The Ugly Truth: Sexual Abuse

3 Credit Hours for Relicensure
Sexual Abuse

- Foster Parents are experiencing the effects of sexual abuse.
- This training has been created to provide basic education on sexual abuse, what is normal sexual behavior, and what to do if you have a child in your home that is sexually acting out.
WARNING

This training may include language and scenarios of sexual issues which may be graphic and explicit. Unfortunately, sexual abuse is a real concern amongst the children you serve and is very complex.

Please note that this information we are providing shall not be used as a substitute for the advice of a professional!
Natural and Healthy Sexual Behaviors

- Childhood sexual exploration is **normal** for children. Often, this process is for **information gathering** to explore each other's bodies, understanding gender roles and behaviors.
- Play is between children of the **same age, size, and developmental status**.
- The play is **voluntary** and not coerced.
- The play is between children who have an **ongoing play and/or school friendship**.
- The behaviors are **limited in type and frequency**.
- Natural and healthy sexual exploration may result in embarrassment, but does not leave the child with deep feelings of anger, shame, fear, or anxiety.
<table>
<thead>
<tr>
<th>Age</th>
<th>Normal</th>
<th>Concerning</th>
<th>Abnormal</th>
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<tbody>
<tr>
<td>1-5</td>
<td>Child holds genitals for a short period of time.</td>
<td>Continues to touch/rub genitals after being told numerous times to stop.</td>
<td>Touches/rubs self to the exclusion of normal childhood activities.</td>
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<tr>
<td></td>
<td>Child touches own genitals during diaper change.</td>
<td>Continuous questioning after answers have been given.</td>
<td>Hurts own genitals from touching/rubbing.</td>
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<td>Explores differences between male and female.</td>
<td>Touches private parts of adults they are not familiar with.</td>
<td>Plays male/female roles in an aggressive manner.</td>
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<td></td>
<td>Takes advantage of opportunity to view nude adults.</td>
<td>Interest in watching others use restroom which does not wane in days/weeks.</td>
<td>Sneakily touches adults or demands others to touch them.</td>
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<td></td>
<td>Asks about genitals/erections/breasts/sex/and babies</td>
<td>Child who uses sexual words that they do not understand the meaning of.</td>
<td>Tries to forcibly undress people.</td>
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<tr>
<td></td>
<td>May have erections.</td>
<td>Asks to be touched in inappropriate areas.</td>
<td>Has too great of a sexual knowledge that is not age appropriate.</td>
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<tr>
<td></td>
<td>Likes to be nude.</td>
<td></td>
<td>Painful erections.</td>
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<tr>
<td></td>
<td>Interested in watching others use the bathroom.</td>
<td></td>
<td>Refusing to stop touching themselves.</td>
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## Normal vs. Abnormal Behaviors

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<tr>
<td>5-10</td>
<td>• Questions where babies come from.</td>
<td>• Is fearful/anxious about sexual topics.</td>
<td>• Explicit and advanced sexual knowledge well beyond age of child.</td>
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<td></td>
<td>• Girls try to urinate standing up.</td>
<td>• Continuously caught peeking at others in bathroom.</td>
<td>• Forcibly making others undress them or play doctor.</td>
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<td></td>
<td>• Asks about genitals/breasts/sex/babies.</td>
<td>• Uses “dirty” words despite saying no.</td>
<td>• Displays fear or anger of babies or intercourse.</td>
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<tr>
<td></td>
<td>• Uses “dirty” words for bathroom functions, genitals, sex.</td>
<td>• Plays with feces or urinates outside of the toilet bowl.</td>
<td>• Repeatedly smears feces or urinates outside toilet.</td>
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<tr>
<td></td>
<td>• Plays doctor and inspects others bodies.</td>
<td>• Continuously rubs genitals in public after being told no.</td>
<td>• Rubs genitals on people.</td>
</tr>
<tr>
<td></td>
<td>• Show others their genitals.</td>
<td>• Humping other children with clothes on.</td>
<td>• Tries to place objects in dolls anus/vagina.</td>
</tr>
<tr>
<td></td>
<td>• Interest in urination and defecation.</td>
<td>• Imitates sexual behavior with dolls.</td>
<td>• Exposes themselves to a younger child.</td>
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<td></td>
<td>• Touches/rubs own genitals when going to sleep, is tense, or excited/afraid.</td>
<td>• Other children complain about child’s sexual contact with them.</td>
<td>• Humping naked. Intercourse with another child. Forcing sex on another child.</td>
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## Normal vs. Abnormal Behaviors

