

FAMILY RESOURCE GUIDE



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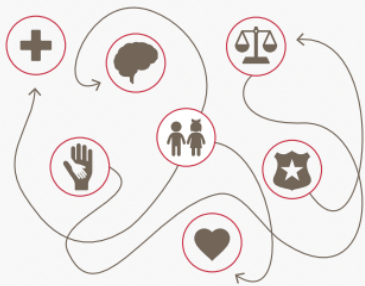
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WHAT IS A CHILDREN'S ADVOCACY CENTER (CAC)?

To understand what a Children's Advocacy Center (CAC) is, it is important to consider what children face without one. Without a CAC, a child may end up having to tell the worst experience of their life over and over again to doctors, police, lawyers, therapists, investigators, judges, and others. They may not get the help they need to heal once the investigation is over either. CACs change all that.

Without a CAC



With a CAC



When an investigation involves a child, law enforcement or Child Protective Services will refer a child to a CAC - a neutral, child-focused environment - by a caregiver or other safe adult. At the CAC, the child will meet with a specially trained interviewer. Then, based on the interview, a multidisciplinary team (MDT) makes decisions together about how best to protect and help the child. This team may include law enforcement, mental health professionals, prosecution, Child Protective Services, victim advocacy, medical professionals, and other professionals. Finally, CACs offer a wide range of services such as therapy, medical exams, courtroom preparation, victim advocacy, case management, and more.

CACs provide hope, healing, justice, and trust for child victims of abuse. This past year, CACs demonstrated that their model works through the results of surveys from caregivers and MDT members collected through our Outcome Measurement System (OMS). Here are some highlights that show our families and partners believe in the healing, justice, and trust we provide.

97% - Healing



97% of caregivers agree that CACs provide them with resources to support their children.

98% - Justice



98% of team members believe clients benefit from the collaborative approach of the MDT.

97% - Trust



If caregivers knew anyone else who was dealing with a situation like the one their family faced, 97% would tell that person about the CAC.

HOW TO COMMUNICATE WITH YOUR CHILD ABOUT ABUSE

Your support and communication during this time can help your child feel stronger and safe.

1. Help your child feel safe to open up.

- Stay calm. Children don't like to upset their parents. If they see they are upsetting you, they might not talk about that topic again in the future.
- Reassure them you won't be mad at them no matter what they say.
- Reassure them that it was not their fault and they did nothing wrong.

2. Listen to your child and reassure with positive messages.

- "I'm so glad you told me this..."
- "I'm sorry this happened to you..."
- "This was not your fault..."
- "I'm proud of you for..."



3. Validate your child's feelings.

- Summarize and clarify their statements.
- Reassure them that you will keep them safe.
- Don't deny your child's feelings. Comments such as, "Don't cry," or "Don't be a baby," can leave children feeling guilty or inadequate for having the feelings they have and resentful for not being understood.

4. Be honest about and explain your feelings.

- If you're feeling angry, explain to the child that you are mad at the abuse, not your child.
- If you're feeling sad, explain that you are sad because someone hurt them. Share that you know that one way to feel better is to talk about it.



5. Don't get angry with your child if he/she/they don't open up.

- There are many reasons children won't disclose information. DON'T take it personally! Anger from a parent may cause the child more distress and increase feelings of being unsafe. This can further discourage the child from talking to you when he/she/they are ready to talk.

6. Don't assume your child will forget if you don't talk about it!

- Children don't forget. They may try not to think about it, but the unresolved feelings are still there.
- Often children will bring up questions and fears "out of the blue." Be willing to listen when your child wants to talk.
- Talking about feelings instead of specific event details or timelines can help clear up misconceptions that lead to shame, pent-up anger, guilt, mistrust, fear, powerlessness and body-image issues.

