

THE ADVOCATE'S GUIDE:  
WORKING WITH  
PARENTS OF CHILDREN  
WHO HAVE BEEN  
SEXUALLY ASSAULTED

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## TABLE OF CONTENTS

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<b>PREFACE:</b> Using this guide	Page 2
<b>PART ONE:</b> Connecting - Communicating - Clarifying	Page 4
<b>PART TWO:</b> Communicating Key Concepts to Parents	Page 24
<b>PART THREE:</b> Creating Bridges: Interfacing with Systems	Page 30
<b>PART FOUR:</b> Complicating Issues	Page 45
<b>PART FIVE:</b> Helping Parents Cope	Page 49
<b>PART SIX:</b> Frequently Asked Questions	Page 55
<b>PART SEVEN:</b> Acknowledgements	Page 61
<b>PART EIGHT:</b> References	Page 63
<b>APPENDIX:</b> Trauma-Informed Parenting (TIP) sheets	Page 65

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# USING THIS GUIDE

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This guide is designed for sexual assault program advocates working with non-offending parents and/or caregivers of children who have experienced sexual assault. The suggestions and strategies are intended for use with children under the age of 13. Additionally, the following terms and their definitions will apply:

**The primary client:** The child who was victimized is the primary client. While many advocates work directly with children, other advocates may not. Regardless, the child is the ultimate focus of your advocacy. Supporting parents or caregivers is necessary so that they can in turn support their child. This guide promotes a system of care with the child at the center.

**Parent/caregiver/guardian:** The guide will use the term “parent(s)” or “caregiver(s)” for ease of writing throughout the document. These words are meant to refer to the primary person caring for the well-being of the child. When used in the singular format, these terms are meant to include multiple parents, caregivers, and/or guardians caring for children who are both biologically related and otherwise.

**Person-first language:** Throughout

this document, the terms “victim” and “survivor” are used interchangeably to be inclusive of the various ways people who have experienced sexual violence may identify. The National Sexual Violence Resource Center (NSVRC) recognizes and supports the use of person-first terminology that honors and respects the whole person, including people who have been sexually assaulted as well as people who have offended. Therefore, you will also see terminology such as “child who has been abused” and “person who has sexually offended” throughout the guide.

**Pronouns:** There is an attempt, as much as possible, to keep this material gender neutral. This is done for several reasons: one is to acknowledge that victims can be any gender, as can be the people who sexually offend. Another is to respect that gender is not always transparent and people self-identify in a manner that may



be personal and not obvious or gender non-conforming. However, there are times when utilizing gender-based pronouns are necessary for sentence clarity. In the guide, while one reference may use the term “she” or “he,” the concepts apply to all.

**State variations:** While the work of advocates may be similar across the country, other processes, particularly within the legal system, are often handled differently from state to state, and even between jurisdictions within a single state. There was an attempt made in this resource to use examples that will apply to

advocates regardless of the state in which they work.

**TIP sheets:** At various places in this document, you will see references to TIP sheets or Trauma Informed Parenting Sheets. These are designed to be offered to parents as additional supports by advocates.

TIP sheets can be found in the Appendix of this publication as well as on the Lifespan project page of nsvrc.org at [www.nsvrc.org/projects/lifespan](http://www.nsvrc.org/projects/lifespan)



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## PART ONE

### CONNECTING - COMMUNICATING - CLARIFYING

**W**hat draws you to advocacy work? Likely, the answers are as varied as the people doing this work. And while the reasons people go into advocacy work differ, a common theme is usually found in the desire to walk alongside another during a difficult journey. Advocates become a guide to people who are victimized, often by the very people meant to be their supporters. When children experience sexual assault, they are drawn into an adult world where they do not belong. Advocates meet them there to offer guidance and support.

The goal of this guide is to equip advocates with strategies to use when working with parents or caregivers of children who have experienced sexual assault. The hope is that the strategies and concepts presented here will result in better outcomes for children by helping advocates work with parents in a trauma-informed way.

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*ADVOCACY DIRECTED ONLY AT A CHILD IS TEMPORARY SUPPORT FOR A LONG-TERM ISSUE. ADVOCACY DIRECTED TOWARD SUPPORTING AND EDUCATING A PARENT CAN LAST A LIFETIME FOR THE CHILD.*

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### CONNECTING WITH PARENTS

Depending on the setting, children who have been sexually abused may be referred to as “cases,” “clients,” “victims,” or “survivors.” But to those who love these children, they are sons, daughters, nephews, nieces, or godchildren. And to parents, they are the “baby,” “sweetie,” “bubba,” “sis,” “pookie,” and the “snugums” of their lives. Parents are typically not bracing themselves for a day when their child will become a victim of sexual violence. It is normal to push aside that possibility despite ongoing news and information that child sexual abuse is a frequent occurrence. So, if it happens, it can be shocking. The pain can run deep.

A parent’s reaction to the news that their child has been sexually assaulted varies greatly. People respond to crisis in different ways and carry their entire history of life experiences with them into crisis. Therefore, advocates can be most helpful when they bring this understanding into conversations with parents, helping them through their reactions without judgment. The ultimate goal is to connect with parents in a manner that will keep the conversation and learning moving forward with trust and respect. Those who have

been doing this work for any length of time know this is easier said than done in some instances.

Many advocates will cite working with parents as their greatest challenge. While it often goes smoothly and the parent receives exactly what they need, advocates sometimes report that working with parents is their weakest area. For those who are not parents, some may feel they would be unable to relate with a parent. For others, it is difficult to work with parents who do not believe their child. And for others still, it is difficult working with parents who want to know every word spoken by everyone and believe that confidentiality applies only to others.

### PHILOSOPHY OF CHILD-CENTERED ADVOCACY WITH PARENTS

Advocacy directed only at a child is temporary support for a long-term issue. Advocacy directed toward supporting and educating a parent can last a lifetime for the child.

The core assumption made throughout this guide is that advocacy for parents is delivered with the needs of the child at the forefront. There is a constant focus

and refocus on what the parent needs in order to best support the child. There will be times when services may appear to be all about the parent with nothing directed toward the child. However, the service delivery perspective is that parents are nurtured and supported so that they can, in turn, nurture and support their child.

Children primarily need the support of their parents. Research indicates that parental support after disclosure may be a key factor in reducing the impact of sexual abuse and Post Traumatic Stress Disorder (PTSD) symptoms in a child (Bernard-Bonnin, Hebert, Daiganault, & Allard-Dansereau, 2008; Everson, Hunter, Runyon, Edelson, & Coulter, 1989).

## A CHILD-CENTERED APPROACH

Position titles can help to convey and reinforce the child-centered approach to advocacy. We often take job titles for granted, but they can have a lot of meaning in terms of how services are framed and provided. Rape crisis centers can consider adding “Child Advocate” to traditional “Advocate” roles to more specifically reflect work on behalf of children.

It is helpful to convey the philosophy of a child-centered approach from the very beginning of our work to parents and caregivers. Even our job titles can make an impact in conveying a child-centered approach.

The beginning conversation may sound something like this:

### **Advocate**

*“Hi, my name is Jayden, and I am a Child Advocate. I will be the one to assist you and your child. My job is to provide you with support and information so that you can better support and guide your child.*

*You are the expert about your child, and I am the expert about the healing process and working with the different systems that you may be involved with. We will work together to make sure your child gets what she needs. How does that sound?”*

## SKILLS IN CHILD-CENTERED ADVOCACY WITH PARENTS

Advocacy work allows us the privilege of working with a variety of people during a time of crisis. Most people deal with crisis in their most familiar, natural manner. Advocacy then becomes a matter of learning and honoring that which is important and even sacred to the child and parent as they deal with the trauma of sexual assault. This section contains some helpful skills that will assist you in working with parents.

### **Culture**

Providing advocacy within a culturally relevant framework is a foundational basis for effective advocacy. However, it is likely the most difficult task to accomplish, and requires constant attentiveness to the parent and/or child with whom you are interacting. Culture can be invisible as it encompasses many facets of a person’s identity beyond race alone.

Culture is generally defined as the norms, values, and traditions that are shared across generations (Warrier, 2005). Culture is multifaceted and can be thought of as the compilation of race, ethnicity, gender, sexual orientation, disability, economic class, geographical location, religion, immigration status, and other characteristics. Our cultural identity naturally shifts as we grow and change over the course of our lives.

### **Connections between oppression and culture**

Before discussing culturally relevant approaches in working with parents, it is important to examine how culture and oppression can interact in our work.

There are cultural groups that have a history of oppression in the United States. While there is great resilience within

marginalized groups, the continuing consequences of oppression can affect who we see in our centers, who we don’t see, and how our services are provided and received.

At different periods during our country’s history, many communities experienced law enforcement and social services as agents of oppression rather than agents of justice and assistance. Many of our services and approaches to advocacy continue to have roots in white, English-speaking, able-bodied, middle class, female, heterosexual victim typology. Our rape crisis centers do not always reflect the cultural diversity and realities of the people seeking services. It is critical that advocates recognize the possible perceptions that both their organization and they themselves may present to the people they are trying to serve.

Despite our best intentions, we may not be trusted right away. We may be perceived as being part of an oppressive system rather than a confidential and safe place for children and their caregivers. Building trust and rapport is an essential first step when working with anyone – especially with those who identify with populations traditionally marginalized and at times mistreated by service providers.

## Parents, Children, Families, and Culture

Every person has a cultural identity. Many people may have a difficult time putting their cultural identity into words because they simply live it and is what they consider to be the “norm.” Our individual cultural identity may greatly influence how we interact with others. It is natural to view the world from our own cultural perspective. This perspective may be an asset to our work with some parents, but may be a hindrance with others. The most effective advocacy begins with self-awareness while we work to understand and prioritize the cultural strengths and needs of the people we are serving. Our personal cultural beliefs are present, but secondary.

There will be times when a parent may clash with the cultural identity of their own child. For example, a parent may practice a religion to which the child has no connection. This may influence your advocacy. It may require you to assist the parent in seeing that the child’s needs at this time are more important than the parent’s own personal beliefs. A parent may feel obligated to preserve the family at all costs, which means staying connected to the person who offended while the child deserves protection from further abuse. Or a mom may want to reach out for help, but is worried that in doing so, her sexual orientation will become obvious and she is not out in her conservative faith community.

How a parent processes and responds to the needs of the child can be greatly influenced by cultural norms and

expectations around family, help-seeking, communication, and privacy. Parents’ cultural history and lived experience will influence their reaction to the sexual assault of their child as well as the systems, protocols, and professionals with which they find themselves suddenly interfacing. Advocates can show respect toward the cultural identities of their clients by being keenly attentive to each individual’s values and beliefs. Culture is as unique as each person, and requires individualized attention.

### Expanding our cultural competence

Effective advocacy hinges on cultural competence. Cultural competence refers to “an individual and program’s ability to honor and respect those beliefs, interpersonal styles, attitudes and behaviors both of families who are clients and the multicultural staff providing services” (Denboba, Bragdon, Epstein, Garthright, & Goldman, 1998). Achieving cultural competence is a dynamic and ongoing process that requires long-term commitment.

Individuals and organizations play important roles in building culturally relevant services for survivors of sexual violence. While this goes beyond the scope of this guide, there are some important steps to consider:

- A first step in building culturally-relevant approaches is recognizing our own cultural identities and how those identities influence our roles as advocates and our work with parents and children.

Developing cultural relevance is not just about “the other.” Self-awareness is the first step toward greater awareness and respect for cultures beyond our own. This step allows us to recognize and harness our strengths (and privilege) for good, while recognizing and keeping our biases in check to avoid doing harm. (Examples of self-assessments can be found at Georgetown University’s National Center for Cultural Competence (n.d.) and Illinois Career and Technical Education (n.d.)

- It is important in our role as advocates to acquire a learned comfort with multiple cultural groups. Advocates can commit to learning as much as possible about the various cultural identities that their clients hold, while also understanding that cultural groups themselves are diverse as are the spectrums of beliefs, values, and norms that exist within every cultural group (Warrier, 2005).
- Ongoing training and skill development is needed as opposed to a “once and done” approach. Individual clients, coworkers, or community members who identify with specific cultural groups should not shoulder the burden of educating others about their culture. With the support of their organizations, advocates can proactively seek out information and learning opportunities about diverse communities through trainings, staff development, and community involvement. Churches, community centers, or other organizations who serve particular cultures may be useful to partner with and learn from.

- Organizations can ensure that their intake questions and processes honor and reflect various cultural identities. There are resources available to assist organizations in beginning to learn more about developing culturally relevant approaches to advocacy. See, for example, *Opening Our Doors: Building Strong Sexual Assault Services in Dual/Multi-Service Advocacy Agencies*, available online at <http://tinyurl.com/nu296gx>.

## BEHAVIOR STYLES

There are many learning, personality, and behavior style models that can help explain how different people think, feel, and behave. This document will highlight two models, the *Thinking-Feeling-Acting model* and a cognitive processing style colloquially called *Inner* and *Outer World*. Characteristics of both are easy to identify and could help advocates in their interactions with parents and caregivers.

### A Thinking-Feeling-Acting (TFA) model by Hutchins (1984)

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The Thinking-Feeling-Acting (TFA) model by Hutchins (1984) assumes that people have a primary mode of behaving within various circumstances. When presented with a problem or situation, everyone responds by thinking, feeling, and acting (TFA). People may differ in the order in which they think, feel, or act in response to that problem or situation. They may also differ in where they spend the most time, or “dwell,” in order to work through the problem or situation.

