

# Understanding and Responding to the Issues of Sexual Abuse



*A brighter tomorrow for children and families in Texas.*



# VAGINA & VULVA & CLITORIS & PENIS & SCROTUM & TESTICLES

These are not vulgar or bad words.  
Teaching your children the correct  
names for their body parts helps  
protect them from predators.

PARENTING  
**DECOLONIZED**  
PODCAST

*This is  
important*



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Before they turn 18 years old.

1 in 4 (25%) girls

and

1 in 6 (17%) boys

will be victims of sexual abuse



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As many as 85% of the children in foster care have been sexually abused and we do not always know which ones.



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# Stranger Danger is not enough

In close to 90% of reported cases the child knows the person that commits the abuse.

In close to 50% of reported cases the abuser is a member of the child's family or extended family.

Why is most of the education stranger danger

# Factors Affecting the Impact of Sexual Abuse on Children

- PRE-ABUSE FUNCTIONING
- HOW MUCH & WHAT KIND OF ABUSE
- RELATIONSHIP TO THE ABUSER
- SUPPORT FROM CAREGIVERS
- OTHER TRAUMAS & LOSSES
- PROFESSIONAL HELP

# The Facts

- Sexual offenders can be male or female
- Child sexual offenders often have stable employment and get along with others.
- False allegations of child sexual abuse occur in less than 5% of reported cases
- 82% of all juvenile victims are female

# Who can YOU talk too???

- Spouse/ Partner
- A foster parent support group
- Your social worker
- Child's therapist



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# Signs & Symptoms: Babies and Toddlers

Genital or urinary irritation, injury, or infection \*

Sexually transmitted disease \*

Frequent, unexplained physical symptoms

Intense fear of individuals or people in general

Nightmares, night terrors, sleep disturbances

Phobic behavior

Extreme upset at diapering, undressing, or bathing

Reluctance to be touched

# Preschool Children

## All signs previously discussed plus:

- Sexualized behaviors\*
- Excessive masturbation
- Sexual curiosity &/or knowledge
- Tries to involve others in sexual activity
- Sexualized drawings
- Bed-wetting, pants wetting/soiling
- Other regressive behaviors
- Hyperactivity
- Biting & other aggressive behaviors
- **Child's statement indicating sexual abuse\***
- Extreme bossiness
- Over-sensitivity to sounds, movement

# School-aged children

previous symptoms plus:

Unable to make and keep friends

Poor school performance

Depression or “numb” emotions

Mistrust of adults in general

Poor self-esteem

Gender confusion

# Adolescents

## All previous signs plus:

- Self-destructive activity or self-harm
- Suicidal plans or attempts
- Delinquent behavior &/or running away
- Prostitution or other unusual sexual behavior \*
- Using sex to fill nonsexual needs\*
- Forcing others in unwanted sexual contact\*

**The negative impact of sexual abuse can result in a variety of behavior problems for children.**

- Fear/ Anxiety – related behaviors
- Anger – related behaviors
- Sexualized behaviors



# When responding to children's discussions & disclosures...remember:

- Refrain from panicking or showing alarm
- Communicate
- Listen empathetically (video)
- Do NOT question or attempt to interview
- Reassure
- Immediately afterwards document
- Report

# Be Careful

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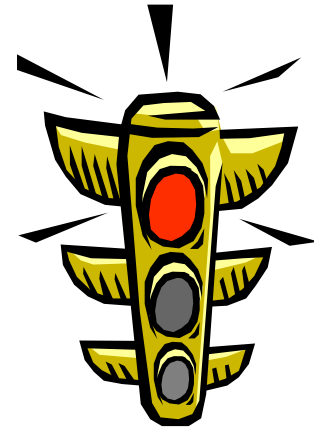
Because so many of our children have experienced sexual abuse it is very easy to mistake developmentally appropriate behavior for sexual acting out or signs of past abuse.

Just because they are foster children doesn't mean they will never experiment or become curious about sex.



