

Self-Study Course

The Sexually Abused Child in Foster Care

Revised 6/04

4.0 Hours Credit

This self-study course was developed utilizing materials from the training curriculum The Sexually Abused Child in Foster Care used by the Alaska Center for Resource Families. This self-study course was written by Aileen M. McInnis for the Alaska Center for Resource Families in Fairbanks, Alaska.

The questionnaire at the back of this course is a way to check your understanding and a means for ACRF to assess that you have read and understood the majority of the information provided. In order to obtain credit for this course, please forward the completed questionnaire to our office, where it will be scored, your 4.0 hours credited to your training record, and a scored copy returned to you. This instructional course is also a workbook with places for you to complete the exercise.



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Published by the Alaska Center for Resource Families, for the State of Alaska DHSS, OCS
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THE SEXUALLY ABUSED CHILD IN FOSTER CARE

FOSTER PARENT COMPETENCIES

This self-study module addresses part or all of the following CWLA Competencies for Foster Caregivers:

922-1 *The foster caregiver can identify the signs and symptoms of sexual abuse, can communicate suspicions of sexual abuse to the foster care caseworker, and knows how to collaborate in the investigation and court process involved in sexual abuse cases.*

922-2 *The foster caregiver knows strategies to decrease sexually provocative or acting out behavior in children and youth; can provide sex education; can assist the child or youth with anger, low self-esteem, and guilt; and can appropriately respond when children and youth discuss their experiences.*

922-3 *The foster caregiver knows ways that a sexually abused child or youth might affect foster family members and can appropriately intervene in instances of sexual exploration and exploitation between the sexually abused child or youth and other children or youth.*

922-4 *The foster caregiver knows how to reduce family members' vulnerability to allegations of sexual abuse, can participate appropriately in the investigation process, and know strategies to deal with the social and emotional trauma inherent during sexual abuse investigations.*

Introduction

Many children who are placed in foster care in Alaska have experienced sexual abuse. When children are sexually abused, their bodies, their spirits and their development can be compromised. A sexually abused child in care needs a safe and healing environment. To best care for a child who has been sexually abused, foster parents need to know the answers to the following questions:

- What is considered sexual abuse?
- What effects does it have on a child's development?
- How can I as a foster parent care for a sexually abused child?
- What are some rules and strategies can I use to provide a psychologically safe environment?

Foster parents help children best by knowing their special needs and by being able to deal effectively with the behaviors and feelings these children bring into care. This self-study attempts to provide that basic information for foster parents.



THE SEXUALLY ABUSED CHILD **IN FOSTER CARE**

Part One: *What Is Sexual Abuse And How Does It Affect Children?*

When we think of child abuse, we often think of physical abuse or neglect. But a child may also be abused sexually and these children may be placed in the foster care system for protection from their abusers. Child sexual abuse includes sexual activity between a child and an adult. Incest refers to sexual abuse between family members, such as a child and a parent or sibling. Because of the imbalance of power between adults and children, force is implied in any kind of sexual activity between an adult and a child, even if physical violence is not used. Children do not have the maturity to consent to sexual activity. As a society we hold the adult accountable to initiating sexual activity.

Sexual abuse can also be committed toward a child by an offender under the age of 18 when the perpetrator is in a position of power over another child or is significantly older. Many adolescent sexual offenders also have been victims of abuse. Many adult offenders committed their first offense while in their teen years. Normal sexual curiosity and play between children of similar age is not considered sexual abuse. But sexual activity with the following characteristics should cause great concerns in foster parents and social workers:

- violence or force involved;
- a large age difference;
- unusual knowledge for the age of the child;
- acting out sophisticated sexual acts with another child;
- children use tricks or threats to engage other children in sex;
- sexual activity seems compulsive or secret, outside the norms of development.

Children are usually molested by someone they know. In 75 to 90% of cases of child sexual abuse, the person is known by the child. Half of these cases involve someone in the child's family. If a child is in foster care for reasons including sexual abuse, the child will probably have been molested by someone in the family or was not being protected by his or her parents. If a child is placed with you due to reasons of sexual abuse, you should be told that at time of placement. But you may not know a child's full history. Children come into care for many reasons. It may not be known at the time of placement that the child has been molested. Often a child who was neglected at an early age becomes a target for sexual abuse later in childhood because of lack of supervision, starvation for affection and poor boundaries. Knowing some basic information about sexually abused children is important for all foster parents.

What Do We Mean By Sexual Abuse?