The place where people dwell is significant in terms of advocacy work. Everyone has a primary dwelling place in terms of thinking, feeling, and acting to different circumstances. While a person may operate in each of these modes, there is generally one primary mode that an individual will use. This primary mode is the one that most people default to in a crisis.

- THINKING oriented people stay in their head. They think through everything by gathering information and opinions.
- FEELING oriented people interact with the world based on their emotions.
- ACTION oriented people solve problems in motion.

How this applies: Thinking oriented parents of a child who has been sexually assaulted will likely want information about every step of the process. Information comforts them. They analyze and assess every detail of every problem and when they are done, they start all over again. They are often told that they “overthink” everything. Successful advocacy with thinking-oriented parents will call for providing as much information and as many resources as possible, and answering any questions they may have about the process.

Feeling-oriented parents, on the other hand, interact with the world based on emotions. They talk with feeling words and express emotions outwardly. They usually start their sentences with “I feel like ...” or “this feels so ...”. They are often told they wear their heart on their sleeve. People who dwell in emotions need their feelings validated and processed before they are able to hear anything logical or action-oriented. Successful advocacy with feeling oriented parents would call for listening to and validating their emotions. This will help them to move on to the next step they need to take.

In contrast, action-oriented people solve problems in motion. They constantly ask “What can we do?” or “How can we fix this? Action-oriented people need to DO in order to feel as though they are being useful or productive. They often hear the message “You are like a bull in a china shop,” or “You need to think before you act,” or “you are so impulsive.” Successful

advocacy with action-oriented people will call for giving a task, homework, or research between phone calls. They want to be actively involved in the process. Some ideas that might keep them engaged are giving them a referral list to call, or asking them to keep track of behavioral, emotional, or physical changes they see in their child.

### Cognitive Processing Style: “Inner World” versus “Outer World”

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There is one more useful model to integrate into advocacy work related to how people process information that is given to them. These styles are called “Inner World” and “Outer World.” This vernacular is preferred over the more common “introvert” and “extrovert,” which has come to be associated with shy and outgoing personality traits respectively. The terminology here describes how people interact with information, not how they interact with others. “Inner World” people process information internally, silently in their heads. They process information internally before they speak it out loud. They often get pegged as aloof, shy, or quiet. This is not necessarily true however. An “Inner World” person can be perfectly friendly and outgoing, but they tend to observe, then process, then speak. Your best advocacy work with an

inner world person will have you providing information and giving them time to process on their own. It is very likely they will call back with additional questions or information.

“Outer World” people, on the other hand, talk out loud to process. You will know their every thought, even though it might not be their final thought. They do their best work externally, out loud. They are good at generating ideas and alternatives. Advocacy with an “Outer World” person will require you to talk through issues and listen to them process out loud. They will use you as sounding board.

**Putting it all together:** The following chart illustrates the ways both style theories can show themselves in parenting behavior.



## THINKING-FEELING-ACTING (TFA) ORDER

### THINKING

**Mom:** I can't even think straight since the school called me. There are a million things running through my mind. Do you think I need to call the police? I think I need to go pick him up. But I am thinking that maybe I should call my husband first. I have no idea what he will think about all of this. I am so confused.

**Advocate:** Your son is so fortunate to have a mom like you who is such a thoughtful and deliberate thinker. Can we slow things down a bit and think about one thing at a time? I think that might help. What do you think about that?

**Assessment:** The advocate in this scenario is trying to slow mom down by focusing on one thought at a time. Thinking-oriented “Outer World” people who are in crisis can have a mind that travels a mile a minute and races faster than words can be put to the thought. Talking in a calm, logical manner will help to settle their mind. Stay in the thinking, logical realm. This, in itself, brings a thinking-oriented person into a calm place. Make the problem sound solvable and logical. Do not jump to emotion or action until you have processed it from a logical, thinking-oriented manner.

### FEELING

**Mom:** I am so mad about this whole situation. He betrayed me. I trusted him. I feel so hurt that he could do this to me. Have you heard of anything like this before? Do kids recover from this? He is my brother and I feel like I have given him trust and he gives me heartache. I have not stopped crying since they called. I am so devastated by this. I don't even know how I am supposed to feel. How am I supposed to recover from this? I feel sick to my stomach.

**Advocate:** You have a lot of strong feelings running through you. I feel like your son is so lucky to have such a caring mother. Tell me more about feeling betrayed by him. What does that bring up for you?

**Assessment:** It is important to validate the feeling of mom first and foremost. And, as much as possible, connect back to how this is a positive thing for her son. Validating her feeling and her parenting is very important. After validation, circle back around so that she knows you truly want to understand how she feels.

### ACTING

**Mom:** Tell me what to do. We need to get justice here. Who do we need to report this to? Do you think it is going to get anywhere? I've heard all kinds of things about how justice is never served. How can I ensure this guy never gets out of jail? How much time will he serve? Do you have a list of lawyers I can call to get things rolling right away? When can I set up counseling? We need to get things taken care of.

**Advocate:** You are such a strong advocate for your child. I can tell that you want to get things done. Let's talk more about the kinds of things you can do now; and the things that can wait until later. It will be hard to do too much at one time, but your son will certainly benefit from your quick and decisive action. We also want to make sure that we do not get too far ahead of the police and other people who have a role in making sure justice is served. How about we come up with a plan and a possible timeline?

**Assessment:** The mom's desire for action needs to be commended and validated. However, action-oriented people in this system can be their own worst enemy if they take action without a plan. As much as possible, praise them for their desire to take action, but make sure to assist them with the plan on how to carry out their action. Action-oriented people who are “Outer World” need to say it and DO it. But they will often need assistance creating a plan. Assist in a plan for DOING and it will usually satisfy their need for action. Help them to be constructive and on point with their action.

## KNOW THYSELF

Personalize it! It is essential for advocates to first and foremost know their own style. It is important to know that under stress, our individual interaction style shows itself even stronger. Everyone tends to fall to their most natural way of being when faced with crisis.

**Take a few minutes to reflect on what your primary style is and note it here:**

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**What is your primary mode or dwelling place: Thinking, Feeling, or Acting?**

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**Are you "inner world" or "outer world"?**

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### *INTENTIONAL ADVOCACY ALLOWS THE CLIENT TO OPERATE IN THEIR NATURAL STYLE WHILE THE ADVOCATE BENDS TO ACCOMMODATE THEM.*

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It is a natural tendency for advocates to interact with other people in their most natural style. It is where they are most comfortable and how they believe they do their best work. However, to do the most effective work, it is important to interact using the same style as the client.

Advocates can probably think of a client about whom they found themselves saying: "We just don't click." "I just can't seem to make headway with him or her." "She and I are just so different!" Very likely, that client was operating with a different cognitive or behavioral style than the advocate does. If the advocate is a thinking-oriented "Inner World" person and the client is the opposite, they will struggle to communicate more than people who share the same style.

Intentional advocacy allows the client to operate in their natural style while the advocate bends to accommodate them. If the advocate is a feeling-oriented person working with a thinking-oriented father, the advocate will frustrate him by constantly asking him how he feels. While it may be important at some point to assist him in identifying his feelings, what he wants and needs is to process in the thinking mode first. Asking him what he thinks instead of how he feels is key.

Pay close attention to resistance or that sense that something is not clicking. As soon as either becomes apparent, switch gears. It is tempting to quickly judge parents as uncooperative or having emotional deficits when what is really happening is that they are processing very difficult information in their most natural way. When a wall is hit, identify the THINKING, FEELING, or ACTING mode that was the focus and choose another path. Advocates will be most effective with parents when they are able to match their style of interacting.

### REVIEW KEY POINTS: CONNECTING WITH PARENTS

#### **Thinking ... Feeling ... Acting:**

Align with parents by first identifying their primary behavioral mode. Then change your style to match their style. This will:

- Show parents that you understand them;
- Give them an opportunity to process difficult information in their most natural style;
- Allow them to deal with their needs and agenda first;
- Allow them to feel heard, thereby making the transition into dealing with their child's primary issues easier.

## “Inner World” versus “Outer World”

Recognize that people interact with information in two ways:

- “Inner World” people collect information, and then process it internally before they speak their thoughts out loud. They inhale ... hold ... then exhale. They generally need time alone to process the information and will benefit from an advocate who will follow up with them later to further answer questions.
- “Outer World” people need to talk out loud to think. They collect information in the same breath that they process information. Their inhale and exhale is simultaneous and ongoing until the information is processed. They benefit from having an advocate who can be a sounding board or listen as they think.

## WHEN THE BASICS AREN'T ENOUGH

There will be times when we need to move beyond the basic skills for connecting. Two types of situations in particular can present challenging situations:

- Parents' trauma history may complicate their ability to focus on the current issue and/or
- Parents do not believe their child has been sexually abused.

Let's look at each of these issues:

## Parental Trauma History

Everyone carries the past into the present day. For some, the past is full of pain that they struggle to keep at bay. Research studies continue to show there are many adult survivors of sexual violence in the world including both women and men. Some have moved through their experiences by receiving some forms of treatment, others have been able to recover through their own means and gone on to live healthy, productive lives. For others, treatment, including counseling options, would be considered a luxury. Their lives became consumed with caring for their own children, holding down jobs, paying the bills, etc.

Regardless of where adult survivors may be in their own process and regardless of whether they received past help, it is critical for advocates to be aware of and responsive to the needs of parents who also are survivors of sexual abuse.

A child's sexual assault can bring on a cascading flood of memories and emotions related to past sexual or physical abuse of the parent. When this happens, a parent's ready defense may be to avoid the painful memories of the past by pushing away the current cause for pain. On the outside, this may appear as an uncaring parent who does not believe his or her child or does not have the capacity to support the child. However, if looked at through a trauma lens, it could be a parent trying to avoid the pain of reliving past abuse. It is important for the advocate to keep in mind that the parent may be struggling with both the emotional pain of the current situation

and also bearing the burden of their own past abuse. This calls for a greater level of empathy and compassion to reach beyond what a person's outward behavior may be showing.

Advocacy with a parent who also is a survivor can be complex. Adult survivors of child sexual abuse often fall through the cracks of our support systems. By supporting parents and caregivers in addressing their own needs as adult survivors, advocates are ultimately helping the child who needs them. It can be a challenge to strike a balance between supporting the parent/caregiver while also keeping the focus on the needs of the child. However, as the parent receives support, he or she will in turn be able to better support the child. Advocates can play a key role in helping a parent understand the importance of actively supporting the child.

One way to open the discussion is to impress upon parents how important they are to a healthy resolution of this situation. Start by sharing what the research says: The strongest indicator of a child successfully adjusting after sexual abuse is parental support (Cohen, Deblinger, Mannarino, & Steer, 2004); support from non-offending parents is the primary need of a child for a positive outcome (Elliot & Carnes, 2001; Scheeringa & Zeanah, 2001).

Assisting parents to understand the importance of their role may, in turn, motivate them to get support and counseling of their own. Advocates can further engage parents by explaining how some form of therapeutic interventions

may be helpful both in healing themselves as well as helping them deal with the sexual assault of their child. Advocates can provide resources for parents on services that may be available to them within the community. Some parents will be reluctant to engage in counseling for their own benefit, but may change their minds if they know that it will in turn help their child. If parents are not in a place where they can choose to access services for themselves, advocates can still provide support to parents in navigating options and resources for their children.

## Holding Two Truths: The “and” rule

Parents who re-experience their own trauma as a result of their child's trauma are in a potentially difficult position of holding two truths simultaneously. They take note of their own feelings coming to the surface while simultaneously trying to put them aside to tend to the needs of their child. The key for a parent is to get to a place where they can hold two truths simultaneously and say, “I am being triggered by my child's assault AND I am going to give my child the support they need.”

It may help if advocates remind parents of other times they had to hold two opposing truths at the same time, maybe while experiencing their own sexual abuse or shortly after. Maybe as children they learned to accept that they did not like being sexually abused but at the same time they loved the person committing the abuse. It also could be helpful to remind parents that they have the skills

and abilities to hold on to two truths as a way to cope and function, and can do this now for their children. Advocates can play a vital role in supporting the parent in the midst of their own triggers (or referring them to someone who can) AND supporting their child.

### Dealing with Triggers

It is not uncommon for a memory to come rushing forward. A smell, a location, or a sight can trigger a memory fresh as the day it was planted. If that memory is a traumatic one, it can carry with it a cascading cluster of emotions that can push a person into a fragile psychological state. It is important for a parent to be able to recognize and acknowledge the trigger and understand the responding behavior and emotion.

Parents can benefit from learning skills to help manage emotions that come at unwanted times. Learning stress reduction and emotion regulation skills can provide real assistance, and teaching a parent grounding techniques may be a good place to start. While these are not intended to take the place of structured counseling intervention, learning and teaching grounding techniques, such as belly breathing, progressive muscle relaxation, or saying the alphabet backwards, can be useful skills for helping parents manage emotions.

One way to persuade parents to practice grounding techniques is to turn them into an activity they can do with their kids. It is important to practice these techniques

when there is no crisis. Trying to remember to do something in the middle of a panic attack may be difficult if they have never practiced it before. Explain the rationale for the exercise and let the parents know that it will be a very important skill for their child to learn now that can serve them for the rest of their lives. Keep in mind that developing a new skill of this nature takes time and steady practice. Once the parent practices it regularly with their child, they will both remember to utilize the skill when they need it.