HOW TO INTERACT WITH YOUR CHILD AFTER ABUSE

Some things you can do that may help your child:

- Return to a normal routine as soon as possible.
- See that your child receives therapy as soon as possible. Trying to sweep feelings under the rug usually causes more problems because those feelings don't just go away.
- Find help for yourself. You don't have to handle everything alone.
- Teach your child the rules of body safety. Explain what to do if someone tries to touch them in a way that makes them feel scared, unsafe or uncomfortable.
- Be careful not to question your child about the abuse. If you do, you could jeopardize a potential criminal case against your child's abuser. Specially trained professionals will interview your child to obtain the necessary information without harming the case or further traumatizing your child. If your child wants to talk about it, listen supportively, but do not ask probing questions.
- Avoid the alleged perpetrator and keep your child away from the person suspected of the abuse. This is to protect you and your child, as well as that person.
- Avoid discussing a potential case with other victims or their families.
- Never coach or advise your child on how to act or what to say to interviewers, investigators, or during courtroom proceedings. This could seriously damage a potential criminal case.
- There can be a lot of moving pieces occurring during this time. Take the time to take care of yourself and all of your children.



UNDERSTANDING CHILD SEXUAL ABUSE: THE 3 A'S

1. Access

Many people think that most children are sexually abused by strangers lurking in dark corners or hiding in bushes. The fact is, over 90% of **all sexually abused children know, love or trust the person abusing them**. So, in the vast majority of cases, the perpetrator is someone known to the child and often known to the parents and family. Given that most predators are people children already know, access can happen virtually anytime, anywhere; at home, at school, on the playground, on the school bus, at after-school or club activities. Abuse can happen anytime a perpetrator has ACCESS to a child.

2. Alone Time

Think about those people you either trust to be ALONE with your child... or people who are alone with your child and you don't know it. The goal is to limit the risk to children by restricting time children spend alone with other people, both adults and other kids. You can guide how your child is supervised in everyday situations at home, at childcare, swimming lessons, play dates, neighborhood play and sports. You have the power to assess risk, ask questions and shape the nature of the time your child spends with others. Here are a few tips:

1. Set expectations with caregivers. This can actually be pretty easy! For example, post expectations in your home for babysitters, family members and friends who visit. Expectations can include things like:

- All members of the family have a right to privacy when dressing, bathing, sleeping and other personal activities.
- If you do not want to hug or kiss someone hello or goodbye, then you can shake hands or give "high fives" instead.
- We don't keep secrets.

Ask organizations (day-care, school, clubs, churches, etc.) about their policies and practices regarding one-on-one time with children. TBCAC offers programming to organizations about how to create these types of policies to protect children through our (Talk.Protect.Report) child abuse prevention program.

2. Teach children what's "okay" what's "NOT okay" and what to do "IF." Having conversations with your child about body safety and body boundaries can and should start EARLY! Teach children that if anyone asks to see or touch their private parts, or asks them to see or touch someone else's private parts, the answer should always be "no" and to immediately find and tell a safe adult. Create a safety circle that helps children identify at least two safe adults in each of their networks; this helps them feel safe enough to say "no" and to report.

UNDERSTANDING CHILD SEXUAL ABUSE: THE 3 A'S

Talk with your children about the difference between "secrets" and "surprises." Surprises are supposed to be fun things like getting a sibling a birthday gift or surprising someone during the holidays with a visit. Secrets should **NEVER** involve touches to or seeing private body parts. Talk with your kids about being sure they tell you if someone asks them to keep a secret.

3. Model the behavior you want your children to learn. Children will act as they are taught to act: Show respect for other people's body boundaries by doing simple things like asking for permission before giving someone a hug or kiss. Model protective behaviors when your children's friends come to visit by letting their parents know who is at home and that no one will be spending any alone time with their child at your house. Seemingly simple statements such as this reaffirm with your children that no one should be alone with them when they visit their friends' homes.

3. Authority

At the core of sexual abuse is a perpetrator's ability to have power and control over their child victims. **AUTHORITY** can come in all shapes and sizes: parents, step-parents, boyfriends or girlfriends of parents, family members including older or physically stronger siblings, classmates, friends, coaches, teachers, instructors, clergy, or anyone in a position of power or control over a child.

When talking with your child about staying safe, it's important to be sure they understand that **NO ONE**, regardless of who that person is, how important that person is, how important that person's relationship may be to the child, what kind of job that person may have or how big and strong that person is, that it is **NOT OKAY** for anyone to touch or ask to see your child's private body part or for someone to ask your child to see or touch that other person's body part. Help your child understand that they should come to you if that ever happens and have your child identify another adult or two they would be comfortable telling as well.

