

## Chapter 6 - Responding to the Signs of Sexual Abuse

We will now focus on the signs and symptoms of sexual abuse. For many people, the topic of sexual abuse is difficult. The reasons for the difficulty vary by person. Some of the reasons include a lack of knowledge, fear of the effect on children, fear of behaviors which can be exhibited, and just the topic itself. This portion of the training is designed to give you a general understanding about sexual abuse and some tools which will help you parent children who have experienced this type of abuse.

Responding to the Signs and Symptoms of Sexual Abuse consists of two parts; the first on understanding sexual abuse and the second on responding to the issues of sexual abuse. The competencies that this session relates to are protecting and nurturing children and meeting children's needs and addressing developmental delays.

Introduce the topic of sexual abuse.

In this session we will be discussing feelings and attitudes we have regarding sexual abuse of children. It will not be easy to talk about some of these issues; however, many of the children entering the foster care system have been sexually abused and foster and adoptive parents must be prepared to deal with possible situations they will encounter. We are not discussing some of these things just to shock you or upset you. We have found over the years that as many as 85% of the children in foster care have been sexually abused and we do not always know which ones. It is much better to prepare you now than to have surprised during a placement.

Foster parents have a vital role as part of a professional team facilitating children's recovery from sexual abuse. To do this, foster parents must be able to effectively manage their own emotional reactions to this disturbing subject. Only then can you effectively assist children in managing their powerful and sometimes overwhelming feelings about what has happened to them and the people who have hurt them.

"Foster Parents' Feelings about Sexual Abuse."

To help you deal with the strong emotions that may arise when caring for children and youth who have been sexually abused, the first part of this session will be a "Feeling Exercise."

I will read up to three case vignettes aloud. As I read each vignette, be aware of the feelings you are experiencing, feelings about the child, the offender, the child's parents, and the sexual abuse activities described. Briefly write down your feelings in the spaces indicated.

\*Trainer's Note: Be aware of the time. If time permits, read all three case vignettes as scripted below. Otherwise, trainer needs to decide how many vignettes to read and make appropriate deletions from the script.

Be sure to discuss the difference between feelings and thoughts and ask the group for an example of each.

These are three actual case histories representing common dynamics of child sexual abuse. Any feeling you experience is acceptable. There are no right or wrong feelings. We are all entitled to our feelings about child sexual abuse.

Once I begin to read the vignettes, please hold any questions or comments you may have until after each vignettes have been read. If you wish, you may jot down your questions. After each vignettes have been read, we will discuss our feelings about each of the case stories. Sharing will be on a voluntary basis.

- Any questions before I begin?

\*Trainer's Note: Although this exercise is time-consuming and emotionally powerful (be sure to make appropriate cuts if needed), it is a wonderful teaching tool and will help accomplish a number of the learning objectives. Be sure to read slowly and pause between vignettes before process as a large group. The intent is to individualize feelings of the participants.

- Vignette #1- Mary

Thirteen-year-old Mary resides with her mother, father, and three younger siblings. The family has received ongoing protective services for several years due to neglect and physical abuse. Mary's father is known to hit the children with belts.

Mary is viewed by her teachers as a quiet, shy girl with very low self-esteem. She and her siblings often attend school wearing poorly fitting, torn and dirty clothing. Teachers feel badly for Mary because they know she is frequently expected to baby-sit for her siblings and assume many household duties. She has always been a very well-behaved, compliant child.

During the past eight months, Mary has repeatedly run away from home. The fourth time she ran away, she went to the local police station and asked them to find her another place to live. When questioned as to why she wanted to live elsewhere, Mary timidly revealed that her father was doing "dirty stuff" to her and she couldn't stand it anymore.

Pause reading and state:

Please be aware of how you are feeling about Mary. Jot that down.

Continue reading:

The police reported this allegation to protective services and an investigation occurred. During the investigation, Mary told case workers that her father had been sexually abusing her since she was nine years old. At night, after her mother and siblings went to sleep, her father regularly came into her bedroom, got into bed with her and removed her night clothes. He fondled her breast and genitals and placed his penis in her mouth. For the past eight months, he has been vaginally raping her with his penis.

Pause and ask:

Please jot down your feelings to the following questions.

- How do you feel about Mary's father?
- How do you feel about the sexually abusive activities you have just heard?