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Please see the Trauma-Informed Parenting (TIP) sheet titled *Grounding Techniques* at the end of this publication or online at [www.nsvrc.org](http://www.nsvrc.org).

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### Working with a Disbelieving Parent

The parent who expresses disbelief that abuse occurred can pose another challenge. It is rare for people to lie about sexual abuse and is even more rare for children to be able to fabricate a story about a subject matter they know so little, if anything, about (Faller, 2007; Jones & McGraw, 1987; Trocme & Bala, 2005). Advocates may want to first spend some time finding out what the parent's resistance centers around. On page 21 are some strategies that may counter disbelief that can then enable the parent to move through this stage and onto providing appropriate support. A note of caution: A parent who continues to not believe and



who also is not protecting their child may require a report to the child protection agency in your area. For more information on responding to child abuse and your mandatory reporting obligations, contact your sexual assault coalition and see the Child Welfare Information Gateway at [www.childwelfare.gov](http://www.childwelfare.gov).

As we know, the majority of child sexual abuse is committed by someone the child knows (Snyder, 2000). They could be family members, acquaintances, teachers, coaches, or someone in a position of trust. These people are often known and loved within the family for a variety of positive qualities. In many situations, they often are the individuals who go out of

their way to maintain close relationships. So if a child discloses sexual abuse by such individuals, the disclosure is often met with surprise. And when the person who offended is named, it causes many mixed emotions for family and friends. If that person was, or is a primary provider for the family, even more complications arise. The non-offending parent suddenly finds themselves in a position where they need to protect their child, in the midst of dealing with a mixed bag of emotions that often includes love, anger, disbelief, confusion, and fear toward the perpetrator.

The parents discussed here are the ones who do not believe the report of sexual abuse made by their child but do adhere to the requirement of keeping the child away from the person who abused them. Some parents express disbelief in a manner that is more akin to shock that abuse occurred. They might make statements like:

- "I just can't believe this happened;"
- "I can't believe that my own brother would do this;"
- "Are you sure she didn't just make this up or have a dream that felt real?"

An advocacy strategy that aligns with the parental style of thinking, feeling, or acting when providing information and support may be all that is needed to help parents process the shock and initial disbelief.

Dealing with parents who truly do not believe that the abuse occurred and are adamant about that stance will take a little more time to work with. Again, it is imperative that you identify their behavior style and process with them solely in





## PART TWO

### COMMUNICATING KEY CONCEPTS TO PARENTS

**W**hat is trauma-informed parenting? Trauma informed care refers to an approach that does not just treat the symptoms related to sexual violence, but also is sensitive to trauma-related issues that incorporate a survivor's history and lived experience (National Sexual Assault Coalition Resource Sharing Project [RSP] & National Sexual Violence Resource Center [NSVRC], 2013, p. 5). It has almost become a part of the common vernacular within the social service field. But what does it really mean?

Perhaps it is most important to start with what it does not mean. It does not mean that trauma becomes an individual's identity, nor does "victim" become a noun. The best way to capture its meaning is to focus on what has happened to a person versus what is wrong with the person. The individual and any accompanying behaviors are viewed through a trauma lens. This lens is wider; it takes into consideration the impact that trauma has had

on the person victimized, is grounded in that person's strengths, and their expertise on their own experience, needs, culture, and resilience (Harris & Fallot, 2001; Proffitt, 2010).

Trauma-informed parenting is approached in a similar manner. Instead of looking at an angry child, a trauma-informed parent will see a child who has internalized anger as a result of the abuse. This shift from blame to understanding leads to appropriate empathy for the child.

Parents need not use or even know the phrase "trauma-informed parenting," but they do need to adopt the philosophy and practice. The best way to communicate this point is to be consistent in how you refer to the child, the abuse, and the impact. Choose words intentionally. Be mindful of how you frame things. Reframe conversations parents may report to you and guide their thinking in a more trauma-informed way.

#### Trauma and its Impact

Parents need to understand that sexual assault impacts children in ways that may be hard for their child to articulate. While it is difficult to predict how it will impact every child, give parents information that will allow them to feel confident in their post-assault parenting. Provide the information in doses suitable for each person. As noted in the previous section, some parents will want more information while other parents prefer smaller and more frequent doses. Listen for the cues they give as you interact with them.

Remember that parents are experiencing



#### MORE ON TRAUMA-INFORMED CARE

For more information on building a trauma-informed practice, see *Building Cultures of Care: A Guide for Sexual Assault Services Programs* (RSP & NSVRC, 2013) at <http://tinyurl.com/qgbdrst>.

trauma as well. Parents are emotionally connected to their child and often feel a heightened sense of fear and distress at the impact on their child and what it may mean for their future. They may not be able to focus or retain the information given to them, so try providing information in a variety of ways, including written information to reinforce verbal conversations (when appropriate). This will compensate for the reality that there is too much content being fired at parents all at once. The written information can be delivered electronically or on paper.

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Customize and utilize the Trauma-Informed Parenting (TIP) sheets that are provided as appendices to the Guide. They are also available online at the Lifespan webpage at [www.nsvrc.org](http://www.nsvrc.org).

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### 3 BIG CONCEPTS: PERSPECTIVE, GROOMING, AND TELLING

Teaching parents terminology and concepts related to child sexual abuse is important. Parents will benefit from having clear, accurate information about child sexual abuse and an understanding of related issues. Listen carefully to what parents talk about and follow up on these opportunities to discuss the topics in depth.

Up next are a few of the teaching topics advocates can have at their disposal in order to share when the opportunity arises. Please note: This discussion is focused on adults who abuse, not children/adolescents who abuse. Their understanding, motivations, behaviors, and manipulations of their own abusive behaviors can be very different from adults who abuse, though the impact on the victimized child may still be as significant. To understand more about sexually abusive behaviors by adolescents, please see Additional Resources at the end of this document.

## TALKING TO PARENTS AND CHILDREN

Advocates can suggest ways parents can talk to their children if they hear them talking about games or interactions that are unfamiliar to them.

Parents can approach children in a non-threatening way and ask more questions; “could you show me how to play this game?” or “tell me more about that game and who you play it with?” Questions like this can allow the parent to get more information from the child that may reveal whether interactions are innocent or in fact inappropriate sexual behavior.

### Adult versus child perspectives

In general, adults often will have preconceived beliefs and perceptions about child sexual abuse. They draw on learned as well as experienced information. Some of the information is accurate and some is not. Adults have the cognitive ability to form an opinion about this complex issue. Children, on the other hand, have neither the experience nor the knowledge to understand either abuse or sexual acts.

Children come to know the concepts of right and wrong, as well as good and bad. They understand that sometimes they make a choice to do things that may be wrong, but do it anyway. Afterward, they believe that they need to hide the act or behavior from their parents. However,

sexual abuse is a concept that is foreign to a child. They do not have a context for it.

Adults who sexually offend are a diverse group of individuals (Association for the Treatment of Sexual Abusers [ATSA], 2014). They do not all operate from the same motivations, employ the same practices, or engage in the same process of grooming and manipulation. They do, however, have the advantages of physical power, positional power, and/or intellectual power over a child, and use this power to their advantage.

Children may sense that what is happening to them is wrong, but they don't realize how wrong it is for the adult. Because they are given little power, children are easily dismissed or ignored. This power dynamic can be used to an abusing adult's advantage since it is often difficult for children to talk about what is happening to them.

### Grooming

The term “grooming” can be new to many parents. It is not a part of common language and may need to be explained in the context of committing child sexual abuse. In general, it is important that parents understand that sexual offending is not something that “just happens.” Grooming is a process by which a person prepares a child, significant adults, and the environment for the abuse of this child (Craven, Brown, & Gilchrist, 2006).

(Note: For information on grooming behaviors of children who sexually offend

other children, please see *Stop It Now! Signs that a Child or Teen May be At-Risk to Harm Another Child*, <http://tinyurl.com/m4ncdyb>)

While each survivor will present with different circumstances, a good deal of research has identified the following behaviors as typical grooming strategies of adults who sexually abuse (Craven et al., 2006; National Children's Advocacy Center, 2013):

- Giving special treatment to one child over another
- Buying gifts or giving special privileges that become an exchange for sexual acts
- Isolating the child from other family members by suggesting babysitting, or take the child on outings
- Creating a wedge between the identified victim and others she or he is close to
- Playing games that include crossing physical boundaries as a ruse to sexual touching

Adults who abuse also will groom the other adults in the child's life such as parents, teachers, and other caregivers to gain access to the child (Craven et al., 2006). Some may also seek out professions or roles where they have access to children and gain the trust of the adults within the community (Craven et al., 2006). These professions or roles may include Scout leaders, coaches, and others that provide them with access to children that they would not otherwise have (Mcalinden, 2006).

What might appear to be manipulation or persuasion in an adult-peer interaction shifts when it is between an adult with

## ASKING QUESTIONS

It is a natural reaction for a parent to want to ask the child questions in order to better understand.

Help the parent understand that children may interpret questions differently than they intend, i.e. accusatory rather than interested and inquiring. For instance, the question, "Why didn't you tell me sooner?" could imply that the child did it all wrong when the parent really intends it to mean that they would have helped them immediately if they had known.

A more effective response would be to say "I'm so glad you told." Can you see how the two responses are vastly different? Kids tend to view questions as disapproving.

a child. When used with a child, these same strategies become abuses of power, threats, and guilt to create the secrecy that allow sexual abuse to thrive. The person who offends may also threaten the child that his or her parents will be angry about the abuse, or threaten to harm to the child, his or her loved ones, or pets to ensure the child keeps the abuse secret (NSVRC, 2012). People who abuse often convince children they are to blame while knowing that a child's biggest fear is getting in trouble with his or her parents or trusted adult.

## DISCLOSURE: HOW KIDS TELL & WHEN KIDS TELL

Parents often want to know why their child delayed telling about the abuse or told someone else. Children often do not disclose about sexual abuse right away for multiple reasons (Alaggia, 2005; Collings, 2006; Hershkowitz, Lanes, & Lamb, 2007). Some kids delay telling because they do not want to upset their parents or family. Some kids do not tell until they feel safe enough to do so. As noted earlier, adults who offend can use a variety of tactics to confuse or trick children into believing it is their fault, causing them to fear the loss of the love and safety of their parents if they tell. Kids may not tell until the person who perpetrated the violence is no longer in their life or they know the abuser will no longer have access to them. Many times, this is simultaneous to a divorce or a break up. Some kids tell a teacher or a school counselor following a safety discussion at school. It may be the talk that helped them realize what was happening to them was abuse.

Sometimes older children will tell a parent or trusted adult in a very direct manner about the abuse once they figure out it is wrong and want the person who is offending to stop. Most get to a point where they are confused about what is happening, or they are scared but don't know why, or they have a bad feeling that what is happening is not right. They may have been groomed to believe that they are at fault and will not be believed if they tell. Some kids think they have already told and the parent did nothing. For example,

kids may think the parent condones the abuse, because they keep taking the child to abusive person's house even after the child stated they did not like it there. Kids may have talked about the "game" or maybe they said "I don't like playing the snake game with Uncle Joe anymore." In the child's mind, if the parent allows it to continue, it reinforces the child's belief that it is OK. They believe they spoke clearly and the parent did not protect them. But to a parent, they simply heard a story about a game or protest about being at the sitters.

### Impact: Now and Later

Child sexual abuse is likely to impact the child who has been victimized differently over time. The abuse has different meanings to a child as they age. A child abused at age 4 has one point of view, but that shifts and changes as she ages and matures. This is often referred to as "developmental impact" (Trickett, Noll, & Putnam, 2013). A person who receives therapy and works on their thoughts or feelings as a young child may later revisit therapy as puberty approaches, and again as an adolescent or while he or she is in college. The developmental tasks or routines influence a child's perspective. It is not unusual for a child to re-enter counseling with each developmental milestone. This does not mean they did not experience healing when they were younger; it simply means that the abuse has taken on a different meaning because they understand it differently as they age.

### Initial Impacts

Parents often ask what they need to look for after they are told their child has been sexually abused. There are really no absolute diagnostic indicators beyond a child's direct report, although there are some common behaviors or emotions that may emerge including bed-wetting, nightmares, or mood changes depending on the child's age. Sexually abused children can exhibit a range of different symptoms which may reflect specifics of the abuse and the individual nature of the child (Faller, 1993). For a parent-friendly list of common indicators of child sexual abuse, see *Stop it Now!* at <http://tinyurl.com/lq55mjz>. Additional information can also be found on the *Preventing Child Sexual Abuse Resource* page at <http://tinyurl.com/lkq5zws>.

Parents should be made aware of these indicators. They may also need some assistance with how to respond to them (these will be looked at in *Sections Five and Six*). It may be hard for some to ask for assistance or to admit that they do not understand a particular point, so a good strategy may be to provide a list of possible symptoms to a parent and work through each to find out if and/or where there may be problems.



## PART THREE

### CREATING BRIDGES: INTERFACING WITH SYSTEMS

When a parent first hears about their child being sexually assaulted, they have no idea what lies ahead. Parenting a child through this trauma is stressful enough, but there is much added stress when interfacing with legal and child welfare systems. This is daunting under the best of circumstances. Advocates can serve as ambassador, interpreter, champion, partner, and liaison.

Advocates become accustomed to how the system works and can easily forget to look at it from the vantage point of a parent. There are things about the various systems that really do not make logical sense, and are vastly different from other experiences a parent typically could draw on. With no frame of reference to rely on, parents may have a hard time accepting or even agreeing to the process.

