

# CARE Team handbook

CookChildren's.

# CARE Team handbook for parents of children alleged to be physically or sexually abused

At Cook Children's, the Child Advocacy Resources and Evaluation (CARE) Team provides medical and forensic evaluations, sexual abuse screening examinations, psychosocial assessments and preventive education. Most CARE Team examinations are requested by law enforcement agencies, Child Protective Services or primary care doctors. Our sexual abuse screening exam includes a medical interview, a physical examination and collection of forensic and laboratory samples as needed. A doctor, pediatric nurse practitioner or registered nurse performs the physical exam.

#### The purpose of the exam is to:

- · Identify injuries that require treatment.
- · Diagnose and recommend treatment for sexually transmitted infections.
- · Evaluate or reduce the risk of pregnancy.
- · Document forensic findings.

Most examinations are scheduled in the CARE Team clinic, not performed on an emergency basis, because most child abuse situations involve delayed discovery. When child abuse is suspected, days, months or even years after the event, the chances of finding evidence of injury decrease significantly. As many as 90-95 percent of physical examinations for suspected child sexual abuse do not have diagnostic injuries due to:

- The length of time between the abuse event and discovery.
- The absence of physical injuries in fondling or simulated intercourse situations.
- The lack of physical trauma in cases where vaginal penetration occurs after puberty.

In addition to your child's physical exam, a CARE Team social worker may complete an assessment to identify your needs and provide recommendations for your child's treatment and follow-up care.

If you have questions regarding your child's examination, please call the CARE Team at 682-885-3953.

page 2 CARE Team handbook

#### **Table of contents**

Definitions of sexual and physical abuse	3
Signs of sexual and physical abuse	4
The grooming process	5
How children tell about sexual abuse	6
How should I act toward my child?	7
How you may feel when your child tells of abuse	7
Emotional help for your child	8
The role of Alliance For Children	9
The role of Child Protective Services	10
The role of the police department	11
The role of the district attorney's office	12
The Kids and Teens in Court program	12
Crime Victims' Compensation Fund	13
Resource referral list for parents	14
Literature list for caregivers	17
Books for children and adolescents	18
Cook Children's Medical Center man	19

## What is sexual abuse?

The Texas Family Code (2000) Chapter 261.001 (1) (E-H) defines sexual abuse as:

- Sexual conduct harmful to a child's mental, emotional or physical welfare.
- Failure to make a reasonable effort to prevent sexual conduct harmful to a child.
- · Compelling or encouraging a child to engage in sexual conduct.
- Causing, permitting, encouraging, engaging in or allowing the photographing, filming or depicting of a child if the person knew or should have known that the resulting photograph, film or depiction of the child is obscene or pornographic.

## What is physical abuse?

The Texas Family Code (2000) Chapter 261.001 (1) (C-D) defines physical abuse as:

- Physical injury that results in substantial harm to a child or the genuine threat of substantial harm from physical injury to a child, including injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian or managing or possessory conservator that does not expose the child to a substantial risk of harm.
- Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to a child. Texas Penal Code (2000) 22.011 (c) (1) defines a child as any person 16 years of age or younger.

## Signs of sexual and physical abuse

Child abuse is more common than most people imagine. Victims of sexual and physical abuse may be girls or boys of any age. Abuse occurs in all types of families. Recent statistics indicate that one in three girls and one in six boys will be sexually abused before their 18th birthday. Abuse can be devastating for young victims, but they often show no obvious physical signs of the abuse. Some behavioral and emotional responses are common among the victims of sexual and physical abuse. Parents should remember that not all children who demonstrate these behaviors have been abused.

#### Common responses to sexual abuse include\*:

- Depression withdrawal, poor motivation, increase in crying, talking about death/dying, suicidal thoughts and/or attempts.
- · Poor self-esteem, feelings of worthlessness.
- · Anxiety.
- · Changes in sleep patterns, nightmares, bed-wetting.
- Regression loss of bowel and bladder control, thumb sucking, renewed need for a security blanket, clingy behavior.
- · Unusual fears of people and places.
- · Acting out sexually.
- Eating disorders or feeding difficulties.
- Changes in school performance, loss of concentration, distraction.
- · Substance abuse.
- Frequent medical complaints, such as nausea, headaches.
- · Excessive masturbation.
- \* List adapted from material by Suzanne Sgroi, M.D., a leading researcher in the area of child sexual abuse.

