LET’S GET IT RIGHT: SAFETY A PREREQUISITE FOR HEALING

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Workshop presented Thursday, September 6, 2018, at the Florida State Child Protection Summit,  
JW Mariott Hotel, Grande Lakes, FL.
CURRENT ESTIMATES OF SEXUAL ABUSE AMONG CHILDREN IN PLACEMENT RANGE FROM 75 TO 85 PER CENT. GIVEN THE HIGH INCIDENCE OF SEXUAL ABUSE AMONG CHILDREN WHO ARE ENTERING PLACEMENT, IT IS IMPERATIVE THAT FOSTER/ADOPTIVE FAMILIES UNDERSTAND THE FACTS OF ABUSE AS WELL AS THEIR RESPECTIVE ROLES IN THE HEALING PROCESS. EQUALLY IMPORTANT IS THE INDIVIDUAL’S LEVEL OF COMFORT IN DISCUSSING SEXUAL ABUSE AND NORMAL SEXUAL ISSUES. THIS WORKSHOP IS DESIGNED FOR FOSTER/ADOPTIVE CARE GIVERS INTERESTED IN DEVELOPING THEIR KNOWLEDGE AND SKILLS IN WORKING WITH SEXUALLY ABUSED CHILDREN. THE PURPOSE OF THIS TRAINING PROGRAM IS TO DEVELOP HIGHLY SKILLED FOSTER/ADOPTIVE PARENTS IN THE USE OF CONCRETE INTERVENTIONS WITH SEXUALLY ABUSED CHILDREN AS THEY ATTEMPT TO ADDRESS THE SPECIAL NEEDS OF THESE CHILDREN. SINCE SEXUAL ABUSE IS THE ULTIMATE BETRAYAL OF THE PARENT-CHILD RELATIONSHIP, THE PRIMARY THERAPEUTIC RESOURCE AVAILABLE TO SEXUALLY ABUSED CHILDREN IS UNDERSTANDING, COMMITTED FAMILIES WHO CAN DEMONSTRATE TO THEM THAT FAMILIES CAN BE TRUSTED. PLACEMENT OFTEN BRINGS OUT MANY BEHAVIORS NEVER EXHIBITED IN THE CHILD’S OWN HOME OR IN PREVIOUS PLACEMENTS—BEHAVIORS SUCH AS SEXUAL ACTING OUT, ANGER, HOSTILITY, AND OPEN REJECTION OF THE ADOPTIVE/FOSTER FAMILY—but foster/adoptive families willing to accept the challenge of these special needs children can successfully parent sexually abused children and become the central ingredient in their recovery from past trauma.

Three factors must be present if families are to do so: (1) comprehensive training regarding the dynamics of sexual abuse, the special needs of sexually abused children, and specific parenting skills; (2) complete information about the individual child’s background and behavior, including the specifics of the sexual abuse and the child’s emotional and behavioral reactions to it; and (3) professional support services, pre, during, and post placement.

In summary, this workshop will specifically focus on developing adoptive/foster families with the skills and techniques required to parent a child victim of sexual abuse and to develop foster/adoptive parents who are proficient in these parenting skills. When such skills are learned, knowing parents can make the most crucial difference for a child recovering from the trauma of sexual abuse.

Skill demonstrations and opportunities to practice these skills will be provided. The format will include presentation material, simulations, role playing, group discussion, and practice skill demonstrations. Participants will be encouraged to present and share their own case material and experiences.
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Educational Objectives:

1. To briefly review data relevant to identification of children who have experienced the trauma of sexual abuse.

2. To acquire an understanding of the traumagenic* effects of child sexual abuse, its psychological, neurological impact and its behavioral manifestations. *Traumagenic: An experience that alters a child’s cognitive or emotional orientation to the world and causes trauma by distorting the child’s self-concept, worldview, or affective capacities.

3. To become sensitive to the diverse potentially direct and indirect social and behavioral indicators of sexual abuse.

4. To gain knowledge and skill in trauma assessment.

5. To gain an understanding of the importance of sexuality issues in the selection, assessment, preparation, and post-placement support services of and to adoptive parents.

