

PATHWAY TO HOPE: HEALING CHILD SEXUAL ABUSE

VIDEO GUIDEBOOK



Tribal Law & Policy Institute

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“When we can heal ourselves, we also heal our ancestors, our grandmothers, our grandfathers and our children. When we heal ourselves, we heal Mother Earth.”

*Rita Pitka Blumenstein
Yup'ik Great Grandmother*

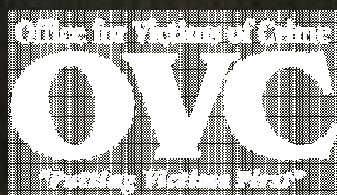




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First Training of Facilitators Session - October 2007



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Forward

The *Pathway To Hope* video is a resource for Native people to use to strengthen tribal community responses to child victimization and to support community healing from historical and intergenerational impacts of child sexual abuse. Our goal is to have the video used as an educational resource for Native communities and to have it presented by individuals who have skills and knowledge that will facilitate discussion and assist Native victims in their healing journey.

This video guidebook is a companion to the “**Pathway to Hope**” video. It focuses on the process of healing from sexual abuse through a holistic community perspective. While treatment and healing that focuses directly on the individual survivor of child sexual abuse may be helpful in reducing symptoms like anxiety or depression, this approach fails to acknowledge the importance of relationships in Native communities and families. In Tribal communities and villages, pain can be more complex and felt by many, so that the impact of child sexual abuse on the individual is greater because of the way that people relate to each another. Therefore, holistic healing for the survivor of child sexual abuse often occurs in the larger context of the community.

This guidebook does not hold all the answers. In fact, in many ways, it asks more questions than it answers. This was done intentionally; with the respect and understanding that each community has its own unique history, strengths and challenges. Many of the answers, therefore, can come only from the individuals in each community, and not from any outside provider or trainer. While many issues that may be helpful to discuss relating to child sexual abuse are identified in this resource document, these may not be all the issues that need to be addressed. Each community will decide this for themselves.

Where to Turn for Additional Support

If you have come across this video and video guidebook without the benefit of having attended the “training of community facilitator” session, please contact Project Coordinator Diane Payne at the Tribal Law and Policy Institute, 2221 East Northern Lights Blvd., Suite 200, Anchorage, Alaska, 99508, telephone 907-770-1950, fax 907-770-1951, or email diane@tlpi.org ; or the writer, Kimber Evensen at Changing Tides Child and Family Enrichment Center, 1044 East End Road, Suite C, Homer, Alaska 99603, telephone 907-253-1264, or email changingtidesalaska@gmail.com for information about how to obtain phone consultation, a specially tailored “training of community facilitator session”, or a community presentation in your village.



Acknowledgements

Thank you to Diane Benson, Sarah Deer, Mona Evan, Lynn Hootch, Diane Payne, Nancy Radtke, Leona Schick, and Al Stevens for your support and contributions to this video guidebook. - Kimber Evensen, LCSW, Consultant



We are grateful for the vision and dedication to the healing of Native child sexual abuse victims of the video project advisory committee members Eleanor David, Lynn Hootch, Priscilla Kameroff, Al Stevens, Diane E. Benson and Richard Martin to the development of the vision and concept for the Pathways to Hope: Healing Child Sexual Abuse video and this guidebook. These Alaska Native people not only envisioned the tools to end silence for child victims, but also directed us in the development of these resources to assist in the restoration of wellness to their tribal communities. We are also thankful for the healing energy and expertise provided by Kimber Evensen, who joined our efforts later to write this Guidebook. We know that each one will continue in sharing their healing energy to change the lives of Native children and adults as they move along their healing paths. - Diane Payne, Children's Justice Specialist, Tribal Law & Policy Institute

Thank you to the Office for Victims of Crime for the opportunity and the support to develop this important resource for Alaska Native child victims.



Getting Started





How To Use The Video And Video Guidebook

The Pathway to Hope video and this guidebook are meant to be used in community settings only after a community provider has attended a “training of community facilitators” session. During this training, the community provider will be taught how to use the video and guide as well as how to access additional services and assistance, on-going support and on-line resources. Trainees will also be encouraged to create networks of support for themselves and for the community *prior* to beginning the process described in this guide.

Child sexual abuse is a very difficult subject and can bring up thoughts and feelings that you may not have been aware of previously. The contents of this video and video guide may be disturbing. It is important to inform your audience that a strong reaction is common when viewing a video about child sexual abuse. Before showing the video, be sure you have counselors and victim advocates available to help survivors. There may be people who respond with intense feelings, threaten to harm themselves or someone else, or begin to use negative coping skills (drinking, using drugs, other forms of self-harm) to deal with the feelings that it brings up. If this occurs, please seek assistance from your local mental health providers, behavioral health aides or rural human service providers. The “training of community facilitator” staff or the Tribal Law and Policy Institute may be able to refer you to other helpful resources.

It is highly recommended that you watch the video, attend the specialized training, and read through this resource guidebook completely before presenting the material to your community or group. Even if you have attended the “training of community facilitator” session, it is a good idea to review the materials again before presenting them to a group.



Identifying Community Readiness

Before showing this video in your community it is important to determine whether the community is ready to view it, and, if not, what steps can be taken to assist with readiness. The first section of the video and the guide may be helpful in identifying positive resources, community strengths, providers who can be available to help, traditional values and other important considerations. It would be natural to need to spend significant time focusing on this initial step before moving on to the other sections of the video or guide.

Trust and confidentiality must also be addressed before a community can move into discussing sexual abuse in a safe and helpful manner. Be sure to allow the time needed to strengthen community ties and open lines of communication before getting into deeper issues like sexual abuse. Don't worry if it seems to be taking too long; it is better to do this right and have a lasting impact than to move too quickly and leave people hurting and afraid.

The Importance Of Culture

Including cultural activities and traditional healing methods honors a way of relating with one another that has sustained and promoted wellness among Native people for centuries. We have found that traditional answers to problems successfully address the needs of youth and adults who are suffering family and personal trauma. Research tells us that many Native youth who go to residential treatment facilities that are based on non-Native value systems tend to fare **worse**, not better, following treatment (Morrissette, 1991). This data, in addition to the continued prejudice and institutional racism which remain a part of society today, make it clear that the cultural identity and self-worth as a Native person must be addressed along with issues related specifically to sexual abuse.

Stopping/Discussion Points

There are several points in the video which can serve as natural stopping points. It is highly recommended that you stop at each of these points and have a community or group discussion about the topics that the video has introduced. It is important to move slowly through this difficult material. Stopping to have group discussions at each point will allow the community to determine the need for additional readiness activities, as well as establish community strengths and resources before moving on to the more sexual abuse specific content of the video. This may mean that you move through the video and video guide over a period of several days, months, or even years depending upon your unique situation.



Preparing To Be A Trainer

Preparing to be a trainer who brings this video and video guide into your own community can be overwhelming and exciting. Self reflection, personal healing, and support are all important aspects of preparation. The following are things you may experience and points to ponder as you begin your journey.

- Learn how you deal with stress, conflict, and trauma.
- Identify your own personal support system including family, friends, traditional healers, and professional support.
- Discover how helping others can trigger your own historical, generational, or personal trauma experiences, and what to do about it.
- Understand what Compassion Fatigue is and how to prevent and treat it.
- Participate in talking circles, team building exercises, and other experiential exercises.
- Think about how you personally or others you love have been affected by child sexual abuse.
- Learn about on-line, regional, state-wide and national resources, books, and learning opportunities.
- Meet the staff who can provide on-going and follow-up support to you as you bring this information to your community.



How Child Sexual Abuse Affects Us

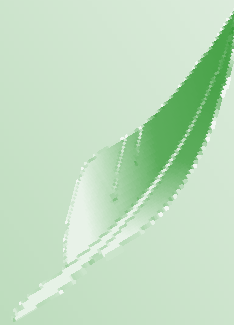
If you or someone you love is a survivor of child sexual abuse, you may experience many confusing feelings as you watch this video or read the video guide. The feelings may include anger, despair, loneliness, fear, or arousal.

Even if you are not a survivor of child abuse yourself, the sexual abuse of children is something that is common enough that most of us know someone in our own families or circle of friends who has been affected by it. When you have had your own experiences of trauma, and you work in the field of victim services, it can be hard to stay objective and healthy.

If you are having powerful angry, depressed, or anxious feelings, please seek your own support or counseling so that you too can move through this painful experience and heal. The trainers of this program have set up special provisions to address feeling that may come up, so please share your experience with one of them and they can direct you to further resources.

What Can I Do If I Am Having Overwhelming Feelings?

- Focus on something other than the trauma
- Touch or hold a comforting physical object (rock, feather, blanket)
- Talk to someone as soon as you can
- Don't hide away from others, instead seek their support
- Avoid alcohol and drugs
- Talk about your feelings
- Do something you like
- Do something relaxing
- Know that you are not alone
- Call your counselor or a good friend



Understanding How You Deal With Stress And Conflict

Working in the field of child sexual abuse can have similarities to being a survivor of sexual abuse. It is often isolating work that other people do not understand and do not want to think about or have to deal with. It is often done behind closed doors, with only one other person or a small group of people present.

Some providers who work in the sexual abuse field can become isolated because they must maintain confidentiality, and therefore cannot talk to others about what they have seen and heard. They can also keep themselves isolated as they deal with their own strong feelings related to abuse that can make them feel angry, depressed, fearful, and hopeless. They may feel different from others who have jobs that they do not take home with them at night. They may be confused about the role they have at work and how that affects the other roles they hold in the community. Other community members sometimes don't understand issues of confidentiality, or when to talk about work and when to allow providers to relax after hours. Sometimes community members become angry at providers.

Providers may deal with their own feelings by numbing out through the use of alcohol and drugs, withdrawing from friends and family, or believing that theirs is the only truly important job there is. Other providers seem to not be able to get away from the subject, and talk about abuse at inappropriate times and are unable to laugh or enjoy life.

Understanding how you personally deal with stress and conflict will help you to prepare for this difficult work. This training program will provide you with a number of opportunities to begin to build a network of support, reflect on your own past, and enhance your own inner resources and strengths.

If you begin to feel overwhelmed, connect with others in the training, seek the advice of a trainer, ask for a referral for counseling, or check into some of the resources in the back of this guide. You do not have to be alone with your feelings. Others are prepared to help you navigate this difficult journey and will be available to support you along the way.



Understanding Compassion Fatigue

Working with survivors of trauma changes a person forever. You cannot look at the damage that people do to one another and be unchanged. Feelings and beliefs about safety, spirituality, personal power, and the ability to control your own emotions can be impacted by working with trauma survivors (Saakvitne & Pearlman, 1996).

Compassion fatigue occurs gradually. It is not a single event, but an accumulative process. It is also similar to vicarious trauma or secondary trauma. Compassion fatigue, vicarious trauma or secondary trauma is trauma that is experienced through another person, rather than first hand. It can occur by listening to another person's trauma stories or by watching others struggle as they grieve, rage and heal from their own trauma. A provider working with victim services can begin to experience symptoms similar to the people that they are working with. Providers may have nightmares, difficulty feeling close to or being intimate with their partners, fear for their children's safety, difficulty trusting self or others, problems with substance abuse, depression, or anger. These are all normal reactions to the difficult job of working with people who have been hurt by others (Stamm, 1999).

Providers are more likely to be impacted if they have their own history of abuse, or if they are going through other difficulties in their own lives. Providers with strong support systems, hobbies or interests, and roles outside of their work are less likely to be impacted. However, all providers who are skilled at their job and who care about others will experience some degree of compassion fatigue. Compassion fatigue is different from burnout. Unlike burnout, compassion fatigue does not end when a person leaves their job (Figley, 2002).

Human service providers need to be supported even as they are supporting others. Behavioral or mental health staffs are often helpful in this capacity. Training about compassion fatigue, regular consultation sessions, and individual therapy for the service provider are all important to consider.

There are ways to help prevent compassion fatigue, and ways to address and treat it as well. One of the most important aspects of addressing compassion fatigue in the village is recognizing how village life is different from urban life.

Because of the intimate relationships between community members, it is essentially impossible for *anyone* in the village to escape the experience of compassion fatigue. In urban settings, only first responders regularly experience compassion fatigue. In villages, everyone is affected when any one person is hurt.

In villages, most people are related, either through blood, marriage, or familiarity, such as depending upon one another and sharing deep and intimate histories with one another.

Human service providers have many roles in the village, both personal and professional, so that compassion fatigue becomes more complex and has more of an impact than it would in a larger setting.

Unresolved abuse issues, especially when the provider or the provider's family member has been abused, when the abuser has had no consequences for abusing, or when the victim and abuser have constant daily contact, can impact the provider's ability to work well with others who have sexual abuse or offender issues. When the person who has abused is also an Elder, community service provider, leader or other trusted person, the difficulties can become even more complex.

Boundary issues are difficult in villages where the line between personal and work time is blurred. You see clients at the store, at the neighbors, in your own home. It's hard to set limits with your own family and friends. And family and friends often don't understand boundary issues, and may become upset or angry with you.

Professional training, consultation, and regular support and debriefing are difficult to obtain in the village setting, and even when you can access these services, many times the people providing the service do not understand the nature of village services and village life.

Living in a small community can make compassion fatigue more common, more complex, and more difficult to deal with, but there are many ways that the village can be supportive in addressing compassion fatigue as well.

Knowing one another well, caring deeply for one another, putting the wellness of the village first, and a willingness to address tough issues will help in combating compassion fatigue. These are things that the urban world often doesn't experience and frequently cannot understand. But, they can be the glue that hold your community together and allows individuals heal.

If you are interested in additional resources for understanding and dealing with compassion fatigue, consider these options:

- ◆ Treating Compassion Fatigue, edited by Charles R. Figley, 2002
- ◆ Secondary Traumatic Stress, edited by B. Hudnall Stamm, 1999
- ◆ Transforming the Pain, a Workbook on Vicarious Traumatization, by Saakvitne, Pearlman, & Staff of TSVCAAP, 1996.



Symptoms Of Compassion Fatigue

Cognitive Symptoms:

- Difficulty with concentration
- Decreased self esteem
- Not caring about things
- Being overly rigid
- Feeling disoriented
- Perfectionism
- Minimizing things that are important
- Preoccupation with trauma
- Thoughts of self harm or harming others
- Feeling cynical
- Reoccurring thoughts of another's trauma experience
- Revenge fantasies

Somatic/Body Symptoms:

- Shock
- Sweating
- Rapid heartbeat
- Breathing problems
- Aches and pains
- Dizziness
- Increased number or intensity of medical problems
- Impaired immune system

Spiritual Symptoms:

- Questioning the meaning of life
- Loss of purpose
- Lack of self satisfaction
- Pervasive hopelessness
- Anger at God
- Questioning prior religious beliefs
- Loss of faith in a higher power
- Greater skepticism about spirituality/religion



Behavioral Symptoms:

- Being overly aware of things around you
- Exaggerated startle response
- Accident prone
- Losing things
- No time or energy for yourself
- Disconnection from loved ones
- Withdrawal from others
- Increased sensitivity to violence
- Feelings of despair and hopelessness
- Being impatient with self or others
- Being intolerant with self or others
- Irritable
- Regressive behaviors (acting younger than you are)
- Sleep disturbances
- Nightmares
- Appetite changes



Emotional Symptoms:

- Feeling like you're on an emotional roller coaster
- Overly tired or exhausted
- Overly sensitive
- Feelings of vulnerability
- Extreme sense of helplessness
- Exaggerated sense of control
- Constant suspicion of other's motives
- Loss of sense of personal control
- Chronic bitterness
- Alienation from others
- Helplessness
- Anxiety
- Powerlessness
- Guilt
- Anger/rage
- Shutdown
- Numbness
- Fear
- Sadness
- Depression
- Loss of humor and warmth



Compassion Fatigue And Its Impact

Impact on Personal Relationships:

- Decreased interest in intimacy or sex
- Mistrust
- Overprotective as a parent
- Anger or blame at people who are not to blame
- Being intolerant of others
- Loneliness and withdrawal
- Increased conflicts
- Tendency to talk about sexual abuse (or other client trauma) all the time
- See all clients (or people) as potential victims or potential perpetrators

Impact on work performance:

- Low morale
- Feeling emotional or overwhelmed when with a client
- Avoiding tasks
- Poor boundaries with clients
- Not caring
- Negativity
- Staff conflicts
- Calling in sick
- Feeling exhausted
- Irritability
- Withdrawal from colleagues
- Feelings of incompetence
- Second guessing and gossiping if staff members have been victims themselves



Compassion Fatigue Prevention & Treatment

Prevention in the workplace:

- Recognize this as an occupational hazard
- Limit exposure to trauma material
- Balance your work load
- Focus your empathy on the strengths and resources of the survivor rather than on their challenges or limitations
- Set and maintain clear limits
- Develop a variety of professional skills
- Build a network of professional connections
- Create a safe, private work space
- Get support for continuing education

Personal Strategies:

- Take time to laugh, have fun, socialize
- Seek spiritual care
- Consider personal counseling
- Take breaks from trauma work
- Develop hobbies, sports, and creative interests
- Develop restful, meditative activities (yoga, music, reading, walking, berry picking, fishing)
- Create supportive relationships and roles for yourself outside of work
- Guard against addictive behaviors
- Be restful, fit, and eat well
- Connect with community, friends
- Set clear boundaries between home and work (use clothing, or rituals to mark change from work to leisure or home)



Positive Self Care Ideas

- Get a massage
- Provide a fun community service
- Bake
- Attend workshops
- Go running
- Go fishing or hunting
- Take long baths with candles and bubbles
- Eat slowly and purposefully
- Read for pleasure
- Go biking
- Hike
- Write in a journal
- Talk with friends
- Go berry picking
- Connect with family
- Sing
- Take long showers
- Seek spiritual support



Identifying Community Readiness To End Silence About Child Sexual Abuse

Stop the video at the scene in which the airplane is landing on the landing strip. Topics or points to discuss include the following as well as anything specific to your community's needs.

- What are our unique strengths and resources?
- What are our unique challenges or needs?
- What are our core community values?
- How do we value the safety of children?
- What is the importance of involving/including Elders & recognizing them as experts?
- What are the traditional healing methods in our community?
- What are the barriers to trust in our community? How can we resolve them?
- Is confidentiality respected or practiced? If not, how can we get better at honoring confidentiality?
- Consider a Community Readiness Survey or other means of identifying readiness to discuss child sexual abuse.
- What are our unique Stages of Breaking the Silence?
- What will it take to end child sexual abuse in our community?
- What will an effective community response to child sexual abuse look like in our community?
- How can we keep going when we get discouraged?



See Exercise C



What Are Your Core Community Values?

Dealing with sexual abuse in a small village is a difficult task. Using your core community values to build upon your unique strengths and resources will help in the development of trust, creation of a working team of individuals, and aid in the healing of survivors, offenders, and all community members.

Think about the core community values that have sustained the village members in other difficult times. Talk to Elders and community leaders to learn about the values that enabled the strengths and courage that has helped people to live successfully for thousands of years. Elders have told us that we need to know the stories of our past to know where we are going. This understanding helps us to understand where we are today and how we can get through the darkness of child abuse into tomorrow. Naming the hurt, listening to one another, and developing strategies for healing *are* core community values. These values will hold the community together while dealing with very difficult circumstances.

How Do We Value The Safety Of Children?

What are the specific steps that people in your community have taken to ensure the safety of children? How do you tell children that they are important and valued members of your community? Do children in the village feel safe? Who do they go to if they are hurt or scared? What messages do we send children about their personal safety? When a child is abused, are they listened to, respected, and protected? Are they blamed, ignored, or removed from their family? Do children have a place to go if they are scared or alone? Do children have fun, safe activities to enjoy? Are children encouraged to get help when they need it? Do we model healthy, happy lifestyles for children to follow? Do we get our own help when we need it?





The Importance Of Involving Elders

Dealing with an issue as difficult as sexual abuse and community healing takes the support of many. Utilizing cultural practices will help to bring people in, to increase the understanding of what you are attempting to do, and will draw on the resources of people who understand about traditional healing in different ways. Elders may be able to share information about how and when sexual abuse began in the community or about practices for dealing with sexual abuse in the past. Elders may also have suggestions related to healing. Their ideas about healing may be balanced and include physical, mental, emotional, and spiritual components. Elders hold knowledge that may not be known or understood by others. They will be important allies in the healing process, particularly if things become difficult or people begin to take sides.

If there are Elders in your community who have also been suspected or known child abusers, your community group may want to discuss how to handle this difficult situation. Get support from your core team, your trainers, or other providers if needed.

Utilizing Traditional Healing

Using methods of healing that are specific to tradition, culture, and geographic area often help individuals feel more comfortable with the service you are providing. Studies show that people are more likely to participate, less likely to drop out of services, and more likely to truly heal with long term results if culturally specific methods are used in the healing process.



What Are the Barriers To Trust In The Community? How Can They Be Resolved?

This step of the process will be uniquely different for each community. You will participate in exercises in the “training of community facilitators” session that will address this issue, but it is likely that the hard work will be done in your village after your return.

Some communities have more difficulty with trust than others, but trust is a difficult issue to face in any community. Trust related to maintaining the confidentiality of abuse survivors or perpetrators, holding the feelings and expressions of others without gossiping or assisting in another’s healing process are even more difficult to deal with. Sometimes it helps to start the community healing process by addressing the issue of trust and doing any work that is needed in that area before addressing more difficult issues.

Confidentiality May Not Be Respected Or Practiced... How Can We Get Better?

Confidentiality is the privacy that is granted an individual or individuals when they are sharing personal information with a provider or with someone they trust. It is the understanding that their private information will not be shared with others. Confidentiality that has been broken is often one of the reasons that people have a difficult time trusting one another. Addressing confidentiality and how it will be handled, how it has been handled in the past, and honest discussion of anything that could have been done better, will help to heal old hurts and begin the healing process before ever talking about sexual abuse.



Community Readiness Surveys

As you have begun to participate in this training, and even before you came, you probably had some idea about how ready your particular community is to address the issue of sexual abuse. Although you may be surprised with the response that you get upon your return home and attempt to introduce this subject to others, you probably have a fair read on how the community as a whole will respond.

This training is aimed at addressing sexual abuse in much the same way that you might introduce it to your community; in stages. Some communities, such as those that already have established child advocacy centers or other child abuse prevention programs, could be at a different stage of readiness than others.

There are formal community readiness surveys that can be conducted in the community to determine what formal “stage of readiness” the village is in. On the other hand, paper and pencil assessment tools can sometimes be invasive or intimidating. By starting with the information and discussion points that might be less threatening (such as those at the beginning of this guide), you will be able to assess the readiness of your village.



What Are Our Unique Stages Of Breaking The Silence?

It is important to determine what issues your community needs to address before even beginning to talk seriously about sexual abuse. By doing this you will be starting the process of breaking the silence. Although it might be frustrating, and it may take years (or even generations) to break the patterns of sexual abuse, keep hoping for the best, and reaching out to others who can provide the support and resources you need on this journey. We must remember that this problem took generations to come to this point. Remembering this can help you be patient with the process of healing.

One of the ways to help people feel part of the healing process is to call a community meeting and ask for input about this very question. Community members will have different ideas about what the stages of breaking the silence will be and it may be a good place to generate discussion and begin talking to one another. Consider an event or ceremony at which your community can declare an end to silence.

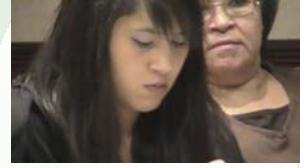
What Will It Take To End Child Sexual Abuse In Our Community?

Talking about how to end child sexual abuse in your community is an important step. Community members may have lots to say but be afraid or ashamed to come into a community setting to say it. Think about different ways that you could invite the participation and voices of many different people in the community. As you begin to talk about sexual abuse the problems and solutions will become clearer. Each community is different and healing can take place in many different ways. It can be helpful to look at or talk with other communities who have gone through this process but don't get stuck in believing that you have to do it the same way that another community did.

How Can We Keep Going When We Get Discouraged?