# *Appropriate vs. Inappropriate Sexual Behaviors*

- GREEN USUALLY APPROPRIATE, WITHIN NORMAL DEVELOPMENTAL LEVELS
- YELLOW WARNING! THERE IS CAUSE FOR CONCERN
- RED INAPPROPRIATE, USUALLY ILLEGAL, AND HARMFUL



# Pre-School 4 and under

## Green Level

Explores anatomical differences b/w boys and girls

Likes to be nude. May show others his/her genitals

Touches “private parts” of familiar adults and children

Interested in bathroom functions

Uses “dirty” language

Plays doctor inspecting other’s bodies

Random/spontaneous erections

## Yellow Level

Continues asking questions about genital differences

Asks others to touch their “private parts” or may touch others even after being redirected

Excessive interest in nudity or bathroom functions – staring

Smears feces on walls or floor more than one time

Insertion of objects into genitals or rectum after redirection

## Red Level

Hurtful masturbatory behaviors or painful erections

Role Plays in an angry, sad or aggressive manner

Displays fear or anger about babies, birthing or intercourse

Tries to forcibly or secretly undress or touch other people

Sexual knowledge is inappropriate for age

Continually plays with or smears feces

# Young School Age 5 to 10

## Green Level

Compares genitals with peer-aged friends

Interested in touching private parts of peer aged friends

Allows peers to touch their private parts

Looks at the genitals, buttocks, breasts of others

Erections

Inserts objects in own genitals or rectum for physical sensation

Interest in breeding behavior of animals

## Yellow Level

Talks in sexualized manner with others.

Stares at private parts of other people

Continuous erections

Inserts object in own genitals or rectum frequently or to the point of pain

Touching genitals of animal

Tries to engage in French kissing,

Tries oral, anal, vaginal sex

## Red Level

Hates their own genitals

Demands to see the genitals, breasts, buttocks of others

Manipulates or forces other children to engage in sexual acts

Promiscuous behaviors or discussions with strangers

Physical contact with adult causes excessive agitation to child or adult

Painful erections

# Latency age (Middle School) 11 to 13

## Green Level

Touches self/others  
Mooning  
Exhibitionistic  
Kissing/dating  
Petting  
Touches others' genitals  
Dry humping

## Yellow Level

Persistent masturbation  
(particularly in public)  
Touching breasts or genitalia  
of other children or adults  
Excessive interest in sexual  
matters  
Sexualizing nonsexual  
situations  
Sexualizing content in play,  
art, or conversation  
Sexual play with younger  
children

## Red Level

Using coercion, force,  
manipulation or weapons to  
gain sexual access  
Developmentally  
inappropriate precocious  
sexual talk or behavior  
Attempted or completed  
vaginal or anal intercourse  
Oral sex/ anal sex  
Use of objects to perform  
sexual act  
Bestiality

# Adolescence 14 to 17

## Green Level

Sexually explicit conversations with same age peers

Obscenities and jokes within cultural norms

Interest in Erotica

Solitary masturbation

Hugging, kissing, holding hands

Foreplay (petting, making-out, fondling) and mutual masturbation

Sexual behaviors in monogamous relationships (several months or years)

## Yellow Level

Sexual preoccupation affecting daily functioning

Pornographic interest

Indiscriminate sexual contact with multiple partners during same time period

Sexually aggressive themes or obscenities

Violation of others' body space

Single occurrence of peeping, exposing with known peers

Mooning and obscene gestures

## Red Level

Compulsive masturbation (especially in public)

Preoccupation with sexually aggressive pornography

Sexually explicit conversation, threats, or contact with significantly younger children (2 or more years age difference &/or 12 and under)

Touching genitals without permission, causing injury

Forced sexual contact or penetration

Sexual contact with animals (bestiality)

# One More Thing . . .

- Ongoing training
- Things DePelchin provides
- Time line of things to come overall process including placement
- Navigating the system and how it works
- How to deal with grief and loss
- Dealing with Older Children, Teenagers
- Transitions from foster to bio family: child and foster family
- Home Study and Home Study preparation