6. To create a healing milieu within the family to minimize the negative impact of past sexual abuse on the child’s psychosocial and cognitive development.

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

8. To develop knowledge and skills in addressing sexuality and sexual abuse issues in working with sexually abused children and their adoptive/foster families.

9. To gain knowledge in recognizing the various stages of trauma resolution and to identify the critical impact issues needing to be addressed within each stage.

10. To develop skills in helping families explore and discuss their capacity to handle openly difficult sexual issues presented by their sexually abused children while helping their children develop normal sexuality.

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

   A. Basic Assumptions
   B. Special Needs of Sexually Abused Children in Foster Care/Adoption
   C. Risk Reduction, Disruption, and Safety Issues in Adoption/Foster Care

II. Assessing Past Sexual Abuse Probabilities of the Child in Foster Care/Adoption: The Unidentified Victim in Placement
   A. Incident vs. Prevalence Studies
   B. Family Dynamics of Children Traumatized by Sexual Abuse: A Typology

III. Sexuality and Sexual Learning in Childhood: A Developmental Framework for Understanding Children’s Behavior

IV. Child Sexual Abuse: A Traumagenic Perspective
   A. Dynamics
   B. Psychological Impact
   C. Behavioral Manifestations
   D. Neurodevelopment and Neurobiology

V. Special Needs of Sexually Abused Children in Adoption/Foster Care

VI. Preparing the Foster/Adoptive Family to Parent the Sexually Abused Child

VII. Creating Safe Adoptive/Foster Care Homes: A Prerequisite for Recovery

VIII. Stages of Healing/Recovery in Foster Care/Adoption: The Sexually Abused Child Can Heal!
   A. Discovery
   B. Validation
   C. Facts: Telling the Child What Happened
   D. Protection
   E. Resolution: Helping the Child to See that He/She Can Go On

IX. What Adoptive/Foster Parents Can Do to Facilitate the Healing Process

X. Selected Issues in Adoption/Foster Care and the Sexually Abused Child
   A. Management of Sexually Reactive and Aggressive Behaviors
   B. Selected Techniques and Exercises

XI. Discussion and Summary
COUPLE & FAMILY MAP

Levels of Cohesion
- Low
- High

Levels of Adaptability
- Chaotic
  - Lack of Leadership
  - Dramatic Role Shifts
  - Erratic Discipline
  - Too Much Change
- Flexible
  - Shared Leadership
  - Role Sharing
  - Democratic Discipline
  - Change When Necessary
- Structured
  - Leadership Sometimes Shared
  - Roles Stable
  - Somewhat Democratic Discipline
  - Change When Demanded
- Rigid
  - Authoritarian Leadership
  - Roles Seldom Change
  - Strict Discipline
  - Too Little Change

I-We Balance
- Closeness: Little Closeness
- Loyalty: Lack of Loyalty
- Independence: High Independence