Continue reading:

When Mary's parents were presented with this information, the father strongly denied that he had abused Mary in any way. He asserted that she just did not want to help out around the house anymore and he was using these lies as a way to get out.

Mary's mother sided with her husband. She told case workers that Mary has always been a trouble maker, and if she is going to tell lies like this, protective services can just out her in a foster home because they don't want her around.

Pause and ask:

Please jot down your feelings to the following questions.

- How do you feel about Mary's mother?
- What feelings do you have for Mary?

Allow time for participants to record their feelings. Then begin Vignette #2

- Vignette #2- Valerie

Valerie is a four-year-old only child whose parents are divorced. She lives with her mother and has weekend visits with her father, a college-educated man. Valerie has experienced a series of urinary tract infections with accompanying high fevers.

Recently, during a period of high fever, her mother took her to the hospital emergency room. The physician who examined Valerie diagnosed another infection, and also noticed much genital redness and irritation. The physician asked Valerie's mother if she had noticed any signs of possible sexual abuse.

Valerie's mother reported that for about the past year her daughter had seemed very interested in and knowledgeable about sex. Valerie had been discharged from two nursery schools for sexually explicit behavior. For example, she had repeatedly asked her teachers if they would like her to "kiss their peepees". Valerie frequently asked other children if they would like to play "being married." She played this by taking other children into secluded areas, and attempting to touch and kiss the other child's private parts.

Pause and ask:

Please jot down your feelings to the following questions.

- How do you feel about Valerie?
- What are your emotional reactions to her behavior?

Continue reading:

The physician filed a mandated report of suspected sexual abuse of Valerie based upon recurrent urinary tract infections, it was learned that Valerie's father had been sexually abusing her on the weekend visits. The child reported that when she visited Daddy, she slept in Daddy's "big bed" with him and she and Daddy played "being married."

Valerie demonstrated with anatomical dolls that the game is played by removing all clothing, Daddy kissing her breasts and genitals, and Valerie kissing Daddy's "peepee." Valerie reported that the game was not physically painful, and that Daddy said it was fun. He praised her highly for her cooperation, and often took her out for ice cream or a new toy following the game. Daddy told Valerie that she was a good little girl for doing things to make him happy.

Pause and ask:

Please jot down your feelings to the following question.

- How do you feel towards Valerie's father?

Continue reading:

When Valerie's mother was informed of the results of the investigation, she took out a bank loan to hire a lawyer and fought a court battle to stop Valerie's visits with her father. Valerie was angry at her mother for not allowing her to see Daddy anymore. Valerie missed Daddy terribly, and did not understand why her mother and others were mad at Daddy. Valerie angrily insisted that her father had not done anything wrong.

Pause and ask:

Please jot down your feelings to the following question.

- How do you feel about Valerie's mother and this situation?

Allow ample time for participants to record their feelings before beginning the third vignette.

- Vignette #3- Tony

Tony was a seven-year-old boy who lived in a poor, inner-city area with his three older siblings and his mother and father. He shared an upstairs bedroom with his older brother, James, age fifteen. For years, James teased, taunted, and physically picked on Tony. Tony was afraid of James and tried to keep away from him. When Tony went to his parents with complaints regarding James, he was told that he "should learn how to fight his own battles" and not be a "cry-baby."

One night while Tony was trying to fall asleep, James harassed Tony in a new way. He forced Tony to perform oral sex on him while he molested Tony's genitals and inserted his fingers into Tony's rectum.

Pause and ask:

Please jot down your feelings to the following questions.

- What is your emotional reaction to this abuse?
- How do you feel about Tony?

- How do you feel toward Tony's older brother, James, and toward the parents?

Continue reading:

Tony was powerless to stop his older, stronger brother. One day he summoned up his courage and told his mother the things James was doing to him. His mother became angry at Tony and told him to stop "talking dirty."

The abuse occurred regularly for the next four years until James moved out of the family home. During these years Tony became increasingly curious, confused, and over-stimulated about sex and bodies. He learned that sexual contact and victimization go together, and the experience of a bigger person forcing a smaller person into unwanted sexual contact became normalized for him.

At age twelve, Tony began forcing his two young nephews, age four and six, to perform oral sex on him, during which time he fondled the boys' genitals and inserted his fingers into their rectums. This occurred on an ongoing basis for three years, until the nephews' family moved to another city and Tony lost access to the boys.

