



Parent and Caregiver Handbook

Sexual Abuse



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Intake Process at Pace

If the parent, (or caring adult), suspects sexual abuse - you must first call the RCMP or Child Family Services **to report**. Then, arrangements can be made to have the child interviewed at the Caribou Centre.

The Caribou Centre is a child friendly location, designed to minimize the stress and trauma for the child/youth that is reporting abuse or an assault. A child therapist is available at Caribou Centre for children that have accessed services through the advocacy centre.

Pace has an extensive therapy program to address past and present sexual abuse for children and for adults. Two ways to access therapy services at Pace include parents / caregivers can call Pace (780-539-6692) and speak with the Intake worker to complete an **intake appointment**. The child also may be interviewed depending on his/her age. Or, if Child Family Services are involved, they may also refer to Pace for services. When the next available therapist is available, (s)he will call the family to start **therapy**.

Children & Sexual Abuse

Sexual Abuse is introducing a child to any sexual contact, activity or behavior. Sexual abuse includes:

- any sexual touching,
- intercourse,
- taking advantage of a child sexually, or
- Exposing a child to sex, including pornography.

Sexual abuse can be by a parent, a relative, a friend or a stranger. In most sexual abuse cases, the perpetrator is someone the child knows.

Sexual abuse also can take the form of EXPLOITATION- the sexual purpose or inviting, counselling or inciting of a young person to touch the body of any person for a sexual purpose, or alternatively, an offender is in a position of trust and/or authority. All children are at risk for exploitation and includes, but is not limited to:

- Distributing, selling or making child pornography,
- Using the internet to attract a younger person for sexual purposes,
- Forcing someone under 18 to go into prostitution.

Adapted from, <http://humanservices.alberta.ca/documents/PFVB0399-children-exposed-to-family-violence.pdf>

Abuse's impact on children depends on the following factors:

- ❑ The relationship with the offender,
- ❑ Age(s),
- ❑ Incident's length of time and frequency,
- ❑ Types of sexual behaviours,
- ❑ Degree of violence or threat of violence,
- ❑ Temperament,
- ❑ And, risk of on-going abuse.

Behaviours that reduce trauma and help children heal include:

- ❑ Being believed when they tell,
- ❑ Being recognized for their bravery and strength,
- ❑ Hearing clear messages that the responsibility belongs to the offender,
- ❑ Minimal disruption in children's lives after disclosure,
- ❑ Sensitivity from those around them to conflicted feelings about the abuse and the offender,
- ❑ Temperament.

Audre Lorde

~ "When we speak we are afraid our words will not be heard or welcomed, but when we are silent, we are still afraid. So, it is better to speak."

Support Guidelines for Parents

It's both heartbreaking and challenging for parents to watch a beloved daughter or son cope with sexual abuse or sexual assault. Now, you take a DEEP BREATH, and just breathe. We can provide support.

What to expect

After your child discloses sexual abuse, parents and caregivers can expect a crisis. Parents of children and teens who have been sexually assaulted face extremely difficult circumstances. You may be unsure how to respond, frustrated that you cannot take away your child's pain, or confused about behavioural changes.

The Event

The immediate trauma of the event subsides with time. Some children may experience adverse emotional and physical being while others' may move through the healing process relatively quickly.

The Family

A family's circumstances and interpersonal dynamics may result in either coming together or pulling apart depending on their reactions.

At any age, siblings may either be supportive or resentful about the added attention towards an abused child.

If the offender was a trusted relative, anyone in the family may experience disbelief or denial resulting in family conflict.

Expect relatives, friends and others close to the child to experience strong feelings.

Sexually abused children are often sensitive towards the well-being of others who are close to the child. Seek help for everyone wishing to participate in a healing process.



Feelings YOU may be experiencing:

- ❑ Numbness,
- ❑ Fear of "not keeping it together" and/or emotionally withdrawing from your child,
- ❑ Grief with waves of emotional pain,
- ❑ Secondary grief or pain from past losses, feelings similar to those of a person who has lost a loved one through death.
- ❑ Sense of failure as a spouse or parent, loss of confidence in your ability to parent.
- ❑ Overwhelmed,
- ❑ Guilt,
- ❑ Sorrow at your child's loss of "innocence,"
- ❑ Betrayal,
- ❑ Conflicted emotions within moments: anger, rage, revenge, depression, confusion, shame, helplessness, feelings of isolation, powerlessness,
- ❑ Not being able to foresee "normalcy,"
- ❑ Memories, feelings, or symptoms of trauma if you have also experienced physical or sexual abuse.



Behavioural Expressions

- ❑ Difficulty sleeping,
- ❑ Moodiness,
- ❑ Difficulty concentrating,
- ❑ A knot or pain in the stomach along with other unexplainable physical symptoms,
- ❑ Spaced out,
- ❑ Lethargic,
- ❑ Dehydrated,
- ❑ Fidgety,
- ❑ Light headedness.

