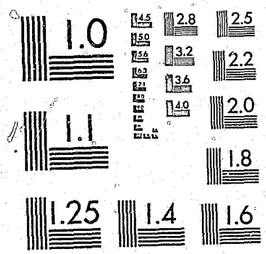

SEXUALLY ABUSED CHILDREN

PREVENTION, PROTECTION, AND CARE

A Handbook for Residential Child Care Facilities

by

Elizabeth L. Navarre

Residential Child Care Project
Indiana University School of Social Work
Indianapolis, Indiana
1983

This document was produced by the Indiana University School of Social Work, Indianapolis, Indiana under a grant from the National Center on Child Abuse and Neglect, Department of Health and Human Services, Washington, D.C., OHD 90-CA-801.

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INTRODUCTION

Administrators and staff of residential child care facilities are often dealing with children who have been sexually abused, although staff may or may not be aware that a specific child has been so abused. In order to provide adequate care, the facility must be sensitive to its responsibilities in several areas and provide its staff with appropriate knowledge, support and organizational structures to enable them to approach such problems in a positive and helpful manner and to prevent repetition of abuse in the present. Residential facilities should address the following issues.

1. Children who have been sexually abused in their own homes, in out of home placements, or both, may exhibit results of that abuse in their feelings about themselves, in their current behavior, and in their interpretation of the meaning of the behavior of the staff or other residents of the facility. They will need special planning by the staff. Some of these children may need specialized counseling or treatment to eradicate or minimize long term effects of sexual abuse.

2. Children in residential facilities may be sexually abused during home visits, pre-placement or pre-adoption visits, or during other activities in which they are off-campus and away from the supervision of the staff of the facility. There have been instances of abuse in all of these situations although it is not a common occurence. Staff must be alert to cues, knowledgeable about how to approach the situation, and ready to believe the child and initiate an appropriate investigation. Current practice experience indicates that, when they talk at all, most children are truthful about what happened. However, the interviews should be conducted by a skilled investigator experienced in cases of sexual abuse.

3. Residential facilities are aware of their obligations to protect the children in their care from physical or sexual abuse (a) by staff members or (b) by other residents. A knowledge of the dynamics of abuse and the psychology of both abusers and abused can be helpful in designing effective preventive measures.

4. A common fear of staff members is that of false allegations of staff misconduct made by manipulative or vengeful residents. While staff members wish to protect the children under their care, in most institutions staff are outnumbered by residents and are aware that some of these children have volatile emotions and much accumulated anger. A recurrent fear is that a child will lie or threaten to lie to create trouble for one or more staff members. Freedom from such intimidation is necessary to the mental health of the staff and to the maintenance of appropriate relationships between staff and residents. Such false allegations are not so numerous as is popularly believed. Those false allegations that are made are less likely to be a result of retaliation than of misunderstanding by previously abused children who have experienced normal affectional gestures as preliminaries to abusive episodes. No facility can afford to ignore or disbelieve a report of sexual misconduct without appropriate reporting to the agency mandated by state law and co-operation with the subsequent investigation. (Indiana Law requires an immediate report to the State Department of Public Welfare.) Both staff and residents are best protected by measures designed to prevent either the possibility or the appearance of an abusive incident.

5. Finally, residential facilities must deal constantly with families either directly in relation to visits, home visits, etc. or indirectly as the child's positive or negative relations with the family affect the child's behavior and relationships within the facility and his/her views of self-worth and future abilities. Some of the families will have been physically and/or sexually abusive. Some will continue to abuse when opportunity arises. Some abusive families have sought help and are trying to change. Staff need to develop sufficient insight and understanding to deal with the family without condemnation or rejection for the child will see this as rejection of himself/herself. The staff of residential facilities must be able to handle their own feelings about abusers in order to assist the child to handle his/her own strong and possibly confused emotions.

In order to deal with these issues an exploration of the legal and social definitions, the incidence and the dynamics and effects of sexual abuse on children, insofar as they are now known, will be the focus of the first part of this document.

PART I
THE SEXUAL ABUSE OF CHILDREN

A. THE EXTENT OF THE PROBLEM

The physical and sexual abuse of children in the United States is not a new problem, but it is one that has been consistently and grossly underestimated until recent years. We are beginning to have more accurate estimates of the extent of abuse from the reporting systems that are in place in most states, yet these states differ in definitions and reporting standards so they are not directly comparable. Estimates from the National Center on Child Abuse and Neglect suggest that between 100,000 and 200,000 children are physically abused each year and that 60,000 to 100,000 are sexually abused. Current trends in reporting suggest that the estimates for sexual abuse may have to be revised upward as there is more public awareness of the problem and as more alternative ways to handle the problem become available.

In Indiana in 1980, there were 3,149 confirmed cases of child abuse. Of these, 911 (28.9%) were cases of sexual abuse. Since both physical and sexual abuse of children are very hard to prove, the 5,156 unconfirmed cases undoubtedly include many cases where abuse actually took place but the available proof was insufficient. The unconfirmed category also contains a number of cases that were reported in error and possibly, some few that arose from a desire to cause trouble. A disturbing element of these dry statistics is the fact that many of the 2,000 children nationally, who die each year from abuse have been reported to authorities on one or more occations before the fatal incident.

A general conception of the public is that of the abused child as an infant or a charming toddler and an assumption that if adolescents are abused they must have "brought it on themselves." The vulnerability and helplessness of the small child are of grave concern and many abused children fall into this category. However, the safety and well-being of older children must not be neglected. The American Human Society reports that 37.6% of all validated reports of child abuse and neglect involved 10 to 18 year old children. 1980 figures for Indiana show 64.8% of confirmed abuse cases to have involved children 7 years old or older, while 35% involved children 13 to 18 years old. Reactions to abusive homes frequently include various forms of illegal behavior, poor school performance, or running away. Although some runaways are running to something, or think they are, a substantial number are running from past or present abuse. Any or all of these behaviors may result in a child being removed from his own home or a foster family placement and placed in a child care facility or a correctional institution. Physical or sexual abuse of children resulting in long term physical or emotional damage of a ding and rejection from the family group creates behavior that is difficult to handle in a normal family setting. Such children may need the therapy and structure provided by specialized residential settings.

Since residential child care agencies draw their population from the most troubled groups of children, it is not surprising that we find a substantial number of abused and/or neglected children among the residents. The Residential Child Care Study surveyed the population of eleven residential child care facilities in Indiana and found not a single facility that had no abused children. While the percentage varied from place to place, overall we found that slightly over 21% of the male residents had a history of being physically abused as had nearly 17% of the female residents. 2% of the male and over 15% of the females had a history of being sexually abused. In some facilities the rates of abused and neglected children ran as high as 50% to 60% or more, yet those figures may be grossly undersetimated for several reasons.

1. Very conservative definitions were used in categorizing the data. There were many cases where there was strong reason to believe that abuse had probably taken place, but these were not included for lack of clear evidence.

2. Some of these children have been moved from placement to placement for many years (up to 13 years). Information about the original situation or even of the intervening situations is sparse.

3. Laws against child abuse and the requirements for reporting of child abuse are only a few years old in Indiana. Again because of the number of years that have intervened for some of these children, the records reach back to a time when cases were not likely to be labeled child abuse and diagnosticians were not trained to recognize or encouraged to investigate that possibility. Indeed there are still some members of the relevant professions who have not received adequate training in this area.

4. Child abuse and particularly sexual abuse is a well kept family secret. There are adults who have reach their thirties or even fifties before they told anyone of what had happened to them as a child. We will never know how many people keep such secrets to their graves. As we will discuss later, many abused children take the guilt for the situation upon themselves and this assumption that it is the child who is "bad" both encourages them to tell no one and underlies some of the most severe psychological consequences for the child.

All of the factors named above tend to make us doubt the accuracy of our statistics but they have a more important message for anyone working with troubled children. They mean that much of the time staff may be working with physically or sexually abused children without knowing who they are. In many cases, care of the child must be based on sensitivity to the possibility that previous abuse may be affecting his or her present behavior.

The following discussion will focus on sexually abused childre but it should be emphasized that physical, sexual and emotional abuse all may be involved in some cases so that a complete separation of topics is impossible. It must also be emphasized that, because both sexual and physical abuse result in inappropriate role relationships between adults and children, a severe lack of the trust that is necessary to health development, a low level of self-esteem and possible rejection of the child by other family members, the outcomes of physical and sexual abuse may be similar in some respects.

B. LEGAL AND BEHAVIORAL DEFINITIONS OF ABUSE

Child Abuse is legally defined in both Indiana Juvenile Code and in Public Law 135. (See Appendix A) Both spell out the mandate to report any reasonable suspicion of abuse. Failure to report is a Class B misdemeanor for any citizen or professional person. The law does not recognize professional confidentiality in this respect. Suspected abuse within families should be reported to the county department of public welfare and the local law enforcement agency. Abuse, or the suspicion of abuse in an institutional setting should be reported directly to the Indiana State Department of Public Welfare.

In general, legal definitions are used to identify and punish offenders and are, therefore, more conservative in application than behavioral definitions which are used to decide upon the needs for intervention and treatment. Thus, in many cases where the legal evidence is not sufficient to prove a court case, therapeutic intervention may be offered. Such a situation could occur, for example, if for any reason the child is not able to testify, since there may be little legally admissible evidence without direct testimony. Unfortunately, the bulk of practice experience indicates that intervention in sexual abuse is often inadequate unless some authoritative force is available to keep the family involved in therapy. Conviction or the threat of prosecution is usually the source of such authority.

There has been a tendency to define physical abuse in terms of the evident physical damage that was done to the child. Definitions then hinge upon how much damage is too much? How deep must cuts be? Must the skin be broken? How many repetitions are too much? Debates upon these issues have overshadowed the reality of children who are severely injured and/or repeatedly or fatally injured. Such debates have also ignored evidence that the violent enforcement of erratic and unreasonable demands over a period of time may result in damage to the child's moral and social development that is as great or greater than the physical damage involved.

Sexual abuse has been even more difficult to define and to detect. Affectionate touching or hugging is a normal and healthy part of a family interaction and something we all need throughout life. Abuse occurs in "contacts or interactions between a child and an adult when the child is being used as an object of gratification for adult sexual needs or desires."

(Sexual Abuse of Children: Selected Readings, p. 1) The contacts may range from fondling of sexually sensitive areas; petting, exposing or touching in the genital area; oral manipulation, or masturbation upon the child's body without penetration; to full oral, vaginal, or anal penetration. The activity may be with the same sex or the opposite sex and may involve either male or female children. Abuse may occur only once, as is common in molestation by strangers, or may continue for a number of years when the abuse is perpertrated by a parent, sibling, relative or other member of the family circle.

The more information that is collected on sexual abuse cases, the lower the starting age is estimated. Current information suggests that much intra-family abuse starts as early as age five or six, although cases of sexual abuse of small infants are known to occur sometimes resulting in severe physical change or death. In most cases, the abuse may continue through the teen years, though in some cases, the abuser refrains from full sexual intercourse until after puberty. Teenagers are more likely to seek help at this point or when they see a younger sibling threatened so that assumptions that abuse did not occur until the teen years seemed to be justified by the scant information available until recently. Although the pattern of only one child being abused at a time seems to be a common one, cases of several children within a family being abused serially are well known and some cases of concurrent abuse of a number of siblings have occurred.

There is considerable controversy among the experts about the amount of damage done to the child by experiences of sexual abuse. Many factors are involved; the number of incidents, the amount of pain, violence, or force used in the incident, the relationship between the child and the abuser, the reactions of adults and other children, the warmth and stability of other relationships within the family, the existence of an advocate for the child within the family, and the extent of physical damage inflicted. There are those who suggest that sexual experiences within a loving family are not harmful to the child and there are adults who have experienced such activities and feel that they were not harmed by the experience. On the other side of the ledger, there are numerous adults who feel that their childhood experiences are still affecting their lives even into their forties. The first institutes set up to treat sexually abused children and abusive families found themselves besieged by adults who had been victimized as children and were seeking help. Evidence of aftereffects indicates that at least some children experience a good deal of disturbance that seems to be related to the experience of sexual abuse and/or the family disruption that is often related to such situations.

Finkelhor (1979) prefers to use the term victimization rather than abuse to avoid the connotations of physical violence and pain, for the use of violence is the exception rather than the rule. One more problem of

terminology should be cleared before proceeding. It has become common to use the term "incest" as synonymous with the sexual abuse of children within families. Incest refers to sexual intercourse between two people forbidden to marry because they are within legally forbidden degrees of consanguinity. Incest can, and most often does, refer to sexual activity or attempted marriage between two consenting adults with no question of abuse or victimization arising although it remains legally and morally unacceptable. On the other hand, some sexual abuse, by mother's boyfriend or father's girlfriend, for example, is not technically incestuous but is no less abusive for that reason. Therefore, this document will refer to "sexual abuse" as the more accurate and inclusive designation.

It is impossible to discuss sexual abuse of children as a single well-defined problem. Perhaps the only factor common to all cases is the use of children's bodies by adults to gratify adult sexual or emotional needs. Even here, however, it must be noted that a fourteen, fifteen or sixteen year old sibling or cousin, etc., is an 'adult' in the eyes of a six year old child, if not in the eyes of the law.

The possibility of short or long term effects of abuse may be seen more clearly if we look at some of the variations in types of sexual abuse of children.

C. COMMON PATTERNS FOUND IN THE SEXUAL ABUSE OF CHILDREN

Although it is recognized that sexual abuse of children covers a number of different phenomena, no typology is recognized by experts because so many varying factors are involved. The following is an attempt to provide a base for discussion and should not be used as a classification system. It has the advantage of sorting out two important variables - the degree of relationship between the victim(s) and perpetrator(s), and the degree of physical force involved.

Familial or Primary Group Abuse

Every major study and/or source of statistics is in agreement on the major source of sexual abuse - the primary group, the people the child knows and trusts. "Major studies have shown that in as many as 80% of all cases, children are sexually abused by people they know and trust; parents, relatives and parent figures are found to be responsible for up to 50% of reported cases (DeFrancis, 1969; Sgori, 1975)." (We Can Help, 1979, p. 58)

Although we speak of sexual abuse within the family, this category may include not only parents, siblings, grandparents, aunts, uncles, cousins, etc., but also abusers who, having no genetic relationship to the child, are seen by the child, and possibly by the parents, as bearing a surrogate relationship: a step-parent, a relative of a step-parent,

a close family friend, a boyfriend or girlfriend of a parent, sibling, or relative, a neighbor, a friend of the family, a parent or relative of the child's own friend's, a baby-sitter, a teacher etc., are all people that the child accepts as to be trusted and obeyed. The trust and obedience may be fostered and enforced by the parents and even the community. Sexual abuse by any of these people is likely to be more damaging to the child than is molestation by a stranger for several reasons.

(a) the child is trapped in a relationship that makes it difficult or impossible to avoid the person and a possible repetition of the act.

(b) the combination of sexual demands with the trust and obedience the child has given is likely to confuse the child about their own development and their relationships with adults.

(c) when the child attempts to report such activity or get help in resolving doubts, he/she is often met with disbelief or even punishment because the other adults in his/her life also have relationships with the perpetrators that they are slow to risk on the often garbled story of a child.

(d) these people may be very important to the child emotionally and the strain on the emotional dependence may, in itself, be damaging to the child.

For these reasons, this group of abusers is included in the familial abuse category.

