

# **defining abuse and neglect**

YWCA Patterson & McDaniel  
Family Center  
2055 Army Trail Rd. Suite 140  
Addison, IL 60101  
630.790.6600  
[www.ywcachicago.org](http://www.ywcachicago.org)

**eliminating racism**  
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## **defining child abuse**

### **Child abuse**

The physical or mental injury, sexual abuse, or exploitation, negligent treatment, or maltreatment:

- Of a child under the age of 18
- By a person who is responsible for the child's welfare
- Under circumstances which indicate that the child's health or welfare is harmed or threatened

### **Four types of child abuse**

#### **1. Child physical abuse**

A wide range of behaviors that physically injure or harm a child's body. Some behaviors include burning, punching, shaking, kicking and throwing a child.

#### **2. Child neglect**

Failure to provide nutrition, clothing, shelter, supervision or medical care for a child. Neglect is different from poverty.

#### **3. Child sexual assault**

Any forced, exploitive or coercive sexual contact or experience with a child. Child sexual assault includes:

- Molestation
- Rape
- Incest
- Voyeurism
- Exhibitionism
- Pornography
- Forced prostitution
- Sexual harassment

There are three types of force: physical, emotional and authoritative.

#### **4. Emotional abuse**

A pattern of behavior that impairs a child's emotional development and positive sense of self.

Emotional abuse includes the presence of a pattern of denigrating language and/or behavior directed at the child, including:

- Profanity
- Belittling
- Criticism
- Rejection
- Threats

Emotional abuse also includes the absence of a pattern of supporting language and/or behaviors directed at a child, including:

- Pride in the child
- Praise
- Expressions of love and concern

## myths and facts about child abuse

**Myth:** Child abuse is a rare occurrence.

**Fact:** Statistics indicate that child abuse and neglect occur frequently.

- In 2012, 106,236 Illinois children were reported as victims of child abuse and/or neglect
- A child is abused or neglected every twenty minutes
- In Illinois, 90 children died as the result of their abuse/neglect in 2012

**Myth:** Abused and neglected children almost always come from poor, minority, and/or inner city families.

**Fact:** There is no evidence that links socioeconomic status, race, or educational level to abuse and neglect. Child abuse occurs within every neighborhood and school community across the country.

**Myth:** Sexual assault only happens to girls.

**Fact:** We may not know the full extent of sexual assault against boys because of their tendency not to report. Current research, however, estimates that one of three to four girls and one of four to six boys will be sexually assaulted before their eighteenth birthday.

**Myth:** Most children are sexually assaulted by a stranger.

**Fact:** It is estimated that 85% of all child sexual assaults are perpetrated by an adult known and trusted by the child. Only a small percentage of assaulters fit the stereotype of a “stranger.”

**Myth:** Child abusers are easy to identify.

**Fact:** Child abusers cannot be easily distinguished from other people. They usually are not adults with mental illness or mental retardation. In fact, many offenders are upstanding community citizens.

**Myth:** Most children who are abused do something to cause the abuse to occur.

**Fact:** The child is always the victim. The responsibility for the abuse lies solely with the adult. In the case of child sexual abuse, many offenders try to shift the blame for their actions by accusing the child of being “seductive” or “promiscuous.”

**Myth:** Only men sexually abuse children.

**Fact:** Out of 1,930 indicated reports of sexual abuse of children in 2012, 141 of the offenders were female.

*Source: Illinois Department of Children & Family Services, 2012.*

## **statistics on sexual and physical assault against adolescents**

Recent research suggests that adolescents are particularly vulnerable to assault:

- One in three to four young women, and one in four to six young men, will be sexually assaulted before they reach the age of 18. Of those, over 85% will be assaulted by someone they know and trust (Illinois Coalition Against Sexual Assault).
- According to the 2010 National Intimate Partner and Sexual Violence Survey, nearly 1 in 5 (or almost 22 million) women have been raped in her lifetime. Girls younger than 18-years-old account for 42% of all victims.
- Fifty to 80% of teens report knowing someone involved in a violent relationship.
- Youth ages 12 to 17 are twice as likely as adults to be victims of simple assault.