Understanding that sexual abuse can continue to happen when there is secrecy and isolation may help people to take the risk of addressing sexual abuse out loud. It will be important to gather community members together to address this issue and to discuss right from the start how you will handle it if things get tough (which they likely will). Know that asking for support or help is a sign of strength and wellness. Be sure that you keep in contact with the “Training of Community Facilitators” (where you learned how to use this Guide and the video) speakers, look for your support within the community and agree to support one another. Because different people experience and give support in different ways, it can be helpful to have a discussion about what kind of support you want and what kind you can give to others as you become tired, impatient, angry, or discouraged.





*More pictures from the
First Training of Facilitators Session - October 2007*



Learning Objectives

Getting Started

- Understand the steps that should be taken to prepare to provide a presentation to your tribal community on child sexual abuse
- Provide the trainer an opportunity for self-assessment regarding personal history and how to address stress and trauma
- Identify symptoms of Compassion Fatigue (or secondary trauma) and how to address it
- Recognize where to start in providing presentations and leading discussions on child sexual abuse by understanding the dynamics of community readiness

Part I

- Recognize the impacts of history and oppression in Native communities on the current challenges in addressing child sexual abuse
- Learn the signs and behaviors associated with sexual abuse of children
- Review the legal definitions of child sexual abuse
- Gain an understanding of the dynamics and impact of sexual abuse of children
- Understand the responsibilities of mandatory child abuse reporting

Part II

- Learn how to make it safe for tribal communities to discuss child sexual abuse
- Learn how to provide accurate information to children and adults about child sexual abuse
- Understand the role of tribal policy, law and cultural values in ending silence about child sexual abuse, and learn how to develop community standards to protect and support children
- Learn how to provide a supportive response to child sexual abuse victims, how to help families deal with needs of sexual abused child and how to help the child heal from the abuse



Pathway To Hope: Healing Child Sexual Abuse Video Guide



PART I:

Sexual Abuse of Native Children





Section I: The Impact Of Multigenerational And Historical Trauma

Stop the video when you see/hear “Child Sexual Abuse is a Crime”. Topics or points to discuss include:

- How has Historical or Multigenerational Trauma affected our village?
- Talk about forced acculturation, discrimination.
- Talk about internalized oppression.
- What customs and beliefs are no longer practiced and why?
- What types of trauma have earlier generations experienced? Boarding schools, government relocation of families, children in orphanages and sanitariums, natural disasters such as earthquakes, tsunamis, floods, child abuse, domestic violence, etc.?
- What has resulted from these traumas? Parenting problems, anger, violence, depression, etc.
- How have we already begun to heal?
- What practices, rituals, and beliefs have we begun to re-establish?
- What else do we want to do?
- Who is helping to address this issue and re-establish hope? Community members, providers, elders, clergy, culture-bearers, etc.



How Has Historical Or Multigenerational Trauma Affected Your Community?

Every community has its own unique history. First contact with non-Native people, how the contact was experienced, how the results were dealt with, and how the community has begun the healing process are all unique to the individual community. As trauma histories were passed on through generations, how did the trauma change, increase, or decrease? Looking closely at how people from outside the community historically interacted with the community, whether there was abuse that occurred, and how that abuse was dealt with, can begin the healing process in a way that might be different from simply beginning to address sexual abuse. Sometimes the process of talking about sexual abuse is so shaming that it causes people to shut down, becoming fearful or angry in ways that they cannot express through words. Looking at the origins of trauma, which is responsible for the trauma legacy and how it has been dealt with historically can help people to address sexual abuse in a way that is a bit more removed from the trauma they may have experienced in their own lifetime.

Forced Acculturation, Continued Discrimination

Studies show that non-white ethnic groups experience higher rates of Post Traumatic Stress Disorder (PTSD) which is fueled by a greater exposure to life stresses and to life threatening experiences not related to the actual trauma that eventually causes the PTSD, but which serve as compounding factors (Buie, 1989). It is believed that one of the reasons this occurs is due to the fact that non-white groups are more likely to experience prejudice, lateral violence, threats, hate crimes, and to witness violent crimes. It is also likely that non-white ethnic groups that live in close community settings or who have tight family bonds, are more likely to experience the pain and loss of their community members as they would their own family members. They are more likely to be re-traumatized and re-triggered to remember and re-experience traumatic events as they hear the stories of their loved ones or see their loved ones go through traumatic events. They are more likely, because of close ties and geographic intimacy, to experience vicarious trauma.

The trauma associated with forced acculturation (past and present) and discrimination must, therefore, be addressed as a problem that occurs with and contributes to the problem of child sexual abuse.



Internalized Oppression

In families and in communities where violence has been experienced, some people will begin to take on the roles of the abuser, others the rescuer, and still others the victim. Even if physical violence or sexual abuse is not present, other types of power and control issues can play out. People who have lived in violent situations need to find ways to deal with their pain. If it is not talked about or dealt with through healing processes, it will sometimes be expressed through attempts to control or intimidate others, to stock pile all the resources, or to do very little for one's own self. Part of working through issues of trust and confidentiality, which must be addressed before deeper healing can take place, is talking about internalized oppression and how it plays out in your village.



What Customs And Beliefs Are No Longer Practiced?

How has the loss of our language, our customs, our subsistence practices, and our rituals affected us? How do these losses impact the occurrence of child sexual abuse? What do we want to do now?

Healing can take place in many different ways. Spiritual practices, talking, laughing, singing, writing, dancing, drumming, sweating, and crying are just a few of the ways that people heal. There are many, many others. Discovering what healing methods were traditionally used in your area can allow many choices for healing. While some people will be comfortable with a contemporary counselor who visits the community once a month, another person will be comfortable visiting with an Elder, or going to the ocean to sing their sorrows out. Talking to Elders or others who have knowledge of traditional healing practices is one way to involve them in this healing process, even if they do not want to discuss sexual abuse at all.



How Have We Already Begun To Heal?

Because healing does not necessarily take place when and where we might think, it is certain that your community has already begun to heal. Talk to others to find out what they have done, or who they know who is healing. Spread positive rumors or messages about someone. Think good thoughts. Know that you have already begun to heal.

What Practices, Rituals and Beliefs Have We Begun To Re-Establish? What Else Do We Want To Do?

Native language, dancing, singing, subsistence activities, and other rituals, beliefs and practices, will help you to grow, heal, and connect with one another in the community. Think about what is already happening in your community, and what else you would like to see happen. Talk to others, make traditional activities inviting and honored, and begin to learn more about yourself and your connection to the community through traditional methods. Studies show that individuals are less likely to drop out of treatment if the program is developed in conjunction with their culture's values (Takeuchi et al, 1995).



Who Is Helping To Address This Issue And Re-Establish Hope?

Community leaders who are in the process of healing from childhood abuse are not necessarily those who are paid to work as helpers. They may not be Elders, or elected leaders. There are often people in a community who have a natural talent for helping others, being there for others, or modeling positive healing for others. Think about your community members and how you could honor their skills or ask them to be a part of the community healing process.





Section II - What Is Child Sexual Abuse?

Stop the video as the child is walking by the ocean with music playing in the background. Topics or points to discuss include:

- What is child sexual abuse?
- What is rape?
- What are the state statutes involving sexual abuse?
- What provisions are in your Tribal code?
- What are the warning signs of sexual abuse?
- What are the long term effects?
- Who are the victims of abuse?
- Who are the offenders?
- What is the difference between sexual play and sexual abuse?
- How are sexual abuse and substance abuse linked?
- What should you do if a child is acting out sexually?
- How does sexual abuse affect family members & loved ones?
- What happens when family members take sides?



What Is Child Sexual Abuse?

*(these are not legal definitions**)*

- Most child sexual abuse is criminal but there are also behaviors that “groom” or sexualize a child that may not be considered crimes.
- Child sexual abuse strips a child of his or her right to grow, and fully experience their world.
- Child sexual abuse occurs when an adult or older child touches a younger child, or has that child touch them on the breasts, vagina, or penis. Touching the buttocks or bottom may or may not be considered a crime, but children may feel just as violated by this kind of touching as other kinds.
- Child sexual abuse is also when a person tries to or actually puts any body part or object into a child’s genitals or anus. It also includes putting an adult’s mouth on the child’s genitals or anus, or putting a penis into the child’s mouth.
- Child sexual abuse can include non-physical contact, such as having a child look at an adult or older child’s genitals, pornographic magazines or videos, watching at a child while they are getting undressed, or talking to a child in a sexual manner.
- Child sexual abuse can rob a child of their innocence, make them feel bad about themselves, and fearful of others. It is abuse that hurts a person at a deeply spiritual level. It affects a child’s ability to trust and to believe that he or she is safe in the world.
- Molestation is commonly used to include both touching and penetration.
- Rape is a term used to describe forcible penetration of a child or an adult. In Alaska law this is usually called “sexual assault.” Sexual assault can include both touching and penetration and can apply to children as well as adults.

** It is important for you to become familiar with the law and how prosecutions of child sexual abuse are handled if you will be doing community education.

Alaska State Laws Defining Child Sexual Abuse

*(Alaska Statutes are provided at page **)*

Consent: to agree in words or actions to participate in a sexual behavior. Under Alaska law, a person cannot agree to sexual activity with an adult if they are under 16 years of age, or if they are very intoxicated, mentally impaired or unaware that the sexual activity is taking place.

Sexual Abuse of a Minor: (AS 11.41.434, 11.41.436, 11.41.438, and 11.41.440) Sexual contact or penetration (putting something into the genitals or anus, or oral contact with the genital, or putting a penis into the mouth) of a minor. There are different penalties for victims under 13 and for offenders who are at least 4 years older than a child victim, and for adults in a special relationship with a child, such as parent, guardian, or other person in a position of authority over the child. Depending on the actions, this can be an unclassified felony a class B felony, a class C felony, or a class A misdemeanor.

Incest: (AS 11.41.450) Acts of sexual penetration (genital, anal or oral) between certain blood relatives, including direct ancestors, direct descendants, brothers, sisters, nephews, nieces, aunts, and uncles. Incest is a class C felony.

Unlawful Exploitation of a Minor: (AS 11.41.455) Having a person under the age of 18 engage in sexual activities or creating images or recordings of such activity. This is a class B felony.

Indecent Exposure: (AS 11.41.460) showing one's genitals to another person on purpose. If the victim is under 16 the crime is considered more serious and is a class A misdemeanor; indecent exposure to someone over 16 is a class B misdemeanor.

Disorderly Conduct: (AS 11.61.110) showing one's buttock or anus to another person.

Harassment in the Second Degree: (AS 11.61.120) obscene phone calls, offensive physical contact and distributing nude or sexual pictures of someone.

Endangering the Welfare of a Child: (AS 11.51.100(a) (2). When a parent, guardian, or lawful custodian leaves a child under the age of 16 with another person, who is *not a parent, guardian, or lawful custodian*, knowing that the person is either (1) a registered sex offender or required to be registered in this state or another jurisdiction; (2) has been charged with a sex offense; or (3) has been charged with an attempt, solicitation, or conspiracy to commit a sex offence. This is a felony crime.

Under AS 11.51.100(a) (3) it is a felony for a parent, guardian, or lawful custodian of a child under 16 to leave the child with a person they know to have *previously* physically mistreated or had sexual contact with *any* child *and* that person then causes physical injury or has sexual contact with the child. "Physically mistreated" includes any level of criminal assault, or applying unreasonable force to a child, whether as discipline or not. This section of the law does not require that a person have been *convicted* of physically mistreating or having sexual contact with a child."



Warning Signs Of Child Sexual Abuse

**Note: In some children there are no obvious signs at all*

Primary signs*:

- Sexual knowledge too great for age
- Refusal to leave others alone in the bathroom
- Displays fear or anger about babies or intercourse
- Masturbates or refuses to stay clothed in public, even after many reprimands
- Often plays with feces
- Purposely urinates in places other than the toilet
- Hurts other children
- Aggressive or tearful when demanding privacy
- Tries to undress other people
- Physical contact with an adult bothers the child
- Sexual behavior with other children or with animals
- Desire for self harm
- Self destructive behaviors
- Suicidal or homicidal thoughts
- Bleeding, bruising, or pain in the vaginal or rectal area
- Genital infection or sexually transmitted infection
- Prostituting

Secondary signs*:

- Running away from home
- Trouble sleeping
- Nightmares
- School problems
- Learning difficulties
- Substance abuse
- Crying
- Sudden or unexplainable fears
- Withdrawing or isolating from others
- Lack of interest in activities
- Fears of the dark
- Hyperactivity
- Feeling disoriented, spaced out, unreal
- Looing control
- Memory problems
- Any sudden or dramatic change in behavior
- Extreme nausea, diarrhea, or hemorrhaging
- Bedwetting
- Fearful of hugs or kisses
- Gagging for no apparent reason
- Setting fires
- Torturing animals



Long Term Effects Of Child Sexual Abuse

Child sexual abuse victims may experience...

- Never feeling “good enough”
- Believing that your feelings are not important
- Feeling bad for having needs met or wanting to have your needs met
- Feeling shameful, worthlessness, or bad
- Feeling worthy only if you do everything perfectly
- Self hatred
- Needing to be in control
- Rage and anger
- Isolating from others
- Not knowing what “normal” or “safe” is
- Depression
- Headaches and stomach problems
- Eating disorders
- Sleep problems
- Nightmares
- Acting ‘manipulative’
- Chronic pelvic, rectal or vaginal pain
- Substance abuse
- Suicidal thoughts and feelings
- Taking care of everyone else, but not yourself
- Confusion about gender or sexual orientation
- Problems with relationships
- Feeling uncomfortable or detached from your body
- Abnormally high cortisol levels (stress hormones)
- Decreased immune system
- Decreased functioning of the sympathetic nervous system



- ◆ Child sexual abuse victims are three times more likely to abuse alcohol and drugs than people who have not been abused (Finkelhor & Dziuba-Leatherman, 1994).
- ◆ Child sexual abuse victims use substances to escape their anxiety, memories, and hyper-alert states.
- ◆ Child sexual abuse victims are more likely to have unnecessary surgeries
- ◆ Child sexual abuse victims are more likely to have frequent emergency room visits.
- ◆ Child sexual abuse victims are more likely to have strange aches and pains that seem never to go away.
- ◆ Child sexual abuse victims are more vulnerable to becoming involved with an abusive person as an adult; those who sexually abuse children may seek out partners who are vulnerable and less able to protect their children from physical and/or sexual abuse.

The Child Trauma Academy reports that 21-49% of all child sexual abuse victims appear to be asymptomatic post-abuse. Possible explanations for this include difficulties with the methods used to detect problems, resiliency factors, and other mitigating factors that can make the impact of abuse less severe. Two of the most important mitigating factors are *being believed* and *being protected from further abuse*.

Myths About Child Sexual Abuse

There are many things that that community members may have heard about child sexual abuse, who abuses children, how it happens and how it affects children. It is important to address these myths and misunderstandings as part of the community education process.

Myth: It wasn't abuse unless there was sexual intercourse or force was used

Fact: People who offend sexually use many tricky behaviors to force children into situations they can't control. They use the trust that they build with the child or the child's family to keep the child from telling. Sexual abuse can include touching, with clothes on or off, making sexual jokes or statements, taking sexual photos or having a child watch videos or look at pictures of sex. Sexual abuse rarely includes physical force. Instead, abusers use trickery, bribes, and coercion.

Myth: It only happened once.

Fact: Most people who have abused a child and been caught have abused many other times without being caught. Some people have abused numerous children, and gotten away with it because they are trusted in the community.

Myth: People who abuse sexually have all been abused themselves

Fact: Most victims of sexual abuse never abuse others. Some people who abuse others have their own history of abuse, but not all. Growing up in a home where domestic violence was witnessed, or sexuality was hidden and shameful, or too open are also common environments that abusers come from. Children who have been sexually abused and who are blamed, shamed, or told not to talk about the abuse are more likely to abuse others than a child who was abused but able to talk about it, get help, and heal.



Myth: Young children who are sexually inappropriate will grow out of it

Fact: Some children may stop acting out sexually on their own, but it is impossible to know which ones. Most people who sexually abuse others started abusing in their childhood or teen years. Often there are periods during which they do not abuse anyone, followed by more periods of abusive behaviors. Some children who abuse others have large numbers of victims. It is important to get help for a child who is acting out sexually so that future victims can be avoided.

Myth: Children make up or lie about abuse

Fact: Less than 4% of all reports of child sexual abuse are false. It is far more common for children to remain silent about abuse for a number of reasons. Children tell us what they believe we can hear, tolerate, and do something about. If we educate children about personal safety, and they believe they will be protected, children may trust adults enough to tell about abuse that has happened.

Myth: Sexual abuse damages a person for life

Fact: Healing from sexual abuse begins the moment that a person tells another person about the abuse and is believed. Healing is a process of taking power away from the sexual abuse experience and understanding that it is something that happened to a person, but not something that defines who they are. Healing takes place over time and is an on-going process. Different developmental stages like adolescence, marriage, and child birth may trigger stronger emotions or difficulties and require additional support. Some children who have been abused do not require any help to heal, but many others do.



Myth: Child victims of sexual abuse allow themselves to be abused again

Fact: Children who have been sexually abused are twice as likely to become involved in violent relationships in the future. This is a more complex matter. Perpetrators may target a survivor of child abuse because of his or her vulnerability. Children who have been repeatedly abused by more than one person, are less likely to be believed when they tell. Children who witnessed domestic violence, experienced abandonment, physical abuse, multiple placements, or neglect are more vulnerable to sexual perpetrators.

Myth: Forgiveness must take place in order to heal

Fact: Forgiveness does not mean that a person can ever trust the abuser again, or want to have that person in their life. Forgiving does not have to happen for a person to heal from their abuse, although it is important to some. Forgiveness is harder, maybe even impossible to give when the abuser or others continue to blame the victim or deny the abuse. Forgiveness can mean different things in different stages of a person's life; it may mean initially understanding why the abuse happened, while later it may involve the victim understanding more about themselves or others. Spiritual beliefs may play an important role in discussions around forgiveness. Forgiveness should be something that is done when the person who has been hurt is ready to forgive so that it can be a genuine and healing forgiveness.

Myth: Sexual abuse is a cultural norm in many Alaska Native villages

Fact: Child sexual abuse was never a cultural norm in Native communities. Sexual abuse of children had severe consequences before contact with non-Native people. Abusers were shunned, threatened, isolated, or even banished or killed. After contact with Western society, child trauma and abuse increased, and cultural practices that enforced consequences for child abuse were minimized or dismissed. Eventually, in many villages, talking about trauma was too difficult. As the government forced children to attend boarding schools, parental roles were diminished and parenting skills were lost. Sexual, physical and emotional abuse was rampant in boarding schools, and, without intervention, frequently translated into generational trauma. Before this relatively recent history, children were honored and protected in Native communities.



How The Child Victim Is Affected By Sexual Abuse Can Be Made Better Or Worse By:

- Family loyalties or splits among the family
- Community politics
- Intergenerational issues
- Parental neglect
- Loss of a parent or family member if parent or family member was the abuser
- Self image
- Lack of nurturing parental figure
- World view (how they see the world)
- Sense of trust
- Feeling of betrayal felt by the survivor
- Whether the survivor blames herself or blames the abuser
- Physiological (body) arousal to abuse
- Gender issues
- Further victimization by the system
- Whether the survivor was aware the abuse was coming or it was a surprise
- Whether the abuse happened one time or more than once
- Whether the survivor knew that other kids were being abused at the same time or believed that they were the only one
- Bodily injury or pain experienced
- Witnessed or experienced violence
- Whether one's life was threatened
- Pre-crisis adjustment (temperament, cognitive level, moral development, developmental stage)
- Specific meaning of the abuse to the child
- Age of the child at which the abuse began
- Relationship of perpetrator to the child
- How long the abuse occurred
- Social system available to the child at the time of abuse and also at the time of disclosure

Surviving Child Sexual Abuse

Adapted from The Courage to Heal by Laura Davis and Ellen Bass

Sometimes the very things that help a person survive sexual abuse become problems later in life. It is important to honor the survival skills that helped us get through abusive situations. Once we honor how we survived, we can begin to learn new skills that will be healthier for us as adults.

Rationalizing: When a person who has been abused tries to explain away or excuse the abuse, the attention stays on the abuser. As long as the focus is on the abuser, the person who was abused doesn't have to deal with his or her own feelings about the abuse.

Denying: Pretending the abuse away helps a person protect himself from a more painful truth. Sometimes people will say that the abuse happened, but deny that it bothered them.

Forgetting: Forgetting is one of the most common, most effective ways a child can deal with sexual abuse. Many children are so good at forgetting that they can forget about abuse even as it is happening to them.

Splitting: Splitting is what happens when a person sees things in black and white, good or bad, happy or sad; there is no middle ground. Seeing things in this way allows a child to see their parent as the good father when he is taking care of her and the bad father when he is abusing her.

Creating Chaos: A person who creates chaos forces other people to deal with her problems, even though she might be very skilled at dealing with her own problems. It is a way of getting needed attention and nurturing, and a way of keeping the attention on the present so she doesn't have to think about the past.

Control: When kids grow up feeling like they can't control anything around them one of the ways they might respond when they get older is by being super controlling. That way, they figure, they know what's coming.

Spacing Out: Many children and adults who have been sexually abused can be doing a task without paying any attention to it. Sometimes you can notice a person staring into space, or looking like they are daydreaming. Usually a person does this without even realizing or trying to. The technical term for this is "dissociating".



Hypervigilance: When a person has had to pay close attention to the people around them in order to try to protect himself from physical or sexual abuse, he will often remain super-alert as an adult. He will be aware of sounds and movements that others are not. Sometimes people who do this will be extra sensitive to the needs of others because they are used to having to care for their parent or caregiver.

Humor: Laughter can go a long way in keeping a person from having to deal with sadness. It can also help to keep other people distracted so that they don't have to deal with feelings they aren't ready for yet.

Busyness: Many survivors become workaholics and overachievers, never feeling good enough about what they do. Children will often focus on schoolwork as a means of escape.

Self-harm: Some survivors cut, bruise, or burn themselves. This can be to "let the hurt out" physically, as a way of punishing the self, or a way of feelings something when the person feels numb inside.

Suicide: Suicide and suicide attempts are common when a person can think of no other option to escape the pain. Sometimes people put themselves in risky or life-threatening situations.

Addiction: Alcohol and drug use are very common ways of trying to numb from the feelings related to the abuse. Some studies indicate that the vast majority of people in residential treatment centers for addiction have been sexually abused.

Isolating: When people are afraid that someone might hurt them or get too close, they will pull away from others and isolate. This is also a good defense for keeping a secret about sexual abuse when a person is afraid they might tell if they are around people.

Eating Problems: Sometimes what a person puts into and takes out of their body are the only things they can control or believe they can control. Eating problems also occur when a person wants to change their body shape to avoid being seen in a sexual way.

Lying: When children are tricked into keeping a secret or are afraid that someone might find out about the abuse, they become skilled at lying. Many adults continue to lie out of habit or fear, long after the sexual abuse has ended.

Stealing & Gambling: The adrenaline rush that happens when a person steals or gambles can help them to forget about the abuse, even if it's only for a few minutes.

Avoiding Intimacy: By not trusting anyone, the survivor of sexual abuse insulates themselves from the fear that they will be hurt again.

Compulsively seeking or avoiding sex: Survivors of sexual abuse often confuse sex and closeness, and so they try to get close to others through sex. Sometimes she believes that sex is all she is good for. Other survivors will go to the other extreme, avoiding sex altogether out of fear or disgust.



Who Are The Victims Of Child Sexual Abuse?

Statistically, according to reported data, Native American children are physically and sexually abused at a rate of 21.3 per 1,000 which is second only to Pacific Islander children (ACF, 2003).

National statistics indicate that 1 in 4 girls and 1 in 6 boys are abused before the age of 18. 22% of victims are under the age of eight. Data also shows that the average age when children are sexually abused is nine years old and that generally only 1 in 10 children report abuse.

In Alaska adult Native women are reporting rapes at a rate that is 2.4 times the National average; the overall state rate of child sexual abuse rate is 4 times the National average. Alaska has the highest rate per capita in the nation for sexual abuse of children and adult women.

A child is never responsible for abuse. Nothing a child does causes or encourages sexual abuse, although this excuse or explanation is often used by abusers. The child was simply there and available when the abuser chose to abuse. Abusers often look for children who are vulnerable to abuse because they are from homes or families where they do not get enough care or nurturing, and/or because they are alone, unsupervised, and, in their estimation, unlikely to tell.