The complexity of family situations make them difficult to categorize. "Characteristics of abusive families vary greatly. The experience with more than 600 families since 1971 who have been involved with the Child Sexual Abuse Treatment Program of the Juvenile Probation Department in California's Santa Clara County has been that no profile of a typical incestuous family exists when a large sample is examined. Any child regardless of sex, family income, or race may be the victim of sexual abuse." (Burgess, et al, 1978, p. 233). The following examples, however, will serve to illustrate the variability of cases and some of the factors involved.

Most sexual abuse of children is perpetrated by people known to the child and to the family. Abuse by a parent, step-parent, or other parent surrogate is most common, followed closely by abuse by older siblings or friends of older siblings. At present more is known about father-daughter abuse (step-father, mother's boyfriend, etc.) than about any other type

of sexually abusive situation but this should not close the minds of investigator's or therapists to other possibilities. In recent years, evidence of sexual abuse of male children has mounted as the professional community became aware that the vulnerability of little boys had been ignored. Although statistics indicate a higher rate of sexual abuse of female than male children, Nicholas Groth (1979), studying men imprisoned for sex crimes, found that some form of sexual trauma was found in the life histories of one-third of the offenders in the study as compared to one-tenth of adult male non-offenders. Forty-five percent of these offenders who experienced a sexual trauma during their formative years, described being the victim of a sexual assault. About one-fifth (18%) of the victimized subjects were pressured into sexual activity by an adult; that is, the adult occupied a position of dominance and authority in regard to the child and enticed or misled the child into sexual activity. "About one-half (47%) of the offenders who had assaulted our subjects were members of the subjects family... One-third (33%) were close associates: friends, neighbors, teachers and the like... "The majority (68%) of the subjects were victimized as pre-adolescents (before the age of 13), and, of this group, 15% were pre-schoolers (age 6 or less)... "Many (42%) of the assailants were adult males, a little more than one-quarter (27%) were adult females..." (Groth, 1979 p. 98-100.) Even in the absence of valid and comparable statistics, it is clear that we must be concerned for children of both sexes.

As suggested above, the largest proportion of sexual abuse cases found within the family circle or its close friends are likely to be non-violent. Persuasion, affectional ties and accepted adult authority are usually sufficient to enforce the child's compliance. The abuse is likely to start when the child is quite young. Five to seven is not an unusual age but some cases start when the child is three or even younger. This means that the abuse may continue for many years if undetected. There are many variable factors but a few examples may give some idea of the range of situations involved.

1. In some families, the abuse seems closely tied to the emotional dependency within the family. The sexual behavior may be with a favored child with whom the adult feels very close and the adult may take care to avoid physically hurting or frightening the child. In many such cases, the abuse stops short of actual intercourse until the child reaches puberty. The adult-child sexual activity is likely to be in addition to sexual activity with the spouse rather than instead of it, as is popularly believed. Although the child may be made very uncomfortable about the secret activity, they may retain strong affectional ties with the abuser and suffer extreme

guilt if the abuser is punished because the situation was revealed. At times the abuser may be the major, or possibly the only source of warmth and love within the child's environment. The abuser may be an excellent parent, sibling, etc. in all other ways. The non-abusing parent may know of the abuse, or, at least, be aware that 'something is going on' but is frequently too passive to confront the situation or protect the child. It is not unusual to find that the non-abusing parent was abused as a child, either physically or sexually. Frequently the non-abusing parent will refuse to believe the child or investigating authorities and will reject the child as a threat to their adult relationship and to the smooth functioning of the family. In other cases, the non-abusing parent is unaware of the abuse and will take decisive action to protect the child and stop the abuse when the situation is revealed. The abuser also may have been abused as a child.

2. In a smaller percentage of families, the sexual abuse seems more related to the maintenance of control within the family with the adult seeing other family members as possessions to be used. Under these circumstances coercive authority may be the predominant pattern with a greater probability of physical violence being threatened or used if the child resists.

In both types of families, there may be a somewhat higher possibility of physical violence or coercive authority used in the sexually abusive situation as the child becomes older and begins to develop relationships with their peer group, begins to resist the sexual involvement more resolutely, or to use the situation to their own advantage.

Within a well functioning family system the adults have the responsibility for providing checks and balances upon each others behavior that allows the system to be both supportive and protective to its members. They have the further responsibility to meet their own and each others needs within the family context and support each other in their interactions with the larger environment. To the extent that either or both parents are or see themselves as being passive, dependent, or powerless, they cannot fulfill these responsibilities

and the system is imbalanced. It is not surprising that we find a common pattern among abusive families; two passive parents who cannot protect their children from themselves or each other, cannot provide emotional balance for each other or assist each other in impulse control, and may feel unable to deal with the outside world so that all gratification must be found within the family. The pattern of extreme dominance-submission is also common and has much the same effect on family functioning. The submissive partner, again, cannot provide either support or effective limits upon the dominant partner emotional or behaviorial excesses leaving both the partner and the children without stability or security. An important element of many treatment programs is to strengthen the self-esteem and effective functioning of each partner while supporting the development of a family system that functions from a base of cooperative strength and mutual support. This effectively aids each parent to fulfill their responsibility of protecting the children and contributing to the emotional and behavioral security of the whole family.

Sequential abuse is a frequent pattern with the younger child becoming a target as the older child escapes or grows beyond the control of the family. In some families, the older child will try to protect the younger siblings by reporting the abuse at this point. Unfortunately, a few authorities have ignored these reports and accused the older child of jealousy. This encourages the common pattern of family rejection of the child who let the secret out of the family.

In a small portion of abusing families, the sexual activity is literally a family affair with both parents and/or several siblings involved simultaneously.

3. The use of extreme violence with familial sexual abuse is rare but not unknown. Groth records the violent rape of an eight year old child as a means of revenge upon the mother (Groth, 1979, p. 154). There are families where physical and sexual abuse, and abusive neglect co-exist as a way of life. The dynamics are so complex that intervention or treatment for the sexual abuse is only one factor among many. Though these families are rare in the population, their

children may be overly represented in residential child care facilities because the reactions of emotional disturbance, delinquent behavior, and/or educational retardation combined with the difficulties found in effecting positive change in the parents may send a more substantial portion of these children into institutional care than is likely for less damaged children.

Non-Familial Abuse

The familiar stereotype of sexual abuse is the dirty old man in the park, the fiend in a dark alley, the closet homosexual. Only the park remains when the statistics are analyzed. Most sexual abusers are under 35 and many are in their teens or twenties. The majority of abusers are heterosexual and most are non-violent. A substantial portion of both familial and non-familial abusers are respected and trusted within their own communities and may come from all financial and occupational categories. Some non-familial abusers work from their own homes or places of business while others depend upon public places such as parks, buses or streets where childred may be found alone. Again, there is considerable variation in the types of cases found in this category.

1. Non-violent Stranger Molestation - This type of activity may range from random one-time activity with any number of children sequentially to the development of an on-going relationship with one child at a time. We know only a little of the perpetrator's who have been caught (and are thus available for study) but very little about the children except by inference from adult reports. What we do know suggests two sub-types with somewhat different dynamics.

   (a) The Casual Encounter - there is little or no attempt to develop an on-going relationship. For any given child, the encounter may be someting that only happens once. Ordinarily no violence is used and there may be a strong attempt to avoid frightening the child. The approach is enticement and seduction with promises of treats, bribes, etc. which may actually be given the child. Should the child threaten the perpetrator with exposure in any way, by screaming or threatening, for example, the perpetrator will leave the scene under ordinary circumstances, however, there is a danger in any criminal activity that the perpetrator will become violent under panic.

The sexual activity may range from exposure of the genitals or other parts of the anatomy with sexual connotations up to oral, vaginal or anal penetration. Obviously, the latter may be more upsetting to the child and will involve greater danger of pain, infection or physical damage.

Such encounters may involve either boys or girls though boys seem to encounter a higher percentage of these out of home situations than girls, probably because boys are seen as less vulnerable than girls in our society and are, therefore, allowed broader unsupervised movement in the community and at a younger age than girls.

If the encounter is only once, not painful, physical harmful or overly frightening, and is handled wisely by parents and other adults involved, there is usually no long term negative effect from this kind of encounter. Current information suggests that a large portion of such encounters are never reported to anyone at the time either because the child does not see it as very important or because the child isn't sure what happened. It may be seen as one of the thousands of strange things adults get upset about, so the child, fearing restriction or punishment, says nothing.

(b) The Bountiful Friend - This may range from a pick-up to a relatively long-term arrangement similar to foster care. The adult desires a total relationship over time. They prefer children who have no one to interfere so will often take in runaways, for example, or children from highly neglectful families. For the child there is often a vast improvement in living conditions and, for some, the only security they have ever known as they may be taken into the home and treated as a beloved child.

These abusers are often sincere in wanting to 'save' the child from a cruel and abusive world and may be bitter about the family or others who did not take good care of the child. Because a large portion of their altruism is sincere, these abuser's sometimes seek and are given jobs or volunteer positions in Scouting, Chuch groups, Foster parents, or Residential Child Care. It is shocking to the community

and to other staff when this becomes known. Under these circumstances, of course, the 'stranger' has become an 'acquaintance' or 'friend' and, ironically, children who try to complain about them are often disbelieved. The large majority of conscientous staff in such service agencies can do much to protect both the children and their own image by staying alert to this possibility and co-operating fully with preventive practices that may seem unnecessary or insulting to staff who know their own virtues.

2. Exploitation - The exploiter may be a parent or a non-relative and the exploitation may range from allowing the child to be used for pornographic pictures, films or other performances to full scale child prostitution with profit to the exploiter(s). There are no good statistics on the extent of child exploitation in the U.S. nor is there data on the effects of this activity upon the children involved. Child prostitution is illegal in all states and a growing number including Indiana have passed laws against various forms of child pornography.

When a child prostitution ring is stopped, what sort of physical or psychological damage has resulted from such an experience - how does one help them to achieve a viable life style either in the present or the future - can they be 'children' again after some have played significant parts of adult roles and had some adult rewards? We have no answers. It is likely that some of these children may be sent to residential child care facilities initially or after less restrictive arrangements have failed. Perhaps the only solution currently open to the residential child care facilities is to be very sensitive to the problem these children may have and to swell the chorus asking for data to answer the questions.

3. Violent/Stranger Molestation or Rape - This is the most feared and most horrifying form of child sexual abuse known to the public. It may include highly unusual and/or bizzare forms of sexual

activity and may lead to murder. IT IS STATISTICALLY THE RAREST FORM OF CHILD SEXUAL ABUSE yet we have spent more time, money, legislation and parental admonitions upon this form than on any other, unfortunately giving children little protection from the forms they are much more likely to meet.

D. THE EFFECTS OF SEXUAL ABUSE ON CHILDREN

First, it must be clear that this title is inaccurate. There are no effects that are consistently found in all sexually abused children. We can only speak of those found in a substantial portion of these children either before or after they reach adulthood. Secondly, there are few effects that arise from sexual abuse alone. By its very nature, sexual abuse involves the failure of one or more caretakers to protect the child (Neglect): almost always involves severe family trauma when it is discovered if not before; and may lead to public knowledge, humiliating and possibly stigmatizing the child. In this plethora of outcomes, it is almost impossible to sort out the direct effects of the sexually abusive behavior itself. Therefore, many of the long term effects upon the child will be similar to the emotional and behavioral outcomes of neglect, abuse or rejection stemming from other causes. To further confuse the picture, in some families (percentage unknown) physical abuse of one or more family members, severe neglect, alcoholism or other substance abuse, etc. may co-exist with sexual abuse independently, that is not a cause or effect of the sexual abuse. Difficult as it may be to envision, for those children, sexual abuse may seem a very minor problem or even a means of survival. The vast majority of sexually abusive families do not fit this description, but again, children who do come from these more severely problem ridden families may be more likely to spend time in residential child care than less traumatized children and be overpresented in the institutionalized population in general.

1. Physical Effects of Sexual Abuse

As noted earlier, the obedience and trust of the child in adults and, specifically in parents, older siblings or other close relative and family friends, is sufficient to gain the child's passive acceptance of the sexual activity even if some embarrassment or discomfort is shown. Force or violence are seldom used or needed. This picture may change as the child enters adolescence for three reasons:

(1) the child learns more about both sexual activity and community mores changing their understanding of what has been happening to them;

(2) the adolescent is physically bigger, has better mental and verbal organization, can move about more freely in the larger community and, therefore, has more ability to oppose specific parental behaviors than a younger child

(3) as the child moves into spheres of influence less totally dominated by the family, the child may develop friendships with peers of a romantic, not necessarily sexual nature, that threatens the abuser's monopoly and motivates the child to resist.

For all these reasons, in cases where an initially non-violent sexually abusive relationship becomes more physically coercive and violent over time, there is a greater likelihood that this will develop as the child nears or enters adolescence.

Since physical coercion often is not used in sexual abuse, physical damage to the child may not occur at all. There are some physical dangers, however, even where the intent is not to harm the child, if the abuser attempts full oral, anal or vaginal penetration of a child who is too small or too underdeveloped. The bodily size difference between adult and child is a major source of damage and may lead to tearing of soft tissues and/or damage to internal organs. Oral activity with a small child can lead to suffocation. Vaginal tissue of pre-pubertal girls is both thin and dry making it highly vulnerable to damage. Adults in the midst of sexual activity may underestimate the amount of force they are exerting and inadvertently hurt a child by squeezing tightly or subjecting the child to too much weight. Finally, the spread of veneral disease through sexual activity is so common a problem that it is one of the major indicators of childhood sexual abuse.

2. Psycho-social Effects of Childhood Sexual Abuse

When children are sexually abused by someone within their primary group of relationships, the degree of psycho-social damage may be related to the duration and/or frequency of the abuse, the degree of intimacy and dependency in the relationship, and the degree to which other important relationships are strained or destroyed in the course of the situation. Some children and some adults who were sexually abused as children exhibit little or no damage. Others, however, may experience one or several of the effects noted below. Present experience suggests that appropriate and timely intervention with the child and with the family system may modify or prevent some of these negative outcomes.

A low self esteem has been noted as one of the most pervasive effects of physical abuse of both children and adults. The same problem takes a new twist in cases of sexual abuse for the child may begin to feel that his/her only value is as a sexual object. This may prevent the development of normal talents and skills, particularly interactional skills. It is not unusual to find that severely abused children offer themselves as sexual objects in other relationships and may seem sexually aggressive. This is not because insatiable desires have been aroused but because they know no other way to relate to the people around them. As one young teenager said, "If it wasn't for that, I wouldn't be good for anything." Such children may repeatedly seek sexual activity hoping that this time it will last and be the love that they seek.

In other children, the low self-esteem, the habits of family secrecy, and a sense of personal guilt may lead to withdrawal from relationships outside the family circle, and sometimes within it as well. Some adults have reported that they have been unable to form stable adult relationships even when they are middle-aged.

When the grown child becomes a parent, the experience of childhood abuse coupled with the low self-esteem seems to lead to an acceptance of children being abused by others and/or to the belief that the parent is not capable of preventing or stopping the abuse. In either case, the child does not receive the protection to which he/she has a right.

In some children, being an object of abuse seems to lead to abusive behavior either toward other children or, in adulthood, toward their own children, stepchildren, etc. There are cases in which a parent or other adult has initiated an older child, who may have been abused themselves, into the physical or sexual abuse of other children in the family. While this behavior is not exhibited by all sexually abused children, it does indicate that reasonable care should be taken in residential facilities to prevent victimization of other children.