When children are sexually abused, they may have experience a wide range of activities. Some activities include **contact offenses** where actual physical contact occurs. These include:

- fondling of sexual areas (penis, vagina, breast, rectum, clitoris)
- sexual intercourse
- oral-genital contact (mouth to sexual organs)
- anal intercourse (penetration of rectum with penis)
- mutual masturbation (simultaneous fondling achieving or not achieving climax)
- penetration (inserting finger or object in vagina or rectum)

EXAMPLE: *Eight year old Annie has been molested by her mother's boyfriend over the last year. He start out sitting her on his lap and accidentally brushing his hands over her chest. This touching proceeding to inappropriate kissing and eventually to him entering her bedroom and forcing her to rub his penis until he came to orgasm.*

Some children are exposed to inappropriate situations or overly stimulating environments. Sexual abuse can include these **non-contact offenses**, or where there is no physical contact but is still sexually coercive or abusive in its nature. These include:

- exhibitionism (exposure of sexual organs)
- obscene phone calls or explicit sexual language
- verbal sexual harassment, threats of sexual contact
- voyeurism or "Peeping Tom"
- exposure to adult sexuality or pornography
- encouraged to mimic adult sexuality or sensuality

EXAMPLE: *A neighbor invited six year old Tommy into his home to show him some newborn kittens. After Tommy got to hold the kittens, the neighbor asked him if he wanted to see some pictures that were neat. The pictures were actually pornographic magazines that showed adults having sex with children. While Tommy looked at the pictures, the man unzipped his pants enough so that his penis was showing.*

Some children live in situations where they are exploited sexually by the adults in their environment. These situations can be extremely harmful to the children involved.

- photographing a child/children in sexual explicit or seductive poses.
- using a child in pornography (sexual films, videos or photographs)
- using a child in prostitution or allowing him/her to be used sexually by others
- being left in unsafe situations that allow sexual contact by other adults

EXAMPLE: *Samantha's mother sometimes prostitutes herself for drugs or money. On occasion, she has included her daughter in on some of the sexual activity with her male customers.*

How Might We Know If A Child Has Been Sexually Abused?

If it is known that a child has been sexually abused, a foster parent should be told. It is good practice to ask the social worker why the child is being placed and if the child has a history of abuse. This information may not be known or a child may be placed for other reasons than sexual abuse. Foster parents should know the common indicators that a child has been abused.

A child shows sexual knowledge beyond his or her years.

Young children who show a knowledge of erection, ejaculation, oral-genital contact, or anal penetration possess knowledge that is not usually found in that age. Older children may have more sophisticated sexual information, but a foster parent should be sensitive to comments that indicate a child may have direct experience of these sexual activities as opposed to watching or hearing about sexual activity on television.

A child sexually acts out on toys, other children, or adults.

Sometimes children will repeat what has been done to them, such as try to insert a pen or finger into another child or into a doll or lick the genitals of another child. Sexual touch can be a learned way for children to get naturally desired attention and affection.

A child exhibits excessive masturbation, frantic or unusual rubbing of the genitals.

A child shows physical injury or discomfort in the genital area.

A child may have difficulty in walking or sitting; pain, itching or discharge from the genitals; torn, stained, or bloody underwear; cuts, swelling, bruises, bites in the genital area; or have a sexually transmitted disease or rash.

A child indirectly or directly disclosure of abuse.

A child can tell you directly about sexual abuse or give information that causes you to suspect. A child might also report a fear of going home; fear of a particular person; fear of all persons of a particular sex, or suddenly disliking a previously liked person.

A child is depressed, self-destructive or shows signs of general distress or trauma.


Children may exhibit sleeping or eating disturbances or engage in self-destructive behavior such as harming oneself, carving on arms, or poking oneself with pens or scissors. There may be changes in school performance and behavior, such as an outgoing student withdrawing and skipping school. Relationships may suffer as a child becomes alienated from peers, feeling different or alone.

A child shows extreme fear.

Fear may be shown around those times or places a child was abused. For example, a child abused during bathtime may be terrified of baths, bathrooms, toilets or showers. They might be afraid to disrobe. Children abused at night or in their bed may exhibit night terrors, nightmares, fear of the dark or fear of going to sleep alone. Small children especially may become extremely clingy. Some children may show fear of the foster parent of the same sex of their abuser.

What Should I Do If I See Indicators Of Sexual Abuse Of A Child In My Home?

