

Recognizing and Responding to a Child Who Has Been Sexually Abused

A Journey of Understanding

Agenda

- WIIFM and Introductions
- What is Sexual Abuse?
- Recognizing Effects and Factors of CSA
- Living with a Child Who Has Been Sexually Abused—Tasks
- Allegations
- Transfer of Learning/Evaluation

Stepping into the Issues

- **This walk-around is intended for you to think about your personal experience.**
- **Take a marker and respond to each flip-chart**
- **We will be revisiting these flip-charts later in the day.**



Introductions

- Please introduce yourself
- Tell us who is at your house
- Finish this sentence...
Today, I hope we discuss...

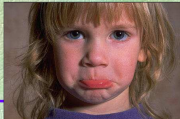
Let's have a discussion...

Why do we have difficulty talking about or understanding child sexual abuse?

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Legal Perspective

Any behavior with a child where the intent is to control or sexually arouse someone.



Traumatic Impact

Sexual abuse is a betrayal of trust involving overt or covert sexual actions – direct or indirect, verbal or physical – between a child and a trusted adult or authority figure.

Cultural Considerations

- How does the parent’s cultural group nurture children?
- How does the parent’s cultural group define sexually abusive behavior?
- What was the parent’s motivation or attitude when displaying the parenting behavior in question?
- Is the parent open to understanding why this behavior would present concerns within the US culture?

Key Learning Points

Foster parents need to be aware of concerns raised by both definitions –

- The actual behavior (what happened to the child)
- How powerless the child felt



Key Learning Points



- What the relationship was like with the perpetrator
- The child's future perception of adult/child relationships
- The emotional potential long-term impact of the experience

Legal Definitions

- Exploitation
- Incest or Intra-familial sexual abuse, including siblings
- Extra-familial sexual abuse
- Stranger Abuse



Indicators of Sexual Abuse



- Sexual signs sometimes found in young children
- Non-sexual behavioral indicators of child sexual abuse in young children

Indicators of Sexual Abuse

- Sexual signs sometimes found with school age children/adolescents
- Non-sexual behavioral indicators of child sexual abuse in school age children
- Non-sexual behavioral indicators of child sexual abuse in adolescence



The Effects of Sexual Abuse on Children

- **Affective/Emotional**
- **Physical**
- **Cognitive**
- **Behavioral**



Characteristics Associated with Greater Trauma in Child Sexual Abuse Cases

- Frequency
- Duration
- Penetration or intercourse vs. none
- Physical force used or not
- When the abuse started: early age vs. later
- Age difference between perp/victim
- Physical abuse at same time
- Responsibility for abuse
- Powerlessness or betrayal

What additional trauma does a child experience who enters foster care as a result of sexual abuse?



Menuchin's Family Diagram

Parent Parent

- Earning a living
- Relocation decisions
- Sexual intimacy

Child Child Child

- Bribery
- Cover stories for one other
- Borrowing and lending items

Foster Family Diagram

P P
Eva

- Earning a living
- Relocation decisions
- Sexual intimacy

C C C

- Bribery
- Cover stories for one other
- Borrowing and lending items

Living with a Child Who Has Been Sexually Abused: Tasks for Foster and Adoptive Parents

- 1. Acknowledge the reality of their child's abuse experience
- 2. Help children ventilate feelings of rage, guilt, fear and sadness while managing their own emotional responses.
- 3. Decrease and manage inappropriate sexual behaviors
- 4. Decrease other acting-out behaviors
- 5. Encourage recovery of capacity for attachment and appropriate intimacy

Living with a Child Who Has Been Sexually Abused: Tasks for Foster and Adoptive Parents

- 6. Improve self-esteem
- 7. Improve social skills
- 8. Learn normal family rules and boundaries
- 9 Face their own sexual abuse issues or that of a family member
 - This is not a training issue.

**Tasks #1 and #2—
Acknowledge the Reality of Your Child's Abuse Experience**

Sharing and Learning Circle

How have you dealt with these?

- 1. What feelings have you had as a result of working with children demonstrating sexualized behaviors?
- 2. Have you ever had a child disclose sexual abuse to you and what was your response? How did it make you feel?
- 3. What has been the most difficult situation you have experienced with a foster or adopted child as it relates to sexual abuse?

Tasks #3 and #4 –

Decrease and manage inappropriate sexual behaviors

Decrease other acting-out behaviors

- The Red Light behavior requires professional intervention.
- The Yellow Light is a cause for concern and possible intervention.
- The Green Light is expected, normal behavior



Issues to be considered in evaluating the behaviors are:

1. Age difference
2. Size difference
3. Relationship or status difference
4. Type of sexual activity
5. Frequency of the behavior/number of contacts
6. Intelligence level
7. Developmental level
8. Use of force/coercion

Intervening When a Child Is Sexually Acting Out

- Stop the behavior
- Define the behavior
- State the house rule
- Enforce the consequence or redirect the child



Caregivers should be concerned when child:



- appears pre-occupied with sexual themes
- is angry or violent in her sexual behavior towards others
- compulsively engages in sexual behaviors
- is engaged in inappropriate sexual activity
- Is involved in sexual activity with a significantly older or younger child

Tasks #5, #6, and #7:

Encourage recovery of capacity for attachment and appropriate intimacy, improve self-esteem, improve social skills



5 C's of Corrective Attachment Parenting

- emphasizes relationship
- teaches the child problem-solving
- uses natural and logical consequences
- minimizes use of control



5 C's of Corrective Attachment Parenting

- Connection
- Calm
- Commitment
- Communication
- Choices/Consequences



Task #8 Learn normal family rules and boundaries

Make a list of the house rules that you feel will be most effective.