Responsible adult sexual behavior should be expression of love and commitment between two people. However, many adults in our society model the use of sexual behavior to exploit another person, to dominate, to punish or humiliate, or, sometimes, to propitiate a person or persons seen as powerful. Examples of such non-sexual uses of sexual behavior may be found daily in soap operas, the daily news, and, possibly, in the house next door. Such modeling is even more effective for children who have learned this behavior from one of the people they trust the most and upon whom they are encouraged to model their own behavior.

Any sexual abuse of a child by an adult is exploitative in that it is adult needs that are being met without reference to the child's needs or well being, so it is not surprising that abused children often learn and exhibit this non-sexual aspect of sexual behavior. Most commonly

children learn to try to placate or please others by offering themselves as sexual objects or by agreeing easily to the sexual overtures of others. Some children who have experienced the abuse as painful or psychologically distressing may withdraw from most normal social interaction because they fear repetition of the experience and, perhaps, because they feel powerless to avoid or reject the experience if it is offered.

Since one of the common family patterns is that of the abuser as a controller or all powerful person who doles punishment or bribes according to mood, some children identify with the aggressor and learn to use their sexuality to control or manipulate others. It is not yet known whether these children are the ones most likely to become abusers themselves, but they do sometimes use their relationship to blackmail the abuser into special privileges though this is dangerous and may result in physical abuse of the child as well. In other families, special presents, or privileges may be offered by a guilty parent as a further means of binding the child to him/her. Among more violent family patterns, the abused child may come to perceive sexual activity as one more means by which the master wields power, teaching the child a dangerous distortion of both his/her own sexuality and the role of sexual behavior in a healthy adult life.

Age roles (adult/child) are one of the most basic elements of the family system. The adult roles carry the respons
system, protecting the children and providing for their basic and developmental needs. Though children may assist with tasks according to their age and capability, their primary responsibility in the childhood years is to learn and to develop the capacity to discharge adult responsibilities capably, to care for themselves and contribute to the care of others when they reach adulthood. The sexual abuse of children violates these family roles in a number of ways that may interfere wth current family functioning and again, may distort the child's development in some areas.

(a) The authority of the parent or other adult is used to exploit rather than to protect the child.

(b) The non-abusing adults also fail to protect the child in many cases, even when the child tries to get help from them. Reactions may range from disbelief to rejection and/or punishment of the child. The passivity or rejection of the non-abusing parent(s) may be as painful and damaging to the child as the abuse itself, and some children cherish a deep resentment of the non-abusing parent who failed to protect them.

There are a growing number of non-abusing parents who take immediate steps to stop the abuse and seek appropriate help for the situation. Though the number is still too small, these cases exhibit much strength within the family and the child is less likely to be a candidate for residential care.

(c) Meeting adult sexual desires is a portion of the role of the other adult within the family and is, therefore, a part of a complex spousal bond of interacting privileges, responsibilities, affection, and social expectations. Ideally, mutual needs are met. Since the child plays only one portion of the role, the child's experience of sexual behavior does not include the context of responsibility and privilege that characterize mature sexuality nor does the child have the bargaining power of a spouse to achieve mutuality.

In some cases, the non-abusing parent who knows of the abuse may see the child as a threat to the parents own role and become jealous or fearful of losing his/her own place within the family. The extent to which this reaction influences the frequency of the child's being rejected is not known.

(d) The attempted secrecy within the family that is common in cases of sexual abuse interferes with other family roles because keeping such a profound secret must involve some degree of withdrawal from normal interaction. Such withdrawal limits the interchange between child and parent, between siblings, and between spouses.

(e) Though it is not unusual for the whole family to know or suspect that "something is going on", too much knowledge threatens the family security so the secret becomes a family secret. The family as a system has much to lose by the revelation of the 'secret'. Even though physical abuse of children is also against the law, only its more extreme samples arouse as negative public responses as does sexua abuse
abused child and the family as a whole may be shunned, publicly shamed, subjected to gossip, etc.

if the situation becomes public knowledge. Many abused children fear this even before it happens and are afraid that they are 'different' or that 'people can tell'. Such children may avoid playing with other children and may prefer not to use public restrooms at school or in other places. Since sexual abuse may start when the child is quite young, these children are not sure what clues other people might notice but this increases their fear rather than easing it.

(f) When knowledge of sexual abuse become public, prosecution become probable. If the abuser is a wage-earner, or the only wage-earner, the family may lose all or much of their income as well as its status in the community. It is harder to express what the loss of an important family member means in terms of influence, affection, tasks, etc. Again, two of the common family patterns include abusers who are concerned with their children and families in many ways, and abusers who exercise excessive control within the family. In either case, their absence requires considerable reorganization of the family system. The burden of guilt for bringing about these painful changes is often placed upon the abused child by the family and, as is common in all kinds of abuse, by the victim. Unless the case is handled very carefully, the victim's long lasting feelings of guilt may cause the child to label him/herself 'bad' or 'worthless'. Children who see themselves so negatively, for whatever reason, often live by the label. There is a growing awareness that a substantial portion of delinquents, drug users, and alcoholics had physically or sexually abusive childhoods.

(g) With the family functioning inappropriately, the child(ren) is given models of demonstrably irresponsible adult sexuality and are denied the opportunity to learn and practice non-sexual affection, support and social interaction. The most severely affected children are sometimes described as perceiving and giving a sexual tone to all human interaction.

Both physically and sexually abused children may exhibit educational retardation. Whether this is due to anxiety in the home situation absorbing the child's attention, to lack of trust in adults that is necessary to learning from them, to lack of support from a disfunctional family system, or to their own sense of powerlessness to control anything, even their own minds is not known. The answer may be all of the above. One factor that clearly contributes to poor school performances is a high rate of absenteeism. These children are often absent with the full knowledge or at the orders of their parent(s). Physically abused children may be kept at home until the signs of abuse heal. Sexually abused children may be kept at home to afford opportunity for abuse. In some homes, both reasons are operative.

Severely abused children may exhibit suicidal depressions and other personally or socially self-destructive behaviors. At times, these depressions may develop soon after a positive change or a success experience and seem to be an expression of the child's feeling of guilt or self-hatred. They will sometimes say that they are not "good enough" for this honor, or suggest that they would not have been elected for something if people 'really knew'. At other times the excess of self-doubt and possible suicide seems to be triggered by a perceived threat to their new found security such as a further loss of a person upon whom they had come to rely. Practice experienced suggest that these children are unusually dependent for their age and doubt their ability to take control of their own lives and effectively make appropriate choices for themselves. They have suffered much rejection and fear more but have also suffered much exploitation and fear more. Their confusion of normal interaction and sexual interaction is severe and they may feel unable to distinguish between the two.

PART II
PREVENTIVE AND THERAPEUTIC MEASURES FOR RESIDENTIAL FACILITIES

Most residential facilities have some residents who have been sexually abused at some time in their lives, whether this is known to the institution or not. The majority of these children will exhibit only a few of the outcomes previously discussed and will exhibit those few in mild forms. There is no reason for an institution to be reluctant to have custody of these victimized children. In cases where abuse has been one aspect of a severe emotional disturbance for the child, the facility obviously must consider whether it has the resources to help children with that degree of disturbance.

A non-judgmental understanding of the past experiences and present needs of these children will be helpful in providing a positive and protective residential experience.

A. ADEQUATE DIAGNOSTIC STUDIES

A pre-requisite for appropriate planning for the child whether in the home or in an out-of-home placement is an adequate diagnostic study. Most residential facilities require such a study before and/or immediately after placement. However, the Residential Child Care Study found several such studies that denied the abuse and labeled the child as lying, manipulating, fantasizing, etc. In one case, this was after investigations by police and social workers had substantiated the case. In a much higher number of cases, numerous cues to possible abuse were not recognized or explored. Inaccurate diagnoses may well lead to distorted perceptions of the child and inappropriate treatment within the facility. The growing evidence that abuse and/or neg ct are among the major underlying causes of delinquency, alcohol and drug abuse and emotional disturbance, indicates that diagnosticians must have current and extensive knowledge of possible indicators of physical and sexual abuse or neglect as well as understanding and experience with their possible effects on children. Residential facilities and placing agencies should assure themselves that the diagnostic facilities they use are adequately qualified in this area.

B. PROTECTION OF CHILDREN AND STAFF WITHIN THE FACILITY

Residential Child Care Facilities and individual employees of those facilities are held responsible by law for the welfare of the children placed in their care. (Indiana Public Law 135, Chapter 1, Section 1(d) - see Appendix A) In most states, institutional facilities are required to exhibit greater care than is demanded of natural parents. However, by the nature of a setting that is both residence and institution, the staff of a residential facility and the children residing within it are subjected to all the stresses and temptations that are faced by families and these are magnified by the large child population, the concentration of children with severe emotional and behavioral problems, and the intensity of interaction that is a characteristic of a relatively closed living arrangement.

No facility or staff as a whole and no individual staff member can afford to assume that the sexual abuse of a child could not occur at their facility or in their unit. Effective prevention must start with the acceptance of the possibility of danger.

It was suggested earlier that protection of children from physical or sexual abuse within the facility should focus on three areas; protection of children from abuse by staff or by other children and protetion of staff from harrassment by accusations of abuse. An effective program of prevention will address all of these issues and should include:

1. Employment Screening

   Careful screening of new staff is necessary though not always sufficient. The altruistic abuser described on page 13 is convincing as a staff member and may be deeply involved in church and community activities. References should be checked carefully and, on the other end, written truthfully. It is not unusual for a person who has been in trouble in one facility to move to the same type of position in a distant facility.

2. Training and Support for Staff Members

   Many occurences of sexual abuse within families begin as impulsive surrenders to what the adults define as 'temptation', though, having succumbed to temptation once, the practice usually continues.

   Staff training and on-going supportive counseling should be open and honest about the types of 'temptation' that may arise and appropriate ways of handling both the staff person's emotional responses and the child's emotional needs. Even if the child is acting in a way that adults perceive as sexual or is being deliberately provocative, the adult must remain in control of themselves and the situation. Although each situation must be managed individually, the staff member who has been prepared is better able to assess the situation accurately and choose an appropriate and effective responses. (See Training p. 44 - 47)

3. Structure and Programming

   Sexual abuse and/or allegations of abuse are most likely when two people have had the opportunity to be alone. The concept of chaperones may be old-fashioned but it is effective.

   a. The schedule should be structured so that there are no substantial periods of time when staff and children are wandering with nothing to do and no place to be.

b. Children should not be without staff supervision at any time.

c. There should be two or more staff members within sight and hearing at all times. Double coverage is a major deterrent to physical or sexual abuse to false allegations of abuse and to confrontations where residents or staff became carried away by their emotions.

d. Ideally children would have separate rooms with hallway supervision. Since this is rarely possible, care must be taken in assigning roommates. Night time supervision by two or more wide-awake staff members is extremely important in protecting children from the unwanted advances of other children.

e. There is a problem of balancing protection against privacy. Everyone needs privacy at times and children may need more privacy as they grow toward adulthood. This is difficult to ensure in a group living situation. It is possible to set up areas where solitude will be respected while that solitude is protected by being within sight or call of others. Certainly counselors and children need privacy for counseling sessions but, again, it is a protection to both if the physical arrangements offer the formality of an office and other people within call if not within sight.

4. Open Communication

Abusive families rarely talk to each other freely. There are many topics that are avoided. There is much emotional secrecy and there is a lot of silence. Whether this is a cause or result of the abusive situation is not clear, possibly both. At any rate, an open and accurate communication system is a vital part of both prevention and treatment. Both children and staff members should have several lines of communication open to them. A typical lineal organizational pattern where A can speak only to B and B will then speak to C, etc., may not only block A from reporting abuse by B (or C or anyone down the line) but may also have blocked discussion of relatively harmless behaviors that led to the abusive situation.

Staff may need the support of other staff as they try to provide the attention and affection a child may need without becoming too emotionally focused on that child. Children need to learn that a crush on a staff member is a part of normal development but need not lead to sexual involvement. Unless these topics and others

are a part of open communication, the needed support will not take place and the needed lessons will not be learned. Communication should be appropriate, responsible, and respectful of the feelings of everyone concerned but there should be no areas that are so forbidden that there is no one with whom to discuss them.

To encourage communication through many channels, administrators and their assistants as well as counselors and other staff should circulate among the children informally at several points during the day and should have an open door policy, within reason. Reasonable care should be taken to ensure that confidential communications from either children or staff be protected.

5. Self-Protection by Staff

In addition to the above, staff can protect themselves against false allegations, against impulsive actions that may be misinterpreted, against being drawn into difficult situations by:

a. Co-operating positively with protective structures and programming even when it seems awkward. The structure works only when everyone conforms to both the spirit and the letter.

b. Understanding the dynamics of abuse in order to recognize situations that may lead to abuse as well as to distinguish between sexual abuse and the sexual experimentations in which some children may engage. The two situations should be handled differently.

c. Defining the situation and setting the limits by the behavior of the staff member. If a child enters the facility with a script he/she has learned in the past, the staff member should not be maneuvered into playing a role. Seek the help of other staff if necessary to stay in control of the situation. Children who have been sexually abused in early childhood may misunderstand normal affectional gestures if those gestures were used as preliminaries to abuse in their previous living situations. They may react to and/or report what they understand as sexual overtures though the behavior was not so intended. In a minority of cases, children who were sexually abused in their own home, also learned to use sexual behavior to placate or, less often, to blackmail adults they perceive to be powerful. In these cases, what seems to be lying

or manipulation arises from their deep seated confusion and distorted experiences as objects of adult sexuality. The underlying problem must be addressed first or ethical issues will be perceived only as a part of the overall distortion. The emphasis on preventing any appearance or opportunity of abuse may be especially important to protect more severely damaged children from compounding their current problems and to help them to perceive a world in which they can trust adults and learn to trust themselves.

C. RECOGNITION AND APPROPRIATE RESPONSE TO ABUSE THAT HAS TAKEN PLACE DURING HOME VISITS OR OTHER OFF CAMPUS ACTIVITIES

Just as parents have a responsibility to protect a child from danger or to intervene when a child is threatened, so do residential facilities, acting in loco parentis, have a general responsibility to be alert to the possibility of abuse that takes place while the child is off campus. Since many of these children have been abused previously in their own homes and since there may have been no intervention or treatment in the home for the abusive behavior, home visits may be periods of great vulnerability for the child. Visits to prospective foster or adoptive parents may also make the child vulnerable to abuse. Most natural homes, foster homes, adoptives homes, etc., are not abusive and provide support that is profoundly necessary to these children. The responsibility of the staff and administration is to be alert to the possibility of abuse and to recognize, report and handle the situation appropriately should it occur. Unfortunately, the psychology of certain abusers (see page 13) may prompt them to join religious and/or service organizations that are highly reputable. Not only do the abusers gain 'innocence by association', but they genuinely see themselves as providing service to needy children. The sincerity of their altruism makes them difficult to detect as children who attempt to report them are disbelieved. It is so easy to disbelieve children who have been labeled 'disturbed' or 'delinquent' that these children may be more vulnerable than others to abuse.