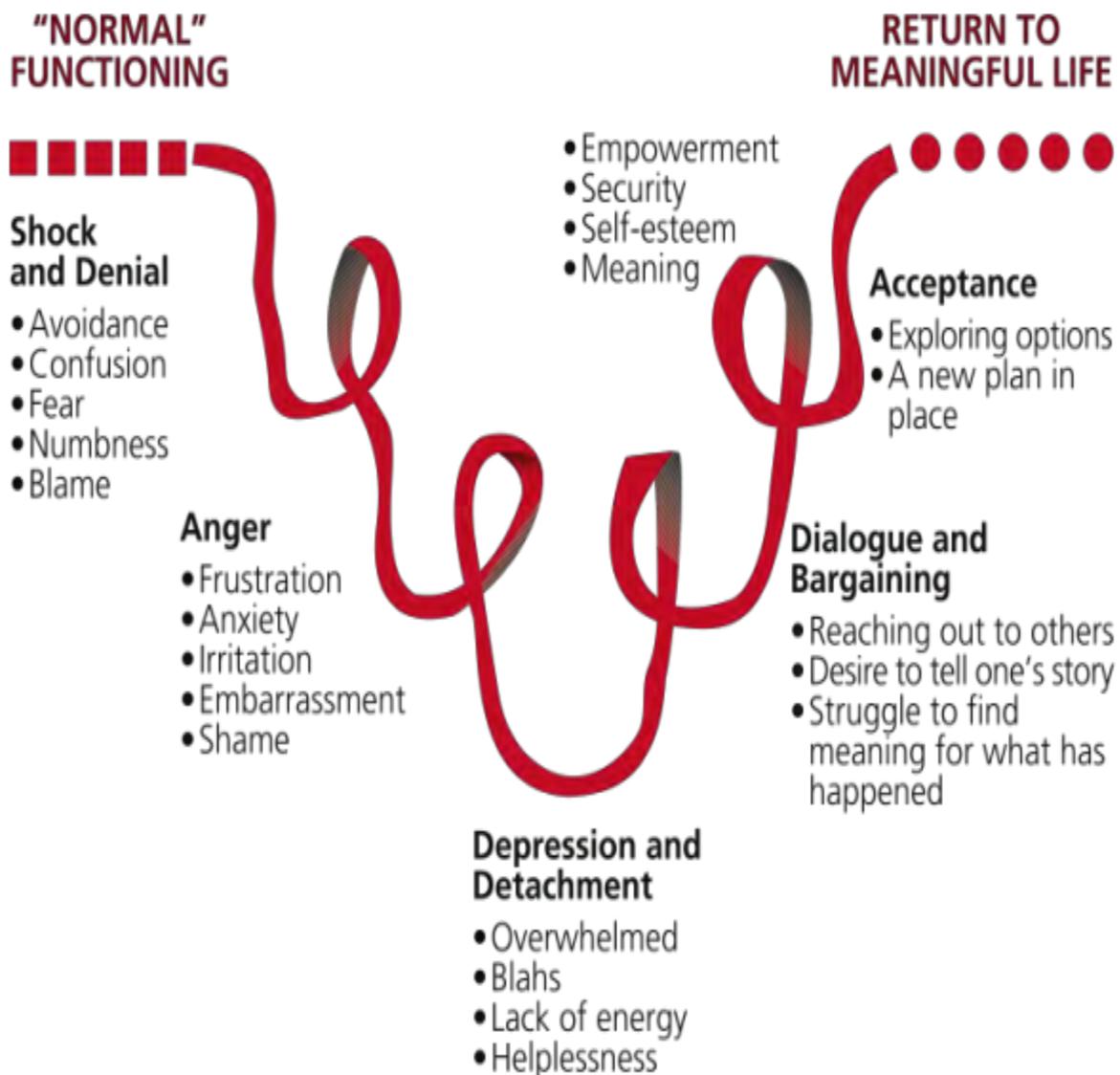
Katherine Patterson

~"Like a tiny bird through a storm cloud sky, a tiny piece winged its way through the chaos."

Grief

When something traumatic and out of your normal everyday experience happens, people tend to move through a process of grieving. Each person moves through this process at their own pace, and may move back and forth through the cycle, rather than moving through from start to finish.

Stages of the Grief Cycle



Caring for Yourself and Getting Support

Parents of sexually abused children are encouraged to put their feelings aside and concentrate on becoming a pillar of support for their children. This is best done when you have your own supports.

- ❑ Surround yourself with "supportive" friends and family,
- ❑ Join a support group,
- ❑ See a counsellor,
- ❑ Choose the people that you confide in with care. Some will provide comfort and support while others may deny the abuse took place, or blame you for not protecting the child, or accuse your child of making it up, or blame the child for the abuse.
- ❑ If the sexual abuse was by a partner or spouse seek professional support for yourself. People may be critical of you.
- ❑ If you have been sexually abused and have unresolved feelings, you may struggle to support your child.
- ❑ Recognize your needs and find time to cry, grieve or express your feelings,
- ❑ Try not to dwell on what you should have done,
- ❑ Keep a limited schedule on difficult days to allow for grief's ebbs and flows,
- ❑ Focus on your usual outlets for stress – exercise, reading, hot baths, gardening, watching TV, etc.



Sources: *A Guide for the Parents of Sexually Abused Children*
Helping Your Child Recover from Sexual Abuse.

Call Pace to assist you or anyone else willing to participate in therapy. 780-539-6692

Guidelines for Supporting Your Child

After a child discloses sexual abuse, you may see changes in his/her emotional state or behaviour. These changes usually are not personal attacks toward you and are often normal human responses to an experience that caused considerable emotional -- and sometimes physical -- trauma. Your child may need help to sort through his/her emotions so seek proper care.

Your daughter's or son's experience may have happened very recently, or (s)he may have chosen to share this after a long time of suffering in silence. Either way, the child will immediately need your parental love, strength and support. The following are helpful tips:

Tell children you believe them. One of your child's biggest fears may be that his/her parent(s) won't believe the story. Through calm, accepting and encouraging responses, you'll demonstrate that you're prepared to take what your child tells you as the truth.

Minimizing, denying or mistrusting experiences are damaging. Such actions may cause your child to retreat into silence or even to recant her/ his story. The child is less likely to deal positively with the trauma if disbelieved by you. Questions such as "Why did this happen?" or "How could you let this happen?" makes a victim feel responsible for being victimized.

*Let your child know that it was **not her or his fault**.* Talk to your daughter or son without judgment or analyzing her/his experience. Reassure (s)he that however (s)he may have responded was right at the time. By always putting TOTAL responsibility on the offender, you help your child reduce feelings of guilt, denial and self-blame.

SEXUAL ABUSE AND ASSAULT ARE NEVER THE SURVIVOR'S FAULT.

Ask before you touch. A cardinal teaching by parents is giving the message that children own their bodies. The child does not need to give, or receive, touch to/by anyone, including you. In some cases, a child may not have a clear sense of his/her boundaries after sexual abuse so (s)he needs encouragement by paying attention to feelings about being touched, saying no and asking for touch.

Children may feel hypersensitive to touch after sexual abuse. These children also need messages about the importance of boundaries, but over time they may need help to feel safe

with loving touch. Your child decides whether hugging or holding will be comforting or stressful, so respond accordingly to words and body language. Try your best not to take any reactions personally.

