

Child Abuse Prevention Training

YMCA of the USA

Child Abuse Prevention Training for Front-Line Staff

Handout 1—Definitions of Child Abuse

Physical: An injury or pattern of injuries that happen to a child that is not accidental. These injuries may include beatings, burns, bruises, bites, welts, strangulation, broken bones, or death.

Neglect: Neglect occurs when adults responsible for the well-being of a child fail to provide for or protect the child. Neglect may include not giving food, clothing, or shelter; failing to keep children clean; lack of supervision; and withholding medical care.

Emotional: Any chronic and persistent act by an adult that endangers the mental health or emotional development of a child including rejecting; ignoring; terrorizing; corrupting; constantly criticizing; making mean remarks; insulting; and giving little or no love, guidance, or support.

Sexual: Sexual abuse is the sexual assault or sexual exploitation of children. Sexual abuse may consist of numerous acts over a long period or a single incident. Children can be victimized from infancy through adolescence. Sexual abuse includes rape, incest, sodomy, fondling, exposing oneself, oral copulation, penetration of the genital or anal openings, as well as forcing children to view or appear in pornography. The perpetrator keeps the child from disclosing through intimidation, threats, and rewards.

- In the United States between 1 in 3 and 1 in 4 females are sexually abused as children. At least 1 in 7 males have been sexually assaulted before they reach the age of 18 (Johnson and For Kids Sake, Inc. 1992).
- In 75 percent of sexual abuse cases the child knows the offender (USDHHS, Child Maltreatment 2000).
- Abuse crosses all socioeconomic backgrounds.
- More than 3 million cases of child abuse are reported to child protective services agencies each year (USDHHS, Child Health USA 2002). Child abuse and maltreatment consists of several different types of behavior, including neglect (46 percent of all reported cases in 2001), physical abuse (18 percent), sexual abuse (9 percent), emotional abuse and domestic violence (4 percent), and other forms of maltreatment (23 percent). More than 1,200 children die each year as a result of being abused or neglected (USDHHS, Child Maltreatment 2001).

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Handout 2—Possible Indicators of Abuse

Sexual Abuse—Behavioral Indicators

1. Is reluctant to change clothes in front of others
2. Is withdrawn
3. Exhibits unusual sexual behavior or knowledge beyond what is common for his or her developmental stage
4. Has poor peer relationships
5. Either avoids or seeks out adults
6. Is pseudomature
7. Is manipulative
8. Is self-conscious
9. Has problems with authority and rules
10. Exhibits eating disorders
11. Is self-mutilating
12. Is obsessively clean
13. Uses or abuses alcohol or other drugs
14. Exhibits delinquent behavior, such as running away from home
15. Exhibits extreme compliance or defiance
16. Is fearful or anxious
17. Exhibits suicidal gestures or attempts suicide
18. Is promiscuous
19. Engages in fantasy or infantile behavior
20. Is unwilling to participate in sports activities
21. Has school difficulties

Sexual Abuse—Physical Indicators

1. Has pain or itching in the genital area
2. Has bruises or bleeding in the genital area
3. Has venereal disease
4. Has swollen private parts
5. Has difficulty walking or sitting
6. Has torn, bloody, or stained underclothing
7. Experiences pain when urinating
8. Is pregnant
9. Has vaginal or penile discharge
10. Wets the bed

Emotional Abuse—Behavioral Indicators

1. Is overeager to please
2. Seeks out adult contact
3. Views abuse as being warranted
4. Exhibits changes in behavior
5. Is excessively anxious
6. Is depressed
7. Is unwilling to discuss problems
8. Exhibits aggressive or bizarre behavior
9. Is withdrawn
10. Is apathetic
11. Is passive
12. Has unprovoked fits of yelling or screaming
13. Exhibits inconsistent behavior at home and school

14. Feels responsible for the abuser
15. Runs away from home
16. Attempts suicide
17. Has low self-esteem
18. Exhibits a gradual impairment of health or personality
19. Has difficulty sustaining relationships
20. Has unrealistic goal setting
21. Is impatient
22. Is unable to communicate or express his or her feelings, needs, or desires
23. Sabotages his or her chances of success
24. Lacks self-confidence
25. Is self-deprecating and has a negative self-image