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| 10+  | ● Making jokes about dating and kissing.  
● Talks about having a boyfriend/girlfriend.  
● Acting shy or flirting around opposite sex.  
● Interest or explores masturbation.  
● Interest in reproduction of animals.  
| ● French kissing  
● Talks in a sexualized manner with other children.  
● Kisses unfamiliar adult or child.  
● Asks others to touch them inappropriately.  
● Touching an animals genitalia.  
● Describes sexual acts seen on TV.  
● Strokes/Rubs clothing of younger children.  
● Boys who make explicit sexual comments to children or adults.  
| ● Child imitates sexual intercourse with other children.  
● Child rubs thighs of adult.  
● Child attempts to reach in the bra of an adult.  
● Child becomes physically aggressive toward anyone who tries to touch them.  
● Sexual behaviors with animals.  
● Demands to see sexual organs of others.  
● Demands others to touch them.  
● Attempts to force intercourse with others.  
● Talks/Acts in over sexualized manner.  |
Raising Sexually Healthy Children

- Sexuality is a healthy and natural part of living that begins at birth and progresses throughout life.
- Children should experience and learn about their sexuality as an important part of their development.
- **Parent’s are their children’s most important sexual educators!**
- They are also influenced by family, neighbors, teachers, day-care workers, and professionals.
- The messages children receive from adults affect their values and behaviors.
- Children are naturally curious about their bodies and how they work.
Infancy

- Infants are learning through their relationship with their caregiver.
- Babies who feel loved and secure are in the process of developing the capacity for caring interpersonal relationships, which is the cornerstone for healthy sexuality in adults.
- Infants are focused on their senses and may routinely touch their genitals.
- Infants may experience erections which is a normal response to stimulation (touch, friction, or the need to urinate).
Toddler and Preschool Years

- Language development is more advanced.
- Parents/Caregivers can use this time to teach their children the names of their body parts.
- It is also an opportune time to teach children healthy respect and body ownership. For example: “That is not okay to touch me there.” “It is my body.”
- Toddlers and preschoolers will often masturbate or explore their peers. This is normal. Let them know that is it not appropriate in public.
- They are learning what it is like to be a boy or a girl.
Middle Childhood

- They are focused on social relationships with peers.
- May engage in intentional masturbation.
- Less emphasis on sexualized play and focused on dramas and issues around aspects of friendships.
- May be an opportune time to discuss relationships, what is appropriate and non-appropriate touching, sexuality, sexually transmitted diseases.
- Talking to the child may be a critical influence in the child’s decision to inform you later if they were victimized sexually.
Adolescence

- Marked by changes in hormones.
- Pressing need to be loved and valued.
- The more the caregiver has created a climate of openness and receptive conversations, the more likely the child will utilize them as a support.
Tips for Healthy Children

- Reward their questions instead of brushing them off.
- Don’t wait for them to approach you.
- It is okay if you do not have an answer, try to utilize some resources.
- It is okay to feel uncomfortable.
- Look for teachable moments.
- Listen, listen, and listen to your child.
- Facts are not enough. Teach through actions.
- The capacity to function is not limited to orgasms, teach them about taking care of their bodies and personal values.
- Children benefit from learning when both parents do the teaching.
- Teach the joys of sexuality. While teaching them real issues such as STD’s, do not focus on all the bad aspects. Teach them sex should wait until a good time and with the right person.
The Ugly Truth: Statistics

- Approximately 1 in 4 girls and 1 in 6 boys are sexually abused by their 18th birthday.
- 1 in 5 children are sexually solicited while on the internet.
- The median age for reported sexual abuse is 9 years old.
- Approximately 20% of the victims are under the age of 8.
- 50% of all victims of forcible sodomy, sexual assault with an object, and forcible fondling are under the age of 12.
- Most child victims never report the abuse.
- An estimated 39 million survivors of sexual abuse exist in America.
Sexually abused children who keep it a secret or who tell and are not believed may be at **greater risk** than the general population for **psychological, emotional, social, and physical problems** often lasting into adulthood.
Who Are the Abusers?