Who Abuses?

The abuser is almost always someone the child knows. Abusers can be parents or other relatives, friends, neighbors, doctors, teachers, siblings, and clergy. They can be male or female, homosexual or heterosexual. Anyone can be an abuser. There are no specific signs that can tell you who might abuse, but there are some things you can be aware of.

Risk factors include people who are heavy users of drugs or alcohol, people who have a history of abusing others, people who treat children in a sexual manner, or don't respect children's attempts to say 'no' to touching, kissing, or tickling, or who spend lots of time alone with children. Abusers generally have three deficits in common. They have difficulties in their ability to communicate with others, they do not feel empathy for others, and they do not accept responsibility for their actions. 47% of all sexual assaults are committed by family members. 49% of all child sexual abuse is committed by someone the child or the child's family knows. Stranger abuse occurs in only 4% of all sexual abuse Nation-wide (The Commercial Sexual Exploitation of Children in the U.S., Canada, and Mexico).



The Difference Between Sexual Play And Sexual Abuse

Sexual play is a normal and natural interaction between two or more children of similar age. It involves curiosity, laughter, and embarrassment. It is a spontaneous rather than planned activity.

Sexual abuse is not a normal or natural interaction. It occurs between two or more people who are of significantly different ages or developmental abilities. In the state of Alaska, it is considered sexual abuse if the one of the people engaged in the activity is three or more years older than the other (s). Because there is an age difference, the younger children often feel threatened, powerless, dominated, or controlled, even if there are no spoken threats made. Children may become anxious and fearful. They may not understand why it is wrong, but often feel uncomfortable, nervous, or scared.

Sexual abuse may not seem planned, but the abuser often puts him or herself into a situation where he or she can be alone with children, or in which they have easy access to children. Another common set up is to drink so that they can excuse their behavior, as if the abuse would not have happened if they had not been drinking. Research shows, however, that abusers who abuse children when they are drinking have also abused children when they were not drinking.

When determining whether something that happened was sexual abuse there are several considerations. First, a determination of the power or authority that one person had over the child is considered. The abuser may be bigger, stronger, older, or in a position of power or authority such as a teacher, VPSO, Tribal Council Member, relative, or Health Aide. Second, the type of sexual activity should be taken into account. Sexual play between children which is not from a position of power or control is characterized by giggly, embarrassed looking or touching. Sexual abuse may appear to be play but is different when it is impacted by the power of the person who starts out that way; it also often progresses over time to more intrusive, pushy, or invasive acts that begin to feel scary and out of the victim's control. Because sexual play occurs out of curiosity, it generally stops without any type of intervention. Sexual abuse rarely stops without intervention. It occurs more often and in more forceful or intrusive ways over time. How the child felt during and after the sexual activity is also very important. Sexual play may be a little embarrassing, but sexual abuse feels scary, uncertain, wrong, or just plain yucky.

Abusers often “groom” their victims and the victim’s family by becoming a trusted friend of the family and/or child. He or she will make the child feel “special” and unique by spending time with him or her, buying gifts for the child, or doing things with the child that his or her parents are not able to do. Over time, the abuser will begin to touch or rub the child in non-sexual ways, slowly increasing the child’s comfort level with physical touch by playing on the child’s trust and their special friendship. As the child becomes more and more comfortable and trusting, the abuser will continue to increase the touching, starting first with what seems to be “accidental” touching of the private areas, and moving into more sexual types of touching. The abuser generally becomes increasingly pushy and sexual with the touching, and moves on to other sexual acts.

Other abusers do not “groom” their victim, but are much more quick or pushy with their sexual acts. Rape, also known as sexual assault, is one type of child sexual abuse that rarely involves grooming. Sexual abuse can take many different forms, but no child’s experience should ever be justified or minimized.



How Are Sexual Abuse And Substance Abuse Linked?

There are several ways that sexual abuse and substance abuse are linked. Abusers sometimes offer or force their victims to use alcohol or drugs to make the child more “compliant”, or easily lead into activities that they would not normally agree to. By doing this, they establish a “special” relationship with the child and often make the child believe that he or she is somehow to blame for the abuse because they agreed to use the alcohol or drugs. People who abuse children often choose children who are vulnerable, such as children with special needs like fetal alcohol spectrum disorders, or children who do not have adequate parental supervision. Abusers will purposely befriend parents who have alcohol or drug addictions and drink or use with the parents in order to gain access to their children once they are too intoxicated to notice, stop the abuse, or be aware of subtle grooming. Sometimes parents knowingly allow a person to have sexual contact with their child in exchange for drugs.

People who have been abused will often turn to alcohol or drugs after the abuse to help them forget the painful memories of abuse or to deal with the feelings of self-hatred, fear, anxiety, or depression. Sometimes the victim uses alcohol or drugs to forget the feelings of disgust that come after the abuse. Sometimes victims feel so cut off from any feelings at all that they drink or use drugs to feel alive or to remind themselves that they still exist. Many studies are beginning to conclude that many, if not most, women living in residential treatment centers for alcohol abuse are past victims of sexual abuse (Peters, 1984; Jehu, Gezan, & Klessen, 1985; Grice, Brady & Dustan, 1994; Sanderson, 1995). The majority of adolescents who have symptoms correlated with sexual abuse histories and who also abuse substances are also likely to have parents or close family members who are themselves substance abusers (Evans & Sullivan, 1995).

A person who has been sexually abused may use alcohol or drugs to forget, numb out, or deal with the pain associated with the abuse. Because of this, they are more susceptible to becoming quickly addicted to substances that, had they not been abused, might have otherwise been something they only experimented with. The more a person abuses alcohol and drugs the more likely they are to experience additional trauma or to be re-victimized. People who have been abused and who also have fetal alcohol spectrum disorders may find it more difficult to heal.

Much of the child sexual abuse that occurs in Alaska and throughout the world happens when the abuser has been using alcohol or other drugs. Sometimes people excuse the abuse, saying that it would not have happened if the abuser had been sober. The truth is that many people drink and use drugs, but only a few of those people abuse others sexually. Alcohol and drugs do not cause a person to sexually abuse another person. Abusers will often “set themselves up” by using alcohol or drugs so that they can justify sexual abuse to themselves and others. They often know that they will be more likely to *allow themselves* to abuse sexually if they have the excuse that they were drinking or drugging to tell themselves and others. The fact is: alcohol and drugs do not excuse a person’s behavior. Many people who sexually abuse others when they are drinking or using drugs have also sexually abused people when they were not drinking or using.

Abusers who have developmental delays or fetal alcohol spectrum disorders may find it more difficult to understand why sexual abuse is wrong, how it affects others, or how to stop themselves from abusing. Treatment programs for people who abuse and who also have fetal alcohol spectrum disorders are specialized to address both issues.



How Child Sexual Abuse Affects Family Members & Loved Ones

Abusers often “groom” the family members and loved ones of the child they want to abuse. Grooming means the way an abuser acts which makes another person start to trust and believe in him so that he can manipulate, trick, and blame the victim for the abuse he perpetrates. Grooming might include doing special things with the child such as outings, extra attention, buying gifts, etc.

The trust the family had in the abuser can make family members feel betrayed, angry, sad, or humiliated and shamed. It is common for family members to feel depressed, even suicidal, when they learn that their child has been abused. Sometimes family members want to harm the person who abused their child. They may also want to pretend the abuse didn't happen or make it go away so that they don't have to face it. Often, family members don't know how to act or what to do when they learn that their child has been abused. They may be overwhelmed with many different feelings.

When the abuser is a family member, the family can be even more confused and frustrated. Sometimes family members take sides or don't believe that the child is telling the truth. This can be very painful and damaging to the child. Children need the support of their family to get through the pain of abuse.

When Family Members Or Loved Ones Take Sides

Child sexual abuse is an awful thing to have to face. Sometimes, when sexual abuse is disclosed, family members choose to believe or to support either the survivor or the abuser, but not both. This is unfortunate, because in reality, we can treat sexual abuse from a community perspective in a way that helps both people and their family members to heal. Knowing that it is highly uncommon for a child to lie about sexual abuse, it is important to believe the child. When family members do not believe the child it can be extremely damaging to the child. Helping family members to understand sexual abuse and to trust what the child is saying may be an important first step. Further steps may include different kinds of individual, family, and community healing, holding the abuser accountable, and learning how to prevent abuse and improve treatment in the future.

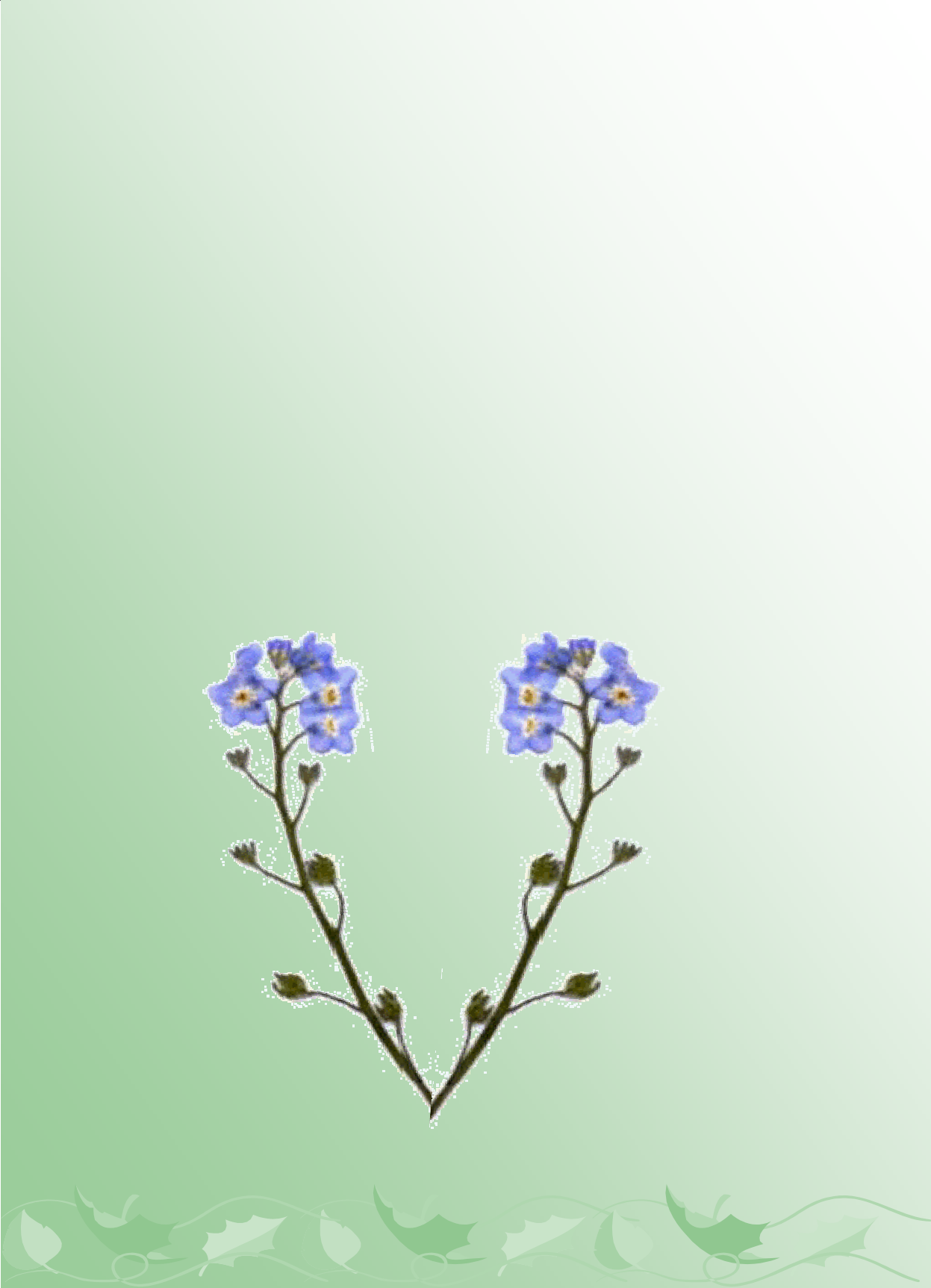
What's Going On With The Abuser?

When we don't understand things, it is easy to make up our own version of the truth. It is also important to understand that it is not helpful to the abuser to cover up, make excuses for, or deny what happened. People who abuse sexually do not generally feel good about themselves, they may be depressed or anxious, may have a substance abuse problem, or difficulty relating to other people, and are often not very happy about their lives. Although dealing with the desire to abuse may be incredibly difficult to face, it is an important step in helping a person to feel better about themselves. It is difficult for the alcoholic to address his problem, seek help, and stop abusing substances. After doing so, however, most people will tell you that their life turned around for the better. Most people who have been through treatment for sexual offending will also say that they are grateful for the treatment and the chance to change their life around.

There can be lots of fears about the abuser going to jail, losing the income or subsistence catch of the abuser, or losing the companionship of someone who has helped the family in other ways. Knowing that together the community can hold the abuser responsible, support the survivor, and work toward healing without having to shame or further hurt anyone can help family members come to terms with the fact that someone they love has hurt a child.

It is rare for there to be any physical indicators of abuse or to have positive medical findings during an examination (Bays & Chadwick, 1993; Nerenson, Heger, & Andrews, 1991). And, in fact, there are no "gold standard" absolute cause and effect psychological symptoms specific to sexual abuse (Kendall-Tacket, Williams, & Finkelhor, 1993; Poole & Lindsay, 1998; J.M. Wood & Wright, 1995). Children's statements about abuse are the typical "center stone" of evidence for judging whether sexual abuse has or has not occurred.





Section III - What Happens When Child Sexual Abuse Becomes Known?

Stop the video at the end of part I. Topics or points to discuss include:

- Who is a mandated reporter?
- What happens if you don't report?
- What do I say if a child tells me s/he was abused?
- How do I help parents deal with the abuse of a child?
- What if I have my own history of child sexual abuse?
- How do you deal with blaming, ignoring, or being told not to talk about it?



Am I A Mandated Reporter?

Under Alaska State Statute 47.17.020, a mandated reporter is any person who is a paid employee or volunteer of any agency that serves children in any capacity. A person is also a mandated reporter if they are paid to work in an organization that also works with children. This includes any paid employee of an IRA, Traditional Council, Corporation, or Tribal Government. Even if you do not work directly with children in any way, if the organization that you work for does serve children, then you are a mandated reporter. Mandated reporters are required to make a written or verbal report of abuse to the Office of Children's Services immediately when suspecting or learning about abuse. You may also have a protocol in your village that requires or encourages you to make a report to the ICWA worker at the same time you contact the Office of Children's Services. There is nothing that prevents the Tribe from taking proactive steps to get involved and protect a Tribal child in the case of child abuse or neglect. If you have a Tribal Court, legal action can also be taken to address the issues that present risks to the child.

See Handout pages 15-22 for information about federal requirements.



What Happens If A Mandated Reporter Doesn't Report?

If you are a mandated reporter, it is your legal duty to report any *suspected* abuse or neglect of a child. It is not your role to determine if the abuse has occurred, only to report if you have reason to believe that it might have occurred. You must also report situations where children could be harmed because of circumstances you know about such as the presence of a sex offender in the home, domestic violence, drug or alcohol abuse or other circumstances such as these. This is known as the “good faith” clause. As long as you report based on good faith and are not knowingly making a false report, you are protected by the law. Under Alaska State Statute 47.17.068, if you are a mandated reporter and do not make a report of suspected abuse or neglect, you could be fined up to \$5,000.00 or even go to jail. Failure to report child abuse or neglect is a class B misdemeanor.

More importantly, if a child tells you about sexual abuse and you do not report the abuse, you might be giving the child any or all of these messages: 1) that they are not worth the trouble you might have to go through to help them, 2) that it is okay for the child to have to live with the fear and self-hatred that the child feels, and 3) that the person who abused them is more important to you than the child is.

Reporting abuse can be scary. The person who is has abused the child may be an important community leader, Elder, or family member. You may be scared about how others will react to you if you report. You may fear for yourself, even for your life, if you tell about the abuse. You may worry that family members will take sides, blame you, or deny you benefits or other community rights if you report. You may worry about how the child's family will be supported if the provider is removed from the home or village, or how the non-offending parent will react to the child. All of these are valid and important concerns. It is good to talk to someone else about these fears and to have a community policy about helping reporters to feel safe and secure in their decision to report.

Communities may want to establish policies about how to handle child abuse reporting under state and federal and tribal law. These can include some ways that the Tribal government can take responsibility to address monitoring and services for the child victims and their families as well as people who abuse.

How Can I Help Parents Deal With The Abuse Of A Child?

Taking the time to listen to the concerns, fears, and ideas of the parents of a child abuse victim is probably the most important thing you can do. Parents need someone to talk to who can hear their pain, anger and fear so that they can be present and available for their child when she needs to talk about her pain, anger, and fears.

Parents often feel guilt, shame, anger, confusion, or other intense feelings when they learn that their child has been abused. Parents want to protect their children from painful things, but that is not always possible. Sometimes parents deny, minimize, or ignore their child's disclosure of sexual abuse because it is too painful for them to hear. This is extremely damaging to the child, but it is important to understand that this behavior is rarely meant to be harmful to the child. It is simply the way that the parent is dealing with their own strong feelings. If you can help the parent to work through their feelings, then you may help them to be more available for their child.



SOME WAYS TO HELP PARENTS:

- Helping parents to understand what their child needs from them, and helping them understand how to help their child is an important thing to do.
- Educate parents about sexual abuse, what to expect from their child, and how they can be prepared for what might come.
- Help the parents regulate the child's routine so that life can get back to normal as soon as possible.
- Preparing a family for what might occur in court or in the legal system can help to reduce fears and allow them to focus on taking care of their child.
- Getting parents legal, medical, and therapy support can be important steps in the healing process.
- Helping parents to understand when therapy is appropriate for their child, what therapy is, and why it can be helpful, will help reduce stigma that might otherwise prevent them from seeking needed help for themselves and their child.
- Many children do not need therapy after sexual abuse, but others will find it beneficial. Therapy can be helpful when a child is experiencing regressive behaviors, acting out, hurting themselves or others, or withdrawing from others. If you have questions about when therapy could be appropriate, contact your local or itinerant therapists, or consult with one of the trainers.

If The Helper Has A History of Sexual Abuse As A Child

If you are a survivor of child sexual abuse, you may experience many confusing feelings as you watch the video or read the video guide. This is especially true if you have never told anyone about being abused. You may even start to feel like you are going crazy.

If you are having powerful angry, depressed, or anxious feelings, please seek your own support or counseling so that you too can move through this painful experience and heal.

What Can I Do If I am Having Overwhelming Feelings?

- Call your counselor or a good friend
- Focus on something other than the trauma
- Touch or hold a comforting physical object (rock, feather, blanket)
- Talk to someone as soon as you can
- Don't hide away from others, instead seek their support
- Avoid alcohol and drugs
- Talk about your feelings
- Do something you like
- Do something relaxing



How To Deal With Blaming, Ignoring And Being Told Not To Talk About It...

When child sexual abuse is first disclosed in a village, it is normal for people to have all sorts of different reactions. Some people will be angry, others depressed, others will be reminded of their own abuse and how they were treated if they told about it. Even some taking of sides is fairly normal in a community that is so close to one another.

As long as the children are protected from hearing or seeing most of this, there is not really a problem with allowing people to have and work through their own feelings. If all are allowed the time necessary to work through their feelings, they may be able to come to a place of healing without having to become defensive because someone else is upset with their expression of feelings. There is no right or wrong way to experience sadness, guilt, fear, etc. Allowing everyone to have the room necessary to experience these will allow them to then come back together sooner. Below are some ways to deal with the very intense expression of feelings that others may demonstrate.

It is important to make sure children don't witness this discussion because they may be confused about who to trust and whether or not to tell about the abuse.





Part II:

*Strategies to
End Silence and
Support Child
Victims*





Section IV - First Community Strategy: Coming Together

Stop the video after the first community strategy is presented. Topics to discuss include:

- Talking about it means we can stop it.
- It will be hard at first, but it can be done.
- Change happens slowly. Don't give up.
- It is important to recognize and acknowledge problems.
- Learning to trust one another is imperative.
- How to deal with it when people in authority are abusers.
- What are the resources in our area?
- Ensuring safety when a person tells their story or who the abuser is.
- Ideas for getting the community involved.
- How to address lack of response-troopers, tribal courts, authority problems, etc.
- How do we address sexual abuse without violating traditional protocols or taboos?
- Restoring & expanding traditional roles.
- Traditional applications for recovery-sequence of healing.
- Traditional values and responsibilities that recognize conduct & consequence.



Talking About It Means We Can Stop It

Hurt and loss that is not acknowledged or grieved becomes bigger than life. It can become disconnected from the person so that they are not even aware of the hurt and sadness, but only of their rage and anger. If it is not dealt with, this can turn into a desire for revenge, and will become a cycle that is difficult to change. Sexual abuse can only occur in isolation and secrecy. If we refuse to “see no evil, hear no evil, and speak no evil”, then we take away the power that the abusers once held. Talking about it means that we are willing to address difficult subjects, to heal from old wounds, and to learn and grow together. Acknowledging the pain that accompanies a loss of hope, loss of childhood, loss of innocence and loss of dignity, is a step in the direction toward healing the pain and ending the cycle of abuse.

It Will Be Hard At First, But It can Be Done

Beginning to talk about and address sexual abuse will not be an easy task. There will be hurt feelings, anger, disagreements, and difficult discussions. If there is a commitment to healing, and an understanding that this will be hard work with big outcomes, then the work can continue to be done. Support, both within and from outside of the village will be important as you move through this process. Remember, if you are not healthy and supported, you cannot give that to anyone else.



Change Happens Slowly - Don't Give Up

Plan for barriers. Predict difficulties. Prepare for the worst and hope for the best. Change is often hard for people - even positive change. Change that includes talking about difficult subjects, hurting and healing, and possible consequences for loved ones is not only hard, it can be completely terrifying. Knowing from the beginning that this will be tough will help you to prepare for the support you will need. Thinking about what the problems and difficulties might be in advance, will help you to handle them better when and if they do come up. Knowing that you can get support will help you to not give up. Having a partner, buddy, or other community member who is sharing the load with you will be imperative. If you need to step out of the process for a while, know that that is okay too. Think of who could take your place right from the beginning and enlist that person's support in the process so that they will be better prepared if you need them.

It Is Important To Recognize And Acknowledge Problems

We would all love for the problems of sexual abuse to simply disappear. Unfortunately, that won't happen without a lot of work from many people. Sometimes it is tempting to want to "just forget" about all the hurt, to "put it behind you", or "let what is in the past stay in the past". Unless it is addressed, however, it simply remains not only present but continues into our future as well. Just because something is not acknowledged or dealt with does not mean that it doesn't continue to exist. Substance abuse problems, suicides, domestic violence, child abuse and neglect, self harm, depression, anxiety, eating disorders, and other problems can all be results of untreated and unacknowledged sexual abuse. Talking about it and beginning to identify ways in which individuals and the community can heal together will be very hard work, but in the end, it will be worth it.



Learning To Trust One Another

Living in a small community or village has lots of benefits. You are close to your family, have built-in babysitters and are near your culture and subsistence. It can be a blessing to have the love and support of family. It can also be hard because when you live in a tight-knit community, everyone knows everyone else's business and it's hard to keep a secret or maintain privacy.

Sometimes, trust has been broken. It can be broken by abuse, by family members and friends taking sides after abuse or when someone tells others your private information. It is hard to trust people after your trust has been broken, especially if it was broken by someone who was supposed to keep your information private, like a health aide, counselor, or behavioral health aide. When you share your deepest hopes and fears in a private setting, like counseling or in a talking circle and then you hear your information come back to you through someone else, you may stop trusting and keep to yourself.

How do you begin to rebuild trust? If you believe that others are who they seemed to be at their worst moment, it is likely that they will believe the same of you. Begin by allowing others to trust you. Open up slowly to the people you feel you can trust the most. Dip a toe into the water and test things out to see how people respond to you. Start being the friend that you wish you had in others. Attend community gatherings and share bits that you don't mind if others know about you.