## **prevention of abuse: the theory of vulnerability**

### **Prosecution**

Prosecuting abusers in order to treat them and prevent them from harming others is a fine goal. But is prosecution a form of primary prevention? Prosecution, by definition, requires a victim or victims. Since we cannot identify abusers without a crime having taken place, prosecution accepts that some women and children must be abused in order to prevent other rapes.

Furthermore, prosecution rates for abuse are unusually low. Few abusers are convicted since most abuses are never reported; abusers are seldom caught, and it is difficult to obtain enough evidence for a conviction. Relying on prosecution for “prevention” of abuse means that abuse will never be eliminated or even seriously curtailed.

### **Avoidance**

Advocating avoidance strategies, the other traditional form of prevention, suggests that women can control rape by controlling their own behavior. From an early age, girls are taught never to go out alone, never to walk after dark, never to talk to strangers; women are told never to cross dark parking lots, never to open their doors to strangers, and to invest in lights and locks to deter abusers. These avoidance techniques are based on myths about how rape happens. Locks do not prevent friends whom you invite into your home from abusing. Looking into the back seat of your car before you get in will not stop your date from abusing you. Never hitchhiking does not protect a woman from her husband or boss. Indeed, since most women are abused by men they know, avoidance techniques are poor strategies against most abuses.

### **Effective Prevention: Reduction of Vulnerability**

We can reduce children’s vulnerability to abuse by:

- Providing children and their adult community with information that empowers them to identify and prevent abuse
- Reducing children’s powerlessness and dependency by teaching them assertiveness.
- Increasing children’s sources of support and assistance with peer support and a network of trusted adults.

## **clues to possible victimization**

Sometimes children don't tell us they are in crisis, they show us. A change in children's behavior could be due to the stress of being abused. These changes in behavior can alert adults to their problem.

Abuse and neglect can also sometimes leave physical marks on a child's body that adults can observe. Knowing both the physical and behavioral clues to abuse can help adults intervene on behalf of children.

Keep in mind that some clues can be normal behaviors for a given child at a given time. Therefore, it is important to be aware of new behaviors, extreme behavior, or combinations of the following characteristics.

**Abused children cannot be identified by racial, ethnic, religious or socioeconomic class. Abuse crosses all of these lines.**

### **Abused children are often:**

- Fearful of interpersonal relationship or overly compliant
- Withdrawn or aggressive, hyperactive
- Constantly irritable or listless, detached
- Affectionless or overly affectionate (misconstrued as seductive)

### **Physical symptoms:**

- Bruises, burns, scars, welts, broken bones, continuing or inexplicable injuries
- Urinary infections (particularly in young children)
- Sexually transmitted diseases
- Chronic ailments, stomach-aches, vomiting, eating disorders
- Vaginal or anal sores, bleeding, or itching

### **Activity and habit clues:**

- Nightmares
- Inappropriate masturbation
- Fear of going home or to some other location
- Fear of being with a particular person
- Running away
- Delinquency
- Lying
- Prostitution

**Age inappropriate behavior:**

- Alcohol/substance abuse
- Sexual activity or awareness
- Assaulting younger children
- Takes on adult responsibilities
- Thumb sucking
- Promiscuity
- Bed wetting

**Educational concerns:**

- Extreme curiosity, imagination
- Inability to concentrate
- Sleeping in class
- Academic failure

**Emotional indicators:**

- Depression
- Phobias, fear of darkness, public restrooms, etc.
- Lack of spontaneity, creativity
- Self-inflicted injuries
- Injuring/killing animals
- Excessive fearfulness
- Chronic ailments

## responding to a troubled child

### The four steps of problem solving:

1. Identify the problem
  - An older kid stole my bike
  - The babysitter made me do things I don't like.
2. Examine possible solutions
  - Give up my bike and buy a new one, confront the bully with a friend and say "No!," or tell my mom or dad or the police.
  - Tell my mom or dad I don't like that babysitter or tell the babysitter "no", tell my mom or dad, or tell the police.
3. Evaluate each alternative
  - I'd be afraid that I'd get hurt by the bully; a friend would help me feel stronger.
  - If I told my mom or dad, they'll probably talk to the babysitter, and the police might arrest the babysitter.
4. Prepare a realistic plan of action
  - I'm going to tell the bully to give me my bike back and take a friend with me.
  - I want to talk to my mom or dad and then talk to the babysitter with my mom or dad.