I-We
- Low-Moderate
- Interdependent

We
- Moderate-High
- Interdependent

We
- Very High
- Interdependent

Balanced
- High Loyalty
- More Dependence

Mid-Range
- High Dependency

Extreme
- High Loyalty
- More Independence
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<th>SCORE</th>
<th>DISENGAGED</th>
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<tr>
<td><strong>EMOTIONAL BONDING</strong></td>
<td></td>
<td><em>Extreme separateness. Lack of closeness or loyalty</em></td>
<td><em>Emotional separateness encouraged and preferred. Need for support respected.</em></td>
<td><em>Emotional closeness encouraged and preferred. Need for separateness respected.</em></td>
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<td><em>(Feelings of Closeness)</em></td>
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<td><strong>INDEPENDENCE</strong></td>
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<td><em>High Independence. Family members depend on themselves.</em></td>
<td><em>Independence encouraged and preferred. Dependence acceptable at times. Many needs set outside family.</em></td>
<td><em>Dependence is encouraged and preferred. Independence acceptable at times. Many needs set within family.</em></td>
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<td><em>(Versus Dependence)</em></td>
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<td><strong>FAMILY BOUNDARIES</strong></td>
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<td><em>Influence of outside people and ideas unrestricted.</em></td>
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<td><em>Some control of outside people and ideas.</em></td>
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<td><em>(External Relationship)</em></td>
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<td><strong>TIME</strong></td>
<td></td>
<td><em>Time apart from family maximized. Rarely time together.</em></td>
<td><em>Time alone important. Some time together.</em></td>
<td><em>Time together important and scheduled. Time alone permitted.</em></td>
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<td><strong>SPACE</strong></td>
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<td><em>Separate space needed and preferred.</em></td>
<td><em>Separate space preferred. Sharing of family space.</em></td>
<td><em>Sharing family space preferred. Private space respected.</em></td>
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<td><em>(Physical and/or Emotional)</em></td>
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<tr>
<td><strong>DECISION MAKING</strong></td>
<td></td>
<td><em>Primarily individual decisions. No checking with other family members.</em></td>
<td><em>Most decisions individually made. Able to make joint decisions on family issues.</em></td>
<td><em>Most decisions made with family in mind. Individual decisions are shared.</em></td>
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<td><strong>INTERESTS AND</strong></td>
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<td><em>Primarily individual activities done without family. Family not involved.</em></td>
<td><em>Some spontaneous family activities. Individual activities supported.</em></td>
<td><em>Some scheduled family activities. Family involved in individual interests.</em></td>
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<td><strong>RECREATION</strong></td>
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<td>ASSERTIVENESS</td>
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<td>CONTROL (Leadership)</td>
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<td>Leadership is stable and kindly imposed.</td>
<td>Equalitarian leadership with fluid changes.</td>
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<td>Strict, rigid consequences.</td>
<td>Predictable consequences</td>
<td>Negotiated consequences.</td>
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<td></td>
<td>Rigidly enforced.</td>
<td>Firmly imposed and enforced.</td>
<td>Fairly maintained.</td>
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<td>ROLES</td>
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<td>Role rigidity.</td>
<td>Roles stable, but may be shared.</td>
<td>Role sharing and making.</td>
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<td>Stereotyped roles.</td>
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<td>Fluid changes of roles.</td>
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<td>RULES</td>
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<td>Rigid rules.</td>
<td>Few rule changes.</td>
<td>Some rule changes.</td>
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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

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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 toget-her 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.
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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 communicating 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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WHEN A CHILD MASTURBATES

The very word “masturbation” makes some people feeling like blushing. For hundreds of years masturbation has been pictured as a shocking, harmful habit. And as a result many parents are quite naturally disturbed when they first find their child masturbates.

This whole subject is surrounded by some dangerous untruths which have caused vast harm to children and unhappiness to their parents. To give little boys and girls the best kind of childhood, parents should know the truth about masturbation. They must have the facts.

To approach the subject soundly one must first throw out many of the ideas that have accumulated through the ages, ideas which even some books on medicine and child care have helped spread.

These are the Facts:

Let’s get rid of the untruths first...

- Masturbation will not injure people’s bodies or make them unable to marry.
- It will not cause them to “go crazy”.
- It is not something perverted or to be looked upon with shock or horror.

And now here are the important truths...

- All children do a certain amount of masturbation. In its milder forms, masturbation is not serious and it is to be expected.
- Brief or occasional masturbation should cause no concern whatsoever. When it is indulged in excessively, it indicates that the child is tense or worried about some-thing and it therefore becomes necessary to find the cause of his/her tension.
- It is not the masturbation itself which is serious or harmful but the worry and anxiety it causes to both parents and children.
- Masturbation is not a cause of other problems but it can be a symptom that other things are wrong in the child’s life. When it is excessive it is a sign of emotional distress.
It is Natural for Children to Handle Their Genitals

A child may, with no intent to stimulate the genitals pluck at his clothing if it is too tight, or touch the genitals when he wants to go to the toilet, but this is not considered masturbation. Masturbation is the touching or handling of the genitals purposely for the sensation it creates.