Emotional Abuse—Physical Indicators

1. Has a sleep disorder (nightmares or restlessness)
2. Wets the bed
3. Exhibits developmental lags (stunting his or her physical, emotional, or mental growth)
4. Is hyperactive
5. Exhibits eating disorders

Physical Abuse—Behavioral Indicators

1. Is wary of adults
2. Is either extremely aggressive or withdrawn
3. Is dependent and indiscriminate in his or her attachments
4. Is uncomfortable when other children cry
5. Generally controls his or her own crying
6. Exhibits a drastic behavior change when not with parents or caregiver
7. Is manipulative
8. Has poor self-concept
9. Exhibits delinquent behavior, such as running away from home
10. Uses or abuses alcohol or other drugs
11. Is self-mutilating
12. Is frightened of parents, going home
13. Is overprotective of or responsible for parents
14. Exhibits suicidal gestures or attempts suicide
15. Has behavior problems at school

Physical Abuse—Physical Indicators

1. Has unexplained* bruises or welts, often clustered or in a pattern
2. Has unexplained* or unusual burns (cigarettes, doughnut shaped, immersion lines, object patterned)
3. Has unexplained* bite marks
4. Has unexplained* fractures or dislocations
5. Has unexplained* abrasions or lacerations
6. Wets the bed

(* or explanation is inconsistent or improbable)

Neglect—Behavioral Indicators

1. Is truant or tardy to school often or arrives early and stays late
2. Begg or steals food
3. Attempts suicide
4. Uses or abuses alcohol or other drugs
5. Is extremely dependent or detached
6. Engages in delinquent behavior, such as prostitution or stealing
7. Appears to be exhausted
8. States frequent or continual absence of parent or guardian

Source: Reprinted, by permission, from R.C. Johnson, 1992. For their sake: responding to, and reporting child abuse. (Martinsville, IN: American Camping Association). www.acacamps.org/ (765) 342-8456.

Neglect—Physical Indicators

1. Is frequently dirty, unwashed, hungry, or inappropriately dressed
2. Engages in dangerous activities (possibly because he or she generally is unsupervised)
3. Is tired and listless
4. Has unattended physical problems
5. May appear overworked or exploited

Family Characteristics

1. Extreme paternal dominance, restrictiveness, or overprotectiveness
2. Family isolated from community and support systems
3. Marked role reversal between mother and child
4. History of sexual abuse for either parent
5. Substance abuse by either parent or by children
6. Other types of violence in the home
7. Absent spouse (through chronic illness, depression, divorce, or separation)
8. Severe overcrowding
9. Complaints about a "seductive" child
10. Extreme objection to implementation of child sexual abuse curriculum

Source: Family Characteristics excerpted from "What Do I Do Now? Indicators of Child Sexual Abuse and Guidelines for Mandated Reporters" by Tracy Flynn, M.Ed., ©2002 Committee for Children, Seattle, WA.

Note: These indicators can also suggest emotional dysfunctions that merit investigation for having emotional problems or being the victim of abuse.

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Handout 5—How to Handle Inappropriate Sexual Behavior and Child-on-Child Abuse

The 1994 YMCA of the USA Child Abuse Prevention Training notebook helped generate an awareness of potential staff-to-child abuse, resulting in many YMCAs taking great measures to minimize this risk. In many YMCAs these efforts have paid off. But a second category of abuse, child-on-child abuse, may be on the increase. Some YMCA staff speculate that the cause may be that children come to the YMCA with more problems than ever before. These problems might include living in a household where children are sexually abused or exposed to controlling, violent role models. Other possibilities? In some homes, inappropriate sexuality and promiscuity may be prevalent, or children may be watching television shows or movies that depict sexuality in ways that might be confusing to them. This might lead children to act out those perplexing images in inappropriate, unacceptable ways.

