

THE MARY ABBOTT CHILDREN'S HOUSE

Child Advocacy Center

Parents' Information Group

Corresponding Authors:

Susan R. Schmidt, Ph.D. & Ursula B. Moore, M.A.
University of Oklahoma Health Sciences Center
P.O. Box 26901, CHO 3406
Oklahoma City, OK 73190
(405) 271-8858; FAX (405) 271-2931
susan-schmidt@ouhsc.edu
Ursula-moore@ouhsc.edu

Table of Contents

INTRODUCTION :

Group Goals

Handout: What Parents Say they Need

Group Guidelines

Confidentiality Contract

MODULE 1: TALKING TO YOUR CHILD ABOUT WHAT HAPPENED

Your child is BRAVE to tell

MODULE 2: COMMON REACTIONS OF CHILDREN

MODULE 3: SEXUAL BEHAVIOR IN CHILDREN

MODULE 4: HELPING CHILDREN COPE IN STRESSFUL TIMES

MODULE 5: PARENTS WHO'VE BEEN THERE: COMMON REACTIONS OF NONOFFENDING CAREGIVERS

Group Introduction

Group Goals:

Spend a few moments reflecting on what you hope to get out of this group. Write your thoughts below:

What questions would you like answered? What information would be helpful to you?

What Non-Offending Parents Say They Need:

1. To be treated as a caring parent.
2. To know what happened to their child.
3. To know that they are not the only parent that this has happened to.
4. An understanding person to talk to.
5. To obtain basic information on day-to-day survival, such as housing , employment, food, stamps, (when appropriate).
6. To obtain accurate information regarding the legal system on such issues as custody, hearings, availability of public defenders, etc.
7. To be involved in treatment that addresses their distress (when appropriate).
8. To be able to make decisions about her marriage, what to say to others about the abuse, and other difficult decisions.
9. To make certain that the sexual abuse doesn't happen again.
10. Anything else you would like to add:

From Byerly, C (1992).

Group Guidelines

- 1.
- 2.
- 3.
- 4.

Confidentiality Contract

I, _____, agree to keep confidential any information that is shared in the group. I agree to only talk about my own experience, and not share about the experiences of other group members.

Module 1: Your Child is "BRAVE" to tell

B – Believe your child

R – Reach out and comfort your child

A – Assure your child

V – Validate your child's feelings

E – Encourage your child to talk

(Adapted from Jinich, Samuel & Litrownik, Alan J., 1999)

Example Statements:

Think of some ideas of what you can say to your child in each of these areas:

B – Believe your child

1. I am really sorry you're your dad touched your private parts. Thank you for telling me. I believe you.

2. _____

3. _____

R – Reach out and comfort your child

1. (Child appears to be upset or withdrawn). You look sad to me right now, would you like a hug, or maybe we could read a story together?

2. _____

3. _____

A – Assure your child

1. I know that this is a scary time for you right now. But I am going to do everything I can to make sure that you are safe and taken care of. Mr. Jones will not be able to hurt you anymore.

2. _____

3. _____

V – Validate your child's feelings

1. It makes sense to me that you would feel angry right now because of what happened with Mr. Willis, it was a very upsetting thing.

2. _____

3. _____

E – Encourage your child to talk

1. Thank you for telling me what happened. I like hearing you talk. Is there anything else you would like me to know?

2. _____

3. _____

Module 2: Common Reactions of Children to Sexual Abuse

Some important things to keep in mind:

1. Different children respond differently. There is no set way that your child will respond to sexual abuse. The age of the child, severity of the abuse, length of the abuse, temperament of the child, level of support and many other factors all contribute to how a child responds.
2. The number one factor in predicting how well your child will do following the abuse is the support they receive from their non-offending caregiver (that's you!).
3. At different ages, your child may develop different responses to the abuse.
4. Many children who are sexually abused do all right. A difficult thing has happened to your family, but you and your child can recover.

Effects at Different Developmental Stages

INFANTS:

1. Little is known about the psychological effects of sexual abuse for infants.
2. Infants who have been sexually abused can have significant medical problems.
3. It is possible that these infants may have more sexual behaviors than other children their age.