If you see these indicators in a child, contact your social worker and let him or her know what you are seeing. Foster parents are required to report suspected abuse and neglect. It is additionally important to communicate to the social worker what is happening with the child. This gives the social worker more information and a better picture of the child's situation. It also protects the foster parent from other people seeing this behavior and misinterpreting it as an indicator that the child is being abused in the foster home.



IDEA:

Keep a log of unusual or extreme behaviors that you see in our foster child. Write down the date and a short note of what you are seeing in the child. Share this information with the social worker on a regular basis.

How Does Sexual Abuse Affect Children?

Sexual abuse impacts the normal expected development a child. Infants and toddlers may be impacted differently than a teenager. It is helpful for foster parents to think about what is the normal development of a child's age. Often, these areas (especially in areas of social, sexual, and emotional development) that are impacted the most. Following are some of the typical responses of children as a result of abuse. We list these responses by age groups.

Effects In Infants and Toddlers



- Some children may show overtly sexualized behaviors in their interactions and play such as excessive masturbation, inserting object into vagina or rectum, or being sexual with other children.
- Children may have difficult sleeping or relaxing. Infants may generalize trauma to all forms of contact with adults and present stiff body or refusal to cuddle. They may be clingy, fussy or hard to soothe.
- They may have physical symptoms such as tears, bruises or rashes in the genital areas. Or vaginal or penile discharges. They may be colicky or have difficulty eating. They may exhibit odd self-soothing behavior such as rocking, masturbation or in extreme cases, head banging.
- Children may show general signs of passivity, withdrawal and depression. They may be overly anxious or fearful. This is a critical age of attachment and the beginnings of self-awareness, so problems may show up in attachment to parental figures, such as withdrawal or clinginess.

Effects In Preschool Ages



- Unusual knowledge of sexual activities beyond appropriate for this age; overly interested in adult genitals or being sexual with adults.
- This is a time of learning about one's own body, so normal playing house may include the additional effects of sexually acting out with peers or toys, sexual play between children or masturbating excessively especially under stress.
- Appearing seductive, adult-like, very sexual in relationships toward adults when wanting attention or affection, inappropriate displays of affection such as open-mouthed kissing.
- This is a critical age for children because social relationship and sex role identification are major tasks. Play becomes a window into how a child perceives him or herself in relationships to others.
- Children may be parentified or very adult like.
- Children may have difficulty in eating, sleeping or using the toilet. They may show regression of behavior in foster care, such as bedwetting, thumbsucking, wanting to use bottles, being very clingy, increased fears or baby-like behaviors.

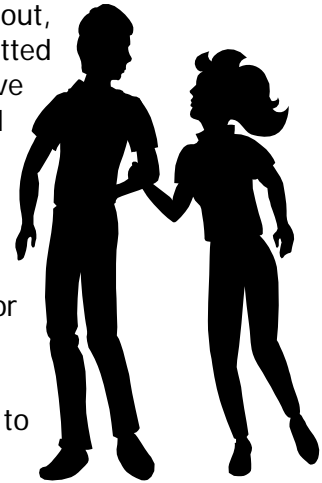
Effects In School Age Children

- May show sexually seductive manners or sexually acting out with peers and young children. Girls may choose to look more adult, more sexual in clothing, makeup, etc.
- May be isolated from peers of same sex because of sexual knowledge. Children may be withdrawn from their peers or more interested in the opposite sex than in same sex peers. Inability to relate to peers (drawn to older or younger children).
- Enuresis, encopresis (lack of bladder or bowel control). Constant or compulsive masturbation.
- Children may be parentified or very adult like, not interested in age appropriate matters. Some children show more manipulative or passive aggressive behavior.
- Children may be more self-conscious around his or her body. May see beginning of eating disorders, self-destructive behaviors, or compulsive or anxiety disorders.
- Children may show chronic depression, sadness, lethargy or lack of emotions or affect. Children may also have troubles in school and be unable to concentrate.



