



Protecting Children Against Sexual Abuse



**Office of Children
and Family Services**

Andrew M. Cuomo, Governor

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Definition

CHILD SEXUAL ABUSE

Sexual abuse and maltreatment include situations in which the parent, caregiver, or another person legally responsible for a child under 18 years of age, commits or **allows to be committed** any one of the following activities:

- Touching a child's mouth, genitals, buttocks, breasts or other intimate parts for the purpose of gratifying sexual desire; or forcing or encouraging the child to touch the caregiver, or other person legally responsible, in this way for the purpose of gratifying sexual desire.
- Engaging or attempting to engage the child in sexual intercourse or sodomy
- Forcing or encouraging a child to engage in sexual activity with other children or adults.
- Exposing a child to sexual activity or exhibitionism for the purpose of sexual stimulation or gratification of another.
- Permitting a child to engage in sexual activity which is not developmentally appropriate when such activity results in the child suffering emotional impairment.
- Using a child in a sexual performance such as a photograph, play, motion picture or dance regardless of whether the material itself is obscene.

In addition, it is a crime to give indecent material to a child.

Sexual abuse and maltreatment include such criminal offenses as rape, sodomy, other non-consensual sexual conduct, and prostitution.

Sexual Abuse

Good communication between the parent or caregiver and child is the most important step in protecting a child against sexual abuse. While talking with children about *anything* is sometimes challenging for parents and caregivers, talking about child sexual abuse can be even more difficult. This booklet is for caregivers who want a little help in finding the right way to talk about sexual abuse with their children.



Getting Ready

You might feel uncomfortable because you may not know how to begin, or because you feel you do not have the answers to all the questions your child may ask.

You may worry that you could destroy your child's ability to trust adults and share affection, or leave the child thinking that sex is "bad" or "dirty." You may be afraid of confusing or frightening the child by saying the wrong thing.

If you present the information as being a lesson in personal safety (*as when you told your child to walk facing traffic or not to touch a hot stove*), you will realize that the subject can be handled in a straightforward, matter-of-fact way.

How to Start

You can start by teaching your child that his or her body is special and should be protected. Begin as soon as you think your child is old enough to understand, usually at about age three. Start simple and keep it that way. While you should try to use the correct names for body parts, this is not a requirement. Using the correct names will help the child develop a healthy respect for his or her body. If you have trouble doing this, use other names — just start talking!

Do not try to cover everything in one discussion. Talking to your child about sexual abuse and personal safety should be an ongoing process. And, do not make a big thing of these talks. Be casual and informal, and choose a time when the child feels safe and relaxed. For example, talk to the child:

- while the child is playing;
- during a leisurely walk, or while riding in the car, or on a bus;
- while fixing a meal together;
- while watching TV, or
- when discussing events in the newspaper, on the news, or on the Internet;
- in connection with a remark made by the child; or
- while tucking the child into bed at night..



What to Discuss

When you talk is not as important as what is said. Here are the main ideas you should convey:

- You are special and important.
- Your body is your own.
- You have the right to say **"NO!"** if someone wants to touch you in any way that makes you feel uncomfortable, afraid, or confused.
- There are parts of your body that are private. You have the right to say **"NO!"** to anyone who wants to touch your vagina, penis, breasts or buttocks. You have my permission to say **"NO!"** even if that person is an adult, even if it's a grown-up you know.
- Pay attention to your feelings. Trust your feelings about the way people touch you.
- If someone bothers you, I want you to tell me. I promise that I will believe you.
- If someone touches you in a way that does not seem right, it is not your fault.

Children need to know that the safety rules about touching apply all the time and not only with strangers, men or babysitters.

In many cases reported in New York State and nationwide, children are sexually abused by people they know and trust: relatives (*even parents or siblings*), friends of the family, and authority figures (*teachers, youth group leaders, clergy, etc.*). Sexual abuse usually occurs in places where children feel comfortable or safe, at home or in the home of a family friend.