#### Common responses to physical abuse include\*\*:

- · Fearing parents/caretakers.
- · Reporting injury by parents/caretakers.
- Fearing home.
- · Avoiding eye contact.
- Showing wariness of physical contact.
- Seeking affection from anyone.
- Behaving aggressively.
- Settling in quickly in new surroundings.
- · Showing nervousness or fear when other children cry.
- Expecting no comfort or assurance from parents.
- · Becoming highly aware or overly sensitive to his/her surroundings.
- Having difficulty learning.

page 4 CARE Team handbook

- · Wearing clothes that hide injuries.
- · Avoiding gym class.
- Arriving early to school and leaving late.
- · Recording poor school attendance.
- \*\* List adapted from material by Robert Reece, M.D., a national expert in child maltreatment.

## The grooming process

Child sexual abusers prepare and gain access to children through a grooming process. This process can be broken down into five stages\*:

#### 1. Engagement or gaining access to a child

Abusers usually pick children with whom they have frequent contact, such as relatives or friends. The offender usually establishes a relationship with the child and gives him/her presents, special trips, etc. The offender may begin to talk to the child about sex, answer questions the child has or stir the child's interest in sexuality. No inappropriate touching takes place during the engagement period.

#### 2. Enactment or breaking down the child's resistance to touch

Inappropriate touching or sexual behavior usually begins gradually and becomes more serious. For example, the abuser may follow a path of accidental touching, fondling or exposure of genitals, oral contact with genitals and slight penetration of the child's vagina or anus. Eventually, sexual intercourse may occur if the abuser is not stopped by an adult.

#### 3. Secrecy or finding ways to make the child feel responsible

The offender will try to hide the abuse by making the child feel responsible. He/she may use statements such as "You know you liked it," "If you tell, I will go to jail," or "If you tell, no one will believe you." The offender may also threaten the child or make threats against someone close to the child. This stage is often terrifying for the child, who usually wants to tell on the abuser, but is afraid to do so.

#### 4. Disclosure

The child either accidentally or intentionally tells about the abuse during this stage. How the person responds to the child's story can have a direct affect on the child's recovery.

#### 5. Recantation or taking back his/her story

After telling of the abuse, the child may take back his or her story. This recantation may be caused by such factors as emotional distress, negative personal consequences, family disruptions and/or pressure by the abuser and the child's family.

\* Information adapted from material by Suzanne Sgroi, M.D., a leading researcher in the area of child sexual abuse.



#### How children tell about sexual abuse

Children may tell of sexual abuse either accidentally or on purpose. We refer to this telling as an outcry or disclosure. Accidental outcries occur by chance, while intentional outcries are made when a child purposefully chooses to tell someone.

Children often tell people they trust, such as teachers, school counselors, friends and family members. Sometimes children don't tell their parents first because they are afraid of their parents' reaction. Children may feel guilty, as if the abuse is their fault, and be afraid they will get into trouble. Often, a child has been abused by someone he/she loves, and the child doesn't want the abuser to get in trouble.

Many factors delay disclosure. Threats are the most common way abusers try to prevent children from telling. The abuser may threaten to harm the child or a loved one, including a cherished pet. Threats of abandonment and divorce are common, as well as telling the child that he/she will no longer be loved. The message the child hears is that the sexual abuse is bad, dangerous and must be kept secret.

Children often don't tell about the abuse for months or years. Sometimes they wait until they are adults. Because of the delay, children may not remember every detail of the abuse, and it is common for children's stories to vary according to their memory. Children may tell different versions about the abuse to different people, but this does not mean they are lying. A child's developmental level can affect the accuracy of the disclosure. Some young children lack the ability to give exact details.

#### Disclosure is a process that takes time. Following are the phases of disclosure\*:

- Denial A child may first say that abuse has not occurred. Some children deny abuse because it is too difficult for them to cope with the stress of remembering abuse.
- Disclosure (Tentative or Active) Tentative disclosures include vague, sometimes partial statements about abuse. Active disclosures are admissions by a child that he/she has experienced a specific sexually abusive act.

page 6 CARE Team handbook

- Recantation Recantation refers to a child taking back an allegation of abuse.
   Children may recant due to threats by the abuser, significant disruptions in the family or a desire to make the abuse and investigation just go away.
- Reaffirmation This last step occurs when a child reasserts that the abuse has actually happened.