That was many years ago. Tony is now the father of a four-year-old boy, Michael. Michael has reported to his Head start teacher that he and Dad play a game called, "Sucking the pee." Michael has explained that this is a game that he and Dad play privately while Mom is grocery shopping. The game is played when Dad asks Michael to "suck on dad's pee" and Dad touches Michael's body. Sometimes Michael likes the game because he gets Dad's undivided attention and it makes him feel special. Sometimes it hurts when Dad sticks his fingers into Michael bum.

Please jot down your feelings to the following question.

- How do you feel about Tony?

Discuss the vignettes beginning with "Tony" by asking volunteers to share their feelings about Tony and about the other people in the vignette.

Validate feelings expressed.

\*For example, a participant may state, "I feel like I'd like to strangle Tony."

The Trainer may respond, “So you are experiencing a lot of anger at Tony. This is understandable. Hearing about adults sexually abusing children does make us angry.”

Summarize the activity.

When caring for children who have been sexually abused, foster parents are likely to hear details about child sexual abuse. You may hear about sexual abuse from children, case workers, or during court intervention on behalf of children. Foster parents may experience strong feelings about what has happened to children, about sexual offenders, and about people who have failed to protect children. These are normal emotional reactions to child sexual abuse.

While these feelings are normal and okay, it is not okay to act on these feelings in our work with children and families. We do not make case decisions and recommendations based on our own personal feelings, but based on what is in the best interest of the child and based on the knowledge we have gained in training. For example, a foster parent may feel anger toward a parent who has sexually abused a child, but it is not appropriate to express this anger about the parents to the child since the foster parent’s feelings may differ from the feelings of the child.

Ask participants how each of the children in the case vignettes just discussed felt about their offenders and record responses on the flip chart.

Responses may include the following:

#### Vignette #1-Mary

- She appeared to be afraid of him since she repeatedly ran away from home and asked to go live somewhere else.
- She said that her father was doing “dirty stuff” to her and she couldn’t stand it anymore.

#### Vignette #2- Valerie

- She seemed to love him.
- She did not appear to be afraid of him.
- She did not realize he was doing something wrong; he told her it was good fun.
- She thought he was being kind to her, especially when he praised her and took her for ice cream.

## Vignette #2- Tony

- Tony's son Michael liked the attention he got from his father.
- It made him feel special.
- He may have felt confused because the abuse was also sometimes physically painful.

Clarify why children who have been sexually abused have a right to their feelings and should not be expected to adopt the feelings of the foster parents.

Children who have been sexually abused are entitled to their feelings about their abuse and the offenders. As illustrated in these cases, some children may love their offending parent. This frequently occurs if the sexual abuse has not been physically painful and the offender has presented the sexual activities as a game or in a tender way. Some children may feel hatred and/or fear toward their offender, and others may have very mixed feelings, one day feeling very angry and the next day sad. Foster parents need to learn to respect children's feelings about their abuse, their offenders, others who failed to protect them, and their feelings about being in foster care.

Ask participants to offer examples of ways to show respect for children's feelings regarding their abuse. Record responses on the flip chart.

- Comfort (rather than belittle) children when they express sadness and longing for their parent(s)
- Comfort children when they express anger towards their offending parent or towards the non-offending parent for failing to protect him/her.
- Support visiting plans that enable children to see their parents while ensuring their safety.
- Display photographs of parents or family members whom children miss and long to see.

Acknowledge that foster parents also need support in dealing with their feelings about sexual abuse.

For as long as you provide care to children who have been sexually abused, you will also need support in dealing with feelings about the children, the sexual abuse, the offenders, and perhaps the system's response to the sexual abuse, such as court intervention. It is important to acknowledge your feelings and to discuss them in appropriate ways.



Ask participants to brainstorm appropriate places and people with whom they can discuss and process their own feelings.

\*Responses during this brainstorm activity may include the following:

- Spouse
- A foster parent support group
- The child's case worker
- FAD worker
- Child's therapist

Stress the importance of maintaining confidentiality while seeking support.

Foster and adoptive parents should also be careful to respect children's confidentiality while finding appropriate places to discuss their own feelings. For example, foster and adoptive parents should not discuss their feelings related to children's sexual abuse with neighbors.

Conclude the activity.