Children are natural explorers. They learn about the new world by feeling and touching new things. Sex is no exception. Children have a healthy curiosity and are interested in exploring all parts of their body (and other peoples’ too). They stick their finger into their navels, noses, and mouths, and experiment with their toes and fingers. When by chance they touch their genitals and find that this produces a sensation, they are likely to repeat it. To them this is a class with other sensations derived from the senses of touch—sucking the thumb, twisting a lock of hair, caressing a soft piece of silk or a woolly toy animal.

When Parents Are Upset...

To adults it is sometimes a surprise to realize that children do have sexual feelings and that by touching themselves they derive a mild form of sexual pleasure. Parents fear that a child who shows sexual feelings early in life may grow up to be too strongly sexed or in some way abnormal. Actually a moderate amount of handling the sex organs is normal and will be found in all children. The feeling in the genitals is one of the many kinds of sensations which the body gives, a sensation which the child naturally wishes to explore and to enjoy occasionally. Moderate amounts of masturbation, therefore, can and should be ignored.

Perhaps you are one of the many adults who have believed, all your life—ever since you were a child—that masturbation is unhealthy, shameful, bad, etc. If so, you are bound to feel troubled when you discover that your child masturbates. Your natural reaction is to try to put a stop to it immediately by the most direct means. But keep in mind this well established fact; some handling of the sex organs is completely normal and to be expected. All children do it.

So, in order to help your child, the very first thing to do is to stop worrying about masturbation.

...The Child’s Problem Increases

When you have overcome your own anxiety concerning this part of children’s behavior, you will be better able to avoid the mistakes so often made by adults. That mistake is to indicate to the child that you think he/she is doing something bad when he/she is only doing something natural.

To the child, to do something bad is the same as if he/she himself/herself were bad. When children feel they are bad persons, they feel guilty. This, in turn, makes them begin to fear that their parents do not love them because of their “badness”. Then they start worrying because to them the love of their parents is the most important, the most necessary thing in their whole world. They can not exist without it. Their happiness and their very life depend on their parents taking care of them and their parents will take care of them only if they love them. The fear of losing this love is the root of anxiety.
These emotions--guilt, fear, and anxiety--spell trouble. They are the basis for the child’s worries. They are the underlying cause of many behavior problems of childhood and may lead to unwholesome, unhappy attitudes in adult life. They may be the causes, too, of other problems such as nightmares, temper tantrums, aggressive behavior and habits such as bedwetting and thumbsucking at a later age. They are also at least partly responsible for the ingoing, introverted personality for which masturbation is sometimes mistakenly blamed.

Therefore, if a child’s parents punish him/her for masturbating, they may increase his/her problems. Disapproval, scolding, or punishment intensify the child’s guilty and fearful feelings. It may happen that the more he/she is forced to think about masturbation, the harder it is for him/her to refrain. A vicious circle is set up. The more he/she masturbates the more he/she worries; and then the worry causes still more masturbation. Threats may possibly make him/her stop (they probably won’t) but even if they appear to be “successful”, they are likely to stir up other anxieties.

**These are Good Ways to Approach the Problem**

- Give the child every assurance that he/she is both safe from harm and a good child.

- Avoid words, attitudes or actions that might make the child afraid or ashamed.

- Give praise and affection at special times, such as when he/she is going to bed, or has been disappointed or has had trouble with other children.

- See that he/she gets plenty of opportunity for happy relations with his/her playmates as well as activities which capture his/her wholehearted interest. If he/she show any interests let him/her pursue them.

- Answer his/her questions, both the ones asked and those which are obviously troubling but remain unexpressed.

- However young a child may be, give him/her an explanation when he/she shows interest or puzzlement over the sex differences. Tell the child in a causal, matter-of-fact tone; boys and men have penises and girls have vaginas and clitorises.

- Answer his/her questions about babies in a way he/she can understand. If his/her natural curiosity is satisfied at each stage of development, he/she will be more likely to have a normal, health attitude toward sex and to avoid some of the fears and confusion so often associated with the subject.