Be a rock. Your daughter or son needs someone solid and dependable, both emotionally and physically. Provide plenty of reassurance that your feelings of love haven't changed. Tell your child that you believe in their ability to recover fully from the experience. Try to instill a sense of hope. If this is hard for you to do, then seek help for yourself and ensure your child has someone to talk with about the experience.

Listen well. Encourage your child to freely express confusing emotions in whatever shape or form. Whenever your child opens up just listen, don't interrupt or interject your own feelings, and don't suggest how (s) he should feel. Expect both positive and negative emotions. If the perpetrator was someone your child knows well or has provided affection or nurturing in the past, (such as a family member, close friend, coach, or mentor), your child may have mixed feelings about what happened.

Only share your own feelings when it's appropriate to do so. Share your own feelings of grief, sadness or anger only when the child clearly understands the abuse was wrong. Also, explain to your child that (s)he is not responsible for your adverse reactions. If you are not in a position to provide emotional support for your child, ask a close relative or friend. If you share too much of your own feelings, your child may feel guilt about causing you pain, or choose to protect you by holding back his/her own emotions. Your child needs to know that you can handle whatever (s)he has to say.

A tip: Strong messages that you'll do everything to protect the child from this happening again are important.

Validate the impact of a child's experience. Sexual abuse is very hard for anyone to talk about, and more so for a child. (S)He may have been frightened or threatened into silence, or not have realized it was wrong, and may have originally experienced it as positive affection. Whatever the experience, always validate your child's feelings about the incident.

Recognize your child's needs. Your child wants to feel loved, accepted, believed, and safe, and needs to rebuild feelings of self-worth. Show your child that you care by: safely and respectfully giving him/her affection and reassurance in words or actions.

Create an open atmosphere to talk with your child. Help them identify, express, and work through feelings about the abuse and what has happened during recovery. Answer questions calmly and honestly.

Realize that your child coped the best way possible regardless of age. As your child develops and matures, (s)he may attempt to link the event(s) with problems/issues impacting her/him today and in the future. Nobody can measure how the assault affected her/him; your child needs to work this through in their own way.

Encourage your child to continue with favorite activities and to spend time with others. Even if your child is young, it's important to regain age-appropriate feelings of competence and control through social and physical activities. You need to resist the powerful urge to overprotect your daughter or son and offer positive support for things (s)he chooses.

Accept that you won't "fix" it. You can't remove the impact of the abuse regardless of how hard you try. Some emotional suffering may be inevitable. Sometimes, the hardest -- but best -- thing may be nothing at all. Your most valued support may simply be a loving, understanding, and eternally patient mom or dad who is trustworthy and always dependable.

Be mindful of sexual messages received through media. Children who experienced sexual abuse may find sexual content over stimulating or disturbing. Help monitor music, videos, games, T.V., and movies that may have sexual content.

Help your child learn the importance of privacy. Simple reminders to knock before entering bedrooms and bathrooms, or encouragement to dress and bathe on his/her own (if able), are great ways to teach privacy and respect. Talk openly about boundaries and role model them for your children.

Children are resilient; and many will come through sexual assault or abuse extremely well. Often positive and loving support from family and others is enough to buffer the abuse, along with the incredible inner strength children possess.

Know your limits. Naturally, you want to comfort, heal and protect your child but your physical and emotional energy isn't limitless. If you give too much of yourself throughout the recovery process, you may find yourself resenting or withdrawing when your child needs you most. No-one -- even a parent -- can give a child all the support needed, so help your child spend "quality time" with significant people who will support the recovery process.

Be patient, stay positive. Have faith that the immediate crisis will pass. Your child's healing and recovery can't be rushed and will proceed at its own pace. Cherish your child, recognize the small victories, and celebrate them all.

Allow the child to grieve. Withdrawal, anxiety, anger, aggressiveness, despair, and sadness may all be signs of grieving.

Give your child an opportunity to express feelings in appropriate ways. Allowing your child to draw the incident or play with toys/dolls allows him/her to resolve their anger, instead of expressing it in aggressive or sexual play with friends.

Some aspects of the abuse (affection, physical contact, and attention) may have been pleasurable. Your belief that the abuse was a terrible experience may make your child feel guilty.

Inform your child that sexual feelings are not bad or wrong. Help your child understand his/her body has automatic responses to sexual stimuli and these responses are normal.

Consult a professional. Children concerned about being "damaged" inside must be examined by an understanding doctor and reassured that their bodies are healthy.

Reassure. Help the child understand that (s)he is not the cause of crisis in the family because of the disclosure. Help your child understand why other people (doctor, police, social workers, counsellors) are involved.

Use caution. Be discreet when talking about the abuse as your child may feel embarrassed or concerned about who "knows," and not everyone will be supportive. Ask your child's permission if telling extended family. For example, "May I tell Auntie Kim about this?"

Don't make promises that you cannot keep. For example, the offender will go to jail or the child

will never see the offender again.

Protect your child. Reduce the number of strangers the child is exposed to. Supervise activities, don't leave her/him with people (s)he doesn't know or trust. Change the environment of a room if the child is afraid. This will help rebuild a sense of safety.

Return to a regular routine. Try to be consistent and predictable in your behaviour and in your routine. If change occurs, support your child by allowing time to prepare for unpredictability or if you're wanting him/her to try something different.

Provide positive feedback about themselves (appearance, small achievements, creativity, etc.)

Work through traumatic nightmares.

Talk about normal kid things and activities.

Inform your child about personal rights.

A child who has been sexually abused struggles to regain control over environment. Encourage your child to "listen" to his/her inner voice or intuition, to feel strong rather than helpless, to make some choices, and to trust feelings.

You can look forward to your child stabilizing. Especially if (s)he is getting help from a professional who is knowledgeable about sexual abuse. Stabilized means your child has returned to age-appropriate activities and has resolved as much as(s) he can about the abuse at this stage.