Talking about Allegations

- Accurate
- Inaccurate
- False



Avoiding Allegations

- Know your child and his history
- Document in a daily log
- Be explicit about your conduct and the house rules
- Choose your language carefully
- Do not use physical punishment or touching in anger
- Be active in agency associations and support groups
- Understand agency's interpretation of protocol in dealing with allegations

What are you taking home today?



Agenda

- I. Introduction
- II. What is Child Sexual Abuse – A Look at Definitions and Beyond
- III. As a Child Moves In – Recognizing the Behaviors and Dynamics of Child Sexual Abuse
- IV. Living with a Child Who Has Been Sexually Abused: Tasks for Foster and Adoptive Parents
- V. The Caregiver and Allegations
- VI. Conclusion and Evaluations

COMPETENCIES

- | | |
|------------|--|
| 922-01-003 | Knows when and how to tell the caseworker about disclosures of abuse, including sexual abuse, by a child in the caregiver's home |
| 923-02-003 | Understands how abuse, including sexual abuse, and neglect can affect infant and toddler development |
| 923-02-004 | Understands how abuse, including sexual abuse, and neglect can affect preschool school-aged children's development |
| 923-02-005 | Understands how abuse, including sexual abuse, and neglect can affect adolescents' development |
| 923-04-001 | Understands why it is important to teach children and adolescents about sex and knows how to talk with them about sexual issues |
| 923-04-003 | Knows how to discuss sexual issues with children and adolescents in a way that is consistent with their developmental level |

Resource Handout #1

- 923-04-004 Knows how to provide an appropriate model for interpersonal boundaries and privacy among caregiver family members
- 923-04-005 Knows the stages and indicators of healthy sexual development
- 923-04-007 Can maintain a supportive and safe environment with children and adolescents that encourages healthy sexual development
- 923-05-005 Understands how children's cognitive development affects their understanding of the abuse or neglect
- 923-05-008 Understands why children may disclose their sexual abuse only after they are placed in a caregiving home
- 923-05-009 Knows how to respond when a child discloses sexual abuse
- 923-05-010 Knows how to decrease caregiver family member's risk of allegations of sexual abuse getting made against them
- 923-05-011 Understands the need to participate in investigations if allegations of sexual abuse are made against a member of the caregiver family
- 925-01-006 Knows ways that a child or adolescent victim of sexual abuse might react to members of the caregiving family

PERSPECTIVES

Definition 1: Anything sexual with a child where the intent is to control or sexually arouse

Definition 2: Sexual abuse is a betrayal of trust involving overt or covert sexual actions – direct or indirect, verbal or physical – between a child and a trusted adult or authority figure.

How are they different? How are they the same?

Key Learning Points:

- 1.
- 2.
- 3.
- 4.
- 5.

Defining Sexual Abuse and Types of Abuse

The National Center on Child Abuse and Neglect defines sexual abuse as:

“Contacts or interactions between a child and an adult in which the child is used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or is in a position of power or control over another child” (adapted from: American Humane Association, Child Sexual Abuse Curriculum for Social Workers, 1988.)

Sexually abusive acts include the following:

- **Sexual exploitation** is the use of children in sexual activities for monetary or other tangible items (such as drugs) for the adult. This includes the use of children in the development of pornographic materials, as well as child prostitution.
- **Incest, or intra-familial sexual abuse** includes sexual activities imposed on a child by an adult family member or by a person under the age of 18 years of age, but who is in a position of power or control over the child. In most situations of incest, the perpetrator is the father, step-father or the mother’s boyfriend. However, mothers, step-mothers and siblings are increasingly being identified as perpetrators. Intra-familial sexual abuse occurs any time the perpetrator is a biological relative or psychological family member of the child. Psychological family members include persons who are not related biologically or through marriage, but who are viewed as family members by the family. This could include a boy/girl friend of the parent, a god-parent, or a very close friend of the parent, whom the children may refer to as “aunt,” “uncle,” “grandma,” etc. Sibling-to-sibling sexual abuse or cousin-to-cousin sexual abuse are also considered incest.
- **Extra-familial sexual abuse** includes sexual activities imposed on a child by an adult who is neither a biological or psychological family member. Again, a sexual act is also considered sexual abuse if the perpetrator is under 18 years of age but is in a position of power or control over the child. Most often, perpetrators in extra-familial sexual abuse are known by the family. Because of their position of respect and authority with the family, they may have frequent unsupervised access to the children they abuse. Perpetrators may include baby-sitters, teachers, ministers, or volunteers.
- **Stranger sexual abuse** includes sexual activities that are imposed upon the child by an adult, or by a person under 18 years of age who is in a position of power and control over the victim and who is not known to the family. This is the least common type of sexual abuse.