Without spying on children or subjecting them to detailed interrogation, there are some cues that should alert staff members to the possibility of abuse. It should be emphasized, however, that none of the cues listed constitute proof of abuse as they may also arise from other causes. This list is not conclusive. No single item on the list constitutes proof of sexual abuse, however, it is important to explore the possibility of sexual abuse if some or several of these are observed or reported.

INDICATORS OF POSSIBLE SEXUAL ABUSE

When a sign (***) is used below, it may indicate a parent, step-parent, another relative or friend, a staff member or another resident of the facility. In some cases, the child may be referring to a group activity. CUES MUST BE INTERPRETED IN RELATION TO THE AGE OF THE CHILD.

Verbal Cues

1. Direct reports of sexual abuse.
2. "I don't want to be alone with (***)"
3. "I don't like (***)"
4. "I don't like sex"
5. Child expresses personal knowledge to which they would not normally have access, such as "(***) wears funny underwear."
6. "What would you think if someone (***) did this..."
7. "It hurts when I go to the bathroom."
8. Child expresses feelings of discomfort at being touched.
9. Close observer(s) expresses worry about (***)--expresses lack of trust in the relationship with a child. This may be a way of preventing the development of inappropriate ways of relating and should not be construed as an accusation of wrongful intent.
10. Child expresses fear of a particular room, dwelling, or campus location.
11. Child reports, "I have a friend who..." and then goes on to relate incident of sexual experience. Often the child is referring to him/herself but children sometimes tell friends their story and have the friends do the talking. Either way, the report should be explored.

Behavioral Cues

1. Seductive behavior, advanced sexual knowledge for age, promiscuity, prostitution.
2. Drawing pictures of people with prominent genitalia.
3. Running away.
4. Exhibiting extreme behaviors--fear of adults, withdrawn, aggressive or violent, disruptive behavior.
5. Sexually abusing another child.
6. Self-destructive behavior, such as suicide.
7. Notable change in behavior--regression, withdrawing from friends, drop in concentration at school, fearful.
8. Sleep disorders.
9. Taking frequent baths particularly after seeing one person.
10. Psychomatic symptoms--stomach aches.
11. Physical complaints.
12. Drug abuse.

Physical Cues

1. Any venereal disease.
2. Gonorrheal infection of the throat, genitals or rectum.
3. Pregnancy.
4. Foreign matter in bladder, rectum, urethra or vagina.
5. Bruised or dilated genitals or rectum.
6. Pelvic inflammatory disease.
7. Recurrent urinary tract infections without physiological basis
8. Difficulty or pain in walking and/or sitting.

*These indicators were adapted from a handout developed by the Fort Wayne Child Sexual Abuse Support/Study Group.

WHAT TO DO WHEN SEXUAL ABUSE IS SUGGESTED: INFORMAL INTERVIEWING

When there is reason to suspect that sexual abuse has taken place either off-campus or within the facility, intervention should be immediate but cautious. If the child alleges abuse, the report to the State Department of Public Welfare must be made immediately. (Indiana Code 31-6-11) In many cases, especially when the abuse took place off campus, the staff may be aware of cues but have no exact knowledge that abuse had occurred. The pre-existence of an open pattern of communications is invaluable at this point. Make opportunities for the child to talk to any staff member in whom he/she would be likely to confide. Visible physical discomfort or damage, or symptoms of emotional upset could be subjects of concerned questions but there should be no detailed inquiry into the abuse itself and the child should not be pushed if they tend to be evasive.

Interviewing victims of abuse, especially children, requires special techniques and should be done by experienced people. It is often damaging to the child and almost always damaging to the testimony for the child to be subjected to repeated interrogation. Beyond providing openings for the child to tell a staff member that something is wrong, staff should confine their intervention to providing support and acceptance of the child and to reporting their suspicions to the appropriate person. Larger institutions may find it useful to have two or more staff members trained in such interviewing. Smaller facilities may locate a trained person in a nearby community. For best results, the child should be interviewed by someone he/she would talk to on other occasions so that this interview does not stand out to the child or the community. Two points should be emphasized.

(a) The objective of the interviews just discussed is to determine whether there is a probability that an abusive incident has occurred. If the abuse is known or strongly suspected further interviewing should be left to the official investigators of the State Department of Public Welfare.

(b) Any interviewers should be properly qualified. In the absence of official standards in this area, practitioners are accepting special training in the areas of child abuse and interviewing experience under the supervision of personnel from established programs in child abuse investigation and treatment.

There are some basic rules that everyone should keep in mind if this area is to be discussed with a child for any reason.

1. Accept what the child tells you calmly and casually but with appropriate concern for the child. If the adult reacts with horror or shock the child's perception of the incident and fear of the outcome may become exaggerated.

In addition the child may feel responsible for the occurence and thus see the adult's reaction as a rejection.

2. Many if not most children feel guilty about their involvement and the threat their disclosure will bring to the abuser and to the family group. The removal from the abusive situation (home visitation, other off-campus visits, living unit, etc.) is often seen by the child as punishment. Try to minimize the child's self-blame and keep the incident in perspective.

3. Do not condemn the abuser, say he/she should go to jail or is a bad person. In many cases the abuser is an important person in the child's life and may be a good parent or friend in other ways. A negative judgment will increase the child's sense of guilt. An attack on a child's family is also an assault upon the child's self-concept. This may also be true of other people with whom the child has identified.

4. Children are close observers and thus are aware at an early age that adults lose control and adults make mistakes. It is possible to convey to the child that the act of abuse was wrong, the adult was responsible for her/his own actions and the child was not to blame for the incident. As suggested above, however, this should be a calm objective statement. Judgment is a matter of law. The immediate concern is the child's present welfare.

5. Let the child do the talking. Do not suggest answers. Do not hurry the child or put words in his/her mouth. If parts of the body are dicussed, let the child use their own words. Do not ask yes or no or multiple choice questions. Do use open ended questions such as "what happened then? Do not press the child.

6. Be honest with the child. The abuse must be reported and the reporter will have no control over the final outcome. Prepare the child for what might happen. Internal facility protocols and general training on investigative and legal procedures should provide this knowledge to all staff.

D. ORGANIZATIONAL ROLES AND RESPONSIBILITIES

While each facility will adapt the following suggestions to their own organizational pattern, the facility demonstrates its priority for action in this area by building the necessary roles and reponsibilities into the organizational structure.

Role of the Board of Directors

The responsibilities of the Board include establishing policies recognizing the importance of the prevention, detection and reporting of abuse as well as the facility's responsibilities in caring for abused children; reviewing the organizational structures and practices developed to implement those policies; and assisting the administrator to locate or develop the financial, informational or inter-agency resources that may be needed.

Role of the Administrator

The Administrator(s) must maintain basic knowledge in this field in order to meet their supervisory responsibilities and design appropriate organizational structures. Specifically, the administrator should design or oversee the design and implementation of appropriate training at all staff levels; should review hiring and firing practices to insure adequate screening as well as fair and equitable processing of all cases; and should ensure the role of the facility within the community network of services for abused children by joining with other community agencies to provide an integrated continuum of care.

Role of the Coordinator of Child Abuse Prevention and Care

The administrator or an appointee at the administrative level is needed in this role. While it is not a full time appointment, the appointee and the alternate appointee will be required to spend an appreciable amount of time in liaison and consulting activities both within and without the facility.

Knowledge of the dynamics of abuse, the possible outcomes and effective service networks is growing rapidly and those engaged in caring for children have an obligation to keep up with it and to be a part of the developing service network. State law requires an immediate report of suspicions or allegations of abuse and child care facilities have the further obligation to maintain the currency of their knowledge of reporting requirements and protocols. Since legal action is always possible in relation to abuse cases, each facility must maintain appropriate records and internal protocols.

For all these reasons, every facility, large or small, should appoint one individual and an alternate with the specific assignment of coordinating the facility's responses to these obligations. An alternate is necessary even in very small facilities because of the importance of speed in reporting to the mandated agency. If both the designated coordinator and alternate are to be unavailable at the same time period, a third person should be appointed as temporary alternate. Although the facility should be clear about assignments, both the coordinator and the alternate will need the same basic information and resources It would probably be most efficient if the role outlined below were shared on a continuing basis.

The role of the coordinator or alternate should include:

1. The development and maintenance of knowledge of current developments in the areas of the dynamics of abuse, recognition of possible signs of abuse and intervention and treatment options.

2. The development and maintenance of current knowledge of legal reporting requirements and the protocols of the mandated agencies.

3. The development and maintenance of current knowledge of the network that delivers services to cases of abuse should the facility need to make referrals or accept referrals from such a service.

On the basis of this knowledge, the coordinator and/or alternate shall:

1. Serve as liaison between the facility and the mandated agency.

   a. Make reports to the mandated agency

   b. Receive and note changes or additions to reporting procedures

   c. Coordinate internal procedures to meet the needs of the investigating agency.

   d. Serve as 'contact person' in case of questions of clarifications needed to initiate an official investigation.

2. Design and maintain appropriate confidential files on reportable cases as well as cases that do not meet the legal requirements for reporting but could be subject to review or question at a later date. Such files are an important part of the protection system for the facility and staff as well as the children under care.

3. Consult with administrative staff on the development and implementation of internal training for facility staff.

4. Consult with administrative staff on the development of internal processes and protocols to prevent abuse and to equip staff to care for children who have been abused prior to entering the facility.

5. Serve as liaison to local or county councils, task forces, etc. whose efforts are directed toward the area of abuse/neglect.

6. Serve as liaison to the network of intervention and treatment services that may serve or be served by the facility.

7. Consider and consult with administrative staff on the possibility of considering abused children as a group with special needs and the possibility that some residential care facilities could be geared to play a specialized role in filling some of those needs.

The Role of Counselors and Pastoral Staff

The Counselors and Pastoral Staff who work intensively with individual children are most likely to be the recipients of knowledge that suggests the possibility of past or present abuse. They must be aware of their legal responsibilities for reporting present abuse and clear about the facility's protocols for handling such cases. In addition, the counselors should maintain knowledge of special non-threatening and non-judgmental techniques for interviewing abused children, and recognize a degree of disturbance that indicates that the child should be given more intensive treatment than that available from facility staff. It is recommended that all counselors, lay or pastoral, receive training in working with abused children which requires a special understanding of their problems, sometimes special techniques, and an ability to advocate for the child in the face of popular myths which are often believed by the child as well as the public. Insofar as possible, the counselor, the child care workers and the administrators should work as a team to structure a world in which the child can begin to feel safe from others and from him/herself and can begin to trust others as well as him/herself.

The Role of the Child Care Worker

The role of the child care worker is both vital and frustrating, for they must understand and react appropriately without probing for greater knowledge or attempting to counsel the child. The counseling relationship contains too much knowledge to be comfortable as a normal relationship and is often very stressful with the attempt to work through painful problems. The child needs the freedom to relate to the child care worker as a friend and a model for the normal relationships of everyday life. Unfortunately, most abused children have been abused in a homelike setting and it is the circumstances of everyday life that may bring out their fears and/or their defenses most strongly. Their reactions may seem hostile, sullen, fearful or destructive for no adequate reason because the reason lies in the past, not in the present. Without knowing the details of specific cases, child care workers need to understand the basic causes of such reactions and the actions they can take to sustain appropriate control of the situations and respond most helpfully to the child.

Abused children test the world around them over and over. They do not trust easily. It is most difficult to sustain the infinite patience and long range perspective needed to continue to respond appropriately when the perverse behavior occurs repeatedly over months or even years. Child care workers, and counselors must provide support for each other in discharging their own stresses, and in recognizing and celebrating the significance of small gains.

E. INTERNAL PROTOCOLS AND RECORDING FORMS FOR ALLEGED CASES OF CHILD ABUSE

To protect the children, the staff, and the facility, there should be an established protocol to guide internal actions, facilitate mandated reporting and investigation, and document the actions of the facility at every point. Should questions arise, documentation recorded at the time of the incident would be important. All records should be secure and confidential at all times. The following suggestions are based on Indiana Child Abuse laws and regulations but the principal areas would be applicable to any case.

SAMPLE PROTOCOL
for
HANDLING ALLEGATIONS OF CHILD ABUSE/NEGLECT

1. All staff of the facility shall have training in basic information about all forms of child abuse and neglect including adequate information to recognize possible abuse. Staff should understand the requirements and limitations of informal interviews with the child (pages 29 and 30).

2. Possible abuse that comes to the attention of any staff member whether it occurs within or outside the insitution shall be reported to the Coordinator of Child Abuse Prevention or to his/her alternate immediately. All reports of alleged abuse will be made directly to the Coordinator or alternate and should not be discussed with anyone else.

   Reporting up a chain of command and/or peer consultation spreads the story, causes speculation and embarrassment may distort the evidence, and could pose a danger to the child making the allegation or to the abuser.

3. The Coordinator of Child Abuse Prevention for this facility is _____. The Alternate Coordinator is _____. (two persons should be designated so that prompt action will be taken. In the event that the Coordinator and alternate should be unavailable during the same period, another alternate should be announced for that period) The Coordinator and Alternate shall develop expert knowledge in the area of child abuse dynamics, detection, and intervention and maintain current knowledge of both the reporting system and the resources for referral within the geographical area of the facility. He/she will coordinate or consult on staff training on this topic and serve as a continuing resource for staff and administration on protocols for official reporting and preventive procedures within the organization. The Coordinator will serve as liaison to the mandated agencies both for general information on reporting procedures and on specific cases. In addition, the Coordinator will be responsible for maintaining appropriate records of abusive incidents and investigations for the facility. The Coordinator and the alternate coordinator will also serve as liaison to local councils, task forces, etc. on the prevention and treatment of child abuse/neglect in order to maintain knowledge of current developments in the field, and current and planned services in the community, county or region, as well as to develop and maintain the appropriate role of the residential facility in the network of services for abused or neglected children.

5. In so far as possible, the information needed for the report to the mandated agency should be collected and organized before the phone call is made. However, if abuse is alleged, the report should not be unduly delayed because a minor point of information is not readily available. Always leave a name and number where the reporter can be reached should it be necessary for the staff of the mandated agency to request clarification or additional information that may be necessary to initiate an investigation.

6. For each case of suspected or alleged abuse, the facility should keep a record of the internal report, occurences related to the alleged abuse, and actions of staff or administration prior to the official investigation designed to protect the parties involved and maintain confidentiality. The facility will also wish to protect itself by maintaining a clear record of the official report: What was reported, when, by whom, and to whom. To complete the record, the facility should record the findings and recommendations of the official investigation and any subsequent action, intervention, or treatment involving the facility and the abused child, the alleged abuser, relevant families of either, or other staff or organizational changes.

7. Should the child(ren) need medical care, the need should be handled as any medical emergency except that the doctor and/or hospital should be alerted to the possibility that this may be the result of an abusive incident so that appropriate steps will be taken to preserve medical evidence.

   Medical evidence is frequently helpful in establishing the presence of abuse. Prior to any incident arising, it is advisable to establish the readiness of the medical services used by the facility to meet the special needs of abuse cases. Indiana law requires doctors, nurses and/or hospitals to report any possible cases also. DO NOT FAIL TO REPORT SUSPECTED OR ALLEGED ABUSE BECAUSE THERE IS A POSSIBILITY THAT SOMEONE ELSE HAS REPORTED IT.

8. Every effort should be made to contain knowledge of the alleged incident to as small a group of people as possible until the official investigation is made. Possible witnesses should not be interviewed nor should the case be discussed among the staff prior to the official investigation.