Keep in mind: abusers seldom need to use physical force to get a child to participate in sexual activities. Rather, they take advantage of the child's trust or friendship and use threats to keep the activity a secret. For example, a child may be told that his or her parent or caregiver "will not believe a kid." Other commonly used threats are:

- "If you tell, I will hurt you."
- "I will hurt your mother."
- "I will have to go to jail."
- "The family will break up."

Unfortunately, abusers can use threats successfully because children are taught to believe and obey adults.



Other Rules to Follow

Children learn best when given simple rules to follow.

- Establish a set of family rules about personal safety and repeat them often.
- Include touching rules when you talk about other types of safety.
- Teach children that adults may not always be right.
- Remember that there are differences between what younger children and older children can understand.
- Play the "What If" game (*see next page*).



The “What If” Game

One way to help children protect themselves is to practice responses to potentially dangerous situations. That way, if necessary, the children can react properly and quickly. The “What If” game can make practicing easy and fun. Every time you play, say this to your child, in your own words:

“Your body belongs to you and you have a right to decide how and when anyone can touch you. If somebody tries to touch you in a way that doesn't feel good, or doesn't seem right, say “NO!” It's even OK to shout and yell “NO!” then run away and tell somebody. If the first person doesn't believe you, keep telling people until someone does. Always remember, it's not your fault!”

Here are some “What ifs” to start you off:

1. **What If** something was bothering you and you did not know what to do about it? Who might be able to help you?

Answer: People you trust, such as a parent, caregiver, another relative, neighbor, teacher, school nurse, police officer, or clergy.

2. **What If** someone touched you in a way you did not like and offered you a candy bar, a brand new doll, or something else you really wanted so you would keep a secret?

Answer: Say “NO!” and tell someone.

3. **What If** a stranger offered you a ride in a shiny new car?

Answer: Never accept rides from a stranger.

4. **What If** you did not want to be hugged by a particular adult?

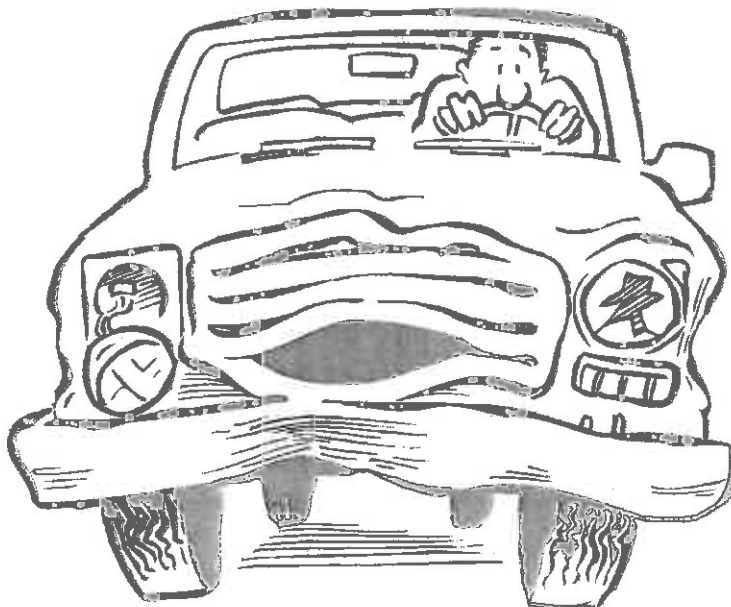
Answer: Say "NO!" to that adult. You may like the person, but you may not want to be hugged at that time.

5. **What If** you got a "bad feeling" or felt "yucky" when a grown up gave you a hug or a big squeeze?

Answer: Tell the person you do not like it. You have the right to decide when you want to be hugged or touched. Trust your feelings about the way people touch you.

6. **What If** someone you do not know comes to take you home from school?

Answer: Never go with a stranger unless the stranger gives you our special code word. *(Select a simple code word and teach it to your child. Make sure the child understands the importance of the word.)*



7. **What If** someone is tickling you and it starts to hurt?