Sources: *Helping your Child Recover from Sexual Abuse*
Dealing with Your Own Feelings

~ Jeanne McElvaney, Spirit Unbroken: Abby's Story

"We aren't the weeds in the crack of life. We're the strong, amazing flowers that found a way to grow in the most challenging conditions ~"

Teens/Adolescents: Trauma and Substance Abuse

For teens that have experienced trauma, alcohol or drugs can at first seem to ease their distress. But in the long run, substance abuse can keep the teen in a cycle of avoidance and make it more difficult to recover from trauma. In order to overcome the distress associated with trauma, teenagers will need help in learning better ways to cope that do not result in additional health and social problems. Because of the many problems associated with alcohol and drug use, teenagers may have a harder time coping with traumatic events. Regardless of whether teenagers experienced trauma or substance abuse first, it is clear that the negative effects of each of these problems only compound the effects of the other.

How can I help my teen deal with trauma?

If your son or daughter has experienced trauma, your support and care will be critical to his or her recovery. If the trauma is recurring or has the potential to recur, talk with your teen about ways to minimize the risk of future trauma. Remember, your top priority should be ensuring the safety and mental and physical health of your child. Recognize that teens may “act out.” Help your teen come up with constructive alternatives that will lessen feelings of helplessness.

Some traumatic events can lead to fear, shame, and guilt. Encourage your teen to talk to you about the event, including the ways his or her life has been affected since the event happened, and the ways that things have remained the same. To help your teen resolve feelings of guilt, discuss how to more accurately tell the difference between things he or she is responsible for and things he or she is not.

Adolescents exposed to trauma may feel self-conscious and "somehow" different. Discuss similarities between your adolescent and age-appropriate peers.

Recognize your teen's reminders of the traumatic event and offer support.

Be aware of the potential strains the event has placed on relationships between family members.

Let your teenager know that you have confidence in his or her ability to do things well, and that you're proud of him or her.

Focus on school and the community. Look for after-school activities that your teen could get involved in. Communicate with principals, teachers, and counselors, and advocate for your teen. Help your teenager realize that what he or she learns in school will be useful later in life.

Get involved in your teen's life. Make time to be a part of the activities your teen is involved in by attending games and performances. Find at least one opportunity each week for you and your teen to do something special together.

Set—and enforce—clear rules. Discuss why using drugs and alcohol is not acceptable in your family. Set your rules and expectations in advance, because rules do not work after the fact. If a rule is broken, follow through with the consequences that you've established immediately and consistently.

How can I help my teen stay substance-free?

One of the most important things you can do to prevent your children from using substances is to be a good role model. Do not engage in illegal, unhealthy, or dangerous substance use. And if you do use alcohol, tobaccos, or illegal drugs, don't involve your children in your use. For example, don't ask your teen to grab you a beer out of the fridge. If you need help with your own habits or traumas, seek help for yourself. That's great parenting!

If you suspect that your son or daughter has experienced a traumatic event or may be using drugs or alcohol be sure to talk to your teenager and seek support, and keep the following in mind:

Remain calm and be specific about your concerns. It can be helpful to express your love for your teen, explain that you feel worried, and that you want to listen. Let your teen know that you will be part of the solution, and that you are there to offer help and support.

Seek support from the school and your community. Get in touch with teachers and school counselors to find out how your son or daughter is doing. Talking to your family physician or other health care provider can be helpful.

*Adapted from National Child Traumatic Stress Network (Retrieved September 21, 2015).
http://www.nctsn.org/sites/default/files/assets/pdfs/teen_coping_substance_abuse.pdf*

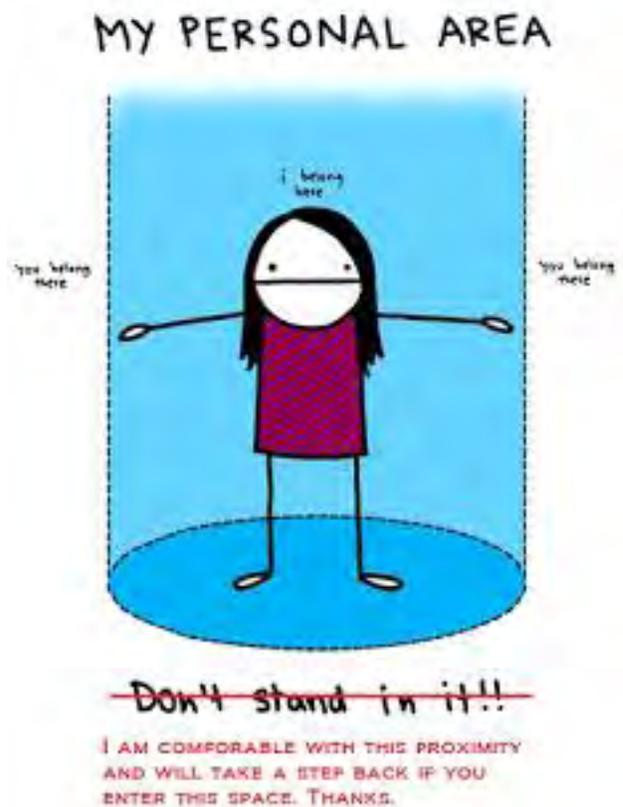
Establishing Family Guidelines for Safety and Privacy

Setting Limits and Boundaries

There are things you can do to help any child visiting or living in your home to experience a structured, safe, and nurturing environment. Making your home a comfortable place for children who have been sexually abused can mean changing some habits or patterns of family life.

Consider whether the following tips may be helpful in your family's situation:

- ❑ Make sure every family member's comfort level with touching, hugging, and kissing are respected.
- ❑ Encourage children to respect the comfort and privacy of others.
- ❑ Be extremely cautious with playful touches, such as tickling or play-fighting, as these may be uncomfortable or scary reminders. Reconsider the use of any tickling so that the child can relearn a sense of personal boundaries.
- ❑ As parents and adult caretakers, keep adult sexuality private. Teenage siblings may need reminders about what is permitted in your home.
- ❑ Supervise and monitor children's play. This means having children play within your view. Children may have learned about sexual abuse from others and may look for times to explore these activities. It is important for parents and caretakers to be cautious but avoid feeling paranoid.
- ❑ Monitor all media and enforce healthy boundaries. If necessary install a porn blocker and other parental controls. Limit accessibility to computer and internet by managing the internet password. Remember cell phones and gaming devices have internet access through "wifi" and through data packages. Check up on the child's cell phone usage regularly. Make parental monitoring part of having a cell phone. Set reasonable limits to cell phone activity like having the phone turned off and out of



the child's hands at 9:00pm. Children do not understand the consequences unhealthy sexual boundaries.