Foster and adoptive parents provide an essential and valuable service to children who have been sexually abused when they truly respect and validate their feelings. This helps children develop positive self-esteem and recover from victimization. Failing to do this and "correcting" their feelings makes children feel as though something is terribly wrong with them, and lowers self-esteem. We want you to be able to recognize a child's behavior that is a result of the child's feelings about the sexual abuse. It is important to separate the child from the behaviors and understanding when and why the child is behaving this way.

"Signs and Symptoms of Sexual Abuse."

The list provided in the handout is not an exhaustive one, but it does contain the more commonly observed indicators displayed by children and adolescents who have been sexually abused. Symptoms may differ for the various developmental levels. Very young victims, such as infants and toddlers, may display evidence of sexual victimization through behavior such as becoming very upset when bathed or diapered. Some children who have been sexually abused can go for long periods of time without displaying any of these indicators.

Some of the symptoms are more indicative of sexual abuse than others, for example sexually provocative behaviors. These "abuse-specific" indicators are starred. The other symptoms are associated with much type of trauma, stress or

other significant problems in a child's life. These "stress-related" indicators are not starred. The presence of one or more symptoms (other than a sexually transmitted disease) does not prove that a child has been sexually abused. The presence of one or more of the "abuse-specific" symptoms and a constellation of "stress-related" symptoms would certainly indicate the possibility that a child has been sexually abused.

It is highly recommended that you become familiar with this handout. If you have any questions about the handout, please be sure to discuss those questions with the worker who will be conducting your home study.

## **Types of Sexual Abuse**

### Child Sexual Abuse:

The sexual abuse of children by adults or by older children or peers who dominate and control through sexual activity. Older boys who make girls undress and then fondle them, for example. It can be committed by strangers but most often is perpetrated by adults or older children in trusted caretaking roles.

### Incest:

The most common form of child sexual abuse. Sexual abuse of children by other family members, including mother or father, step-parents, aunts, uncles, cousins, and grandparents.

### Molestation:

Sexual abuse involving sexual stimulation to body and genital areas, including penetration. It can happen at any age, by a perpetrator of any age.

### Stranger Rape:

Violence, anger, and power expressed sexually in an attack on a victim. It may involve penetration of body openings (oral, anal, and vaginal) but does not have to.

### Date or Acquaintance Rape:

Sexual abuse, not necessarily violent perpetrated by someone known to the victim, often a peer in a trusted social relationship.

### Marital Rape:

Sexual abuse perpetrated by one spouse on the other or by a sexual partner in any long-term committed relationship.

### Sexual Assault:

Physical attack to victim's sexual body parts, often involving force or violence. This term can cover a wide range of activities and often describes the rape of boys and men.

Exhibitionism or Exposure:

Displaying the naked body or parts of the naked body in an effort to shock, intimidate, or sexually arouse a victim.

Voyeurism:

Invasion of a victim's privacy either secretly or openly with the intent of gaining sexual gratification.

Obscene Phone Calls:

Invasion of a victim's privacy with sexually suggestive messages over the telephone in an effort to shock, intimidate, or sexually arouse a victim.

Sadistic Sexual Abuse:

Sexual abuse in which the offender incites or tries to incite reactions of dread, horror, or pain in the victim as a means of increasing the offender's sexual arousal during the abuse. May involve use of physical restraint, quasi-religious rituals, multiple simultaneous perpetrators, use of animals, insertion of foreign objects, mutilation or torture.

Sexual Exploitation:

Objectification and use of victims, by means of sexual activity or photographic imagery, to gain money or sexual gratification.

Sexual Harassment:

Use of gender, status, and power differences to intimidate or control a victim, or to require sexual involvement. May be expressed as flirting and sexual suggestiveness.

Gender Attack:

Exposure to actions that demean the sexual gender of a victim, often with sexual overtones, such as cross dressing a child or verbally denigrating a victim's gender.

Gay Bashing:

Verbal or physical attacks directed against a victim's perceived homosexual orientation.

**Signs and Symptoms of Sexual Abuse**

Below are signs and symptoms of possible sexual abuse. This list is not complete but it does include the symptoms most often in children and adolescents who have been sexually abused. Symptoms may differ in children depending on their age and level of development.