### Guidelines

1. Assess safety needs
  - Who does child trust and feel safe with?
  - Where does child feel safe?
  - Is the child in immediate danger?
2. Find out what is wanted
  - What are some solutions the child has thought of?
  - What has the child tried? What's worked, what hasn't?
3. Believe what you hear
  - Always let the child know that you believe and support him or her. Too often children lack credibility in the eyes of an adult. Listen in a non-judgmental way.
4. Always be calm
  - Your calm reaction to a child will help him or her talk about the problem.
  - Your reaction is the one they will remember.
5. Deal with explicit language
  - Use whatever language the child uses.
6. Do not avoid embarrassing subjects
  - Let the child know that everything can be talked about.
7. Do not project or assume anything
  - Let the child tell the story without interjecting your own assumptions.

## Goals

1. Validate feelings
  - Let the child know that however they feel about the situation is okay.
  - Give empathy; take a walk in their shoes.
  - Use reflective listening, reflect back what you hear them saying.
2. Assure he/she that it is not their fault
  - Too often children blame themselves or their behavior.
3. Let the child know he/she has a right to be safe
  - Nothing they could do or say is deserving of this type of treatment.
4. Let the child know what action you will take
  - Always be honest with the child.
  - Do not make promises you cannot keep.
  - Know the reporting law.

## Handling a disclosure from a child

Believe what he/she is telling you

- Focus on feelings more than specifics about the situation
- Try not to question what they are telling you. Asking “why” questions make a child feel like it’s their fault.
- Use open ended questions to gather only the information you need to report the incident. Who, what, where, when. Then focus on feelings.

Assure the child it is not their fault

- Thank them for telling you.
- Let them know how much courage it takes to come forward and tell someone.

Tell them what action you will be taking in a very gentle, caring way

- Be honest and upfront about what may happen
- Let them know you are there to support them
- Never make promises to a child about what the outcome will be, we have no idea how this situation will work out.

Call Department of Children and Family Services if it is a caretaker in the child’s life  
1-800-25A-BUSE 1-800-252-2873

Call the local police if it is not a caretaker

## **victims with disabilities**

### **Statistics:**

- People with development disabilities are estimated to be victimized at rates of 10 to 40 times the general population.
- Children with any kind of disability are more than twice as likely as children without disabilities to be physically abused and almost three times as likely to be sexually abused.

The most common perpetrators of crimes against peoples with disabilities are:

- Family members
- Acquaintances or neighbors
- Paid caregivers or service providers

Perpetrators are more likely to be those individuals who are responsible for the care of the victim and whom the victim is dependent on for his/her needs.

### **Vulnerabilities**

#### 1. Dependency upon caregivers

This dependence results in people with disabilities being prime targets for initial and repeated victimization.

#### 2. Availability

People with disabilities are often in situations in which a perpetrator has one-on-one access to their victim and intimate contact.

#### 3. Social and physical barriers

The practices of institutionalization and segregation are ways in which people with disabilities have been socially and physically removed from society.

Negative attitudes, myths stereotypes about people with disabilities are another type of barrier experienced by people with disabilities.

#### 4. Viewed as lacking credibility

People with disabilities are often viewed as lacking credibility when a crime is disclosed or reported. When reports of victimization made by persons with disabilities are not believed or not taken seriously, the impact of the initial victimization is compounded. The victim then becomes an easy target for being re-victimized by the same or a new perpetrator.