# One More Thing . . . Ongoing training

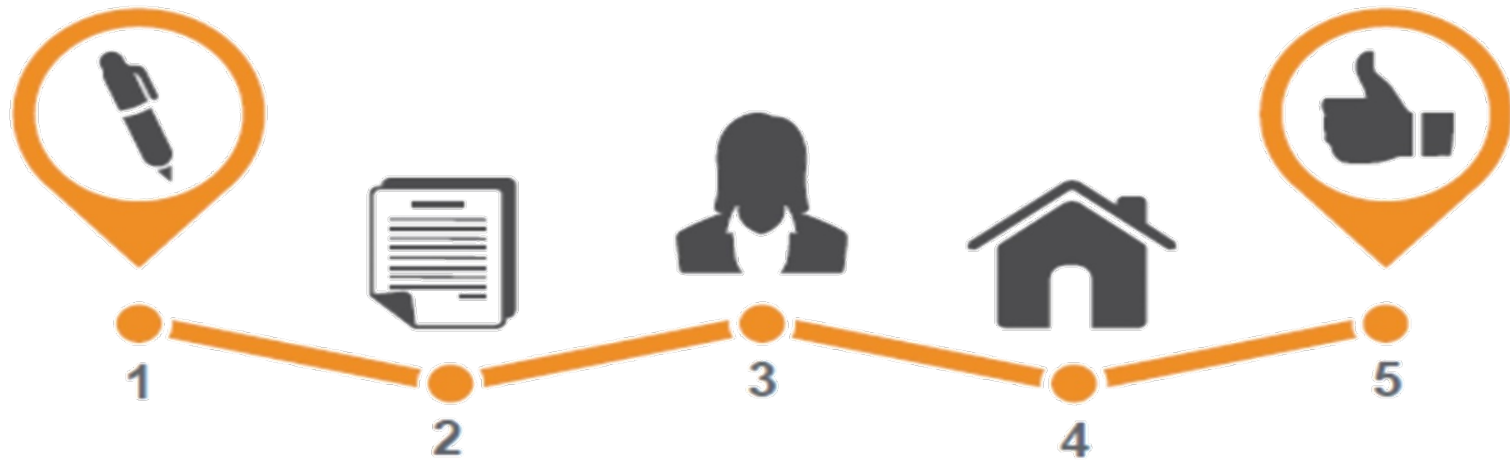
Training Title	Hours	Due	Method
<b>Psychotropic Medications</b>	2	Annually, no later than 12 months from last completion	Online
<b>EBI De-Escalation</b>	4	Annually, no later than 12 months from last completion	In Class/ Face to Face
<b>Medical Consenter</b>	2.5	Once a year	Online
<b>Trauma informed care</b>	2	Once a year	Online
<b>Maintaining Caring Connections</b>	4	Once a year	In Class/ Face to Face
<b>DCC P&amp;P</b>	2	Once a year	In Class / Face to Face
<b>Normalcy</b>	2	Once a year	Online
<b>Disaster</b>	1	Once a year	In Home
<b>Recognizing and Reporting Child Sexual Abuse</b>	1	Once a year	Online
<b>CPR/First aid</b>	4	Every 2 years, no later than 24 months from last completion	In Class / Face to Face
<b>Electives – Self Directed/Instructor Led/Self-Study</b>	5.5	* only 3 of these hours can be self-study (book, movie, etc.) * on non CPR/First Aid years there will be an additional four (4) hours of elective training to be competed.	Self-Directed/Instructor Led/Self-Study
<b>Total hours:</b>	30		

# One More Thing . . . **Things DePelchin provides**

- 24 hour on call support
- In-home case management and crisis clinical support
- FREE training
- Reimbursement for portion of inspections
- Donation Station support
- Holiday events and parties
- Tickets to community events
- Foster Parent Mentors
- IMH Integrated Mental Health



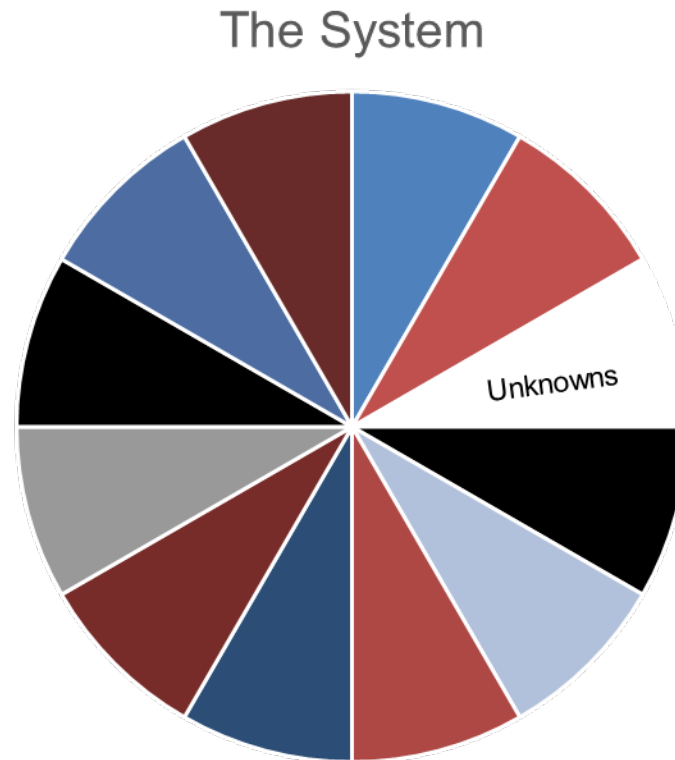
# One More Thing . . . Time line of things to come overall process including placement