Developmental Levels	Signs and Symptoms
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<p>Babies and toddlers</p>	<p>Genital or urinary irritation, injury or infection</p> <p>Sexually transmitted disease</p> <p>Frequent, unexplained physical symptoms</p> <p>Intense fear of individuals or people in general</p> <p>Nightmares, night terrors or sleep disturbances</p> <p>Phobic behaviors</p> <p>Reluctance to be touched</p>
<p>Preschool children</p>	<p>All signs listed above and</p> <p>Sexualized behaviors</p> <ul style="list-style-type: none"> <li>• Excessive masturbation</li> <li>• Sexual curiosity and knowledge</li> <li>• Tries to involve others in sexual activity</li> <li>• Sexualized drawings</li> </ul> <p>Bed-wetting, pants soiling</p> <p>Other regressive behaviors</p> <p>Biting or other aggressive behaviors</p> <p>Child statement of sexual abuse</p>
<p>School age children</p>	<p>All signs listed above and</p> <p>Unable to make or keep friends</p> <p>Poor school performance</p> <p>Depression of “numb” emotions</p> <p>Poor Self-esteem</p> <p>Gender confusion</p>
<p>Adolescents</p>	<p>All signs listed above and</p> <p>Self-destructive activities or self-harm</p>

	<p>Suicidal plans</p> <p>Delinquent behavior or running away</p> <p>Prostitution or other sexual behaviors</p> <p>Using sex to fill nonsexual needs</p> <p>Forcing others in unwanted sexual contact</p>
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Discuss medical evidence of sexual abuse.

Depending upon how recent and how extreme the sexual abuse, there may be no clear physical evidence that children have been sexually abused. Clear physical evidence of sexual abuse is only found in about 10% of the cases. The absence of physical evidence does mean that a child was not sexually abused.

Explain to participants their responsibility to report allegations of abuse.

If foster and adoptive parents observe signs and symptoms of possible child sexual abuse in the children in their care, it is very important to notify the child's case worker. It is also important to document in writing the signs and symptoms that were observed.

## **Responding to Children's Disclosure of Sexual Abuse**

### **A Guide for Foster Parents**

Responding to Children's Disclosure of Sexual Abuse: A Guide for Foster Parents."

It is not unusual for children who have been sexually abused to discuss this with their foster/adoptive parents. If the foster and/or adoptive parent s the first person to hear this information from the child, it is referred to as a "disclosure" of sexual abuse.

Foster and adoptive parents must be prepared to respond appropriately and supportively to children's statements about their sexual abuse. Appropriate responses may help to identify the child as a victim of sexual abuse and facilitate a child's recovery from sexual trauma.

“Responding to Children’s Disclosure of Sexual Abuse: A guide for Foster Parents” Will provide you with a quick guide on how to respond to sexual abuse disclosure.

Foster parents must be prepared to respond to and support children who talk about their sexual abuse. A caring response may help identify the child as victim of sexual abuse and assist a child’s recovery from sexual trauma, Keep in mind the following points:

- Do not panic or act alarmed. Do not display shock or disgust at what the child tells you. The child may think you are reacting to him/her, rather than what happened. Responding with shock or disgust will make the child less likely to discuss the abuse in the future with you.
- It is good for children’s mental health to discuss traumatic experiences with kind, healthy adults who care about them.
- Explain to the child that it is okay to tell you about confusing or upsetting things that have happened. If you and the children are not alone take the child to a private place where the child will feel comfortable talking.
- Listen with empathy and support to whatever the child wished to say about the sexual abuse.
- Do not question or interview the child. Interviewing for suspected child abuse should only be done by a trained professional. It is right for you to listen and respond sympathetically. However, it is not appropriate for you to question the child about details the child has mentioned.
- When the child has finished talking you should reassure the child that he/she did not deserve to be hurt. Tell the child that you will be working to make sure it does not happen again. Tell them you will be telling their case manager as well.

“What I believe about Sexual Abuse.”

It is hard to believe that people purposefully hurt children by subjecting them to sexual abuse. Sexual offenders lure, tick, coerce others into unwanted sexual contact.

Process the activity:

Pedophiles are persons who are sexually attracted to children. They lack appropriate impulse control to keep themselves from acting on their desire to have sexual contact with children.

The vast majority of identified offenders are male, but female offenders do exist. Generally, female sexual offenders elicit more denial, shock and upset in us because we do not like to think that women are capable of hurting children sexually.