The process of disclosure may be confusing to parents and investigators. However, many factors contribute to the phases of disclosure. Parents' support and protection during the process play an important role in the child's healing.

\* Four stage model adapted from "How Children Tell: The Process of Disclosure," Sorenson and Snow.

## How should I act toward my child after an outcry of abuse?

Responses, especially the first response, to a child's outcry of abuse can have a direct affect on his/her recovery. The response of the child's parents also is important. Children who receive emotional support experience fewer behavior problems and less emotional distress.

#### Some things parents may say to help their child are:

- "I believe you."
- · "This wasn't your fault."
- "I'm glad you told someone."
- · "I'm sorry this happened to you."
- · "Nothing about you made this happen."
- "You're not alone. This has happened to other children, too."
- "I am upset/angry/hurt, but not at you."
- "I'm sad and you may see me cry, but that's all right. I will be able to take care of you, and you don't need to take care of me."
- "You can still love (name of the abuser), but hate what he/she did to you."
- "Your feelings are OK."

## How you may feel when your child tells of abuse

Parents sometimes feel overwhelmed and confused when their child makes an outcry of abuse. It is normal to experience many different emotions at the same time and change from one feeling to another. Reports of abuse affect an entire family and cause significant disruption. One of the goals of the CARE Team is to help parents better understand their own feelings, so they can provide necessary protection and support for their child.

Parents commonly need professional help in responding to the allegations of abuse. For assistance, please ask your Child Protective Services (CPS) caseworker. In addition, information about parent support groups is included at the back of this handbook.

#### Following are common thoughts and feelings parents sometimes experience:

- Denial Many parents have difficulty believing someone they love or someone
  close to the family has abused their child. Denying the action is one way of
  avoiding uncomfortable feelings. Believing that the abuse did not happen means
  the parents and child do not have to feel hurt. Denial, though, does not mean the
  abuse didn't happen.
- Anger Anger is a common response to allegations of abuse. Feelings of anger toward the alleged abuser are understandable. Some parents also feel guilty and angry at themselves for not protecting their child. Parents may also feel anger toward their child. Anger is a powerful emotion, and it is important to share feelings of anger with a trusted friend or counselor.
- Shock, numbness, repulsion If a parent is also a victim of childhood sexual abuse or assault, a child's report of abuse may trigger uncomfortable and hurtful feelings for the parent. This makes it difficult for the parent to deal with his/her child's outcry. Individual or group therapy may be necessary to help the parent deal with his/her own history of abuse.
- Helplessness Parents often feel helpless when their child makes an outcry of abuse because they do not know what to do or how to respond. Some parents fear their child will be taken away. It is very important to follow CPS and law enforcement recommendations and to stay aware of what is happening in your case.
- Betrayal Most abusers are known to their victim and are often family members
  or close family friends. It is common to feel hurt and betrayed by the abuser.
  Grieving the loss of close friends, a spouse or a partner is part of the healing
  process from abuse.
- Concern for financial stability An abuser may be the primary breadwinner in
  the family. When a child makes an outcry of abuse, his/her parent may worry
  about losing that income. Several programs are available to help families with
  financial assistance. If this is a concern, let your CPS caseworker or another
  agency know, and you will be referred to an appropriate agency for help.
- Fear of violence or retaliation Parents are sometimes fearful that the abuser will seek revenge on them or their child. If you are worried that the abuser will harm you and/or your family, express your concerns to your CPS caseworker and to law enforcement.

## **Emotional help for your child**

Children who have been abused should receive therapy as soon as possible. Trying to ignore abuse or pretend it did not happen can lead to emotional and behavioral problems.

Play therapy is often used when working with traumatized children. Most children are not developmentally able to express their feelings, but a therapist can use play activities to help them. The counseling sessions take place in a child-friendly environment. Usually the room is specially furnished with arts and crafts supplies, toys and games. Through play therapy, a child can overcome frightening feelings and experiences, overcome their emotions and help them to recover from the abuse.

page 8 CARE Team handbook



The therapist meets regularly with a child's parents to share observations and learn more about what is happening in the child's life from the parents' viewpoint. The therapist can also offer suggestions the parents can use to support their child's recovery.

#### What do I look for in a therapist?

- Formal education in a mental health field. This can be a master's or a doctorate (e.g., M.A., M.S., M.S.W., Ph.D., Psy.D., M.D.).
- Certification of registration or licensure. Some more common designations include LCSW, LPC, Ph.D.