Talk about trust at community gatherings, talking circles and with providers, friends and family members. Talk about how you wish things could be and start doing what you want to see others do. It won't happen quickly, and it might not happen easily, but the truth is that most everyone wants to be able to believe that they can trust in others and that others will be the person that they have the potential to be on their best day.

Trust problems can happen with outside helpers too. Partially because of the generational and historical trauma, the history of helping relationships can be conflicted. Sometimes, the 'help' that was provided, was not very helpful, other times it may have been outright abusive or harmful. Learning to rebuild trust with helpers outside of your community can be a process too. Take your time in building trust with someone. Watch what they say and do, and remember that not all outside helpers come with the same beliefs or attitudes.

Trust is something that builds slowly, but it can be rebuilt. Know what you want and work to make it happen. You can be the change you wish to see in your community.

When People In Authority Are Abusers

It is scary to think about addressing a subject that has become relatively taboo and is awful to have to confront. To have to confront people in authority, clergy, leaders, parents, or Elders, can make it downright terrifying.

One way to begin is to gather a group of people who are willing to support you, support healing, or support the children who have been abused. There is power in numbers. You may decide to stand up directly to the people in authority, or you may decide to address the subject of sexual abuse as a whole. Either one is a fine place to start. You don't have to do the scariest things first.

Bring people together who are able to speak out, speak up, or stand together. You may be surprised at who is willing to help you. Keep an open mind. People you think you have nothing in common with, or whom you have had disagreements with in the past, may be your strongest supporters and source of strength.

Start small. Leave flyers around that address sexual abuse (Be sure to include phone numbers for people to call if they have memories and need to talk to someone as a result of reading the fliers). Hold small meetings of a few people who want things to be different. Gather friends and family together to talk about trust, healing, and how to confront people who hurt others.

Or start big. Shout it from the top of a cliff. Bring in people who are willing to talk about their experiences with sexual abuse. Go to the people you are afraid of and tell them that they will no longer control your life. Tell them exactly why. Or tell them that they know why without saying it out loud.

Go to an Elder or trusted healer and ask for guidance. Find out how to gain the strength and power you will need to help you on your healing journey.

There are so many different ways to begin. You can choose the way that feels right to you. Look for ideas in others and choose what works for you.



How To Make It Safe For The Victim When They Tell Their Story Or Tell Who Their Abuser Is

Sometimes after abuse is disclosed (told), family members become angry, enraged, and even homicidal. Other times, family members of the abuser might become angry and vengeful. Disclosing sexual abuse in a small community can be frightening. Protecting the survivor of sexual abuse is very important because community members can sometimes be mean and hurtful.

A child should never be expected to kiss or hug her abuser. Even if the abuser is a family member, the survivor needs to know that she has the right to say 'no' about her own body. Being told or expected to kiss or hug an abuser can be a frightening experience and can make a child feel that the abuse was her fault.

Even being in the same village as the abuser, having to see the abuser, the abuser's family, the place that the abuse took place, the place where the child went to after being abused, can all be triggering, and make healing more difficult.

Safety for the survivor of sexual abuse is not only a physical concern. Emotional, mental, and spiritual abuse can continue long after the sexual abuse has stopped. Whether the survivor is a child, or an adult who only recently disclosed, protection from further harm continues to be the most important concern.

You can help to protect the survivor of sexual abuse by ensuring that others do not make fun of, call names, or make mean faces at them. You can be someone who stands up to those who continue to harass and hurt the survivor.

A big part of safety is maintaining confidentiality. Any trips outside of the village for medical or mental health care should be kept confidential unless the survivor wishes differently. All medical and mental health appointments within the village should also be confidential. Even if the actual appointment cannot be kept confidential, the reason for the appointment can be.

Sometimes it might be necessary for the survivor and his or her family to temporarily leave the village in order to begin healing, to get away from others who are harassing them, or just get away from memories of the abuse. But, whenever possible, it should be the abuser who is made to leave the home or the village and not the victim. Forcing the victim to leave gives the message that the abuse was the victim's fault.

Ideas For Getting The Community Involved

It is sometimes surprising to see which individuals in the community choose to take a leadership role in dealing with a difficult issue such as child sexual abuse. In educating providing community education, is important to offer different types of activities and opportunities to assure that those who want to participate has a chance to do so. This can include community gatherings related to the topics such as “caring for our children”, “historical trauma”, “traditional healing methods”, “raising safe children” or “stopping patterns of abuse”. Some people might need time to meet one on one, or in smaller group settings. Talking circles can be a way to promote healing, re-build trust, and increase cohesion so that the issue of sexual abuse can be better addressed down the road. One approach might be to host alcohol-free activities, community games, or Elder-youth conferences where the topic of child safety and what hurts children is included. All of these and many more things can be a part of laying the foundation for the healing process.

Lack Of Response: Troopers, Tribal Courts And Other Authority Problems

Once you have determined what your core community values are and how you want to begin setting, enforcing, or building your community standards, it is important to look at your available resources and how they are functioning. You may decide that a stronger relationship with the state troopers would be helpful. Or you may determine that the outside legal system is not helpful, and you want to look into alternate methods of consequences and healing.

How Do We Address Sexual Abuse Without Violating Traditional Protocols or Taboos?

Part of developing your community standards will be based in looking at what your cultural and traditional values, beliefs, customs, and rituals are. Understanding the problem of sexual abuse in a historical context, understanding traditional ways of dealing with sexual abuse, and understanding cultural protocols are all important in forming community standards that will be respectful of your community, heritage, and culture.



Restoring & Expanding Traditional Roles

Identifying what traditional approaches were used in healing practices in the past may be helpful in expanding traditional practices and increasing the interest in traditional ways. Your village may want to think about whether it would be helpful or appropriate to bring back or expand the roles of traditional helpers in the village.

Traditional Applications For Recovery- Sequence Of Healing

Talking with Elders or traditional healers who have the knowledge of traditional ways may be helpful in creating traditional and new rituals for healing. There may be traditional ways that your village has used in the past or continues to use, or, you may be able to borrow from others.

Traditional Values And Responsibilities That Recognize Conduct & Consequence

Looking at traditional values, belief systems, and ritual may help you to understand how sexual abuse was or could have been viewed in the past. There may have been consequences in the past that can be re-vitalized, or ways of being that were valued which continue to have merit.





Section V - Second Community Strategy: Teaching Adults And Children

Stop the video after the second community strategy has been introduced. Topics to discuss include:

- We must teach respect for self and others, kindness & responsibility for others.
- How can we help children who have been hurt?
- How can we help adults who have been hurt as children?
- How can we help adults be more protective of children?
- Teach community members what child sexual abuse is.
- Teach state statutes and federal laws to community members.
- Teach the warning signs and long-term effects of sexual abuse.
- What can we do to prevent child sexual abuse?
- Understanding mandated reporter laws.
- Teach traditional values & practices re: proper instruction of young men & women about sex & about roles & respect.



We Must Teach Kindness, Responsibility, And Respect For Self And Others

Cultural values tell us that we must teach children to respect themselves, to respect others, and to be responsible for and to one another. Gathering together to share and teach cultural norms that value and promote the safety of children will aid in breaking the cycle of abuse.

Another way of identifying values is to discuss specific aspects of a subject. When discussing personal and individual values, it is important to organize in a way that promotes openness, honesty, and safety. One cannot feel safe in sharing their personal thoughts, feelings, beliefs, or values, if they are judged, disrespected, made fun of, or put down because of them. When people are able to share in a safe environment, one in which all participants agree to be open minded, or at least respectful, people are able to identify new ideas, reinforce their own beliefs, or even change their minds. Because values are simply *opinions*, it is important to be open to hearing what others have to say.

Values are difficult to define. Oftentimes, values are high minded beliefs that are not actualized. Instead, the very things that we *say* we value (spending time with our children, being the kind of parent our kids can talk to, being willing to stand up to anyone when our kids are uncomfortable, scared, hurt, or threatened, etc.) are not what we are willing or able to do on a daily basis.

Sometimes people don't know what they value. Participating in a discussion, or an exercise such as the one below, can help a person describe, out loud, to themselves and others, what they believe in. Beliefs will shape values. Behaviors are shaped by values. Thinking about what you value will help you to define how you want to act. Putting those values into action is a more difficult step that will require the on-going support and help of your support network; those people at home, and the people you meet at this training.



What Can We Do To Help Children Who Have Been Abused?

Children are more easily traumatized than adults. Compared to 10% of adults who will experience Post Traumatic Stress Disorder (PTSD) following a life-threatening event, 75% of children will experience PTSD following a similar event. Children may appear to be handling the trauma fine, only to be triggered, often years later, and develop PTSD. This is known as dormant PTSD. Here are some things you can do:

Be non-blaming, calm, present, and available. The most influential factor in how children deal with trauma and whether they develop PTSD is how adults respond to the trauma and the child.

Safety and security: a child must feel safe to process the trauma. Be patient and take your time.

Normalize: keep routines and discipline as normal as possible, and get back to those routines as soon as possible after experiencing a trauma.

Don't gossip: when people gossip about what children have told them about the trauma, the child may end up feeling more alone and more like the abuse was their fault. Try to protect children from people who ignore, blame, or exclude them.

Provide education: children need information (limited in detail) about what happened, what to expect in the future, and how their bodies and minds might respond.

Peer Support Groups: some type of support and education group where the child can check in and know that it's okay to talk about the trauma.

Bodywork or Physical mastery: massage, yoga, karate and other aerobic exercise can be used to help "metabolize" the trauma. A child often needs to exercise or engage in physical activity when they are feeling overwhelmed or stressed. This helps trauma literally move through the body and mind rather than being "caught" in body memories. This also helps the child to understand how his/her body works and to feel in control of his or herself.



Maintain an even emotional tone: the child who has been hurt may react with extreme or unusual behaviors. It is important for adults to nurture the child, yet continue to set guidelines for their behaviors.

Give specific, rather than global praise: the child may not believe that they are good or even “okay” so it is important to focus praise on specific behaviors. “I like the way you smiled at your sister”, or “It was really helpful to me that you set the table”. The child will be more likely to accept these than global statements like “You are such a great kid”.

Relax and have fun: kids cannot talk for long periods of time about traumatic events. They need to “dose” in short time increments (like 5 to 15 minutes) and they need to be able to have fun and play.

Regular check-in times: a child should be able to check in with someone on an on-going regular basis. This person doesn’t need to be a counselor, just someone who can listen and be supportive.

Self-soothing practices: teach a child how to soothe him or herself by walking, listening to music, writing, drawing, painting her fingernails, fishing, berry picking, brushing hair, or whatever else works for the individual child.

Spiritual resources: religious practices can be very helpful and strengthening. If the child is not religious, then ritual and closure experiences may be helpful in providing meaning to the trauma.

Specialized Western non-Native therapies: imagery-based therapies are important in the healing of trauma. These can include Eye Movement Desensitization and Reprocessing (EMDR), Internal Family Systems Therapy (IFS), art and sand tray therapy, psychodrama and others.

Comfort box: help the child create a comfort box. The child can find and collect items that he/she likes to see, smell, hear, touch, taste, in an old shoe box. These things, along with lists of things that the child wants to do in life, places he/she wants to travel, people he/she can call when feeling suicidal, etc. can be helpful in remembering the good things in life that can sustain a person when he/she feels overwhelmed, anxious, depressed, or suicidal.

Plan for the worst: plan for regressive behaviors, relapse into old patterns, and stressful situations and decide what the best, worst, and most likely outcomes are for each. Then make a plan for how to handle each of them. If they happen, you will already be prepared for them.



Teaching Community Members About Child Sexual Abuse

We cannot stop child sexual abuse unless we understand what it is and are able to talk with one another about it. It is important to teach both children and adults about sexual abuse - what it is, how to prevent it, spot it, and stop it. Teaching state and federal laws will help people to understand their responsibilities, and what their rights and boundaries are. Teaching the warning signs and long term effects of abuse will help community members to be more aware of abuse and to address problems before they get out of hand.

Sharing information about child sexual abuse, as well as how to identify it, how to respond to a child who is disclosing abuse, and how to help people who have been hurt by abuse, will help community members to feel more confident when confronted with sexual abuse. One of the reasons that people sometimes ignore abuse is because they simply do not know what to do about it. As humans, we have strong defense systems of denial. If we are able to convince ourselves that what we are hearing or seeing isn't abuse, then it frees us from having to act on it, confront loved ones, confront our own beliefs about loved ones, or take difficult stands. When the information is made public and people are armed with the support of strong community members who will help them to deal with the difficulties of reporting abuse, they are more likely to take the difficult stance needed to protect children.



What Can We Do To Help Prevent Child Sexual Abuse?

- Learn about safe and unsafe people in your community and help your children to be in safe situations when they are not with you.
- Create trust between yourself and your children so that they will be comfortable bringing their concerns to you.
- Teach children that it is healthy to talk about and ask questions about sex and sexuality.
- If it's a forbidden subject it's secret, if it's secret it can be hidden.
- Help children feel comfortable in and proud of their bodies.
- Give names for all body parts in a matter-of-fact manner.
- Give permission for private time.
- Help children see themselves and others as positive males or females.
- Model honest, equal, and responsible relationships.
- Help children and adults understand individual body rights.
- Help children know they have the right to say no about touching, kissing & words.
- Give clear messages about boundaries.
- Encourage children to speak to one another and to adults about their feelings.
- Teach children that their bodies belong to them and that only they have the right to make decisions about who touches their bodies.
- Teach children that the sexual parts of their bodies are private but not dirty or bad.
- Give clear statements about what types of behavior are appropriate.
- Teach children about different kinds of touching. Touch that feels good, touch that feels bad, and uncomfortable touch.
- Teach children to trust their "uh-oh" or uncomfortable feelings.
- Teach children that they should tell you about any uncomfortable secrets they have been asked to keep.



- Teach children that they can tell a trusted adult if anyone makes them uncomfortable.
- Monitor your children and keep them from situations that might present challenges that they are not developmentally or emotionally able to handle.
- Create a “safety code”. A word that your child can use whenever she feels uncomfortable or wants someone to stop their touching or closeness. Ask your child to tell you anytime she uses the safety code. Praise your child whenever she uses it, even if it seems silly. The more comfortable she is using her safety code and telling you about it, the more likely it will be that she will tell you if she is truly threatened or abused.
- Monitor your children’s use of the internet

Be askable: “That’s a good question...”

Be tellable: “I’m so glad you trusted me enough to talk to me....”





Section VI - Third Community Strategy: Setting Community Standards

Stop the video after the third community strategy has been introduced. Topics or points to address include:

- What are our community standards?
- What do we want them to be?
- How can we mandate and enforce community standards?
- How can we use tribal leaders and tribal government to assist?
- How are/could troopers be helpful/not helpful?
- Identify a policy for reporting abuse.
- Identify Outside treatment options for sexual abuse survivors and offenders.
- Identify or consider establishing treatment options within the village.
- Identify barriers to services and strategize how to address these.
- Establish a Crisis Protocol.



Community Standards

Adapted in part from Darkness To Light

What are your community standards when it comes to sexual abuse? Are children listened to, believed, protected, and provided with support? When it is necessary, are there people available who can facilitate counseling, traditional healing practices or other forms of treatment?

Understanding sexual abuse is the first step to setting community standards. You have to know what sexual abuse is, what the laws are that apply to sexual abuse and what types of treatment are available to assist people who have been abused or who are abusing others. Use this video guide as a starting point. Use this information to educate and inform your community members about sexual abuse. Break the silence about abuse by talking about it and teaching about it in the schools, the community center, the clinic, the store, and in homes.

More than 80% of all sexual abuse occurs when one adult is alone with one child. There may be ways that the community can assist families with child care, youth activities, and school situations so that children are monitored by adults that others feel safe with.

For years, it has been the standard to make children responsible for preventing sexual abuse. We have taught our children what sexual abuse is, told them how to tell the difference between “good touch” and “bad touch”, and how to say ‘no’. We have told them that it is okay to tell an adult, and to keep telling until someone believes them and helps them stop the abuse. All of these strategies are good and needed components of stopping the cycle of sexual abuse. But they are not the only components. We know that only 10% of children ever report abuse. We also know that many of those children are not believed, not supported and not protected.

The prevention of sexual abuse needs to become an adult and a community issue. Many adults do not know how to or are not comfortable talking with their children about sex. Teaching adults how to talk about sexual abuse, how to talk with their children, and how to support their children if they tell about sexual abuse, are all important components of prevention. Make the protection of children the responsibility of everyone in the village through the community standards you create.

Think about how we talk to children. We teach them to listen to and respect adults, as they should, but we sometimes forget to tell them when it is okay not to listen, not to do what they are told, and not to be respectful. They are taught to hug and kiss their relatives, whether they want to or not.

Giving kids permission to tell others what is or is not okay to do with their bodies helps them to be able to say 'no' to sexual abuse if they ever need to.

When kids begin to tell, they often take small steps, testing us to see how we respond. If a child says that he doesn't like the way a favorite uncle smells or smiles, and is told, "Oh honey, he's just being kind", then he will be less likely to tell more of the story. Helping parents and community members understand how to talk to children, and what types of things kids might say if they are trying to tell about abuse can help adults feel more comfortable and confident, and children to feel safer and protected.

It may take a big shift in thinking, but it can be done! Talking about sexual abuse and creating programs to stop and treat sexual abuse will be a difficult task that will take time, but it can be done! Be sure you get the support you will need from Elders, community leaders, friends, family, and others so that you will be able to continue even when things get tough.



How Do We Decide Our Community Standards?

Deciding what your community standards regarding sexual abuse are should be a group process. Every village will have their own unique set of standards because of their own unique situation. A village that has an active ICWA program, supportive tribal government, regular itinerant providers and village counselors will have different standards than a community that has fewer resources and less knowledge about child abuse issues. Below are a few questions to think about in deciding what you want your standards to look like. You may also add some questions of your own.

- Does the way we treat sexual abuse fit our values about children?
- Are we teaching our children values and respect for Native ways?
- Are we listening to one another in a holistic, balanced, and interconnected way?
- As parents, are we continuing to give our children advice, no matter their age?
- Are we teaching our children to respect themselves? To respect others?
- Are we teaching our children traditional values, traditions, and customs?
- Are we treating our children like the hope for our future that they are?
- What do we believe about consequences for people who hurt other people?
- What do we want from our tribal court system?
- What do we need from the state legal system?
- How do we want treatment providers to be involved?
- What do we believe about the healing process?
- What do we believe about healing from a community perspective?
- What are our spiritual or traditional beliefs that guide us?
- What creative ways can we use to effect change?
- What are the values that have sustained us for generations?
- What customs do we have around healing?
- What do we believe about intervention in a family's affairs?
- What do we believe our responsibility is to our children?
- What do we anticipate will be most difficult about this process?
- How can we help to make it go more smoothly?

- Do we want to establish a protocol to guide the system response to child sexual abuse?
- What do we want for our community in the next one, five, ten generations?
- How do we believe we can achieve those things?
- Who do we need to have involved in this process?
- How do we get them to participate?
- How do we want to support survivors of abuse?
- How do we want to deal with abusers?
- What kinds of questions do we still have?
- Who can find the answers?



How Can We Mandate And Enforce Community Standards?

Community standards can be formal or informal. Formal standards would include those set by the Tribal government, State, or city government. These may be tribal codes, a Children's Bill of Rights, a protocol for reporting child abuse, or other written procedures which may include outside providers services as well as community members. Standards may also provide for consequences to people who abuse (in addition to State sanctioned consequences such as jail time).

Informal standards are simply what the majority of people say and do. If the ICWA worker in your village meets every new parent who moves into the village, that is a community protocol, whether it's written or not. It is something that is done in most or every situation. Informal standards can include ways of speaking to children, values, beliefs, and practices of interacting with children or adults, ways of dealing with people who have offended sexually, and ways of teaching about sexual abuse. Informal standards are important to talk about because there may be a variety of ways these are done in your village. You may want to come to a group consensus, or to determine who will be responsible for what. There may be ways that the community is trying to stop sexual abuse that are actually making things worse. For instance, sometimes people blame, ignore, or say angry and mean things to people who have been abused and who told about the abuse. This can lead to family conflict, shame, depression, anxiety, substance abuse, and self harm. Other times, people may become angry or abusive toward people who have been abusive sexually. This too can cause shame, increased isolation, and, possibly, because of the shame and isolation, a tendency to abuse again. Informal standards of ignoring domestic violence and sexual abuse, or not providing treatment for people who have been abused, can lead to further abuse. This is one of the reasons that it is important to sit together, become educated about sexual abuse and decide, as a community, how you want to address the issue.

Formal standards can be enforced through traditional consequences, formal sanctions, tribal government action or tribal or stat court orders. Informal standards are most often enforced interpersonally, through teasing, a certain kind of look, words, shunning, or other informal interventions. It is important to discuss what interventions are going to be helpful, and decide how to avoid negative or harmful standards.

How Can We Use Tribal Leaders And Tribal Government?

Tribal leaders are necessary in the process of addressing sexual abuse. If your leaders are not ready to address the issues of abuse, it will be hard to develop formal protocols, informal standards, or provide support and treatment. If your community leaders are not comfortable addressing abuse, this is one of the places to start. Find out what their concerns are. By addressing those concerns and providing information you may be able to help the leaders feel comfortable enough to begin addressing the subject, even if he or she is not ready to support it.

Tribal leaders and tribal government can play a role in creating community standards and enforcement procedures. They may be able to intervene before the State government can, which could prevent children from having to go into state's custody. The tribal government could be particularly helpful in areas of prevention, but also, over time, could take on more of a role in the arena of healing, and, possibly, intervention and consequences.

How Are /Could Law Enforcement Agencies Be Helpful or Not Helpful?

What law enforcement agency is responsible for peacekeeping and investigating crime in your community? What is the community's current relationship with the State Troopers? What is the history of relationships with law enforcement agencies? Is your community served by a City Police Department? Do the law enforcement agencies show awareness and respect for cultural values and practices? Do they interact respectfully with members of your community? Are your community members respectful of law enforcement officers? What can be done to improve the relationship between your community and the law enforcement agency so that people are treated respectfully, fairly, and so there is an acceptable response to crimes against Native children?



Identify A Policy For Reporting Abuse

If you are not a mandated reporter by state, tribal or federal law, then you may be more comfortable reporting a concern of child sexual abuse directly to another mandated reporter in your community such as the ICWA worker. Anyone can report child abuse or concerns about a child in a dangerous situation. If the abuser does not live in the same home as the child or does not have responsibility for the child's care, the State Troopers will usually investigate. If the abuser is a person who cares for the child or someone who lives in the same home as the child, the Office of Children's Services will investigate the safety of the child and law enforcement will investigate for possible criminal violations. These reports are supposed to be shared by both agencies just to make sure that someone investigates.

Your community may want to set a policy that will require others to report suspected child abuse and child sexual abuse that are not otherwise required to do this under state law. As a sovereign tribe, your Tribal governments have a right to set that policy and to enforce it within the tribal jurisdiction.

Your community can also decide when you want to step in and help a family or take a child into Tribal custody. You do not have to follow the same protocols or standards that the State follows. The tribe can take jurisdiction of a child before the abuse or neglect situation reaches the point that the State might intervene. Sometimes this type of intervention can allow a family to make changes to that OCS does not need to get involved. However, all suspicions of abuse and neglect must still be reported to OCS; the steps the Tribe is taking to address the situation should also be reported. There is no situation where child sexual abuse can be handled alone by the village without OCS and State Troopers or Police involved in the investigation.



Identify Barriers To Services And Strategize How To Address Them

Each community will have its own unique set of strengths as well as barriers. Barriers can include inclement weather that does not allow people into or out of the village even during crisis situations, geographical considerations, such as how far away from a hub community the village is located, how people can access the village, and the amount of time it takes to get into or out of the village. Other barriers might be feelings of shame or worry about how outsiders will view the community if sexual abuse is reported or known, fears about what will happen to the abuser, concerns that children might be taken away from the family, and confusion about how the State system operates. Barriers to treatment can include beliefs about mental health, past history with mental health workers who were not culturally sensitive or knowledgeable, and fears about having to deal with intense feelings. Barriers might include poor working relationships with State, local, or other resources or providers, lack of knowledge about sexual abuse, misunderstandings about why sexual abuse occurs, and the complexities of multigenerational and historical trauma. Barriers can be simple to remedy, or very difficult. Identifying what your barriers are, and strategizing how to deal with them will help to reduce the barriers much more quickly and effectively.