- ❑ Many parents feel uncomfortable addressing sexual abuse behaviors so they ignore or avoid direct discussions. Prepare and develop comfort with language about sexual boundaries. For example, some parents are able to say, "Your private parts belong to you, and its okay to touch them in private."
- ❑ You might also give clear directives, "We don't use that language in this house," if it's offensive, or "I'd like you to use different words so that we can really hear what you're saying."
- ❑ Setting boundaries, providing clear guidelines and being consistent shows your child that (s)he still has a parent who will keep her/his world secure.
- ❑ If your child insists on activities that you consider seductive, dangerous, improper or risky, you may be unsure how to set limits for fear of conveying shame. The question to ask: "How would I handle this if the abuse had not taken place?" You may not know the answer, but asking the question can lead to constructive problem solving. Children do best when they are treated as sturdy and capable, so as long as you provide nurturing care, there is no reason to handle problems differently.
- ❑ If your child has touching problems (or any sexually aggressive behaviors), you may need to take additional steps to help ensure safety for your child as well as his or her peers. Consider how these tips may apply to your own situation:
 - ❑ **With friends.** If your child has known issues with touching other children, you will need to ensure supervision at any home. Sleepovers may not be a good idea.
 - ❑ **At school.** You may wish to inform your child's school of any inappropriate sexual behavior to ensure an appropriate level of supervision. Often this information can be kept confidential by a school counsellor or other personnel.
 - ❑ **In the community.** Supervision becomes critical any time children are with groups of children. Keep the lines of communication open so children feel comfortable turning to you with problems and talking with you about anything—not just sexual abuse.

For more information about developing a safety plan for your family, see: Create a Family Safety Plan Stop It Now! http://www.stopitnow.org/family_safety_plan

- ❑ Limits are needed whether the activities are a result of sexual abuse or normal experimentation. Because you want to allow children healthy sexuality and protect them from shame, you may not be certain what behaviour should be stopped. Some guidelines of appropriate/inappropriate sexual behaviour are as follows:
- ❑ Exploration between siblings, e.g. playing doctor, is normal. You may suggest some rules around this play. If either child appears to be sexually aggressive, or is using an object that is not normal for exploration, may signal a need for help. Children sometimes act out what happened to them with other children.
- ❑ Be honest with your child about why you are curtailing activities.

Sources:
Helping Your Child Recover from Sexual Abuse,
and *Helping Your Sexually Abused Child.*



On the next pages are charts which can help you determine if some of the behaviors you are noticing are “normal” or not. This may help you in accessing when it’s time to seek therapy for your child. These behaviors alone do not necessarily indicate sexual abuse or trauma

Behaviours Related to Sex and Sexuality in Pre-School Children

Source: Johnson, T.C. Behaviours Related to Sex and Sexuality in Kindergarten through Fourth Grade Children

Normal Range	Of Concern	Seek Professional Help
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid	Continues to touch/rub genitals in public, after being told many times not to do so	Touches/rubs self in public and in private to the exclusion of normal childhood activities
Explores differences between males and females, boys and girls	Continuous questions about genital differences after all questions have been answered	Plays male or female roles in an angry, sad, or aggressive manner. Hates own/other sex
Touches genitals, breasts of familiar adults and children	Touches genitals, breasts of adults not in the family. Asks to be touched himself/herself	Sneakily touches adults. Makes others allow touching, demands touching of self
Takes advantage of opportunity to look at a nude person	Stares at nude people even after seeing many people nude	Asks people to take off their clothes. Tries forcibly to undress people
Asks about genitals, breasts, intercourse and babies	Keeps asking even after parent has answered questions at age-appropriate level	Asks strangers after parent has answered. Sexual knowledge too great for age
Erections	Continuous erections	Painful erections
Likes to be nude. May show others his/her genitals	Wants to be nude in public after parents say "no"	Refuses to put on clothes. Secretly shows self in public after being scolded many times
Interested in watching people doing bathroom functions	Interest in watching bathroom functions does not wane in days/weeks	Refuses to leave people alone in bathroom. Forces way into bathroom
Interested in having or birthing a baby	Boy's interest does not wane after several days/weeks of play about babies	Displays fear or anger about babies, birthing or intercourse
Uses "dirty" words for bathroom and sexual functions	Continues to use "dirty" words at home after parent says "no"	Uses "dirty" words in public and at home after being scolded many times
Interested in own feces	Smears feces on walls or floors more than one time	Repeatedly plays with or smears feces, even after scolding
Plays doctor inspecting other bodies	Frequently plays doctor after being told "no"	Forces other child to play doctor, to take clothes off
Puts something in the genitals or rectum of self or others due to curiosity or exploration	Puts something in genitals or rectum of self or other child after being told "no"	Any coercion or force in putting something in genitals or rectum of other child
Plays house, acting and/or ruling as mommy and daddy	Humping other children with clothes on	Simulated or real intercourse without clothes, oral sex