## handling disclosures from a person with a disability

- Speak directly to person, not the caregiver.
- Use the same calming techniques for a person with a disability that you would use with anyone else, but be prepared to take more time.
- Limit distractions.

*This is relevant for a person who is deaf and is trying to lip read or a person with mental retardation who may have short attention spans and be highly distractible.*

- Find a quiet location where the person feels safe and comfortable.
- Speak in a friendly, non-authoritative way.

*This is relevant for a person who is blind and cannot readily “read” this situation and for a person with mental retardation who may be confused and may not understand what is happening.*

- Introduce others who are present.
- Minimize differences in size.
- When speaking to a person in a wheelchair, sit down so you are at eye level.
- Let the person know that it is okay to say, “I don’t know” or “I don’t remember.”
- Give person as much time as needed to respond to your questions.

*Source: University of Illinois at Chicago, Department of Disability and Human Development.*

## **identification of possible parent offenders**

Parents who abuse their children cannot be identified by ethnic, racial, or socioeconomic groupings. Below are some characteristics that parent offenders often share. We do know that many parent offenders were abused as children. Sometimes it is the only way they know of as far as interacting or parenting their children.

- Lack of emotional involvement with a young person, particularly at the time assistance is being sought for the young person.
- Hesitation to seek medical help and/or unconvincing explanation of a young person's injuries.
- Distorted belief in physical force to promote acceptable behavior.
- Expectations for the young person are unrealistic given age and maturity.
- Overly protective and/or socially isolated.
- Withholds affection, nurturing, and love.
- Father controls family, mother is physically or emotionally absent.
- Very critical of young person; scolds, blames, denigrates them.

## **identification of possible non-parent offender**

There are a number of specific techniques or ***grooming behaviors*** that offenders use to mask their behavior prior to the abuse, as well as during and after the abuse. Many deliberately establish themselves as the kind of person you wouldn't suspect to be a sex offender because they are "too nice" or an upstanding person in the community who helps a lot of people out.

- Insists on hugging/tickling/wrestling with child, even if the child has said "stop."
- Normalizing touches that feel uncomfortable for the child or teen.
- May establish a trusting relationship with the family and friends of a child, in order to have access to the child alone.
- Spends most of their spare time with children.
- Offers special attention to children like gifts and money to manipulate child into keeping the abuse a secret.
- Encourages unhealthy behaviors.
- Destroys the child's trust in others.
- Undermines the ways other view the child.

## **if you think a potential offender is grooming your child**

Trust your gut instinct and then act on it. Sometimes parents can be afraid of how their children will react if they prohibit their child seeing a person they like, but it is important if you have concerns about a person's relationship with a child and be willing to stop all contact immediately between your child and the potential offender. It is also important to listen for statements or questions from your child that would support your suspicions, and to encourage your child to tell you more about the time he or she spends with the person.

## **reporting: rights and responsibilities**

In the state of Illinois, school personnel are required to report suspected child abuse and neglect. The following information will assist you in understanding this responsibility.

- School personnel are required to report suspected abuse immediately. You do not need to have proof or evidence of abuse. If you have “reason to believe” a child is being abuse or neglected you are mandated to report.
- A report may be made by phone or by correspondence to the Department of Children and Family Services agency in Springfield.
- School personnel should provide the names of the child and the parent(s), the age of the child, and the reason(s) for suspecting abuse or neglect. If you know the name of the person you suspect is abusing the child, this information should also be provided.
- Reporters of child abuse and neglect are immune from any civil or criminal liability.
- All child abuse and neglect report and investigations are confidential, including the identity of the person making the report. The reporter’s name cannot be released without his or her written consent.
- Failure to report child abuse and neglect by any mandated reporter is a fourth degree misdemeanor. It is punishable with maximum of 30 days imprisonment and/or a \$250 fine.
- A person does not need to be required by law to make a report. If any person suspects a child to be abused or neglected, they may contact the Department of Children and Family Services.