Research conducted by Friedrich, Fisher, Broughton, Houston, and Shafran, published in *Pediatrics*, the journal of the American Academy of Pediatrics, April 1998, found a relationship between child and family variables and the total number of sexual behaviors exhibited by a child. For example, children from violent families sometimes have a problem with personal boundaries, one of the sexual behavior categories. In addition, children of families under stress have been implicated in psychosocial and behavior problems, including sexual behavior. As another example, parents reported higher levels of sexual behavior in their children who had opportunities to look at adult movies or magazines and witness intercourse. These behaviors, although more frequent, may not always be inappropriate and could fall within the range of normal sexual behaviors. The behavior may be unsuitable in a YMCA setting, however, and staff may have to intervene and redirect.

Supervision

First, good supervision is required. Staff responsible for children in YMCA programs need to know where children are and what they are up to at all times. When sending older youth to the rest room, send them in groups of at least three and carefully track how long they are out of the room. If they are gone for too long, send someone to check on them. In child care or day camp, make sure there are no blind spots in the program environment where children can play or interact unobserved by an adult or other children. Keep in mind, however, that children in group settings do need private areas within the program space where they can collect their thoughts and enjoy quiet time. Just make sure that staff check on them frequently.

Teach Children Personal Safety

The most important personal safety skill is assertiveness training. Staff should teach, practice, and model assertiveness and conflict resolution skills. Make sure children know that they own their own bodies and that no one has a right to touch them in ways that make them feel uncomfortable. Several curriculum resources relaying these messages are listed in appendix E.

Staff Support and Training

Supervisors are responsible for making sure their staff understand child growth and development, particularly normal behaviors related to sexuality. For example, young children will often imitate, explore, act out, or ask questions. When they engage in sexual behavior deemed inappropriate, adults must provide guidance, not punishment. Stop the behavior, explain why it is not appropriate, offer alternatives, or redirect to another activity.

Chances are that if staff work with children over an extended period, they will eventually confront children whose sexual behavior is not appropriate in a group setting. How should they respond when an incident occurs?

Don't lose perspective.

A child's behavior should be seen in context of his or her age rather than interpreted using adult standards. Adults have preconceived notions about sexuality. Disregard these adult standards and evaluate the situation for what it is.

Consider what is normal.

Weigh what you have observed or what has been reported to you with what you know about normal sexual development in children, for example, sex play and masturbation, use of obscenities, or undressing with another child. Is the behavior simply exploratory? Does the behavior suggest sexual knowledge or acts that are not age appropriate? Does it seem relatively innocent? When two children are involved, does it appear consensual or forced? Who initiated the activity? Was the other child manipulated into consenting?

Is it likely that one or both children could be victims?

Has either of the children exhibited other behaviors that might suggest that they are victims of adult-to-child or other child-on-child sexual abuse? If it appears likely, staff must follow YMCA child abuse reporting policies.

Provide guidance.

Even if the behavior is deemed exploratory or typical, children need guidance. Stop the behavior, explain why it isn't appropriate in this setting, answer questions to help eliminate the confusion, and work with children to develop social skills that are more appropriate. Complete and file a YMCA incident report.

Don't take adult circumstances and apply them to children.

When adults try to apply adult thinking and adult circumstances to incidents involving children, it just doesn't fit. Remember the incident a few years ago when a six-year-old boy was expelled from school for kissing a female student on the playground? Children are children. They have limited experiences to draw from and do not understand societal norms that later will help guide their judgment. Developing social skills, morals, and values are learned behaviors. Don't assume that "they know better"—they may not. It's up to adults to teach children what is acceptable and what is not.

Involve the family in making recommendations.

Because we promote family-staff partnerships, families should be consulted when staff observe behaviors that raise a red flag. Depending upon the severity of the situation, a casual conversation with a parent or significant family member at the end of the day may be all it takes. If you suspect abuse, if the behavior was manipulative, or if it wasn't consensual, then it would be wise to schedule a parent-staff meeting to sort through the details and develop a plan of action. After sorting out the facts with parents, if staff feel there is reasonable cause to suspect that the child has been abused, you have a legal mandate to report this suspicion to the appropriate authorities. Document everything. If you sense a potential conflict, contact your YMCA's legal counsel.

Follow up.