Behaviours Related to Sex and Sexuality in Young School-Aged Children

Normal Range	Of Concern	Seek Professional Help
Asks about the genitals, breasts, intercourse, and babies	Shows fear or anxiety about sexual topics	Endless questions about sex. Sexual knowledge too great for age
Interested in watching/peeking at people doing bathroom functions	Keeps getting caught watching and/or peeking at others doing bathroom functions	Refuses to leave people alone in the bathroom
Uses "dirty" words for bathroom functions, genitals, and sex	Continues to use "dirty" words with adults after parents say "no" and discipline	Continues to use "dirty" words even after exclusion from school and activities
Plays doctor inspecting others bodies	Frequently plays doctor and gets caught after being told "no"	Forces child to play doctor, to take off clothes
Boys and girls are interested in having/birthing a baby	Boy keeps make-believing he is having a baby after month(s)	Displays fear or anger about babies or intercourse
Shows others their genitals	Wants to be nude in public after parents say "no" and discipline the child	Refuses to put on clothes. Exposes self in public after being scolded many times
Interested in urination and defecation	Plays with feces. Purposely urinates on the floor	Repeatedly plays with or smears feces. Urinates on furniture on purpose
Touches/rubs own genitals when going to sleep, when tense, excited or afraid	Continues to touch/rub genitals in public after being told "no". Masturbates on furniture or with objects	Touches/rubs self in public or in private to the exclusion of normal childhood activities. Masturbates on people
Plays house: may simulate all roles of mommy and daddy	Humps other children with clothes on. Imitates sexual behaviour with dolls/stuffed toys	Humping naked. Intercourse with another child. Forcing sex on other children
Thinks other-sex children are "gross" or have "cooties". Chases them	Uses "dirty" language even when other children really complain	Uses bad language against other children's families. Hurts other-sex children
Talks about sex with friends. Talks about having a boy/girl friend	Sex talk gets child in trouble. Gets upset with public displays of affection	Talks about sex and sexual acts a lot. Repeatedly in trouble in regard to sexual behaviour
Wants privacy when in bathroom or changing clothes	Becomes very upset when seen changing clothes	Aggressive or tearful in demand of privacy
Likes to hear and tell "dirty" jokes	Always getting caught telling "dirty" jokes. Makes sexual sounds, e.g. moans	Still tells "dirty" jokes even after exclusion from school activities
Looks at nude pictures	Continuous fascination with nude pictures	Wants to masturbate to nude pictures or display them
Plays games with same-aged children related to sex and sexuality	Wants to play games with much younger children related to sex and sexuality	Forces others to play games related to sex and sexuality. Group forces child(ren) to play

Continued:

Normal Range	Of Concern	Seek Professional Help
Draws genitals on human figure	Draws genitals on one figure and not another. Genitals in disproportionate size to body	Genitals stand out as prominent feature. Drawings of intercourse, group sex
Explores differences between males and females, boys and girls	Confused about male/female differences after all questions have been answered	Plays male or female roles in a sad, angry or aggressive manner. Hates own/other sex
Takes advantage of opportunity to look at nude person	Stares/sneaks to stare at nude persons even after seeing many people nude	Asks people to take off their clothes. Tries forcibly to 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 friend	Wants to compare genitals with much older or much younger children or adults	Demands to see the genitals, breasts, buttocks of children or adults
Wants to touch genitals, breasts, and buttocks of other same-aged child or have them touch him/her	Continuously wants to touch genitals with much older or much younger children or adults	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced mutual oral, anal or vaginal sex
Kissing familiar adults and children. Allowing kissing by familiar children or adults	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 in a sexualized manner with unknown adults
Looks at the genitals, buttock, breasts of adults	Touches/stares at the genitals, breasts, buttocks of adults. Asks adults to touch them on genitals	Sneakily or forcibly touches genitals, breasts, buttocks of adults. Tries to manipulate adults into touching them
Erections	Continuous erections	Painful erections
Puts something in own genitals/rectum	Puts something in own genitals or rectum when it feels uncomfortable. Puts something in the genitals/rectum of other children	Any coercion or force in putting something in genitals or rectum of other child. Anal, vaginal intercourse. Causing harm to own genitals, rectum
Interest in breeding behaviour of animals	Touching genitals of animals	Sexual behaviours with animals

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If You Suspect Sexual Abuse: Signs of Sexual Abuse



There are no hard and fast rules about what constitutes normal sexual development and what behaviors might signal sexual abuse. Children show a range of sexual behaviors and sexual curiosity at each developmental stage, and their curiosity, interest, and experimentation may occur gradually. However, children who have been sexually abused often demonstrate behaviors that are unusual, excessive, aggressive, or explicit. There is no one specific sign or behavior that can be considered proof that sexual abuse has definitively occurred, but there are a number of signs suggestive of abuse. The following list of behaviours are simply red flags designed to alert you that the child's behaviours may reflect an underlying problem. Other possible explanations exist for some of the signs so they need evaluation by a trained professional who specializes in child sexual abuse.

The following signs or symptoms may suggest the possibility of child sexual abuse:

- ❑ Explicit sexual knowledge beyond the child's developmental stage,
- ❑ Sexual preoccupation indicated by language, drawings, or behaviors,
- ❑ Inserting toys or other objects in genital openings,
- ❑ Sexual behaviors with other children that seem unusual, aggressive, or unresponsive to limits or redirection,
- ❑ Excessive masturbation, sometimes in public, not responsive to redirection or limits,
- ❑ Pain, itching, redness, or bleeding in the genital areas,
- ❑ Nightmares, trouble sleeping, or fear of the dark,
- ❑ Sudden or extreme mood swings: rage, fear, anger, excessive crying, or withdrawal,
- ❑ "Spacing out" or appearing to be in trance,
- ❑ Loss of appetite, or difficulty eating or swallowing,
- ❑ Cutting, burning, or other self-mutilating behaviors,
- ❑ Unexplained avoidance of certain people, places, or activities,
- ❑ An older child behaving like a much younger child: wetting the bed or sucking a thumb, for example,
- ❑ Talking about a new, older friend,
- ❑ Suddenly having money or receiving unexplained gifts.

Physical Indicators Which May be Exhibited by a Child Who Has Been Sexually Abused

- ❑ Difficulty walking or sitting,
- ❑ Pain, swelling or itching in the genital area,
- ❑ Bruises, bleeding or lacerations of the external genitalia, vagina or anal areas,
- ❑ Pregnancy, especially in early teen years,
- ❑ Pain during urination,
- ❑ Vaginal/penile discharge,
- ❑ Sexually transmitted infections (STIs), especially in pre-adolescents,
- ❑ Recurrent vaginal infection in a child under 12 years of age.



Source: *People Helping People: Canadian Mental Health Association, Manitoba Division*

Feelings Which May be Experienced by a Child Who Has been Sexually Abused

- ❑ **Fear** from threats by the abuser, being blamed for the abuse and the disruption in family life, rejection from peers, or feeling damaged physically.
- ❑ **Anger** from not understanding why someone trusted would bring harm or why adults did not protect.
- ❑ **Feeling different or isolated**, "am I the only one," "would I be labelled as different if anyone knew."
- ❑ **Guilt and Shame.**
- ❑ **Feeling inadequate, worthless, and unloved.**
- ❑ **Confusion** or conflicting feelings about the abuser.

