning to deny their feelings or hold them inside
- feeling that they are crazy
- feeling lonely and isolated from their friends
- forming unrealistic beliefs about the causes of the violence, such as blaming themselves

Here are some ways you can help school-aged children express what they're thinking and feeling:

- Listen without judging.
- Respond calmly, without becoming anxious or angry. For instance, you might say, "I'm so sorry you had to see me get hurt. I had no idea you were so sad about it. It must have been very hard for you."
- Help them identify feelings. For instance, you might say, "What happened today in front of your school seemed pretty scary to me. How did it make you feel?"
- If you don't know the answer to a tough question, admit it. Then help children find the correct information and talk about it.
- Write down children's specific worries and talk about each one.
- Encourage children, when they're ready, to write or draw their thoughts and feelings in a journal.

Here are some things you can do to help school-aged children feel safe and in control:

- Tell them that what happened is not their fault.
- Help them find a safe place they can go when they feel overwhelmed (a cozy reading corner, a quiet place to listen to music).
- Make a plan for how they can respond to "triggers" (loud voices, sounds, or actions that remind them of the scary events). They might plan to listen to music or take a walk.
- Enroll them in a mentoring or out-of-school program where they feel safe.
- Be careful about what you say in front of them. Don't make hateful or angry comments.
- Respond to their questions clearly and appropriately for their age. For example, talk about concrete things their school is doing for safety, such as not letting strangers in the building.
- Let them make decisions such as where to do homework, what books to read for pleasure, and what activities to do.
- Model or teach conflict resolution skills such as listening to the other person's side in an argument and then coming to an agreement and expressing feelings rather than hitting.
- Don't make promises you can't keep. Instead of saying, "I'll always keep you safe," say, "Let's make a plan together to help you feel safe when you're scared."
- Help them make a plan for staying safe the next time violence happens. (See box on page 3.)

Teenagers, Ages 12–18

You may not be the first person a teenager will turn to when he's upset. Teens are most likely to talk with their peers. Don't take it personally. Be mindful of your own reactions to the event and of the fact that adolescents need the support of calm caregivers. They may also fear that, as an adult, you will discount or underestimate the significance of their feelings. The best you can do is listen, remain open and available, and let them know you're there for them.

If teenagers see or are hurt by violence, they may:

- talk or think about the event all the time
- say the event didn't happen
- use violence to get what they want
- rebel at home or in school
- stop being concerned about how they look
- complain about being tired all the time
- refuse to follow rules
- spend more time away from home
- not want to leave the house
- get scared when thinking about the event
- have nightmares
- have difficulty paying attention in class or concentrating on work
- do risky things (such as driving fast, jumping from high places)
- want to seek revenge
- change friends or dating relationships abruptly
- become perpetrators or victims of violent dating relationships*
- drink and use drugs*
- start skipping school*
- think about wanting to die or committing suicide*
- break the law or destroy things *



**Take these actions seriously and seek professional help.*

A teenager may feel embarrassed to talk about what happened, but he won't want you to know that. Try to make him feel comfortable about talking to you. But don't force him to talk if he doesn't want to. Don't downplay his feelings by saying things like "Don't worry" or "Cheer up." Try not to make judgments or give advice. Instead, let him know you're there to help him find solutions.

Here are some things a teenager might do if you try to talk to him about violence:

- ignore you
- change the subject ("I'm hungry")
- blame others for the violence (for instance, by saying, "If you were nicer to him, he wouldn't hit you" or "You should have done what he said" or "Those kids were just asking for trouble")
- run to his room and slam the door
- say, "Don't worry," and try to cheer you up
- try to hit you
- listen quietly without saying anything
- say, "Whatever"

Don't take any of these responses personally. Try some of the strategies listed below. *Remember that healing takes time, and teens need you to be patient.*

Here are some ways you can help teenagers express what they're thinking and feeling:

- Reach out to teens by asking, in private, "what's wrong?" Use conversation openings such as "You haven't seemed yourself lately," "You seem kind of down," or "Is something bothering you?"
- Encourage teens to talk about their feelings and tell their side of the story.

- Expect some difficult behavior but don't let teens break the rules out of sympathy.
- Respond calmly to what teens have to say.
- Don't judge.
- Keep anniversary reactions in mind. For example, a teen may feel upset on the date the violence occurred, even years after the event.
- Show you understand by repeating in your own words what they said or felt. Let them know that the feelings are normal. For example, "It sounds like you really hated Dad when he was hitting you."
- Help them identify and label their feelings. For example, "I can understand why this made you angry."
- Praise their efforts to communicate their thoughts and feelings. For example, tell them, "I'm glad you are talking with me about this."
- Respond supportively when they tell you about the event. Don't disagree or try to lessen the intensity of their feelings.
- Encourage them to write about their thoughts and feelings in a journal.
- Encourage them to talk to people with whom they feel comfortable. They might choose to confide in close friends or a trusted teacher, coach, or counselor.