## **for parents: suggestions for in-home activities**

### Suggestions for In-Home Activities:

1. Discuss children's rights, including the rights not to be touched in ways a child feels are uncomfortable, the right to say no, and the right to get help.
2. Let your children know that you believe in their ability to stay safe and that you will always be there to help.
3. Answer children's questions about nightmares, television programs, real-life tragedies, and "what-if's" positively and creatively without ridiculing their feelings or denying reality.
4. Practice safety with your children on a regular basis.
5. Encourage children to help other children.
6. Discuss "good" and "bad" secrets, "safe" and "unsafe" touching, and how to tell the difference.
7. Tell your children about bribes: what they are and what they seek to accomplish.
8. Evaluate children's regular walking routes, noting spots of potential danger (abandoned houses, wooded areas, etc.). Discuss these potential dangers with your children.
9. Incorporate the words "safe, strong, and free" into your family's vocabulary.
10. Confront suspicious people and question suspicious events in the community.
11. Read books on building children's self-esteem, preventing child assault, children's rights, and asserting as a family. Make children's good self-esteem and safety a family project.
12. Role-play or play "what if" games with your children. For example, "What if you get lost at the mall?" or "What if you thought someone was following you?" Focus on what children can do to stay safe.

## **for teachers: classroom activities**

1. Encourage discussions around feelings (good, bad, scary, happy, etc.) whenever possible.
2. Play the “what if” game with your students. For example, “What if you went home today and there was no adult to greet you? Who would you tell? Where would you go?” Make each situation age appropriate. For older students, “What if your date becomes physically, verbally, or sexually abusive?”
3. Keep students in touch with who they could tell if they had a serious problem. What safety resources are available in the school and/or community?
4. Make sure children are aware of these services and/or people.
5. Develop a learning unit on “Safety in the Community,” focusing on assault prevention strategies.

## **for the community**

1. Know your options if you witness child abuse or neglect.
2. When helping a child you don't know well, keep in mind the valuable information they have been given about strangers:
  - Stay a safe distance from the child
  - Don't touch the child
  - Let them know you will help them by calling their parents or the police
  - Watch the child's body language
3. Do not ignore signs of abuse. A child tells an average of seven people before they are helped.
4. Learn more about child abuse and its effects. See what you can do to help in your community. Call the YWCA Patterson & McDaniel Family Center for more information at (630) 790-6600.

## agency resources

1. **Department of Children and Family Services**  
1-800-252-2873 (1-800-25-ABUSE)
2. **YWCA Metropolitan Chicago  
Patterson & McDaniel Family Center**  
2055 Army Trail Rd. – Suite 140  
Addison, IL 60101  
Phone: 630-790-6600 ext. 2488  
24-hour crisis hotline: 630-971-3927
3. **Edwards Pediatric Specialty Center**  
Dr. Sangita Rangala – Medical Director  
Nancy Salamie – Nurse on Call  
Edwards Hospital  
801 S. Washington St.  
Naperville, IL 60566  
Phone: 630-527-3288
4. **DuPage County Health Department**  
111 N. County Farm Rd.  
Wheaton, IL 60187  
Phone: 630-682-7400  
[www.dupagehealth.org](http://www.dupagehealth.org)
5. **DuPage County Health Department Crisis Unit**  
440 S. Finley Rd.  
Lombard, IL 60148  
Phone: 630-627-1700 (24 hours)
6. **Parent Help Line**  
1-800-840-6537
7. **Jeanine Nicarico Children’s Advocacy Center**  
130 N. County Farm Rd.  
Wheaton, IL 60187  
Phone: 630-407-8162
8. **U.S. Department of Justice: Americans with Disabilities Act**  
Phone: 800-514-0301  
TTY line: 800-514-0383
9. **Family Resource Center on Disabilities**  
20 E. Jackson Blvd., Rm. 300  
Chicago, IL 60604  
Phone: 312-939-3513 or toll-free at 800-952-4199

## resource phone numbers, websites and books

### Phone and Hotline Numbers

**DuPage Crisis line:** 630-627-1700 (24 Hour Hotline)

*24-hour crisis intervention and problem-solving. Provides crisis counseling for all types of problems including youth concerns, family conflicts, changing lifestyles, child abuse and drug dependency depression of suicide.*