- 30-40% of abusers are family members.
- 60% are from a person who is close to and is trusted by the family.
- More than 90% of abused children knows the person that abused them.
- 40% of abuse is by an older or larger child.
Abusers look and act like everyone else. In fact, they often go out of their way to appear trustworthy to gain access to children.
Preventing Sexual Abuse

- More than 80% of sexual abuse cases occur in one-adult/one-child situations.
- Be aware of one to one situations.
- It is not only the offenders who create sexual abuse, adults who foster environments that allow it to occur also create the possibility of child sexual abuse.
- Choose group situations over one to one contact.
- Make sure multiple adults provide supervision.
- Monitor your child’s use of the internet.
- Teach children to never give out their personal information such as phone number, address, or email address.
What to be aware of if there is a child in your home that has been a victim of sexual abuse.
A Need To Know

- Part of the problem is that often, foster parents accept children in their home and have no knowledge of sexual abuse.
- This is not always the Agency’s fault, they may have had no knowledge of any history.
- Any child that has a previous history of alleged sexual abuse should be on a safety plan and the foster parent should be informed.
What are the Emotional Signs?

- Angry or hostile
- Have trouble trusting others
- Feel disconnected
- Fear healthy affection
- Have physical illnesses and body sensations that feel traumatizing
- Feel powerless and hopeless
- Live in secrecy
- Forget or deny everyday experiences
- Withdrawn
- Feel tremendous personal shame
- Hate themselves
- Learn to abandon personal safety in dangerous situations
- Fear relationships, even friendships
- Startle easily
- Have nightmares or fear of going to sleep
- Feel unloved
Physical signs of sexual abuse are not common!!! Redness, rashes, swelling in genital area, and urinary tract infections may be signs that need to be checked out. Also, physical problems associated with anxiety, such as chronic stomach pain or headaches, may occur.
Other Signs?

- Bedwetting
- Running Away
- Act “Too Perfect”
- Unexplained aggression or anger
- Cruelty to animals or fire setting
- Self harm
- Failing school grades
- Sexual behavior and language that are not age-appropriate
- Use of alcohol or drugs at a premature age
BE AWARE THAT IN SOME CHILDREN THAT THERE ARE NO SIGNS WHATSOEVER!!
The Ugly Truth

- A study found that 12% of children in foster care displayed inappropriate sexual behavior.
- There is a fear that victims of sexual abuse may try to abuse other children.
- Though the majority of sexually abused victims do not become sexual aggressors themselves, it can happen!
- One study of juvenile sexual offenders found that 46% had been sexually abused themselves.
The Ugly Truth

- There are some factors that may decrease the negative affects of a sexually abused incident, such as: good coping skills and the child’s environment (whether or not they have a relationship with a supportive person).
- Children in foster care may have a higher rate of becoming sexual aggressors themselves because there may already be problems with stability and poor coping skills to begin with.
Caregivers who think sexual victims become perpetrators sometimes act differently towards their child.

This may include not kissing, hugging, cuddling, wrestling with the child, watching all of the child’s behaviors and expecting negative events, and looking for sexualized behaviors. This may cause the child to feel like “damaged goods” or feelings of “being bad.”

This negative thought can become a growing pattern of thinking which may negatively influence their ideals and behavior of normal sexual issues.
Can I help prevent sexual abuse with a foster child?
YES!!!!