Most people who have sexually abused children began doing so while they were adolescents

Child sexual offenders differ in many ways from each other. There is no psychological or social profile of an offender. They come from all socio-economic levels, races and religions. Some sexual offenders have trouble in many aspects of their lives, such as holding a job, managing their money, getting along with people. Some sexual offenders may be successful in other areas of their lives, such as professionally, yet very troubled in regard to their sexuality and their abuse of power over children.

Research shows that many child sexual offenders were sexually abused, watched the sexual abuse of others, or experienced other severe maltreatment during their formative years. This, however, is not an excuse or reason to sexually offend. Many adults who were abused as children in sexual or other ways have not become offenders.

Although the issue of false allegations gets a lot of media attention, incidents involving false allegations of sexual abuse are rare.

When a child discloses sexual abuse, the offender can be expected to use his or her position of power to pressure the child to recant or withdraw the complaint. Other family members may also pressure the child to do the same. The offender may also try to undermine the child's credibility by calling him/her a liar or a troublemaker. It is not unusual in child sexual abuse cases for children to recant their allegations. When this happens, one should not assume that the allegations are not true.

Identify the impact of sexual abuse on children's behaviors.

The negative impact of sexual abuse can result in a variety of behavior problems for children. Often these problems relate to:

Children who have been sexually abused can develop fears and phobias (intense fears) of objects, locations, people, and events associated with their sexual assault. These fears may generalize to other people, events, places, times of day, and objects similar to those involved in the abuse. For example, a three-year-old girl was sexually abused by her gray-haired grandfather who wears glasses. Following the assault, she displayed intense fear of her grandfather, as well as all gray-haired men wearing glasses.

A wide variety of fears and phobias have been observed in children. Some children who have been sexually abused in their beds are terrified of beds. Foster/adoptive parents may repeatedly find these children sleeping on the floor. Some children have been molested while an adult assisted them in toileting. They have extreme fear of using the toilet and some may wet and soil themselves.

#### Explain anger-related behaviors

Experiencing victimization often results in strong feelings of anger and rage. This is a natural human reaction to victimization.

Children and youth who have been sexually abused frequently do not have safe, socially appropriate outlets for this anger and rage. This anger and rage may be expressed in the only way confused, hurting children know- by venting it on those most available. Sexually abused children and youth display a host of behavioral problems related to anger.

Ask the group to identify possible targets for anger-related behavior in children.

- Others in the foster/adoptive home (siblings, foster parents, adoptive parents and extended family).
- Other people outside of the foster/adoptive home in the neighborhood or at school.
- Property.
- Animals.
- Child's own self.

#### Describe problems related to sexuality in children who have been sexually abused.

Children and youth who have been sexually abused may display behavior problems related to sexuality. This is to be expected, following the premature and traumatic exposure of children to adult forms of sexual interaction when they lack the psychological, cognitive, and physical capacity to assimilate them.

Ask participants for examples of sexual behaviors.

\*Record participant responses in the appropriate column on the flip chart. Be sure to include the following:

Examples of sexualized behaviors displayed by children and youth who have been sexually abused include:



- Sexualized play such as creating and play as creating and playing out sexual scenarios with dolls or toys.
- Sexualized drawings of naked people, complete with large breasts and genitals; their drawings may also depict sexual acts.
- Sexualized talk is common among children and youth who have been hurt in sexual ways.
- Sexualized behaviors toward themselves including public masturbation, excessive or obsession masturbation, inserting fingers or objects into vaginal and/or anal openings, or self-mutilation.
- Sexualized behaviors toward others, including inviting other children into sexual play, promiscuity, or coercing younger more vulnerable children into sexual contact, i.e., “offending” behavior.

Elaborate on the “sexualized behaviors toward others” displayed by children who have been sexually abused.

Children’s inappropriate sexualized behaviors toward others may take a variety of forms including the following:

- Inviting others
- Promiscuity
- Juvenile sexual offending

Parenting the sexually abused child takes special skills in providing care and supervision of traumatized children in a way that facilitates healing and recovery. Parenting sexually abused children in a positive manner increases the self-esteem of children who have been traumatized and increases their sense of personal safety and control. As a result, they become more capable of interacting effectively with others and the environment. In contrast, caregivers who ignore the problematic behaviors of children or respond punitively will only further compound the problem and further reduce children’s self-esteem.