Again, make sure to document all observations and interviews. Continue to observe and work closely with children to help ensure that incidents do not continue. If it becomes necessary, refer the child or family for counseling. Continue to consult with parents in a caring and empathic manner as a way to diffuse some of the embarrassment or anger.

Understanding Normal Sexual Behavior in Children

Children exhibit a broad range of sexual behaviors that are part of normal development. Although some YMCA staff, volunteers, and parents may be uncomfortable with explicit information, it is important for them to understand what is within a normal or acceptable range so that, on one hand, they do not overreact when they observe such behaviors and, on the other hand, they do not miss obvious clues that might suggest that a child has been sexually abused. To better understand what constitutes normal behavior, review the findings outlined below taken from the article "Developmentally Related Sexual Behaviors" published in *Pediatrics*, the Journal of the American Academy of Pediatrics, April 1998. These behaviors, categorized as adherence to personal boundaries, exhibitionism, gender role behavior, self-stimulation, sexual anxiety, sexual interest, sexual intrusiveness, sexual knowledge, and voyeuristic behavior, were repeatedly observed by parents and caregivers, thus allowing the researchers to conclude that the behaviors fell within the normal range of behavior. These typical behaviors include the following:

Two- to Five-Year-Old Boys and Girls

- Stand too close to people
- Touch self (private parts) when in public places
- Touch or try to touch their mother's or other women's breasts
- Touch self (private parts) when at home
- Try to look at people when they are nude or undressing

Six- to Nine-Year-Old Boys and Girls

- Touch self (private parts) when at home
- Try to look at people who are nude or undressing

Ten- to 12-Year-Old Boys and Girls

- Are very interested in the opposite sex

Following are lists from the YMCA of the USA's courses on working with 11- to 14-year-olds and 15- to 18-year-olds and from the YMCA of the USA's course on adolescent sexuality. The following are considered typical adolescent behaviors:

Preteens

- Preteens want privacy: They close the door when they get dressed.
- Girls who mature early are likely to be self-conscious about changes in their bodies and are sometimes embarrassed if they become the object of sexual attention.
- Physically mature boys share some of the same feelings.

Adolescents

- The average age of first menstruation is 12; the onset of fertility (first ejaculation) in boys typically occurs between 12 and 13.
- Teens feel tremendous pressure to have sex and may feel vulnerable because they haven't had sex yet or think it is wrong to feel sexual.
- Teens struggle to define their attractiveness through personal appearance.
- Masturbation is a normal part of adolescent development.
- A teen explores his or her "sex appeal."
- Sexual experimentation with peers may occur.

In the book *Straight Talk: Sexuality Education for Parents and Kids 4-7*, published by Planned Parenthood of Westchester, Inc., authors Marilyn Ratner and Susan Chamblin identified these typical child behaviors that relate to sexuality:

Four- and Five-Year-Old Children

Undress with another child

Participate in creative play dramatizing "doctor," "hospital," and "birth"

Masturbate

Engage in verbal play about elimination and interest in bathroom activities

Verbalize romantic attachment toward parent—"I'm going to marry you"

Imitate adult behavior

Use obscenity and repeat curse words

Express an interest in babies, pregnancy, and the birth process

Six- and Seven-Year-Old Children

Engage in sex play and masturbation

Show an increased awareness of differences between the sexes in body structure

Are sensitive to differences between the sexes

Have strong same-sex friendships and increased self-consciousness

Have strong interest in male-female roles

Show some exhibitionism in play situations or in school bathrooms

Demonstrate exaggerated modesty and desire for privacy

Need uniformity with peers in dress, speech, and so forth

Use obscenities, giggle, engage in name-calling, and make remarks about elimination and bathroom functions

Ask searching questions about pregnancy, birth, and babies; may ask about the father's role in reproduction; and show an interest in comparing human and animal behavior.

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Handout 7—General YMCA Guidelines for Showing Affection to Children on the Job

The YMCA encourages staff who interact with children to be affectionate with those children in a manner that is safe for both the children and the employee.

Guideline 1: “Grandma” Standard

Imagine the child’s grandmother (or other authority figure) walking into the room at that moment. If you would now be uncomfortable about what is happening, you need to change the situation immediately. This guideline emphasizes the unfortunate importance of how things look in today’s society.