Answer: Tell them to stop. If they will not stop, call for help. If I'm not home at the time, tell me about it later.

8. **What If** Mommy, daddy or a doctor touched the private part of your body?

Answer: There are times when others may need to touch your private parts. For example, mommy or daddy may touch your private parts when they are bathing you; or a doctor may need to touch you during an examination-but, if the touching hurts or bothers you, tell them.

Alternate: Grown-ups do not usually need to touch children in private areas unless it is for health reasons.

9. **What If** the babysitter wanted to touch you under your night clothes?

Answer: No one has the right to put their hand under your clothes, to force you to touch them, to touch your body, or to touch your private body parts.

10. **What If** your uncle (or aunt) wanted you to sit on his (or her) lap and if you do not want to?

Answer: You can say "NO!" to your uncle (or aunt) if, for some reason, you do not want to do it.

You can make up many more "**What ifs**" from your child's own everyday experiences, using familiar names and places.

Discuss only one or two per talk. But be sure to practice regularly so that your child learns to recognize when to say "NO!" and when help is needed. This will increase your child's ability to act quickly and calmly. Emphasize that the child always has a right to say "NO!" Children are safer if they know what to do when they feel threatened.

Just in Case

You cannot prepare children for every single type of situation that can occur. Caregivers must be on guard and observant at all times. Here are some signs that may indicate a child is being sexually abused:

- Unusual sexual knowledge or behavior.
- Any changes in behavior, such as loss of appetite, nightmares, inability to sleep, or withdrawal from usual activities;
- Poor relationships with friends;
- Return to bedwetting or thumb-sucking;
- Genital disease; genital irritation or bleeding; or swelling, pain, itching, cuts or bruises in genital, vaginal or anal areas;
- Difficulty concentrating at school;
- Fear of a person, or an intense dislike of being left somewhere or with someone;
- Pregnancy;
- Aggressive or disruptive behavior, delinquency, running away, or prostitution;
- Self-destructive behavior;

If your child tells you that he or she was touched inappropriately by an adult or that an adult has committed any of the acts listed under the "definition" of child sexual abuse (*see inside front cover*), there are certain things you *must* do:

- Listen and believe your child. Do not deny the problem or blame your child.
- Stay calm! If you get upset or angry, you will frighten the child. Try to talk quietly with the child.
- Tell the child that he or she did nothing wrong. Sexual abuse is the fault of the abuser.

- Tell the child that he or she is safe and will not be harmed.
- Tell your child that he or she did the right thing by telling you.
- Do not confront the alleged perpetrator.
- Call the authorities.

If you believe that your child has been sexually abused by a caregiver, parent, guardian, or relative, or by a day care provider or staff member of a day care program, call:

**New York's Statewide Central Register
of Child Abuse and Maltreatment**

1-800-342-3720

If you believe that the child has been sexually abused by someone who is not any of the types above, or if you don't know who may have sexually abused the child, call your local police or sheriff's department.

If you believe that your child has been abused in a residential facility call:

**New York State Vulnerable Persons'
Central Register (VPCR) Hotline at:**

1-855-373-2122



Other Resources

FOR PARENTS AND CAREGIVERS

Helping Children Affected by Abuse: A Parent's and Teacher's Handbook for Increasing Awareness, by Angelo P. Giardino, M.D. (2007). G.W. Medical Publishing, Inc.

Helping Your Child Recover from Sexual Abuse, by Caren Adams and Jennifer Fay. (1992). University of Washington Press.

A Parent's and Teacher's Handbook on Identifying and Preventing Child Abuse, by James A. Monteleone, M.D. (1998). G.W. Medical Publishing, Inc.

The Safe Child Book: A Commonsense Approach to Protecting Children and Teaching Children to Protect Themselves, by Sherryll Kraizer and Mary Komblum. (1996). Fireside.