9. The child or children should be removed from the alleged dangerous situation (or the danger removed from the child) upon some pretext until a determination is made.

10. If an investigation fails to substantiate abuse, the child should be given support in dealing with the problems of returning or remaining in a tense situation and rebuilding relationships.

11. Children should not be punished for reporting abuse. Other children may then consider reporting too dangerous. If a false allegation should be made, counselors will wish to work with the child around the reason for the report and better ways for the child to respond in such situations.

12. The rights of both the alleged abuser and the allegedly abused child must be protected by strict confidentiality, by prompt investigation, and by objective judgments.

13. The facility will cooperate with the official investigation in every way and will consider resulting official recommendations of the Child Protection or Licensing Departments promptly and implement them appropriatately in relation to the abused, the abuser and the organizational structure.

14. The facility will consider also the appropriate internal facility actions to promote the mental and physical well-being of the alleged abused child and the alleged abuser by offering assistance and counseling to prevent further incidents and minimize the negative affects of the investigative process. Where suspension, firing, or prosecution are deemed necessary (or removal to another residential or correctional facility in the case of a resident as an abuser), the action shall include an attempt to include some form of therapeutic intervention in the process.

If the alleged abuser is within the facility or under its auspices, the facility should consider its subsequent actions carefully. If the report is substantiated, internal recommendations for the abuser should include his/her participation in an appropriate treatment program if one is available. Administrative action should be weighed in relation to the type and severity of the incident, the continued safety of the children within the facility, and the prognosis for change. General knowledge of sexual abuse indicates that abusers will tend to repeat their actions unless there is strong and often prolonged counseling or other form of treatment. Firing a staff member or moving a child who has been abused to another facility without including some form of treatment in the total plan has tended to simply move the problem from one facility to another.

If the report of abuse is not substantiated by the investigation, there are two possible interpretations: (1) the alleged abuse never took place or did not meet the legal specifications of abuse. It is possible that the child or other reporter misunderstood an observed behavior or that a child overreacted because of fears aroused by previous abusive experiences. (2) there is not enough evidence to make a clear decision or the evidence is not strong enough to meet legal requirements. In some of these cases investigators may be

personally convinced that an abusive incident, or at least some inappropriate activity, did take place. Such a case may be labeled "Indicated" by the investigating agency.* This places the burden of decision totally upon the facility. THE SAFETY OF THE CHILDREN MUST BE THE FIRST CONSIDERATION, however, no facility wishes to treat valued staff unfairly. At the very least, the facility should maintain close observation of the situation. A review with the alleged abuser of the suggestions for protecting themselves from unwarranted allegations (page 25) will also remind both staff and administration of the protective processes that can be instituted within the institution.

Whether the first or second interpretation above is accurate, an unsubstantiated case leaves a residue of anger, resentment, embarrassment or shame, and a strong feeling of emotional pain. The allegedly abused child may fear reprisals and the alleged abuser may fear loss of authority or prestige, or fear that they are now vulnerable to othe such accusations. The realities of social interaction within a residential facility preclude total withdrawal. Counseling, administrative support and other forms of support and/or treatment should be used as intensively as necessary to help both parties to overcome their personal distress and to re-establish workable relationships within the facility.

If the alleged abuser is not within the facility or under facility auspices, the child may still need some special supports after the official investigation is concluded.

*This terminology is used in Indiana. The terms may vary in other states.

CONFIDENTIAL CASE RECORD
of
SUSPECTED OR ALLEGED ABUSE/INJURY OF A RESIDENT

Suspected or alleged abuse of a child residing in a residential child care facility, allegedly prepetrated by a staff member of that facility and/or occurring upon the ground of that facility or in a location to which the child has been sent under the auspices of that facility, must be reported immediately to the State Department of Public Welfare. Sexual abuse is also reported to the State Department if it is allegedly perpetrated by another resident of the facility. The Toll Free Hot Line is answered twenty-four hours a day including weekends and holidays.

Indiana State Department of Public
Welfare Toll Free Hot Line 1-800-562-2407

If a child, currently resident in a residential child care facility, is suspected or alleged to have been abused while temporarily under the auspices of their natural or foster family, non-residential school or day care center (provided these institutions are not under the auspices of the residential facility), the incident should be reported to the County Department of Public Welfare in the county in which the abuse allegedly occurred.

Developed by:
The Residential Child Care Project
Indiana University School of Social Work
Supported by OHD Grant 90-CA-801
National Center on Child Abuse and Neglect

REPORT OF SUSPECTED OR ALLEGED CHILD ABUSE
FORM A: Prior to Official Investigation

Report received in this office: ____ AM PM ____ 19__
month day

Reported by: _____ _____
name position

Summary of alleged incident: including description of any injuries)

_____

_____

_____

_____

Child(ren) allegedly abused: _____

_____

Alleged abuser(s) _____

_____

Others who may have knowledge relevant to the official investigation:

_____

_____

Reported to: /____/ /____/ _____ County DPW

Other: _____

Reported: _____ AM PM _____ 19__
time month day

Actions, precautions, or occurences within the facility prior to the official investigation.

_____

_____

_____

_____

_____

REPORT OF SUSPECTED OR ALLEGED CHILD ABUSE
FORM B: Report to Mandated Agency

Reported by _____ _____
name title

_____ _____
current address city

( ) - _____ _____
phone number for return call agency affiliation

Child alleged to be abused or neglected

Name: _____ _____
birthdate or age

Current location: _____

Agency, court, parent or other person legally responsible for the child

Name: _____ Phone: ( ) -

Address: _____
street city county state zip

Incident/Injury reported to the above _____ AM PM 19__
time

Not reported to the above _____

Alleged Incident Occurred:

Time: _____ AM PM _____ 19__
month day

Location: _____
name of RCC facility, family home, or other location

Address: _____ Phone: ( ) -

Alleged Perpetrator(s) If more than one perpetrator is involved, use back of page for additional notation.

Name: _____

Address: _____

Current location: _____

Relationship or Connection to Child _____

Position within the Facility (if applicable) _____

REPORT OF SUPECTED OR ALLEGED CHILD ABUSE
FORM C: RECOMMEND ACTION AND RESPONSE

Finding of Official Investigation: _____

_____

_____

_____

Official Recommendations for care and/or disposition of child:

_____

_____

_____

Additional internal comments or recommendations: _____

_____

_____

Actions Taken: _____

_____

_____

_____

Official Recommendations for alleged perpetrator: _____

_____

_____

Additional internal recommendations or comments: _____

_____

_____

Actions Taken: _____

_____

_____

Official Recommendations for the facility as a whole: _____

_____

_____

Additional internal recommendations or comments:

_____

_____

Actions Taken: _____

_____

_____

Note: The report (upon whatever grounds), the investigation, and the notoriety (however minimized), of an alleged case of child abuse is likely to leave all parties somewhat traumatized. Returning personal and professional relationships to a viable level and restoring an adequate level of self confidence may require positive supportive action for those who were vindicated by the investigation as well as those who were not. Positive and supportive recommendations and actions may be necessary as those that are critical and correctional.

F. SOME SUGGESTIONS FOR IN-SERVICE TRAINING

The basic training for staff must be done within the facility because it must reach all staff members. As new staff are hired, training should be part of the initial orientation. In addition to basic training, refresher session during the year will serve to remind staff of the effects of abuse on the children they serve, provide new knowledge as it becomes available and provide opportunity for staff to confront the difficulties that arise and support each other in their endeavors.

Co-ordinators, counselors or pastoral staff who work intensively with the children may need more intensive training in supportive or therapeutic techniques. This level of training as well as additional training for child care staff may be found in workshops or institutes presented outside the facility. In addition to efforts of the state association of child caring agencies, regional offices, and church organizations, the facility's membership in state and local councils and task forces on child abuse will provide knowledge of the numerous workshops that are presented by the many professions working in this field. For facilities or individual counselors who wish to specialize, there are training programs that are more extensive and may involve actual client counseling under supervision.

In order to understand the needs of children and staff members and to provide knowledgeable supervision of the program as a whole, administrators should also have the basic training and some updates. The appointment of a Co-ordinator does not relieve other administrators from the reponsibilities of addressing the priorities and needs of abused children within their own area of administration.

1. Basic Training should be required of all staff and should include:

   a. Extensive and up to date information about the dynamics of abuse-common patterns, effects on children, and the motivations of abusers insofar as this is understood.

   b. Information on the legal responsibilities of the facility and of the individual staff member and a thorough understanding of the facility's protocol as well as the requirements of the mandated reporting agency.

   c. An opportunity to deal with the personal and emotional factors related to the knowledge outlined above. Information about abuse not only arouses deep emotions but also calls into question some of our most intense convictions. These issues must be resolved so that the staff may deal with the children in a mature, consistent manner that gives attention to the child's problems rather than unresolved issues of the staff member.

   d. Information and discussion around the difficulties of defining child abuse. Obviously, training will have to begin with some definitions; but the difficulties of knowing where to draw the line, of the important decision of is it or isn't it, are better addressed after the staff have more knowledge of the phenomena itself.

   e. Knowledge and discussion of the difficulties, stresses and temptations staff members will encounter in caring for these children. The staff should be forewarned, aware of their own fallibility and understand the interpersonal and organizational supports available to them to protect themselves and the children in their care.

   f. Knowledge of some techniques for handling situations that may arise and an understanding of the past experiences, the pain and the confusion that motivate the present behaviors of previously abused children.

It is the hope of the author that this handbook will provide a base for this first level of training. Many communities include someone who is dealing with these issues and would be willing to sit in as a consultant or leader with some of these sessions.

2. Continuing Discussion and Support:

   a. A formal review of the legal definitions of abuse, the legal reporting requirements and the facilities protocols and processes related to the prevention of abuse, the protection of children and staff and the care of abused children should be held every six months at a minimum. This review will also allow staff to be informed of changes in any of the factors listed above.

b. A weekly or bi-weekly conference between counselors and child care workers was found by the Residential Child Care Study to be a common pattern in many facilities. The perceived function may be supportive, educational or supervisory and is often a mixture of all three. In some facilities, separate staff training is scheduled either as a regular occurence or as special "in-house" workshops on a particular topic. Where these conferences are informal discussions, topics that come up with great frequency will be recognized as related to child abuse issues and should be considered as they arise.

Whatever the pattern followed by the facility, it will be useful to designate three to six sessions distributed through the year to address the topics listed below.

The recognition of the needs of the individual child and the resources available to meet those needs, including clues that the child needs more intensive help at this point in time than can be provided within the regular program of the facility.

The needs of staff for peer support in maintaining appropriate relationships under difficult circumstances. How can they best help each other?

The services provided for abused children and their families outside the facility. What are the experiences of other professionals? What forms of intervention or treatment are being used? How can the experience of the child within the facility be related to the continuum of care available to the family?

The issues around definition, protection or care that have arisen since the basic training. How can the general information be applied to the reality of day to day functioning?

3. Special Training:

a. As many staff as possible will want to take advantage of workshops institutes, etc. that are presented around the topic of abuse. At the least, the Coordinator and/or the training specialist will need to utilize these special resources.

b. If the facility plans to provide specialized service in these areas, at least one counselor will need intensive training that will probably involve spending a period of several days to several weeks at a special training center. The program chosen should include some actual supervised counseling experience with abused clients.

c. The facility will increase its gains if there is an established process by which those who attend workshops, conferences, etc. share their learning and their possible new contacts with administrators and other staff.

Suggestions for special training aids follow the Bibliography.

PART III

CARING FOR CHILDREN WHO HAVE BEEN SEXUALLY ABUSED

While some sexually abused children need specialized professional therapy at some point in their lives, all of them need the consistent, supporting, secure relationships in their everyday lives that enable them to reconstruct their beliefs about people and the rules of the larger world. It is the people who interact with these children on a daily basis who provide the nurturance, the security, the examples, and the motivation that allow therapy to be effective. It would be accurate to say that sexually abused children need more of all of the above than non-abused children. However, living with a sexually abused child also means living with the confusion, ambiguity, and lack of trust that sometimes leads these children to reject or fear that which they most want; and with a constant awareness of sexuality that lends a misleading air of sophistication to emotional and psychological development that is still at the childhood level. The caretakers will need to remind themselves, often, of the problems faced by these children they must learn to appreciate the importance of every gain, however small, and every success, however temporary. Caretakers should learn as much as possible about child abuse so that they may see the situation through the child's eyes. All caretakers should have persons or groups with whom they can discuss their own personal stresses and reactions freely so that they may respond to the situation responsibly and maturely.

Before continuing with this topic, the reader should be reminded that a discussion of problem situations inevitably emphasizes the negative aspects of both situations and individuals. In most respects, these children are just like other children of their age. They have their own strengths and weaknesses; they are eager to be accepted as adults; they are reluctant to give up some of the privileges of childhood; they want to love and be loved. Above all, they have a tremendous inner strength to survive that has allowed them to endure abuse, rejection, and insecurity. They and their caretakers need to respect, and utilize all of their positive abilities and qualities and believe that, in the long run, these will overshadow the negative emotions and behaviors with which they struggle.

A. SEXUAL AWARENESS

Perhaps the most commonly mentioned quality of these children is their extreme sexual awareness. They perceive everything in life in a sexual way and they respond to everything in a sexual way. This seems to be true whether their response is fearful or accepting; it is still sexually oriented. One caretaker noted that these children received sex instead of nurturance. They also received sex instead of protection

and sexual activity instead of accurate knowledge. The term "awareness" was carefully chosen for these children, in spite of their experiences, lack the accurate physiological knowledge and mature values that would allow them to understand and integrate their development as a sexual being into their total identify as a full human being. Instead they have developed a concept of themselves as sexual objects. At the same time they have become aware that the activities in which they played this role are not acceptable and, since they feel that they must be at fault, they also feel that they are not acceptable. The more severely damaged children, however, have no other identity. If they cannot make sense of their relationships in terms of sex, they do not know what to base relationships upon in the future. If they cannot make sense of their relationships with others and of what has happened to them, they become hopeless about themselves and the future.

An added complication is that some sexually abused children have been abused in many settings - their own home, a foster home, a residential center, a hospital, and/or in the community at large. Small wonder that they may feel adults are hypocritical, saying one thing and doing another. They have been betrayed so often that they are very slow to trust adults, or their peers, or especially, themselves, therefore they test others constantly. "Will you really like me even if I'm bad?" Are you giving me presents (privileges, treats, etc.) to initiate a sexual relationship?" "If we're not having a sexual relationship, do you like me at all?" "If love isn't sex, what is it?" "If I'm not a sexual object, what am I?"

People faced with great confusion often try to recreate the patterns that seem familiar even when those patterns were painful or unwanted in the past. It is almost as though the child is continuing to play the old part, responding to the cues of an old script. Adults may interpret this behavior as "asking for it", but the child assumes that the adults (or peers) are "asking for it". In their script, that's what all the cues mean. Remember that for most abused children, the abuse started by the age of five or six, for many it was three or less. Reactions to behaviors learned in early childhood and repeated over a long period of time are likely to be relatively automatic and uncritical. If sexually abused children are hugged they may respond by rubbing their bodies against the hugger in a seductive way, for example. The child care worker must respond to the child's need for affection by continuing to hug at appropriate times and in appropriate ways, but the huggers arms and hands should not slip below the child's shoulder level and the hug should not be prolonged. Standing beside the person hugged, rather than in front or in back of them, will tend to discourage inappropriate touching. If the contact begins to have sexual overtones, the worker can drop his/her arm and step away slightly without being obtrusively rejecting. It is important that the worker not show shock or revulsion at what may be automatic reaction by the child, however, it is equally important that the worker should not accept or encourage the sexually oriented behavior.