The criminal justice and child welfare systems are different than other systems a parent may have experienced. The major difference is that the child – and the child alone – becomes the center and priority of every interaction.

Parents are excluded from most interviews. This is unfamiliar to parents who, for years, have taken their child to doctor appointments, interactions with schools, etc., and play a vital role in all discussions. In most settings, parents are not only welcome, but they also are treated as the most knowledgeable about their child and their child's needs.

Here are a few typical statements parents make:

*“What do you mean I can’t be in the interview with my child? She is only 5 years old. Why would I let a total stranger talk to her? I refuse to let you do that to her.”*

*“You really expect me to sit outside the courtroom when my child is testifying? He needs me in there!”*

*“Why does she have to talk about the abuse in court? It is like victimizing her all over again!”*

*“What exactly are they going to do in this medical exam? She needs me in there.”*

## THE ABCS OF PREPARING THE PARENT

Advocates are the bridge for parents. When possible, contact the parent ahead of a scheduled interview or appointment and give them information about what they can anticipate. Some parents will want to know a lot of detail, and other parents want a broad picture of what is going to happen. It is important to touch on both the big picture and the details. Do not depend on parents to ask you questions. Questions are difficult to come up with when one has no context whatsoever. It is the advocate's role to anticipate the question and meet the needs of parents.

### ANTICIPATE

Great advocacy is about serving. When we have a service-oriented mindset, we will always try to be one step ahead of the parent or the system. We will try to anticipate the question, problem, or need. In the parents' statements above, the common thread is surprise; they were not prepared ahead of time. Once that happens, it is a lot harder to deal with the situation because strong emotions become a part of the current scenario. You can hear a heightened level of emotion come through the voice of each parent.

There are common things we can anticipate and prepare every parent for, but there also are things unique to your community. As you notice trends that seem to occur, create a list so other advocates in your agency can benefit from your experience and knowledge. For instance,

you know that a particular detective always asks the advocate to leave so that he can interview the client alone. Tracking information like that is important so that you can share it with other advocates. You can then let the parent know that this may happen, and how you will deal with it.

**Anticipate-prepare:** Being present early on can help put parents at ease. In most crimes, detectives typically interview witnesses by themselves. Sexual assault and domestic violence are unique in that advocacy centers across the country have influenced these traditional systems through policy changes, allowing advocates to be present during interviews to support them. Some states have included this as a “right” for the victim that cannot be denied. However, many detectives, especially those who do not conduct many sexual assault investigations, may not be familiar with this right. Some areas also have child advocacy centers with a specially trained child interview specialist who may conduct interviews alone while law enforcement and Child Protective Services view the interview through a one-way mirror or via technology. Child Interview Specialists or Forensic Specialists usually conduct the interviews without the presence of an advocate.

However, if the interview is done by a police officer or a detective, the victim has a right to an advocate. If your state has a Crime Victim Bill of Rights that includes the right to an advocate at all criminal proceedings, then have a copy handy at all times.

Example: A detective asks you to leave so that she can start the interview of the child victim.

**Advocacy Position:** “Thank you for letting me know your preference, however, I am a victim advocate and she would like me to stay. She is aware that she has a right to an advocate at this interview. So, let us know when you would like to start.”

## BUILD

Advocates can be a useful asset to parents by building a bridge to the various systems with which they now find themselves interfacing. In many ways, advocates serve in a case management role because they are the central person who is tracking all of the different systems in which the child and parent are involved. In some communities, where there are child advocacy centers that operate collaboratively with multiple system providers and advocates, the process can move smoothly. This likely will allow for greater coordination so that the parent is not running into conflicting demands and varied requests. However, if there is not a coordinated response, you, as their advocate, can coordinate efforts.

### Opportunities to BUILD

**Multiple appointments:** Parents will be requested to bring their child to multiple appointments made by the different systems. Advocates play an important role in supporting parents in navigating these appointments and systems, which ultimately benefits the child and the

larger family unit. However, participating in these appointments and systems can take an economic toll on parents and caregivers by way of missed work, lost wages, and increased costs associated with co-pays, transportation, and other services. Advocates can help identify any financial assistance that may be available to alleviate these costs. For example, in some jurisdictions, reimbursement is available for costs incurred as a result of sexual violence through the Crime Victims Compensation program. Crime Victims Compensation programs are administered by each state and more information can generally be found on your state’s website.

In addition, advocates can help support parents and caregivers in getting time

off from work and accessing other work-based flexibilities, such as telecommuting and adjusted schedules to help facilitate their ability to participate in various appointments with their child. Advocates can do this (with permission of parents/caregivers) by writing letters on their behalf, making phone calls or visits to employers, and other strategies.

Often, systems do not communicate well with each other. For instance, when the interview with the child is taking place, make sure Child Protective Services (or your state equivalent to that agency) is aware of this so that they can get the information at the same time. You can be the bridge to making it appear more seamless than it really is. Our goal is





## RESPONDING TO CONCERNS

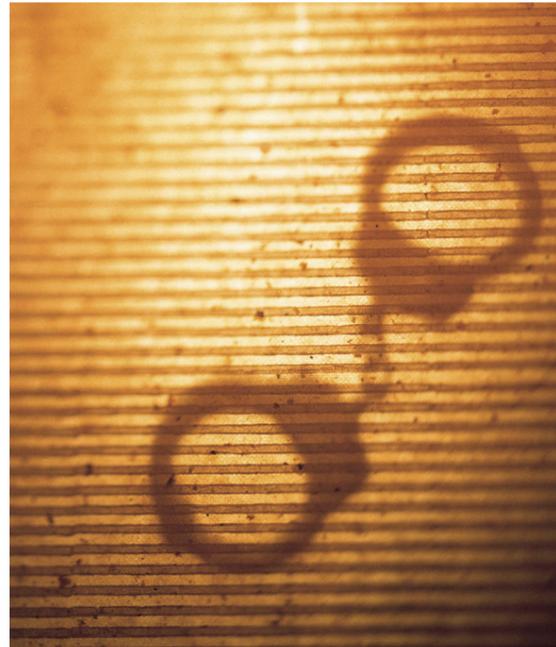
The following are common scenarios that advocates may encounter in their work.

### PARENT ASSUMPTION

**People who sexually offend** are arrested as soon as the police report is complete.

### REALITY

Rarely are people who sexually offend arrested. They can only be held for 72 hours without charges. If charged with a crime, most are released on bail or personal recognizance.



### ANTICIPATE: INFORM THE PARENT

Usually, an initial report is taken by a police officer and passed to a specialized detective for follow-up investigation. It is rare that the reporting officer will make an arrest. It could happen if there is concern about a flight risk, otherwise no arrest is imminent. If an arrest occurs, offenders are considered innocent until proven guilty, so cannot be held against their will beyond 72 hours, or unless charges are filed within 72 hours. The majority of those who sexually offend are released into the community on bail until resolution of the case by dismissal, plea, or trial.

### PARENT ASSUMPTION

**Parents** of children under 12 are accustomed to being with them through all of life's events. Speaking to law enforcement personnel is certainly a time when a parent would want to be present to comfort and assist their child with their story.

### REALITY

In order to preserve the testimony of witnesses, law enforcement interviews possible witnesses and victims of the crime separately. This includes parents and children. Police are trained to not contaminate evidence. Victim/witness statements are considered evidence to a crime.

### ANTICIPATE: INFORM THE PARENT

Sometimes the police report happens before you are even aware of the family's need for advocacy. Whenever possible, talk with the parent ahead of time and let them know about the criminal investigation and that their child will most likely be interviewed without their presence. Keep in mind the parent's TFA style. Here are some points to touch on:

- The child who was victimized is considered the primary "witness" to a crime.
- If the parent was the first person the child told, the parent also will be considered a witness.
- It is important in any crime that evidence is not "contaminated." Interviewing all witnesses separately is of utmost importance.
- Even if parents were not told of the sexual abuse directly by the child, they will likely be called as a witness to testify to other things about which they will have first-hand knowledge of (behavior changes, emotional changes, etc.).
- Children often try to protect the parent from emotional pain and may withhold information if the parent is present.
- Children were likely told by the offender "Your mom and dad will be mad at you if you tell" or "You will get into trouble if you tell." If this is the case, the child may be fearful of talking about the abuse with the parent present.
- Sexual assault victims have a right to an advocate who may be able to be present during interviews. Know your state laws regarding this.

## PARENT ASSUMPTION

**Law enforcement** (sometimes the child protection agency) often tells parents “don’t talk to your child about the abuse.”

## REALITY

Law enforcement personnel are concerned about evidence. In the case of child sexual or physical abuse, they consider the child’s testimony to be evidence and try to protect any contamination of the victim testimony.

## ANTICIPATE: INFORM THE PARENT

Protecting the evidence is not synonymous with not talking to your child and giving them support. A parent needs to acknowledge that the abuse was wrong; it is not the child’s fault; and that they will do everything they can to protect their child from further harm. A parent needs to know that giving their child support is imperative to healing. Ignoring the abuse and its impact is harmful. Kids need to know their parent loves them and wants to support them. Grilling a child is certainly not appropriate, but talking to your child in general terms is appropriate and necessary.

## PARENT ASSUMPTION

Parents may think that they will lose their child to **Child Protective Services** once the abuse is reported.

## REALITY

Child Protective Services is charged with investigating child abuse that occurs with parents, legal custodians, guardians, or individuals responsible for the well-being of a child. Their concern is child safety. A child may be placed outside of a non-protective home if it is believed that the child cannot be kept safe from further harm.

## ANTICIPATE: INFORM THE PARENT

Inform parents about the role of the child protection agency and what they can expect. It is different based on who the offender is to the child and the protective factors in place for the child. If they believe the child can be kept safe and the named abuser can be kept away from the child, the child will remain in the home. If the person who abused is a sibling, a safety plan will likely be put into place to ensure the child’s safety. Some agencies have a policy of removing the offending child until a formal evaluation and investigation is complete.



## PARENT ASSUMPTION

**Courts:** The general public gets most of their information about the court system through the media. This can be from the news media or TV dramas, but we consider ourselves informed. Most people assume that anyone who wants to be in court can be there. They also assume that a child’s parent is with them at all times.

## ANTICIPATE: INFORM THE PARENT

Inform parents of this ahead of time. Allow them to process their thoughts and emotions prior to the actual situation occurring. Preparing parents outside of the presence of their child will be most beneficial to the child victim. So often children hold themselves responsible for causing their parents to be upset or angry. They are not always able to discern anger directed at the system versus anger at them for having told. In general, kids believe they are the center of all things good and bad. They do not fully grasp that emotions about the sexual assault and the related issues are due to the offender having assaulted them. Rather, they take on the responsibility for having told. So they think, “If I didn’t tell, none of this would be happening and mom and dad wouldn’t be upset.”

## REALITY

In general, parents are not allowed in the courtroom during victim testimony. This will be a surprise to parents. In most cases, parents might be called as a witness as well. If this is the case, the parent cannot hear the direct testimony of the child. But there also is a belief that kids are not always completely honest about what happened when the parent is present. Kids’ natural reaction is to worry that they are in trouble. They may withhold information if they think a parent will punish them. On the other hand, in some instances, kids try to protect their parent from hearing information that might make them upset. Kids often try to protect their parents.

## PARENT ASSUMPTION

**Criminal Justice System:** Most parents will assume that once their child's case gets assigned to a detective, it will move through the criminal justice system in a matter of weeks.

## REALITY

Cases take upwards of a year to get through the system in many jurisdictions. Be aware of how long cases typically take in each part of the system. For instance: How long does the investigation take? How long does it take for a filing decision? How long does it take from the first interview to trial?

## ANTICIPATE: INFORM THE PARENT

We live in a time when the general population thinks crimes are solved in an hour and fingerprints are lifted off every imaginable surface.

- Parents need to have accurate information about the events and the timing within the criminal justice system.
- It is ideal if parents have a written document that explains the basic steps in the process in layman's terms. Include those present at each of the steps in the system. In general, the victim and their family attend only interviews and the trial, if the case goes on to trial.
- Explain child interviews, investigation, defense interviews, plea bargains, testimony, etc.
- Explain to the parent: "I might be going over information you already know, but I like to make sure that I am thorough and go over everything with you regarding the criminal justice process. I will likely repeat it to you often, so that you are kept well informed."
- Expect that parents will need to hear the legal information many times and be allowed to process both emotionally and logistically what is going to happen.

## PARENT ASSUMPTION

**Arraignment** is the hearing in which the offender will be officially charged with the crime and will be required to enter a plea of guilty or not guilty. Parents typically believe that as soon as the child is interviewed, police charge the offender.

## REALITY

As soon as you know that an arraignment date has been set, it is very important to notify the parents that this is the hearing in which the offender will be officially charged with the crime. And most importantly, they must know that a not guilty plea at this stage is typical. Prepare them so that it does not surprise them. Some parents will be outraged and will often take it out on the prosecutor if they are not made aware of this ahead of time.



## ANTICIPATE: INFORM THE PARENT

The conversation could go something like this:

"I want to make sure that you know of the arraignment date and what will likely happen at this hearing. Offenders of all crimes almost always plead 'not guilty' at these hearings. It is almost a matter of course. They likely have not had a chance to work with their attorney prior to this hearing and it will give them time to work together about their possible defense."