**National Child Abuse Hotline:** 1-800-4A-CHILD (1-800-422-4453)

*Resources and information about child abuse. Not a reporting agency.*

**Eating Disorder Hotline:** 1-800-931-2237 M-F 10:30-6:30 [www.nationaleatingdisorder.org](http://www.nationaleatingdisorder.org)

**National Suicide Prevention and Veteran's Lifeline:** 1-800-273-TALK (8255)

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

**National Runaway Safe line** 1-800-RUN-AWAY (1-800-786-2929)

**Self-Injury: S.A.F.E. Alternatives:** 1-800-DON'TCUT (1-800-366-8288) [www.selfinjury.com](http://www.selfinjury.com)

**DuPage Family Shelter Service** 1-630-469-5650 or [www.familyshelterservice.org](http://www.familyshelterservice.org)

**Hamdard Center** 1-866-305-3933 (24 Hour Hotline)

*The Hamdard Center is a Multilingual, Multi-cultural Social & Health Service Agency Dedicated to Serving the South Asian, Middle Eastern, and the Bosnian Communities in Illinois.*

**YWCA Sexual Assault Hotline** 1-630-971-3927 (24 Hour Hotline)

### Websites

#### Help and Support For Parents:

[www.illinoisparents.org](http://www.illinoisparents.org)

[www.kidshealth.org](http://www.kidshealth.org)

[www.pandys.org](http://www.pandys.org)

[www.NCTSN.org](http://www.NCTSN.org)

[www.familyeducation.com](http://www.familyeducation.com)

[www.childrennow.org](http://www.childrennow.org)

[www.rainn.org](http://www.rainn.org)

#### Bullying Websites:

[www.bullybeware.com](http://www.bullybeware.com)

[www.netbullies.com](http://www.netbullies.com)

#### Relationships and Friendship Websites

[www.teenrelationships.org](http://www.teenrelationships.org)

[www.loveisrespect.org](http://www.loveisrespect.org)

#### Stranger Abduction & Internet Safety:

[www.childlures.com](http://www.childlures.com)

[www.wiredkids.org](http://www.wiredkids.org)

[www.wiredsafety.org](http://www.wiredsafety.org)

#### Disabilities:

National Information Center for Children and Youth with Disabilities:

[www.nichcy.org](http://www.nichcy.org)

U.S. Department of Justice – Americans with Disabilities Act – [www.ada.gov](http://www.ada.gov)

## **Parent and Teacher Resource Books**

### **About Self-Esteem and Learning**

Biddulph, Steve. Raising Boys: Why Boys are Different and How to Help Them Become Happy and Well-Balanced Men.

Clark, Rosemarie, and Hawkins, Donna and Vachon, Beth. The School-Savvy Parents: 365 Insider Tips to Help You Help Your Child.

Fisher, Gary and Cummings, Rhoda. When Your Child had LD (Learning Differences): A Survival Guide for Parents.

Flick, Grad L. ADD/ADHD Behavior-Changed Resource Kit: Ready to use Strategies & Activities for Helping Children with Attention Deficit Disorder.

Greenspan, Stanley I. The Challenging Child.

Sobsey, Dick. Violence and Abuse in the Lives of People with Disabilities.

Walker, Sally Yahnke. The Survival Guide for Parents of Gifted Kids: How to Understand, Live With, and Stick Up for Your Gifted Child.

Hagans, Kathryn B. When Your Child Has Been Molested: A Parent's Guide to Healing and Recovery

### **About Adolescence**

Gurian, Michael. A Fine Young Man, What Parents, Mentors and Educators Can Do to Shape Adolescent Boys into Exceptional Men.

Leman, Dr. Kevin. Adolescence Isn't Terminal...It Just Feels Like it!

Phelan, Ph.D., Thomas Surviving Your Adolescents: How to Manage – and let go of – your 13-18 Year Olds.