* Each state/province has legal definitions as defined in statutes which guide the prosecution of perpetrators, and which adjudicate a child having been abused. The particular terminology utilized may vary from jurisdiction to jurisdiction.

Possible Indicators of Child Sexual Abuse

Faller (1995) states that sexual signs are generally higher probability of sexual abuse than non-sexual signs. The lower probability signs may indicate the child was sexually abused, but the child may display these signs for reasons other than sexual abuse.

Sexual signs sometimes found in young children:

- Explicit sexual knowledge, behavior, or language which is unusual for child's age;
- Excessive masturbation (causes irritation or interferes with normal activities; masturbates numerous times a day; cannot seem to stop masturbating; inserts objects into vagina or anus; makes groaning or moaning sounds when masturbating; engages in thrusting motions while masturbating; seems to be in a trance when masturbating;)
- Increased/insatiable interest in sex play with peers or dolls;
- Sexual aggression toward younger children or more naïve children;
- Sexual invitations to older children or adults;
- Sexual behaviors with animals or toys;
- Drawings of genital areas when drawing figures;
- Advanced sexual knowledge (child makes comments that are sexual when watching TV or talking to others; example: child sees a couple kissing and says something like, "He's going to put his wee wee into her box.")

Sexual signs sometimes found with adolescents or older children:

- Sexual promiscuity among both boys and girls
- Being sexually stylized in and around adults
- Prostitution
- Molesting young children
- Pregnancy or early marriage
- Sexual obsession
- Sexual graffiti and pornography
- Mutual masturbation
- Excessive masturbation (see above examples)

Non-sexual behavioral indicators of child sexual abuse in young children:

- Sleep disturbances
- Bed-wetting
- Uncontrolled bowels
- Regressive behaviors (baby-talking, stuttering, thumb sucking, clinging, and fretful behaviors)
- Refusal to be left alone
- Fear of the alleged offender
- Fear of other people, either males or females in particular
- Nightmares; refusing to sleep alone

- Sudden crying without provocation
- Fire-setting
- Cruelty to animals
- Indiscriminate affection toward other adults
- Suicidal ideation; rage reactions
- High tolerance to pain; low tolerance to pain
- Changes in eating patterns

Non-sexual behavioral indicators of child sexual abuse in middle age children:

- Eating disturbances
- Self-mutilation
- Sudden regressive behaviors (bed-wetting, soiling, acting “babyish”)
- Nightmares or sleep disturbances
- Exceptional secrecy
- Withdrawal or over-compliance to requests
- Somatic complaints
- Sudden phobic behavior
- Agitation, hyperactivity, irritability
- Excessive anxiety
- Running away from home
- Suicidal ideation; rage reactions
- Layering of clothing; sleeping in clothing; discarding underwear

Non-sexual behavioral indicators of child sexual abuse in adolescence:

- Poor self-image
- Poor peer relationships, limited social life, guarded in relationships
- Home truancy - running away
- School problems such as poor grades, failure, truancy, conflict with authority figures
- Delinquent behavior - alcohol/drug abuse, stealing, lying, fighting
- Feelings of depression, isolation
- Suicidal thoughts or gestures
- Recurrent complaints such as severe headaches, abdominal pain without medical findings
- Self-mutilation
- Eating disorders such as anorexia, bulimia, obesity, sudden weight gain or loss
- Rage reactions
- Layering of clothing; sleeping in clothing; discarding underwear
- Post-traumatic stress disorder, anxiety, depression
- Disregard of hygiene
- Obsessive hygiene

Physical indicators of child sexual abuse:

- Blood or body fluid stains on diaper/underwear
- Frequent urinary track infections
- Rashes, itching, lesions of the genital or anal area
- Symptoms of venereal disease such as vaginal/penile discharge, genital/oral sores
- Pain in the genital or anal area
- Genital warts
- Frequent vomiting without organic cause
- Recurrent abdominal pain or complaints of gastrointestinal problems
- Painful defecation, constipation
- Diarrhea
- Vaginitis, Urethritis
- Pregnancy
- Physical abuse

Visible bite marks or bruises around genitals, buttocks, breasts

Behaviors Related to Sex and Sexuality in Children

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The following chart attempts to describe behaviors which relate to sex and sexuality of preschool children of normal intelligence. Available literature and empirical data on child sexuality have been studied and consultation with hundreds of professionals, parents, and child care providers has been sought to prepare this chart. It is a first step in defining behaviors related to sex and sexuality which are within the normal range, behaviors which raise concern, and behaviors which require immediate assessment and intervention. This chart is not meant for use in the assessment of child sexual abuse. Comments and suggestions are invited by the author.

The behaviors in the *first column* are those which are in the normal range. This range is wide and not all children will engage in all of the behaviors. Some children may engage in none while some may only do one or two. There will be differences due to the child's interest and the amount of exposure the child has had to adult sexuality, nudity, explicit television, videos, and pictures. The attitudes and values of the child's parent's will influence the child's behaviors.