Know that **THREATS** are often made to child victims—threats against them, you, their siblings or even their pets. Sadly, threats can often be effective ways to keep children silent, as kids want to be brave and protect themselves and the people they love. Have open conversations with your child that if anyone makes a threat against them or someone they love, they need to tell you (or one of the safe adults they have identified) right away! The same goes with keeping secrets or receiving excessive gifts or favors (other common tactics of sexual predators).

ARE YOU IN AN ABUSIVE RELATIONSHIP?

*Are you in an abusive relationship?
Do you need help?
Call the National Domestic Violence
Hotline, 1-800-799-SAFE.*

SIGNS OF ABUSE

- **Controlling behavior-** At first, a batterer might say that abusive behavior towards others is done out of concern for their safety, well-being or love.
- **Quickly Progressing Relationship-** Many battered people indicate that they knew or dated their abuser for less than six months before becoming engaged or living together.
- **Jealousy-** At the beginning of a relationship an abuser may say that jealousy is a sign of love. Jealousy has nothing to do with love, jealousy is a sign of insecurity or possessiveness.
- **Blame-** Abusers often blame others for their emotions by saying things such as, "You make me mad!" or "You make me happy."
- **Isolation-** An abuser attempts to isolate victims of abuse from all their personal and social resources and supports. If an abused woman has men friends, the abuser might call her a "whore"; if she has women friends, she might be called a "lesbian". The abuser claims that people who are supportive of her are troublemakers.
- **Hypersensitivity-** Those with controlling personalities are often easily insulted. They may claim that their feelings are "hurt," when actually they're really angry.
- **Aggression-** This includes verbal assaults (verbal abuse, cursing, demeaning them), threats of violence, breaking or throwing objects, past battering previous partners, and physical aggression during arguments (pushing, hitting, holding down, etc.).
- **Strong Mood Changes-** Many women are confused by their abusers' sudden mood changes; nice one minute and explosive the next.
- **"Playful" use of force in sex-** Abusers may enjoy biting, rough handling, or physically restraining their partners during sex. They may show little concern when their partner is uninterested in sex and may manipulate them into compliance.
- **Unrealistic Expectations-** Abusive people often expect others to automatically know their every emotional and physical need.
- **Cruelty to Animals or Children-** Batterers may punish animals brutally or be insensitive to their pain. They may expect children to do things that are far beyond their ability (e.g., spans a two-year-old for wetting its diaper).

PREPARING TO LEAVE: YOUR CHECKLIST

- Driver's License
- Birth Certificates
- Marriage License, divorce, and custody papers
- Personal Protection Order
- Wallet (money, checkbook and bank books)
- Phone
- Health insurance cards
- House and car keys
- Medications and prescriptions
- Address book
- Social Security Cards
- School papers
- Change of clothes
- Pets and pet needs
- School records
- Work permits
- Formula, diapers, kids' clothing, and kids' needs

WHAT TO EXPECT AT DIFFERENT STAGES OF CHILD DEVELOPMENT

Talk to your kids about their bodies.

As parents, it is important to communicate with and teach your children as they grow. Many parents find it difficult to talk with their children about their bodies and sexual activity. Learning ways to increase communication with children about their sexual development and play is worth the effort! Research indicates that parents who teach their children about behavioral expectations and consequences, family values, body safety, and sexuality lower many risks and impart important protective factors to their children, such as:

- Later age of onset sexual activity
- Lower risk of pregnancy and sexually transmitted diseases
- Lower risk of sexual assault and domestic violence

At a very young age, children begin to explore their bodies by touching, poking, pulling, and rubbing all their body parts, including their genitals. The more information parents have about childhood sexuality, the more likely they are to respond to their child's sexual development in positive, nurturing ways.



How can you help your children?

Teaching children about their bodies is not the same thing as teaching them about sex. Providing information and guidance about their bodies is like teaching children other skills and rules, such as how to sit at the dinner table or to ride in a car. Parents can begin to teach children about their bodies starting in infancy. The following guidelines build a foundation of trust and open communication between children and parents, and become protective factors for abuse prevention.

