DEVELOPMENT AND IMPLEMENTATION OF A SEXUALLY SAFE -TRAUMA TREATMENT BASED FOSTER CARE PROGRAM: THE HEARTLAND FOR CHILDREN EXPERIENCE

Wayne D. Duehn, Ph.D.
Professor Emeritus of Social Work
School of Social Work
The University of Texas at Arlington
2200 Wilson Drive
Arlington, Texas  76011-3226
Tel.:  817/277-1540
FAX:  817/277-3067
Email:  duehn1@airmail.net
Website:  http://www.waynenduehn.com

and

Susan Brooks Ripley, MA, CWLC-S
Director of Foster Home Licensing
Heartland for Children
1239 East Main Street
Bartow, Florida  33830
Tel.    863-519-8900, ext. 217
Email:  sripley@heartlandforchildren.org

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Current estimates of sexual abuse among children in foster care range from 75 to 85 per cent. Given this high incidence of sexual abuse among children who are entering placement, it is imperative that foster care agencies systematically put into place programs that address the specialized needs of sexually traumatized children in placement and the many safety issues that will arise when fostering a sexually abused child. This workshop is designed for foster care CEO’s, administrators, and senior management staff interested in developing and implementing a trauma resolution based treatment and sexual safety program. The workshop will describe the development process and implementation procedures Heartland for Children undertook with its staff, treatment providers, and foster families to introduce and implement a trauma resolution based treatment program and sexual safety contracting process.

The overall aim of the trauma resolution based treatment model and sexual safety contracting program is to help foster families create sexual safety within the home and to develop the knowledge, attitudes, and skills necessary for creating a healing milieu to ameliorate the negative impact of past traumas on the child’s psychosocial and cognitive development as well as to enhance and promote the child’s positive self esteem. When mastered, foster parents become the central ingredient in the child’s recovery from the trauma of neglect and abuse.

The workshop will present and discuss (1) program needs assessment, (2) specific staff development/training issues related to sexuality issues, sexual abuse, desensitization, home studies, and skill acquisition, (3) the process of developing a sexual safety curriculum for foster families, (4) criteria for selecting treatment providers, and (5) the explicit organizational steps and practice/clinical implications of introducing and implementing a sexual safety contracting process to foster families.

The format will include: presentation material, simulations, and group discussion. Participants will be encouraged to present and share their own experiences in constructing sexually safe foster homes.
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Learning Objectives:

1. To describe the development process and implementation of an agency wide sexual safety program in foster care.

2. To gain knowledge and skill in program need assessment.

3. To become aware of and sensitive to the many specific staff development/training issues related to sexuality issues, sexual abuse, desensitization, home studies, and safety skill acquisition.

4. To gain knowledge in developing criteria for selecting treatment providers.

5. To create a healing milieu within the family and the agency to minimize the negative impact of past sexual abuse on the child’s psychosocial and cognitive development by utilizing specific sexual safety contracts.

6. To develop a high level of comfort in discussing sexual abuse and normal sexuality issues with the child, the foster family, and with other mental health/social service providers.

7. To identify the explicit organizational steps and practice/clinical implications of introducing and implementing a sexual safety contracting process to foster families.

8. To develop skills in generating risk reduction strategies thereby creating safe environments for the child, the foster family, and the agency.
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Workshop Outline

I. Rationale for the Sexual Safety Program/Project: A Program Needs Assessment

II. Critical Aspects of a Sexual Safety Program: Components and Basic Assumptions

III. Importance of Creating Sexual Safety on Three Levels
   A. The Foster Child(ren)
   B. The Foster Family
   C. The Agency

IV. Staff Development/Training Issues
   A. Content
   B. Process
   C. Procedures

V. Foster Home Development Issues
   A. Foster Home Selection, Home Studies, and Foster Home Development
   B. Safety: A Prerequisite for Healing and Recovery
   C. Specific Parenting Skills

VI. Implementing a Sexual Safety Contracting Process.
   A. Foster Parent Training, Response, and Feedback
   B. Children/Youth Involvement and Feedback
   C. Organizational and Administrative Concerns/Issues
   D. Liability Issues
   E. Taking the Steps

VII. Effects of Implementing a Sexual Safety Program
   A. Children/Youth Reactions
   B. Foster Family Reactions
   C. Staff Reactions
   D. Implications for Selection of Treatment Providers
   E. Foster Parent Peer Support Groups

VIII. Discussion, Questions, and Wrap-Up
TRAUMAGENIC DYNAMICS OF THE IMPACT
OF CHILD SEXUAL ABUSE*

I. Traumatic Sexualization

A. Dynamics
- child rewarded for sexual behavior inappropriate to developmental level
- offender exchanges attention and affection for sex
- sexual parts of child fetishized
- offender transmits misconceptions about sexual behavior and sexual morality
- conditioning of sexual activity with negative emotions and memories