#### Basic questions to ask a potential therapist include\*:

- What experience/expertise do you have in sexual abuse?
- What is your fee? Will you file my insurance for me? Do you work on a sliding fee scale?
- What are your hours? Make sure the therapist can accommodate your schedule.

## The role of Alliance For Children (AFC)

AFC is the Tarrant County Children's Advocacy Center program established in 1992 to unite the communities of Tarrant County to fight child abuse. AFC operates three Children's Advocacy Centers in Arlington, Fort Worth and Hurst. Each center provides a child-friendly and neutral location where coordinated child abuse investigations can occur. AFC is a full member of Children's Advocacy Centers of Texas and the National Children's Alliance.

<sup>\*</sup> Adapted from information on www.4therapy.com.

Each AFC center has investigators from Child Protective Services (CPS), detectives from participating law enforcement agencies and staff from the Tarrant County District Attorney's office. These professionals investigate reports of serious, life-threatening physical abuse and situations of sexual abuse where the child is in imminent danger of additional abuse. Children ages birth to 17 are referred to the centers by either CPS or law enforcement officials.

#### The AFC partnership offers the following services\*:

- Videotaping of a child's statement. Interviews are conducted by either specially trained CPS workers or a trained interviewer from the Tarrant County district attorney's office.
- Multidisciplinary case review of the child's situation.
- On-site victims' compensation counseling.
- Expert medical evaluation for child sexual abuse when indicated.
- Parent and child screenings and referral to appropriate mental health and social services.
- Free on-site group counseling services for sexually abused girls and boys and their protecting parents. Parents groups also are offered for Spanish-speaking clients.
- Follow-up and case management services are provided through Children's Advocacy Centers in Johnson, Wise, Hood, Somervell, Collin and Denton Counties.

## The role of Child Protective Services (CPS)

CPS receives and investigates reports of child abuse and neglect by parents or other members of the family or household. Programs also are offered to help parents learn appropriate care, discipline strategies and parenting methods that do not place children at risk of abuse or neglect.

Reports of abuse or neglect are initially screened by the statewide CPS intake office in Austin. These reports are referred to a caseworker in a local CPS office or Children's Advocacy Center.

#### A CPS caseworker investigating a report usually:

- Talks to the child reported to have been abused or neglected. The interview may
  be conducted at any reasonable time or place, including at school. CPS makes
  every effort to notify parents or guardians of this interview within 24 hours after it
  has taken place.
- Discusses the report with parents or guardians to gain information about the reported abuse or neglect.

#### The caseworker may also:

- Interview and visually examine all children in the home.
- Interview any other person alleged to have abused or neglected the child.
- · Interview anyone with information about the situation.

page 10 CARE Team handbook

<sup>\*</sup> Adapted from the Alliance For Children's "Child and Family Assistance Guide."

- Review criminal history information about people alleged to have abused or neglected the child.
- · Ask for medical, psychological or psychiatric examination of your child.
- · Visit the child's home.

## A caseworker usually completes an investigation within 30 days. At that time, the investigating caseworker will decide\*:

- If abuse or neglect occurred or if the child is at risk of abuse or neglect.
- If immediate safety services or long-term treatment services are needed to reduce the risk of abuse or neglect.

If there is a need for ongoing services, the case is transferred to a new caseworker for follow-up. To report suspected child abuse or neglect, call 800-252-5400.

\* Adapted from "A Parent's Guide to a Child Protective Services Investigation," Texas Department of Protective and Regulatory Services.

## The role of the police department

State law requires that a law enforcement agency be notified when there is an unexplained or questionable injury to a child or a report of possible sexual abuse of a child. The agency completes an offense report detailing the allegations, injuries and specifics of the alleged act.

Law enforcement agencies begin their investigation by arranging for the child to be interviewed by either a Child Protective Services investigator or a forensic interviewer from the district attorney's office. Both are trained and skilled in interviewing child victims of abuse.

In some cases, the interview will be videotaped. The interview will be reviewed to determine if further action from the law enforcement agency is necessary. A videotaped interview does not necessarily mean that the child will not have to testify in court.

If the law enforcement agency begins an additional investigation of the situation, a detective may contact others with possible knowledge of the incident. The investigator may ask for a verbal and/or written statement about the alleged abuse. Many times these statements are taken under oath.