Effects in Teenagers

- Adolescence is a critical time in the development of sexuality. It is a time when youth are moving into sexual roles and relations but are still grasping for identity. A child who was sexually abused years before may now start acting out, as if effects of earlier abuse are triggered by the tremendous changes adolescents experience.
- Sexually abused teens may become at risk for being abused again because of lack of boundary development or because sexuality becomes synonymous with affection or sex may be equated with being loved. Adolescents also become at risk for becoming abusers themselves if they are not given the chance to work through issues of victimization.
- Some adolescents exhibit seductive behavior, acting out, promiscuity/prostitution, possible pregnancy or sexually transmitted diseases from sexual activity. Some may find themselves in abusive (sexually or physically) relationships. Some teens use sex to feel loved, cared for and special, so engage in early sexual activity or multiple partners.
- May show extreme defiance or compliance with authority. May extend to school problems, truancy, delinquency, running away or conduct disorders.
- May be isolated from peers, especially same sex peers. May prefer to associate with much older and much younger persons.
- Appearance may become a factor, with some teens being obsessive about looks, obsessively clean or may have poor presentation of self or not bathing or being sloppy or unappealing.
- Teenage girls especially are vulnerable to eating disorders, such as bulimia (bingeing on food the vomiting it up), anorexia (systematically starving oneself to get thinner) and extreme weight gain or obesity.
- Teens are often affected emotionally. They may be “parentified” or overly responsible, or pseudo mature. The other extreme of behavior is being fearful, anxious and emotionally immature.
- Teens with a history of sexual abuse are at risk for self-destructive behaviors such as cutting on oneself, suicide, depression, alcohol or drug abuse, risky sex, or other dangerous high risk activities.



Understanding The Dynamics Of Incest, Or Sexual Abuse Within The Family

Incest in its broad definition means that a child has been molested by someone in his or her family, including adults in parenting roles such as step-parents or a live in partner. Families in which incest occurs often share certain characteristics. These characteristics* include previous occurrences of sexual abuse in family history or other types of violence in the home. Often families may be dominated by the abuser in the family, which may result in a jealous father who is overly interested in daughter's activities with boyfriends and other peers. The non-abusing parent may be weak and unable to protect the child from abuse. Or a family may be very chaotic with no strong parent figures. Often these families are neglectful or are substance abusers. The child may be abused by both adults and other siblings in the family. In some families, there are high levels of inappropriate sexual behavior. For example, a mother may sleep naked with her children or a father may French kiss his daughter. Children may be exposed to adult sexual relations or be exposed to sexually stimulating movies, pictures, talk or pornography. Families where sexual abuse occurs are often isolated from support and other family members, and may not be involved with such social structures such as churches or community organizations. The marriage relationship in the family may be strained or a parent may have multiple partners

Understanding The Pattern of Sexual Abuse

Sexual abuse is a dynamic of the entire family. It is not just a physical event that happens to a child, but a pattern of family relations affecting a child's view of the world and self. Whether abuse lasts weeks or years, there is often a pattern in that leads up to and includes the act of abuse. Sexual abuse is usually a series of increasingly sexual acts committed over a period of several weeks to several days. Do not judge how "harmful" the abuse was by its length or the nature of the abuse. Harm is also related to the use of force, the relation of the abuser to the victim, the degree of protectiveness by another adult, the age of the child, and the responses to the disclosure or discovery of abuse.

Grooming and Sexual Contact

Grooming is the process of desensitizing and conditioning a child to ignore natural instincts that something is wrong. Grooming often is present before actual sexual contact. The breakdown of inhibitions begins through physical affection, sexual talking and coaxing the child into increasingly sexual behaviors. Grooming is the process of seduction allowing the adult to proceed with sexual contact. ***Sexual contact*** takes many forms including sexually touching, taking sexually explicit photos, masturbation and intercourse. Anecdotal evidence suggests boys, more so than girls, have a shorter grooming period and more often coerced with violence. Sexual contact may begin with prolonged or inappropriate kissing and proceed to touching of the genitals or breasts, oral-genital contact or intercourse.

Secrecy

Because sexual contact between children and adults is neither acceptable nor legal, ***secrecy*** arises around the abuse. Children are coerced, threatened, or bribed to keep the sexual activity a secret. The offender plays upon a child's fear or tries to project responsibilities onto the victim.

- "You don't want me to go to jail, do you?"
- "You will get into trouble if you tell."

- “You’ll have to leave home and live in a foster home if you tell.”
- “I’ll kill you (your brother, your dog, etc.) if you tell.”

Sometimes these threats are real, such as when a child is removed from their home to live in foster care. Foster care feels like punishment, not protection. In extreme cases, offenders will torture or kill small animals to terrorize a child into silence.

Sexual abuse also becomes confusing for a child when the sexual activity feels pleasant. Bodies respond to sexual stimulation even when that stimulation might be inappropriate. For many children who are sexually abused, the attention of the abuser may be the most positive attention received. The combination of attention and exploitation is confusing for children.