## PARENT ASSUMPTION

**Interviewing:** A parent may think that a child is only interviewed by people who are advocating on their behalf or representing their best interests

## REALITY

Many jurisdictions allow children to be interviewed by the defense prior to trial. Know ahead of time if this is the case in your jurisdiction. Unless there is a state law prohibiting this, it is decided county by county. This is not necessarily a right, but the defense is allowed access to all witnesses in a case. The child victim is considered a witness and therefore the defense attorney may set up an interview prior to trial. An advocate can proactively request that they be allowed in these interviews if this is what the child and family would like. Advocates cannot act as an attorney in this role or give legal advice, but they can be there for emotional support and can assist a child if they need a break or if it appears a child has a question but is reluctant to ask.

Best practice is that the child is interviewed only one time which is the Child Advocacy Center (CAC) model (see page 32).

## ANTICIPATE: INFORM THE PARENT

The parent needs to be aware of all interviews that may involve their child. They need to be given some guidance as to how to prepare their child for each of the interviews. It is best to keep it very simple. Children can pick up on the anxiety of the adults around them. To the parent, this interview seems stressful, but to a child, it is just another time when adults want to hear their story. A child can be told something simple like, "Heather, tomorrow you will be going to an office and a couple of people will be asking about what Uncle Charlie did to you. They are trying to figure out how to get him help, so they need to know exactly what he did. Your advocate will be with you."

Note: Technically, the prosecutor is NOT the child's attorney. They represent the State and the crime of sexual assault is a crime against the State and the child is the state's witness. They could argue that the child not appear in an interview with the defense. But the defense will then take it before a judge to have it ordered. Most judges will error on the side of access to witnesses because it could be the eventual reason for an appeal or a mistrial. That is why, if there is not a state law or victim bill of rights that states otherwise, the defense has access to interview witnesses in any case....not just sexual assault. Keep in mind this is not always bad. There have been many cases that once they interview the child, they will realize they do not have a strong case because the child is credible and a strong "witness."

## PARENT ASSUMPTION

**Trial:** Parents, and the general public, assume that the case will go to trial.

## REALITY

Be aware of the likelihood that a plea will be negotiated and make sure the prosecutor takes the victim's wishes into consideration. Pleas are typical in child sexual assault cases. It is most common with a "first time" charged offense. Many states have a sentencing alternative that allows the offender to get treatment in lieu of a prison sentence.

## ANTICIPATE: INFORM THE PARENT

Work closely with the prosecutor so that you, as the advocate, are not taken by surprise that a plea deal was entered without the victim/family's input. Work with your prosecutor to develop a policy that the victim and family's input is part of the plea process. It is important the parents are informed that the prosecutor makes the final decision but that their input is important to that process.

## PARENT ASSUMPTION

**Trial date:** Most people would assume that once a trial date is set, it happens as scheduled.

## REALITY

Let parents know of likely delays once the trial date is set. It is highly unlikely that the trial will begin on the first date that is given. Parents should not tell the children about the actual date until the prosecutor informs them of the actual date. They will usually know because they are in communication with the defense attorney. Let parents know that all of the attorneys have to be available and prepared, and there must be a judge and courtroom available, as well. Give them information about this likelihood as well as the possible defenses that will be utilized at trial.

## ANTICIPATE: INFORM THE PARENT

Explain to the parent the charges, pleas and the overall court process. It is important for parents to know the different defenses that can be utilized at the trial. If the offender is not taking responsibility for the offense, then the defense attorney needs to come up with a strategy to present the case to the jury in the hopes of a “not guilty” verdict.



## PART FOUR COMPLICATING ISSUES

There are some issues that cause extra challenges for advocates. Advocates will benefit from thinking about these issues before they are faced with them.

### RECANTING

There will be times when a child reports sexual abuse, but later states that it did not happen. There are a variety of reasons why children recant. In general, this behavior is motivated by fear and often is a result of one or more of the following: (Rieser, 1991)

- Non-offending parent pressures the child to recant.
- Siblings pressure the child to recant.
- Child feels responsible for the current stress and chaos so recants.
- Child remembers the threats made by the person who offended so recants.

- Family of the person who offended pressures the child to recant.
- Child is afraid of the process (talking to law enforcement, going through medical exam, testifying in court, etc.) and recants.

It is important for advocates to explore the issue of recanting with the parent. Parents need to understand that untreated trauma has a long-term impact and children who recant may not receive the type of treatment they may need to heal. In some instances, a parent may truly believe that the abuse did not occur. Under either circumstance, the child will bear the ultimate impact.

In the short-term, if a parent is found to have caused the child to recant, she or he can be charged for interfering with the prosecution of a crime. Communicating this to the parent may open the door to a discussion about the seriousness of a child recanting.

Keep in mind however that it would be completely inappropriate for anyone to tell a child that the person who offended will keep offending if the child does not disclose. Children should not be made to bear the burden of any future crimes that person may commit.

## SIBLING ABUSE

Sibling abuse brings complicated family concerns. Usually the person who offends and the person who is victimized both are minors, and they may both live in the same home, and share the same parent or parents. Other scenarios could include involvement of step-siblings or adopted or foster children all of whom present complicated family situations and dynamics.

When children are victimized, it is typical that anger is directed at the person who abused. When it is discovered that the abuser is a son or daughter, the whole family system will be impacted. As noted earlier, the dynamics and motivations of children and adolescents who abuse are many and beyond the scope of this guide, but this situation is one advocates may face. There are additional resources at the end of the document that can provide more information (See resources for parents

concerning juveniles who sexually offend on page 64).

Briefly:

### **Sibling victims may**

- Want the abuse to stop, but still want the love of their sibling abuser
- Be mad at the abuser and mad at the parents for not knowing
- Hold themselves responsible for the abuse or believe they are equal participants
- Have sympathy for the sibling who abused them

### **Parents may**

- Hold themselves responsible for not knowing
- Hold secrets with the belief they are protecting their kids
- Be angry at the son or daughter for the abuse
- Be angry at the victim for telling
- Hold a spouse responsible

### **The sibling who offends may**

- Be a minor
- Not show remorse
- Be remorseful
- Have manipulated the victim and the parents
- Genuinely love the sibling he or she victimized
- Blame the victim
- Be scared

Understanding the varied responses is important and a good reminder that listening to each person is a priority. Advocates will not be able to provide welcomed or effective services if assumptions are made and acted upon before listening.

Advocacy will involve working closely with systems and parents. There will be a variety of professionals making decisions that will impact the family, and this can be very confusing to everyone in the family.

The following scenarios could take place:

- The child who offended may be removed.
- It might be the responsibility of the parent to find a residence for the child who offended.
- The child who was victimized will be interviewed by authorities.
- The child who offended will be interviewed by authorities.
- The child who offended may have to go through an evaluation.
- The child who offended will need an attorney.
- The child who was victimized may need therapy.
- The child who offended needs sex offender treatment.
- The family has to respond to questions from friends and relatives.
- The parents will need to field questions from the school.
- The parents will need to field questions from the victim's friends' families.
- The parents will need to field questions

from families of the friends of the child who offended.

This list is not exhaustive, but this situation can quickly become exhausting. Advocates can be a vital support to the parents by explaining each step that may be required, as well as, providing constant emotional support.

Victims of sibling abuse often get lost in the shuffle. A lot of emphasis gets placed on getting help for the offending sibling. The parent(s) will be busy taking care of system-related activities for the child who offended. The sibling who was abused may feel as though they are being ignored. Parents can benefit from gentle reminders to provide attention to the victim's needs in equal measure. Advocates may also need to remind those involved that the family system was broken while the abuse was going on; it is not the disclosure from the child who was victimized that breaks down the family.

## CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS

Young children who have been sexually abused are introduced prematurely to behavior that is beyond their developmental ability to fully understand. This, in turn, creates distorted views of sexuality and appropriate sexual behavior (Gil & Johnson, 1993; Johnson, 2013). Children may also develop a preoccupation with sex. Children who have sexual behavior problems may act out sexually with other kids. Some children mimic the abuse perpetrated upon them. While this

type of sexualized behavior may not have a sexualized intent, the other children being acted upon will very likely feel victimized, no matter what the intent. These children may need services and advocacy as well.

**Young children (under 6)** with sexual behavior problems can often be guided by parents with success. Parents will likely be able to interrupt this behavior simply by telling the child to stop and redirecting the child's behavior. Young children may not have a grasp on proper boundaries and appropriate behavior. If this type of low level intervention does not help, professional help may be needed. Advocates can assist the parent in making this decision. It might be useful to offer parents assistance in identifying behaviors such as *An Overview of Healthy Childhood Sexual Development* found at <http://tinyurl.com/k7u94so>.

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Also see the Trauma-Informed Parenting (TIP) sheet titled *Changing Inappropriate Behavior: The SAFE Intervention* at the end of this document, or online at [www.nsvrc.org](http://www.nsvrc.org).

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**Older children** with sexual behavior problems may need professional intervention. Older kids, in general, are aware that they should not be interacting with younger children in a sexual manner. They are at a developmental age to clearly understand that the behavior is wrong

and that they would get into trouble for such behavior. When they offend despite this knowledge, there likely is a more serious problem. It is possible that their own unresolved victimization may be driving their behavior. Kids who were both victimized and who victimize others benefit from specialized therapy that can target both victimization as well as offending issues.

Advocacy will be important to parents trying to sort through all of this. Children with sexual behavior problems have multiple issues. Parents will likely have to work with the school, child care, friends, sports teams, etc., to ensure that they are aware of the problem. This can cause additional issues for the child, who may lose friends or be alienated from important social ties. A knowledgeable advocate can become a welcome resource for parents.



## PART FIVE

### HELPING PARENTS COPE

**C**hild sexual abuse impacts the whole family, as well as the extended family system. While the victim is at the center of the impact, the ripple effect can be wide. Anyone who loves a child knows the pain it causes to see that child suffer. The sympathetic cries of parents, siblings, and extended family are powerful as well. Many people often express that they would trade places with the child if they could. This often comes from a place of helplessness. It is a statement made by an individual who feels unable to alleviate the pain of the child. Advocates are in the unique position of being able to provide useful supportive tools to the parents as well as the child victim.

Parents will benefit from knowing some strategies for dealing with the stressors that arise after the disclosure of a sexual assault. These can fall into several categories:

- Coping with a parent's thoughts
- Coping with a child's thoughts
- Coping with a child's emotions and behaviors

## COPING WITH A PARENT'S THOUGHTS

Parents can carry their own set of assumptions that often are inaccurate. Sometimes, there is a grain of truth in the thought, but it is slightly askew, making it distorted and inaccurate. Other times, it is a completely incorrect thought containing no truth whatsoever.

Some of the more common assumptions parents make when they learn their child has been sexually abused can include: "I should have known" or "Her life is ruined."

Black and white or all-or-nothing statements typically are inaccurate. Advocacy with this type of thinking requires drawing boundaries with the parent. Parents who are external processors do not always consider who their audience is. A statement like this spoken in front of a child who has been sexually abused can be very harmful. Remember, the child is your primary client. You are working with the parent for the benefit of the child. In being an advocate for the child, it will be very important to explain that processing this type of

thinking with you is good, but that should never be spoken to the child. External processors easily can say something out loud without first thinking about the consequences.

### **"She lost her virginity."**

Beliefs rooted in religion or culture can be very difficult to process for a parent. There are times when your credibility and expertise as an advocate are not enough. However, advocates always can offer a perspective that will give the parents more information to operate within their personal processing. Sometimes focusing on the facts about sexual assault is the more powerful piece of information. Let the parent know that sexual assault is forced sexual contact. Victims do not consent. Victims are not making a choice. Giving up one's virginity is a decision made by an individual. Sexual assault is not. The two cannot be confused.

### **"Will he be gay now?"**

There is an inaccurate belief that sexual assault defines one's identity. A person's sexual orientation is not determined by the trauma of sexual assault. Parents need to have accurate information in order to give accurate information to their child. This is a belief that can be perpetuated out of ignorance, bias, and hatred. It is false, and parents need accurate information.

## COPING WITH A CHILD'S THOUGHTS

Sexual abuse of a child often occurs over time. The child is forced to keep the secret in isolation. Many distorted thinking patterns are created by the person who abuses. Thinking patterns created over time are difficult to change and often require constant attention. Adults who offend work hard to put the responsibility of the abuse on the child.

Thoughts such as these may linger for kids:

- "I'm bad."
- "No one will ever love me."
- "I am unlovable."
- "I am dirty."
- "I am stupid."
- "It's my fault."
- "I must have wanted it."
- "I must have done something wrong."
- "I deserve to die."
- "I don't want to be me."
- "I hate myself."

The problem with thinking errors for victims is that one thought can turn into a belief that then defines one's overall identity, or creates a belief that is ingrained and eventually looked upon as truth. It is important to pay attention to the thinking errors of victims and encourage parents to challenge them by engaging in conversation. Again, keep the goal in mind as to where you want the conversation to go, then keep asking questions that will move it in that direction.

## COPING WITH A CHILD'S EMOTIONS AND BEHAVIORS

Just as the parent may be coping with thoughts and emotions, the child also may be coping with emotions and behaviors while they attempt to process what has happened. This section will discuss how to help the parent identify emotional and behavioral issues that may arise and how they can help their child.

### IMPACT ON SCHOOL

Emotional and behavioral issues may affect the child while at school.

Sometimes a teacher will notice that the child has a difficult time concentrating or paying attention, or is acting out in inappropriate ways when these were not problems before.

School professionals might be quick to label a depressed child as a problem child or a child who is defiant. Advocates may want to discuss with the parent the possibility of reaching out to the school to discuss what is happening in the child's life.