The *second column* describes behaviors which are seen in some children who are overly concerned about sexuality, children who lack adequate supervision, and other children who have been, or are currently being, sexually molested or maltreated.

When a child shows several of these behaviors, a consultation with a professional is advised.

The *third column* describes behaviors which are often indicative of a child who is experiencing deep confusion in the area of sexuality. This child may or may not have been sexually abused or maltreated. It may be that the level of sex and/or aggression in the environment in which the child has lived overwhelmed the child's ability to integrate it and the child is acting out the confusion. Consultation with a professional who specializes in child sexuality or child sexual abuse should be sought.

Sex Play is Within Normal Range of Childhood Behavior

All aspects of normal sex and sexuality for preschool children are related to curiosity and exploration. Preschoolers are trying to find out about the world--how it smells, tastes, works, sounds, and feels.

Everything related to the genitals, breasts, differences between males and females, and procreation are subjects of preschoolers' exploration and curiosity. This interest comes and goes.

Areas of Concern

Concern arises when the child focuses on sexuality to a greater extent than 1) other areas of the child's environment or, 2) other developmentally matched peers. Interest in sex and sexuality should be in balance with the curiosity and exploration of all other aspects of the child's life. When a child is admonished about certain sexual behaviors yet continues, this raises concern. Concern also arises when a child does not seem to understand that the overt display of sexual behaviors is uncommon. If a child shows several behaviors which are of concern, professional advice is recommended.

When to Seek Professional Help

When there is secrecy, anger, anxiety, tension, fear, coercion, force, or compulsive interest and activity related to sex and sexuality, professional advice should be sought.

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Behaviors Related to Sex and Sexuality in Preschool Children

Normal Range “Green Light”	Of Concern “Yellow Light”	Seek Professional Help “Red Light”
Touches/rubs own genitals when diapers are being changed, when going to sleep, when tense, excited or afraid.	Continues to touch/rub genitals in public after being told many times not to do this.	Touches/rubs self in public or in private to the exclusion of normal childhood activities.
Explores differences between males and females, boys and girls.	Continuous questions about genital differences after all questions have been answered.	Plays male or female roles in an angry, sad, or aggressive manner. Hates own/other sex.
Touches the genitals, breasts of familiar adults and children.	Touches the genitals, breasts of adults not in family. Asks to be touched himself/herself.	Sneakily touches adults. Makes others allow touching, demands touching of self.
Takes advantage of opportunity to look at nude persons.	Stares at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.
Asks about the genitals, breasts, intercourse, and babies.	Keeps asking people even after parent has answered questions at age-appropriate level.	Asks strangers after parent has answered. Sexual knowledge too great for age.
Erections.	Continuous erections.	Painful erections.
Likes to be nude. May show others his/her genitals.	Wants to be nude in public after the parent says “no.”	Refuses to put on clothes. Secretly shows self in public after many scoldings.
Interested in watching people doing bathroom functions.	Interest in watching bathroom functions does not wane in days/weeks.	Refuses to leave people alone in bathroom, forces way into bathroom.
Interested in having/birthing a baby.	Boy’s interest does not wane after several days/weeks of play about babies.	Displays fear or anger about babies, birthing, or intercourse.
Uses “dirty” words for bathroom and sexual functions.	Continues to use “dirty” words at home after parent says “no.”	Uses “dirty” words in public and at home after many scoldings.
Interested in own feces.	Smears feces on walls or floor more than one time.	Repeatedly plays or smears feces after scolding.
Plays doctor, inspecting others’ bodies.	Frequently plays doctor after being told “no.”	Forces child to play doctor, to take off clothes.
Puts something in the genitals or rectum of self or other due to curiosity or exploration.	Puts something in genitals or rectum of self or other child after being told “no.”	Any coercion or force in putting something in genitals or rectum of other child.
Plays house, act out roles of mommy and daddy.	Humping other children with clothes on.	Simulated or real intercourse without clothes, oral sex.