Disclosure and Denial

At some point, some children break the secrecy and tell either through *intentional disclosure* (telling someone) or *accidental disclosure* (through actions or in a slip in words). Children tell about the abuse when they feel safe enough to do so or when the pain of the abuse is worse than what the child guesses to be the consequences of telling. This is a critical time for children for several reasons. The child needs the protection and support of adults around him or her. That is especially difficult for a child in a dysfunctional family. How adults respond to disclosure determines how a child views the abuse. If a child is not believed or protected, or if the person does not understand the child’s disclosure, the child may be reluctant to tell again.

It is not unusual for a child to recant or to take back a disclosure or deny when asked about the abuse. Disclosure is a process that may take days or months. Some form of denial is common. Many times a child may not tell everything that happened either because of fear of being disbelieved or not wanting to upset other family members.

Impact of the Abuse of the Child

The impact of the process of abuse commonly includes four elements: *betrayal*, *powerlessness*, *stigmatization* and *sexualization*. Sexual abuse is the ultimate betrayal of the parent child relationship. If a parent is a perpetrator, the child feels betrayed and generalizes his suspicions of all adults. If a parent is not a perpetrator, the child may still have lots of anger at that parent’s inability to protect the child.

When children is abused, they lose control over what happens to them. This powerlessness and lack of basic control frequently becomes so pervasive that the child becomes at risk to being victimized again. The child may start believing she cannot control what happens to her.

Because sexual abuse does not happen to everyone, children may feel different and stigmatized from other children. Being different gradually becomes a feeling of shame and sometimes children internalize the feeling that they were responsible for being abused. Shame, guilt and self-accusation become common to the sexually abused child.

Finally, sexual abuse teaches children sexual behavior inappropriate for their age and development. They learn to interact with the world in a sexual manner and sometimes results in children who seem very sexual or show sexually acting out behaviors in foster care. Affection may be equated with being sexually and children may seek sexual stimulation as opposed to the more appropriate forms of cuddling and holding



THE SEXUALLY ABUSED CHILD IN FOSTER CARE

Part Two:

Fostering The Sexually Abused Child

A foster home provides a safe place for children to be. But for children who have been sexually abused, the foster family also can help a child heal from his or her scars by providing a psychologically safe environment. That means to provide a place that is safe and feels safe. It is also a place where children can learn to act appropriately and safely towards others as well. Helping a child clarify and learn what is acceptable and normal behavior is not only important for the sexually abused children, but also important in order to establish a safe and protective environment for all family members.

The foster home has several roles with the sexually abused child

- 1. Set up house rules to reduce anxiety and promote safety.***
- 2. Provide good day to day care of the child.***
- 3. Intervene when a child is sexually acting out or inappropriate.***



FIRST ROLE: *A foster parent should set up house rules to reduce anxiety and promote safety.*

House rules are simple expectations and guidelines of what is accepted in your home. Don't have too many, but focus on rules that keep family members safe and comfortable. House rules will vary from family to family, but the following **House Rules*** rules are common in many foster homes.

Privacy:

Everyone has a right to privacy. Knock when a door is closed. (Locked doors can be a safety hazard if a child needs help. If people always knock and get permission to enter, locks are not needed).

Bedrooms:

Children whenever possible should sleep in their own beds. Children of opposite sex should not share a bed after five (5) years of age.

Clothing:

Family members should wear a bathrobe or pajamas or sweats in the house. Family members should not walk around naked or in their underwear. It is too stimulating for children who have been abused.

Touching:

No one touches another person without permission. No one touches another person's private parts (areas covered by bathing suit or underwear) 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 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 potentially sexually. This does not mean saying "No" to chores or other responsibilities.

Language:

Suggestive or obscene language is inappropriate. Encourage children to use correct terms when asking questions or communicating about sexuality. Children will often try out words for shock value but have no idea what they really mean. Ask children to use different words when angry. Set a good example yourself.

No "Secrets":

Although each person in the family has a right to privacy, there will be no secrets or 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 would be vulnerable to abuse allegations if the child misinterpreted the parent's actions of affection. Think in terms of always having a "witness". If there is a high-risk child who is behaving seductively or aggressively to an adult or other children, be especially careful.

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.



IDEA:

Older children may benefit from having rules written down. After a child has settled in, take some time to go over the rules with the child. Ask if he or she has any questions. Have the child sign the rules to show he agrees to follow and give a copy to the child. This helps you communicate your expectations clearly.



SECOND ROLE: A foster parent should provide good day to day parenting of the child.

When children come from dysfunctional families, they often do not have good role models for what a healthy family is all about. Be clear about your rules and why you have them. Reinforce family roles such as “Mom does...” or “In this house, Daddy does...” For all children in foster care, but especially for children who have been sexually abused, a foster parent should establish that an adult is in charge of the family and will care for them. Other general guidelines for good parenting include the following.