Fundamentals:

- Teach children the proper names for all their body parts, including: penis, testicles, vulva, anus, vagina, buttocks, breasts, nipples, and genitals.
- Teach children about respect for their own and others' bodies in everyday situations.
- As children grow and are able, teach them to bathe, toilet and dress themselves starting at an early age.
- Teach children that privacy, modesty, and boundaries are important—we must respect others' privacy and they should respect ours.
- Teach children they can tell you when they are feeling uncomfortable, sad, angry, confused or scared.
- Listen to children when they have something to tell you. Take seriously what children have to say about the way people treat them. When your child says they don't like someone, ask questions, listen, and take the time to figure out why.

[Check out the age-specific development charts on the next few pages to learn more.](#)

CHILD SEXUAL DEVELOPMENT CHARTS

Infancy

Birth to
Age 2

Healthy Sexual Development

- Develop love and trust through relationships with caregivers
- Start to notice differences between the bodies of boys and girls, children and adults
- Displays no inhibitions about nudity
- Interest in bathroom functions
- May have spontaneous reactions that appear sexual, such as an erection or vaginal lubrication

Common Sexual Play Activities at This Stage of Development

- Learn about bodies, including genitals, through touch
- Experience genital sensations and pleasure

Tips For Facilitating Healthy Sexual Development

- Name body parts, including genitals, using correct terminology.
- Model "comfortable" touch (e.g., hugs that are not forced upon the child).
- Talk about boundaries as the opportunity arises (e.g., during diapering and bath time; teach children that genitals are "private parts" that are "off-limits" to others).

Toddler
&
Preschool
Years

Ages
2 to 5

Healthy Sexual Development

- Develop language to describe their genitalia; enjoy learning about and talking about body parts and functions
- Become very curious about own body, and the differences between girls and boys
- Learn words related to sex and attempt to use them in conversations
- Find adult bathroom activities very interesting
- May show curiosity about adult genitalia
- Display no inhibitions about nudity
- May ask questions about pregnancy and birth

Common Sexual Play Activities at This Stage of Development

- Explore self and others' genitals with same-age peers
- Play house, doctor, and other body exploration activities (imitative)
- Touch or rub own genitals

Potentially Unhealthy Behavior

- Speaking in detail about adult-like acts
- Use of explicit sexual language
- Adult-like sexual contact with adults or other children
- May insert objects into or on genitals

Tips For Facilitating Healthy Sexual Development

- Encourage children to use correct terminology to describe their bodies and to identify their "private parts".
- Model the importance of privacy during bathing, dressing and toileting.
- Give child permission to be private about his or her own nudity.
- Acknowledge that touching oneself feels good, is OK, and may be done in private.
- Teach children to respect other people's bodies, boundaries and privacy.
- Teach children the difference between comfortable/appropriate touch and uncomfortable/inappropriate touch.
- Model comfortable touch, and respect children's feelings by not forcing them to have physical contact (no forced hugs or kisses, or rough play).

CHILD SEXUAL DEVELOPMENT CHARTS

Middle
Childhood

Ages
5 to 8

Healthy Sexual Development

- Develop strong friendships with children of same sex
- Desire to be like their peers
- May understand differences in sexual orientation of others
- Display basic understanding of puberty (some children, especially girls, may show early signs of puberty by age 8)
- React to stories they hear in the media (AIDS, abuse, violence)
- Display basic understanding of human reproduction
- Exhibit increasing modesty and interest in privacy in bathroom and dressing activities as mastery of fine-motor skills and responsibility for personal hygiene increases

Common Sexual Play Activities at This Stage of Development

- Continue body exploration activities
- Exhibit kissing, putting arm around shoulders, hand holding with peers
- Begin or continue to touch own genitals (masturbate-specific) in private
- Mimic dating or romantic relationships with dolls or other children
- Tell "dirty jokes;" write or draw pictures about sex terminology or genitals
- May engage in consensual genital exploration with same age (and often same sex) peers

Potentially Unhealthy Behavior

- Adult-like sexual interactions
- Public masturbation
- Use of Internet chat rooms; accessing or viewing pornography
- Overtly sexual and/or specific language or discussion about mature sexual acts