Behaviors Related to Sex and Sexuality in Young School-Age Children

Normal Range “Green Light”	Of Concern “Yellow Light”	Seek Professional Help “Red Light”
Asks about the genitals, breasts, intercourse, babies.	Shows fear or anxiety about sexual topics.	Endless questions about sex. Sexual knowledge too great for age.
Interested in watching/peeking at people doing bathroom functions.	Keeps getting caught watching/peeking at others doing bathroom functions.	Refuses to leave people alone in bathroom.
Uses “dirty” words for bathroom functions, genitals, and sex.	Continues to use “dirty” words with adults after parent says “no” and punishes.	Continues use of “dirty” words even after exclusion from school and activities.
Plays doctor, inspecting others’ bodies.	Frequently plays doctor and gets caught after being told “no.”	Forces child to play doctor, to take off clothes.
Boys and girls are interested in having/birthing a baby.	Boy keeps making believe he is having a baby after month/s.	Displays fear or anger about babies or intercourse.
Show others his/her genitals.	Wants to be nude in public after the parent says “no” and punishes the child.	Refuses to put on clothes. Exposes self in public after many scoldings.
Interest in urination and defecation.	Plays with feces. Purposely urinates on floor.	Repeatedly plays or smears feces. Urinates on furniture on purpose.
Touches/rubs own genitals when going to sleep, when tense, excited, or afraid.	Continues to touch/rub genitals in public after being told “no.” Masturbates on furniture or with objects.	Touches/rubs self in public or in private to the exclusion of normal childhood activities. Masturbates on people.
Plays house, may simulate all roles of mommy and daddy.	Humping other children with clothes on. Imitates sexual behavior with dolls/stuffed toy.	Humping naked. Intercourse with another child. Forcing sex on another child.
Thinks other sex children are “gross” or have “cooties.” Chases them.	Uses “dirty” language when other children <i>really</i> complain.	Uses bad language against other child’s family. Hurts other sex children.
Talks about sex with friends. Talks about having a girl/boy friend.	Sex talk gets child in trouble. Gets upset with public displays of affection.	Talks about sex and sexual acts a lot. Repeatedly in trouble in regard to sexual behavior.
Wants privacy when in bathroom or changing clothes.	Becomes very upset when seen changing clothes.	Aggressive or tearful in demand for privacy.
Likes to hear and tell “dirty” jokes.	Keeps getting caught telling “dirty” jokes. Makes sexual sounds, e.g., moans.	Still tells “dirty” jokes even after exclusion from school and activities.
Looks at nude pictures.	Continuous fascination with nude pictures.	Wants to masturbate to nude pictures or display them.
Plays games with same-aged children related to sex and sexuality.	Wants to play games with much younger children related to sex and sexuality.	Forces others to play games related to sex and sexuality. Group forces child/ren to play.
Draws genitals on human figures.	Draws genitals on one figure and not another. Genitals in disproportionate size to body.	Genitals stand out as most prominent feature. Drawings of intercourse, group sex.
Explores differences between males and females, boys and girls.	Confused about male/female differences after all questions have been answered.	Plays male or female roles in a sad, angry, or aggressive manner. Hates own/other sex.
Takes advantage of opportunity to look at nude child or adult.	Stares/sneaks to stare at nude persons even after having seen many persons nude.	Asks people to take off their clothes. Tries to forcibly undress people.

Normal Range “Green Light”	Of Concern “Yellow Light”	Seek Professional Help “Red Light”
Pretends to be opposite sex.	Wants to be opposite sex.	Hates being own sex. Hates own genitals.
Wants to compare genitals with peer-aged friends.	Wants to compare genitals with much older or much younger children or adults.	Demands to see the genitals, breasts, buttocks of children or adults.
Wants to touch genitals, breasts, buttocks of other same-aged child or have child touch him/her.	Continuously wants to touch genitals, breasts, buttocks of other child/ren. Tries to engage in oral, anal, vaginal sex.	Manipulates or forces other child to allow touching of genitals, breasts, buttocks. Forced or mutual oral, anal, or vaginal sex.
Kissing familiar adults and children. Allowing kissing by familiar adults and children.	French kissing. Talks in sexualized manner with others. Fearful of hugs and kisses by adults. Gets upset with public displays of affection.	Overly familiar with strangers. Talks in a sexualized manner with unknown adults.
Looks at the genitals, buttocks, breasts of adults.	Touches/stares at the genitals, breasts, buttocks of adults. Asks adult to touch him, her on genitals.	Sneakily or forcibly touches genitals, breasts, buttocks of adults. Tries to manipulate adult into touching him/her.
Erections.	Continuous erections.	Painful erections.
Puts something in own genitals/rectum.	Puts something in own genitals/rectum when it feels uncomfortable. Puts something in the genitals, rectum of other child.	Any coercion or force in putting something in genitals/rectum of other child. Anal, vaginal intercourse. Causing harm to own genitals/rectum.
Interest in breeding behavior of animals.	Touching genitals of animals.	Sexual behaviors with animals.

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Spectrum of Sexually Abusive Behaviors

Sexual abuse usually involves “conditioning” the child to accept sexual behaviors. Over time, the perpetrator gradually increases the amount and types of sexual abuse, preparing the child carefully to accept the next behavior. This manipulation of the child by the adult is important to the progression of the sexual abuse. If the child is conditioned to accept the behavior, then the threat of the child telling someone is greatly reduced. Secrecy is a very important component of sexual abuse; secrecy allows the abuse to continue.

According to Suzanne Sgroi (1981), sexual activity between an adult and a child may range on a continuum from exhibitionism to intercourse, often progressing through the following spectrum of behavior.

- Nudity The adult parades nude around the house in front of all or some of the family members.
- Disrobing The adult disrobes in front of the child, generally when the child and the adult are alone.
- Genital Exposure The adult exposes his/ her genitals to the child. Here the perpetrator directs the child’s attention to the genitals. This may involve a request that the child touch the parent’s genitals.
- Observation of the Child The adult surreptitiously or overtly watches the child undress, bathe, excrete, or urinate.
- Kissing The adult kisses the child in a lingering and intimate way, such as “french kissing.” Even very young children sense the inappropriateness of this behavior and may experience discomfort.
- Fondling The adult fondles the child’s breasts, abdomen, genital area, inner thighs, or buttocks. The child may be asked to similarly fondle the adult at his or her request.