FOR CHILDREN

A Better Safe than Sorry Book: A Family Guide for Sexual Assault Prevention, by Sol Gordon and Judith Gordon. (1992). Prometheus Books.

It Happens to Boys Too, by Jane Santullo and Russell Bradway. (1987). Elizabeth Freeman Center.

It's My Body: A Book to Teach Young Children How to Resist Uncomfortable Touch, by Lory Freeman. (1984). Parenting Press, Inc.

My Body Is Private, by Linda Walvoord Girard and Rodney Pate. (1992). Albert Whitman & Co.

No More Secrets for Me, by Oralee Wachter and Jane Aaron. (2002). Little Brown & Company.

Secrets that Hurt: Sexual Abuse Activity Book, by Jim Boulden and Joan Boulden. (1993). Boulden Publishing

Something Happened and I'm Scared to Tell: A Book for Young Victims of Abuse, by Patricia Kehoe and Carol Deach. (1987). Parenting Press, Inc.

FOR ADOLESCENTS

Dear Elizabeth: A Diary, by Helen Swan and Gene Mackey. (1993). KIDSRIGHTS, JIST Publishing.

Everything You Need to Know About Sexual Abuse, by Evan Stark and Marsha Holly. (1995). The Rosen Publishing Group.

Telling, by Marilyn Reynolds. (1996). Morning Glory Press.

Top Secret: Sexual Assault Information for Teenagers Only, by Jennifer Fay and Billy Jo Fierchinger. (1988). ACT for Kids.



*This booklet was updated by the
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Office of Children and Family Services

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Visit our website at:
ocfs.ny.gov

For child care, foster care, and
adoption information, call:
1-800-345-KIDS (5437)

To report child abuse and
maltreatment, call:
1-800-342-3720

New York State Vulnerable Persons'
Central Register (VPCR) Hotline at:
1-855-373-2122

For information on the
Abandoned Infant Protection Act call:
1-866-505-SAFE (7233)

Pursuant to the Americans with Disabilities Act, the New York State Office of Children & Family Services will make this material available in an appropriate format upon request.

ASSESSING SEXUAL BEHAVIORS IN CHILDREN

Review

Factors That Affect Frequency and Types of Sexual Behavior

Developmental level
Family cultural and attitudes
Exposure to sexual acts or material
Level of supervision and guidance
Exposure to violence
Abuse and Neglect
Trauma
Resources

Typical or Developmentally Appropriate Sexual Behavior Birth through Age Six

- Touching genitals in public or private
- Masturbating in public or private
- Showing genitals to others
- Standing/sitting too close
- Trying to look at peers or adults when they are nude
- Behavior is typically easily to redirect
- Increases until school age, then becomes less apparent after age 5
- May begin to show embarrassment
- Younger children may find behavior rewarding because of the attention they receive

**Approx 73%*

Sexuality in Infants and Toddlers

- Males can have erections while in uterus
- Infants touch and rub their genitals because it provides pleasure
- Little girls and boys can experience orgasm from masturbation; although boys will not ejaculate until puberty
- Around age two, children know their gender
- Children aware of differences in the genitals and realize they urinate differently

Sexuality in Children Ages Three to Seven

- Preschoolers may practice urinating in different positions
- Highly affectionate and enjoy hugging other children and adults
- Become more social and imitate sexual behavior such as holding hands or kissing
- Many young children play doctor and look and show their own genitals to each other (curiosity)
- By age 6 or 7, most children become more modest and private about dressing and bathing
- Understand the concept of marriage/living together based on family experience. May role-play having a partner
- School-age children may play sexual games with friends touching each others genitals or masturbating together

Sexuality in Children Ages Eight-12

- Body begins to mature between nine-12 for most youth
- Girls: breast buds/pubic hair
- Boys: development/growth of penis and testicles between 10-11
- Youth more self-conscious about their bodies
- Masturbation increases
- Questions related to sexual intercourse, petting, oral sex, anal sex, homosexuality, rape and incest
- Most youth this age still find the idea of actually having sexual intercourse unpleasant
- Masturbating with same sex friends is common and unrelated to sexual orientation
- Some group dating
- Dance, kiss, pair off and make out