CHILDREN:

Children may experience minor to severe emotional or behavioral problems in reaction to the abuse. Some of the reactions you might see are:

1. Sleep disturbances (e.g. trouble falling asleep, waking up at night, nightmares, fear of sleeping alone, sleeping too much)
2. PTSD (Posttraumatic Stress Disorder) – Symptoms of PTSD in children who have been sexually abused may include:
 - a. Upsetting memories of what happened
 - b. Intrusive thoughts about what happened

- c. Trying to avoid thinking about what happened or avoiding things that remind them of the abuse
 - d. Feeling tense, having difficulty relaxing, being jumpy or easily startled
 - e. Difficulty concentrating and paying attention
 - f. Anxiety and fear (the fear can either be about the abuse or the child may just become more afraid in general.)
3. Physical complaints (like headaches or stomachaches)
 4. Acting younger than their age (for example, going back to wanting a bottle or blanket, bedwetting)
 5. Problematic sexual behaviors
 - a. Inappropriate Sexual Behaviors
 - b. Increased sexual behaviors

ADOLESCENCE

Like children, the reactions of adolescents to sexual abuse may vary in type and intensity. Some teens who have been sexually abused appear to do just fine. Other teenagers may experience:

1. Depression
2. Poor self-esteem
3. Suicidal gestures, acts
4. School problems
5. Social isolation
6. Drug or alcohol abuse
7. Frequent, indiscriminate sexual activity

REMEMBER:

1. Children are affected differently by sexual abuse experiences. Some children may have few immediate or long-term symptoms. Other children may have more difficulty. It is impossible to predict just how your child will respond, which is why maintaining open communication with your child is crucial.
2. Not all of children's problematic behavior indicates a history of sexual abuse
3. Evaluation by a mental health professional who has experience working with abused children is the best way to understand the impact of the abuse experience on your child.

4. Family support and affirmation can make a BIG difference in how well your child copes with the abuse.

Adapted From Dr. Barbara Bonner
The Center on Child Abuse and Neglect at
The University of Oklahoma Health Sciences Center
930 NE 13th Street
Oklahoma City, OK

MODULE 3: SEXUAL BEHAVIOR IN CHILDREN

About those sexual behaviors – what is normal anyway?

All children engage in sexual play. Healthy sexual play is:

1. Exploratory – Children are curious about their bodies and want to learn.
2. Spontaneous – Unstructured and unplanned
3. Intermittent – Doesn't happen all the time
4. By mutual agreement – Both children are curious
5. With child of similar age, size and developmental level

Responding to normal sexual behavior:

Respond CALMLY and provide:

1. Education – Talk to your child in developmentally appropriate language about their bodies and behavior.
2. Information about social rules of behavior and privacy – Teach your children about what is and is not socially appropriate behavior.
3. Information about respecting their own bodies.
4. Information about friendship and intimate relationships. – Talk to your child about appropriate and inappropriate ways to show affection and closeness towards others.
5. Abuse prevention skills. – Teach your child how to say no, keep their body safe and tell an adult if they feel unsafe.

The sexual behavior rules

1. It is NOT O.K. to touch other people's private parts.
2. It is NOT O.K. to show your private parts to others.
3. It is NOT O.K. for other people to touch your private parts.
4. It IS O.K. to touch your private parts
5. It is NO O.K. to make others feel uncomfortable with your sexual language or behavior.

Sexual Behavior may be a problem if it:

1. Is accompanied by fear, anger or strong anxiety
2. Happens so often that child is missing normal activities

3. Does not decrease with effective parenting strategies
4. Is coercive or aggressive
5. Elicits fear and anxiety in other children
6. Is harmful to the child or others
7. Occurs between children of significantly different ages or developmental abilities
8. Involves animals

Some principles for parenting children who have been sexually abused:

1. Provide close supervision – Monitor who your child is playing with and what activities they are engaged in.
2. Have your child bathe and sleep alone: Do not bathe with your child or have them bathe with other children, and have your child sleep in their own bed.
3. No exposure to sexual material: Carefully monitor the music, movies, television shows and conversations your child is exposed to. Protect them by making sure that they are not exposed to sexual content in any of these forms.
4. Maintain adult's privacy: Make sure that adults keep sexual behavior and conversation private and away from children.
5. Adults use modesty: Do not dress or bathe in front of children. Make sure adults are appropriately dressed at all times.
6. Communicate clear rules about privacy: Talk to your children about your expectations for them respecting their own, each others, and your privacy.
7. Include all members of the family: These are good rules to use with the whole family, not just the child(ren) who have been abused.

If you are concerned that your child's sexual behavior is a problem, you can consult with a counselor trained in this area for more information on how to support your child and provide the structure and safety they need at home.

