

**IOWA EIGHTH JUDICIAL DISTRICT
SEX OFFENDER TREATMENT PROGRAM**

WHAT YOU SHOULD KNOW ABOUT CHILD SEXUAL ABUSE

And Keeping Your Children Safe



- The Legal Definition of Sexual Abuse
- Preventative Measures
- Warning Signs of Sexual Abuse
- Adult Offenders and Suspicious Behaviors
- Sex Offender Treatment and Programming

PREFACE

This brochure was developed to provide you additional information regarding warning signs about child sexual abuse. We hope that you will find this information helpful if you are considering allowing your minor children to have contact with a Sex Offender in the Eighth Judicial District's Sex Offender Program.

In order for an Offender in our Sex Offender Program to have contact with minor children, that Offender must first make a request by completing a "Sex Offender Treatment Program Request" form. Upon approval of the Request by the SOP Facilitator and the Supervising Officer, the parents of the minor children must sign a liability waiver indicating that they understand the risk the Offender poses to their minor children and that they are assuming all responsibility for the safety of their minor children. After obtaining all signatures on this form the Offender may be allowed to have contact with these minor children under the conditions established by the SOP Facilitator and the Supervising Officer.

Please be advised that if, at anytime after signing the Release, your thoughts about the Offender having contact with your children change or if circumstances change and you feel it would not be in the children's best interest to have contact with the Offender, please immediately advise one of our staff listed at the back of this brochure.

The information in this pamphlet was adapted and used with permission from the following resources:

- The Polk County Intra-Family Sexual Abuse Program, Des Moines, IA
- Stop It Now! Web site. For more information, go to www.stopitnow.com



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WHAT IS SEXUAL ASSAULT?

**By Sarah C. Pettinger
Assistant Wapello County Attorney**

Sexual assault crimes occur when two individuals have sexual contact, and the victim does not consent to the sexual contact. Only certain acts qualify as sexual contact. Sexual contact includes penetration of the penis into the vagina or anus; contact between the mouth of one person and the genitalia of another person; contact between the genitalia of one person and the genitalia or anus of another person; or contact between the finger or hand of one person and the genitalia or anus of another person. Sexual contact is not confined to acts of vaginal sexual intercourse. For example, digital fondling of another person's genitalia is considered sexual contact.

Sexual contact can occur without the victim's consent in a number of ways. If someone has sexual contact with a victim by force or against his or her will, that is a sexual assault. The victim does not have to physically resist, nor does he or she have to specifically say "no" for the contact to be by force or against the victim's will. The victim can indicate in verbal or nonverbal and in physical or non-physical ways that he or she does not want to have sexual contact with the perpetrator. Sexual assaults can also occur between spouses. If the victim consents to the sexual contact because the perpetrator threatened violence, a sexual assault has occurred. Similarly, a sexual assault has occurred if the victim is under the influence of a drug inducing sleep (including sleep induced by alcohol intoxication) or if the victim is unconscious at the time of the sexual contact. If the victim suffers from a mental defect or incapacity that prevents him or her from knowing what is right and wrong conduct in sexual matters, then he or she



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cannot consent to sexual contact.

Sexual contact with a child under the age of twelve is automatically a sexual assault. Children are deemed incapable of consenting to sexual contact. Anyone who has sexual contact with a twelve or thirteen year-old has committed a sexual assault, unless the child and the other person are cohabiting together as husband and wife. If an individual has sexual contact with a fourteen or fifteen-year-old, and the individual is four or more years older than the victim, he or she has committed a sexual assault, unless the two individuals are cohabiting together as husband and wife. If an individual is in a position of authority over a fourteen or fifteen-year-old and the authority figure coerces the victim to submit to sexual contact, that is considered sexual assault. Finally, sexual contact with an individual who is physically incapacitated or physically helpless is sexual assault.

If you have questions about what qualifies as a domestic abuse or sexual assault crime, please contact Assistant Wapello County Attorney Sarah Pettinger at (641) 683-0030.