If it is determined that the alleged abuser is someone who has ongoing contact with the child or other children, Child Protective Services or a law enforcement agency will make arrangements to prevent this contact.

When the investigation is completed, a prosecutor with the district attorney's office reviews the case to decide whether or not to prosecute the abuser. An arrest warrant is issued for the abuser if he/she has not already been arrested. Once the abuser has been arrested, the case is forwarded to the district attorney's office for further action.

## The role of the district attorney's office

Once a criminal case has been investigated by law enforcement agencies, a report is given to the district attorney's office for a decision about whether to prosecute an alleged abuser in court.

#### When a case is referred to the district attorney's office, it follows these steps:

- Step 1: Intake department Criminal cases are first presented to the intake department, which decides whether to accept the case. Cases that are accepted are assigned to an attorney for presentation to a grand jury.
- Step 2: Grand jury Most cases take four to eight weeks to present to the grand jury, which is made up of 12 citizens from the county where the hearing is taking place. The grand jury decides whether or not to recommend that a case be prosecuted. Grand jury proceedings are secret and only the jurors are in the room when the final vote is cast. On occasion, witnesses give sworn testimony before the grand jury, but most often an assistant district attorney presents the facts of the case in summary form.

At least nine members of the grand jury must vote yes for a true bill of indictment to be returned. A true bill means the case will be sent to a felony court. Failure to get at least nine yes votes results in what is commonly called a "no bill." This means that the defendant is discharged from further criminal liability in this case. The law does not require or allow the grand jurors to give any reason for their vote.

• Step 3: Indictment – When a case is true billed or indicted, it takes from nine months to two years for it to come to trial. The delay depends on the backlog of the court to which the case is assigned. After the indictment, the case is assigned to a different prosecuting attorney, who is responsible for carrying the case through trial. That prosecutor, with your input, will make the decisions about the final disposition of the case.

## The Kids and Teens in Court program

Not every child involved in a child abuse investigation is asked to testify in court. When a child is asked to testify, the Tarrant County district attorney's office and Victim Assistance Office offer a program called Kids and Teens in Court.

This program may help parents/guardians and their child become more familiar with the justice system and answers questions about the trial process.

#### The program is designed to:

- Decrease feelings of isolation by teaching the child that other kids have experienced child abuse.
- Help the child feel comfortable in the courtroom. Participants explore the witness box, juror seat and judge's chair prior to the actual court date.
- Help relieve some of the fear and confusion the child may feel about participating in the prosecution of the case.

page 12 CARE Team handbook

For more information about the Kids and Teens in Court program, call the Victim Assistance Office at 817-884-2740.

## **Crime Victims' Compensation Fund**

The Crime Victims' Compensation Fund is a federal and state reimbursement program funded with fines paid by convicted criminals. It is administered through the attorney general's office of Texas with support from local law enforcement agencies and the district attorney's office.

The Crime Victims' Compensation Fund helps victims of crime and their families when they have no other way to pay for expenses incurred because of crime. Examples of expenses that may be covered include:

- Reasonable medical, hospital, counseling and funeral expenses.
- · Loss of earnings or support.
- · Counseling for immediate family members of the victim.
- · Certain related travel expenses.
- · Property seized as evidence.
- · Necessary expenses for child or dependent care.

An applicant must meet certain guidelines established by statute and administrative rule to be eligible for the program. Some requirements for eligibility are:

- · Specific residency requirements.
- Personal injury that is physical or emotional or death as a result of the criminal offense.
- Filing for compensation in a timely manner.
- Reporting of the crime to a law enforcement agency within a reasonable time and cooperation with law enforcement officials in the investigation and prosecution of the case.
- Notification to the compensation program when a civil lawsuit related to the crime is filed or when restitution is ordered.

To apply for Crime Victims' Compensation or learn more about the program, call 800-983-9933. A crime victim liaison at the Alliance For Children or through the Victim Assistance Office of the Tarrant County district attorney's office can help with completing the application. For assistance, call 817-884-2740.