**Punishment is Unwise**

Punishing a child, either by means of words or force, or even mild reprimands on the subject, is unwise. The chief danger of punishment is that it makes the child feel guilty--that he/she is bad, naughty.
Another reason for avoiding punishment is that it may play upon and confirm the fear which he/she may already have to some degree, that is, fear of injury to his/her genitals. Many children do worry for fear their genitals are impaired in some way or that something is lacking. When children first become aware of the differences in the sexes, they are likely to experience some anxious moments.

A little girl, for instance, frequently asks why she doesn’t have a penis like her little brother and in playing games may show her wish to have one. Girls often assume they have been injured or that there is something wrong, missing, or unfinished about themselves. Boys often have similar thoughts when they see little girls and consequently may fear that the same thing will happen to them. Because children, with their primitive logic, often associate these fears with masturbation, punishment for masturbation may only increase the fears. What they need is the exact opposite: reassurance. Masturbation is less likely to cause anxiety if children get the right kind of reassurance than if they are punished.

**Threats are Punishment Too**

People often think that “to punish” a child means to do something to him/her physically and that merely “threatening” him/her with punishment is not punishment itself. Actually it is more accurate to regard as punishment anything which frightens the child or makes things unpleasant for him/her.

**Some Suggestions for Parents and Teachers**

Do not use any harsh or severe methods to make a child stop masturbating. Never tell the child that he will injure himself/herself, get sick, become infected, or not grow. And never slap his/her hands or use any kind of punishment or restraint. Don’t offer rewards in order to make him/her give it up.

Ordinarily it is better not to call the child’s attention to his/her masturbation or to discuss it, especially if he/she is very young (only three or four). At that age, your comments may just cause the child to give it a special meaning that he/she wouldn’t have thought up himself/herself. However, he/she is pretty likely to hear about it from other adults sooner or later, and possibly in such a way as to upset him/her. Therefore, if he/she is old enough, say five or so, it may be advisable to say, “Some people think that does not look good in public. It is better not do it when you are around others.” If he/she has been scolded elsewhere, or if he/she seems to be trying to get over the habit, discuss it with him/her, reassure him/her, tell him/her that it is not important but that some people object.

If you are a teacher, and a child is masturbating so much in nursery school or kindergarden that the other parents or teachers seem disturbed or embarrassed, one of your chief tools will have to be distraction. Have activities he/she enjoys most, help him/her to be friends with the other children. Do not let the criticism of others push you into drastic action which you think is unwise.
What to Do to Help Yourself

- Remember that a certain amount of masturbation is only a part of normal growing up.

- If you are worried, learn about why you need not be. This will not be easy if you yourself were taught that masturbation would cause all sorts of dreadful things. But it becomes easier as you gradually grasp the facts.

- Try to understand that some masturbation is to be expected in all young children and indeed in older children too. There is little reason for distress.

What to Do to Help the Child

Look at the child’s daily life as one complete picture. Analyze its parts and see if they add up to one satisfying whole.

Here are Some Questions to Ask Yourself

- Is he/she encouraged to be physically active? Does he/she have plenty of space to run and climb, a chance for outdoor play?

- Does he/she have companions of his/her own age: Is he/she included in the group when he/she plays with other children? Is he/she liked by other children?

- Does he/she have appropriate things to play with? Not expensive toys--but things to push, pull, and tug, things to put in and take out and drag around, paints, clay, crayons--things which he/she can handle in his/her own way? Is he/she allowed to take a few favorite toys to bed with him/her so that before he/she goes to sleep and after he/she wakes up, he/she has things to keep him/her busy?

- Does he/she have reason to feel loved and accepted in his/her own home--with not too much expected of him/her, not constantly scolded or punished? Does he/she have assurance that he/she is growing in ability and independence?