Be prepared to repeat yourself often. Don’t expect to tell the child one time and have him remember. New behaviors and expectations are learned slowly over time. Be ready to repeat yourself often. Be clear about what you expect.

Be consistent in your response to behavior. Along with repeating your rules and expectations, you should be as consistent in your response to a child’s behavior as you can. When children consistently get the same response or consequence, they are more likely to change their behavior.

Provide structure and stability. Your home should have some routines and structure that is repeated everyday. This gives a child security. It also helps a child learn more quickly what is expected of him.

Prove a higher level of supervision than you may be used to. Sexually abused children may not have the inner controls or coping skills of other children, so close supervision is necessary for protection and reassuring to a child. Children need outside controls until they develop self confidence and adequate coping skills.

Do not use physical discipline or shaming to change a child’s behavior. Foster parents are not allowed to use spanking, hitting or physical punishment to discipline a child. Neither should a foster parent shame a child, such as telling him he is bad or evil or dirty.

Be sensitive to times when children feel anxious. For example, bedtime can be an anxious time for children who were sexually abused in their beds. You may need to leave on lights or move the bed against the wall or have the foster mother tuck in the children while foster father says goodnight at the door. Watch your child for signs of anxiousness or fear.

Use Lots of Praise and Encouragement. Recognize and praise a child for everything positive. You should find several things every day in which to say something positive to a child. Children want to please their parents. Like all of us, they respond quicker to praise than to negative reminders.

Case Study Of A Child In Foster Care

Following is the Case Study of Anna, a girl who was placed into foster care. As you read about Anna, Think of what you have learned. Look for the dynamics in her family that may have contributed to her victimization. Imagine if Anna was coming into your home. What would be your role? After reading the Case Study, complete the exercise on this page by answering the questions.

CASE STUDY: ANNA

Anna was taken into custody after she told a teacher that her father had been having intercourse with her for the last year. Anna is thirteen but she looks much older than that. She comes into your home wearing lots of makeup and provocatively dressed. She is the oldest of three children and is responsible for getting her younger brother and sister to school in the morning and cooking meals. Anna's mother had a nervous breakdown several years ago and some days does not even get out of bed. Anna cares for her as well. Anna seems very angry to be at your house and threatens to run away. She wants to use the phone constantly to call her 19 year old boyfriend who her father refused to let her see or talk to. She seems to respond better (almost coyly and girlish) to the foster dad but is quite belligerent to the foster mom, such as smoking in her bedroom though it is expressly forbidden. Anna's brother and sister are also in foster care. They have been placed together in a separate home from Anna. She often expresses concerns and anxiety about them.



ANSWER THESE QUESTIONS ABOUT THE CASE STUDY "ANNA."

1. What are the important dynamics in Anna's family that may contribute to her behavior?
2. What are important issues for Anna? What behaviors might be related to her sexual abuse?
3. What will be your role as a foster parent?

SUGGESTED ANSWERS TO CASE STUDY: ANNA

1. What are the important dynamics in Anna's family that may contribute to her behavior?
 - *Absent parent (mom is ill, depressed, fails to get out of bed)*
 - *Protective father (refuses to let her see boyfriend, talk on phone)*
 - *Anna is parentified, takes care of mother, younger siblings, cooks, makes sure they get to school, expresses anxiety about care.*

2. What are important issues for Anna? What behaviors might be related to her sexual abuse?

Issues:

 - *Anger about*
 - *being in foster care*
 - *Anxiety about brother and sister*
 - *Sexuality and relationship education*
 - *Contact with boyfriend*

Behaviors:

 - *Parentified, adult behaviors*
 - *Dresses seductively, wears lots of makeup for age*
 - *Defiant, smokes in bedroom*
 - *Disclosed sexual abuse directly*
 - *Seductive behavior toward foster dad*
 - *Threatens to run away*

3. What will be your role as a foster parent?
 - *Encourage age appropriate behavior*
 - *Allow contact if possible with siblings*
 - *Build trust and open communication with Anna*
 - *Keep an appropriate relationship between foster dad and Anna*
 - *Good communication about sexual and relationship issues*
 - *Negotiate and establish rules and consequences for smoking and boyfriend issues*
 - *Talk with case worker about possible counseling, also consider a physical exam for signs of pregnancy, harm or venereal disease*
 - *Talk frankly about threats of running away*



THIRD ROLE: *A foster parent should intervene when a child is sexually acting out or sexually inappropriate.*

One of the more difficult behaviors that foster parents deal with is sexually acting out behaviors. Sexual acting out refers to children displaying and engaging in sexual behaviors that are not age appropriate or against house rules. Acting out behaviors include sexual touching or intimidation of another child, masturbating in public places, excessively, destructive mannerisms or dress, dirty or suggestive language, or inappropriate nudity.