## **Referral list**

You are free to research and choose any therapist that you feel would be most helpful to you and your child. The following are counseling resources in our area:

## **Arlington**

#### Alliance For Children

1320 W. Abram St. Arlington, TX 76013 817-795-9992

## Women's Center of Tarrant Co. (Rape Crisis)

401 W. Sanford, Ste. 1200 Arlington, TX 76011 817-927-2737

#### Safe Haven Resource Center

401 W. Sanford, Ste. 1400 Arlington, TX 76011 817-548-0583 877-701-7233 hotline

#### Cleburne

#### **Family Crisis Center**

660 CR 903 Cleburne, TX 76033 817-641-2343

#### Children's Advocacy Center

910 N. Granbury St. Cleburne, TX 76033 817-558-1599

#### Corinth

#### Friends of the Family

4845 S. I-35E Corinth, TX 76201 800-572-4031

#### **Dallas**

#### Dallas Children's Advocacy Center

5351 Samuell Blvd. Dallas, TX 75228 214-818-2600

#### **Decatur**

#### The Counseling Place

101 S. Trinity St. Decatur, TX 76201 940-627-1630

#### Denton

#### Cook Children's Behavioral Health

3201 Teasley Ln., Ste. 202 Denton, TX 76210 940-484-4311

#### **Counseling Center of Denton**

1512 Scripture Denton TX 76201 800-897-7068

#### **Fort Worth**

#### Alliance For Children

908 Southland Ave. Fort Worth, TX 76104 817-335-7172

#### Cook Children's Behavioral Health -Central

901 7th Ave., Ste. 2100 Fort Worth, TX 76104 682-885-1480

#### Cook Children's Behavioral Health -Southwest

6210 John Ryan Dr., Ste. 106 Fort Worth, TX 76132 817-361-7201

#### Professional Associates Counseling and Consultation Center

1160 Country Club Ln. Fort Worth, TX 76112 817-496-9796

#### **Parenting Center**

2928 West Fifth St. Fort Worth, TX 76107 817-332-6348

## Women's Center of Tarrant Co. (Rape Crisis)

1723 Hemphill Fort Worth, TX 76110 817-927-2737

#### **Catholic Charities**

249 W. Thornhill Dr. Fort Worth, TX 76115 817-534-0814

#### Ridglea Family Guidance Center

3509 Hulen St., suite 207 Fort Worth, TX 76107 817-731-3700

#### The Youth Center

1527 Hemphill St. Fort Worth, TX 76104 817-569-5900

#### Santa Fe Youth Services

7524 Mosier Ave. Fort Worth, TX 76118 817-492-4673

#### Semillas Growth and Development Center

1015 Pennsylvania Ave., Ste. 3 Fort Worth, TX 76104 817-731-7107

#### Safe Haven Counseling Center

1100 Hemphill St. Fort Worth, TX 76104 1-877-701-7233 hotline 817-536-5496 counseling

## Trauma Support Services of North Texas

1000 Bonnie Brae Fort Worth, TX 76111 817-378-7158

#### Granbury

#### Serenity Place

806 Old Cleburne Rd. Granbury, TX 76048 817-579-9559

#### Paluxy River Children's Advocacy Center

1540 Southtown Dr., Ste. 102-103 Granbury, TX 76048 817-573-0292

#### **Southern Concepts**

900 Whitehead Dr. Granbury, TX 76048 817-573-6922

#### **Grand Prairie**

#### Children First Counseling Center

202 College St. Grand Prairie, TX 75050 972-264-0604

#### Hurst

#### Alliance For Children

625 Grapevine Hwy. Hurst, TX 76054 817-427-3110

#### Cook Children's Behavioral Health

750 Mid Cities Blvd., Ste. 140 Hurst, TX 76054 817-347-2990

### Lewisville

#### Cook Children's Behavioral Health

401 North Valley Parkway, Ste. 400 Lewisville, TX 75067 972-434-2301

## Children's Advocacy Center of Denton County

1854 Cain Dr. Lewisville, TX 75077 972-317-2818

#### Stephenville

#### Cross Timbers Family Services 1794 North Graham St.

Stephenville, TX 76401 254-965-HELP (4357) 254-965-5516 office

#### Serenity Place

2230 Lingleville Rd. Stephenville, TX 76401 254-968-2993

### Waxahachie

#### **Gingerbread House**

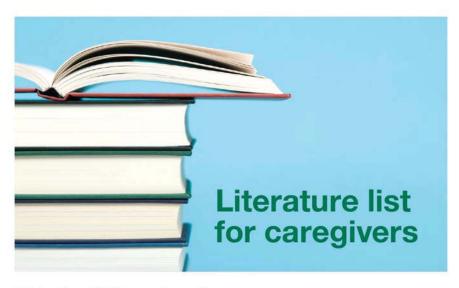
425 E. Ross St. Waxahachie, TX 75165 972-937-1870