- When the answers to most of these questions can be “yes” masturbation is not likely to be a problem.
LET’S GET IT RIGHT:
SAFETY A PREREQUISITE FOR HEALING

Current estimates of sexual abuse among children in foster care range from 75 to 85 per cent. Given the high incidence of sexual abuse among children who are entering placement, it is imperative that foster care personnel as well as foster families understand the facts of sexual abuse and their respective roles in the healing process. Since sexual abuse is the ultimate betrayal of the adult-child relationship, the primary therapeutic resource available to sexually abused children is understanding, committed foster families who can demonstrate to them that adults can be trusted. Placement in foster care often brings out many behaviors never exhibited in the child’s own home or in previous placements—behaviors such as sexual acting out, anger, hostility, and open rejection of the foster family—but foster families willing to accept the challenge of these special needs children can successfully parent sexually abused children and become the central ingredient in their recovery from past trauma.

Three factors must be present if foster families are to do so: (1) comprehensive training regarding the dynamics of sexual abuse, the special needs of sexually abused children, and specific parenting skills; (2) complete information about the individual child’s background and behavior, including the specifics of the sexual abuse and the child’s emotional and behavioral reactions to it; and (3) professional support services, pre, during, and post placement.

Equally important is the individual’s level of comfort in discussing sexual abuse and normal sexual issues. The purpose of these materials and training exercises is to develop highly skilled staff and foster parents in the use of concrete interventions with sexually abused children as they attempt to address their special needs.

These training exercises were developed for foster parents who have a need for both cognitive understanding of the issues involved in treating sexually abused children in foster care and specific skills for dealing with situations as they arise. The importance of letting the child know that the family is aware of their history of sexual abuse and setting ground rules regarding safety at the beginning of placement is underscored. These exercises take families through the recommended steps in this process and give specific examples of ways to present these specific safety principles to the youth. It is recommended that the family’s social worker go through each of these exercises with their families discussing the issues involved, their importance, and their rationale. The foster parent first reads the corresponding script aloud and then practices the dialog with another. After this practice, those factors (cultural, religious, family, personal, etc.) which have shaped and defined one’s sexual beliefs, attitudes, values, and comfort levels are discussed. Again, the importance of the need for specific information about each child is emphasized, so that each parent gets practice in individualizing their responses to the specific needs and experiences of each child.
A few words about sexual vocabulary

Although the use of the appropriate sexual vocabulary (genitals, penis, vagina, breasts, anus, etc.) is recommended, it is important to demonstrate to the child that as an adult you are not shocked by the 'street' terms (dick, pussy, rod, butt, boobs, tits, cock, etc.), have heard them before, and are not intimidated by hearing these terms used. In addition, there are many children in care who have not been exposed to appropriate sexual terminology. Later and when appropriate, the parent will explain to the child that while they are not intimidated by hearing these commonly used sexual terms, and can comfortably say them too, these words are often used to show disrespect for parts of one’s own and another person’s body and are often said to exploit, intimidate, groom, victimize, dehumanize, and demean another.

For example:

“Yes, I know what the words ‘dick’, ‘cock’, ‘rod’, and ‘prick’ mean. I’ve heard them before and at times may have used them myself. But in this family, we will use the appropriate sexual terms when talking about what happened sexually to you and to others. This will let you know that I respect you, I am listening to you, and that I care. The words ‘dick’ or ‘prick’ may be the only words you now know and are most comfortable using. That’s OK. I just wanted you to know the reasons why I will use the word ‘penis’. I want to show you respect and make sure you feel safe.”

1. VERBALLY REASSURE THE CHILD THAT HE/SHE WILL NOT BE SEXUALLY VICTIMIZED IN HIS/HER NEW HOME.

   For example:

   “Your dad and I want to make sure you understand that you won’t be sexually abused in our home. In this home, grown-ups aren’t sexual with children and children aren’t sexual with grown-ups and children aren’t sexual with each other.”