Identify Service Options For Child Sexual Abuse Survivors

Child Advocacy Center (CAC) a place where children may receive a physical exam, be interviewed for the investigation and may receive counseling services.

Wasilla
The Children's Place
P.O. Box 871788
Wasilla, Alaska 99687
1-907-357-5157

Anchorage
Alaska C.A.R.E.S.
3925 Tudor Center Drive, Suite 100
Anchorage, AK 99508
1-907-561-8301

Nome
Kawerak, Inc. CAC
P.O. Box 948
Nome, Alaska 99762
1-907-842-1230

Dillingham
Nitaput CAC/Family Support Center
P.O. Box 130
Dillingham, Alaska 99576
1-907-842-1230

Bethel
Yukon Kuskokwim Delta CAC
Tundra Women's Coalition
P.O. Box 2029
Bethel, Alaska 99559
1-907-543-3444

Fairbanks
Stevie's Place
P.O. Box 70220
Fairbanks, Alaska 99707
1-907-456-2866

Juneau
Southeast Alaska Family Evaluations (SAFE)
2225 Jordan Ave.
Juneau, Alaska 99801
907-463-6157

Homer
South Peninsula Haven House
3776 Lake Street
Homer, AK 99603
907-253-7712

Kotzebue
Maniilaq Family Crisis Center
PO Box 256
Kotzebue, Alaska 99752
907-442-3724

Pathway To Hope: Healing Child Sexual Abuse Video Guide

Inpatient Mental Health: when a person is suicidal, harming themselves, severely depressed, or not functioning at home, school and in the community, inpatient treatment can be appropriate for a short period of time (usually 3 days to 3 weeks).

Providence Medical Center Discovery

3200 Providence Drive
Anchorage, AK 99508
907-261-4843

Alaska Psychiatric Institute

2900 Providence Dr
Anchorage, AK 99508
907-561-1633

Providence Medical Center Adult Mental Health Unit

3200 Providence Drive
Anchorage, AK 99508
907-562-2211 (main hospital number)

Southcentral Counseling Respite Program

4020 Folker St.
Anchorage, AK 99508
907-563-1000
907-563-3200 Crisis Hotline

North Star Behavioral Health

2530 Debar Road,
Anchorage, AK 99508
1-800-478-7575

Residential Treatment: for adolescents who are struggling with daily living, and are not able to continue in their home environment. Residential treatment can be 4-18 months or longer, and includes individual, group, and family therapy in a safe setting.

Providence Adolescent Residential Treatment Program (for adolescent girls)

3400 West 20th Ave.
Anchorage, AK 99508
907-272-2148

Alaska Children's Services

3600 Abbot Loop Road
Anchorage, AK 99508
907-346-2100

North Star Behavioral Health

2530 Debar Road
Anchorage, AK 99508
1-800-478-7575

Tanana Chief's Conference Graf Healing Place

PO Box 81754
Fairbanks, AK 99708
907-455-4725



Identify Or Consider Establishing Interventions And Child Sexual Abuse Treatment Options Within The Village

Recent studies are beginning to indicate that the very best type of intervention and treatment for child sexual abuse is community based. While not every community is ready to tackle such a heavy load, it is important to know that it is very effective it is to be held accountable for your actions by the people you love and respect. A person who is not held accountable for their actions is more likely to commit sexual offenses again and again. Jail time without counseling and intensive intervention is not effective at changing a person's behavior. The Center for Sex Offender Management advocates for a treatment model that holds the offender accountable, addresses the safety and therapeutic needs of the survivor, and helps the entire community to feel empowered as well as to heal together and individually.

Regional Nonprofits may have Behavioral Health Therapists who travel to your community. Coordinating services through them, or creating traditional healing methods that include them are options you may want to consider.

If you have a Behavioral Health Aide, Suicide Prevention Specialist, or Rural Health Aide, you may want to link services with these individuals.

Consider creating or reestablishing traditional healing methods with the help of Elders or natural healers in your area.

Invite traditional healers or tribal doctors from other areas to work with your community to rebuild or create traditional healing methods.

While not community based programs, there are a number of culture-specific programs within the Canadian prison system, which leans heavily toward using Aboriginal based programs for sexual offenders. The Tupiq program at Fenbrook Institution in Gravehurst, Ontario is an Inuit specific program. The Clearwater program, while not Native-specific, is well established at using cultural means of healing. The Native Clan Organization of Manitoba offers a blend of traditional healing and contemporary treatment. The Mamisaq Qumatiik program at Baffin Correctional Center is a comprehensive program based on cultural needs.





Section VII - Fourth Community Strategy: Ways To Help Child Victims

Stop the video after the fourth community strategy has been introduced. Topics or points to discuss include:

- Identify immediate safety issues.
- Prevention activities.
- Give the message that "It's okay to say no".
- Getting the message out that "It's okay to tell".
- Identify several resource people within the village.
- Identify what might happen if the offender or victim is a family member of one of the key resource people. Who else can step up to help?
- Create the safety necessary for kids and adults to talk about sexual abuse.
- Utilize the child's natural support system, esp. family, Elders, and traditional healers.
- Include families in the development of service delivery systems.
- Identify, train, or hire a victim or child advocate in the village.
- Protecting confidentiality in a small community.
- Training to work with survivors of sexual abuse.



Things To Say When A Child Discloses: What Can I Say to the Child?

- It took a lot of courage for you to tell me
- I'm going to find someone who can help you
- It's not your fault
- You were very smart to tell
- You were very brave to tell
- I know it's not easy to talk about
- There are people we have to tell so that we can stop this from happening again

Identify Immediate Safety Issues

When child sexual abuse is disclosed or discovered, it is important to assess immediate safety issues. These can include the child or a family member feeling suicidal or homicidal, the person who abused the child feeling suicidal or homicidal, and the need to assess the child for sexually transmitted infections, including HIV. The child may also have cuts, wounds, or abrasions that should be looked at by physical exam. The child may also need to be protected from people encouraging him or her to recant (take back the report of abuse by saying that it was a lie).

Prevention Activities

Prevention activities include anything that brings the community or groups of individuals within the community together. They can be activities that are simply fun, such as summer games or a potluck. They can include talking circles, AA meetings, and women's tea. They can be men's groups, youth activities, or outdoor education. They might include education about traditional healing, the use of medicinal plants, or any other creative idea that you may have. Prevention activities do not have to be a formal activity structured around the idea of addressing sexual abuse. Formal activities that specifically address sexual abuse may come later, after groups have built a foundation through the discussion of historical trauma, self care, and resource needs. It is a good idea to build your positive resources and remember with pride all of the varied strengths that are within the village before attempting to address areas of need.



Identify Several Resource People Within The Village

Because this work is demanding and draining, it will be important to identify others that you can count on to work with you. There may be some obvious roles that would be helpful to include, such as the VPSO or ICWA worker, but there may also be community members who are interested in participating that surprise you. It is a good idea to have several people committed to addressing the issue of child sexual abuse so that you can support each other, especially when family members or groups take sides, individuals become angry, or someone in your own family is abused or accused of abusing another.

Debriefing following the disclosure of sexual abuse can also be helpful. This can be a community event, or can be something that is facilitated for the providers who were involved in hearing the disclosure and caring for the survivor and her family. Sometimes it is helpful to have an outside resource person or provider, facilitate this event so that everyone has an opportunity to feel supported and cared for.

Identify What Might Happen If The Offender Or Victim Is A Family Member Of A Key Resource Person

It is helpful to have a protocol in place to deal with the issue of sexual abuse so that there is less likelihood for preferential treatment of family members, or the appearance of preferential treatment. It would be very difficult, even with a commitment to ending child sexual abuse, to be able to act as a key provider or a reporter of abuse if the victim or accused offender is a family member. While it is true that we all want sexual abuse to end, it is difficult to deal with when the individuals involved are loved ones. We should not be expected to be able to act in the best interests of others or to be totally unbiased when a loved one is involved. It simply is not possible to do this. There may be times when you need to give yourself a break and allow someone else to report the abuse, talk to the person who was abused, or confront the person who abused. This is not a failure, it is simply a part of being human. We cannot be unbiased with family members or loved ones. Too much of our own emotions come into the picture when people we love are hurt or accused of hurting others. Get your own help and support if this situation should arise.



Create Safety So Children And Adults Can Talk About Sexual Abuse

Creating talking circles, organizing community gatherings, hosting men's circles and women's teas meant to address the issues of sexual abuse create an environment that says "It's okay to talk about abuse here". Even if no one attends the events, there is still a message being sent that it is safe to talk about sexual abuse. Prevention activities, teaching personal safety to children, and educating adults about sexual abuse are other ways of creating a safety net for people to feel supported in talking about their own experiences.

Draw On The Child's Natural Support System For Healing

We all function better when the people who love us are able to act as our main treatment providers. Sending a child out of the village to receive treatment from people she doesn't know is fine when it is absolutely necessary, but it is generally better to rally around the child utilizing family and loved ones to support the child's healing. Supplementing this type of support with itinerant counselors, behavioral health aides, community leaders and traditional healers can formalize a system that may be able to provide healing in a way that far surpasses any contemporary treatment program.

Include Families In The Development Of Service Delivery Systems

Each individual and family will have a different idea about what type of services they can benefit from and which they will be most comfortable with. Some may choose to use only natural and traditional healers, while others may want to work with providers outside of the village. Still others will want a combination of both. Each person should be respected by asking them what will work best for them and finding ways to provide those services whenever possible. When people feel respected and valued, they are more likely to heal and to grow.



Identify, Train Or Hire A Victim Advocate For Children In The Village

Finding advocates for children within the village and finding ways to pay for their services can help to educate the community about child sexual abuse. Village-based advocates can provide services within the village in a way that is culturally relevant and logistically convenient. People may feel more comfortable talking to someone they know who understands about child sexual abuse situations.

Protecting Confidentiality In A Small Community

It may be impossible to fully protect the privacy of those who have been abused in a village setting. There are ways, however, to protect the information that is given by the survivors of sexual abuse to the people who are helping them. Training about the importance of confidentiality, talking circles to address issues of trust and respect, and consequences when confidentiality is broken are all ways of dealing with issues of confidentiality. There may also be creative ways in your village to protect the identity or specific information given by a survivor. Talking with the service providers in your community and with other community members about confidentiality is an important first step in protecting and respecting confidentiality.

Training To Work With Survivors Of Child Sexual Abuse

If you are interested specifically in working with individuals who have been abused, there may be trainings or even degree programs that you can attend to gain skills to offer special support to survivors. Talk to your trainers about opportunities to learn advocacy skills.



What To Expect From Therapy

Taking your child to see a therapist to deal with sexual abuse can be a difficult and confusing decision. Understanding the process can help you to feel more comfortable.

The therapist's job is to help your family, and particularly your child, to understand the sexual abuse in a way that does not affect her self image in a negative way. The ultimate goal of therapy is for your child to view the abuse as an event that has happened to her, not something that defines who she is. Because family is so important in how we see ourselves, family members may be asked to participate in some sessions.

Children often need to talk about what has happened to them. They may not want to talk about it, but most need to, and some need to tell the story more than once. Because this information is often difficult for parents to hear, you might consider seeking therapy for yourself as well.

It will take time for trust to develop between your child and her therapist. During this time, and during any period of work on particularly painful memories, your child may become angry or act out. Your child may tell you that she doesn't want to go to counseling. It can be helpful to acknowledge that it is difficult to talk about what has happened. Praise your child for having the courage to address the abuse. The therapist will also help your child overcome her resistance by spending several sessions simply getting to know her as a person. They might talk about less threatening subjects, draw, or play card games. While this may seem silly, it is used to build trust in a child who may have little ability to trust. A skillful therapist will engage a child by establishing that he or she is interested in the child as a person, not just in correcting a perceived problem.

Results take time, and when they do occur they may at first look like a move backward. This happens because it is difficult for your child to understand and work through what has happened to her. Eventually you should notice an increase in self esteem, improved ability to solve problems, decreased anger and depression, better control of thoughts and impulses, and greater happiness.

Returns to therapy are normal as there are many events which may trigger old feelings from past sexual abuse. These can include developmental stages, such as entering adolescence, dating, becoming sexually active, marriage, the birth of children, etc. Early therapy may help to ease some of these trigger responses, however, it should never be considered a weakness for a child or an adult to seek support. In fact, it is a sign of health and a show of increased trust to know that previous therapy has made it safe to seek help.



Pathway To Hope: Healing Child Sexual Abuse Video Guide





Additional Resources

Resources for parents whose child has been abused:

Spiders and Flies: Help for teachers and parents of sexually abused children By Donald Hillman and Janice Solek-Tefft.

When your child has been molested: A parent's guide to healing and recovery By Kathryn Hagans and Joyce Case.

When the Bough Breaks: A Helping Guide for Parents of Sexually Abused Children By Aphrodite Metakis.

Mothers of Incest Survivors: Another side of the story By Janice Tyler Johnson

Francis Ann Speaks Out: My Father Raped Me By Helen Chetín

Nobody Told Me it was Rape: A parent's guide to talking with teenagers about acquaintance rape and sexual exploitation By Carin Adams and Jennifer Fay

How Long Does it Hurt? By Cynthia Mather and Kristina Debye

Understanding Children's Sexual Behaviors; What's natural and healthy by Toni Cavanagh Johnson

He Told Me Not To Tell! By Jennifer Fay, 1979 King County Rape Relief

Helping Your Child Recover By Caren Adams

Catherine Finds Her Courage By Lawrence Shapiro



Resources for adult survivors:

Strong At The Heart: how it feels to heal from sexual abuse , Carolyn Lehman

Outgrowing the Pain A Book For and about adults abused as children , Elaina Gil

Opening the Door: A treatment model for therapy with male survivors of sexual abuse , A. Crowder

Telling , Marilyn Reynolds

Beginning to Heal; A first book for men and women who were sexually abused as children , Laura Davis and Ellen Bass

Victims No More: Men recovering from incest and other sexual child abuse , Mike Lew

Allies in Healing: When the Person You Love Was Sexually Abused as a Child , Laura Davis

Resources for teaching children about appropriate touching:

It's My Body: A book to teach young children how to resist uncomfortable touch , Lori Freeman.

A Very Touching Book , Jan Hindman

NoNo and The Secret Touch (Book and Tape), Sherri Patterson and Judith Feldman

Just Because I Am: A child's book of affirmations , Lauren Murphy Payne

Something Happened and I'm Scared to Tell , Patricia Kehoe

Telling Isn't Tattling , Katherine Hammerseng



Resources for Older Children and Teens

Shining Through; pulling it together after sexual abuse (a workbook) by Mindy B. Loiselle and Leslie Bailey Wright

How Long Does it Hurt by Cynthia Mather with Kristina Debye

Beginning to Heal by Eliana Gil

Strong at the Heart; How It Feels to Heal from Sexual Abuse by Carolyn Lehman

The Me Nobody Knows: A recovery guide for teenagers by B. Bean and S. Bennett

I Told My Secret: A book for kids who were abused by Elaina Gil

When Something Feels Wrong: A survival guide about abuse for young people by Deanna S. Pledge

Ophelia Speaks: Adolescent girls write about their search for self by Martha Ramsey



Organizations And Help Lines

There are many support groups/websites on the internet. Many of these may be helpful for survivors of child abuse.

Be aware the communications on the internet are not private or confidential. Your story or your painful memories may be made available publicly because of the nature of electronic communications. Never use email or internet forums to discuss a current case of child abuse.

Tribal Law & Policy Institute
Lots of resource and educational material
www.tlpi.org

Indian Country Child Trauma Center
Native-specific treatment models for trauma, children with sexual behavior problems, and parent-child interaction therapy
www.icctc.org

The Child Trauma Academy
A not-for-profit organization is a unique collaborative of individuals and organizations working to improve the lives of high-risk children through direct service, research and education.
www.childtrauma.org

Alaska C.A.R.E.S. – Resource Guide for Parents, Caregivers and Service Providers working with Alaska Native Children
<http://www.providence.org/alaska/tchap/cares/101about.htm/>
And <http://www.tribal-institute.org/lists/cja.htm>

Violent Crimes Compensation Board
PO Box N
Juneau, Alaska 99811
907-465-3040
<http://www.state.ak.us/admin/vccb/>



ChildHelp USA

24 hour confidential hotline

1-800-4ACHILD or 1-800-422-4453

www.childhelpusa.org

SNAP (Survivors Network of those Abused by Priests)

1-877-762-7432

www.snapnetwork.org

RAINN (Rape, Abuse and Incest National Network)

1-800-656-HOPE or 1-800-656-4673

www.rainn.org

STOP IT NOW!

1-888-PREVENT or 1-888-773-8368

www.stopitnow.com

Generation Five

www.generationfive.org

This group is an anti-violence organization that recognizes that the goal of ending child sexual abuse cannot be realized while other systems of oppression are allowed to continue.

Male Survivor

This site addresses the sexual victimization of boys and men through support, treatment, research, education, advocacy, and activism.

www.malesurvivor.org

Center for Sex Offender Management

The Center for Sex Offender Management is sponsored by the Office of Justice Programs, U.S. Department of Justice, in collaboration with the National Institute of Corrections, State Justice Institute, and the American Probation and Parole Association.

www.csom.org



Trauma Information Page
Treatment resources (free) and research
www.trauma-pages.com

Sidran Traumatic Stress Foundation
Provides education, training, research and information about abuse and healing
www.sidran.org

From Darkness to Light
247 Meeting Street
Charleston, South Carolina 29401
Helpline 1-866-367-5444
www.darkness2light.org

Office for Victims of Crime
Office of Justice Programs
U.S. Department of Justice
<http://www.ojp.usdoj.gov/ovc/welcome.html>







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Relevant Alaska Law

<http://touchngo.com/AgIcntr/akstats/Statutes/Title11/Chapter41.htm>

Sec. 11.41.434. Sexual abuse of a minor in the first degree.

(a) An offender commits the crime of sexual abuse of a minor in the first degree if

(1) being 16 years of age or older, the offender engages in sexual penetration with a person who is under 13 years of age or aids, induces, causes, or encourages a person who is under 13 years of age to engage in sexual penetration with another person;

(2) being 18 years of age or older, the offender engages in sexual penetration with a person who is under 18 years of age, and the offender is the victim's natural parent, stepparent, adopted parent, or legal guardian; or

(3) being 18 years of age or older, the offender engages in sexual penetration with a person who is under 16 years of age, and

(A) the victim at the time of the offense is residing in the same household as the offender and the offender has authority over the victim; or

(B) the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the first degree is an unclassified felony and is punishable as provided in AS 12.55.

Sec. 11.41.436. Sexual abuse of a minor in the second degree.

(a) An offender commits the crime of sexual abuse of a minor in the second degree if

(1) being 16 years of age or older, the offender engages in sexual penetration with a person who is 13, 14, or 15 years of age and at least three years younger than the offender, or aids, induces, causes or encourages a person who is 13, 14, or 15 years of age and at least three years younger than the offender to engage in sexual penetration with another person;

(2) being 16 years of age or older, the offender engages in sexual contact with a person who is under 13 years of age or aids, induces, causes, or encourages a person under 13 years of age to engage in sexual contact with another person;

(3) being 18 years of age or older, the offender engages in sexual contact with a person who is under 18 years of age, and the offender is the victim's natural parent, stepparent, adopted parent, or legal guardian;

(4) being 16 years of age or older, the offender aids, induces, causes, or encourages a person who is under 16 years of age to engage in conduct described in [AS 11.41.455](#)(a)(2) - (6); or

(5) being 18 years of age or older, the offender engages in sexual contact with a person who is under 16 years of age, and

(A) the victim at the time of the offense is residing in the same household as the offender and the offender has authority over the victim; or

(B) the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the second degree is a class B felony.

Sec. 11.41.438. Sexual abuse of a minor in the third degree.

(a) An offender commits the crime of sexual abuse of a minor in the third degree if

(1) being 16 years of age or older, the offender engages in sexual contact with a person who is 13, 14, or 15 years of age and at least three years younger than the offender; or



(2) being 18 years of age or older, the offender engages in sexual penetration with a person who is 16 or 17 years of age and at least three years younger than the offender, and the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the third degree is a class C felony.

Sec. 11.41.438. Sexual abuse of a minor in the third degree.

(a) An offender commits the crime of sexual abuse of a minor in the third degree if

(1) being 16 years of age or older, the offender engages in sexual contact with a person who is 13, 14, or 15 years of age and at least three years younger than the offender; or

(2) being 18 years of age or older, the offender engages in sexual penetration with a person who is 16 or 17 years of age and at least three years younger than the offender, and the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the third degree is a class C felony.

Sec. 11.41.440. Sexual abuse of a minor in the fourth degree.

(a) An offender commits the crime of sexual abuse of a minor in the fourth degree if

(1) being under 16 years of age, the offender engages in sexual penetration or sexual contact with a person who is under 13 years of age and at least three years younger than the offender; or

(2) being 18 years of age or older, the offender engages in sexual contact with a person who is 16 or 17 years of age and at least three years younger than the offender, and the offender occupies a position of authority in relation to the victim.

(b) Sexual abuse of a minor in the fourth degree is a class A misdemeanor.

Sec. 11.41.443. *Spousal relationship no defense. [Repealed, Sec. 61 ch 50 SLA 1989. For current law, see [AS 11.41.432\(b\)](#)].*

Repealed or Renumbered

Sec. 11.41.445. General provisions.

(a) In a prosecution under [AS 11.41.434](#)- 11.41.440 it is an affirmative defense that, at the time of the alleged offense, the victim was the legal spouse of the defendant unless the offense was committed without the consent of the victim.

(b) In a prosecution under [AS 11.41.410](#)- 11.41.440, whenever a provision of law defining an offense depends upon a victim's being under a certain age, it is an affirmative defense that, at the time of the alleged offense, the defendant reasonably believed the victim to be that age or older, unless the victim was under 13 years of age at the time of the alleged offense.

Sec. 11.41.450. Incest.

(a) A person commits the crime of incest if, being 18 years of age or older, that person engages in sexual penetration with another who is related, either legitimately or illegitimately, as

(1) an ancestor or descendant of the whole or half blood;

(2) a brother or sister of the whole or half blood; or

(3) an uncle, aunt, nephew, or niece by blood.

(b) Incest is a class C felony.

Sec. 11.41.455. Unlawful exploitation of a minor.

(a) A person commits the crime of unlawful exploitation of a minor if, in the state and with the intent of

producing a live performance, film, audio, video, electronic, or electromagnetic recording, photograph, negative, slide, book, newspaper, magazine, or other material that visually or aurally depicts the conduct listed in (1) - (7) of this subsection, the person knowingly induces or employs a child under 18 years of age to engage in, or photographs, films, records, or televises a child under 18 years of age engaged in, the following actual or simulated conduct:

- (1) sexual penetration;
- (2) the lewd touching of another person's genitals, anus, or breast;
- (3) the lewd touching by another person of the child's genitals, anus, or breast;
- (4) masturbation;
- (5) bestiality;
- (6) the lewd exhibition of the child's genitals; or
- (7) sexual masochism or sadism.

(b) A parent, legal guardian, or person having custody or control of a child under 18 years of age commits the crime of unlawful exploitation of a minor if, in the state, the person permits the child to engage in conduct described in (a) of this section knowing that the conduct is intended to be used in producing a live performance, film, audio, video, electronic, or electromagnetic recording, photograph, negative, slide, book, newspaper, magazine, or other material that visually or aurally depicts the conduct.

(c) Unlawful exploitation of a minor is a class B felony.

(d) In this section, "audio recording" means a nonbook prerecorded item without a visual component, and includes a record, tape, cassette, and compact disc.

Sec. 11.41.458. Indecent exposure in the first degree.

(a) An offender commits the crime of indecent exposure in the first degree if

- (1) the offender violates [AS 11.41.460](#) (a);
- (2) while committing the act constituting the offense, the offender knowingly masturbates; and
- (3) the offense occurs within the observation of a person under 16 years of age.

(b) Indecent exposure in the first degree is a class C felony.

Sec. 11.41.460. Indecent exposure in the second degree.

(a) An offender commits the crime of indecent exposure in the second degree if the offender knowingly exposes the offender's genitals in the presence of another person with reckless disregard for the offensive, insulting, or frightening effect the act may have.