Adapted From Dr. Barbara Bonner
The Center on Child Abuse and Neglect at
The University of Oklahoma Health Sciences Center
930 NE 13th Street
Oklahoma City, OK

MODULE 4: HELPING CHILDREN COPE IN DIFFICULT TIMES

Like adults, children may not know what to think, how to feel, or how to act when they experience difficult times in their lives. Events that might be confusing, scary, or sad for adults may be even more confusing, scary, or sad for children. Children may have trouble understanding and coping with:

- Natural disasters (like tornados, fires, and floods)
- Human-made disasters (like the OKC bombing and war)
- Severe accidents or illnesses
- The death of a friend or family member
- Physical or sexual abuse
- Exposure to fighting at home, at school, or in the community
- Or any major change in the family's living situation (like moving to a new home or changes in who lives in the home)

Children often develop emotional and physical reactions when faced with difficult times. For most children, these reactions are normal responses to an unusual experience. Sometimes, parents may notice that their children react quickly after a difficult experience. Other times, children may not start to show reactions for up to days or weeks later.

While some children may only experience a few worries and bad memories that quickly go away, other children may develop long-lasting reactions. Some children may continue to react as if the event just happened, even if it happened weeks or months ago.

Parents should watch for these reactions in children exposed to difficult events:

- Frequent memories and/or nightmares of the event
- Getting easily upset when reminded of the event
- Avoiding activities, places, or people associated with the event
- Often “zoning out”, spending time alone, and/or having trouble remembering parts of the event
- Trouble getting to sleep and/or staying asleep
- Frequently cranky, upset, and/or nervous
- Trouble concentrating
- Easily startled or jumpy

A parent whose child is having reactions up to 1 month after the event occurred may want to have their child seen by a counselor or psychologist. The counselor or psychologist can determine if treatment might help reduce the child's stress reactions.

The next part of this handout will describe how children often react to difficult times and will review what parents can do to help children cope during such times.

How Children React in Difficult Times

Children's common **physical reactions** to difficult experiences include:

- Trouble getting to sleep and/or staying asleep or sleeping more than usual
- Feeling nervous, jumpy, or restless
- Headaches or stomachaches
- Reduced or increased appetite
- Easily startled or upset by loud sounds (like sirens, backfires, or thunder)

Children may also show **emotional and behavioral changes**:

- Reduced attention span and/or trouble focusing
- Less interest in activities that the child used to enjoy (like not wanting to play sports)
- Spending more time alone and wanting to be away from friends and/or family
- Avoiding people, places, or things that may remind the child of the experience (like not wanting to see Dad or not wanting to return to the family home)
- Nightmares
- Angry tantrums
- Aggressive or defiant behavior
- Increased sadness and/or tearfulness
- Changes in school performance (like lower grades, reduced class participation, "daydreaming" or "zoning out" during class activities, and acting out)

Children may respond differently to difficult experiences. Factors that affect a child's response may include:

- **Personal Characteristics**
 - ✓ Age
 - ✓ Developmental level
 - ✓ Personal beliefs about the experience
- **Characteristics of the Experience**
 - ✓ Severity of the experience
 - ✓ Number of difficult experiences the child has had to handle
- **Environmental Factors**
 - ✓ The strength of family and peer relationships
 - ✓ The safety and structure of the child's current home
 - ✓ The family's access to community resources (like counseling and support groups)
 - ✓ The support provided by their mother or other caregivers

General Guidelines for Parent Support

- **Remember to find support for yourself.**
 - ✓ The best predictor of a child's ability to cope well is having a parent who is coping well.
- **Allow your child time to cope with the difficult experience.**
 - ✓ Remember that your ability to cope with difficult times may be stronger than your child's ability.
 - ✓ Expect that your child may temporarily show a decline in behavior and school performance.
 - ✓ Tolerate your child's retelling and playing out of the difficult experience.
 - ✓ Set limits on scary or hurtful play or talk. This form of play or talk may further upset your child.
- **Use simple words to describe what happened and what will happen.**
 - ✓ Children may blame themselves for the event.
 - ✓ They may have fears about what will happen next.
 - ✓ Listen for fear or personal blaming and discuss it with your child as soon as it occurs.
- **Encourage your child to talk about confusing feelings, worries, and reactions.**
 - ✓ Let your child know that you understand your child's feelings (For example: "You sound angry that we had to leave our home. You're right – it is really tough having to leave and move somewhere new.").
 - ✓ Let your child know that these are normal reactions for a child to have after something like this (For example: "Many children have nightmares after going through scary experiences. Nightmares come from the fears we have inside - they aren't real. Nightmares will happen less and less over time.").
 - ✓ Expect that your child may ask questions that may be shocking to you. Try to answer these questions calmly and in simple terms.
 - ✓ If you become too distressed when listening to your child, find another caring adult who can listen to your child. Part of taking care of yourself is knowing your emotional limits and giving yourself a break when needed.
- **Reinforce ideas of safety and security.**
 - ✓ Explain to your child what you and others are doing to make sure that you and your child are safe.
 - ✓ Finish any talk about the event with a focus on your child's safety and then engage in a calming activity with your child.
 - ✓ Examples of calming activities include taking deep breaths, working together on an art project, holding hands and singing a quiet song, or reading a favorite story.
 - ✓ Provide extra nighttime comforts when possible (like nightlights and stuffed animals).
- **Maintain a consistent structure for your child.**
 - ✓ Establish and follow a schedule for your child's daily activities (like having a regular time for meals and bedtime).
 - ✓ Continue to enforce behavior rules - praise good behaviors, ignore minor misbehaviors, and use non-physical discipline (like time-outs) for more severe misbehaviors.