#### Weatherford

#### Freedom House

1149 Fort Worth Hwy. Weatherford, TX 76086 817-596-7543 817-596-8922 hotline

page 16 CARE Team handbook



#### Helping Your Child Recover From Abuse

By C. Adams and J. Fay

Sleeping With a Stranger: How I Survived Marriage to a Child Molester By P. Wikland

A Mother's Nightmare: Incest, A Practical Legal Guide for Parents and Professionals By John E. B. Myers

#### When Your Child Has Been Molested: Parent's Guide

By Kathryn Hagans and Joyce Case

When the Bough Breaks: Helping Guide for Parents of Sexually Abused Children By Aphrodites Matsakis

#### Who is a Stranger and What Should I Do?

By Linda Girard

The Sexually Abused Child: Parent's Guide to Coping and Understanding

By Kathleen Mach

#### **Everything You Need to Know about Sexual Abuse**

By Evan Stark and Marsha Holly

We Are Not Alone: A Guidebook for Helping Professionals and Parents Supporting Adolescent Victims of Sexual Abuse

By J.C. Angelica

#### Helping Abused Children

By Patricia Kehoe

No Ordinary Life: Parenting the Sexually Abused Child and Adolescent By Sandy Knauer

#### Shining Through: Pulling it Together after Sexual Abuse

By Mindy Loiselle and Leslie Wright

#### A Guide for Parents Whose Children Molest

By Eliana Gil

## From Trauma to Understanding: A Guide for Parents of Children with Sexual Behavior Problems

By W. Pithers, A. Gray, C. Cunningham, S. Lane

## Books for children and adolescents

#### How Long Does It Hurt?

By Cynthia Mather and K.E. Debye (Adolescents)

#### Me Nobody Knows

By B. Bean (Adolescents)

#### We Are Not Alone: A Teenage Girl's Personal Account of Incest from Disclosure Through Prosecution and Treatment

By J.C. Angelica

#### We Are Not Alone: A Teenage Boy's Personal Account of Incest from Disclosure Through Prosecution and Treatment

By J.C. Angelica

#### Back on Track: Boys Dealing with Sexual Abuse

By Leslie Bailey Wright and Mindy B. Loiselli (boys, ages 10 and up)

#### Please Tell! A Child's Story About Sexual Abuse

By Jessie (ages 5-11)

#### It Happens to Boys Too

By J. Satullo, et al (ages 6-12)

#### Something Happened and I'm Scared to Tell

By P. Kehoe (ages 3-8)

#### It's My Body - A Book to Teach Young Children How to Resist Uncomfortable Touch

By L. Freeman (ages 3-7)

#### Telling Isn't Tattling

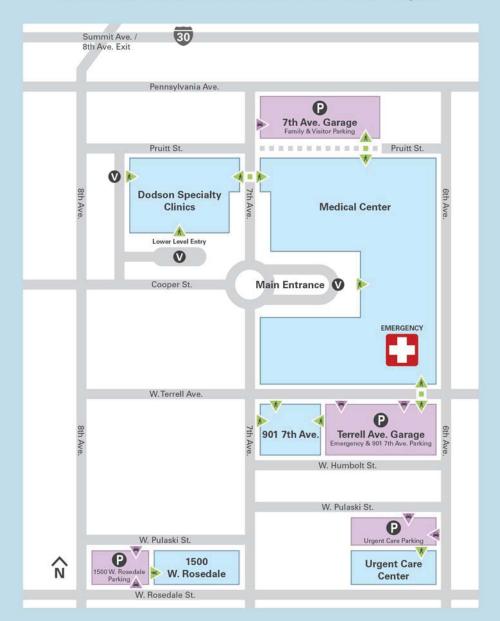
By K. Hammerseng (ages 4-12)

#### I Told My Secret: A Book for Kids Who Were Abused

By E. Gil (ages 5-9)

page 18 CARE Team handbook

## **Cook Children's Medical Center campus**



Cook Children's Health Foundation receives gifts, grants and bequests for Cook Children's Medical Center. For information concerning gift opportunities, call 682-885-4105 or visit cookchildrens.org.



801 7th Avenue Fort Worth, TX 76104 682-885-3953 phone cookchildrens.org