SEX OFFENDER PROGRAM

**By Sue Boggs,
Sex Offender Treatment Program Lead Officer**

Sexual assault is an overwhelming problem in today's society. One in three girls and one in six boys are sexually assaulted before the age of 18. On the average, one in 10 men will be sexually assaulted during adulthood. Somewhere in America, a woman is raped every 90 seconds.

It is imperative that every effort be made to prevent this crime as well as protect and aid victims and survivors of sexual assault. To accomplish this, the Iowa Eighth Judicial District Department of Correctional Services coordinates treatment activities for perpetrators of sexual assault, which includes monitoring offenders' behaviors in communities. It is the combination of treatment and intensive supervision that provides the best opportunity to prevent or minimize the recurrence of sexual assaults.

The treatment of sex offenders in this district began in 1991 when an individual placed on probation for a sexual offense was ordered to undergo treatment.

In 2004, there are 11 active sex offender treatment groups with a total of 94 group members within the 14-county area of the district. There are two additional groups that provide services to 15 partners of offenders.

Offenders under supervision are referred to the sex offender program if they are currently under supervision for a sexual offense, have a criminal sexual offense history, or are convicted of a nonsexual offense but information about the crime indicates a sexual offense also occurred.

The program is designed to help sex offenders, through therapeutic and educational treatment opportunities, gain control over destructive behavior patterns while being ever vigilant to protect the community by establishing in-



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ternal and external controls.

Cognitive-behavioral treatment delivered in the group format is universally recognized as the treatment modality of choice for sex offenders. The department uses the group format and curriculum including sections on victim awareness and how sexual assault impacts the lives of survivors, cognitive restructuring, managing deviant sexual arousal, relapse prevention, sexuality, relationship skills, and maintenance.

Offenders placed in this treatment program are also held to a contract that restricts and monitors their behavior. Supervision can include electronic monitoring as well as software programs that monitor internet access.

Honesty is the foremost tool required in the treatment of sex offenders. Offenders for the most part are not proud of their crimes and therefore not always honest about the extent of their deviant behavior. To assist offenders in providing truthful disclosure of their offenses and behaviors while under supervision, polygraph testing is utilized.

The use of polygraph testing of sex offenders has emerged in the last several years as one of the best methods to keep the offenders in check so that they don't revert to old cycles, or patterns. Sex offender polygraph testing is a highly specialized practice that demands the examiner to follow the standards developed by the American Polygraph Association.

Even with programs and supervision strategies in place, it is important to underscore that the treatment outcome for sexual offenders is not considered to be a *cure* of a mental disorder, but the development of *control* of a destructive behavioral pattern



TEACH YOUR CHILDREN

As adults, we need to educate ourselves about sexual abuse and the risk factors or warning signs of sexually abusing behaviors. Here are some things that you and your family can do to prevent the sexual abuse of a child you know and love:

- Watch for signs of possible sexual abuse in adults, between adults and children, and in children.
- Show your children that it is OK to say "no" when someone you know and care about does something you do not like.
- Set and respect family boundaries.
- Speak up when you see "warning sign" behaviors.
- Practice talking about difficult topics such as sexual abuse with other adults.
- Be sure that you are comfortable saying the proper names of body parts before you teach them to your children.
- Teach children that secrets about touching are not OK.
- Set up a family safety plan that is easy to remember.



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- List for yourself whom to call for advice, information, and help.
- Teach children the difference between OK touch and touch that is not OK.



ABUSIVE BEHAVIORS

Touching Behaviors Include:

- Touching a child's genitals (penis, testicles, vulva, breasts, or anus) for sexual pleasure or other unnecessary reason.
- Making a child touch someone else's genitals, or playing sexual ("pants-down") games.
- Putting objects or body parts (like fingers, tongue or a penis) inside the vulva or vagina, in the mouth, or in the anus of a child for sexual pleasure or other unnecessary reason.

Non-Touching Behaviors Include:

- Showing pornography to a child.
- Exposing a person's genitals to a child.