Guideline 2: Child Initiated

A child may choose to do something that a staff person never would. In some circumstances, that makes the behavior acceptable. Examples include a child choosing to hold hands with the staff person or climbing into a staff person’s lap. Other circumstances remain unacceptable. An older child spontaneously kissing a staff person, for example, is to be discouraged, and staff should respond only briefly (although warmly) to full frontal hugs. Forcing affectionate behavior on a child is never acceptable. Even asking for a hug can be considered force when you are discussing young children who are easily influenced by adult expectations.

Guideline 3: Age Appropriate

Consider the age and developmental stage of the child involved. Is this behavior typical of that group or cause for concern? Children who display overaffectionate or inappropriate touching behavior may be victims of child abuse.

Guideline 4: Gentle Limits

Gentle yet firm limits are the way to make children’s spontaneous affectionate behavior safe for you. There are many natural ways to move on to another activity without making the child feel rejected. For instance, after a minute of hand holding or lap sitting, ask the child to sit next to you, distract the child with something to do, or encourage him or her to return to an interrupted activity.

Guideline 5: Have Witnesses

When a situation merits having unusual physical contact with a child, make sure that you have witnesses to verify your appropriate actions and responses. This circumstance comes up frequently when a young child needs help with clothing or in programs where physical contact is part of the instruction, like aquatics, youth fitness, gymnastics, and other selected sports. The key here is to balance your need for corroboration with the child’s need for dignity in front of an audience.

As human beings we use affection to enhance our relationships. Remember that some children will only be comfortable with a pat on the shoulder and anything more will make them uneasy. So make note of which affectionate behaviors each individual initiates with you and respond accordingly and appropriately.

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Handout 8—Touching Policy

The following considerations can help you develop or review your policy on touching:

- Touching should be in response to the need of the child and not the need of the adult.
- Touching should be with the child’s permission; resistance from the child should be respected.
- Touching should avoid breasts, buttocks, and groin.
- Touching should be open and not secretive.
- Touching or other physical contact should be governed by the age and developmental stage of the child.

Examples of On-the-Job Age Appropriateness

Holding hands. Most children past the age of eight will not want to hold your hand. The developmental shift that happens around this age usually brings a greater need for independence and the appearance of maturity. The essential guideline you should remember is that the older children are, the less time you should spend holding hands. Remember to use gentle limits that help the child feel valued while enforcing a safe working relationship.

Child sitting on your lap. Most children over the age of eight will not want to initiate this activity in a YMCA group setting, so if one does you should make note of it. Preschoolers, kindergarteners, and some first graders will still want to crawl into your lap, especially if it is quiet or reading time, if they don’t feel well, or if they are excited to tell you something. Setting gentle limits here may include asking them to sit next to you after a minute or giving them a difficult surface on which to be comfortable (sloping your lap), which gently encourages them to find another seat on their own. Children, no matter their age, should be discouraged from “hanging out” by sitting on your lap; sitting next to you is a wonderful alternative if it’s going to last more than a minute or two. The exceptions might be in early childhood centers when staff work with children who are ill or in need of comfort.

Buttoning a child’s pants. Unless children have special needs, they will not require your assistance with this activity past the age of seven. If an older child asks for this kind of help, you need to explore that situation in conversation with the child, your supervisor, or the family. Unfortunately, some other motivation may be at work.

Additional Ways That People May Touch Children

Appropriate at Camp	
Pat on the shoulder	Definitely—a great way to show affection
Hugging	Use a sideways hug if you initiate
High fives	A great way to be affectionate at work
Secret handshake	Great team builder if used wisely
Resting head on your shoulder	Use guidelines 1, 2, and 4. (from Handout 7)
Squeezed together on a couch	Use guideline 1 and think about safety
Applying sunscreen to a child	Only if you have parent’s permission (and only in areas described in training; let child apply sunscreen elsewhere)
Inappropriate at Camp	
Caressing	Too intimate
Kiss (on the cheek, mouth, top of head)	Tell child, “Kisses are for family”
Piggyback rides	Too much contact and favoritism
Back rub	Too intimate
Wrestling or roughhousing	It’s not safe
Playing mercy or uncle	Games that injure are not fun
Carrying a child on your hip	Too much contact and favoritism
Shoulder rides	Too much contact and favoritism
Touching where swimsuits cover	Too intimate
Spider swing	Too much contact and favoritism
Child hanging on your body	Unsafe; you need to be able to move in a crisis
Playing airplane	Unsafe
Note: Items in bold are OK for infants, toddlers, and young preschoolers but not older children.	