At times, a child will become so assertively or unacceptable sexual in his/her behavior that structuring, that is changing the situation, or distraction is not sufficient to communicate to the child that the behavior must be changed. It may be necessary to talk to the child about the behavior and explain that it makes others uncomfortable. This should be done without undue emotion and should be accompanied by positive acceptance of the child in statements, gestures, facial expressions and quality of voice.

Helping the child to confront his/her own behaviors may be more easily accomplished in a foster care situation which is usually more private. A child care worker is more likely to be surrounded by a number of children. The child's right to privacy must be respected, not only as a matter of principal, but because embarrassing the child or initiating a discussion among the other children is likely to be counterproductive. It would be more useful to discuss the matter casually when other children are not within hearing. Always be positive. Emphasize what the child can do to interact pleasantly with others and what the child does do that makes him/her a pleasant companion.

Both their awareness of the sexual areas of like and their desperate need to make sense of what has happened to them, lead many sexually abused children to want to talk about sexuality in general and their own experience in particular. As they enter adolescence, their normal interest in the changes taking place in their bodies and in the new social roles now expected of them may seem to add to their interest in verbal exploration, however, sexually abused children often seem precocious in this area and exhibit such interest long before adolescence. The ability to deal with their problems verbally rather than by acting them out is a healthy sign. Caretakers should be aware that several needs are interacting in this verbalization. Consciously or unconsciously, the child is seeking:

1. Accurate Knowledge- These children know too much to ever return to a stage of unquestioning ignorance. The only way to resolve their confusion is to provide accurate answers to their questions and correct their misinformation. Information should be factual, usually limited to the question at hand, and presented in a matter of fact manner. If the worker is a little unsure of some of the answers, it would be better to help the child to find answers than to present what the child may recognize as misinformation. Physiological information, social practices, and ethical rules may be best approached as separate topics to minimize the child's confusion. However, the knowledge that sexual impulses are controllable and that mature sexuality is based on demonstrated responsibility and concern for the partner, for any child that could result, and for the other important people who may be affected by the behavior should be stated clearly and frequently.

There will be children, whether abused or not, who will discuss sexual topics to embarrass the worker and may use crude language in the process. The language may be natural to the child but if it is rewarded by anger or emotional responses from the worker, the language will become a part of the whole scheme to get a response form the worker. When the worker responds factually and unemotionally, the "game" becomes dull and those who were using it merely as manipulation will withdraw.

When discussing sexuality or the child's own experiences, let the child use his/her own language. It is probably the only one that he/she knows. The worker responses, however, may use correct names so long as the meaning is clear to the child.

2. Validating Emotional Responses - When children insist on discussing their past experiences with others, they are often trying to clarify their own emotions. "How should I feel about this?" "Is it all right if I feel angry about this?" "Can I love my Dad but not want to obey him in this way?" "How can I go home for a visit when I was so bad they sent me away?" Many of these issues must be addressed with an experienced counselor, but the child will still seek the reactions of the child care worker, a friend, etc. All of us try to validate our emotions and behaviors by testing the response of others. The best response is one of supportive but not overwhelming concern. Unpleasant and difficult things happen to people and they have strong feelings about them, however, they go on living and build something better in their lives. All emotions are valid and acceptable but they must be channeled into positive future oriented action.

   The child has enough problems with his own emotions. The worker should not display personal reactions of anger, indignation, pity, or disgust. Not only does this place an undue burden upon the child, it may reinforce or exaggerate the child's own negative emotions.

3. Repetition - Studies in a number of different areas suggest that reliving an experience or an emotion through verbal repetition or dreaming is one of the major psychological processes that facilitate the individual's adaptation to crisis or change. In relation to severe crises, the process may take place over a period of years as the mind organized and accepts knowledge, adds insights,

and nullifies emotional responses through sheer repetition. Studies of grieving indicate that attempts to short circuit the process may prolong or intensify the problems. Hard as it may be on the listener, talking over the experiences again and again may be beneficial to the child if he/she receives consistent and supportive responses. Repetition should not be allowed to descend to dwelling in the past, self-pity or manipulating the pity of others.

B. ENTICING BEHAVIOR

In replaying their own scripts and returning to the behaviors that are most comfortable and most familiar to them, children may act in ways that are enticing to others. All staff of residential institutions (as well as foster parents, step-parents, adoptive parents, etc.) should recognize that these situations will arouse their emotions and provide a considerable amount of temptation at times. To fail to understand the reality of this temptation is to increase vulnerability to it. The emotional and physical responses of sexual interest are experienced by most adults and older children. They are not related to love but may occur at odd times in responses to people with whom one has no emotional involvement. Many are so remote and fleeting that they pass without much thought - an interesting face on the street catches the eye, an actor or actress is especially attractive and watching them is enjoyable (even if they can't act). The inevitable intimacy of living or working with people means that those fleeting attractions enter the realm of reality and are subject to repetition. It is important to recognize that such physical attraction is a normal part of life. The ability to acknowledge the attraction helps to put it into perspective and sometimes that diminishes the attraction. At the least, recognizing the situation allows the adult to gain some personal insights and consider appropriate ways of handling personal emotions. Temptation arises from within the self and must be addressed on that level but there should be no guilt in the self knowledge that facilitates responsible action to protect the self, the child, and other people. No blame should be attached to child as an object of temptation. Any inappropriate actions or responses of the child must be addressed in relation to the child's needs to develop acceptable patterns of social interaction rather than in relation to the personal emotions of an adult.

The normal impulses that arouse emotions and physical interests of adults are present in children as well. Teens and pre-teens develop crushes on media figures, friends, teachers, counselors, caretakers as a part of growing up. The sexual content of these crushes is only partially recognized by some children but is very clear to children who have been sexually abused or are sexually experienced. Such children may be less likely to be satisfied with a fantasy level and more into reality testing

more rapidly than less experienced children. Nevertheless, the hormonal changes that create surges of emotion, the bodily changes that play havoc with the child's physical image of himself/herself with the accompanying hopes and fears, and the ambiguity of adults who withdraw the privileges of childhood without granting the privileges of adulthood are just as confusing to these children as to their peers. Indeed, their total confusion may be greater since they carry so much confusion from their early childhood experiences and lack the firm base of security and self-esteem that arises from appropriate parenting. Crushes and similar impulses can be positive elements in the child's development if the adults who are objects of the crush (or the recipients of endless confidences about it) provide appropriate limits without impairing the child's self esteem.

Adults, then, may be the objects of a child's own temptations and, because of their maturity and their responsibility for the child, the adult must accept the ultimate responsibility for resolving the situation positively without detracting from the child's development of responsiblity for her/his own behavior. To accomplish this, the adults must be sensitive to the child's behavior and emotions. Neither children nor adults base such attachments on any behavior of the object. Objects need not assume that there was something inappropriate in their own past behavior, but they should be aware that their day to day behavior may be interpreted as tempting or encouraging by an infatuated child who wishes to perceive that message. Extra awareness of relaxed postures or casual contacts that are innocent in themselves may help to prevent the child from developing a depth of attachment that would be difficult to handle. (See also pages 23 thru 26 for suggestions of structured protective measures.)

The rejection of offered affection is painful to anyone. To a child who is unsure of what she/he is offering and unsure of his/her values as a person, the rejection may be devasting. Since some degree of rejection is necessary, it must be balanced with reaffirmation of the child's value as a person, a friend, a foster child or whatever the appropriate personal relationship may be. Great sensitivity is required to help the child to appreciate the value of non-sensual, non-erotic relationships in a total lifespace. Again, this may be of special value to sexually abused children who never learned this distinction because their role models treated any or all roles as sensual.

C. NEGATIVE IDENTITY AND IDENTITY LOSS

Low self-esteem, guilt, a belief that they are bad or inferior, and, even worse, that "people can tell!", a perception that their only value is as a sexual object are found repeatedly by therapists who work with sexually abused children. Their concept of themselves has been focused within only one area; an areas in which they have labeled themselves as

bad and believe they have been so labeled by others. Furthermore, the absorption of the children with problems within the sexual area of their lives often combined with the lack of appropriate encouragement and modeling within the family to give priority to the development of other talents and interests, tends to impair the development of self-esteem in other areas. The existence of an identity that can only be considered curtailed and negative underlies almost every area of a severely abused child's motivation and behavior. Although it may or may not be attributable to childhood abuse, the low opinion of the self and the feeling of being valueless is frequently found among alcoholics, drug abusers, delinquents, and adult criminals.

Children who attempt to reshape this painful negative identity, however, are faced with some difficult dilemmas. The first is the loss of identity in the process of change. Many sexually abused children have recognized some things they don't like about their former lives but will also recognize much that is familiar and comfortable, especially now that they are away from it. Changing their feelings about themselves leads to reevaluation of their opinions of and relationships with the people who have been closest to them. A broad change in self identity may be seen as threatening these relationships and may produce a great deal of anxiety.

The child who is dealing with difficult relationships already may also feel a sense of loss of the self. A young girl struggling to adjust to plastic surgery that had corrected severe bone malformation in her face said, "I used to look in the mirror and stick out my tongue because I was ugly. Now I look in the mirror and I don't know who that is. It doesn't feel like me." An attempt to change the psychological self image may have similar results. "If I am not bad, or totally sexual, or made to serve the wishes of others, what am I?" The objective is not to replace the old identity by rejecting the past but to integrate the old identity with a more positive and broader identity by dealing with the past as a prelude to the future.

To motivate and support children through this process can be overwhelming for their needs for attention, affection, and approval seem endless. Their need is both real and repetitive as the affection and approval of others constitutes the raw material needed to develop their own self esteem. Infants use the people around them to tell them who they are, and how they are valued. At the same time infants are testing their ability to assert themselves as individuals separate from the total group. As severely abused children attempt to build a more positive identity, it may not be a coincidence that they sometimes express their needs in infantile ways. For example, they may be very demanding of physical and verbal signs of affection wanting a great deal of hugging or kissing and wanting every move recognized and approved. Some severely abused children may express anger and fear in infantile ways also, seeming to be unable to repress impulsive and violent expressions

of their emotions or even clinging to or reverting to a failure to control body functions (before attributing conscious psychological motivations to these problems, the possibility of physiological causes or psychosomatic anxiety reactions related to past abuse should be considered). The negative identity that is well established makes success in any way very risky, causing them to withdraw seemingly without reason or to act in self defeating ways. Their need to be loved and valued "just like other people" is at war with their conviction that they are not worthy to be "like other people."

The emotional seesaw is as exhausting for the caretaker as it is for the child and as frustrating when the child seems to reject success experiences or to revert to an earlier level of behavior immediately following such experiences. Spreading the burden among the staff helps somewhat. The caretaker needs respite from the demands and support through the endless frustration. Caring for severely abused children requires a fairly high staff/child ratio. Even in foster care with fewer children to manage, the needs of such children can be overwhelming for the unsupported parents and may require an unequal share of the time and attention available for other children in the family so that some form of extra-familial support is needed. It is necessary to teach such children not only to express their needs in appropriate ways but also to manage those needs at a level tolerable to others. Though it seems insensitive in the face of the child's tremendous efforts, it is important that caretakers do not begin the relationship by offering a higher level of involvement with the child than they are willing and able to sustain over the long term. This leads to another experience of rejection for the child and a reenforcement of their low self esteem.

In attempting to help the child to achieve a stronger and more positive self esteem, the facility staff must be careful not to enhance the child's dependency upon them to the point that the child's own defense system is impaired. To teach children that all adults are to be trusted or that everyone will love and nurture them is false. They will return to a world where a healthy scepticism is an important defense against exploitation and the ability to make independent judgements is a principal element in their growing maturity.

D. FEARS AND FLASHBACKS

Abused children often exhibit fears that seem irrational unless the observer knows the background of the behavior. A small child will cower at the head of the bed when an adoptive parent enters to kiss them goodnight; an older child will fear to sleep in a room alone, or another will fear to have anyone in their room with them. A child will wake from a nightmare and refuse to be touched but also refuse to stay alone in the room. The child may report seeing a person they know (possibly the abuser) on repeated occasions and be very fearful. This latter situation should

always be checked out patiently not only to reassure the child but also on the remote possibility that the person is actually in the vicinity and could pose a danger to the child. The fears are real, not just attention getting devices. Insofar as possible, adapt to the child's ideas of what will make them more comfortable and try to ease their anxieties without discounting them. This may not be the best time to push child to explian the fear. Often they cannot do so even to themselves. If the child wishes to talk, however, take the time to listen even if it is in the middle of the night. Listening may be the only help you can offer, but it may also be the help the child needs most at that point.

Little is known about flashbacks (the recurrance of fears, emotions, and confusion around a traumatic experience such as abuse or rape) except that they occur. A child (or an adult) who has seemed to recover from past experiences will suddenly begin having dreams similar to the experience, dwelling on what happened to them, or reacting to present situations with emotional responses aroused by the past traumatic experiences rather than current reality. This seems to be related less to a reversion to the past, than to a need to achieve a new understanding based upon the individual's new level of knowledge and maturity or upon new questions raised within the individual's current environment. Thus a six year old who achieves some understanding of his/her own reactions to being sexually abused and has worked through emotions and relationships to the people involved may see the situation in a very different light at the age of twelve when new knowledge, increasing physiological maturity, and the beginnings of new social roles redefine the situation. He/she will need to achieve resolutions to the situation at this very different level. Flashbacks may occur over many years of the person's life and although they are sometimes triggered by major changes in the person's life or occurences that have a superficial resemblance to the original problem, at other times a single flashback or a period of flashbacks seem to occur for no identifiable reason. Whatever the stimulus may be, flashbacks constitute an opportunity for the individual to advance their understanding of themselves and should be taken seriously.

The children may find this renewal of confusion and painful emotions depressing or frightening. It seems they will never be rid of this burden. They need to see this as a positive growth experience and should be encouraged to talk to their counselor or therapist about it. If they are not currently in therapy or supportive counseling, they may need to receive this service during the crisis period.

E. PHYSICAL PUNISHMENT AND SEGREGATION

Physical punishment used as a substitute for discipline may have even more severe side effects for abused children than it has for most children. Punishment occurs after the fact and has the objectives of eliciting or

underlining an admission of guilt and remorse, avenging wrongful behavior, or making the consequences of the behavior so painful that the behavior will be avoided in the future. Studies indicate that the long term avoidance of the behavior in the future is achieved only when the consequences were traumatic beyond reason.

Repetition of physical punishment over time lessens its effectiveness and may even arouse some pride in a child who "proves he can take it For the most part, any positive change is short lived because it is based on fear of external forces rather than upon an internal value change. Abused children are already overwhelmed with guilt and with the feeling that they are intrinsically 'bad' and, therefore, feel unable to avoid "bad" behavior. Punishment only confirms the child's self concept. The most probable long term response is that the child will feel hopeless and stop trying to change.