- Masturbation The adult masturbates while the child observes; the adult observes the child masturbating; the adult and child observe each other while masturbating themselves; or the adult and child masturbate each other.
- Fellatio The adult has the child fellate him, or the adult will fellate the child. This type of oral-genital contact requires the child to take a male perpetrator's penis into his or her mouth, or the adult to take the male child's penis into his or her mouth.
- Cunnilingus This type of oral-genital contact requires the child to place mouth and tongue on the vulva or in the vaginal area of an adult female, or the adult will place his or her mouth on the vulva or in the vaginal area of the female child.
- Penetration of the Vagina or Anus by Fingers or Objects This involves penetration of the vagina or anus by a finger (digital penetration), or inanimate objects such as crayons, or pencils (felonious penetration.)
- Penile Penetration of the Anus or Vagina This involves penetration of the anus or vagina by a male perpetrator's penis.
- "Dry Intercourse" This slang term describes an adult who rubs his penis against the child's genital-rectal area, inner thighs, or buttocks.

The typical progression of sexual activity is from less intimate types of sexual activity such as exposure or self-masturbation to actual body contact such as fondling, to some form of penetration.

Finally, there is also the child who is hurt by living in a highly sexualized environment. This child may never be touched but he/she witnesses an abundance of sexually explicit materials, behaviors and discussion.

This material was adapted from
The Handbook of Clinical Intervention in Child Sexual Abuse (1981)
Suzanne M. Sgroi, M.D.

Strengths of the Caregiver

The University of Southern Maine and Nova University list the following strengths necessary to parent a sexually abused child.

- **Flexibility**

Children who have been sexually abused may not react to family life in the same way as children who have not been sexually abused.

- **Clear Values**

The family should be readily able to share their values with the child who has been sexually abused.

- **Clear Boundaries**

Boundaries in an abusive home are confused or do not exist at all, and with appropriate boundaries, the child who has been sexually abused can begin to feel safe.

- **Supportive Structure**

Self-esteem and dignity are built with structure.

- **Ability to Accept Child**

Children who have been sexually abused needs to be accepted for being who they are and who one might want them to be; it is critical if the caregiver is to begin where the child is.

- **Comfortable Discussing Sexual Issues**

- **Assertive in Dealing with Services Needed for Child**

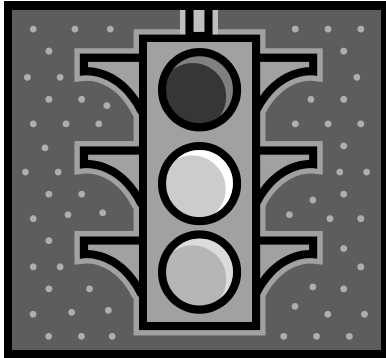


Tasks for Foster and Adoptive Parents of Children Who Have Experienced Sexual Abuse

1. Acknowledge the reality of their child's abuse experience
2. Help children ventilate feelings of rage, guilt, fear and sadness
3. Decrease and manage inappropriate sexual behaviors
4. Decrease other acting-out behaviors
5. Encourage recovery of capacity for attachment and appropriate intimacy
6. Improve self-esteem
7. Improve social skills
8. Learn normal family rules and boundaries
9. Face their own sexual abuse issues or that of a family member.ⁱ
(this is not a training issue)



ⁱ Castaldo, Debra, 1996, *Assessing Foster and Adoptive Families for Placement of Sexually Abused Children Practice Guidelines*, (Families International, Inc.: Milwaukee, WI) page 11.



**RED LIGHT
YELLOW LIGHT
GREEN LIGHT**

1. Playing doctor or house _____
2. Touching genitals of others _____
3. Occasional masturbation _____
4. Preoccupation with masturbation _____
5. Compulsive masturbation, includes interrupting tasks to masturbate _____
6. Dirty words or dirty jokes with peer group _____
7. Conversation with peers about reproduction or genitals _____
8. Simulating foreplay with dolls, toys or peers with clothes on _____
9. Simulating intercourse with dolls, peers or animals _____
10. Inducing fear/threats of force to coerce sexual activity _____

11. Frequently plays doctor and gets caught after being told no

12. Aggressive or tearful in demand for privacy _____
13. Fearful of hugs and kisses _____
14. Endless questions about sex. _____
15. Sexual knowledge too advanced for age level. _____

When Children's Sexual Behaviors Raise Concern

--Signals for Parents and Counselors--

1. The child focuses on sexuality to a greater extent than on other aspects of his or her environment, or has more sexual knowledge than similar-aged children with similar backgrounds who live in the same area. A child's sexual interests should be in balance with his or her curiosity about, and exploration of other aspects of his or her life.
2. The child has an ongoing compulsive interest in sexual, or sexually-related activities, or is more interested in engaging in sexual behaviors than in playing with friends, going to school, and doing other developmentally-appropriate activities.
3. The child engages in sexual behaviors with those who are much older or younger. Most school-aged children engage in sexual behaviors with children within a year or so of their age. In general, the wider the age range between children engaging in sexual behaviors, the greater the concern.
4. The child continues to ask unfamiliar children, or children who are uninterested, to engage in sexual activities. Healthy and natural sexual play usually occurs between friends and playmates.
5. The child, or a group of children, bribes or emotionally and/or physically forces another child or children of any age into sexual behaviors.
6. The child exhibits confusion or distorted ideas about the rights of others in regard to sexual behaviors. The child may contend: "She wanted it" or "I can touch him if I want to."
7. The child tries to manipulate children or adults into touching his or her genitals or causes physical harm to his or her own or other's genitals.