Stress Reactions in Children 5 Years of Age and Younger

Unique Reactions:

In addition to the common child physical, emotional, and behavioral reactions listed on page 2, reactions seen in children 5 years of age and younger may include:

- Fear of being separated from the parent
- Crying, whimpering, screaming
- Talking repeatedly about the difficult experience
- Recreating the difficult situation when playing or coloring
- Trembling
- Clinging to the parent
- Returning to behaviors shown at earlier ages (like thumb-sucking, bedwetting, baby talk, tantrums, and fear of darkness)

Guidelines:

In addition to the general guidelines for parent support provided on page 3, consider these guidelines for children 5 years of age and younger:

- If your child is fearful, try to limit separations between you and the child. Prepare your child for times when you do have to be apart. Have your child stay with a known and trusted adult.
- Let your child feel some control by making choices about daily activities (like what to wear, what to play, and what to eat).
- Expect some emotional outbursts from your child. When you see your child becoming upset, help your child calm down.
- Three ways to help your child calm down:
 - ✓ Practice “Bubble Breaths”
 - Breathe in for a count of 5
 - Hold your breath for 5 counts
 - Exhale slowly for 5 counts while blowing bubbles from a bubble wand (real or pretend)
 - Repeat 2 times
 - ✓ Practice Relaxation Skills – See the SAFETY First children’s booklet for activities.
 - “Squeeze the Lemon”, “Stretch like a Cat”, “Shoo Fly”, “Baby Elephant”, and “Playing on the Beach”
 - ✓ Practice “Rag Dolls and Robots”
 - Pretend your body is as stiff and straight as a robot for a count of 5
 - Then pretend that your body is as limp and loose as a rag doll for a count of 5
 - Repeat 2 times

Stress Reactions in Children Ages 6 to 12

Unique Reactions:

In addition to the common child physical, emotional, and behavioral reactions listed on page 2, reactions seen in children 6 to 12 years of age may include:

- Fear of being separated from the parent
- Refusal to attend school
- Recreating the difficult experience when playing or coloring
- Extreme withdrawal and/or showing little emotion
- Physical complaints (like stomachaches and headaches)
- Feelings of guilt; Believing that the event was their fault
- Fighting and outbursts at school
- Returning to behaviors exhibited at earlier ages (like thumb-sucking, bedwetting, baby talk, tantrums, wanting to sleep with parents at night, and fear of darkness)

Guidelines:

In addition to the general guidelines for parent support provided on page 3, consider these guidelines for children 6 to 12 years of age:

- If your child is fearful, try to limit separations between you and the child. Prepare your child for times when you do have to be apart. Have your child stay with a known and trusted adult.
- Let your child feel some control by making choices on daily activities (like what to wear, what to play, and what to eat).
- Expect some emotional outbursts from your child. When you see your child becoming upset, help your child calm down.
- Three ways to help your child calm down:
 - ✓ Practice “Bubble Breaths”
 - Breathe in for a count of 5
 - Hold your breath for 5 counts
 - Exhale slowly for 5 counts while blowing bubbles from a bubble wand (real or pretend)
 - Repeat 2 times
 - ✓ Practice Relaxation Skills – See the SAFETY First children’s booklet for activities.
 - “Squeeze the Lemon”, “Stretch like a Cat”, “Shoo Fly”, “Baby Elephant”, and “Playing on the Beach”
 - ✓ Practice “Rag Dolls and Robots”
 - Pretend your body is as stiff and straight as a robot for a count of 5
 - Then pretend that your body is as limp and loose as a rag doll for a count of 5
 - Repeat 2 times

Stress Reactions in Adolescents Ages 13 to 17

Unique Reactions:

Adolescents may show many of the reactions seen in adults. In addition to the common child physical, emotional, and behavioral reactions listed on page 2, reactions seen in adolescents may include:

- Increased physical complaints (like stomachaches and headaches)
- Withdrawal from friends and family
- Depression and/or anxiety
- Anger and hostility toward others
- Increase in risk taking behaviors (including skipping school, alcohol and substance abuse)
- Decline in school performance and/or missing school
- Feeling guilty about being unable to stop the difficult event and protect others

Guidelines:

In addition to the general guidelines for parent support provided on page 3, consider these guidelines for adolescents:

- Let your teen talk to and/or spend time with supportive friends.
- Let your teen know that strong feelings like guilt, shame, embarrassment, or anger are normal following difficult experiences. Assure your teen that the event is not your teen's fault.
- Set limits that reduce your teen's ability to engage in risk-taking behaviors. Talk with your teen about his/her distress.
- Maintain your teen's routine at school. Work with your teen's school counselor, teachers, or principal to provide your teen with support during school hours.
- Ways to help your teen cope with difficult feelings:
 - ✓ Encourage your teen to relax by reading books, listening to music, writing thoughts or feelings in a journal, drawing, or taking a walk.
 - ✓ Practice Deep Breathing
 - Deeply breathe in for 5 seconds. Hold your breath for 5 seconds. Exhale slowly for 5 seconds. Repeat twice.
 - To increase your relaxation level, you can pair deep breathing with a soothing image like ocean waves rolling in and out of the beach.
 - ✓ Practice Muscle Relaxation
 - Starting with your hands, tense each hand separately for 5 seconds and then relax the muscles for 5 seconds. Go through your hands, arms, shoulders, neck, face, chest, back, stomach, legs, and feet. Tense and relax each body part twice.
 - Then tense and relax your entire body twice. Finish with deep breathing.

Adapted From Dr. Susan Schmidt
The Center on Child Abuse and Neglect at
The University of Oklahoma Health Sciences Center
930 NE 13th Street
Oklahoma City, OK

What is one thing you learned today about your child(ren)?

What is one thing you can do with your child(ren) this week to provide them with support?

MODULE 5: PARENTS WHO'VE BEEN THERE: COMMON REACTIONS OF NON-OFFENDING PARENTS

When a parent finds out their child has been sexually abused, they may experience a variety of emotions.

COMMON REACTIONS:

1. Disbelief – The parent may question whether or not the abuse occurred and/or whether the named offender committed it.
2. Shock or emotional numbness – The parent may find herself in a state of shock following the allegations. It may be difficult for the parent to believe what has happened, and this can make it difficult to talk to investigators.
3. Confusion, helplessness, and uncertainty about what to do – Many parents feel confused about who to believe, and unsure about how best to navigate the legal system. The parents may feel unsure of how to protect or advocate for their child.
4. Aloneness – The parent may feel alone and may lack adequate social support. Even if a parent has good support, they may feel embarrassed or afraid of how people will respond if they tell them.
5. Feeling hurt, betrayed and a sense of loss -- Parents may feel hurt or betrayed by the offender, and may feel that part of their child's innocence has been lost.
6. Anger – Many parents feel angry towards a lot of people, at the offender for the abuse, at themselves for not knowing, and at the child for not telling them sooner.
7. Guilt and self-blame – Some parents feel that the abuse was their fault or that they should have known.
8. Fearfulness – Many parents feel afraid of losing their children or partner. They may have a general sense of fear about what the future will hold.
9. Sexual inadequacy/rejection or jealousy – Parents whose partners sexually abused their child may question their own sexual adequacy or may feel jealous of their partner's attention towards the child.

Other losses non-offending parents must face:

In addition to the stress of discovering their child has been abused, many parents also face a variety of other stressors as a result of discovering their child has been abused. For example, parents may face:

1. RELATIONSHIP Losses
 - a. If the abuser was someone you know, or someone in your family, you may have experienced a loss of support or relationship with people who used to be important to you. Family members can sometimes become angry or fail to show support.

- b. For people who were in a marriage or other relationship with the abuser, reporting means an end of that relationship.
- 2. INCOME losses:
 - a. Especially if the abuse was done by a family member, leaving that relationship can mean financial loss.
- 3. CHANGES IN RESIDENCE and EMPLOYMENT also sometimes occur after disclosure of the abuse.

(Adapted from Massat, C.R. & Lundy, M., 1998)

How has your life changed since discovering your child had been abused?

Which of these stressors have you experienced?

What kind of support do you need to help you cope?

What is one thing you can do this week to help get the support you need?