Tips For Facilitating Healthy Sexual Development

- Respect child's need for privacy.
- Teach children about male and female puberty (by 7-8 years old).
- Reinforce child's need to respect other people's bodies, boundaries, and need for privacy.
- Use everyday "teachable moments" to inform children about sexuality and the mechanics of reproduction (i.e., children should know how adults' body parts come together during intercourse and how babies are conceived, grow, and are born, by no later than age 9).
- Talk with children about what is and is not appropriate during peer interactions .
- It's important to remember that research has shown that children whose parents talk with them about sexuality are less likely to become sexually active at an early age.
- Model healthy, intimate adult relationships characterized by effective communication and respect for others' bodies, boundaries, and privacy.
- Parents may find the use of anatomically correct dolls or pictures helpful to aid in teaching children more specific information about body parts that boys' and girls' have that are the same and that are different.

CHILD SEXUAL DEVELOPMENT CHARTS

Late
Childhood
&
Twins

Ages
9 to 12

Healthy Sexual Development

- Grow more modest and protective of privacy
- Become more aware of sexuality, develop romantic feelings toward the opposite sex and/or the same sex
- Voices deepen
- Interest in own organs and functions
- Try to be like friends and classmates; do not want to be different, left out, or considered "abnormal"
- Increased height and weight
- Changes in body shape and distribution of fat and muscle (e.g., wider hips for girls; broader shoulders for boys)
- Curious about the bodies of peers; look at others' sex organs to compare to their own
- Experience increased sexual feelings and fantasies
- Talk about sex with same-sex peer
- Appearance of pubic and underarm hair

Boys:

- Testicles grow larger
- Breasts may become larger or more feminine for a while (gynecomastia)
- Facial and/or chest hair may begin to appear

Girls:

- Breasts begin to develop
- Vaginal discharge in the weeks before menstruation begins
- May begin menstruating (typically between ages 10 and 16)

Common Sexual Play Activities at This Stage of Development

- Touch others' genitals (infrequent)
- Interest in kissing or dating
- Exhibitionistic behavior
- Dry humping
- Look at pictures in books/magazines (not pornography); write letters and poems about sexual activity
- May masturbate to orgasm

Potentially Unhealthy Behavior

- Adult-like sexual interactions
- Use of phone or computer to send pictures of self or peers not fully dressed (illegal activity)
- Overtly sexual and/or specific language or discussion about mature sexual acts
- Use of phone or computer to exchange sexually explicit messages with others ("sexting") or to bully others
- Use of Internet chat rooms; accessing, viewing, or downloading pornography
- Use of pornography during masturbation
- Romantic attention from older teens; pre-teen dating
- Substance misuse (tobacco, alcohol or other drug use)

Tips For Facilitating Healthy Sexual Development

- Respect tween's need for body privacy, but set limits on various other privacy issues (e.g., computer and cell phone use must be monitored/supervised to ensure appropriate use).
- Model healthy, intimate adult relationships and responsible use of alcohol and prescription drugs; lock alcohol and all medications in a safe location inaccessible to all children, tweens and teens.
- Talk with children about appropriate behavior during peer interactions, including discussions about bullying and other unhealthy and abusive relationships.
- Teach children about risks of sexual activity, including physical and emotional risks: teen dating relationships are a major source of emotional distress, and a leading cause of emotional distress, and a leading cause of major depressive episodes in teens.
- Supervise and monitor tweens; make sure friends' parents know and will respect your family's rules and limits, and will monitor and supervise tweens' activities.

CHILD SEXUAL DEVELOPMENT CHARTS

Teens

Ages
13 to 18

Healthy Sexual Development

- Continue and complete the changes of puberty
- Desire to "try on" different styles, personalities, ways of expressing themselves
- Progressively developing impulse control (develops along with brain development through the 20's)
- Vacillate between desire for independence and need for ongoing parental help, support and stability
- Strong emotional highs and lows
- Progressively developing confidence in social situations
- Progressively developing ability to reason, foresee consequences of actions, and questions others' values and decisions
- Experience increased sexual feelings and desire for physical closeness with a partner

Boys:

- Facial and/or chest hair may begin or increase in growth
- Penis grows larger and erections occur more frequently
- Spontaneous erections occur, even when a boy is not thinking about sex (typically lasting only a few minutes)
- Begin producing semen and may experience ejaculations during masturbation and/or during sleep (nocturnal emissions/wet dream)

Girls:

- Vagina starts to lubricate when aroused
- Begin having erotic dreams

Common Sexual Play Activities at This Stage of Development

- Choose romantic relationships over close friendships: want to date
- Masturbation becomes more sexual; fantasize about romantic and/or sexual scenarios
- Fall in love
- Face strong peer pressure and decisions about sexual and other high-risk activities
- Touching other's genitals may occur more frequently and purposefully
- Experiment with kissing and touching that may include oral sex and intercourse

Potentially Unhealthy Behavior

- Wearing overly sexualized styles of clothing or makeup
- Teen sexual interactions with others
- Use of Internet chat rooms; accessing, viewing, or downloading pornography
- Use of pornography during masturbation
- Romantic attention from older teens or adults
- Use of phone or computer to send pictures of self or peers not fully dressed (illegal activity), or to exchange sexually explicit messages with others ("sexting") or to bully others
- Substance misuse (tobacco, alcohol or other drug use); gambling
- Abusive or violent interactions in relationships with others

Tips For Facilitating Healthy Sexual Development

- Continue to set limits on various privacy issues, relaxing these only as older teens demonstrate increased maturity.
- Continue to supervise and monitor teens; make sure friends' parents know and will respect your family's rules and limits, and will monitor and supervise teen activities.
- Talk about teen sexual and other high-risk activities (e.g., underage drinking or other substance abuse, gambling, online chat), and clearly communicate your family values and expectations for teens' behavior.
- Ask teens their hopes and dreams for high school and beyond as they set goals for themselves. Help them identify resources and brainstorm possible actions they might take to make their dreams come true. Talk about obstacles they might face and possible ways around them.

BODY SAFETY CONVERSATIONS

Teach children (and reinforce throughout childhood) the following important messages regarding their bodies and touching:

TALK



- The areas covered by our swimming suits are called our "private parts."
- Explain that we all have private parts and our bodies belong only to us—we each get to say who, when, and how others may touch our bodies.
 - Let your child know they should tell you right away if anyone tries to look at or touch their private parts.
 - Reassure them that most touches are okay touches, but if touches make them feel uncomfortable, confused, or scared, children can tell the person "no" or to "stop it," or that they "don't like that touch."

PROTECT



- Explain that it's a parent's (and other adults') job to protect children and work to keep them safe. Explain that it is the children's job to tell their parents if anyone invades their body boundaries or makes them feel unsafe, uncomfortable, or scared. Reassure them you will listen, believe and protect them.
- Teach children they should tell a parent or another safe adult, like a grandparent or a teacher, if anyone touches them in ways that make them feel confused or frightened.
- Role-play situations like these in a playful way, so children can imitate appropriate behavior, practice it, become comfortable saying "no" to unwanted touches.

REINFORCE



- Reinforce that children must respect other people's bodies and should not touch other children without permission, or in ways those children do not like. Explain that if someone asks them to stop, then they must stop that touching behavior—we cannot touch others in ways that make them uncomfortable.
- Explain that children may not touch other people's private parts. If other people ask them to do so, they should tell them "no." Then they should tell their parents or another safe adult.

My Body Safety Rules

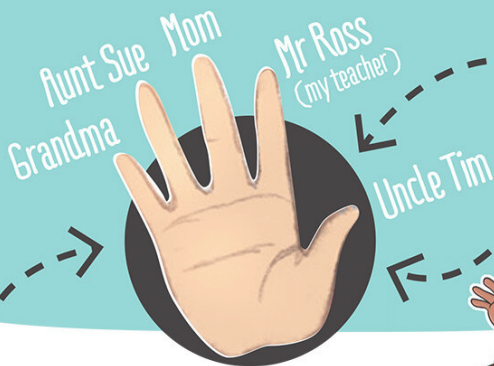
My body is my body and it belongs to me!

I can say, 'No!' if I don't want to kiss or hug someone.
I can give them a high five, shake their hand or blow them a kiss.
I am the boss of my body and what I say goes!