- Reduce the risk, do not allow situations where abuse can happen.
- Talk to your child. Let them know “secrets are dangerous.”
- Teach them about their bodies and what is “good touch” and “bad touch.”
- Teach them it is not okay for an adult to use sexual words with them.
- Talk about Boundaries.
- Teach them not to give out personal information.
- If a child seems resistant, uncomfortable, or scared with a certain adult, ask why?
- Let them know that your job is to protect them.
- Let them know they have your permission to say “No” to an adult if they are doing something that is unwanted or uncomfortable.
- Listen, Listen, and Listen to them.
What do I do if a Child Discloses Sexual Abuse?
DON’T OVERREACT!!

When you overreact to the disclosure with anger or disbelief, the child may:

- Shut Down.
- Change their story.
- Change their story to match your questions so future telling may seem “coached.”
- Feel even guiltier.
OFFER SUPPORT!!

- Believe the child and make sure the child knows it.
- Thank the child for telling you and praise the child’s courage.
- Tell the child it is not their fault.
- Assure the child that you are there to protect them.
- Be sure to never attempt to “investigate” the details of the abuse!
SEEK THE ADVICE OF A PROFESSIONAL TRAINED IN SEXUAL ABUSE!!!!! IT IS MUCH BETTER FOR THE PROFESSIONAL TO COLLECT THE DETAILS FROM THE CHILD. PROFESSIONAL GUIDANCE CAN ASSIST IN A CRIMINAL PROSECUTION.

Call in an Abuse Report!!
Reporting Sexual Abuse

- Please keep in mind that any time you are aware of or witness sexual abuse, you are a mandated reporter and must call the Florida Abuse Hotline (1-800-96-ABUSE).
- Informing your Family Services Counselor is not reporting the incident! While you must notify them as well, your duty is to call the hotline!
Failing to report abuse could result in a corrective action plan, suspension, or revocation of your foster home license!
Navigating the Abuse Hotline

- 1-800-96-ABUSE
- Press “1” for English and “2” for Spanish
- Press “1” for Child, “2” for Elderly Person, “3” to find the identity of an Investigator that recently came to your home, and “4” for referrals in your local areas.
- If you pressed “1” to report child abuse, neglect, or abandonment, you will then be transferred to an Intake Specialist.
Navigating the Abuse Hotline

- Sometimes there will be a wait, please be patient.
- Once you have reached a Representative, you will need to give the following information: (1) Description of the incident or any knowledge you may have, (2) The child(ren)'s Social Security Numbers, Date of Birth, ethnicity, (3) You may be asked for your information.
- Try and gather all the necessary items before you call.
Reporting

- Report **all known or suspected** cases of sexual abuse.
- Federal and State laws protect the reporter from liability when acting in good faith.
- **Trust your choice! False reports of sexual abuse is rare!**
- All 50 states requires that professionals who work with children must report reasonable suspicions of abuse!
What happens after this?

- A Child Protective Investigator will investigate the allegations.
- Law Enforcement may be called.
- The child may need to be moved to a separate room, if this is not possible, then the child may need to be moved to a safer environment.
- You may need to change the previous supervision of the child.
- They may not be allowed to continue to be placed in a situation where abuse may occur.
Abuse Report Terms

- **Verified**: When a preponderance of credible evidence results in the determination that a specific injury, harm, or threatened harm was the result of abuse or neglect, then this finding is used.

- **Some Indication**: When there is credible evidence, which does not meet the standard of being preponderance, to support that the specific injury, harm, or threatened harm was the result of abuse or neglect, then this finding is used.

- **No Indication**: When there is no credible evidence to support the allegations of abuse, neglect, or threatened harm, this finding is used.
Recent Concerns

- Currently, there is no formal training for foster parents about sexual abuse before they are licensed.
- While MAPP does offer some information related to sexual abuse, it is limited.
What **NOT** to do.