2. ASSURE THE CHILD OF PARENT’S DESIRE TO PROTECT HER/HIM.

   For example:

   “We want to keep you safe from harm and sexual abuse in this home. You will not be sexually or physically abused here and you will not be able to sexually abuse or hurt anyone else. This includes the dog and the cat. Everyone is safe from harm and abuse in this family—Dad and I, you, the other kids, and our family pets.”
3. RECOGNIZE THAT THE CHILD MAY HAVE INITIAL DIFFICULTY IN ACCEPTING THAT HE/ SHE IS SAFE.

For example:

“You probably don’t believe all this, and figure you have to find out on your own if what I say is true. For example, if you try to kiss me on the mouth and lick my face, I will tell you to stop, that I don’t want you to kiss me that way. And if you touch me in my private areas, I will take your hand away and remind you that in this family, children and adults aren’t sexual with each other.”

4. DISCUSS THE FAMILY TOUCH PATTERNS AND WHAT THIS MEANS TO ALLEVIATE THE CHILD’S ANXIETY.

For example:

“In this family, we hug each other sometimes, we kiss each other on the cheek, we give each other ‘high fives’ or hold hands to feel close to each other. Sometimes we snuggle together on the couch when we are watching a movie.”

5. DISCUSS THE CHILD’S NEED FOR PRIVACY AND HOW THE FAMILY WILL PROTECT THIS NEED.

For example:

“Grown-ups have a right to privacy and kids have a right to privacy, too. You have private areas on your body—like your genitals and breasts (vagina, penis, butt, etc.)—and no one has the right to touch those parts or put their hands on you or in your pants except you. If anyone does that, it is your responsibility to tell me.”

“There are also places in this house where you can have privacy—your bedroom, and the bathroom—and when you are in your bedroom with the door closed, people have to knock first to get permission to come in. And if you are in the bathroom peeing or pooping or taking a bath, the door will be closed so you can do that in private and we won’t come in without your permission. And if you see a closed door, you can’t open it without knocking first and asking permission to open the door.”
6. **EXPRESS COMMITMENT TO THE CHILD AND ACCEPTANCE OF THE CHILD.**

For example:

“We will talk about these things often, because it is important to us to know how you feel, to understand what happened to you, and to know that you feel safe. Talking about these things will help us make sure that no one ever hurts you again because you are important to us.”

7. **DEMONSTRATE FAMILY TOUCH PATTERNS IN DIFFERENT AREAS OF THE HOME.**

For example:

“Now, if you need a hug or a touch, how can I do that with you? If we are watching TV together on the couch, how can we be close in a way that’s OK with you and OK with me? When I put you to bed at night, what kind of a good night do you need to feel safe? Will you remind me if I forget?”

8. **IF THERE ARE OTHER CHILDREN IN THE HOME, DISCUSS EXPECTED AREAS OF SUPPORT AND TENSION.**

For example:

“All the children and adults in our family are expected to behave in this way and follow these rules about privacy and touching. We need to remind each other about what is OK and what is not OK. If someone isn’t following a rule about privacy or touch, it is your responsibility to come and tell us so we can talk about it.”

9. **CLEARLY STATE, AS APPROPRIATE, WHEN AND WHERE VARIOUS FAMILY MEMBERS MEET THEIR OWN SEXUAL NEEDS, ESPECIALLY IF THERE ARE OTHER CHILDREN IN THE HOME.**

For example:

“The only members of this family who have sex with each other are mom and dad. When we want to be sexual with each other, we do that in private, in our bedroom and always with the door closed. The thought of having sex with a child is grossly offensive to me and to mom. Mom and I are a tight sexual unit and there is nothing you can do to involve us sexually with you or any other children in our home.”

Or, for a single parent: “I take care of my sexual needs in private. The thought of using a child both saddens and angers me greatly,”
Or, “If Julie or Ted, (other children in the home), want to touch (including excessive scratching) their own private parts, they do that in private, alone in their own bedrooms, with the door closed. Children do not touch their private parts in public areas of our home, like the living room, den, dining room, etc.”

