

**School Administrator Tip Sheet: Parent Component
SB 856 (Child Abuse Prevention Instruction)**

<p>Language from the Law: Schools shall provide a component to, “Inform parents about ...”</p>	<p>Recommendations about delivery of parent/caregiver information: The committee recommends offering an “In Person” program as well as handouts to parents and caregivers.</p>
<p>“Child Sexual Abuse (CSA) topics.”</p>	<ol style="list-style-type: none"> 1. Definition and scope: Include contact and noncontact forms of CSA, and prevalence. 2. CSA Signs, Symptom and Effects: Signs and symptoms of CSA, and short and long term effects. 3. Information about why learning about offenders and offender tactics are important. Include common misconceptions about offenders. 4. Child sexual development. Adults need information about healthy child sexual development so they can discern whether behaviors are healthy, common, concerning and/or harmful. 5. Factors that make it hard for children to disclose as well as factors that make it hard for caregivers to protect and support children. 6. Information and skill practice about how to engage other adults when they are concerned about inappropriate behavior toward their child. 7. Typical caregiver responses to concerns of CSA including responses when the alleged offender is a family member. 8. Protective actions Youth Service Organizations (schools, daycare, faith communities, sports clubs etc.) can take. 9. Provide additional resources – Include local, web-based, and written material.
<p>“Characteristics of Offenders”</p>	<ol style="list-style-type: none"> 1. <u>Who offends children:</u> 90% of offenders know the child and family well. The child and family trust, and/or love them. 2. <u>Common Characteristics:</u> examples may include isolating a child, ignoring child’s negative response to touch, doesn’t respect privacy, discusses sexual and/or emotionally mature topics with youth, gives special gifts, shows “special treatment” to one child, and shares inappropriate sexual material to youth. 3. <u>Use neutral terms that are not fear-based:</u> Offers caregivers information with the intent of helping them respond when concerned or how to take proactive steps to protect their child..
<p>“Grooming”</p>	<ol style="list-style-type: none"> 1. Defines grooming. 2. Strategies offenders use to gradually manipulate boundaries (Physical and Emotional). 3. How offenders manipulate parents and families.
<p>“How to discuss CSA prevention with children”</p> <p>Note: This section refers to giving caregivers information on speaking directly to children about sexual abuse prevention.</p>	<ol style="list-style-type: none"> 1. Defines CSA in a developmentally appropriate manner: Medically accurate terms for body parts, non-shaming language, contact and noncontact forms of CSA (exposure, pictures, and video), and does not rely on child’s “feelings” to assess the appropriateness of the sexual contact. 2. Begin early and talk often: Use “teachable moments” such as when children touch their own body, a doctor visit, a book, or when children engage in healthy and/or common sexual play. 3. Skill-based practice using scenarios and role-modeling. 4. Acknowledges caregiver issues and normalizes them: Difficult subject, parents feelings (embarrassment, shame), and possible history of trauma.

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Trauma-Informed	The program provides information about what caregivers can do: The best way to help children is to make sure that they feel safe (for example, creating a predictable environment, encouraging them to express their feelings by listening and hearing their stories) and ensure that the child knows that whatever happened was not their fault.
How to talk to other adults when concerns arise.	<ol style="list-style-type: none"> 1. The program gives caregivers information about how to talk to adults when they are concerned about boundary violations, warning signs, grooming, or inappropriate sexual behavior. 2. There are opportunities for skill-building (including role-plays) about talking with other adults about concerning behaviors.
Information about how to talk directly to children when they are concerned that sexual abuse has happened.	<ol style="list-style-type: none"> 1. Recommended components: <ul style="list-style-type: none"> • <u>Stay calm</u> – Seek support from other adults. • <u>Believe</u> – Even if you are not sure, convey to your child that you believe them. False reports of CSA are very rare. • <u>Listening Do’s & Don’ts:</u> Do – tell them you are glad they told, they did nothing wrong, address their worries & concerns, and help them cope with their feelings. Don’ts – Blame the child, pressure for details, ask why they didn’t stop it or why they didn’t tell earlier, and promise they won’t ever see someone (or will see them) again. • <u>How to Re-assure the Child</u> –“I’ll be here for you, I’ll help you, I’ll help you figure this out, We’ll take it one step at a time together, It’s not your fault.” • <u>Get Help</u> – Speak with a professional (i.e. – Counselor, Pediatrician, or a Child Abuse Assessment Center) to discuss concerns.
Resources	<ol style="list-style-type: none"> 1. Handouts with specific information about CSA topics. 2. Include local resources.. 3. Recommended nationally recognized websites: www.enoughabuse.org, www.d2l.org (Darkness to Light), www.stopitnow.org, www.nctsn.net (national child traumatic stress network).
Information about reporting	<ol style="list-style-type: none"> 1. Provide information about what to expect when making a report – The types of questions they will be asked, likely responses, and information about how the local community responds. 2. Discuss Barriers to reporting. 3. Referral to an Advocate (If available in the community).
<p>A “Trauma-Informed Parent Understands: <i>Delayed disclosures are common and are not a reflection of a poor parent-child relationship. Children may say that they didn’t want to “hurt” or “upset” their parents because they love them so much. Child sexual abuse is, by its nature, secretive. It almost always occurs when the child is alone with the offender. An offender may directly threaten physical harm to the child or beloved family members if they tell., or coerce the child with promises, gifts, or other verbal persuasions. It’s common for children to blame themselves, fear punishment, or be afraid that they will not be believed. A child may feel embarrassed and ashamed. The Avoidance, which is part of the post-traumatic stress reaction, may make a child try to forget what happened. Some children who have experienced abuse will wait until they have grown-up to report what has happened. (Child Traumatic Stress Network)</i></p> <p><i>A trauma informed perspective will additionally take into account that some students and families, particularly those who identify with communities of color, might have a “healthy suspicion” of sharing information with school personnel. Schools have historically been disproportionate in their responses to families based on race, with responses to families of color more likely to involve child welfare and law enforcement. (Saar, Epstein, Rosenthal & Vija, 2015). Families of color may often rely on informal supports within their communities, rather than interfacing with schools for support.</i></p>	

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