Engaging teachers and school professionals could help the child receive support throughout the school day.

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## COPING WITH EMOTIONS

The emotions that can come up for both the parent and the child may be difficult for a child to deal with on his or her own.

Examples of emotions that can linger are:

- **Sadness/depression:** Depression in kids can look different than an adult might expect. Kids will sometimes show depression by being irritable or angry. It might come out at school in the form of fighting with other kids or isolating themselves from other kids. They might appear bored or apathetic. Other kids who are depressed might be looked at as shy or antisocial because they are more withdrawn.
- **Anxiety:** Kids may seem more jumpy or sensitive because of too much activity around them. They may startle easily. They may have a difficult time falling asleep and make comments like, “My brain won’t turn off” or “I keep hearing things in my head.”
- **Mood swings:** Kids may swing between extremely happy to extremely sad or withdrawn within a day’s period, or even within hours.
- **Fear:** Some kids become fearful or anxious of anything that reminds them of being sexually assaulted. Smells, sights, and touches all can be triggers (Anxiety and Depression Association of America [ADAA], n.d.).

Learning how to deal with emotions is a lifelong lesson. An advocate can make an important start by teaching parents skills that they can teach and practice with their child.

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Also see the Trauma-Informed Parenting (TIP) sheet titled *Grounding Tools that Parents Can Use* available in the Appendix or online at [www.nsvrc.org](http://www.nsvrc.org). It provides several exercises that can easily be taught to parents who can teach their children in fun and engaging ways.

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## COPING WITH BEHAVIORS (MILLER, 2013)

### Dealing with acting out behaviors

Sexual abuse takes away power for a child who already has limited power because of their age. The helplessness they felt when being abused can cause a lasting impression. When abuse is no longer a threat, the child may feel free to regain their power. Kids do not always know how to do this and may do things that are inappropriate and lead to other problems. Kids may get in fights, engage in bullying, become verbally abusive, or act out in other ways.

Kids often act out their feelings instead of talking about them. They may not have the words to articulate what is brewing inside of them. All they know to do is act out. This requires a twofold response. Reassure parents that children need and want boundaries. It gives them a sense of security to know the rules and the consequences for breaking a rule. Parents need to know that discipline can be delivered with compassion.

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Also see the Trauma-Informed Parenting (TIP) sheet titled *Changing Inappropriate Behavior: The SAFE Intervention* at the end of this document or at [www.nsvrc.org](http://www.nsvrc.org).

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### Somatic Problems

Somatic problems, or physical symptoms, are usually a stress response. Parents can help kids with working through many of them. The most useful techniques are belly breathing, progressive muscle relaxation, and guided imagery.

Example: Some kids describe their tummy ache as a ball of fire or a wad of gum or a heavy rock. Guided imagery can be helpful because they can imagine it transforming into something else.

For example: “My tummy ache feels like a big flaming ball of fire and I am going to blow on it and blow on it and blow on it until the fire goes out.”

Guided imagery can be a fun tool for kids to learn to deal with all kinds of stress reaction behaviors.

### Nightmares

It is common for kids to have nightmares. Kids who have been sexually assaulted might have an increase in nightmare activity or sleep issues. The feelings that come in those nightmares might be similar to what they felt from the sexual assault, which can upset a child even more.

Children can learn to have more control over their nightmares if they actively participate in trying to get rid of them. When the child is awake and feels safe, talk about the nightmare from beginning to end. Talking about it during waking hours may not seem as scary. It helps the child know that they are strong and capable, and can talk about a really scary memory, the nightmare.

Ask them if they can think of a different ending to the nightmare. Have them create an ending that leaves them feeling happy, strong, and in control. Guide the child so that it does not turn into a revengeful or violent ending, but rather a positive and powerful ending.

The most important thing for parents to keep in mind is the ultimate goal is for kids to respond in healthy ways. While it may seem like a good short term solution to have the child crawl into bed with the parents once he or she is awakened by a nightmare, this action teaches the child that the only way to feel comfortable at night is to sleep with their parents. In the long run, it may be hard to retrain a child to sleep independently.

However, when a child needs to feel safe at night, particularly in the initial stage, some advocates will recommend a middle ground (i.e., the child makes a bed on the floor of their parents room or another space in the house where they feel safe as a temporary accommodation, but one that has a definite end date).

Another suggestion could be to engage the child in making the bedroom

environment more comforting. Even minor changes such as changing the lighting or including night lights, incorporating music, changing room colors, or room layout may help foster a more soothing environment.

### Bedwetting

Bedwetting can be challenging if the child is sleeping so soundly they cannot wake themselves up to go to the bathroom. This is not an uncommon reaction to sexual abuse, but it makes sense to first have any medical conditions that could be causing or contributing to the problem ruled out. Once that is cleared, a parent can begin to help the child to control their drinking past a certain time at night. It might be best if the child does not drink anything two hours before they go to bed. Make sure they go to the bathroom right before bed even, if they think they don't have to.

Bedwetting can be frustrating for a child. It is important not to punish or humiliate him or her. While it is frustrating for parents to continually clean up soiled sheets, it is most helpful to the child if it is done as uneventfully and with as little fuss as possible. Clean the bed and put the child right back to bed. It is OK to speak very few words to the child as long as he or she knows you are not mad or upset with them. It is important that this does not become an additional source of shame. Simply say, "OK, I am going to clean up your bed, then you can get right back in it and go to sleep." Keep it simple.

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Also see the Trauma-Informed Parenting (TIP) sheet titled *Creating a Safe Space* available at the end of this document and also online at [www.nsvrc.org](http://www.nsvrc.org).

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## PART SIX

### FREQUENTLY ASKED QUESTIONS

There are questions that routinely come up. Questions come from a sincere place in the hearts of parents. For some, they are not able to ask their most pressing question until they have developed a relationship of trust with the advocate. Consider it a compliment and a privilege to be the recipient of questions. Our task is to provide both accurate information and a space for open dialogue as parents attempt to process and incorporate information. While it is not advisable to tell a parent what to do, advocates can provide valuable information that is based on experience and research to help a parent make informed decisions.

The following are often topics of concern:

**Q:** *Should I tell my child's teachers and counselors at school?*

**A:** While there is no reason to feel shame over being sexual assaulted, it is important that survivors, whenever possible and no matter their age, have control over who knows about the abuse. It may also be true that not all systems or people will be respectful of confidentiality. The main focus of conversation with the parent is to assist them to make decisions balancing the preference for privacy for their child and the need for giving information to a third party.

Explain to the parent that most people who are sexually assaulted feel a loss of control over their own lives, and regaining that power through the recovery process is vitally important. This essentially is the definition of trauma-informed parenting. Trauma-informed parenting means making all decisions from the perspective of what is in the best interest of the child who has been victimized.

The general guideline is to share only the information necessary with only the people necessary. Typically, schools do not need to know about the sexual assault. If there are appointments the student needs to be released for, it is acceptable to get a medical release, requested by the parent. If there are behavioral issues or concerns about school work not being completed on time, it might be wise to inform the school that the student is dealing with a personal issue she or he may need time to resolve.

**Q:** *They (detectives and/or cops) told me not to talk to my child about the sexual assault, but my child is always asking me questions. Do I just ignore the questions?*

**A:** Police, investigators, attorneys, and/or child protective services may tell the parent not to talk about the sexual assault with their child. Parents take this statement seriously and literally. While the directive makes sense to these professionals, it is neither practical nor emotionally healthy within the home. Children need to have the support of their parents and loved ones. It is important that children know they can come to a parent for the love and support they need and deserve following the abuse. System professionals will advise parents not to talk about the sexual assault because they do not want the parent to interrogate or coach the child, thereby compromising the criminal case. However, children need to receive support and acknowledgement from their parents. Children need to know that their parent is proud that they told, that parents will do whatever they can to protect them, and that they are loved. This kind of support does not compromise the case, but rather strengthens the child.

**Q:** *My child acts like she/he is fine, but I know this bothers her/him. Do I talk about it, or do I ignore it?*

**A:** It is possible for some kids to go back to their usual routine and feel fine after disclosing sexual abuse. A child who had a strong sense of self and strong family attachments prior to a one-time sexual assault may go back to regular functioning once they feel safe and cared for.

It is more usual, however, for kids to be impacted by their abuse. When kids or adults pretend everything is fine when it is not, it usually is an attempt to keep emotions at bay. There is a natural instinct to try to forget about things that cause pain. Pretending to be fine is one way of trying to feel better. Unfortunately, as described earlier, it does not usually serve this purpose. It is best to talk about the abuse or the impact of the abuse. Parents can be key to assisting the child over time. No one can force a child to talk about troubling things, but we can create an atmosphere that makes talking more comfortable. Kids need to know that when they are ready to talk, their parent is ready to listen. Parents can talk about other things going on in the child's life to give the child practice at talking about emotions. Start with positive emotions related to positive events. It is a process of teaching children words for feelings. A parent can be very deliberate about talking about their own emotions in a teaching manner. For instance, if they hear that their child has a tummy ache, the parent can say "oh, that makes me so sad that you are not feeling

well. I will do everything I can to help you feel better." Helping kids match words with feelings will serve them well for a lifetime.

**Q:** *The nurse told me not to talk about the sexual abuse, and my child will forget about it. Is that true?*

**A:** People will give parents a lot of advice about their child related to sexual abuse. Many of these people will mean well, but they may be ill-informed. Caution the parent to ask a trauma specialist when something doesn't seem to ring true. Sexual assault is a trauma that will typically remain in a child's memory. Sometimes people believe that talking about the abuse is re-traumatizing. That is generally not accurate. Talking may bring about strong emotions, but when those emotions are met with love and support, the outcome is positive. The child will learn that they can talk about the abuse, feel strong emotions, receive positive support, and feel a sense of relief. On the other hand, remaining silent about the sexual abuse may send an unintended message to the child. Kids may think that the parent doesn't believe them, or that they are afraid to talk about the abuse, or even worse, that the parent blames them. Children will fill in the blank pieces of information if accurate information is not present. Kids need a parent who can be open to talking about the abuse whenever the child wants. It is not necessary to keep bringing it up in conversation, but take the opportunity when there are some naturally occurring circumstances to do so. For instance, if



## ACKNOWLEDGEMENTS

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### About National Sexual Violence Resource Center

Founded by the Pennsylvania Coalition Against Rape in 2000, the National Sexual Violence Resource Center (NSVRC) identifies, develops and disseminates resources regarding all aspects of sexual violence prevention, and intervention. NSVRC activities include training and technical assistance, referrals, consultation, systems advocacy, resource library, capacity-building, integrating research findings with community-based projects, coordinating Sexual Assault Awareness Month, co-sponsoring national conferences and events, and creating Web-based and social networking resources.

### About the Lifespan Project

NSVRC's Lifespan project is a technical assistance initiative that provides advocates, medical providers, law enforcement, prosecutors, and others with resources and strategies to effectively respond to and support survivors of sexual violence. The Lifespan Project focuses on trauma-informed service delivery, with a particular concern for populations who may fall through the cracks of our systems. For information on the NSVRC's Lifespan Project and other publications, visit [www.nsvrc.org/projects/lifespan](http://www.nsvrc.org/projects/lifespan).