Sources: *Good Things Can Still Happen (video)*
Helping Your Child Recover from Sexual Abuse
Spiders and Flies

Information about the Criminal and Legal Process

Complaint and Police Investigation

- ❑ One role of the police is to investigate reported incidents of crime and lay charges if allowed under the Criminal Code of Canada.
- ❑ The investigation often includes the collection of physical evidence and interviews with the people who are the object of the alleged criminal act (the complaints), other witnesses and the suspect.
- ❑ The kind of charges the police lay is based upon an objective assessment of the investigation. It may not reflect your opinion about the seriousness of the alleged crime. That does not mean that the justice system did not take the situation seriously.
- ❑ It means the charges that the police lay and with which the Crown prosecutor proceeds are the charges which the evidence supported. When there is not enough evidence to support a charge, it will not be laid or the charges may later be withdrawn by the Crown prosecutor.

Right to Counsel

- ❑ At any stage in the legal proceedings, the accused has the right to consult legal counsel (called the defence counsel).
- ❑ Defence counsel might advocate for the Crown to withdraw or reduce the charges.

Court Appearance and Entering A Plea

- ❑ Publication bans are mandatory for certain criminal charges if requested for complaints under the 18-years of age.
- ❑ The accused appears in court to answer to the charges and enter a plea. The accused is entitled to ask for an adjournment in order to obtain legal counsel.
- ❑ If the accused enters a “guilty” plea, there is no need for a trial, and sentencing may occur immediately or a date for sentencing is set.
- ❑ If the accused enters a “not guilty” plea, the case may be set for trial or a preliminary inquiry, which may be scheduled for a time several months away.
- ❑ If the accused has arrested, he or she may be released to the community before the trial (a “bail order”). The bail order may have certain rules and conditions.

Preliminary Inquiry

- ❑ A preliminary inquiry is hearing before a Provincial Court judge to determine whether there is enough evidence to schedule a trial in the higher court of Queen's Bench.
- ❑ At the preliminary inquiry the testimony of the witness /complainant is often required.
- ❑ Someone can be with the witness for emotional support.

Trial

(Note: it can take up to a year or more before a case goes to trial)

- ❑ The evidence of the Crown is presented. The complainant usually testifies as a witness for the Crown.
- ❑ The evidence of the defence can be presented. The accused may or may not testify at the trial.
- ❑ Very strict rules of evidence are in place to ensure that an accused person is only convicted if there is evidence to establish guilt “beyond a reasonable doubt.”

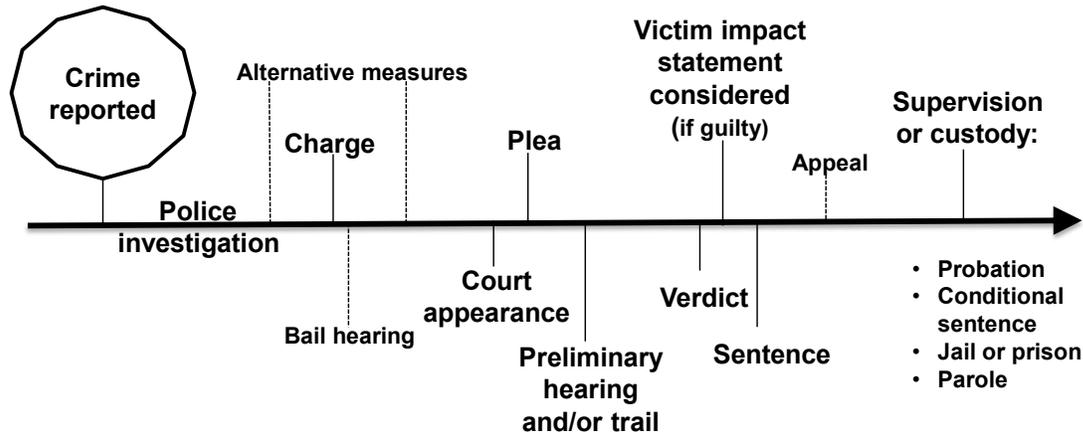
Conviction and Sentencing, or Acquittal

- ❑ If the accused is found guilty, he or she may be sentenced immediately or a date is set for sentencing.
- ❑ A sentence might include a fine, probation, custody or a combination of the sentencing options available under the Criminal Code.
- ❑ A conviction results in a criminal record for the accused.
- ❑ If the accused is acquitted, he or she is released immediately upon the charges for which an acquittal is granted. If an appeal is not filed, the criminal case is considered closed.

Appeal Process

An appeal may be filed by either Defence or Crown counsel if either believe the trial judge made an error during the trial and/or sentencing.

Criminal justice process



Solid line= a step that always happens if the process goes this far

Broken line= a step that happens in some cases



APPENDICES

Children and Youth Sexual Abuse FACTS:

Children and youth are more frequently victims of sexual offences than adults. There were approximately 14,000 children and youth victims of sexual offences in Canada in 2012, a rate of 205 victims for every 100,000 children and youth. (Police-reported sexual offences against children and youth in Canada, 2012, by Cotter and Beaupre).

Most children and youth victims of sexual offences know the accused person. Similar to crime in general, most children and youth victims knew the person accused of the offense. (Police-reported sexual offences against children and youth in Canada, 2012, by Cotter and Beaupre).

One-third of sexual offences against children or youth are committed by another youth. (Police-reported sexual offences against children and youth in Canada, 2012, by Cotter and Beaupre).

Most offenders are family members. Among substantiated cases reported to Child Welfare Authorities in Canada, statistics indicate the following breakdown of child-offenders (Trocme, MacLaurin, & Fallon, et al 2001):

- 28% Non-parental relatives
- 15% Biological fathers
- 9% Step-fathers
- 5% Biological mothers

Children with disabilities are easy prey for abusers. A 1992 Canadian study by the Roehrer Institute found that children with developmental disabilities were at risk: 40 to 70% of female children and 15 to 30% of male children.

Kids don't lie about sexual abuse. Little evidence exists that children lie about sexual abuse, or misinterpret appropriate adult-child contact as sexual abuse. In the few recorded cases where children may have made false allegations, it has usually been the result of manipulation by an adult. False denials of sexual abuse (saying it did not happen when it did) and recanting a disclosure (denying it happened after telling someone about being abused) are more common. (Health Canada, 1997).