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- Photographing a child in sexual poses.
- Encouraging a child to watch or hear sexual acts either in person or on a video.
- Watching a child undress or use the bathroom, often without the child's knowledge (known as voyeurism or being a "Peeping Tom").



WARNING SIGNS OF ABUSE

Physical:

- Unexplained bruises, redness, or bleeding of the genitals, anus, or mouth?
- Pain in the genitals, anus, or mouth?
- Sores or milky fluids in the genital area?

Behavioral:

- Nightmares, trouble sleeping, fear of the dark, or other sleeping problems.
- Extreme fear of "monsters."
- Spacing out at odd times.
- Loss of appetite, or trouble eating or swallowing.
- Sudden mood swings: rage, fear, anger, or withdrawal.
- Fear of certain people or places (e.g., a child may not want to be left alone with a baby-sitter, a friend, a relative, or some other child or adult; or a child who is usually talkative and cheery may become quiet and distant when around a certain person).
- Stomach illness all of the time with no identifiable reason.



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- An older child behaving like a younger child, such as bed-wetting or thumb sucking.
- Sexual activities with toys or other children, such as simulating sex with dolls or asking other children/siblings to behave sexually.
- New words for private body parts.
- Refusing to talk about a "secret" he/she has with an adult or older child.
- Talking about a new older friend.
- Suddenly having money.
- Cutting or burning herself or himself as an adolescent.



WHAT TO DO, WHAT TO SAY

If A Child Has Been Sexually Abused

If your child has been sexually abused, one of the most important things a parent can do is respond in a calm and matter-of-fact manner:

- **Listen.** to the words and feelings of the child and observe his or her body language.
- **Believe.** Children rarely lie about sexual abuse. If you don't have enough information about what is going on, ask questions and let the child know you are someone they can safely talk to about this issue.
- **Reassure.** Let the the child know that he or she has done nothing wrong and that you will do whatever you can to keep him or her safe. Say that no matter what happened or what they say, you will still love them.
- **Seek Help.** Many people are tempted to handle the disclosure on their own. However, there are community resources that can help a family through this difficult situation.



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- **Take Action.** Notify law enforcement authorities. By taking action you may reduce the risk of others in your community or family from being sexually abused.



SEX OFFENDERS & BEHAVIORS

What To Watch For When Adults Are With Children

Have you ever seen someone playing with a child and felt uncomfortable with it? Don't ignore the behavior; learn how to ask more questions about what you have seen. The checklist below offers some warning signs.

Do you know an adult or older child who:

- Refuses to let a child set his or her own limits?
- Insists on hugging, touching, kissing, tickling, wrestling with or holding a child even when the child does not want this affection?
- Is overly interested in the sexuality of a particular child or teen (e.g., talks repeatedly about the child's developing body or interferes with normal teen dating)?
- Manages to get time alone or insists on time alone with a child with no interruptions?
- Spends most of his/her spare time with children and has little interest in spending time with some-



one of similar age?

- Regularly offers to baby-sit many different children for free or takes children on overnight outings alone?
- Buys children expensive gifts or gives them money for no apparent reason?
- Frequently walks in on children/teens in the bathroom?
- Allows children or teens to consistently get away with inappropriate behaviors?



MORE RED FLAGS

An Adult With Sexual Behavior Problems

Someone you love may be acting in a way that worries or confuses you. These behaviors may be a way for this person to ask for help. Many people with sexual behavior problems wish that someone had asked them what was going on or had told them where to call. Do you know someone who:

- Talks again and again about the sexual activities of children or teens?
- Masturbates a lot or takes breaks from other activities to go masturbate?
- Talks about sexual fantasies with children and is not clear about what's okay with children?
- Was abused as a child and won't deal with it?
- Encourages silence and secrets in a child?
- Looks at child pornography?



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- Asks adult partners to dress or act like a child or teen during sexual activity?
- Often has a "special" child friend, maybe a different one from year to year?
- Spends most spare time on activities involving children or teens, not adults?
- Makes fun of a child's body parts, calls a child sexual names such as "stud", "whore", or "slut"?



SOP STAFF

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Notes:



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