B. Psychosocial Impact
- increased salience of sexual issues
- confusion about sexual identity
- confusion about sexual norms
- confusion of sex with love and care getting/giving
- negative associations to sexual activity and arousal sensations
- aversion to sex or intimacy

C. Behavioral Manifestations
- sexual preoccupations and compulsive sexual behaviors
- precocious sexual activity
- aggressive sexual behaviors
- promiscuity
- prostitution
- sexual dysfunctions: flashbacks, difficulty in arousal, orgasm
- avoidance of or phobic reactions to sexual intimacy
- inappropriate sexualization of parenting

II. Stigmatization

A. Dynamics
- offender blames, denigrates victim
- offender and others pressure child for secrecy
- child infers attitudes of shame about activity
- others have shocked reactions to disclosure
- others blame child for events
- victim is stereotyped as “damaged goods”
B. Psychological Impact
- guilt, shame
- lowered self esteem
- sense of differentness from others

C. Behavioral Manifestations
- isolation
- drug or alcohol abuse
- criminal involvement
- self-mutilation
- suicide

III. Betrayal
A. Dynamics
- trust and vulnerability manipulated
- violation of expectation that others will provide care and protection
- child’s well-being disregarded
- lack of support and protection from parent(s)

B. Psychological Impact
- grief, depression
- extreme dependency
- inability to judge trustworthiness of others
- mistrust, particularly of men
- anger, hostility

C. Behavioral Manifestations
- clinging
- vulnerability to subsequent abuse and exploitation
- allowing own children to be victimized
- isolation
- discomfort in intimate relationships
- marital problems
- aggressive behavior
- delinquency

IV. Powerlessness
A. Dynamics
- body territory invaded against child’s wishes
- vulnerability to invasion continues over time
- offender uses force or trickery to involve child
- child feels unable to protect self and halt abuse
- repeated experience of fear
- child is unable to make others believe
B. Psychological Impact
- anxiety, fear
- lowered sense of efficacy
- perception of self as victim
- need to control
- identification with the aggressor

C. Behavioral Manifestations
- nightmares
- phobias
- somatic complaints, eating, and sleeping disorders
- depression
- dissociation
- running away
- school problems, truancy
- employment problems
- vulnerability to subsequent victimization
- aggressive behavior, bullying
- delinquency
- becoming an abuser

CREATING SEXUAL SAFETY IN PLACEMENT

HOUSE RULES*

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 of opposite sex should not share a bedroom after 5 years of age.

Children should not share a bedroom with the parent after age one.

Sexually abused children of any age should not be allowed to get in bed with the parents. It may be overstimulating to them, and they may interpret parent cuddling as sexual advances.

CLOTHING:

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

TOUCHING:

No one touches another person without permission. No one touches another person’s private parts (area covered by a bathing suit) except for a medical examination or assistance in bathing and toileting. Young children should be taught and encouraged to take responsibility for cleaning themselves.

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 overstimulate or exploit each other. An adult would be vulnerable to abuse allegations if the child misinterpreted the parents actions or 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.
CREATING SEXUAL SAFETY IN PLACEMENT

HOUSE RULES (Cont.)

WRESTLING AND 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.

BEHAVIORS AND FEELINGS:

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

LISTENING AND TAKING EACH PERSON SERIOUSLY:

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

*McFadden E. J. (1986). Fostering the child who has been sexually abused. Ypsilanti, MI: Eastern Michigan University (pp. 42-43).
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HEARTLAND FOR CHILDREN CORE PRINCIPLES

Mission Statement: Improving safety, permanency and well-being for all children in Polk, Highlands, and Hardee Counties.

Vision Statement: To eliminate child abuse and neglect in Polk, Highlands, and Hardee Counties.

Values:
Heartland for Children will
- approach relationships with respect, integrity and transparency
- utilize innovation and excellence to promote best practices
- approach work and problem solving with creativity and flexibility
- utilize resourcefulness, accountability and efficiency

Service Delivery: As of 8/26/16 Heartland for Children was serving 1790 children in our system of care with the following breakdown:
  573 Maintained in home with parents
  656 children Relative or Non-Relative Caregivers
  337 in Licensed Foster homes
  147 in some type of residential setting
  77 in an independent living situation
Family Rules Agreement

This agreement is designed to keep everyone safe in this family. All family members should sign this agreement. It lists the rules for living together safely in this family, for respecting the rights of others, and to ensure the personal safety of everyone. By signing this Family Agreement, we acknowledge these rules have been discussed as a family. We understand and will help each other follow these rules. Each caregiver will be responsible for verbalizing the house rules with each member of the household or approved babysitters. The child and caregivers need to initial each house rule that will be followed in the home.