It is important to remember:

1. *Separate the child from the behaviors.* Children who have been sexually abused may repeat what happened to them. It does not mean they are bad kids; it means their behavior is inappropriate.
2. *Stay calm when you react to a child's behavior.* Often times, it is the sexual part of the acting out that is the scariest for us. The child will take his cue from you.

When managing sexually acting out behaviors, use the following Four Point Plan*:

1. **Describe What You See To The Child.** If we react with general anger, the child may interpret it as they are “bad” instead of the correct message that their behavior is inappropriate. Be specific in the behavior that you are observing.
2. **Change The Situation: Stop, Distract, Change The Environment.** Push the child's hand away, separate the children, draw her attention toward something else, tell him to stop what he is doing.
3. **State The House Rule Or Expectation.** Communicate clearly and consistently the rules and expectations in your home. Establish the rules ahead of time as much as possible and write down the rules for older children. Making these rules apply to everyone helps keep consistency of expectations and enforcement.
4. **Follow Up With A Suggestion For Another Action To Take Place Or Give A Consequence.** Let the child know the behavior that is acceptable and appropriate. End on a positive note and give lots of reinforcement when that behavior is repeated.

* From the Video: “Establishing the Psychologically Safe Environment: The Sexually Abused Child”, Pat Ryan, Eastern Michigan University.

CASE STUDY: Touching in the Bathroom

You hear giggling in the bathroom. You open the door to find your six year old foster daughter and your four year old biological daughter. Your four year old has her pants down around her ankle and your foster daughter is touching your four year old's vagina.

Here's how you would use the Four Point Plan outlined above.

CHANGE THE SITUATION: Take a deep breath and stay calm. Ask the girls to put their clothes back on and escort them out of the bathroom.

DESCRIBE WHAT YOU SEE TO THE CHILD: "Girls, you were in the bathroom touching each other in your private parts. It's not okay to touch each other there; those parts of our body are private and ours alone to touch."

STATE THE HOUSE RULE OR EXPECTATION: "The rule in this house is only one person in the bathroom at a time unless the door is open."

FOLLOW UP WITH A SUGGESTION: "Now lets go find a game we can all play together."

Sometimes there may be no specific house rule, but limits still need to be set. What would a foster father do in this situation?

CASE STUDY: Seductive Behavior

Your foster daughter Cindy is an attractive fourteen year old. While you are reading the paper, she comes and sits on the arm of the chair. She starts reading the paper over your shoulder and casually begins leaning into you in a seductive manner.



ANSWER THE FOLLOWING QUESTIONS.

1. How could you change the situation?

2. What would you say to describe what you see or feel?

3. How would you state the house rule or expectation?

4. How would you follow up with a suggestion?

SUGGESTED ANSWERS TO CASE STUDY: Seductive Behavior

CHANGE THE SITUATION:

Move your body away from hers. Get up from the chair. Move to the couch.
Ask Cindy to get off the chair.

DESCRIBE WHAT YOU SEE/FEEL:

“Cindy, when you lean into me like that I feel uncomfortable. I feel you are coming on to me. I don't like it and it's not right.”

STATE THE HOUSE RULE OR THE LIMITS:

“It's okay to share the paper with me and I like your company, but I don't like it when you sit that close.”

FOLLOW UP WITH A SUGGESTION:

“Now, let's move over to the couch where there's more room. What section of the paper do you want to read?”



THE SEXUALLY ABUSED CHILD IN FOSTER CARE

Part Three:

How Does The Foster Parent Support The Healing Of The Sexually Abused Child?

This self study has explored the many ways a foster home can care for the child who has been sexually abused. A sexually abused child, however, may also benefit from additional education around sexual issues and abuse prevention and from participating in therapy or counseling. The final section of this self study will explore how foster parents can promote healthy sexuality education and support therapeutic intervention.