Assessment of Sexual Behavior Problems

- Sexual behavior between children of different developmental or chronological age (typically 4 years)
- Types and Frequency of Sexual behavior that are :
 - *Coercive*
 - *Persistently intrusive*
 - *Injurious*
 - *Frequent*
 - *Sophisticated for age*
- Behavior is not easily redirected
- Causes emotional or physical pain or injury to self or others
- Simulates adults sexual acts

Teaching Safety

- Use appropriate language: teach proper names for all body parts
- Evaluate guidelines for modesty
- Don't force affection. If you are uncomfortable with a youths actions explain the boundary
- Explain what touch is acceptable in different settings
- Control media exposure
- Expect questions. Give reasonable explanations
- Listen to youths responses and reactions

References

Gale J, Thompson RJ, Morgan T, Sack WH. Sexual abuse in young children: its clinical presentation and characteristic patterns. *Child Abuse Negl.* 1988; 12 (2):163-170

Friedrich WN. The clinical use of the child sexual behavior inventory: frequently asked questions. *APSAC Advis.* 1995;8 (1):-20

Johnson TC. *Understanding Children's Sexual behaviors: What's Natural and Healthy.* San Diego, CA: Institute on Violence, Abuse and Trauma; 2007

Kellogg ND: Committee on Child Abuse and Neglect. *Clinical Report-The Evaluation of Sexual Behaviors in Children.* AAP. 2009;124 (3): 1-14



Unique Styles

When evaluating your child care options, think about your child's individual style. Consider how adaptable they are to new people and situations. Ask yourself how they tolerate change, transition, and sensory stimulation such as sights and sounds. Think about your child's activity level and the amount of focused attention and social interaction they need each day. Reflect on how they like to play and communicate their emotions. Think about the type of environment where your child could thrive and keep it in mind as you visit different programs.

Responsive Care

An important aspect of caring for infants and toddlers is responsive care. Because very young children are still learning to communicate, their caregivers should be excellent observers of the children in their care. They must be tuned in to children's cues, cries, gestures, and sounds. When a child expresses a need, responsive caregivers wonder why the behavior is occurring. They then come up with an educated guess and interact with the child: Is she hungry? What's her mood? Is a crying baby tired? Hungry? What's her mood? Frustrated?

Responsive caregivers use their knowledge of a child's individual style and what they have learned about their behaviors to provide individualized care. This can include feeding infants on demand (rather than on a set schedule), putting children down for a nap when they show they are tired, and providing quiet play time or active stimulation for each child throughout the day.

WHO WE ARE

Child Care Aware® of America is our nation's leading voice for child care. We advance a child care system that effectively serves all children's growth, development and educational advancement and creates positive economic impact for families and communities.

To learn more about our mission, visit childcareaware.org



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Selecting the Right Child Care Setting for Your Infant or Toddler



How do you know if a child care program is a good fit for your infant or toddler? The right provider will be one who can keep your child healthy and safe while working to support their learning and development every day. This publication will provide you with information and tips on how to select high-quality child care for your infant or toddler.

Brain Development Begins at Birth!

A child's brain goes through a period of rapid growth and development from birth to age three. Their brains make millions of connections every second! The experiences that a child has during this time and the relationships they form can change the way their brain looks and works. Positive experiences and relationships with caring, trusted adults set the stage for future learning and development while also helping children to feel safe and secure as they grow. Parents are their child's first and most important teacher, and early childhood professionals in child care programs play a big role as well. Caregivers in quality child care programs understand that infants' and toddlers' brains are growing quickly. They have knowledge and training on how to provide stimulation and learning experiences that support skill development from the earliest months into the preschool years.