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- Alaggia, R. (2005). Disclosing the trauma of child sexual abuse: A gender analysis. *Journal of Loss and Trauma, 10*, 453-470. doi:10.1080/15325020500193895
- Anxiety and Depression Association of America. (n.d.). *Anxiety and depression in children*. Retrieved from <http://www.adaa.org/living-with-anxiety/children/anxiety-and-depression>
- Association for the Treatment of Sexual Abusers. (2014). *Eight things everyone should know about sexual abuse & sexual offending*. Retrieved from <http://www.atsa.com/pdfs/Policy/8ThingsEveryoneShouldKnow.pdf>
- Bernard-Bonnin, A., Hebert, M., Daignault, I. V., & Allard-Dansereau, C. (2008). Disclosure of sexual abuse, and personal and familial factors as predictors of post-traumatic stress disorder symptoms in school-aged girls. *Paediatric Child Health, 13*, 479-486.
- Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). A multisite randomized controlled trial for sexually abused children with PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry, 43*, 393-402. doi:10.1097/00004583-200404000-00005
- Collings, S. J. (2006). How do sexually abused children disclose? Towards an evidence-based approach to practice. *Acta Criminologica, 19*(1), 33-41.
- Craven, S., Brown, S., & Gilchrist, E. (2006). Sexual grooming of children: Review of literature and theoretical considerations. *Journal of Sexual Aggression, 12*, 287-299. doi:10.1080/13552600601069414
- Denboba, D. L., Bragdon, J. L., Epstein, L. G., Garthright, K., & Goldman, T. G. (1998). Reducing health disparities through cultural competence. *Journal of Health Education, 29*, S-47 - S-53.
- Everson, M. D., Hunter, W. M., Runyon, D. K., Edelsohn, G. A., & Coulter, M. L. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry, 59*, 197-207. doi:10.1111/j.1939-0025.1989.tb01651.x
- Elliot, A. N., & Carnes, C. N. (2001). Reactions of non-offending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment, 6*, 314-331. doi:10.1177/1077559501006004005
- Faller, K. C. (1993). *Child sexual abuse: Intervention and treatment issues*. Retrieved from Florida's Center for Child Welfare: <http://centerforchildwelfare.fmhi.usf.edu/kb/trpi/Child%20Sexual%20Abuse-%20Intervention-%20Investigation%20and%20Treatment%20Issues.pdf>
- Faller, K. C. (2007). Coaching children about sexual abuse: A pilot study of professionals' perceptions. *Child Abuse & Neglect, 31*, 947-959. doi:10.1016/j.chiabu.2007.05.004
- Harris, M., & Fallot, R. D. (Eds.). (2001). *Using trauma theory to design service systems* (New Directions for Mental Health Services, Number 89). San Francisco, CA: Jossey-Bass.
- Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect, 31*, 111-123. doi:10.1016/j.chiabu.2006.09.004
- Hutchins, D. E. (1984). Improving the counseling relationship. *Journal of Counseling & Development, 62*, 572-575. doi:10.1111/j.2164-4918.1984.tb00126.x
- Georgetown University. (n.d.). *Self-assessments*. Retrieved from <http://nccc.georgetown.edu/resources/assessments.html>
- Gil, E., & Johnson, T. C. (1993). *Sexualized children: Assessment and treatment of sexualized children and children who molest*. Rockville, MD: Launch Press.
- Illinois Career and Technical Education. (n.d.). *Cultural diversity self assessment*. Retrieved from <http://www.illinoiscte.org/PDF/module/Cultural%20Diversity%20Self%20Assessment.pdf>
- Johnson, T. C. (2013). *Understanding children's sexual behaviors: What's natural and healthy*. San Diego, CA: Institute on Violence, Abuse and Trauma.
- Jones, D. P. H., & McGraw, J. M. (1987). Reliable and fictitious accounts of sexual abuse to children. *Journal of Interpersonal Violence, 2*, 27-45. doi:10.1177/088626087002001002
- Mcalinden, A. (2006). 'Setting 'em up': Personal, familial and institutional grooming in the sexual abuse of children. *Social & Legal Studies, 15*, 339-362. doi:10.1177/0964663906066613
- Miller, C. (2013). *How anxiety leads to disruptive behavior*. Retrieved from the Child Mind Institute: <http://www.childmind.org/en/posts/articles/2013-3-26-anxiety-and-disruptive-behavior>
- National Children's Advocacy Center. (2013). *Grooming of victims of child sexual abuse: A selected bibliography*. Retrieved from <http://www.nationalcac.org/images/pdfs/CALiO/Bibliographies/grooming-bib.pdf>
- National Sexual Assault Coalition Resource Sharing Project, & National Sexual Violence Resource Center. (2013). *Building cultures of care: A guide for sexual assault service programs*. Retrieved from [http://www.nsvrc.org/sites/default/files/publications\\_nsvrc\\_guides\\_building-cultures-of-care.pdf](http://www.nsvrc.org/sites/default/files/publications_nsvrc_guides_building-cultures-of-care.pdf)
- National Sexual Violence Resource Center. (2012). *Understanding child sexual abuse definitions and rates*. Retrieved from [http://www.nsvrc.org/sites/default/files/NSVRC\\_Publications\\_TalkingPoints\\_Understanding-Child-Sexual-Abuse-definitions-rates.pdf](http://www.nsvrc.org/sites/default/files/NSVRC_Publications_TalkingPoints_Understanding-Child-Sexual-Abuse-definitions-rates.pdf)
- Proffitt, B. (2010, December). Delivering trauma-informed services. *Healing Hands, 14*(6), 1-8. Retrieved from the National Health Care for the Homeless Council: <http://www.nhchc.org/wp-content/uploads/2011/09/DecHealingHandsWeb.pdf>
- Rieser, M. (1991). Recantation in child sexual abuse cases. *Child Welfare: Journal of Policy, Practice, and Program, 70*, 611-621.
- Scheeringa, M. S., & Zeanah, C. H. (2001). A relational perspective on PTSD in early childhood. *Journal of Traumatic Stress, 14*, 799-815. doi:10.1023/A:1013002507972
- Snyder, H. N. (2000). *Sexual assault of young children as reported to law enforcement: Victim, incident, and offender characteristics*. Retrieved from the U.S. Department of Justice, Bureau of Justice Statistics: <http://bjs.ojp.usdoj.gov/content/pub/pdf/saycrlc.pdf>

Trickett, P. K., Noll, J. G., & Putnam, F. W. (2013). The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. *Development and Psychopathology, 23*, 453-476. doi:10.1017/S0954579411000174

Trocme, N., & Bala, N. (2005). False allegations of abuse and neglect when parents separate. *Child Abuse & Neglect, 29*, 1333-1345. doi:10.1016/j.chiabu.2004.06.016

Warrier, S. (2005). *Culture handbook*. Retrieved from Futures without Violence: <http://www.futureswithoutviolence.org/userfiles/file/ImmigrantWomen/Culture%20Handbook.pdf>

**Selected resources for parents concerning juveniles who sexually offend:**

Alabaurda, K. (2014, Fall). Creating an advocacy supported community to address youth with sexual behavior problems: A vital step towards our comprehensive approach to sexual violence prevention. *ReShape*. Retrieved from the National Sexual Assault Resource Sharing Project: <http://origin.library.constantcontact.com/download/get/file/1102941868074-605/SOM+Reshape+NM+Final.pdf>

American Association for Marriage and Family Therapy. (n.d.). *Families of juvenile sex offenders*. Retrieved from [http://www.aamft.org/iMIS15/AAMFT/Content/Consumer\\_Updates/Families\\_of\\_Juvenile\\_Sex\\_Offenders.aspx](http://www.aamft.org/iMIS15/AAMFT/Content/Consumer_Updates/Families_of_Juvenile_Sex_Offenders.aspx)

Association for the Treatment of Sexual Abusers. (n.d.). *Children with sexual behavior problems*. Retrieved from <http://www.atsa.com/pdfs/Policy/ChildrenWithSBP.pdf>

Association for the Treatment of Sexual Abusers. (2012). *Adolescents who have engaged in sexually abusive behavior: Effective policies and practices*. Retrieved from <http://www.atsa.com/pdfs/Policy/AdolescentsEngagedSexuallyAbusiveBehavior.pdf>

Child Welfare Information Gateway. (2013). *Parenting a child who has been sexually abused: A guide for foster and adoptive parents*. Retrieved from [https://www.childwelfare.gov/pubs/f\\_abused/f\\_abused.pdf](https://www.childwelfare.gov/pubs/f_abused/f_abused.pdf)

Cook-Craig, P. (2012). *Youth sexual violence prevention*. Retrieved from VAWnet: The National Online Resource Center on Violence Against Women: [http://www.vawnet.org/Assoc\\_Files\\_VAWnet/AR\\_YouthSVPrevention.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/AR_YouthSVPrevention.pdf)

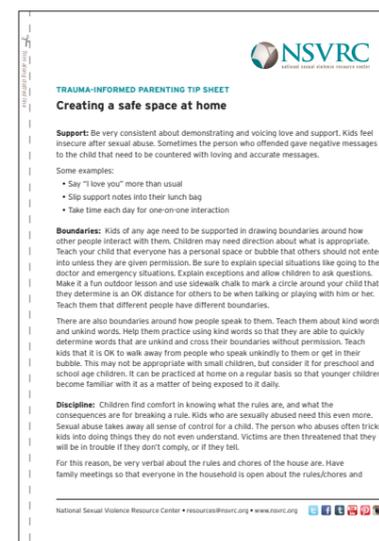
National Child Traumatic Stress Network. (2009). *Child sexual abuse fact sheet: For parents, teachers, and other caregivers*. Retrieved from [http://nctsn.org/nctsn\\_assets/pdfs/caring/ChildSexualAbuseFactSheet.pdf](http://nctsn.org/nctsn_assets/pdfs/caring/ChildSexualAbuseFactSheet.pdf)

National Juvenile Justice Network. (n.d.). *Fact sheet on youth who commit sex offenses*. Retrieved from the American Camping Association: <http://www.acacamps.org/sites/default/files/images/knowledge/Fact%20Sheet--Youth%20Offenders.pdf>

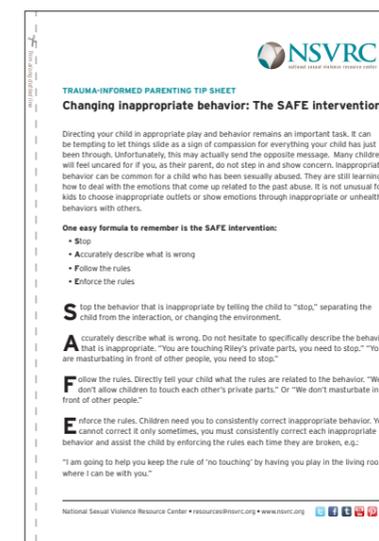
**Selected websites with parent-friendly information:**

- Stop it Now! <http://www.stopitnow.org/parent>
- Darkness to Light: <http://www.d2l.org>
- Parents Protect! (U.K.): *Child sexual abuse warning signs* <http://tinyurl.com/csp2z7a>
- Parents Protect! (U.K.): *How can we prevent child sexual abuse?* <http://tinyurl.com/oyl6jhu>

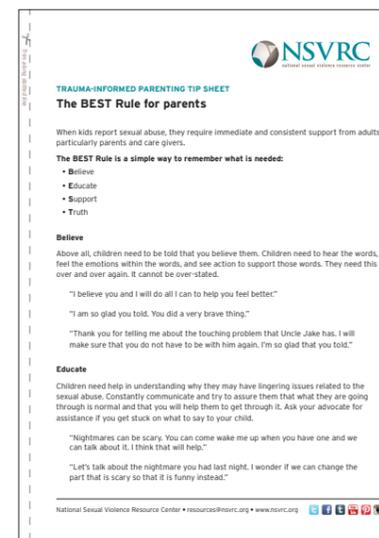
The following pages contain Trauma-Informed Parenting (TIP) Sheets. To use as handouts, we encourage you to cut them along the dotted lines. Enclosed, the following TIP Sheets:



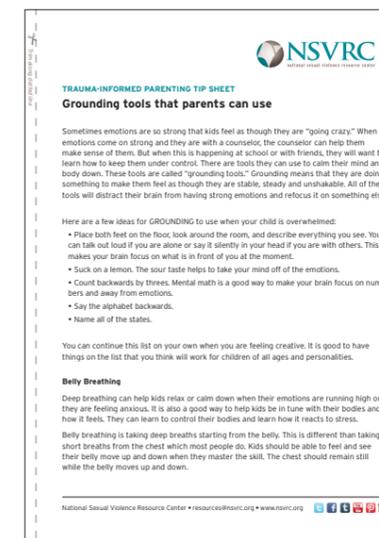
**Creating a safe space at home**



**Changing inappropriate behavior: The SAFE intervention**



**The BEST Rule for parents**



**Grounding tools that parents can use**

## TRAUMA-INFORMED PARENTING (TIP) SHEET

### Creating a safe space at home

**Support:** Be consistent about demonstrating and voicing love and support. Kids feel insecure after sexual abuse. Sometimes the person who offended gave negative messages to the child that need to be countered with loving and accurate messages.

Some examples:

- Say “I love you” more than usual.
- Slip support notes into their lunch bag.
- Take time each day for one-on-one interaction.

**Boundaries:** Kids of any age need to be supported in drawing boundaries around how other people interact with them. They may need direction about what is appropriate. Teach your child that everyone has a personal space or bubble that others should not enter into unless they are given permission. Be sure to explain special situations, such as going to the doctor and emergencies. Explain exceptions and allow children to ask questions. Make it a fun outdoor lesson and use sidewalk chalk to mark a circle around your child that they determine is an OK distance for others to be when talking or playing with him or her. Teach them that different people have different boundaries.

There also are boundaries around how people speak to them. Teach them about kind words and unkind words. Help them practice using kind words so that they are able to quickly determine words that are unkind and cross their boundaries without permission. Teach kids that it is OK to walk away from people who speak unkindly to them or get in their bubble. This may not be appropriate with small children, but consider it for preschool and school-age children. It can be practiced at home on a regular basis so that younger children become familiar with it as a matter of being exposed to it daily.

**Discipline:** Children find comfort in knowing what the rules are and what the consequences are for breaking a rule. Kids who have been sexually abused need this even more. Sexual abuse takes away all sense of control for a child. The person who abuses often tricks kids into doing things they do not understand. Victims are then threatened that they will be in trouble if they don't comply, or if they tell.

For this reason, be very verbal about the rules and chores of the house are. Have family meetings so that everyone in the household is open about the rules/chores and



the consequences for breaking the rules. Be sure to make household rules/chores age appropriate. A preschool child, for instance, cannot be responsible for washing their own laundry; but it might be appropriate for them to put their dirty laundry in the laundry basket and not on the floor. Be mindful of the number of things for which they are responsible. It is hard for some kids to remember what their chores are, so creating a chore chart often is a useful reminder. Charts with space to record a completed task are even better. It gives children a sense of accomplishment and value to the family.

The consequences to not fulfilling a responsibility or for inappropriate behavior should not be physical punishment. Children who are abused will not be able to discern the difference between abuse and loving discipline. The action will bring up emotions similar to what they felt when being abused. We do not want to pair abuse with discipline because they are not the same. Discipline shapes a child's behavior and abuse tears down and demeans a child's spirit. Consequences can be discussed and determined with the child. "What do you think is a fair consequence for not completing a chore on time?" Some examples might be taking away a privilege or adding an extra chore for the week. It needs to be suitable for the age of the child, but difficult enough to be seen as a consequence to misbehavior. Parents will often struggle with discipline, so connect with someone who can help you think through strategies that you are comfortable with ahead of time.