(b) Indecent exposure in the second degree before a person under 16 years of age is a class A misdemeanor. Indecent exposure in the second degree before a person 16 years of age or older is a class B misdemeanor.

Sec. 11.41.470. Definitions.

For purposes of [AS 11.41.410](#)- 11.41.470, unless the context requires otherwise,

(1) "health care worker" includes a person who is or purports to be an anesthesiologist, acupuncturist, chiropractor, dentist, health aide, hypnotist, massage therapist, mental health counselor, midwife, nurse, nurse practitioner, osteopath, naturopath, physical therapist, physical therapy assistant, physician, physicians assistant, psychiatrist, psychologist, psychological associate, radiologist, religious healing practitioner, surgeon, x-ray technician, or a substantially similar position;

(2) "incapacitated" means temporarily incapable of appraising the nature of one's own conduct or physically unable to express unwillingness to act;

(3) "legal guardian" means a person who is under a duty to exercise general supervision over a minor or other person committed to the custody of the Department of Health and Social Services under AS 47.10 or AS 47.12 as a result of a court order, statute, or regulation, and includes Department of Health and Social Services employees, foster parents, and staff members and other employees of group homes or youth facilities where the minor or other person is placed as a result of a court order or the action of the Department of Health and Social Services, and police officers, probation officers, and social workers when those persons are exercising custodial control over a minor or other person.

(4) "mentally incapable" means suffering from a mental disease or defect that renders the person incapable of understanding the nature or consequences of the person's conduct, including the potential for harm to that person;

(5) "position of authority" means an employer, youth leader, scout leader, coach, teacher, counselor, school administrator, religious leader, doctor, nurse, psychologist, guardian ad litem, babysitter, or a substantially similar position, and a police officer or probation officer other than when the officer is exercising custodial control over a minor;

(6) "sexual act" means sexual penetration or sexual contact;

(7) "victim" means the person alleged to have been subjected to sexual assault in any degree or sexual abuse of a minor in any degree;

(8) "without consent" means that a person

(A) with or without resisting, is coerced by the use of force against a person or property, or by the express or implied threat of death, imminent physical injury, or kidnapping to be inflicted on anyone; or

(B) is incapacitated as a result of an act of the defendant.

AS 11.51.100. Endangering the Welfare of a Child in the First Degree.

(a) A person commits the crime of endangering the welfare of a child in the first degree if, being a parent, guardian, or other person legally charged with the care of a child under 16 years of age, the person

(1) intentionally deserts the child in a place under circumstances creating a substantial risk of physical injury to the child;

(2) leaves the child with another person who is not a parent, guardian, or lawful custodian of the child knowing that the person

(A) is registered or required to register as a sex offender under AS [12.63](#) or a law or ordinance in another jurisdiction with similar requirements;

(B) has been charged by complaint, information, or indictment with a violation of AS [11.41.410](#) - [11.41.455](#) or a law or ordinance in another jurisdiction with similar elements; or

(C) has been charged by complaint, information, or indictment with an attempt, solicitation, or conspiracy to commit a crime described in (B) of this paragraph; or

(3) leaves the child with another person knowing that the person has previously physically mistreated or had



sexual contact with any child, and the other person causes physical injury or engages in sexual contact with the child.

(b) A person commits the crime of endangering the welfare of a minor in the first degree if the person transports a child in a motor vehicle, aircraft, or watercraft while in violation of AS [28.35.030](#).

(c) In this section, "physically mistreated" means

(1) having committed an act punishable under AS [11.41.100](#) - [11.41.250](#); or

(2) having applied force to a child that, under the circumstances in which it was applied, or considering the age or physical condition of the child, constitutes a gross deviation from the standard of conduct that a reasonable person would observe in the situation because of the substantial and unjustifiable risk of

(A) death;

(B) serious or protracted disfigurement;

(C) protracted impairment of health;

(D) loss or impairment of the function of a body member or organ;

(E) substantial skin bruising, burning, or other skin injury;

(F) internal bleeding or subdural hematoma;

(G) bone fracture; or

(H) prolonged or extreme pain, swelling, or injury to soft tissue.

(d) Endangering the welfare of a child in the first degree under (a)(3) of this section is a

(1) class B felony if the child dies;

(2) class C felony if the child suffers sexual contact, sexual penetration, or serious physical injury; or

(3) class A misdemeanor if the child suffers physical injury.

(e) Endangering the welfare of a child under (b) of this subsection is a class A misdemeanor.

(f) Endangering the welfare of a child in the first degree under (a)(1) or (2) of this section is a class C felony.

AS 11.41.455. Unlawful Exploitation of a Minor.

(a) A person commits the crime of unlawful exploitation of a minor if, in the state and with the intent of producing a live performance, film, audio, video, electronic, or electromagnetic recording, photograph, negative, slide, book, newspaper, magazine, or other material that visually or aurally depicts the conduct listed in (1) - (7) of this subsection, the person knowingly induces or employs a child under 18 years of age to engage in, or photographs, films, records, or televises a child under 18 years of age engaged in, the following actual or simulated conduct:

(1) sexual penetration;

(2) the lewd touching of another person's genitals, anus, or breast;

(3) the lewd touching by another person of the child's genitals, anus, or breast;

(4) masturbation;

(5) bestiality;

(6) the lewd exhibition of the child's genitals; or

(7) sexual masochism or sadism.

(b) A parent, legal guardian, or person having custody or control of a child under 18 years of age commits the



crime of unlawful exploitation of a minor if, in the state, the person permits the child to engage in conduct described in (a) of this section knowing that the conduct is intended to be used in producing a live performance, film, audio, video, electronic, or electromagnetic recording, photograph, negative, slide, book, newspaper, magazine, or other material that visually or aurally depicts the conduct.

(c) Unlawful exploitation of a minor is a

(1) class B felony; or

(2) class A felony if the person has been previously convicted of unlawful exploitation of a minor in this jurisdiction or a similar crime in this or another jurisdiction.

(d) In this section, "audio recording" means a nonbook prerecorded item without a visual component, and includes a record, tape, cassette, and compact disc.

AS 11.41.460. Indecent Exposure in the Second Degree.

(a) An offender commits the crime of indecent exposure in the second degree if the offender knowingly exposes the offender's genitals in the presence of another person with reckless disregard for the offensive, insulting, or frightening effect the act may have.

(b) Indecent exposure in the second degree before a person under 16 years of age is a class A misdemeanor. Indecent exposure in the second degree before a person 16 years of age or older is a class B misdemeanor.







Exercises for Use

With The

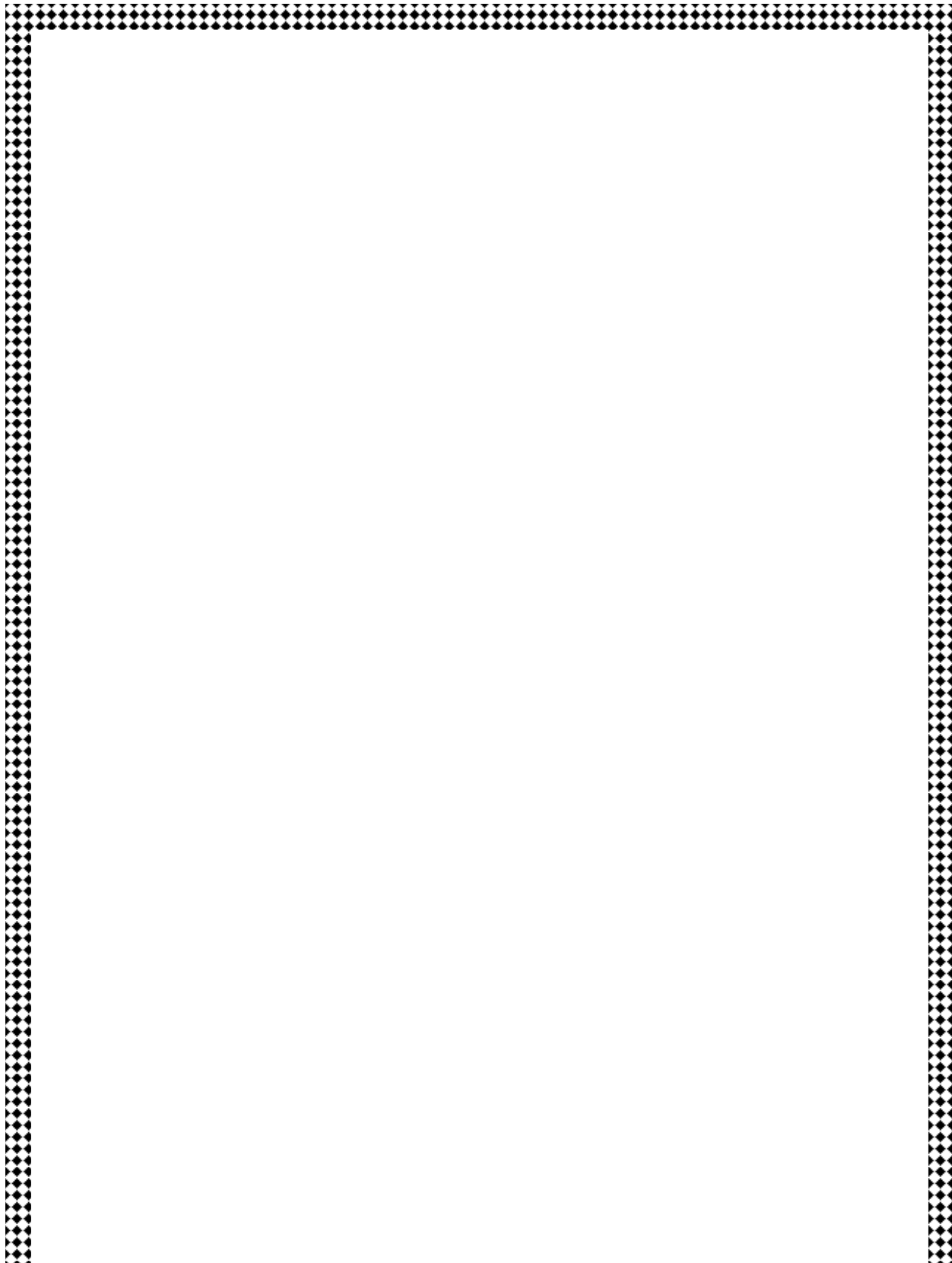
Pathway to Hope:

Healing Child Sexual Abuse

Video & Guide Book



Pathway To Hope: Healing Child Sexual Abuse Video Guide



Exercise A

Creating a Comfort Box

During this training, you will be creating the beginning of your own comfort box. The comfort box (originally conceptualized by Wendy Maltz), is meant to help you when and if you begin to feel overwhelmed with the material, the ideas, or the memories that this training may bring up for you.

The comfort box is meant to be a bag or box that you can go to when you are feeling stressed, lost, angry, lonely, or sad. It is to be filled with items that you have been provided here at the training (or which you have continued to collect once you have returned home).

Choose items for your comfort box that you like to smell, look at, things that feel good in your hand, or to the touch, things that remind you of safe or happy times, and things that you like to hear. These “sensory based” items will help to ground you if you feel as if you are floating away from what we are talking about, begin to get caught up in old memories, or start to feel panicked or overwhelmed. Holding something in your hand, smelling something you feel comforted by, or looking at a picture of a calm setting can help you to feel centered and ground you in the present moment.

When you return home from the training, it might be nice to continue to add to your comfort box. Photos of the people you love, spices or plants that smell like home, or like old memories that bring you peace, special mementos or gifts, and other trinkets can be added to complete your personal comfort box and make it something that is truly useful and comforting to you at times of confusion or difficulty.

During times of stress or intense feeling, it can be difficult to remember what you love about life, who cares about you, or what you want to accomplish in the future. Making lists of these things can be good to include in your comfort box. Other ideas for lists include where you want to travel or things you want to do before you die, people who you can count on, or call on when you are down, things that make you happy, or other things that are important to you.

If you want to use this exercise with a group in your village, think about how you can alter or change it to fit the needs of your group. You can use this exercise with children, teens, or adults with only minor changes. Kids, and even adults may like to decorate the box or bag to personalize it.



Creating a Comfort Box

Choose items for your comfort box that you like to:

- Smell or taste
 1. tea bags
 2. scented candles
 3. dried berries or herbs
 4. essential oils
- Things that remind you of safe or happy times
 1. a gift
 2. something that belonged to a loved one
 3. photos
 4. a small childhood toy
- Look at
 1. photos of loved ones
 2. pictures from magazines
 3. drawings
 4. letters from people you care about
- Things that you like to hear
 1. a music recording (tape or CD)
 2. something that reminds you of the ocean
 3. a recording of someone's voice
 4. musical notes or lyrics to a song
- Things that feel good in your hand, or to the touch
 1. beach glass or a worry stone
 2. an old piece of blanket
 3. a feather
 4. a small carving

These “sensory based” items will help to ground you if you feel as if you are floating away from what we are talking about, begin to get caught up in old memories, or start to feel panicked or overwhelmed. Holding something in your hand, smelling something you feel comforted by, or looking at a picture of a calm setting can help you to feel centered and ground you in the present moment.

During times of stress or intense feeling, it can be difficult to remember what you love about life, who cares about you, or what you want to accomplish in the future. Making lists of these things can be good to include in your comfort box.

Other ideas for lists include where you want to travel or things you want to do before you die, people who you can count on, or call on when you are down, things that make you happy, or other things that are important to you.



Exercise B

Strength and Power Beads



Power and Strength Beads with Adults in Helping Professions

Variation of project borrowed from University of Michigan School of Social Work/Laura Sanders, ACSW

Objective: Participants are to identify one childhood memory that was painful or a disappointment to them and match that event with a personal strength.

Items Needed for Project:

- Sculpey Clay® – 1 box 32 colors
- 1 airtight container to fit clay
- Craft time 15-20 minutes
- Small padded container or box to carry shaped beads
- String or cord
- 15 minutes baking time (overnight project)
- Counselor or therapist present

For 20 people participating in project, there must be at least 1- 2 hours of processing time.

Instruct participants to think about and select one childhood memory that was painful for them. For example, when they believed that their personal power was taken away from them without their permission. Ask participants to identify a color and a symbol that best represents this memory.

Once everyone has identified their memory ask them to consider what it was that helped them get through their painful memory or disappointment. What personal strength did they have that made them resilient? Then ask that they match a color and symbol that best represents this strength.

Pass around the container with Sculpey clay and have participants take 1 square inch of the color/s that represents both the negative and positive of their childhood memory. Have them shape their clay beads.

Option 1: Collect the clay beads to bring home to bake. Process the following day or when the group meets again. Have participants string their beads to create a necklace.

Option 2: After shaping clay beads, go clockwise around the room and have participants describe their memory and why they chose the colors and symbols. Participants can take their beads home to bake along with string or cord.

Note: Participants should be given the option not to discuss their event, but sharing should be highly encouraged. Also, it is important for the facilitator of this project to understand issues of child development, harm caused by emotional abuse and bringing discussion to memories that trigger emotional pain. Being able to stabilize a crisis is critical.

<http://beadwork.about.com/gi/dynamic/offsite.htm?zi=1/XJ&sdn=beadwork&zu=http://www.sculpey.com/>





*Exercise C***What Unique Strengths Do We Have in Our Community?**

Instructions: Ask each individual to fill this out and then share your responses. You may want to do this with service providers first and then with community members who attend a training event about child abuse.

- Who are the Native language speakers in our community?
- Are our community leaders active in protecting children?
- Do we have positive relationships with the school staff?
- What recreational activities are available for young children? For youth?
- Who is the behavioral health aide or other mental health provider in the community?
- Does our community have an ICWA worker?
- Are there traditional dancers and/or singers in the community?
- What subsistence activities are our community members involved with?
- Do we have a positive relationship with the law enforcement agency that responds to crimes here?
- Is there a tribal justice system such as a tribal court or the Tribal council handling child abuse situations?
- Who would get involved from our community if there was a report of child sexual abuse?
- Do our children get taught that it's okay to say 'no' to people who may scare them, touch them or ask them to do something that they don't want to, or know is wrong?
- Do our children learn to tell an adult if someone does these things?
- Do we have a substance abuse services in our community?
- Are the Tribal and community leaders alcohol and drug free?
- Can our community members respond quickly to crisis situations?
- Are we able to talk openly in our community about child sexual abuse?
- Can we bring up uncomfortable issues and topics?
- Do we trust in our community government and the system?
- Can we get past our fears of retaliation to talk about these things?
- Are there people available to do the work of ending silence and supporting child victims?
- Is there a CAC in our community or in a nearby community or hub?
- Do we have a strong relationship with the nearest CAC?
- Do we have groups available to help that are organized based on their spiritual beliefs/faith based groups?
- Do the traditional healers, tribal leaders, and the clergy or faith based agencies have knowledge about child sexual abuse, supporting child victims and approaches to healing for child victims?



Refer to page 15 in the Guidebook

What are our unique challenges and needs?

Think about the uniqueness of the community where you will use this Guidebook. Share your thoughts about these things by considering the questions below.

- What are the unique challenges to ending silence about child sexual abuse?
- Is there a history of abuse by clergy, school teachers or others in authority in your community?
- Are there people in leadership positions that excuse or overlook abuse of children?
- What needs does your community have that might be unique to these challenges?
- Does our community have a history of multi-generational child sexual abuse in some families?
- Do our elders and leaders have a history of being abused as children?
- Is there a deep sense of shame about child victimization?
- Are there cultural or communication differences we face when trying to deal with the child abuse response system? Is this a concern when the agency and interviewer are from a different culture than our families?
- Are we able to address the support, advocacy and treatment needs that may emerge from child sexual abuse survivors when we begin to educate people about child sexual abuse?
- Do we have access to forensic interviewers that speak the first language of the children, parent and others in the support system in the community, etc.
- What are the geographical challenges in responding to child sexual abuse in our region? What are our experiences and difficulties with system response time, weather, transportation, services, etc.
- Do we experience "turf" problems with others who are involved in responding to child sexual abuse in our community?



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Exercise D

Who are our Community Resources?

Instructions: Either individually or as a group, complete the information below and consider putting the contact information on a flyer for your community members. All Tribal community programs should have a copy of the completed information which includes response time.

ICWA worker: _____ Phone: _____

Time it will take for ICWA worker to arrive: _____

VPSO: _____ Phone: _____

Time it will take for VPSO to arrive: _____

State Trooper: _____ Phone: _____

Time it will take for State Troopers to arrive: _____

Chief: _____ Phone: _____

Time it will take for Chief to arrive: _____

Behavioral Health Aide: _____ Phone: _____

Time it will take for BHA to arrive: _____

Health Aide: _____ Phone: _____

Time it will take for CHA to arrive: _____

Child Advocacy Center: _____ Phone: _____

Time it will take to transport child : _____

Hospital: _____ Phone: _____

Time it will take to transport child: _____

Counselor: _____ Phone: _____

Time it will take for Counselor to arrive: _____

Other: _____ Phone: _____

Time it will take to access service: _____





Exercise E

Community Readiness Survey

Instructions: To use this survey, do a personal, face to face interview with 6-10 individuals in your community that represent the following groups:

Elders, both male and female

Social services, ICWA or GA program staff

Behavioral health counselor or mental health clinician if located in the community

Law enforcement or VPSO

Health aid or other health provider in the community

Teacher from Head Start, elementary, or high school

How much do you think your community knows about child sexual abuse?

How much do you think your community understands about how child sexual abuse affects children as they grow up?

Do you think your tribal leaders are willing to talk about addressing child abuse issues?

Can you name people in the community who are known for recognizing and supporting child victims?

Do you know of anyone in your community who helps authorities when an investigation into child sexual abuse is needed?

Where could a child from this community go for help and support if they have been abused?

What challenges or obstacles are there in your community related to helping children who have been sexually abused?

What challenges or obstacles are there to getting help for child victims from your community?

Where do you think the community needs to start to address these obstacles? Who should be involved?

NOTE: You may also want to do the “Helping Forces and Stopping Forces” activity in a group with service providers, parents, elders and others to gather additional information about community readiness and perceptions.





*Exercise F***Identifying Community Standards About Child Abuse**

Instructions: This activity may help your community identify steps toward the Four Strategies discussed in the video. You may want to share these questions with people all at once, or just talk about one question each time you meet.

What are the informal (unwritten) standards or expectations about children and how they are treated in our community? _____

What are the formal or written standards relating to child abuse such as tribal policies, tribal law and program requirements? _____

How can community members find out about the formal or informal standards that Guidebook how children should be treated? Who tells them or where can they read about them? _____

Are there people who come into our community, such as itinerant service providers, law enforcement, teachers or others that need to know about our standards? _____

How can we assure those people know our standards and expectations? _____

What other standards relating to child abuse need to be set in our community? Whose support do we need to gain? _____





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Exercise G

Instructions: This document can be used in a community discussion about safety of children, helping children heal from abuse and the importance of adult responsibility for the children of your community. Ask participants to read and decide if they agree with the wording or if they want to change parts of this proposed Bill of Rights. You can do this in small groups or as a whole group. If using small groups, try to include an elder in each small group to assure an understanding of values and beliefs are integrated into the changes. This activity works well following the “Helping Forces, Stopping Forces” -Exercise G, or it can also stand on its own as a chance to talk about values and beliefs.

NATIVE CHILDREN’S BILL OF RIGHTS

A PROCLAMATION

Approved by the _____ COUNCIL

Date: _____

WHEREAS, we the members of the _____ Council recognize our moral, social, spiritual and financial responsibility to protect and provide for the needs of the children of our nation; and

WHEREAS, we believe that all children are created with the inherent right to be safe, to be loved and nurtured, and to have adequate health care, nutrition and shelter; and

WHEREAS, we believe that each child has the right to be free of physical or emotional abuse, to be protected from sexual abuse and exploitation, and to be free from neglect, discrimination and the demeaning or destructive acts of others; and

WHEREAS, all our children have the right to a name and tribal identity, and the right not to be separated from his/her birth parents and to know their extended family and community, which are an important part of the child’s tribal identity as well as essential to assure our survival as a people; and

WHEREAS, all our children have the right to learn about and benefit from our tribal history, culture, language, spiritual traditions and philosophy; and

WHEREAS, we believe that parents have primary responsibility for providing their children with proper prenatal care, ongoing age-appropriate physical and emotional care, including emotional nurturing, adequate food, shelter, education, health care; and

WHEREAS, we believe that parents have an absolute responsibility to provide their children with a safe and healthy home and child care environments, to teach their children safety skills, and to provide appropriate supervision; and

WHEREAS, we believe that we too have a responsibility to assure that the children of our tribe have a standard of health, safety, education, and nurturing necessary to assist them in gaining healthy values and behaviors which will help them mature into healthy and productive members of our tribal community; and



Refer to page 75 in the Guidebook

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WHEREAS, we believe that the treatment of children, and therefore the welfare of our tribal children is the responsibility of the entire community, and that this responsibility extends to all the Native children who reside in our community, regardless of their tribal origins or their length of residence; and

WHEREAS, we recognize that domestic violence, substance abuse, lack of supervision, inadequate medical care and physical or emotional neglect may result in far-reaching and traumatizing effects on a child's physical and emotional growth and development; and

WHEREAS, maltreated, neglected, parentless and traumatized children often need special care, treatment and support in a way that promotes their healing and safety, as well as their sense of dignity, value and future well-being.

The _____ Council issues and proclaims this Children's Bill of Rights in order to assure that all of the children of our community who are under the age of eighteen years are provided with adequate food, clothing, shelter and health care; that they are protected and supervised to assure their safety and health; that they receive nurturing, appropriate cultural teachings and adequate education/schooling - all of which are their inherent and basic rights as Native children.

The _____ Council shall advocate for and promote the safety, dignity and well-being of the community's children throughout all governmental, business, social services and educational agencies and all other institutions involved in the community for any length of time.

The _____ Council shall undertake such other efforts as may be deemed necessary to assure the long-term safety and protection of our children, including, but not limited to monitoring the well-being of the children, requiring parents to participate in services to remedy behaviors that place children at risk, and placement of children with relatives or other community members when such is necessary for the health and welfare of the child/ren.

This proclamation is undertaken on behalf of our children with the goal of preparing them to assume a creative, productive and honorable role in our society, and to assure that the ultimate future of our people is considered in each action considered from this day forward by the _____ Council.