Here are some things you can do to help teenagers feel safe and in control:

- Be extra patient. They may be distracted and forget to do chores or turn in school assignments.
- Give straightforward explanations, whenever possible, for things that may worry them.
- Find out what's making them feel unsafe and help them make a safety plan. (See box on page 5.)
- Support them to engage in comforting routines—listening to favorite music, playing sports, keeping a journal, looking at photographs. These can bring a sense of hope.
- Provide them with safe and fun physical activities to release the tension. Good choices of activities include those that they do well or enjoy.
- Enroll them in programs that teach conflict resolution skills.
- Don't make commitments you can't honor. Don't say, "You'll be safe from now on." Instead you might say, "Let's make a plan to keep you as safe as possible."
- Suggest concrete things they can do. You might start by saying, "I'm sorry that this is happening to you. You're not alone. Let's take a look at your options."
- Help them think of positive ways to keep busy, such as playing sports, going out with friends, or making art or music.



Resources

Hotlines

When you call one of the hotlines listed here, you'll talk to a trained counselor who will connect you to the help you need.

National Crime Victim Helpline

1-800-FYI-CALL (1-800-394-2255)

1-800-211-7996 TTY

8:30 a.m.–8:30 p.m. ET weekdays

Assistance in English and Spanish with access to more than 170 languages through interpreters.

www.ncvc.org

Information about what to do if you are the victim of a violent crime and referrals to local services anywhere in the country.

National Domestic Violence Hotline

1-800-799-SAFE (1-800-799-7233)

1-800-787-3224 TTY

Available 24 hours a day, 365 days a year

Assistance in English and Spanish with access to more than 170 languages through interpreters.

www.ndvh.org

Crisis intervention, safety planning, information, and referrals to local agencies for survivors and anyone calling on their behalf. Available in all 50 States, Canada, Puerto Rico, and the U.S. Virgin Islands.

Childhelp National Child Abuse Hotline

1-800-4-A-CHILD (1-800-422-4453)

Available 24 hours a day, 365 days a year

Assistance in 170 languages through interpreters

www.childhelp.org

Crisis intervention, information, and referrals to emergency, social service, and support resources for children, parents, and concerned adults. Available in the United States, Canada, Puerto Rico, Guam and the U.S. Virgin Islands.

Publications

3–6-Year-Olds

I Do and I Don't. Authors: Fred Rogers and Hedda Sharapan. Available from Family Communications Bookstore (Professional Resources, select "Scenes from a Shelter"); Telephone: 412-687-2990; www.fci.org.

This storybook helps children living with domestic violence know that they can talk about their feelings – especially ambivalent feelings toward the people they love.

A Terrible Thing Happened: A Story for Children Who Have Witnessed Violence or Trauma. Author: Margaret Holmes, 2000. Available from Magination Press; Toll-free: 1-800-374-2721; www.magination-press.com.

Illustrated story for helping children who have witnessed any kind of violent or traumatic episode understand their

feelings. Includes suggestions for caregivers and a list of resources.

7–11-Year-Olds

I Can Make My World a Safer Place. Author: Paul Kivel, 2000. Available from Volcano Press; Toll-free: 1-800-879-9636; www.volcanopress.com.

A book for caregivers to read to children about finding alternatives to violence in their lives. Includes drawings and activities.

Something Is Wrong at My House: A Book About Parents' Fighting. Author: Diane Davis, 1984.

Available from Parenting Press; Toll-free: 1-800-992-6657; www.parentingpress.com.

A boy in a violent household finds a way to care for himself and obtain adult help. He describes his feelings of anger, fear, and loneliness. Available in Spanish.

12–18-Year-Olds

Autobiography of My Dead Brother. Author: Walter Dean Myers, 2005. Available from HarperCollins; Toll-free: 1-800-242-7737; www.harpercollins.com.

Fifteen-year-old Jessie uses his sketchbook to make sense of the violence and loss he experiences in his neighborhood.

Breathing Underwater. Author: Alex Flinn, 2001.

Available from bookstores.

Sixteen year-old Nick keeps a journal in which he examines his controlling behavior toward his girlfriend, and describes living with his abusive father.

The Kids' Guide to Working Out Conflicts: How to Keep Cool, Stay Safe, and Get Along. Author: Naomi Drew. Available from Boys Town Press; Toll-free: 1-800-282-6657; www.boystownpress.org.

This book describes the reasons behind common kinds of conflicts and a plan for finding positive ways to behave in difficult circumstances. Includes tips for countering bullying, letting go of anger, and eliminating hurtful language.

The Rules of Survival. Author: Nancy Werlin, 2006. Available from Penguin Books; www.us.penguin.com.

Seventeen-year-old Matthew recounts his attempts to free himself and his sisters from their abusive mother with the help of an adult friend.

For Caregivers

Above All, Be Kind: Raising a Humane Child in Challenging Times. Author: Zoe Weil, 2003. Available from Volcano Press; Toll-free: 1-800-879-9636; www.volcanopress.com.

Suggestions for raising children of all ages to be more compassionate in their interactions with family and friends and to demonstrate respect for the environment.