8. Other children repeatedly complain about the child's sexual behaviors--especially when the child has already been spoken to by an adult.
9. The child continues to behave in sexual ways in front of adults who say "no," or the child does not seem to comprehend admonitions to curtail overt sexual behaviors in public places.
10. The child appears anxious, tense, angry, or fearful when sexual topics arise in his or her everyday life.
11. The child manifests a number of disturbing toileting behaviors: he or she plays with or smears feces, urinates outside of the bathroom, uses excessive amounts of toilet paper, stuffs toilet bowls to overflow, sniffs or steals underwear.
12. The child's drawings depict genitals as the predominant feature.
13. The child manually stimulates or has oral or genital contact with animals.
14. The child has painful or continuous erections or vaginal discharge.

SIECUS Report, August/September 1991

5 C's of Corrective Attachment Parenting



CONNECTION

- Open, trusting, respectful relationships between family members (including foster children), and between family members and the environment outside the family should be modeled for the child. In this way the child learns appropriate limit setting, boundaries, trust, respectful interactions, etc.

CALM

- Caregivers need to allow the child opportunities to talk about their feelings, and the abuse in a safe environment.

COMMITMENT

- Caregivers demonstrate commitment by acting as an advocate and liaison between the child, caseworker, school and other community supports.
- Caregivers demonstrate commitment by providing opportunities for physical activity, socialization and social skill building.

COMMUNICATION

- The caregiver should help the child understand that he/she is not to blame for either the abuse, or the events that occurred as a result of his or her disclosure. **Note:** the caregiver should refrain from displaying contempt, or hatred of the perpetrator

CHOICES/CONSEQUENCES

- The child should be provided with as much privacy and given as many choices as possible. This strategy helps the child feel a sense of control and sense of safety.
- The substitute care home should have clear rules for behavior as well as interpersonal boundaries. The foster parent needs to implement limit setting, redirection, and natural and logical consequences.

Suggestions for House Rules!!!!

Eastern Michigan University suggests the following rules for caregivers of children that have been sexually abused:



Privacy

- Everyone has the right to privacy.
- Know that locked doors can be a safety hazard if a child needs help.
- If people always knock and get permission to enter closed doors, locks are not needed.

Bedrooms

- Children of the opposite sex should not share a bedroom after five years of age.
- Children of different ages should not share a bedroom.
- Foster children should never share a room with a younger or less powerful child.
- Children should not share a bedroom with the foster parents after age 1.
- Foster children of any age should not be allowed to get in bed with the foster parents. It may be over stimulating to them, and they may interpret foster parent cuddling as sexual advances.

Clothing

- No one in the family should be outside the bedroom or bathroom in underwear or pajamas without a bathrobe. Skimpy clothes should be restricted to the pool or beach.

Touching

- No one touches another person without permission.

- No one touches another person's private parts (area covered by a bathing suit) except for a medical examination or assistance in bathing and toileting.
- Young children should be taught and encouraged to take responsibility for cleaning themselves.
- The gender issue emerges here again. Some foster parents may not be able to hug or kiss foster children.

The right to say “no”:

- Everyone in the family has the right to say “no” to hugging, kissing, touching or any other form of interaction that is uncomfortable.
- This doesn't mean saying “no” to chores or other responsibilities.

Sexuality education:

- Everyone in the family needs information about sexuality appropriate to his/her age and stage of development. Everyone should know that sexual feelings are normal, but we don't act on them.
- Everyone has a choice.

Learning proper words for sexual organs and behaviors:

- A child cannot describe what has happened unless they know words to describe the body parts.
- All children need to know the words for penis, buttocks, rectum, breasts, and vagina.

Language:

- Suggestive or obscene language is inappropriate. Encourage children to use correct terms when asking questions or communicating about sexuality.

No “secrets”:

- Although each person in the family has a right to privacy, there will be no secret games, especially secrets with adults. Differentiate this from “surprises” such as planning a special gift.

Being alone with one other person:

- Whenever possible, for the protection of all children (our own and foster children), adults or children should not go off alone together in a twosome, or stay alone together at home.
- Children may over-stimulate or exploit each other.
- An adult could be vulnerable to abuse allegations if the child misinterpreted the parents actions or affection.
- If there is a high-risk child who is behaving with sexually stylized behaviors, or being aggressive to an adult or other children, be especially careful.

Prohibit wrestling, tickling:

- These are normal childhood behaviors which can take on sexual overtones. They are often painful, uncomfortable or humiliating for the weaker person, and should be severely limited.