- Never tell the child they are “bad” or “nasty.”
- Do not scare the child into telling you what happened, for example do not threaten to call Law Enforcement or tell the child you will call the Family Services Counselor and have them removed.
- Do not for any reason label the children a “molester,” “perpetrator,” or “sexual deviant.”
- Never allow children who have been involved in a child-on-child sexual abuse case to continue to share a room or be in continual contact with each other.
- Calling the Family Services Counselor to report the incident is a must, however this is **NOT** reporting the incident. As a licensed foster parent, you must call in an abuse report.
Remember

- After a child has been sexually abused, the way they see themselves and others are different.
- If more than one child shares a room, do not allow the children to all get dressed/undressed together. Allow the children to have their privacy.
Referrals for Sexual Abuse Counseling

- If you are able to safely maintain the child in your home after being sexually abused, it is imperative that the child receive treatment to deal with the incident.
- The Family Services Counselor will make the referral to a professional who specializes in sexual abuse.
- This is where the foster parent becomes very important.
Working in Cooperation with Counseling

- Although working with the Sexual Abuse Counselor may feel uncomfortable, the foster parent is the most important model to the child.
- You are the person who will teach what is appropriate and what is not.
- **Not participating with the child in counseling has proven to be less effective than when a foster parent is actively engaged in treatment with the child.**
- This may take some time, be honest with how you are feeling with the therapist and together you can work through those feelings.
- Ask questions and voice concerns.
(1.) Childhood sexual exploration is **normal** for children. This process is for **information gathering** to explore each others bodies, understanding gender roles and behaviors.

- True
- False
(2.) If you suspect or have witnessed child abuse, you only need to call the Family Services Counselor to report the incident.

- True
- False
(3.) Which of the following behaviors would be of concern for a child who is 3 years old? (Check all that apply)

- (A.) Explores differences between male and female.
- (B.) May have erections.
- (C.) Child who uses sexual words that they do not understand the meaning of.
- (D.) Continues to touch/rub genitals after being told numerous times to stop.
- (E.) Takes advantage of opportunity to view nude adults.
- (F.) Sneakily touches adults or demands others to touch them.
- (G.) Asks about genitals/erections/breasts/sex/and babies.
(4.) If a child discloses sexual abuse, you should do all of the following EXCEPT:

- Do not overreact.
- Offer support.
- Investigate the incident.
- Report the incident to the Abuse Hotline.
(5.) Foster Parents can prevent sexual abuse by:

- Reducing the risk, by not allowing situations where abuse can happen. (One-adult: One-child situations)
- Talk to your child. Let them know “secrets are dangerous.”
- Teach them about their bodies and what is “good touch” and “bad touch.”
- Teach them it is not okay for an adult to use sexual words with them.
- All of the above.
(6.) _____ in _____ children are sexually solicited while on the internet.

- (A) 2, 5
- (B) 5, 10
- (C) 1, 8
- (D) 1, 5
- (E) 1, 20
(7.) What percentage of victims are under the age of 8?

- (A) 10%
- (B) 15%
- (C) 20%
- (D) 25%
- (E) 30%
(8) What situation would present the best opportunity for a child to be sexually abused?

- (A) Spending the night at a friend's house with both parents present.
- (B) Baseball game.
- (C) Private Guitar lesson with one teacher.
- (D) School Dance.
Children who are abused and who tell, but are not believed are at greater risk for:

- (A) Physical problems
- (B) Psychological problems
- (C) Social problems
- (D) All of the above
(10) What percentage of children know their abusers?

- (A) 25%
- (B) 50%
- (C) 75%
- (D) 90%
- (E) 95%
(11) Foster Parents may not always know if a child has been a victim of sexual abuse.

- (A) True
- (B) False
(12) What are some emotional signs of abuse?

- (A) Angry
- (B) Poor grades in school
- (C) Feelings of shame and being unloved
- (D) Nightmares/Fear of the dark
- (E) Withdrawn
- (F) Fear healthy affection
- (G) All of the Above
(13) Some children show no signs of sexual abuse.

- (A) True
- (B) False
Children who are victims of sexual abuse will eventually become sexual aggressors.

(A) True
(B) False
(15) Children in foster care may have a higher rate of becoming sexually aggressive because of the following:

- (A) Poor coping skills
- (B) No stability
- (C) Does not have a relationship with a supportive person
- (D) All of the above.
(16) Foster Parents should participate in sexual abuse counseling as it has shown to be more effective in treatment for the child.

- (A) True
- (B) False