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Handout 11—Child Abuse Reporting Procedures

The YMCA promotes a positive guidance and discipline policy with an emphasis on positive reinforcement, redirection, prevention, and the development of self-discipline. At no time will the following disciplinary techniques be tolerated: physical punishment, striking, biting, kicking, squeezing, shaming, withholding food or rest-room privileges, confining children in small locked rooms, or verbal or emotional abuse.

Affectionate touch and the warm feelings it brings are important factors in helping a child grow into a loving and caring adult. YMCA staff and volunteers, however, need to be sensitive to each person's need for personal space (i.e., not everyone wants to be hugged). The YMCA encourages appropriate touch; at the same time, however, it prohibits inappropriate touch or other means of sexually exploiting children.

In the event of an accusation of child abuse, the YMCA will take prompt and immediate action as follows:

At the first report or allegation that child abuse has occurred, the employed staff person it has been reported to will notify the program director, who will then review the incident with the YMCA executive director or his or her designate. If the program director is not immediately available, this review by the supervisor cannot in any way deter the reporting of child abuse by the mandated reporters. Most states mandate that all teachers and child-care providers report information they have learned in their professional roles regarding suspected child abuse. In most states, mandated reporters are granted immunity from prosecution.

The YMCA will make a report in accordance with relevant state or local child abuse reporting requirements and will cooperate to the extent of the law with any legal authority involved. (Note: YMCA staff should find out about reporting requirements before the occurrence of any incident.)

In the event the reported incident involves a program volunteer, employed staff, or YMCA member, the executive director will immediately, without exception, suspend the volunteer or staff person from the YMCA until an investigation is complete. Accused should be suspended immediately and removed from the program in which the allegation occurred.

The parents or legal guardian of the child or children involved in the alleged incident will be promptly notified in accordance with the directions of the relevant state or local agency. If more than one set of parents is involved (e.g., child-on-child abuse), the YMCA's responsibility is to keep the names and contact information of those involved confidential. People may learn that information some other way, such as through other children, but YMCA staff and volunteers should not provide it. The YMCA needs to protect itself from disclosing information on a minor.

Whether the incident or alleged offense takes place on or off YMCA premises, it will be considered job related (because of the youth-involved nature of the YMCA).

Reinstatement of the program volunteer, employed staff person, or YMCA member will occur only after all allegations have been cleared to the satisfaction of the executive director or his or her designate.

All YMCA staff and volunteers must be sensitive to the need for confidentiality in the handling of this information and therefore should discuss the incident only with the executive director or his or her designate.

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Handout 13—Disclosure by a Victim and Tips for Your Response

Children may disclose abuse in a variety of ways. They may come to you in private and tell you directly and specifically what is going on. Unfortunately, this is one of the less common ways for children to disclose. Ways that are more common include the following:

Indirect hints. For example, the child may say, “My brother wouldn’t let me sleep last night,” “Mr. Jones wears funny underwear,” “Daddy doesn’t like me,” or “My babysitter keeps bothering me.” A child may talk in these terms because he or she hasn’t learned specific vocabulary, feels too ashamed or embarrassed to talk more directly, has promised not to tell, or for a combination of these reasons. Gently encourage the child to be more specific, within the limits of her or his vocabulary, but bear in mind that to make a report you do not need to know exactly what form the abuse has taken.

Disguised disclosure. The child may say, “I know someone who is being touched in a bad way,” or “What would happen if a girl told her mother that she was being molested, but her mother didn’t believe her?” Here the child might be talking about a friend or sibling but is just as likely to be talking about himself or herself. Encourage the child to tell you what she knows about the “other child.” It is probable that the child will eventually tell you whom they are talking about.