Explain behaviors and feelings:

- There is a difference between feelings and behavior. Feelings are OK. We are responsible for our behavior.
- Behavior is defined as appropriate or inappropriate to a situation (not “nasty”, “bad”, “disgusting.”)
- We don’t embarrass people about their feelings.

Listening and taking each person seriously:

- This is a good rule for all communication. It is especially important in communicating with children who have been sexually abused.
- Each child in the family, whether a birth child or a foster child, needs individual time with the foster parents.
- Setting this time aside helps to protect children.

TYPES OF ALLEGATIONS

Types of allegations: There are two types of allegations.

- Accurate
- Inaccurate

False allegations are rare and do not, in the majority of cases, represent a child deliberately lying about abuse. It is wise to think about allegations as accurate or inaccurate, rather than true or false.

A child might make an inaccurate allegation for the following reasons:

- Child is “triggered” by an event or statement in the foster home that resembles earlier grooming, words, or actions used by a perpetrator prior to sexually abusive behavior
- Child’s memory is distorted
- Child has been manipulated into believing something happened or that someone did something
- Child is angry, frightened, or confused and wants to go home
- Child misinterprets behaviors, confuses behaviors, doesn’t understand behaviors

An **inaccurate allegation** of sexual abuse against a foster parent is a difficult, highly emotional situation for everyone involved. However, it is important to maintain support for the child during this time.

“False” recantations are much more common than inaccurate allegations. Children often recant because they can not handle the range of difficult events that happen as a result of the abuse being disclosed. In a study done by Sorenson and Snow, 22% of children who were known to have been sexually abused recanted; claiming sexual abuse had not taken place. And, finally, while everyone likes to talk about “false allegations of sexual abuse” made by children, our larger problem is that children, in general, do not disclose sexual abuse at all. For a variety of reasons, including fear of not being believed, fear of retribution, guilt, shame, embarrassment, and feelings of loyalty

to the perpetrator, children do not believe they can trust adults with these secrets.

Inaccurate Allegations

There are several guidelines to help in preventing inaccurate allegations.

Know your child - *Be sure to get a detailed description of: how the child responds to others; what sexual behaviors were identified in the child; what were the conditions of the sexual abuse; how did the child respond to others; how does the child act when scared; and where did the abuse take place.*

All this information helps the caregiver to establish a safe environment for the child.

Document events - *Keep a log of how the child responds, usual expressions and unusual expressions of different situations, etc. Share this log regularly with your worker.*

Avoid horseplay - *These behaviors can be confusing for a child and often put a child in a position of feeling he or she does not have control. Avoiding horseplay is a preventative to undesired touching.*

Share your house rules about privacy and touching - *Be clear with the child and the agency about these rules. In fact, put them in writing and discuss them with your worker. Let your worker help you with other rules that might be helpful with a particular child.*

Choose your language carefully - *Some language solicits sexual thinking. Words like “coochy coo”, “mama’s little lover”, etc., can have a negative impact on a child who has been sexually abused.*

Avoid being alone with a child - *Although it is impossible to never be alone with a child, be cautious of how and when you spend time alone. Always err on the side of caution!*

Do not use physical punishment - Most states/provinces and agencies forbid the use of physical punishment. However, where there is not law or policy against using them, they should be avoided at all costs. Children who are physically punished often equate the punisher to sexual abuse.

Be involved with an association that offers support - The foster parent association is a great place to get support and help when dealing with the difficult issues that surround a child who has been sexually abused. This support could be most critical should an inaccurate allegation occur.

Ask your agency for a protocol in dealing with allegations - Most agencies have a protocol for dealing with an investigation. Because of the mandate by law to protect the child, the worker may not be able to talk to the caregiver for a period of time. Isolation is what is commonly felt through this investigative period. Work with your agency and offer to help in setting up a protocol for investigating the home of a caregiver.

PREVENT ALLEGATIONS BY GETTING INFORMATION ABOUT THE CHILD'S HISTORY

ADAPTED FROM

"FOSTERING THE CHILD WHO HAS BEEN SEXUALLY ABUSED,"
A WORKBOOK FOR FOSTER PARENTS, UNIVERSITY OF EASTERN MICHIGAN

There are many important things foster caregivers need to know about the child who has been sexually abused: not just the details of the sexual abuse, but also general information about how the child understands his or her world, and what the child expects of family life. It is important to find out some of the child's strengths as well. This outline indicates some of the information you will want to know.

Child's age and gender:

Child's experience with sexual abuse:

- Perpetrator's relationship with the child
- Child's perception of the perpetrator
- How perpetrator gained child's compliance (affection, coercion, bribery, force, etc.)
- Where the abuse took place
- Under what circumstances the abuse occurred
- Time of day the abuse occurred
- What events led up to the sexual abuse incident
- Words used by child or perpetrator to describe incident
- Child's reaction to disclosure

Child's experience with family life:

- Child's relationship with mother
- Child's relationship with father or father figure
- Child's relationship with siblings
- Child's role in his or her family
- How child got his or her needs met in the family
- Family's communication in general
- How family communicated about sexuality
- Family rules or expectations the child learned

Child as an individual

- Strengths, talents, attributes
- Friends
- Progress in school
- Health needs
- Treatment needs

Other information that is important to us as a foster family.