APPROVED AND ADOPTED BY a vote of _____ in favor, _____ opposed and _____ abstaining of the _____ Council
ON THIS _____ DAY OF (month) _____, 200_____.

Chief of _____ Council

Date

Secretary, _____ Council

Date



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Exercise H

Three signs with the words “Agree”, “Disagree”, or “Unsure” will be taped to the wall. Participants will be asked to move to one of the signs taped to the wall while the facilitators read off a series of statements. Another option would be to have participants silently form a line showing on a continuum of “strongly agree” to “strongly disagree”, where their values about the statements below lay.

1. Children do not lie or make up stories about sexual abuse
2. People who abuse children have been sexually abused themselves
3. People who abuse children should be harshly punished
4. Alcohol causes people to abuse children when they wouldn't do so otherwise
5. Children are able to tell adults when they are abused
6. Children are protected from child sexual abuse in our village
7. Children sometimes encourage or want adults to act sexual with them
8. Reporting sexual abuse only makes things worse
9. Children always need therapy after sexual abuse
10. Others as appropriate for the group or determined by facilitators

After participants have an opportunity to share their beliefs and values, and to hear those of others, the facilitators will share what we know about the statements from the latest research and treatment information. The following statements can then discussed:

1. What did you learn about yourself?
2. Was it difficult to state out loud that you disagreed with another person?
3. During the exercise, were there times you felt uncomfortable, scared, or unsafe?
4. If you did feel these, did you maintain your position?
5. If you stood up for your values, what helped you to stand by your beliefs?
6. Were there times you were unable to speak up for yourself or stand up for your values?
7. If so, what was it that impacted your ability to speak up?
8. What would help you to stand by your values in the future?
9. How do your values impact the way you interact with people who have been impacted by sexual abuse?
10. Do your values make you feel good or bad about yourself?
11. Are your values in conflict with people you love, cultural norms, or laws?
12. Is your behavior reflective of your values?
13. Are there changes you would like to make in your behavior?
14. What would help you to change your behaviors?



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Answer Sheet for Exercise C: Agree/Disagree Activity

The answers below are based on the best information we have to date (December 2007) from research and experience; this is information to help you respond to the responses of your group to the statements in the exercise and to inform them of how to think about these complex issues. The page numbers also provide reference points in the Pathway to Hope Video Guidebook for additional information.

1. Children do not lie or make up stories about sexual abuse (see also pages 43-45).

Answer: False, because a small number of children do, and children also lie when they say nothing happened when it really did.

Less than 4% of all sexual abuse disclosures are false. In the majority of these false disclosures, it has been an adult, and not a child, that made the false report and perhaps encouraged a child to lie.

Research on memory in young children reveals that it is difficult to convince a child to lie about something that they have no understanding or experience with (such as sexual abuse). It is easier to convince a child under the age of 4 to make up something that didn't happen, but still difficult to convince them to tell a lie about something like sexual abuse. Once in a while a child will lie about who the perpetrator of abuse is. If the abuser is someone that the child loves and depends upon for care and safety, it may be too threatening to say that person is abusing them. Instead, they may say that another person abused them, just so that they can get you to listen to them, and so that they can judge your reaction and determine whether you are trustworthy enough to tell the whole truth to. Very rarely a child will make up or lie about abuse, but in these cases, there is always something else wrong. If it isn't abuse, it is still worth looking into because the child is trying to tell you that something is wrong.

Much more common is for children to lie about abuse not happening when it actually did happen. They lie to protect the abuser, their family members, or themselves (especially if the abuser has threatened to hurt them or their family members).

2. People who abuse children have been sexually abused themselves (see also pages 39-41, 47, and handout page 8).

Answer: False, as this is not necessarily true.

Until relatively recently, it was believed that people who abuse sexually have themselves been victims of sexual abuse. Sometimes people who have been abused as children will end up abusing others, but we are starting to understand more and more that there are many other factors that play into this. Rates of prior victimization by sexual perpetrators range, with little consistency in the literature. Most findings however, indicate that only about 20-40% of abusers were sexually abused themselves. It is possible that exposure to domestic violence and physical abuse are contributing factors to becoming a sexual abuse perpetrator. Some studies show that rates of physical abuse are over 50% (Parker & Parker, 1986, Strand, 1986). Rates of long-term extreme domestic violence seem to be the most highly correlated with future sexual offending.

It is more likely that a person will abuse sexually after having been abused if they were not supported by their family when they disclosed the abuse, or were too frightened to tell about the abuse at all (Hunter & Figueredo, 2000). Children who are abused by someone that they love and once trusted are more likely to abuse others because they model their loved one's behaviors (Burton, 2003). When the abuse lasted for a longer period of time or when there were multiple abuse events or multiple perpetrators of abuse, it is more likely that the person who was abused will abuse others (Hunter & Figueredo, 2000). Simons, Tyler & Heil (2005) found that victims who were abused by a female perpetrator or who were abused or exposed to abuse before the age of 10 were more likely to abuse others.

3. People who abuse children should be harshly punished (see also page 84, 85, and 94).

Answer: Not Always.

Our state system is woefully inadequate at dealing with people who commit sex crimes. There are ways of addressing sexual abuse at the Tribal and village level in addition to (or, when there is no conviction, instead of) the state or federal levels. There is little evidence that prison time is helpful to any offender, and that holds true for the perpetrator of sexual abuse as well. Comprehensive treatment provided by an approved sexual

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abuse provider (therapist) can and often is beneficial to the abuser. It is also frequently beneficial to those who have been abused by him, those who love and support him, those who live around him and wish for themselves and their children to be safe, and for the community at large. Therapy for a person who abuses others is not about judgment, punishment or shaming. Therapy should never include these elements, but should always hold the abuser accountable and fully responsible for his or her actions. More and more we are seeing that research supports that good therapy is often adequate at preventing future victims of low and moderate risk offenders. Since not all offenders are the same, there are varying degrees of risk for re-offence which indicate appropriateness for different types of treatment.

4. Alcohol causes people to abuse children when they wouldn't do so otherwise (see also pages 50, 51, 53 and handout page 11).

Answer: Sometimes true.

It is sad that in our society, we tend to hold rapists less responsible if they were drinking at the time of the rape (Critchlow, 1983) and victims more responsible if they were drinking (Ritchardson & Campbell, 1982).

Alaska's Department of Corrections recidivism study found that 27.3% of sex offenders had a history of alcohol abuse, 2.2% had a history of drug abuse, and 38.2% had a history of both, while 30.4% had neither a history of alcohol or drug abuse.

Alcohol lowers inhibitions and allows people to do things that they might otherwise not allow themselves to do. Some offenders will drink knowing that they are setting themselves up to abuse. Many rapists reported that alcohol gave them the courage to do what they already had impulses to do (Laza & Clements, 1991).

5. Children are able to tell adults when they are abused (see also pages 36, 37, 45 and handout page 5).

Answer: False, because children often don't tell then and sometimes never tell even as adults.

When initially questioned, most children will deny having been sexually abused (Sorensen & Snow, 1991). Children often say that they delayed or did not report abuse because they were afraid of being disbelieved, punished, or unprotected (Lawson & Chaffin, 1992). In fact, preschool-aged children often report accidentally, saying something to a protective adult when they really didn't mean to. Adolescents most often report intentionally, but do so out of anger, which may make it look as though they are making a false report to "get even" with someone, when in fact, it could be the very act of getting angry that finally allows them to courage to tell.

When children report sexual abuse, their first report is often tentative and unconvincing. This is followed by eventually providing a detailed account of the abuse. Many children then recant or take back the report. Eventually, they say that their initial report was accurate (Sorensen & Snow, 1991).

Children who have supportive caregivers who believe and protect them are more likely to report abuse (63% as compared to 17% of children whose caregivers are unsupportive).

On average, those children who do report abuse, do so ten years after the abuse began (Lamb & Edgar-Smith, 1994).

Children often don't report a second time because almost no one believes them the first time they told. If they are believed, family or community members are often angry at them for getting the abuser in trouble. The child is frequently held responsible for the abuser's absence from the family or community. The reality is that when this happens to a child, the outcome of telling is more devastating to the child than to the abuser (Marshall, 1995).

6. Children are protected from child sexual abuse in our village (see also pages 15, 16, 68,69, 80 and 81).

Answer: This is a discussion question – there is no right or wrong, true or false!

Think about what sort of messages children are given about their ability to say "no" if they don't want to hug or kiss a relative. How are they taught about the importance of their bodies, the difference between good, bad, and uncomfortable touches, or about how or who to tell if they feel unsafe? Is your community educated

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about how to respond to children who do disclose abuse? Are they believed, protected, and helped to heal? Are abusers held accountable for their actions and not protected or excused? How else are children protected or not protected in your village?

7. Children sometimes encourage or want adults to act sexual with them (see also pages 39 and 43).

Answer: False

Children are naturally curious, but this does not mean that they understand or act on sexual feelings the way adults do. Sexual abusers sometimes justify their behavior by saying that the child was crawling onto their lap, snuggling against them, or showing that they “wanted it” in other ways. Children want love and attention. They do not want to be sexually abused. Abusers exploit the needs and wants of a child by abusing them when they are most in need of care and love.

Sometimes, when a child has lived with sexual abuse for a long time, he or she will encourage the abuser to act sexual with them so that they are no longer waiting for the abuse to occur. Once they have been abused, they may be able to let their guard down for the night knowing that they won’t be abused any more that night. Outsiders might see this as “encouraging” the abuse when in fact it is just an understanding that they might as well “get it over with” so that they can get on with the rest of their night.

Children who are sexually abused sometimes confuse love and sex. When they are seeking the attention or affection of an adult, they may believe that the only way they can get it is through sexual behavior. Adults who have been abused sometimes do this too, thinking that their only worth lies in their sexual behaviors.

8. Reporting sexual abuse only makes things worse.

Answer: False

Many abusers who have completed treatment will tell you that they were angry and afraid when the abuse was first discovered or reported, but that they were also relieved. People who abuse children often experience at least a part of themselves that wants to stop, but they are unable to do so by themselves. Intervention is often scary and overwhelming at first, with many changes. Everyone involved can feel disoriented and may have all kinds of intense feelings. As time goes on, however, it is often discovered that all individuals who work together and want to make changes in their lives begin to feel better, and to deal with old wounds and pain that have long been impacting their lives. Over time, there is an opportunity for all to get stronger and feel better. Families and communities can and are reunified after sexual abuse when the right circumstances exist for healing and safety.

9. Children always need therapy after sexual abuse (see also pages 6, 28, 42, 43, 58, 70, 77 and handout pages 31 and 33).

Answer: False.

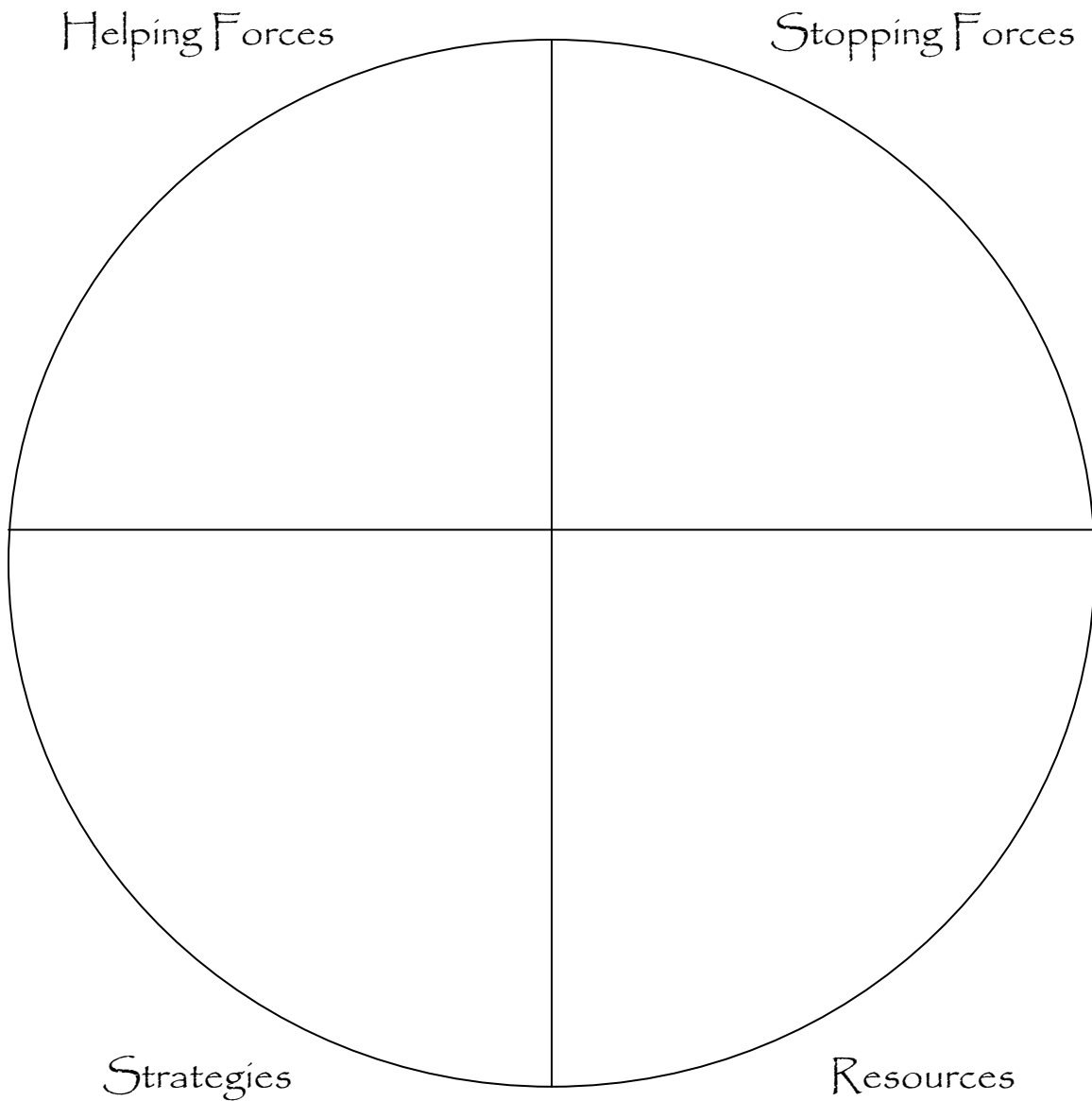
Children sometimes need therapy after being abused. Much more important is the love and support of everyone who is important in the life of the child. Sexual abuse can be traumatic in and of itself, but much more devastating is being blamed, denied, or shunned because of the abuse.

Traditional or community healing can be much more appropriate than formal clinical intervention, and is often all that is needed. Other individual healing can take place in the form of writing, singing, rocking, yelling, laughing, crying, hugging, shaking, sweating, running, playing, dancing, or many other forms of expression.

Clinical or professional therapy services should be considered if the child is having trouble at home or in school, is experiencing anxiety or depression, nightmares, unexplained fears, sweating, reliving of the abuse, suicidal thoughts or feelings, harming of self or others, body sensations or pains, or other behaviors such as those listed on pages 36 and 37.

*Exercise I***Identifying Strengths and Challenges Toward Ending Silence
About Child Sexual Abuse**

Instructions: see next page for detailed instructions.



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Instructions for Exercise I “Helping Forces and Stopping Forces” Group Discussion. You should allow at least 45 minutes to 1 hour for this discussion depending on the group size.

Step One: You can do this exercise as a group discussion using a flip chart with the graphic drawn on it, or give people copies and ask them to break into pairs or three people and share their ideas and fill in one copy.

Step Two: Ask each person to think about strengths in the Helping Forces section, obstacles in the Stopping Forces section and to fill those in. Some examples of “Strengths” identified by other Tribes are: Elders, Subsistence activities, Leaders, Culture, Spirituality, Spirit camp, Local Programs, Local Prevention, Vision of healthy families, Native speakers, Village service providers, Active CAC, District attorney and State Troopers—but don’t limit yourself to these.

Examples of Stopping Forces from other Tribal groups are: Shaming, Denial, Fear, Turn-over, Non-ownership of issues, Historical trauma, Lack of education,, Lack of mental well-ness and/or healing, Not teaching sexuality to children, No integration of co-occurring services, Geographical regions, Coping negatively with trauma, Wrong educational material, Multigenerational impact, Lack of funds, Cultural differences, “cultural beliefs”, Communication, Burnout, Turf issues

Step Three: After listing both of these sections, tell the group that now solutions need to be identified. In the section called “Strategies” ask people to list things they think will address the “Stopping Forces” that were identified. Ask them to thin specifically about how to overcome the obstacles they have listed by using and adding to the “Helping Forces” group. Some examples that other Tribal groups listed for “Strategies” are: Pow-wow or traditional dance, Memorial gathering for survivors, Educate: Schools, Agencies & Community, Elders to start telling stories, Helping to find a balance, Build a subsistence recovery camp, At gatherings/outreach events, ask attendees how they heal and what would help them heal, get input from all age groups, Parents encouraging their children to talk about abuse.

Step Four: Ask the group to think about concrete resources that need to be obtained, developed or provided to achieve these strategies. While it is tempting to put “money” as the main resource, the group should be encouraged to think about how they can accomplish many of these strategies without new funding.



Pathway To Hope: Healing Child Sexual Abuse Video Guidebook





Suggested Handouts
For Use With
the
Pathway to Hope:
Healing Child Sexual Abuse
Video & Guidebook





What Is Child Sexual Abuse?

- Child sexual abuse is a crime.
- Child sexual abuse strips a child of his or her right to grow, and fully experience their world.
- Child sexual abuse occurs when an adult or older child touches a younger child, or has that child touch them on the breasts, vagina, penis, or bottom.
- Child sexual abuse is also when a person tries to or actually puts any object into a child's vagina or rectum.
- Child sexual abuse includes non-physical contact, such as having a child look at an adult or older child's genitals, pornographic magazines or videos, peeking at a child while they are getting undressed, or talking to a child in a sexual manner.
- Child sexual abuse can rob a child of their innocence, make them feel bad about themselves and fearful of others. It is abuse that hurts a person at a deeply spiritual level. It affects a child's ability to trust and to believe that he or she is safe in the world.
- Molestation is another word for child sexual abuse that involves touching or non-physical contact
- Rape is the term used when a penis or other object is forced into a child's vagina or rectum.





Primary Warning Signs Of Child Sexual Abuse

Note: In some children there are no obvious signs at all

- Sexual knowledge too great for age
- Refusal to leave others alone in the bathroom
- Displays fear or anger about babies or intercourse
- Masturbates or refuses to stay clothed in public, even after many reprimands
- Often plays with feces
- Purposely urinates in places other than the toilet
- Hurts other children
- Aggressive or tearful when demanding privacy
- Tries to undress other people
- Physical contact with an adult bothers the child
- Sexual behavior with other children or animals
- Desire for self harm
- Self destructive behaviors
- Suicidal or homicidal thoughts
- Bleeding, bruising, or pain in the vaginal or rectal area
- Genital infection or sexually transmitted infection
- Prostituting



Facts About Male Sexual Abuse Survivors

- Boys are sexually abused less often than girls
- Boys report abuse less often than girls
- Boys are abused most often by other males, but reports of abuse by females are increasing
- Boys may question their sexuality after abuse more frequently than girls do
- Boys often act out more aggressively than girls
- Boys are less likely to be seen by society as a victim
- Boys may be victimized by knowing about or watching the abuse of a sister
- Boys are more likely to attempt suicide
- Boys are more likely to use alcohol and drugs
- Boys are more likely to see themselves as responsible for the abuse
- Boys are more likely to be seen by others as responsible for the abuse
- Boys are more likely than females to have sexual fantasies about children and to want to be sexual with a child
- Boys often feel physiologically sexually aroused during abuse situations, even if they are repulsed by what is happening

Adapted in part from Peter Dimock, L.I.C.S.W. and Ken Singer, LCSW



Who Are The Abusers?

- 96% of the time the abuser is someone the child knows
- Abusers can be male or female
- Abusers come in from all ethnic and racial groups
- Abusers can be rich or poor
- Abusers can be spiritual leaders or religious people
- Abusers are most often trusted friends and family members
- 47% of all child sexual abuse is committed by a family member
- 49% of all child sexual abuse is committed by a family friend
- Only 4% of all child sexual abuse is committed by a stranger
- 25% of child sexual abuse is committed by other children



The Difference Between Sexual Play And Sexual Abuse

SEXUAL PLAY:

- Occurs between children of similar ages
- Happens because children are curious
- Is embarrassing, giggly, or funny to the children
- Is spontaneous, not planned

SEXUAL ABUSE:

- Occurs between children of 3 or more years age difference, a child and adult, or a child and someone in a position of power or authority
- Feels scary, uncomfortable, or intimidating to the child
- Includes manipulation, tricks, domination, coercion, or force
- Is planned by the older child or adults
- Often progress over time into more pushy sexual acts
- Can make a child feel ashamed and hurt





How Are Sexual Abuse And Substance Abuse Linked?

- Abusers often use alcohol and drugs to reduce inhibitions and allow themselves to abuse, making excuses of their behavior based on the alcohol or drug use.
- Abusers often give alcohol or drugs to the children they want to abuse.
- Abusers often choose vulnerable children to abuse, including children with Fetal Alcohol Spectrum Disorders.
- Children often use alcohol and drugs to cope with feelings after they have been abused.
- People who have been abused are more likely to become dependant on alcohol and drugs than people who have not been abused.
- People who are abusing substances are more likely to be exposed to additional experiences of trauma.
- Using alcohol or drugs does not make a person sexually abuse a child.
- Obtaining treatment for substance abuse problems will not stop the problem of sexual abuse.
- Some abusers have Fetal Alcohol Spectrum Disorders. This can make treatment more difficult to find, and the person who abuses more complex to help.
- People who abuse children often look for victims who are not supervised. One way that they do this is to find children whose parents have difficulties with alcohol or drug use. They may befriend the parents in order to abuse their children when the parents are intoxicated.





Things To Do If A Child Is Acting Out Sexually

- Describe the behaviors you see to the child
- Tell them how you want them to act
- Get the child interested in something else
- Tell the child your rules about touching
- Change the environment
- Let them know that you will not touch them
- Tell the child that you value him/her but not the behavior
- Refer the child to a counselor or therapist
- Tell the child that you are teaching him/her methods of self protection and safety





Who is a Mandated Reporter?

- Any paid employee of any agency that serves children
- Any volunteer who works for any agency that serves children, even temporary employees such as camp counselors or chaperones for events
- Anyone who works for a Traditional IRA, Tribal Council, Corporation, Clinic, Head Start, School, or Non-Profit Native Organization
- You are required to report *suspected* abuse, not to investigate abuse
- You are required to report immediately

What Happens If A Mandated Reporter Doesn't Report?

- You could be fined, or arrested and go to jail
- You could place a child in danger of being abused again
- You could give the child the message that he/she doesn't matter
- You could feel guilty, scared and bad
- You could be keeping a cycle of abuse going
- You would be preventing the abuser from getting the help they need
- You would be preventing the child and family from getting needed help

Phone Number for Child Protection Services in my area:

_____ or

The National Child Abuse Hotline at 1-800-478-4444





Information OCS Wants When You File A Report

Name of Child: _____

Child's Age: _____ Date of Birth: _____ Race: _____

Current Address: _____

Present Location: _____

Name of Parents: _____

Parent's Address: _____ Phone: _____

Names of siblings: _____

Tribal Affiliation: _____

Problem Situation: _____

Name, Address & Phone of person responsible (or suspected) for the abuse: _____

Your Name, Address & Phone (reports can be anonymous): _____

Any immediate safety concerns: _____

LOCAL OCS PHONE: _____

FAX NUMBER: _____





MANDATORY CHILD ABUSE REPORTING¹

WHO IS REQUIRED TO REPORT?

Under Federal law, 25 U.S.C., Chapter 34 and 18 U.S.C. §1169, individuals who have legal or other responsibility for an Indian child's welfare through an Indian Tribe or organization, tribal consortium, or on tribal lands, including village corporations, lands held by incorporated Native groups, or regional corporations, and reservations include:

- A physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider;
- Teacher, school counselor, instructional aide, teacher's aide, teacher's assistant, or bus driver employed by any Tribal, Federal, public or private school;
- Administrative officer, supervisor of child welfare and attendance, or truancy officer of any Tribal, Federal, public or private school;
- Child care worker, Head Start teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker;
- Psychiatrist, psychologist, or psychological assistant;
- Licensed or unlicensed marriage, family or child counselor;
- Person employed in the mental health profession;
- Law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders.