Children who have a history of sexual abuse require specialized parenting particularly in regard to issues related to fear and anxiety, anger and sexuality.

**SUGGESTIONS FOR PARENTING SEXUAL ABUSED CHILDREN:**

- Allow children who have been traumatized by sexual abuse to have some control over events and activities which cause them to feel anxious and unsafe.
- Recognize behavioral problems in children stemming from their history of sexual abuse.
- Understand that traumatizing experiences such as sexual abuse can result in behavioral problems when children express justifiable feelings resulting from their abuse in unsafe, inappropriate ways which may harm themselves or others.
- Validate children's feelings (but not the expression of these feelings) when they are inappropriately expressed through problematic behaviors.
- Set and enforce appropriate limits on children's inappropriate expression of their feelings through problem behaviors.
- Provide safe, appropriate ways for children to discharge feelings related to their history of sexual abuse.
- Praise children as they gain self-awareness, self-control, and the ability to redirect feelings related to their victimization into safe, appropriate outlets.

\*Trainer's Note: The next activity can be done in small groups if there are enough people. Trainer could also present the case scenario and seek discussion from the main group. All three scenarios with appropriate responses are listed below; however, trainer will want to pick and choose which scenarios will be covered because of time constraints. If using small groups assign a scenario to each group.

#### Helping the healing process

You will now have an opportunity to apply the suggestions for parenting to the sexually abused child using different case situations. Answer the questions found in your scenario.

#### John's Story

\*What type of behavior problem is John displaying? Is it fear/anxiety-related behavior, anger-related behavior, or sexualized behavior?

John is displaying fear/anxiety-related behavior due to being repeatedly sexually abused in the bath tub.

\*What are some ways that John could be allowed to have some control over taking a bath?

John can be given control over his bath in a variety of ways. He can be allowed to choose the timing of the bath, i.e., whether he would prefer to bathe at night before bed, or in the morning before school. Allowing him to choose the timing of the bath would give him much-needed control over a terrifying event and would allow him to make bathing in the foster home different (thereby safer) than bathing in his mother's home. John can also choose whether his foster mother or his foster father will assist him in the bath or he can be taught to bathe himself so that he can have privacy while bathing. John can be given further control by taking him to the supermarket and allowing him to select the bar of soap he would like to use for bathing.

\*What could you say to John to validate his feelings?

The foster parents could validate John's feelings about his sexual abuse by telling him that they understand he is very afraid to take a bath and that this is understandable and okay. They could try to reassure him that after a period of time his fear will lessen, that they will do their best to help him, and that he can talk to them about it when he wanted to.

\*What are some ways you could set appropriate limits on John's willingness to bathe?

Appropriate limits could be set by explaining to John that despite his fear he did have to bathe, but that the bathing could be arranged in ways that made him feel safer (like taking the bath in the morning, choosing the soap he wanted to use, etc.). The foster mother or father could reassure John that s/he would never get into the tub with him because that would invade his privacy. They could further explain that he would not be hurt while bathing. John could be encouraged to develop some independence in his personal care to give him the privacy that he may desire.

### Jane's Story

\*What type of behavior problem is Jane having? Is it fear/anxiety-related behavior, anger-related behavior, or sexualized behavior?

Jane is displaying anger-related behavior due to sexual abuse.

\*What are some appropriate ways for Jane to safely express and discharge her anger?

The foster parent could create a “Mad Corner” for Jane, i.e. a small area of the home (a corner of the family room, play room or other easily visible space) that could always be available for her when anger and rage overpower her. She could go freely to the mad corner where a variety of old newspapers and magazines for ripping and shredding, an over-sized pad of newsprint and markers for angry scribbling, or a firm, fist-sized ball for squeezing. Blank paper and pencils could be available for writing angry letters (which should not be sent) to offenders.

The “Mad Corner” should not be used as a time-out or as any other form of punishment. Children should not be ordered to the mad corner, but rather should be encouraged to use it when they need it. The foster parents could say to Jane, “I know you are very angry. This is okay. You must not hurt yourself or anyone else. You can go to the mad corner and shred newspapers or make angry drawings.” Initially, foster parents may need to help children use the mad corner when they are angry, or even role-model its use.

\*What could you say to Jane to validate her feelings?