Disclosure with strings attached. “I have a problem, but if I tell you about it you have to promise not to tell anyone else.” Most children are all too aware that some negative consequences will result if they break the secret of abuse; the offender often uses the threat of these consequences to force the child to remain silent. Let the child know you want to help him or her and that the law requires you to make a report if the child discloses abuse; just as abuse is against the law, so too it would be against the law for you not to report. Assure the child you will respect his or her need for confidentiality by not discussing the abuse with anyone other than those directly involved with the legal process, who might include the school nurse or counselor, school principal, or the child protection services investigator.

If you are on the receiving end of a child disclosing abuse, here are some suggestions for responding to disclosure:

- Step 1:** Find a place to talk with the child (a private place visible to other staff).
- Step 2:** Do not panic or express shock.
- Step 3:** Express your belief that the child is telling the truth.
- Step 4:** Use the child’s vocabulary.
- Step 5:** Reassure the child that it is good to tell the truth.
- Step 6:** Reassure the child that it is not her or his fault and that she or he is not bad.
- Step 7:** Determine the child’s immediate need for safety and help secure it.
- Step 8:** Let the child know that you will do your best to protect and support him or her.
- Step 9:** Let the child know what you will do with the information.
- Step 10:** Report to the proper authorities.

If the child discloses during an activity where other children are involved, acknowledge the child’s disclosure and continue the activity. Afterward, find a place where you can talk with the child alone. Although the YMCA recognizes how difficult it is for a child to disclose abuse, the YMCA feels that staff or

volunteers should not be alone with the child or where others cannot observe them during this time. A room with a window or a quiet area apart from the group (but still visible to others) is recommended.

Remember, your role is not to investigate the situation. It is your responsibility to report the abuse, set in motion the process of getting help for the child, and be supportive of the child.

Source: "Responding to Disclosure" from Talking About Touching™: *A Personal Safety Curriculum* © 2001 Committee for Children. Reprinted with permission from Committee for Children, Seattle, WA.

Guide for Responding to the Abused Child

Feelings of anger, guilt, denial, confusion are normal reactions to have. The way we respond to children will affect them. The best response is to go slowly, not to ask for too much information too quickly, and to keep the focus on the child's needs. This means that the adult responding should not focus on revenge toward the abuser or his or her own guilt. Such a response will only frighten the child.

Believe the Child. Experience in treatment and reporting indicates that children seldom make up stories about abuse. Even if the story is false or exaggerated, there may still be serious family problems.

Be a Good Listener. Allow the child an opportunity to talk freely with you if he or she is comfortable but also remember to respect the child's right to silence.

Reassure the Child. Let the child know that sharing this information with you was the right thing to do. Let the child know that you will try to keep him or her safe and help the family. Be honest with the child regarding your responsibility to report the incident. Do not promise not to tell. Be careful not to make any promises about what may or may not happen.

Help Relieve the Child of Guilt. Children often believe they are to blame for the abuse. Explain that what happened was the responsibility of the adult or the bigger child.

Be Available to the Child. For some children, the abuse may not have been traumatic, but the subsequent intervention was. The child may need your support and understanding during this family crisis.

Protect the Child's Right to Privacy. You may assume the special role of advocate for the child by reminding his or her peers or staff about the child's right to privacy.

Follow-Up. Mandated reporting sources usually wonder about the results of having made a report. They can call child protective services and find out if the case has been opened, the name of the assigned worker, and if the child has been placed in a foster home. They can also ask for a report on the child's progress. Because the family's right to privacy is very important, however, the child protective services worker may not be able to give certain information.

The ways in which adults respond to the abused child influences the level of anxiety that the child feels. Our goal is to lessen the trauma for the child. The decision to report may pose personal and family conflicts. Regardless of the situation, failing to report allows the problem to continue. By reporting suspected child abuse, we not only protect the child but also may make the difference between a lifetime of guilt and one of healthy family relationships.

Source: Adapted from a handout developed by Child Abuse Prevention Services, Inc., Lansing, MI.