WHAT HAS TO BE REPORTED? (see sample Child Abuse Referral Form)

Any known or suspected abuse of a child – including action that are being taken or are going to be taken that would be expected to result in abuse of a child. Examples of actions that “are going to be taken” would be – (1) knowledge or suspicion that a known perpetrator of child sexual abuse was moving into a home where children reside, or (2) that a person who has been violent toward his/her children or partner when using alcohol was seen buying a case of beer.

“**Abuse of a child**” includes, but is not limited to:

A child is dead or exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, AND the condition is not justifiably explained or may not be the product of an accident.

A child is subjected to sexual assault, sexual molestation, sexual exploitation, sexual contact or prostitution;

Child neglect which includes negligent treatment of a child under circumstances that indicate the child's health or welfare is harmed or threatened;

Family violence which results or threatens to result in physical or mental injury.

¹As sovereign Nations, Tribes have the right to establish Tribal law that is more stringent and carries more consequences for failing to report than is present in these minimum standards in federal law. Tribes are encouraged to incorporate into Tribal codes their Tribal values and standards for how child abuse and neglect is defined, who must report, and the consequences for failure to report or take action regarding abuse of children.

WHO DO I MAKE THE REPORT TO?

The law says the mandated reporter must report to “local law enforcement” or “local child protection”. These agencies are required to cross-report through a written report to the other agency within 36 hours. Local law enforcement may be tribal police, city police, village police, FBI, county sheriff, or any other entity that has responsibility for peacekeeping and law enforcement duties. Local child protection may be the Tribe’s child protection office, the state or county office, if they have investigative duties on tribal land, or it may only mean the state child protection agency. In some places, the Bureau of Indian Affairs handles all initial investigations of child abuse on tribal land. It is important to know which agency has responsibility for the immediate safety of children in order to make the report of your concern about child abuse to the right place.

WHAT HAPPENS IF I DON’T REPORT?

*Mandated reporters who **FAIL TO REPORT IMMEDIATELY** to local law enforcement or local child protective services agency shall be fined not more than \$5,000 or imprisoned for not more than 6 months or both. Any supervisor or person in a position of authority over a mandated reporter who inhibits or prevents that person from making a report can also be penalized.*

DO PARENTS HAVE TO GIVE PERMISSION FOR INTERVIEWS AND MEDICAL EXAMINATIONS WHEN CHILD ABUSE IS SUSPECTED?

NO. Photographs, x-rays, medical examinations, psychological examinations, and interviews of an Indian child alleged to have been subject to abuse in Indian country shall be allowed, without parental consent, if the local child protective services agency or local law enforcement officials have reason to believe the child has been subject to abuse. Those agencies shall be allowed to interview a child without first obtaining the consent of the parent, guardian or legal custodian in order to protect the child.

CONFIDENTIALITY

The identity of the person making a report (whether it is a mandated reporter or other individual) shall not be disclosed - without the consent of the individual - to any person other than a court of competent jurisdiction or an employee of an Indian Tribe, a State or Federal government who needs to know the information in the performance of the employee’s duties.



ALASKA TRIBE



CHILD ABUSE/NEGLECT REFERRAL
MANDATED REPORT TO OCS & LAW ENFORCEMENT

Give as much information as is known at the time of filing this report and put?? where you are unsure. Be sure to give

I. KNOWN OR SUSPECTED CHILD ABUSE/NEGLECT
 (circle all applicable regarding a child age 18 or younger)

names and phone numbers of others who may have more details than you have at the time of doing this report.
 physical sexual contact sexual exploitation neglect runaway

VICTIM'S name _____ **Age** _____ **D.O.B.** _____ **Male/Female**
 Address/residence _____ Community/Village _____
 Child's school _____ Grade _____ Teacher _____
 Victim is _____ a Native child; _____ a non-Native child; _____ I don't know; _____
 From another community (name of community _____)
 Child's physician/medical provider _____ phone _____
 Last known medical appointment was on _____ for _____
Parent/Caretaker Name _____ relationship _____
 Address/residence location _____

II. ALLEGED OFFENDER/SUSPECT INFORMATION

Phone: _____ Home _____ Work _____ Message
 Name: _____ Age _____ **D.O.B.** _____ **Male/Female**
Relationship to child _____
 (indicate if alleged offender has relationship with any of child's relatives, i.e. aunt's signif.other, etc.)
 Address/last known residence (give directions if address is unknown): _____

 The alleged offender/suspect may be contacted through (name of contact, phone number, address, etc.)

 Check all of the following that apply to the alleged offender/suspect:
 _____ Lives or works in the community full-time: _____ lives in the community part of the year:

III. INFORMATION & LOCATION OF INCIDENT/S OF CHILD ABUSE/NEGLECT:

_____ Lives elsewhere but comes to the community to visit: _____ come to the community a lot:
 _____ Rarely comes to the community: _____ has never been in the community before.
Alleged offender is: _____ a Native adult (over 18); _____ a Native child (under 18); _____ a non-Native
WHEN incident occurred or is suspected to have occurred: Date/s _____;
 _____ After 6 p.m.: _____ after midnight: _____ after 6 a.m.: _____ between 6 a.m. and noon: _____ between
 Noon and 6 p.m.: specifically _____
WHERE (check all that may apply) _____ at victims' home: _____ at relative home: _____ at neighbor home:
 _____ In a vehicle: _____ outside the community at _____; _____ in the community: _____ at school:
 _____ Other _____
WITNESSES: Incident was not witnessed: _____ was witnessed by (name/age) _____
 _____ Witness can be contacted at: _____

★★HEALTH PROVIDERS ARE TO OBTAIN THE FOLLOWING INFORMATION FROM REFERENT:

Describe what you know OR suspect to have taken place. If it is first-hand knowledge, state what you actually saw or heard. If you are reporting a suspicion of abuse, state what factors led you to have the suspicion, including factors related to your specialized training or experience. Use additional paper if necessary to provide a full description.

CHILD HAS RECEIVED MEDICAL ATTENTION: LOCATION _____
CHILD HAS BEEN REFERRED FOR MEDICAL ATTENTION TO _____
Name _____ Phone _____ Relationship to child _____
Name _____ Phone _____ Relationship to child _____

IV. NAMES OF OTHER INDIVIDUALS WHO ARE AWARE OF/HAVE INFORMATION RELATING TO THE INCIDENT:

Name _____ Phone _____ Relationship to child _____

- A. This family has a previous history of child abuse/neglect: ___ Yes ___ No ___ Don't know
B. The alleged offender/suspect has a previous history of physical or sexual abuse to a child:

V. FAMILY INFORMATION

___ Yes ___ No ___ Don't know.
C. If yes to either, state location of past abuse, if known _____
REPORT REFERRED TO: _____ AT TRIBE: DATE _____
_____ VILLAGE POLICE: DATE _____

THIS REPORT COMPLETED BY: _____ DATE _____ TITLE _____
RELATIONSHIP TO CHILD: _____

_____ AT OCS: DATE _____
_____ AT STATE TROOPERS: DATE _____

CONFIDENTIALITY: ALL MADATORY REPORTERS MUST GIVE THEIR NAME
If referent is other than a mandatory reporter, the referent must be advised that the law allows for their identity to be kept confidential (unless they consent to disclosure) except that the court, OCS, local, state or federal law enforcement officers, or any other federal, state or tribal employee who needs to know their identity in order to carry out their duties are entitled to know with or without the consent of the referent. 25 U.S.C. 3203(d)

What Should I Do If A Child Tells Me He/She Was Sexually Abused?

*“Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen”
- Anonymous*

- Get down on the child’s eye level
- Show him your concern
- Let the child talk at his or her own pace, don’t rush things
- Allow the child to stop talking when he or she becomes uncomfortable
- Nod your head or say uh-huh, mmmm
- Listen a lot, talk a little
- Don’t interpret, guess at what happened, or put words in the child’s mouth
- Let the child know what is going to happen
- Don’t ask yes/no questions or ‘why’ questions
- Ask ‘how’, ‘what’, ‘when’, and ‘where’ questions instead
- Be trustworthy
- Believe the child
- Let the child use their own language, especially for body parts
- Assure him that he was right to tell
- Tell him that it was not his fault
- Don’t make promises you can’t keep
- Try not to act surprised or upset
- Be honest about your feelings in a way that affirms the child’s innocence
- Do what you can to keep the child safe from further harm
- Report the abuse
- Remain calm
- Focus on the child
- Don’t blame yourself or other family members
- Don’t bad-talk the abuser
- Be patient and don’t quiz the child or be intrusive
- It will harm the child to suggest that the abuse will have life long or damaging effects

What Can I Say to the Child?

- It took a lot of courage for you to tell me
- I’m going to find someone who can help you
- It’s not your fault
- You were very smart to tell
- You were very brave to tell
- I know it’s not easy to talk about
- There are people we have to tell so that we can stop this from happening again





Talking to a Child about Abuse

- Believe the child
- Get down at the child's level
- Use the same vocabulary or words that the child is using
- Tell the child he did the right thing by telling
- Tell the child that what happened was not her fault
- Don't make promises you can't keep, such as "I'll keep you safe", or, "This will never happen again" if you don't know FOR SURE that is true
- Try not to act surprised or upset. If you have to you can leave the room briefly
- Be honest. If you are having big feelings, it is okay to share that you feel angry or hurt, but be sure to do it in a way that lets the child know you don't blame him.
- Report the abuse
- Do what you can to protect and keep the child safe
- Listen a lot; talk a little
- Allow the child to stop talking when he needs to
- Tell the child what is likely to happen next

NOTE TO PARENTS: If your child tells you that he or she was sexually abused, it is important to remain calm. Children will quickly pick up on your emotions if you are angry or panicked. Sometimes this type of response will result in the child taking back what he or she told you because your reaction was too "big" for them to have feelings of their own. Try to remain as calm as possible. You will likely need your own support and counseling to deal with the abuse. Be sure that you get the help you need so that you can be there for your child.





Immediate Safety Issues/Crisis Protocol Sheet

Name of Person at risk: _____

Phone: _____ Address: _____

Date: _____ Time: _____

Current Situation: _____

Any suicidal thoughts/feelings: _____

Plan to suicide: _____

Any homicidal thoughts/feelings: _____

Plan to murder: _____

Persons to inform:

Chief: _____ Phone: _____

ICWA Worker: _____ Phone: _____

Children’s Services: _____ Phone: _____

VPSO: _____ Phone: _____

State Troopers: _____ Phone: _____

Counselor: _____ Phone: _____

CHA: _____ Phone: _____

Intended Victim: _____ Phone: _____

Other: _____ Phone: _____

Other: _____ Phone: _____

Other Information: _____





If You Are A Child Sexual Abuse Victim And Disclosing As An Adult...

- Believe in yourself
- Know that you are worth fighting for
- Understand that people are reacting out of their own fears and ignorance
- Stick up for yourself and others
- Keep talking
- Keep asking for help
- Be gentle with yourself
- Get support
- Get educated about sexual abuse dynamics
- Find people who believe you, stick up for you, and hear what you have to say
- Know that you are loved
- Know that the people who love you cannot always show it well

Refer to Section II





What Can We Do To Help Children Who Have Been Abused?

- Believe the child
- Let the child know that you are available to talk, but don't pressure her/him
- Be aware of anniversary dates
- Notice current grief or losses in her/his life
- Look for problems related to changes in age or growing up
- Be aware of things that trigger memories or thoughts of the abuse
- Get things back to normal as soon as possible
- Give the child opportunities for building self confidence
- Help the child understand that mood swings, anger, and sadness are common feelings after sexual abuse
- Keep the child busy with activities she/he enjoys
- Give the child room to act younger than she/he is for a while
- Allow the child to make as many decisions for her/himself as possible
- Be consistent so the child knows what to expect from you
- Educate yourself about sexual abuse
- Be honest about your feelings, but don't let your feelings overwhelm the child's
- Encourage the child to get support from others
- Protect the child from any contact with the abuser
- If the child has to be in contact with the abuser, talk to the child about it
- Ask the child what you can do to help her/him feel safe
- Remember that the child can heal; if you believe that child sexual abuse is so painful and devastating that the child can never heal, it will impact the child's healing and may keep her/him stuck



What Can We Do To Help Adults Who Have Been Abused?

- **Talk about it:** Talking about it will reduce shame, isolation and loneliness. It can prevent Post Traumatic Stress Disorder and it can help to reduce or cure it.
- **Listen:** Just being there to listen is one of the most important things you can do. Even if you don't know what to say, being present and witness to another person's pain can be very powerful.
- **Support groups:** One of the most important ways to reduce shame and isolation and to increase trust, community and healing is to participate in support groups.
- **Regular check-ins:** with a friend, mentor, Elder, or therapist
- **Exercise:** especially exercise that allows increased feelings of calm (yoga), increased positive body image (dancing, especially traditional dancing, or belly dancing), or increased empowerment (karate or self defense).
- **Education:** to increase their understanding about why they reacted and continue to react the way that they do in certain situations. This will help increase the understanding that they reacted normally to an abnormal event.
- **Art:** to help express that which cannot be spoken.
- **Teach self-soothing practices:** to increase calm, comfort, and relaxation.
- **Plan community events:** to allow time and place for this to be talked about, learned about, and prevented in the future and for individuals to be acknowledged if they choose, and to be publicly valued and validated.





Teach Children—It's Okay To Say 'No' And To Tell

- Don't force children to hug, touch, or kiss anyone if they don't want to
- Teach children that they have the right to say 'no' to any unwanted touch
- Praise children when they say what they want from others
- Praise children when they say 'no'
- Teach children to recognize their 'uh-oh' feelings
- Teach children a word or phrase they can use when they don't want touch
- Teach children the difference between good, bad, and uncomfortable touch
- Hang posters with kid-friendly messages in visible places throughout the village
- Talk to kids about sexual abuse
- Tell kids who they can go to if they need to tell about sexual abuse
- Tell kids about safe and unsafe people in the village
- Teach kids the difference between telling to get someone in trouble and telling to keep themselves or someone else safe
- Explain about secrets and tell children that they should always tell a trusted adult if someone asks them to keep an uncomfortable secret
- Teach privacy and encourage children to use privacy when needed
- Tell children that they may like a person but not the way that person touches them. It's okay to ask or tell someone to stop touching.
- Tell kids that they do not have to mind an adult who tells them to do something that they know is wrong.



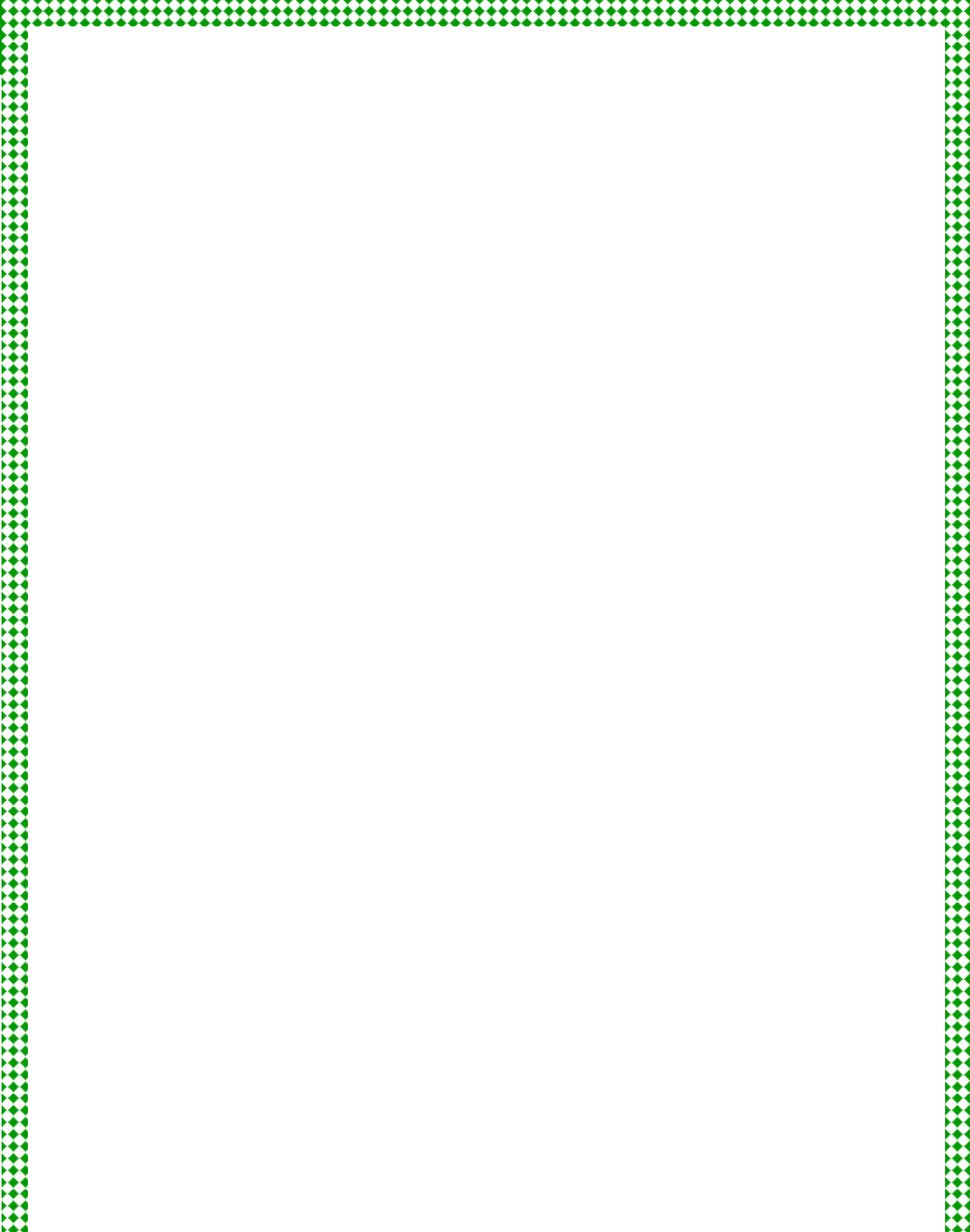


Relax

And

Color







Alaska Wildflowers

Pathway To Hope: Healing Child Sexual Abuse Video Guide





Salmon

Pathway To Hope: Healing Child Sexual Abuse Video Guide



Raven Chasing Goshawk



Pathway To Hope: Healing Child Sexual Abuse Video Guide

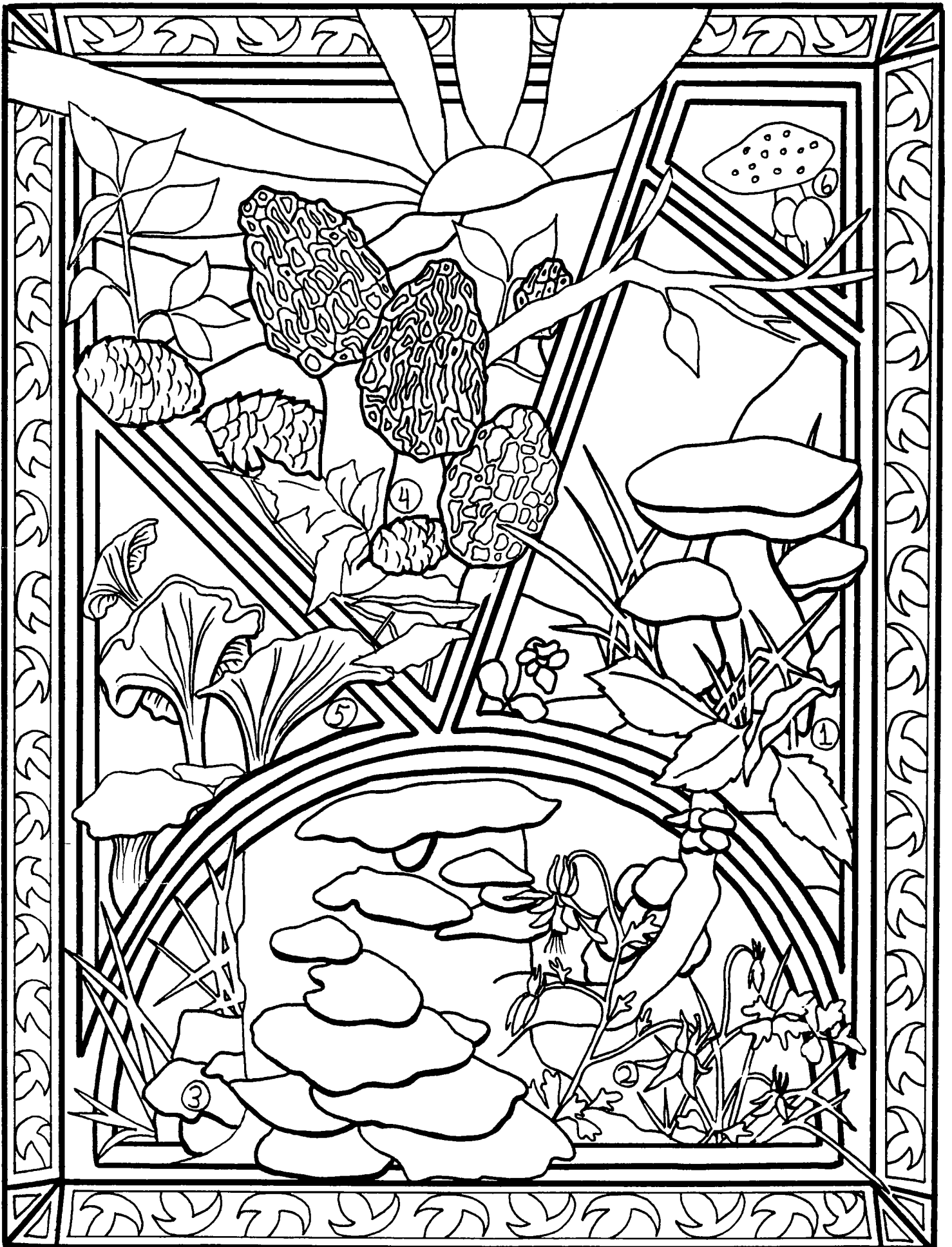




Going to school on the Yukon

Pathway To Hope: Healing Child Sexual Abuse Video Guide





Mushrooms

Pathway To Hope: Healing Child Sexual Abuse Video Guide



Tribal Law & Policy Institute

The Tribal Law and Policy Institute (the Institute) is an Indian owned and operated non-profit corporation organized to design and deliver education, research, training, and technical assistance programs which promote the improvement of justice in Indian country and the health, well-being, and culture of Native peoples. The Tribal Law and Policy Institute publishes the Tribal Court Clearinghouse (www.tlpi.org).

The Institute was created in 1996 through the combined efforts of those concerned with the improvement of tribal court systems and the fair administration of justice in Indian country. The Institute focuses upon collaborative programs that provide critical resources for tribal court systems, victim's assistance programs, and others involved in promoting the improvement of justice in Indian country. The Institute seeks to facilitate the sharing of resources so that Indian Nations and tribal justice systems have access to low cost resources that they can adapt to meet the individual needs of their communities.

The Institute seeks to establish programs which link tribal justice systems with other academic, legal, and judicial resources such as law schools, Indian law clinics, tribal colleges, Native American Studies programs, Indian legal organizations and consultants, tribal legal departments, other tribal courts, and other judicial/legal institutions. The underlying philosophy is that tribal courts and Indian people are best served by shared access to existing information and resources - so that each tribe and tribal court does not have to "reinvent the wheel."

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NATIVE CHILD VICTIM RIGHTS

If a Native child is victimized by physical, sexual or emotional abuse, or by witnessing violence, that child has rights...

- Right to be believed & respected**
- Right to be treated with dignity**
- Right to competent forensic interviewers & medical examiners**
- Right to competent investigators**
- Right to physical and emotional safety**
- Right to age-appropriate support and advocacy**
- Right to culturally appropriate support and services**
- Right to services that will assist the child in healing**
- Right to crime victim compensation funds**
- Right to have adults work together to minimize the trauma they experience from abuse**