Adults don't forget childhood sexual abuse. The Committee on Sexual Offences Against Children and Youths found that that 53% of women and 31% of men indicated they were sexually abused as children (Badgley, 1988).

The effects of child abuse last for years. An analysis of 23 research studies (Jumper, 1995) noted significant relationships between child sexual abuse and depression, low self-esteem, anxiety, personality disorders, suicidal behaviour, psychiatric illness and dissociative disorders.

First Nations families are heavily affected by history of abuse. The legacy of sexual abuse in residential schools in Canada has resulted in generations of First Nations children and families living with the trauma associated with childhood sexual abuse (AASAC, 2005).

Adapted from AASAS. (Accessed June 15, 2015). <http://www.aasas.ca/index.php/main/page/fact-sheet-children-sexual-abuse-2010-09-24-15-09-37>

Trauma

Children's reactions to crisis vary because they often have not established full identities or ways in which to cope. In general, children who experience a traumatic event may show extreme behaviours, either by under-responding or over-responding to a crisis situation (see the diagram below). Simply, the traumatic event activates extensive alarm reactions in children that alters their nervous system, sometimes resulting in a disruption to children's normal developmental processes and coping styles.

Symptoms of trauma may be delayed (up to a year) and may not appear to be related to the immediate crisis a child experiences. The following three pages lists some symptoms of trauma. Observation of any may reveal a child's distress and may indicate that trauma has occurred in the child's life, either recently or in the past.



#I Believe You

**Believing is a powerful defence
against sexual assault.**

COGNITIVE (thinking):

IMMEDIATE RESPONSES:

- confusion
- difficulty solving problems
- time distortions
- problems in setting priorities

DELAYED RESPONSE:

- confusion
- fear of going crazy
- preoccupation with the incident
- orientation toward the past
- denial of the importance of the event

PHYSICAL:

IMMEDIATE RESPONSE

- pounding heart
- other signs of shock
- headache
- sweating
- muffled hearing
- cramps
- nausea

DELAYED RESPONSE

- fatigue
- increased illness

EMOTIONAL:

IMMEDIATE RESPONSE

- irritability
- frustration
- anxiety
- fear
- anger

DELAYED RESPONSE

- fear of reoccurrence
- phobias
- oversensitivity
- depression
- grief
- guilt
- resentment
- worry about physical health
- self-destructive behaviours

BEHAVIOURAL:

IMMEDIATE RESPONSES:

- ❑ slowness
- ❑ memory problems
- ❑ aimless wandering
- ❑ hysteria
- ❑ out of control behaviour
- ❑ hyperactivity
- ❑ dejection

DELAYED RESPONSES:

- ❑ sleep problems
- ❑ social withdrawal
- ❑ relationship or family problems
- ❑ avoidance of incident
- ❑ substance abuse
- ❑ need to talk about event compulsively
- flash backs

Sources: *The Healing power of Play, Trauma in the Lives of Children*

Identifying Triggers for Behaviours

- ❑ Recovery from sexual abuse is a difficult process for some children. Sometimes angry outbursts, nightmares or other behaviours can be triggered by seeing the abuser again, by having to go to court, by seeing something on TV, by other auditory, visual, or sensory stimuli, or by changes in the home which remind the child of the abuse.
- ❑ Being aware of the triggers for your child will help you gain perspective on the underlying reasons for your child's behaviour, and allow you to offer the type of safeguards and support that your child needs.

Erin Ozan

~ "Some beautiful paths can't be discovered without getting lost."

Resources and Support Services

- ❑ You do not have to give your name to help lines
- ❑ **Mental Health Help Line** 1-877-303-2642
- ❑ **Kids Help Phone** 1-800-668-6868 (for 20 years old and under)
- ❑ If you would prefer to chat with a counsellor visit www.kidshelpphone.ca
- ❑ **Suicide Distress Line** 1-877-321-2747
- ❑ **AB Health Services Addictions Help Line** 1-866-332-2322
- ❑ **Health Link** 1-866-408-5465
- ❑ **Bullying Helpline** 1-888-456-2323
- ❑ **Family Violence Info Line** 780-310-1818
- ❑ **Alberta Association of Sexual Assault Services** www.assas.ca

Support Agencies

- ❑ **PACE Sexual Assault Centre** pacegp@pacegp.ca
- ❑ **Phone: 780-539-6692 Address: 10031 – 103rdAve, Grande Prairie, AB, T8V 1B9**
- ❑ **Caribou Centre** cariboucentre@pacegp.ca **Phone 780-814-7223**
- ❑ **Mental Health Services - Nordic Court, 10014 99 Street, G.P**
Contact 780-538-5160, Monday to Friday 8 a.m. to 4:30 p.m.
- ❑ **Mental Health Walk-In Clinic 9 a.m.-3 p.m. Thursdays (Children/Adult)** You can access single therapy session (based on priority order) and ongoing consultation can be assessed through the Intake Worker.
- ❑ **Parent Link-** Provides information and support for caregivers to assist with your child's learning, development, and health. Call 780-882-8679 or visit www.parentlinkalberta.ca.
- ❑ **Odyssey House-** Women's shelter and support agency. Call 780-532-2672 or visit www.odysseyhouse.ca for more information.

Community Groups

- ❑ **PACE Women's Group-** Tuesday nights from 6:30-8:30. This is an open drop in group for any women in the community seeking support, connection, and growth. Groups are facilitated by therapists and topics include relationships, goal setting, creating change, and self-care. Access the group room door on the 101st street side of the building.
- ❑ **Odyssey House New Beginnings Group-** This group is for women seeking support to recognize healthy relationships and build self-esteem. Call 780-538-1332 ext 107 for more information and group times.
- ❑ **Alberta Health Services Day Treatment Program-** These groups are set up to support people dealing with mental health and relational issues such as stress, depression, anxiety, and anger. Some of the groups are clinical groups, meaning they provide a level of treatment as well as support. Any health professional can provide a referral to this program. For more information call 780-830-2830.
- ❑ **Alcoholics Anonymous-** Call 780-532-1772 for a list of meetings in Grande Prairie or visit www.grandeprairieaa.com for more information.

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