**Safety:** Reassure your child that you will do whatever you can to make him or her feel safe. Couple this message with assurance that the abuse was not their fault and how glad you are that they told. Kids cannot hear this message enough. Talk openly and often about safety rules. Incorporate the "no touching" rule with other rules for crossing the street, bike safety, burn prevention, etc. This helps it to be normal to openly talk about.

**Routine:** Children benefit from routine. If your child had a regular routine prior to the abuse being reported, try to stick with it. If they did not, create a predictable day-to-day routine. Consistent wake and sleep times are especially important. Meal and snack times at regular intervals are best. Keep a routine that your child will become accustomed to and familiar with. Routines help a child feel safe and secure. If the routine is going to change, talk to the child about it ahead of time and prepare them.

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## Changing inappropriate behavior: The SAFE intervention

Directing your child in appropriate play and behavior remains an important task. It can be tempting to let things slide as a sign of compassion for everything your child has just been through. Unfortunately, this may actually send the opposite message. Many children will feel uncared for if you, as their parent, do not step in and show concern. Inappropriate behavior can be common for a child who has been sexually abused. They are still learning how to deal with the emotions that come up related to the past abuse. It is not unusual for kids to choose inappropriate outlets or show emotions through inappropriate or unhealthy behaviors with others.

### One easy formula to remember is the SAFE intervention:

- **S**top
- **A**ccurately describe what is wrong
- **F**ollow the rules
- **E**nforce the rules

**S**top the behavior that is inappropriate by telling the child to "stop," separating the child from the interaction, or changing the environment.

**A**ccurately describe what is wrong. Do not hesitate to specifically describe the behavior that is inappropriate. "You are touching Riley's private parts. You need to stop." "You are masturbating in front of other people. You need to stop."

**F**ollow the rules. Directly tell your child what the rules are related to the behavior. "We don't allow children to touch each other's private parts." "We don't masturbate in front of other people."

**E**nforce the rules. Children need you to consistently correct inappropriate behavior. You cannot correct it only sometimes, you must consistently correct each inappropriate behavior and assist the child by enforcing the rules each time they are broken.

For example: "I am going to help you keep the rule of 'no touching' by having you play in the living room where I can be with you."



## TRAUMA-INFORMED PARENTING (TIP) SHEET

"It might be easier for you to keep the rule of no masturbating in public if you change activities right now."

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## TRAUMA-INFORMED PARENTING (TIP) SHEET

### The BEST Rule for parents

When kids report sexual abuse, they require immediate and consistent support from adults, particularly parents and care givers.

**The BEST Rule is a simple way to remember what is needed:**

- **B**elieve
- **E**ducate
- **S**upport
- **T**ruth

#### **Believe**

Above all, children need to be told that you believe them. Children need to hear the words, feel the emotions within the words, and see action to support those words. They need this over and over again. It cannot be overstated. Here are some sample phrases:

"I believe you and I will do all I can to help you feel better."

"I am so glad you told. You did a very brave thing."

"Thank you for telling me about the touching problem that Uncle Jake has. I will make sure that you do not have to be with him again. I'm so glad that you told."

#### **Educate**

Children need help in understanding why they may have lingering issues related to the sexual abuse. Constantly communicate and try to assure them that what they are going through is normal and that you will help them get through it. Ask your advocate for assistance if you get stuck on what to say to your child.

"Nightmares can be scary. You can come wake me up when you have one and we can talk about it. I think that will help."

"Let's talk about the nightmare you had last night. I wonder if we can change the part that is scary so that it is funny instead."



Sometimes talking about the nightmare in waking hours will keep children from having it when they sleep. Talking about it sometimes neutralizes the fear that was creating the nightmare in the first place. The idea of rewriting the scariest part during waking hours is one way to give the child power over it.

**Support**

Children need to know that your support is constant. Be sure that your actions match your words. Here is an example:

If you say that what Uncle Charlie did was wrong and he needs help, then follow those words up with action. For instance: "Uncle Charlie is not going to be at Christmas dinner this year because he still needs help with the touching problem he has with kids. I am going to keep the kids safe, and ask Uncle Charlie not to come."

**Truth-telling**

Children need to learn that truth-telling is the rule in the family. Make a game of teaching kids the difference between a truth and a lie. Make sure that the child knows the parent is proud that they told the truth about the sexual abuse even though they may have been told to lie. The parent needs to constantly reassure and support the child in telling the truth about the sexual abuse. Kids may get confused about this activity if they do not know that the parent believes they told the truth. Children may think their parent believes they lied, so they need to learn this game. This activity teaches children discernment and processing skills. For example: "If I told you the grass is purple, is that a truth or a lie?" "If Daddy tells you that keeping secrets is good, is that a truth or a lie?" Kids may get stuck on this one. It is good to help kids know what to do when they do not know the answer to something. If something doesn't sound quite right, or if they do not know if it is a truth or a lie, they will learn to ask the other parent or another adult to help them. Teach kids the difference between a secret that is unhealthy and will hurt someone and a surprise that is temporary and will make the other person happy once it is revealed.

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**Grounding tools that parents can use**

Sometimes emotions are so strong that kids feel as though they are "going crazy." When emotions come on strong and they are with a counselor, the counselor can help them make sense of them. But when this is happening at school or with friends, they will want to learn how to keep their emotions under control. There are tools they can use to calm their mind and body down. These tools are called "grounding tools." Grounding means that they are doing something to make them feel as though they are stable, steady and unshakable. All of these tools will distract their brain from having strong emotions and refocus it on something else.

Here are a few ideas for grounding to use when your child is overwhelmed:

- Place both feet on the floor, look around the room, and describe everything you see. You can talk out loud if you are alone or say it silently in your head if you are with others. This makes your brain focus on what is in front of you at the moment.
- Suck on a lemon. The sour taste helps to take your mind off of the emotions.
- Count backward by threes. Mental math is a good way to make your brain focus on numbers and away from emotions.
- Say the alphabet backwards.
- Name all of the states.

You can continue this list on your own when you are feeling creative. It is good to have things on the list that you think will work for children of all ages and personalities.

**Belly breathing**

Deep breathing can help kids relax or calm down when their emotions are running high or they are feeling anxious. It also is a good way to help kids be in tune with their bodies and how it feels. They can learn to control their bodies and learn how they react to stress.

Belly breathing is taking deep breaths starting from the belly. This is different than taking short breaths from the chest, which most people do. Kids should be able to feel and see their belly move up and down when they master the skill. The chest should remain still while the belly moves up and down.



## TRAUMA-INFORMED PARENTING (TIP) SHEET

Teach kids with this step-by-step method:

1. Take a slow deep breath in from your nose or your mouth and fill your belly with air. Feel and see your belly rise up as you fill it with air.

2. Now very slowly breathe that air out as your belly empties and becomes flat again.

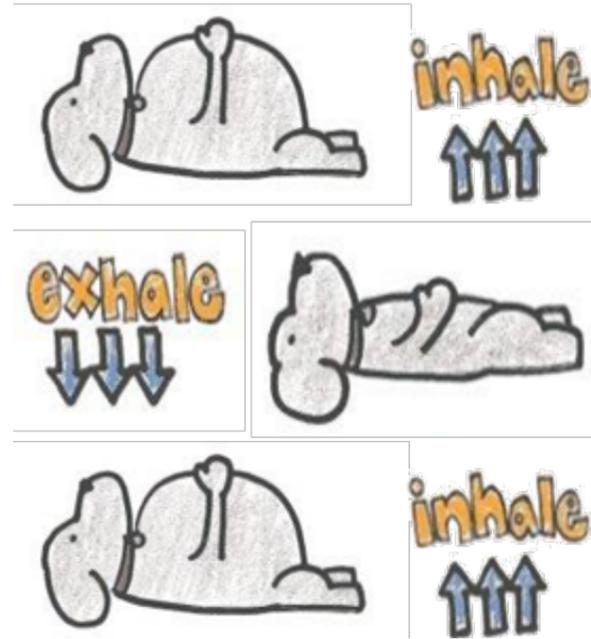
Things to keep in mind:

- Only your belly should be rising and falling.
- As you breathe in, your belly fills with air and goes up.
- As you exhale, or let the air go, your belly falls down.
- Your exhale (or breathing out) should be slower than breathing in.
- Try to think only of your breathing as you inhale and exhale.
- Sometimes saying a word on the inhale and saying another word on the exhale is useful. Kids can choose their own words, but suggest some so that they can get started: inhale = "up" and exhale = "out"; inhale = "breathe"; exhale = "relax." The words might have special meaning to a child. It is ideal if it is a word that helps the child to slow down. The key is to have steady and slow breathing because the goal is to lower one's anxiety.

### Progressive Muscle Relaxation

Progressive Muscle Relaxation, or PMR, is a common relaxation technique that has been around for decades. The exercise below is designed to help kids relax when they feel tense or sore. The goal of the exercise is to relax all of your muscles from head to toe. That is hard to do, but PMR makes it a little easier. In PMR, you pick out certain muscles to tense up and then relax. You can start by tensing up your whole body just to practice.

1. Pretend to be a stiff robot whose muscles are stiff and tense. Hold it, hold it, hold it.
2. OK ... now pretend to be a limp stuffed animal.
3. Do it again...ROBOT ... hold it ... stiff, stiff, stiff...
4. Now be a limp STUFFIE ... relax ... flop over... go limp.
5. Now STIFF ROBOT... hold it ...
6. STUFFIE
7. Repeat it three or four times until your whole body feels relaxed, even tired.



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## TRAUMA-INFORMED PARENTING (TIP) SHEET: GROUNDING TOOLS CONTINUED

Once you get good at the whole body, try more advanced PMR. Do the same thing where you are a ROBOT then a STUFFIE, but pick a small group of muscles and go from head to toe.

1. Scrunch up your whole face. Tense up those muscles around your eyes and eyebrows and mouth and cheeks. Hold it for five seconds; then relax them for five seconds.
2. Then move down to your chest and tummy and tense those muscle for five seconds and relax it;
3. Then move down to your legs. Tense ... and relax.
4. Continue down to the tip of your toes.

The older the child, the more detailed you can get in terms of muscle groups. You can start with the eyebrows, then the cheeks, then the nose, then the mouth... all the way down to the tips of their toes. Older children like the challenge of the smaller muscle groups.

### Change the channel

Sometimes thinking about something painful or negative can lead to emotions that are both painful and negative. Kids may not be aware that our thoughts control our feelings. If you are having bad feelings, changing your thoughts will in turn change your emotions. Explain to kids that when you have a thought that leads to a negative or hurtful emotion, they can change the channel! Go back to the thought and change it to a more positive thought. For instance:

You are waiting for your mom to pick you up after school, but when you come out of the building she is not there.

You begin to think:

Child: "She forgot me."

That thought makes you feel:

Child: sad, abandoned, lonely, scared.

If you change the channel on that thought and instead you think:

Child: "My mom is late because of traffic."

That thought makes you feel:

Patient, understanding, curious.



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Teach kids that our thoughts control our emotions, and we have the power to change the channel on both.

**Imagine your calm or peaceful place**

Kids can sometimes learn to settle their emotions by imagining themselves in a calm or peaceful place. Have your child draw a place, real or imagined, that is restful and calm. Ask them to first think of it in their minds. Ask a series of questions until they are able to draw it: "What do you see in this calm place? What is surrounding you? What is the temperature in this calm place? Is it warm or hot or cold? What do you smell? What do you feel? Turn yourself around slowly in a full circle, what do you see? As soon as you know how your calm place looks, draw it."

**'Freeze It'**

Sometimes when kids feel extremely worried or anxious, their thoughts and feelings become tangled together, and they are not able to make wise decisions. Often, kids don't know what to do with this out-of-control feeling and they start to act out physically or verbally.

Usually the outburst is bigger than what the current situation calls for. They might start to scream uncontrollably or cry hysterically or even throw things or hurt other kids. Kids will describe this state of being as confused, fuzzy, or crazy in their head. Stopping the tangle between the thoughts and emotions usually requires a refocus of the brain. It is almost as if the brain needs a jolt so that the thoughts and emotions can untangle.

The "Freeze It" skill, for example, involves holding an ice cube in your hand(s) which can get the brain to focus on how cold your hand is and refocus away from the fusion between thoughts and feelings. Strategies like this that can be extremely helpful when trying to deal with emotions that feel out of control.

Clinicians can teach advocates this and other strategies which they in turn can teach parents to use effectively with their children.

Keep in mind also that sometimes feeling the emotions is the healthier thing to do. Kids will not be able to discern whether talking through the emotion is better than transitioning or changing the emotion. Kids will need the help of parents to guide them in this process. As

More information on the "Freeze It" skill and others like it can be found in the following training manuals:

**DBT® Skills Manual for Adolescents**  
<http://tinyurl.com/mssvq96>

**DBT® Skills Training Manual, Second Edition**  
<http://tinyurl.com/l5xnnht>



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a general guide, parents can be taught that it is best if a child can get to the point where they can name the emotion, talk about how it makes them feel, and allow the emotion to ride through them. This process of expressing and feeling the emotion helps the child to know they are capable of feeling, identifying, and living with strong emotions. They come to understand that they can ride the wave of the emotion and be OK. This is a very important lesson. We do not want to teach children that every time they feel a strong emotion they need to freeze it, move it to a peaceful place, or stop it. These techniques are for times when emotions seem overwhelming and nonproductive.

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