- Submit your completed homework packet(s) and email [Mmay@depelchin.org](mailto:Mmay@depelchin.org) that you are ready
- Background checks – has everyone associated with your home (RCPs, FVs, HHM) completed
- Misc. documents from Michael's email
- Participate in a home study - A home study worker will contact you regarding your home study
- Home study reviewed by a committee and if approved you will become a verified foster home
- Final file audit, and verification
- Eligible for placements

# One More Thing . . . Navigating the system and how it works

- Children
- Foster Family
- DePelchin CCM
- DePelchin IMH
- Therapist
- FP Mentor
- CASA
- CPSW
- CPSW Supervisor
- Ad Litem
- Judge
- Bio Family
- Unknowns:  
School, ECI, etc.



# One More Thing . . . How to deal with grief and loss

## Multidimensional Grief Theory

Missing what they know, fear of the unknown

Who am I without my family

Did I cause this

Adaptive/Normative 6 months Maladaptive

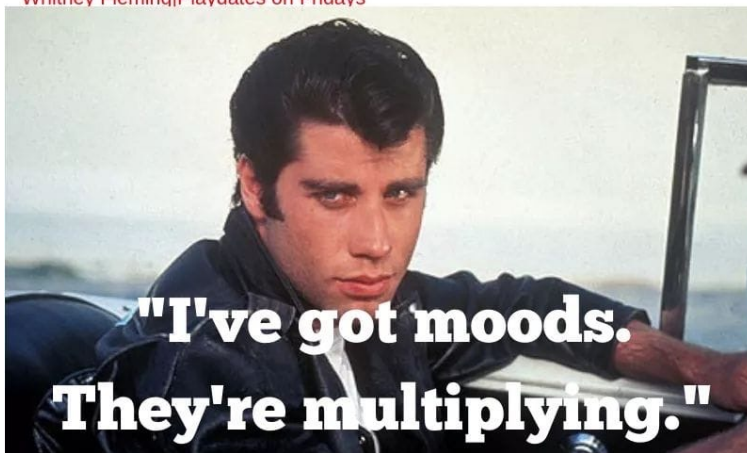
# One More Thing . . . Dealing with Older Children, Teenagers

- How can I help you?
- What do you need?
- IMH
- Therapist
- Adoption
- Post Adoption Services
- PALs: Preparation for Adult Living
- Ageing out of care

Teenagers be like:

IG: PlaydatesonFridays

Whitney Fleming | Playdates on Fridays



# One More Thing . . . Transitions from foster to bio family: child and foster family

## Choices and Compromises

- Are an easy way to share power
- Help children develop their voice
- Offer appropriate autonomy
- Are concrete and easy to understand
- Are always outcomes that parent and child will be happy with
- Children\* act out of control when they feel out of control. Choices create the feeling or perception of control.
- Give them words
- Give kids dependable reliable ways to get your attention
- Sensory-rich games, foods, snacks, crafts, activities
- Deep Breathing exercises
- Simon Says or Red Light Green Light
- Know their limits (set them up to succeed)

**\*This tends to be true for most adults as well**

# One More Thing . . . Home Study and Home Study preparation

## Becoming Earned Secure

- Be fiercely honest about the past
- Let past go with compassion
- Journey, not a quick fix
- The road to earned secure is possible & worth it
- Benefits are deeper connection, trust with
  - Children
  - Spouse

## Stay Away From

- Unresolved