Providing Education And Guidance To The Sexually Abused Child

Often we make the mistake of equating action with knowledge. For example, if we know a teenager is sexually active and has had several sexual partners, we may assume that she knows about reproduction and how to effectively prevent pregnancy. For children and teens who have been sexually abused, they may have been introduced to activities, but may not have the intellectual understanding of what is going on. Many children and teens have misconceptions about pregnancy (Examples: *One young man thought by being sexual with the dog, he had made the dog pregnant. A young woman thought if she didn't have an orgasm during sex, then she wouldn't get pregnant.*)

Even more importantly, sexuality is more than a physical relationship with someone. Children and adolescents need the values and morals that go with the ability to be sexual. This mean care for your partner, being responsible, keeping yourself healthy, being able to say no, not being a victim to violence or emotional abuse, and being in a committed relationship.

Children and teens need both factual information and a value system. And while some teens and children may engage in activity you do not approve of, it is very important to keep a relationship with them by talking with your children, making it okay to talk about sex, and keeping a caring, nonjudgmental attitude in your discussions while making it clear how you feel about things.

If you do not feel comfortable talking about sex, or if you want to learn more about this topic, you may wish to look for materials at a local bookstore, library, school or on the Internet. Or you may contact the Alaska Center for Resource Families for more information through their lending library. The Training Center's toll free number is 1-800-478-7307. In Fairbanks or North Pole, please call 479-7307.

The Foster Parent's Role In Therapy

Children may also benefit by participating in therapy or counseling. There are several different types of therapy used with sexually abused children. This self-study summarizes several approaches of therapy and then follows with a list of suggestions to assist the foster parents in helping to make the most out of the therapy for the child.

PLAY THERAPY: is used most often with younger children ages 3 - 8. It may also be used with older children who are developmentally delayed. In play therapy, the child uses a variety of play materials -- dolls, doll houses, sand, water, blocks or toy animals to express feelings. It is easier for young children to play than to sit down and talk about what happened. Play therapy is important because young children who do not talk well may deny or forget what happened. If the feelings are pushed under and are not dealt with, the child may have problems later.

INDIVIDUAL COUNSELING: is often used with older children and adolescents. It may also be combined with group or family counseling. In individual therapy the therapist establishes a trusting relationship which enables the child to talk about his/her experience.

GROUP THERAPY: is often used with children over the age of seven. Groups are helpful because children learn that they are not alone, that others have had the same experiences and share the same feelings. There are basically two different approaches used in groups. Activity groups may have structured play experiences which help the children face their feelings about the sexual abuse. Another type of activity may be a fun event like going on a picnic, which helps the child build normal social relationships. With older youths, it is more likely that they will deal with the abuse by talking rather than playing.

FAMILY THERAPY: involves the therapist working with all the family members in a planned way. Sometimes all the family members are seen together by the therapist. In other instances, the therapist works with individuals, all the children and the parents separately then brings the whole group together to discuss rules and behaviors which will keep the children safe and help the family function in a healthy way. Sometimes family therapy is used to help foster families cope with the changes brought on by adding a foster child.

BEHAVIORAL THERAPY: is sometimes used when certain behaviors of the child must be changed. The emphasis is on helping foster parents to develop rewards and consequences which manage the child's behavior. Behavioral therapy does not provide the child with an opportunity to express and resolve feelings.

MEDICATION: is sometimes used in assisting children with some difficulties with a physical basis such as attention deficit disorder or depression. New strides in psychotropic drugs have resulted in some extremely effective medication to assist with depressive states. It is important, however, that medication not be seen as a cure all. Medication is most effective when it is used in combination with other types of therapy and is assessed on a regular basis.

What Is The Foster Parent's Role In Therapy?

1. Bring the child to his/her sessions.
2. Share the concerns with the therapist. Keep the therapist and caseworker informed of child's problems or progress.
3. Meet with the therapist from time to time and/or exchange information on the phone. Follow through on the therapist's suggestions.
4. Communicate with the therapist about what behaviors and issues may get acted out in the foster home, but do not try to discuss with the child or therapist the content of the session.
5. Sometimes there are group meetings for the foster parents to discuss issues which come up with children's groups. Attend these if possible.
6. If a child is attending behavioral therapy, you may have to keep track of certain behaviors at home. Work with the therapist on this. Be consistent in applying any behavior plans at home.
7. Educate yourself about your child's condition and issues. Ask the therapist for articles or references or contact the Alaska Center for Resource Families for more information. Participate in training that may be available. The more you know, the more effectively you will be.



IDEA:

Set up a time to talk to the therapist alone, such as the first five minutes of a therapy session. After a session, a child may need your full attention. During this time, ask what kinds of things you can be doing at home to help the child. Share your concerns and ask questions.

*** TEST ***