I have a Safety Network

These are five adults I trust. I can tell these people anything and they will believe me.
If I feel worried, scared or unsure, I can tell someone on my Safety Network how I am feeling and why I feel this way.



Early Warning Signs

If I feel frightened or unsafe
I may sweat a lot, get a sick tummy,
become shaky and my heart might
beat really fast.

These feelings are called my Early Warning Signs. If I feel this way about anything, I must tell an adult on my Safety Network straightaway.



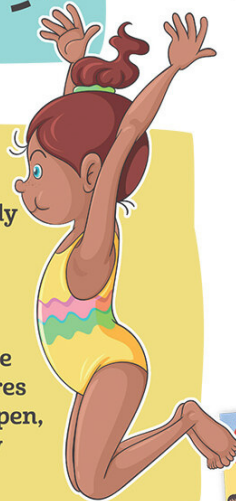
Secrets

I should never keep secrets that make me feel bad or uncomfortable. If someone asks me to keep a secret that makes me feel bad or unsafe, I must tell an adult on my Safety Network straightaway!



Private Parts

My private parts are the parts of my body under my bathing suit. (My mouth is a private part too.) I always call my private parts by their correct names.
No one can touch my private parts.
No one can ask me to touch their private parts. And no one should show me pictures of private parts. If any of these things happen, I must tell a trusted adult on my Safety Network straightaway.



THErapy SERVICES AT TBCAC

*Welcome to Traverse Bay Children's Advocacy Center.
Below are some guidelines for how we conduct therapy sessions.*

CALL

Please call TBCAC at **(231) 929-4250** and ask to leave a message for the Therapy Team in order to set up new counseling services. A therapist will return your call within two business days in order to discuss the current services being offered (individual and/or group) and the status of any waitlist we may have at that time.

INTAKE

The first session scheduled is an intake interview with the parent or guardian of the child and the therapist. Concerns about the child can be discussed and will be reviewed by the therapist. Since we need to be able to speak freely about sensitive issues, we ask that the caregiver come to the first session alone. Following that session, we will schedule an appointment with the child for continued therapy services.



COUNSELORS

Therapy services may be provided by licensed professional counselors. All providers at TBCAC have been trained to provide trauma-informed treatment and will work with you to develop appropriate treatment goals that address your concerns.

THERAPY SERVICES

We offer a variety of trauma-informed therapy services including:

- EMDR Therapy
- Play Therapy
- Talk Therapy
- TF-CBT



TBCAC is proud to partner with Peace Ranch. Specializing in equine therapy, the Eagala Certified team at Peace Ranch provides evidence-based, trauma-informed treatments utilizing horses and other experiential therapies. Contact TBCAC to schedule an appointment.

FAMILY SERVICES

We also provide supportive counseling for the parents/legal guardians of the children involved with TBCAC, at no cost to you. If you are interested in setting something up, it can be arranged at the intake session.

RELEASES

If there are any other professionals you feel need to be contacted about therapy to help coordinate care, please let us know and we will provide a release of information.

CANCELLATIONS

If you need to cancel and/or change your therapy appointment, we ask that you please call 24-hours in advance. In the case of bad weather or dangerous road conditions, please call the morning of your appointment to let us know if you need to reschedule. You will be called if TBCAC is closing due to weather; otherwise, assume we are open.

TELEHEALTH THERAPY AT TBCAC

ACCESS TO SERVICES

Many children who have experienced trauma and need mental health services do not receive help because of a lack of access or convenience. To remove these and other obstacles to trauma-informed mental health services for children, Traverse Bay Children's Advocacy Center offers tele-health therapy. Telehealth is more convenient and flexible because clients can be virtually anywhere they have privacy and access to the internet.

WHAT IS TELEHEALTH?

Telehealth means the therapist and client are in two different locations and sessions are held through a secure online video-conferencing platform like Zoom or Microsoft Teams. The cloud-based system has point-to-point encryption that meets HIPPA criteria to ensure confidentiality. (Platforms such as Skype and FaceTime are not considered secure.) TBCAC offers Tele-health services to children ages 7-18.

Note: a tele-health screening and assessment are performed to make certain this therapy method will be a good fit for the child and family.