It is an unfortunate fact in our society that physical punishment has erotic overtones for many people. One of the most common and most destructive forms of sexual deviance is the identification of violent behavior with sexual behavior. In its milder forms such as spanking, some of this confusion has become socially acceptable and a part of our common culture. Movies in which the hero spanks the heroine and she immediately falls into his arms; novels in which the love object is hit beaten, abducted, imprisoned, or otherwise subjugated in the name of love; even comic books in which bondage and physical punishment are combined with highly erotic costumes and poses, present conscious and not so conscious messages that affect the general public. These fantasies were played out in real live for some sexually abused children. Physical punishment may have involved the displacement or removal of articles of clothing making the situation even more erotically suggestive. In some homes, physical punishment was an essential part of the foreplay involved in a sexual encounter. The children may have experienced this form of deviance or witnessed it between their parents. Even where physical punishment was not a part of the sexually abusive relationship, the feeling of being helpless before a powerful authority figure and being powerless to resist was a compelling factor of the situation, probably experienced from a very early age. These children who see everything in sexual terms are very much aware of the erotic connotations of physical punishment. The punishing adult may be quite unaware of any erotic impulses, but the child is likely to assume that the adult is rationalizing as the abuser probably did in the past.

Segregation, time-outs, or outright confinement must be used with care and supervised protections with any children, but, again, there may be unusual reactions from some children who have experienced abuse. Though the door is locked and a trusted attendant is within hearing, some children will experience intense fear. They may or may not be able to express that fear in rational terms. When the segregation is used to cool down an incipient problem or to demonstrate that a certain

behavior will not be tolerated, very short time periods are involved and many facilities find that the offender may be within sight and hearing of other people while separated by bookcases or low room dividers. Disturbed children often have very short attention spans and long periods of segregation may defeat their own purpose. If more complete separation is necessary safety checks should be made every few minutes. Abused children are subject to severe depressions and these may often follow periods of intense emotion and/or high activity levels. A depressed or suicidal child should not be alone. If it is necessary to enclose them while help is summoned to prevent them from harming others or themselves, talk to them through the door. Insist that they give some response even if it is minimal.

Withdrawn or introspective children may find all forms of segregation attractive and, in some instances, may misbehave to achieve it. For some it may provide a respite from the inescapable interaction of group living. Others feel safe from others and/or from their own impulses only when they are alone and enclosed. Used in this way, solitude becomes a reward and should be clearly distinguished in the eyes of the child and of the group from the use of separation as a menas of controlling or discouraging unwanted behavior. The need for separation from the crowd should not be ignored but should be planned as a respite available to all or, sometimes, as a special reward. A quiet room where children could engage in solitary activity at certain periods even though they are not separated from the group and are appropriately supervised, might meet this need. If some children use the time only to daydream, it may still meet a need.

F. POSITIVE DISCIPLINE

The word, discipline, comes from the same Latin root as the word disciple and means training and teaching. Discipline, in contrast to punishment, deals with a whole way of life and is designed to foster the learning of appropriate behavior and the internalization of the values, knowledge, and self control that enable the child to develop into a responsible and competent adult. The system currently called Positive Discipline combines the most effective tools of child rearing so that the child's total daily living experience is consciously used to guide, protect, and train the child.

So many of the developmental needs of sexually abused children have been neglected or distorted, the positive building aspects of Positive Discipline take on special meaning. An analogy could be drawn with good nutrition which is necessary for all growing children, but requires a special application of nutritional principles for children suffering from serious, long-term, nutritional deficiencies.

Positive Discipline is a system for individual children and may take extra effort to adapt to a group setting or a large family. As no one piece of clothings fits all children or one child at all points of time, so no structure or rule provides a good fit for everyone, all the time, under all circumstances. The principle may be unquestionable but the way a principle is applied may depend on many factors. Where many children are involved, some compromises to meet children's concepts of equal treatment may be necessary. Nevertheless, the caretaker should be aware of the effect general structures and supervisory practices have upon the individual needs of each child and be prepared to do some negotiating in both directions if the conflict is likely to be beyond the child's current ability to adapt. More frequently, the caretaker may be called upon to help the child understand why he/she must be subjected to a general rule that does not fit the case, or why the child's perception of the situation is not shared by others.

The following discussion will attempt to point out some of the special applications of Positive Discipline to the care of sexually abused children without attempting to explain all elements used in that system of child-rearing.

1. Structuring is a means of planning and controlling the environment and activities of the child to prevent or minimize unwanted temptations or occurrences while encouraging desired events or behaviors. Adults decide where the children go, when, for what, with whom. Adults decide what resources the children may use and the circumstances under which they may use them. Not only may the adult prevent the child from entering a situation that may be tempting, dangerous, or unpredictable but the adult may teach the child to structure his/her own environment by the choices made independently and thus achieve greater control over their own lives. Abused children need this sense of competence and control to allay their fears. When the institution sets up daily schedules and rules they practice structuring. Only when structuring is applied to the needs of the particular child does it become a part of Positive Discipline.

2. Supervision is the active partner of structuring. Supervision ensures that the structure achieves its goals and modifies overall structure in relation to individual needs and situations to achieve ultimate goals rather then mechanical conformity. Supervision supplies nurturance and assistance to the child in meeting their own goals as well as enforcement of the overall structures. In spite of frequent testing, most children find security in appropriate supervision from people they trust. A

smug little pre-schooler was heard to say to friends, "I'm not a bad girl. Mommy won't let me.". Sexually abused children may be very uncertain of their goodness and need the security of knowing that someone "wont let them." A young male who had been sexually and physically abused in a number of settings since he was very young and had been involved in a child prostitution ring was preparing to go out on a high school date. After a very long discussion of modern morality, the girl's possible expectations, macho images, etc., a very tired counselor said, "Do you want me to tell you that you can't have relations with this girl?" After thinking it over, the young man replied, "Yes, I want you to say so."

This need for supervision and structure will not be confined to sexual activities but may be pervasive. Some severely abused children may be timid about making any decisions. They may ask advice at length from caretakers, counselors, teachers, peers, and casual visitors. It may seem contradictory, that the same children will rebel strongly and impulsively if a system of control is too rigid or too impersonal. The paradox is explained by the fact that the control of others, especially adults has been exploitative or detrimental to them over a long period of time. They seek help in achieving self-determination but are very threatened by rules and actions that increase their feeling of helplessness and submission. In their experience, helplessness leads to exploitation.

3. Love is the keystone of child rearing as it is of all positive human relations. It is love, not fear, that produces the strongest motivation for a child to behave as the loved ones desire and to obtain their approval. Very small children may fail because they lack understanding or ability but will rarely persist in willful disobedience unless the loved adults provide hidden rewards for the actions. For sexually abused children, love in many cases was used to achieve the child's compliance to the abuse and the authority of love was used to enforce the secrecy of the abuse. Because they received sexual activity instead of loving interaction, possibly followed by the threat or actuality of rejection by another adult or by siblings, the longing for love in these children may be overwhelming. But because they learned that one obtained attention in sexual ways, these children may offer sexualized responses to sincere offers of affection and are very vulnerable to anyone who offers sexual activity since they will interpret that as an offer of love. It is a measure of their need that they will try again and again though their past experiences have led them into repeated betrayals.

4. Rewards are not only pleasurable in themselves but are also symbols of approval and acceptance. To neglected children, even scolding or punishment may be rewarding if they are otherwise ignored. The use of rewards for desired behavior and the withholding of rewards as a consequence of undesired behavior offer powerful motivations if:

   a. the reward is actually desired by the child.

   b. the reward is clearly related to the desired behavior. Children may need to understand which behavior led to the reward.

Rewards and penalties will be more effective when they may be related to natural consequences of their actions within reason. An allowance withheld to replace another child's broken pen is more effective than an arbitrary fine. It is even more effective if the child buys the pen and presents it to the child whose pen was broken. Natural consequences that are too far beyond the child's resources may be ineffective or damaging to the child. A five year old whose allowance of five cents per week was docked to pay for an $11 broken window, simply forgot that he had ever had an allowance. The children's basic needs should never be subject to the system of rewards and penalties. Not only shelter, food, clothing and personal safety, but human attention and caring are basic needs. Abused children may have such severe dificiencies in these areas that child care workers must try to fill the needs at the same time they instill more appropriate ways for the children to make their needs known. The message "We can understand each other better if we talk about this." is more positive for the child then, "No one will ever love you if you throw lamps at them." The message may have to be repeated and modeled several times a week over a years time, but it will have a more positive effect than the second message which is what the child thinks about her/himself anyway.

5. Modeling is a vital part of Positive Discipline. If structure surrounds the child with an orderly and secure environment, and supervision ensures that the system functions well and protects the child within it, modeling shows the child how the system is supposed to work and assures the child that the rules work for everyone. It has been suggested at several points in this paper that sexually abused children are in great need of models of valued non-sexual relationships that allow them to expand their limited repertoire of interactional skills.

In this area sexually abused girls may be at greater risk than sexually abused boys. Conventional male roles in our society include several areas of accomplishment not related to sexual activity-sports, occupations, social clubs, etc. The stereotypically conventional female role is that of one who meets the sexual needs of a male and produces children. The actual role of wife and mother require competence in many areas as well as a strong base of self-confidence but the superficial resemblance between the stereotype and the abused child's view of herself as a sexual object may allow the stereotype to provide a mask for psychological damage. While boys will be surrounded by models of men who achieve competence in non-sexual as well as sexual areas of life and will be encouraged to develop skills in some of these areas, at least; it may be necessary to counteract the female stereotype more actively. Girls need models of women who have achieved some control over their own lives; women who have developed the non-sexual as well as the sexual aspects of those lives so that they contribute to others as mature competent people. Both in the home and out of it, they 'have their act together'. Counselor's with abusive families frequently comment on the fact that many of the mothers were themselves abused as children and are too passive to protect their own children. This cycle must be broken.

G. PROTECTION AND EDUCATION

Protection of the sexually abused child and of unborn children compels caretakers to consider a controversial area. A large proportion of sexually abused children are and will continue to be sexually active. Abstinence is the most effective form of birth control presently known. It is cheap, easy, and without known side effects. However, abstinence has been known for thousands of years without reducing the continued output of illegitimate children. Can the dangers of unwanted children, abortions and abandonments be ignored? For children who are known to be or to have been sexually active, the facility should consider whether, in all conscience, it may allow knowledge of safe and effective methods of preventing conception to be a part of a total program that teaches responsibility for sexual behavior, the importance of parental and child health in the gestation process, the responsibilities of child rearing, and the values that raise a physiological process to a fulfilling beginning to a lifelong relationship.

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Armstrong, Louise, Kiss Daddy Goodnight. New York: Pocket Books, 1978.
This book is a collection of first-person accounts of sexual abuse of children. Some of these include explicit descriptions of sexual behaviors. The presentation is factual and non-erotic and clearly intended to inform the reader. The use of case histories underlines the variety of forms such abuse may take and the variety of reactions to it.

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A report of a study of a child care institution.

Burgess, Ann Wolbert, A. Nicholas Groth, Lynda Lytle Holstrom, and Suzanne M. Sgori, Sexual Assault of Children and Adolescents. Lexington, Massachusetts: D.C. Heath and Company, 1978.

Butler, Sandra, Conspiracy of Silence: The Trauma of Incest. New York: Bantam Books, Inc., 1978
This book also contains a number of case histories.

DeFrancis, V., Protecting the Child Victim of Sex Crimes Committed by Adults. Denver, Colorado: American Humane Association, 1969.

Finkelhor, David, Sexually Victimized Children. New York: The Free Press, 1979.
A report of a study that includes mildly abused children who were not severely traumatized.

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Greene, N.B., "A View of Family Pathology Involving Child Molestation form a Juvenile Probation Perspective". Juvenile Justice, 1977.

Groth, A. Nicholas, Men Who Rape. New York: Plenum Press, 1979.
A Study of men imprisoned for sex crimes.

National Center on Child Abuse and Neglect, Sexual Abuse of Children: Selected Readings. Washington D.C.: U.S. Department of Health and Human Services, DHHS Publication No. (OHDS) 78-30161, 1980.
This volume includes twenty-one articles dealing with theoretical background, medical and legal aspects, and treatment from several differing perspectives. The appendices on Hospital Protocols, Guides for Parents, and Treatment Programs are also useful.

National Center of Child Abuse and Neglect, Resource Materials: A 'We Can Help' Curriculum on Child Abuse and Neglect. Washington, D.C.: U. S. Department of Health and Human Services, DHEW Publication No. (OHDS) 79-30221, 1979.

More recent knowledge has superceded some data in this book but the bulk of the material is useful in planning training.

Summit, R., and J. Hryso, "Sexual Abuse of Children: A Clinical Spectrum". American Journal of Orthopsychiatry, No. 48, 1978.

Audio-Visual Training Aids

The following films or slide programs may be useful for training. Some may be rented free or at low cost from local libraries, the libraries of state departments of public welfare, health, or mental health, from college or university libraries or regional resource centers on children and youth. Some local or state child abuse councils or state associations of residential child care agencies might also be a resource. It is with this hope, that audio-visual aids have been included even where the original producers and/or current suppliers were not known.

Abused Adolescents Speak Out (videotape; 26 mins., 1977)
Available from Face-to-Face Health Counseling Center, 730 Mendota, St. Paul, MN 55106

A frank discussion by four teenagers of their experiences of physical and sexual abuse. They share their feelings of guilt self-hatred and rage, and their attempts to get help through the police or welfare structure.

Child Abuse and Neglect: An American Concern (sound filmstrip)
National Center on Child Abuse and Neglect, 1979; 15 mins., color

Explores environmental and emotional factors that contribute to parent's abusive behavior.

Child Abuse and Neglect: What the Educator Sees (sound filmstrip)
National Center on Child Abuse and Neglect, 1977, 15 mins., color

Depicts physical and behavior indicators of abuse, neglect and sexual abuse that children may display in school.

Physical Abuse: What Behavior Can Tell Us (sound filmstrip)
National Center on Child Abuse and Neglect, 1977; 14 mins., color

Overview of child behavior and parent-child interaction that may indicate child abuse.

Physical Indicators of Abuse: Signs of Alert (sound filmstrip)
National Center on Child Abuse and Neglect, 1977; 13 mins., color

Photographs, illustrations and x-rays demonstrating many injuries common to physically abused children.

Children in Peril (16 mm film or video cassette)
22 mins., sd., color, ABC-TV, 1973, Xerox Films

This probes the thin line between control and abuse, pointing out that the child abuser is not strikingly different from a normal adult. The film takes viewers on a provocative tour of several agencies and hospitals throughout the United States where child abuse cases are treated. A segment of the film is devoted to treatment modalities, such as Parents Anonymous and group therapy sessions, where participants, all of whom have been child abusers, reveal their emotions and thoughts.

Don't Get Stuck There (16 mm film; 14 mins., color)
Available from Boys Town Center, Research Use and Public Service Division, Boys Town, NE 68010

This film, produced by Boys Town Center in cooperation with Face-to-Face Health and Counseling Service of St. Paul, Minnesota, looks at adolescent abuse and neglect.

Issues in Reporting Child Abuse and Neglect (sound filmstrip)
National A/V Center, 1977; 81 frames, color 15 mins.

This presentation offers various reasons why a child care professional might be reluctant to report a suspected CA/N case and it illustrates several ways to minimize this resistance.

Institutional Child Abuse and Neglect (videotape)
U. of Iowa CA/N Resource Center, 1981; 3/4" 1/2" VHS, 60 min.

Eight distinguished speakers discuss 3 main issues: 1) definition of the subject; 2) conduct of investigations; and 3) prevention.