The foster parents could validate and normalize Jane’s behavior by saying to her, “We know that you are very angry about the scary, sad and painful things that have happened to you. You have a right to be mad about these things. It is okay for you to be angry; it means that you are like other people.” They should not give her the message that her anger makes her bad, or in any way abnormal or defective.

\*What are some ways you could set limits on Jane’s inappropriate expression of her anger?

The foster parents could set and enforce appropriate limits on Jane’s inappropriate expression of anger by saying to her, “Although it is okay to be mad, you cannot hurt yourself, others, or property. This is a safe house, and we have rules to keep everyone who lives here safe. One of these rules is no hurting yourself, others, animals, or valuable property.”

The foster parents could also give Jane permission to be angry at them, as well as to discuss her anger with them by saying, “Although we will never

deliberately hurt you or your feelings, some of the things we do may make you mad. Kids sometimes get angry at the people who take care of them. It's okay for you to be at us. Kids sometimes get angry at the people who take care of them. It's okay for you to be mad at us. If you are feeling angry, you can tell us. We will discuss it. You will not be hurt or punished for feeling angry at us, or for telling us about it. But remember, when we are angry it is not okay to hurt ourselves, others, animals, or valuable property. This is one important rule to keep everyone in this home safe."

### Michael's Story

\*What type of behavior problem is Michael having? Is it fear/anxiety-related behavior, anger-related behavior, or sexualized behavior?

Michael is displaying sexualized behaviors.

\*What are some ways Michael could be allowed to have some control over this behavior?

Michael should gently but firmly be told that masturbation (sexually stimulating oneself) is an activity which needs to occur in private. The foster parents should instruct Michael that he can masturbate alone in his bedroom or the bathroom.

\*What could you say to Michael to validate his feelings?

The foster parents should refrain from expressing shock or disgust at Michael's inappropriate sexualized behaviors. Excessive, self-directed sexualized behaviors are NORMAL for children who have been sexually abused. Michael's need to act out in this way can be validated, while at the same time, limits are set around where and when this need can be expressed

\*What are some ways you could set appropriate limits on Michael's inappropriate sexualized behaviors?

Simply telling Michael not to touch his penis will not work, and will further lower self-esteem. He will need some guidance on when and where, and under what circumstances he can engage in this behavior. He will need frequent redirecting, and reminders that masturbation is a private.

The foster parents should refrain from communicating to Michael that he is bad, disgusting, or dirty because of his behavior. When children have undergone some healing, this preoccupation will diminish. This occurs slowly. In the meantime, children will need any reminders of the rules around talking, playing and drawing about their sexual experiences and curiosity. Children also require much supervision during this time, to avoid other children being prematurely exposed to sexual or abuse information they are ill-equipped to handle.

Children obsessively masturbating hours at a time will require the attention of a sexual abuse clinician. The clinician should carefully assess the behaviors, and help the child and the caretaking adults find ways to limit and redirect the behavior.

## **Behaviors problems of children who have been sexually abused**

### Fear and Anxiety related behaviors

Children who have been sexually abused often have fears and phobia of people, places, things and events associated with their abuse. These fears may grow to include many reminders of the abuse. For example, a three-year-old who was sexually abused by a grey-haired grandfather who wore glasses. She might be fearful of all grey-haired men.

Children often display a wide variety of fears and phobias. Some child has been assaulted in their beds are terrified of going to bed and might find these children sleeping on the floor. Some children have been sexually abused while an adult helped them use the toilet. They greatly fear using the toilet and may wet themselves or soil their clothes.

### Anger related behavior

Sexual abuse often leads to strong feelings of anger and rage. These children and youth often bring items with them a great load of justifiable anger. This is understandable and not unusual. Children may be angry at the offender, other people who failed to stop the abuse and others who did not help or support them. Children may think professionals failed to keep them safe and they may also direct their anger toward police or social workers.

Children and youth who have been sexually abused often have no way to release anger safely and appropriately. They may be poorly equipped to manage strong emotions because they received little support in doing so. They may express themselves in the only way confused. Hurting children know by venting their anger on anyone close at hand. Usually their anger is directed toward family members or relatives and it can also be directed to others outside of the home. Property destruction is usually the second way the express their anger. Children in care deliberately destroy things in their foster home. Another threat is harm to animals where a

child will tease, threaten or try to harm the animal. The last form of rage is they will try to hurt or harm their own body.