Children and Violence. Available free from the National Institute of Mental Health; www.nimh.nih.gov/health/topics/child-and-adolescent-mental-health/children-and-violence.shtml.

Information for parents, community members, and rescue workers to help children avoid emotional problems in the wake of violence or disaster and ways to prevent youth violence.

Little Eyes, Little Ears: How Violence Against a Mother Shapes Children as They Grow. 2007. Available free from the Centre for Children and Families in the Justice System; www.lfcc.on.ca.

Information on the effects of violence at home on children, how children cope, and suggestions for how to end violence. Developed by the Public Health Agency of Canada.

Little Listeners in an Uncertain World. Available free from Zero to Three; www.zerotothree.org/site/PageServer?pagename=key_disaster.

Coping strategies for families with young children during difficult and uncertain times.

When Dad Hurts Mom: Helping Your Children Heal the Wounds of Witnessing Abuse. Author: Lundy Bancroft, 2005. Available from Women and Children First Bookstore; Telephone: 773-769-9299; www.womenandchildrenfirst.com.

How abusers manipulate children and how mothers who have experienced abuse help their children recover from the trauma of witnessing violence.

Web Sites

American Academy of Pediatrics

www.aap.org/parents.html

Resources on many topics, including sexuality, stress, injury prevention, internet safety, and finding a pediatrician. Free newsletter.

American Psychological Association

<http://actagainstviolence.apa.org>

Adults and Children Together – Against Violence (ACT) project provides violence prevention strategies for adults who raise, care for, and teach children ages 0 to 8 years. Publications and workshops available in English and Spanish.

Big Brothers Big Sisters of America

www.bbbs.org

Network of mentoring organizations serving children and youth. Enroll your child online.

Centre for Children and Families in the Justice System

www.lfcc.on.ca

Publications for caregivers on the effects of violence against mothers on their children.

Child Witness to Violence Project

www.childwitnessstoviolence.org

Resources to help professionals working with children exposed to home and community violence.

Family Communications

www.fci.org

Resources to help caregivers talk with children about thoughts, feelings, and concerns. English and Spanish books and CDs for purchase.

Family Violence Prevention Fund

www.endabuse.org

Resources for professionals and caregivers on domestic violence, child welfare, and children's exposure to violence.

Massachusetts Advocates for Children

www.massadvocates.org

Trauma and Learning Policy Initiative (TLPI) resources to ensure that children affected by family violence succeed in school.

Minnesota Center Against Violence and Abuse (MINCAVA)

www.mincava.umn.edu

Electronic clearinghouse with materials related to violence against women and children.

National Center for Posttraumatic Stress Disorder (PTSD)

www.ncptsd.org

Fact sheets and videos about trauma, PTSD, and related issues for the general public, including children and adolescents.

National Center for Victims of Crime

www.ncvc.org

Information and resources, including referrals to local victim services providers. Download Teen Action Toolkit, an action plan for teens and families interested in starting a community effort to improve services for adolescent crime victims.

National Child Traumatic Stress Network

www.nctsn.org

Collaboration of academic and community-based service centers working to improve care and increase access to services for traumatized children and their families. National clearinghouse with information on traumatic stress, including effective treatments and ways to seek help.

National Institute of Child Health and Human Development National Institutes of Health

www.nichd.nih.gov

Research and publications on the health of children, adults, and families. Health information specialists are available to answer questions.

National Mental Health Information Center

www.mentalhealth.samhsa.gov

Information and free publications on mental health issues. Use the Referral Locator to access State resource guides.

New York University Child Study Center

www.aboutourkids.org

Articles about the emotional and social development of children, mental health disorders, when to seek treatment, and how to find a therapist.

Parenting Resources, USA.gov

www.usa.gov/Topics/Parents.shtml

Links to Federal resources for parents.

SADD (Students Against Destructive Decisions)

www.sadd.org

Peer leadership organization for teens committed to preventing destructive behaviors such as drug use and violence. Support for starting a local chapter.

YMCA and YWCA

www.ymca.net

www.ywca.org

National network of community agencies offering recreational and educational programs, child care, and summer camps for children and teens. Some have domestic violence programs.

Zero to Three

www.zerotothree.org

National organization providing information and training to promote the health and development of infants and toddlers. Section for parents with research-based publications on topics such as brain development, child care, play, and early language and literacy.

Safe Start Center

5515 Security Lane, Suite

800 North Bethesda, MD 20852

1-800-865-0965

www.safestartcenter.wordpress.com

The Safe Start Center supports the Safe Start initiative on a national level. The goals of the Center are:

- To develop resources for responding to the needs of children exposed to violence and their families
- To raise national awareness about the impact of exposure to violence on children.

For copies of this and other Safe Start Center publications, contact the Safe Start Center at 1-800-865-0965 or info@safestartcenter.org or visit the Safe Start Center Web site at www.safestartcenter.org.

An electronic version of this publication can be found on the Web at www.safestartcenter.org.

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