BENEFITS OF TELEHEALTH THERAPY

- Better accommodates busy schedules
- Less time away from school and work
- Eliminates transportation and distance barriers
- Research shows it can be just as effective as in-person therapy
- Easier to maintain a regular and consistent treatment schedule, which can lessen the length of treatments and improve outcomes



TECHNOLOGY REQUIREMENTS

A laptop, smartphone, or tablet with reliable internet connection is required. If needed, TBCAC may have an iPad to loan. Telehealth therapy needs to occur in a secure, private setting to maintain confidentiality—like home, school, or a community agency. For safety, a designated adult must be nearby during the session.

PARENTAL/CAREGIVER ROLE

Parents and caregivers play a vital role in helping children heal from trauma. Support from a caring adult is one of the most important predictors of healing — child therapy works best when caregivers are involved. A parent/caregiver is required to be present during all home-based sessions and to participate as needed; which includes checking in with the therapist and encouraging the child to practice skills learned during therapy.

COMMUNITY RESOURCES

Do you need additional resources?

2-1-1

211 connects you to expert, caring help. Every call is completely confidential.

Father Fred

(231) 947-2055

Offers a variety of services to those in need. In one unit of their facility, they house a food pantry focused on healthy options and organized as a self-shop model to preserve their guest's dignity and simultaneously reduce waste. In addition to their clothing area, they assist guests who may need other home items such as dishes or shelves. If a guest is struggling with eviction, keeping the heat on or medical bills, they have a financial services staff member available to listen to your circumstance and advise or assist you as they are able.

Women's Resource Center

(231) 941-1210

A full-service domestic and sexual violence agency serving the Grand Traverse area.

Goodwill Inn

844-900-0500

The Goodwill Inn is a year-round, 120-bed emergency shelter that includes 11 suites for families. They provide safe, supportive shelter with food and other basic needs for adults and families experiencing homelessness, while they support your efforts to find safe, permanent housing solutions.

Generations Ahead

(231) 590-2262

They work with pregnant and parenting teen parents in the Grand Traverse area. They support young moms and dads with home visits, mentors, support groups, a baby pantry, and lots more.

Department of Health and Human Services (DHHS)

Child Support: 866-540-0008

Report Abuse and Neglect: 855-444-3911

General Information: 517-241-3740

Child Protective Services (CPS)

(231) 941-3900



Phone: (231) 929-4250

2000 Chartwell Drive, Suite 3, Traverse City, MI 49696

TBCAC GRIEVANCE POLICY

Our goal is to provide exceptional intervention, counseling and prevention services to children and families throughout Northern Michigan. In the event you have a concern about the service you've received, please contact the Traverse Bay Children's Advocacy Center Chief Executive Officer at tbcac@traversebaycac.org or call our main office at **(231) 929-4250**.

Should you have additional concerns, you may contact the Michigan Department of Health and Human Services following the procedures below.

How to file a grievance with the Department of Health and Human Services:

To make a complaint, fill out the Online Complaint Form, located at www.michigan.gov/mdhhs. You will find the Online Complaint form by scrolling to the very bottom of the page and locating the "Online Services" Heading. Select, "Child Welfare Licensing Online Complaint Form."

If you cannot complete the online complaint form, you can either:

- Print and complete a paper complaint form, CWL-260 and mail to:
 - **Michigan Department of Health and Human Services**
Division of Child Welfare Licensing
235 S. Grand Ave, Suite 1305
PO Box 30650
Lansing, MI 48909

OR

- Fax it to **(517) 373-8570**
- Call **(844) 313-3447**

When making a complaint, please fill out the complaint form as completely as possible. Your name will be kept confidential and will not be released unless a court order is issued. You are not required to give your name or contact information. However, if additional information is needed and we are unable to reach you, the complaint will be incomplete and may not be assigned.

Traverse Bay Children's Advocacy Center Participant Notice

Traverse Bay Children's Advocacy Center does not discriminate on the basis of age, sex, race, color, nation of origin or ancestry, religion, sexual orientation, disability, height, weight, marital status, residency location, genetic information, or any other characteristic protected by law.



TBCAC is accredited by the National Children's Alliance



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