Finding the Right Fit

Every child is different, and there is no one-size-fits-all approach to caring for an infant or toddler. You know your child best, and it is important to use this knowledge when evaluating child care options. Look for a child care program that will support and value your child's style while also providing responsive care to each child.



childcareaware.org | 1-800-424-2246





Quality care also includes responsiveness to each child's development. Children grow and learn at different rates, so caregivers must think about children's unique abilities, skills, and interests. Responsive caregivers meet each child's current developmental needs while also encouraging continued learning and growth. They know that very young children are learning to manage their emotions and develop social skills. They understand that some challenging behaviors (like testing boundaries or crying when tired or overwhelmed) are normal and require sensitivity and guidance rather than punishment.

Questions for Potential Caregivers

Be sure to take a tour before selecting a child care program. Below are some of the important considerations that are specific to infants and toddlers. You can also find a full checklist for your visit at www.childcareaware.org.

Feeding and Diapering

- Are infants fed on demand?
- Is breast milk stored appropriately?
- Is there a place where mothers can comfortably breastfeed their child?
- How are new foods introduced to older babies/toddlers?
- Do caregivers always keep a hand on the child while diapering?
- Do caregivers clean and sanitize the diaper changing surface after every change? Do they wash their hands for at least 20 seconds afterward?

Safe Sleep Practices

- Are all infants put to sleep on their backs?
- Do the infant sleep spaces consist of a firm sleep surface, such as a mattress in a crib, covered by a fitted sheet with no other bedding? Are the infant sleep spaces kept free of soft objects, toys, crib bumpers, and loose bedding?
- Are all child care staff, volunteers, and substitutes trained on safe sleep practices to reduce the risk of Sudden Infant Death Syndrome (SIDS)? Are those practices posted in the infant sleeping area as a reminder to all staff, volunteers, and substitutes?
- Do all infants have their own designated sleep space that is the same every day?
- During rest time, can staff see and hear infants and toddlers at all times? Do they regularly check on infants and toddlers when they are sleeping?
- If infants can roll over, is a sign posted by their bed indicating that the child can roll?
- What measures are taken to prevent babies' second- and third-hand smoke exposure? Any smoke exposure can increase the risk of SIDS.

Safety and Supervision

- Are caregivers trained in infant CPR, and is their certification current?
- Are infants and toddlers within sight and sound at all times?
- Are outlets covered/protected?
- Does the program follow best practices regarding ratio and group size?
 - For a child care center:
 - 0-12 months: 3-4 children per caregiver, max group size of 8 children
 - 13-23 months: 4 children per caregiver, max group size of 8 children
 - 2-year-olds: 4-6 children per caregiver, max group size of 12 children

For a small family child care home with one caregiver present:

- There are no more than 2 children under age 2 present at one time.
- If there are 2 children under age 2 present, there are no more children enrolled.
- If there is 1 child under age 2 present, there may be 1-3 children ages 2 and older enrolled.
- If there are 0 children under age 2 present, there may be 1-6 children ages 2 and older enrolled.

Positive Interactions

- Do caregivers have frequent, positive back-and-forth interactions with each child, even babies?
- Do they notice children's interests? Do they stretch children's learning by talking with them and asking questions about what they are thinking or doing during play?
- Do caregivers get down to children's level to talk and listen?
- Do they give guidance and comfort as needed when children display difficult behaviors?

Environment and Activities

- Are the toys and materials clean and appropriate for the ages of the children?
- Are there enough toys and materials for the number of children?
- Are the infants and toddlers given lots of opportunities to explore toys and materials on their own, with a caregiver available for support or encouragement?
- Are infants and toddlers provided time each day to explore in an interesting outdoor play space when the weather is appropriate?



Finding the right child care program for your infant or toddler is a big task. Contact your local Child Care Resource & Referral agency (CCR&R) for a list of programs in your area, and use the information in this publication and other tools that your state offers (like inspection reports) to help you make your child care choice. Visit www.childcareaware.org to find your local CCR&R and to access information for your child care search.