Wiseman, Rosalind. Queen Bees and Wanna Bees – Helping Your Daughter Survive Cliques, Gossip, Boyfriends and Other Realities of Adolescence.

Wolf, Ph.D., Anthony E. Get Out of My Life-But First Could you Drive Me and Cheryl to the Mall?

### **About Sexual Abuse and Prevention**

Bass, Ellen and Thorton, Louise. I Never Told Anyone.

Byerly, Carolyn. The Mother's Book of How to Survive the Incest of Your Child.

Cohen, Jeffrey and Fish, Marina. Handbook of School Based Interventions.

De Becker, Gavin. The Gift of Fear: Survival Signals that Protect Us from Violence.

De Becker, Gavin. Protecting the Gift – Keeping Children and Teenagers Safe (and Parents Sane).

Hughes, Donna Rice. Kids Online: Protecting Your Children.

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

Peterson, Jean. Talk with Teens About Feelings, Family, Relationships and the Future.

Peterson, Jean. Talk with Teen About Self and Stress.

Sanford, Linda Tschirhart. The Silent Children.

Scarce, Michael. Male on Male Rape: The Hidden Toll of Stigma and Shame.

### **Divorce and Loss**

Engel, Margorie L. and Gould, Diana D. Divorce Decisions Workbook.

Kroen, William C. Helping Children Cope With the Loss of a Loved One: A Guide for Grownups.

McCoy, Ellin, What to do When Kids are Mean to Your Child: Real Solutions from Experts, Parents, and Kids.

Ogawa, Brian. Walking on Eggshells.

### **Children's Books**

#### **Self-Esteem and Tolerance**

Gainer, Cindy. I'm Like You, You're Like Me: A Child's Book About Understanding and Celebrating Each Other.

Lalli, Judy. I Like Being Me: Poems for Children About Feeling Special, Appreciating Others and Getting Along.

Payne, Laureen Murphy. Just Because I Am.

Payne, Laureen Murphy. We Can Get Along.

#### **Anger Management and Handling Bullies**

Cohen-Posey, Kate. How to Handle Bullies, Teasers and Other Meanies.

Doyle, Terrence. Why is Everybody Always Picking on Me?

Lachner, Dorothea. Andrew's Angry Words.

Romain, Trevor. Bullies Are a Pain in the Brain.

Romain, Trevor. Cliques, Phonies & Other Baloney.

Whitehouse, Elaine and Pudney, Warwick. A Volcano In My Tummy: Helping Children to Handle Anger.

### **Loss and Grieving**

Mellonie, Bryan and Ingpen, Robert. Lifetimes.

Romaine, Trevor. What On Earth Do You Do When Someone Dies?

Temes, Roberta. The Empty Place.

### **Sexual Abuse Prevention**

Freeman, Lori. It's My Body.

Sanford, Linda. Come Tell Me Right Away.

Stowell, Joan Deitzel, Mary. My Very Own Book About Me.

Sweet, Phyllis. Something Happened to Me.

Williams, Joy. Red Flag, Green Flag People.

### **Divorce and Alcoholism**

Ackerman, Marc. Does Wednesday Mean Mom's House or Dad's.

Black, Claudia. My Dad Loves Me, My Dad Has a Disease: A Workbook for Children of Alcoholics.

Hastings, Jill and Typpo, Marion. An Elephant in the Living Room.

Krementz, Jill. How It Feels When Parents Divorce.

Stern, Zoe and Evan. Divorce is Not the End of the World.

### **Adolescent Books**

#### **Self Esteem and Stress Management**

Boys Just Like You. Boys Know it All: Wise Thoughts and Wacky Ideas from Guys Like You.

Cobain, Bev. When Nothing Matters Anymore: A Survival Guide for Depressed Teens.

Folkers, Gladys and Englemann, Jeanne. Taking Charge of My Mind and Body: A Girls Guide to Outsmarting Alcohol, Drugs, Smoking, and Eating Problems.

Hipp, Earl. Fighting Invisible Tigers: A Stress Management Guide for Teens.

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