1) Privacy:
   A. __________ I understand that before I go into another person’s bedroom, I must get permission first.
   B. __________ I will not go through others belongings (e.g. purses, notebooks, private notes, diaries, no opening of another’s mail, etc.).
   C. __________ I understand that when visiting another person’s bedroom, the door must be open. I understand that if someone is visiting my bedroom, the door must be open.
   D. __________ I understand that if my foster parents talk to me in my bedroom, the door must be open.
   E. __________ I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.
   F. __________ If the door is closed, I understand that there is to be only one person in the bathroom at a time. Specific exceptions to this rule are as follows:

__________________________________________________________________________

2) Supervision:
   A. __________ I understand that any plans for me to baby-sit in or outside the home must be discussed with and approved by the family.
   B. __________ I understand that the caseworker and the caregivers will discuss and agree upon the level of contact I have with others of the same and/or opposite sex. Also discussed will be the type of supervision I will have while placed with the family. (This would include both auditory and visual supervision.)
C. _________ Arrangements regarding me supervising younger children will be discussed and agreed by my caregiver.
D. ________ If I want to babysit, it must be agreed upon by my caregiver prior to allowing supervision to occur.  
(Approved babysitters for the children must be agreed upon by the family prior to allowing supervision to occur.)

3) **Pornography:**
A. ________ I understand I will not have access to and will not bring any inappropriate sexually oriented materials into the home (books, pictures, magazines, videos, internet access etc.). Only appropriate material for sex education will be allowed.

4) **Clothing:**
A. ________ I will dress appropriately around the home. I will not leave the bathroom or bedroom in only my underwear or revealing clothing. Clothing should be situation appropriate and always modest.

5) **Sleeping Arrangements:**
A. ________ I understand that everyone sleeps in his/her own bed.
B. ________ I understand that children do not sleep in the same bedroom with the parents. (Children 0-1 may sleep in the bedroom with foster parents as needed.) Sleeping arrangements while traveling will be discussed with the case manager prior to a trip.
C. ________ I understand that I will not share a bedroom with a person of the opposite sex if we are over the age of three years.

6) **Safe Touching:**
A. ________ I understand there is to be no sexual contact or sexual touching between children in this family or between parents and children in this family. The only individuals who may have sex together in this home are the parents/caregivers and always with the door closed.
B. ________ I understand that there will be no sexual play and sexual touching of another person’s private parts and that includes playing doctor, nurse, or any games that involve someone touching you or you being required to touch someone.
C. ________ I understand that all inappropriate sexualized language (reference to body parts, sexual activity) and sexualized behaviors will not be permitted.
D. ________ I understand that all physical touching between family members must be kept safe and be seen as safe touching. Touching that will not confuse, scar, or make me think that someone wants to have sex with me includes: ________________________________
(back rubs, foot tickling, wrestling, “horse play,” etc. are to be discouraged.)

7) **Sex Education:**
   A. ________ I understand there is to be no showing or touching of one’s private parts in front of other people.
   B. ________ I understand that my body belongs to me and if anyone touches me in a sexual way or makes me feel uncomfortable, I will say, “No,” and will tell my caseworker and/or someone “safe,” e.g. school counselor, coach, therapist, teacher, etc.

8) **No Secrets:**
   A. ________ I understand that although each person in the household has a right to privacy, there will be no secret games and no secrets between a child and adult. I understand that I need to differentiate this from “surprises” such as planning a special gift or surprise party.

9) **Feelings and Behaviors:**
   A. ________ I understand that there is a difference between feelings and behavior. Feelings are appropriate and no one should ever be embarrassed or teased about their feelings. Each household member should be encouraged and supported in expressing his/her feelings.
   B. ________ I understand that behavior is defined as appropriate or inappropriate to a situation and should never be labeled as “bad,” “nasty,” or “disgusting.” A person should never be judged or described by their behavior, and discussions should address the specific behavior, not the person.

10) **Listening and taking each person seriously:**
    A. ________ I understand that this is a good rule for all communication.
    B. ________ I understand that all family members are responsible for following these rules and that I am responsible if I do not follow these rules.

Each signature represents an agreement by that individual to adhere to the rules as outlined and to report any violation of a rule to the assigned Protective Investigator and/or Family Case Manager. In
the event that prevention measures break down and child-on-child or adult-on-child abuse occurs or appears to be imminent, the parent/caretaker will immediately:

- Separate the parties.
- Report the incident to the Family Case Manager and/or Protective Investigator and to the Abuse Hotline (1-800-96-ABUSE)
- Cooperate fully with authorities conducting an investigation.

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<th>Child Name</th>
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<td>Case Manager/Child Protector Investigator</td>
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**Case Manager:** A copy should be provided to all parties and a copy shall remain in the Electronic Case File (ASK), FSFN File Cabinet, and Child’s Resource Book.

Reviewed by Supervisor: _________________________________ Date: _______________________

Date entered in FSFN: _______________________________
Selected References*