10. BREAK THE “SECRECY BARRIER” BY DISCUSSING THE PAST SEXUAL ABUSE WITH THE CHILD.

For example:

“Jamie, we know that when you were with your family where you were born, you were sexually abused. Your Mom and her boyfriends did things to your body that they shouldn’t have done. They (the boyfriends) put their dicks into your kitty and that hurt you. We also know that they asked you to touch their dicks and put them in your mouth.”

“Chris, I know that when you were with your real mom she did sexual things with you. I know that sometimes she licked your penis and sometimes she wanted you to play with her boobs. I’ll bet you did what you were told to do because you didn’t know what would happen if you didn’t.”

11. CONCENTRATE ON FEELINGS AND ACKNOWLEDGE THAT THE CHILD MAY BE FRIGHTENED.

For example:

“When that was happening you might have been scared or frightened because you weren’t sure you liked the way it felt and you didn’t know what would happen next, or what would happen if you said no. You’re probably wondering right now if it is going to happen this same way in this family. And you’re scared to even think or talk about it.”

Note: What you say to the child should be *tailor-made* to meet situations you know about in which the child was abused. For example, the child may have been abused in the bedroom, or the bathroom, or in the basement, or after school before a parent came home, or when the other parent went to the grocery store. Try to figure out where/when the abuse occurred so you can address the specific circumstances of the child.

FAMILY SEXUAL SAFETY PLAN

(Family Name)

This agreement is designed to keep everyone safe in this family. All the members in this family have signed this agreement. It lists the rules for living together safely in this family, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that these rules have been discussed as a family, that we understand these rules, that we will follow them, and that we will help each other to follow these rules.

1. I understand that there is no reason for me to go into another person’s bedroom (except for parent).

2. I understand that if no one is home I will not enter another person’s bedroom. I will not go through their things.

3. I understand that if my foster parent(s) talk with me in my bedroom, the door must be open.

4. I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.

5. I will dress appropriately around the house. I will always wear a robe or a tee-shirt over my underclothes. I will not walk around with just underclothes or shorts without a tee-shirt.

6. If the door is closed, I understand that there is to be only one person in the bathroom at one time. Specific exceptions to this item are as follows: ______________________________________________________________

7. I understand that everyone sleeps in his/her own bed.

8. I understand that children do not sleep in the same bedroom with the foster parents. (Children 0-1 may sleep in the bedroom with foster parents.) Sleeping arrangements while traveling will be discussed with the caseworker prior to the trip.

9. I understand that a child six years of age or older will not share a bed or a bedroom with a person of the opposite sex.

10. 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 have sex together in this home are mom and dad and always with the door closed.

11. I understand that there will be no sexual play and sexual touching and that includes playing doctor, nurse, or things like that.

12. I understand that all inappropriate sexualized language (references to body parts, sexual activity) and sexualized behaviors will not be permitted.
13. I understand that all physical touching between family members must be kept safe and be seen as safe touching. Touching that will not confuse, scare, 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.)

14. I understand that children will not have access to or bring into the home any inappropriate sexually oriented materials (books, pictures, magazines, videos, Internet access etc.). Only material appropriate for sex education will be permitted.

15. I understand there is to be no showing or touching of one’s private parts in front of other people.

16. 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.

17. I will follow these rules of privacy, e.g. no touching of another’s private parts, purses, notebooks, private notes, diaries, no opening another’s mail, etc.

18. I understand that any plans for me to baby-sit in or outside the home must be discussed with and approved by the family and the caseworker.

19. ________________________________________________________________

20. ________________________________________________________________

21. I understand that all family members are responsible for following these rules.

22. I understand that I am responsible if I do not follow these rules.

23. I understand these rules clearly.
Signed _____________________________                                            Date__________
    (Foster Child)

______________________________                                            Date__________
    (Foster Parent)

______________________________                                            Date__________
    (Foster Parent)

______________________________                                            Date__________
    (Siblings, if applicable)

______________________________                                            Date__________
______________________________                                            Date__________
______________________________                                            Date__________

______________________________                                            Date__________
    (Social Worker)
    Witness
Selected References*


*A more comprehensive (over 350 references) reference list is available upon request.*