Victims (16 mm film)
1981; 24 mins., color

A strong documentary film showing a notable connection between the abused child and the perpetrator of violent crime. With Christina Crawford as narrator, the film portrays the transition from child abuse victim to criminal victimizer. Child abuse prevention programs are shown as effective ways of preventing crime.

Violence in the Family: Adolescent Abuse (sound filmstrip)
Available from IBIS Media, Box 308, Pleasantville, NY 10570.

Case studies describe the conflicts and personality disturbances that may lead to adolescent abuse. Problems of sexual abuse and a study of teenage runaways are discussed as are possible solutions to all forms of family violence.

Childhood at Risk: Helping the Young Child Handle Harsh Realities (sound filmstrip)
Minnesota Family Day Care Training Project, 1976 (Child Care Filmstrip Series) U. of Minnesota

Discusses the handling of difficult and painful issues brought by children to their caregivers and teachers and emphasizes the vulnerability of young children and their desperate need for adult support. The discussion challenges the assumption that children should or can be protected from harsh realities. The filmstrip includes a segment on child abuse.

Childhood Sexual Abuse: Four Case Studies (16 mm film)
Training Manual, Facilitator's Manual, available, on two reels, Cavalcade Publications, 1977, MTI Teleprograms, Inc., 50 mins., sd., color

This film deals with the sensitive area of sexual child abuse. Primarily for use in training professionals, it consists of in-depth case studies, with victims telling their stories.

The Last Taboo (16 mm film)
Training and facilitator manuals, Calvacade Productions, 1977, MTI Teleprograms, Inc., 28 mins., sd., color

This is a public information film which sensitively explains the subject of sexual child abuse. It acquaints the viewer with the general topic of sexual abuse and the after effects and feelings of the victim through the accounts of six victims. Based on same cases Childhood Sexual Abuse.

Incest: The Victim Nobody Believes (16 mm film or video-cassette)
J. Gary Mitchell Film Co., 1976, MTI Teleprograms, Inc., 20 mins. sd., color

Three young women speak frankly about their own experiences as victims of incest in this award-winning film. Methods of coping with the problem and the ways it affected each life are discussed.

Double Jeopardy (16 mm film)
1978; 40 min., color

An excellent portrayal--for professionals--of the insensitive treatment given to sexually abused child victims. Interviewing skills are reviewed, as well as courtroom techniques.

Girls Beware (16 mm film)
(no date); 12 mins., color

Four dramatized situations that alert girls to the possibilities of sexual attack - from hitchhiking to babysitting.

Boys Beware (16 mm film)
(no date); 14 mins., color

Three typical incidents that show boys common-sense precautions that they can take to avoid sexual assault.

Child Molestation: When to Say No (16 mm film)
(no date); 13½ mins., color

Four vignettes showing different types of child molesters, from a complete stranger to a stepfather. Intended for showing to children though appropriate for adults also. Study guide included.

The Sexually Abused Child: Identification/Interview (16 mm film)
Cavalcade Productions, n.d. MTI Teleprograms, Inc., 8 mins., sd., color

A teacher deals effectively and compassionately with the most taboo subject of all as she carefully establishes the fact and extent of sexual abuse against one of her students. This interview demonstrates in the clearest possible way how a potentially traumatic revelation for the child can be handled in a reassuring and therapeutic manner. Designed for teacher and guidance counselor training in support of child abuse reporting laws.

Parents United: Child Sexual Abuse Treatment Program (videotape)
by Elizabeth Colby, 1982; 2 hrs. (approx.), color

A very informative talk about an immensely successful self-help program in Santa Clara, California. Introduction by Connie Guthrie, Southern Indiana Mental Health Guidance Center, where the program was taped.

APPENDIX A

INDIANA STATE DEPARTMENT OF PUBLIC WELFARE
PROTOCOL FOR INVESTIGATING INSTITUTIONAL ABUSE/NEGELCT ALLEGATIONS

Revised November, 1982

Contents

STATE OF INDIANA

ROBERT D. ORR · Governor

DEPARTMENT OF PUBLIC WELFARE
100 NORTH SENATE AVENUE – ROOM 701
INDIANAPOLIS, 46204
DONALD L. BLINZINGER
Administrator

November, 1982

INSTITUTIONAL CHILD ABUSE AND NEGLECT FACT SHEET

TO REPORT, CALL: Indiana State Child Protection Service
1-800-562-2407

WHAT IS INSTITUTIONAL CHILD ABUSE AND NEGLECT?

Institutional child abuse and neglect occurs when children who are cared for in any public or private child-caring facility are abused or neglected by the staff of the facility. Types of institutions include residential child-caring facilities, group homes, foster homes, day nurseries, day care homes, state hospitals, nursing homes, schools, detention centers, etc. A child is abused if he is injured by his caretaker. He is neglected if the person(s) responsible for his care fail to provide him with necessary food, clothing, shelter, medical care, education or supervision. Sometimes a child is injured because his caretaker fails to provide appropriate supervision. Depending upon the age of the child and whether or not force was used, a child may be considered sexually abused by institution staff or by other residents of a facility. (Unlike other types of abuse, sexual abuse need not be perpetrated by a parent, guardian or custodian to be classified as child abuse.)

HOW IS INSTITUTIONAL CHILD ABUSE AND NEGLECT REPORTED?

If you suspect that a child may be abused or neglected in an institution as generally described above, you must report it immediately. To report suspected institutional child abuse or neglect or to clarify any questions you may have regarding the subject, call the toll free Indiana State Child Protection Service Hot Line at 1-800-562-2407. Reports may be made via the Hot Line day or night. If you make a report weekdays between the hours of 4:45 p.m. and 8:15 a.m. or on weekends or holidays, be sure to leave your name and a telephone number where you can be reached for further information if necessary. It should be noted, however, that calls received from persons who wish to remain anonymous are also accepted.

WHAT HAPPENS WHEN A REPORT IS MADE?

If appropriate, an investigation of the situation may be conducted immediately or on the next working day depending on the seriousness of the report. The Indiana State Department of Public Welfare investigates reports involving state-operated and residential child-caring facilities and day care centers; local County Departments of Public Welfare investigate reports involving foster and day care homes and schools. The investigation may include interviews, photographs, a review of pertinent records and reports, etc.

Remember! If you suspect institutional child abuse or neglect, don't hesitate. Report it.

INDIANA STATE DEPARTMENT OF PUBLIC WELFARE
PROTOCOL FOR INVESTIGATING INSTITUTIONAL ABUSE/NEGLECT ALLEGATIONS

Institutional Abuse/Neglect Reporting Hot Line: 1-800-562-2407

In order to insure the safety and well-being of those children under the care of public or private institutions in Indiana, the Juvenile Code mandates the State Department of Public Welfare to:

- devise a written protocol designating public or private agencies primarily responsible for investigating reports of alleged child abuse or neglect in institutions;
- describe the specific terms of the designation.

In compliance with this mandate, the State Department has designed the following protocol designating itself ultimately responsible for the disposition of institutional reports. However, the actual investigatory responsibility for such reports is in part assumed by the State Department and in part delegated to the county departments. See pages 5 and 6 for a breakdown of specific investigatory responsibility by type of institution. This protocol has been designed with the goal of clarifying procedures for reporting, investigating and resolving institutional abuse/neglect complaints and promoting interdepartmental cooperation throughout the course of these investigations. While the establishment of procedures provides a basis of operations, it is recognized that sensitivity, diplomacy and tact are the intangible elements essential in the implementation of this protocol.

LEGAL BASE

Regarding the reporting and investigation of child abuse/neglect in institutional settings, the Juvenile Code states the following:

IC 31-6-11-16 Public or private agencies to investigate reports; designation; written protocol or agreement

Sec. 16. (a) Through a written protocol or agreement, the state department shall designate the public or private agencies primarily responsible for investigating reports involving a case of a child who may be a victim of child abuse or neglect and who is under the care of a public or private institution. The designated agency must be different from and separately administered from the one involved in the alleged acts or omissions; subject to this limitation, the agency may be the state department, the local child protection service, or a law enforcement agency, but may not include the office of the prosecuting attorney.

(b) The protocol or agreement must describe the specific terms or conditions of the designation, including the manner in which reports of a child who may be a victim of child abuse or neglect and who is under the care of a public or private institution will be received, the manner in which such reports will be investigated, the remedial action which will be taken, and the manner in which the state department will be kept fully informed on the progress, findings, and disposition of the investigation.

(c) To fulfill the purposes of this section, the state department may purchase the services of the public or private agency designated to investigate reports of child abuse or neglect.

DEFINITIONS

"State Department" means the Indiana State Department of Public Welfare.

"Child" means:

(1) a person under eighteen (18) years of age;
(2) a person eighteen (18) through twenty (20) years of age who has been adjudicated a child in need of services before his eighteenth birthday.

"Child abuse or neglect" refers to a child who is alleged to be a child in need of services as defined by IC 31-6-4-3(a)(1) through (5).

IC 31-6-4-3 Child in need of services

Sec. 3. (a) A child is a child in need of services if before his eighteenth birthday:

(1) his physical or mental condition is seriously impaired or seriously endangered as a result of the inability, refusal, or neglect of his parent, guardian or custodian to supply the child with necessary food, clothing, shelter, medical care, education, or supervision;
(2) his physical or mental health is seriously endangered due to injury by the act or omission of his parent, guardian, or custodian;

(3) he is the victim of a sex offense under IC 35-42-4-1, IC 35-42-4-2, IC 35-42-4-3(a), IC 35-42-4-3(b), IC 35-42-4-4, IC 35-45-4-1, IC 35-45-4-2, or IC 35-46-1-3;
(4) his parent, guardian, or custodian allows him to participate in an obscene performance defined by IC 35-30-10.1-3 or IC 35-30-10.1;
(5) his parent, guardian, or custodian allows him to commit a sex offense prohibited by IC 35-45-4.

"Victim of child abuse or neglect" refers to a child in need of services as defined above.

Institutional child abuse or neglect refers to situations involving children who may be victims of child abuse or neglect and who are under the care of public or private institutions. See IC 31-6-11-16(a).

Thus the Juvenile Code requires the State Department to investigate, or designate another public or private agency to investigate, reports of alleged child abuse/neglect occurring in institutional settings. The following list of agency and facility categories currently considered institutions includes but is not limited to:

- institutions operated by the State of Indiana, such as Indiana Boys'/Girls' Schools, state hospitals, etc.
- residential child-caring institutions
- group homes
- day nurseries (day care centers, pre-schools, etc.)
- detention centers
- hospitals
- nursing homes
- foster homes
- day care homes
- schools

REPORTING AND REFERRAL PROCEDURES

According to IC 31-6-11-3 of the Juvenile Code, any person or agency that has reason to believe that a child in an institution has been abused or neglected by any employee of that institution must report the same. These reports shall be made to the State Department of Public Welfare immediately, day or night, by telephoning the toll free State Child Protection Service Hot Line, 1-800-562-2407. An exception to the requirement for immediate reporting to the State Department exists for county departments relative to some reports received after hours. Those reports involving foster homes, day care homes and non-residential schools for which the county departments have investigatory responsibility may be called in to the State Department on the morning of the next working day. This exception is further delineated below in the paragraph dealing with after-hours reporting procedures. If a report of institutional abuse/neglect is received by a local Child Protection Service or law enforcement agency, the information should either be taken and referred to the State Department via the Hot Line or the reporting source should be given the Hot Line number and requested to refer the report directly.

This Hot Line is answered twenty-four (24) hours a day including weekends and holidays. During business hours of the State Department of Public Welfare (8:15 a.m. to 4:45 p.m.), the Hot Line is answered by the Child Protection Service Unit. After hours, calls are taken at the State Office Building by security personnel and recorded on a DPW Form 310, Preliminary Report of Alleged Abuse or Neglect. One of the Child Protection Service Unit staff is available at all times on a rotating basis, and all reports received after hours are immediately relayed to the person on call by security personnel via a beeper system. In the event that the Hot Line is not answered promptly during the after-hours period, the caller should telephone the Director or Assistant Director of the Child Welfare/Social Services Division directly.

Procedures for after-hours reporting relative to time-frame and direct contact with on-call State staff vary depending upon the reporting source and the type of institution involved in the complaint. For example, if a person reports suspected abuse/neglect in a type of institution that the State must investigate, it is important that he leave a telephone number, if possible, so that he may be contacted by on-call State staff for additional information and/or clarification that may be necessary to initiate an investigation. This procedure enables the on-call State staff to impart information concerning the initiation of an investigation to a reporting source who is a staff member of the institution being reported. If the county department receives an after-hours institutional complaint for which it generally has investigatory responsibility, the staff person may telephone the referral to the Hot Line immediately if consultation is desired. If consultation is desired, the reporting source must clearly request security personnel receiving the report to advise the on-call State staff to call back. If consultation is not desired, county department staff may contact the Hot Line concerning the report in the morning of the next working day. At that time, an institutional number will be assigned the report by State staff which cannot be done after hours.

The information required for a complete referral is essentially that required to complete a DPW Form 310, Preliminary Report of Alleged Child Abuse or Neglect, and should include, if available:

- time and date that the report is received;
- name, title, address, agency affiliation and telephone number of the caller;
- name, birthdate or age and current location of child alleged to have been abused/neglected;
- name and address of agency, court, parent or other person legally responsible for the child, if known;
- name of the facility, location, telephone number and setting in which the abuse/neglect allegedly occurred and <u>when</u> it occurred;
- name and address of the alleged perpetrator, current location and his position at the institution;
- specific complaint information;
- name of the person receiving the report.

Having acquired as much of the above-noted information as possible, the on-call State staff will take the following steps:

I. <u>Determine whether the allegations constitute institutional abuse/neglect</u>.

If the alleged abuse/neglect occurred in an institutional setting, the report shall be handled in one of the following ways:

- as institutional abuse/neglect which would require investigation and completion of DPW Forms 310/311 (Preliminary Report of Alleged Child Abuse or Neglect/Investigation of Alleged Child Abuse or Neglect), <u>or</u>
- as an issue involving licensing regulations which would require investigation but would not be considered abuse or neglect.

II. <u>Assign an institutional or "IN" number if the complaint constitutes institutional abuse/neglect</u>.

This number consists of the letters "IN" followed by the last two digits of the year in which the complaint was made followed by a five-digit sequential number. A log of "IN" numbers is maintained by the State Department, and these numbers are assigned to institutional abuse/neglect cases in lieu of AB or NE sequential numbers assigned to abuse/neglect cases that occur in non-institutional settings. It should be noted that after hours, on-call staff are not prepared to assign "IN" numbers. However, the number will be assigned on the next working day, and the person responsible for conducting the investigation will be notified of the number assigned.

III. <u>Determine who should investigate the complaint</u>.

The agency or agencies that investigate complaints of institutional abuse/neglect must be different from and separately administered from the institution involved in the alleged acts or omissions. Generally, the protocol will designate investigatory responsibilities as follows:

- The <u>State Department</u> is responsible for investigating the complaints involving:
  - .. all state-operated institutions
  - .. residential child-caring institutions, group homes and county children's homes
  - .. day nurseries
  - .. detention centers
  - .. hospitals
  - .. nursing homes
  - .. residential schools

. The County Departments are responsible for investigating complaints involving:

.. foster homes recommended for licensure and supervised by the county department or private child-placing agencies
.. day care homes whether licensed or unlicensed
.. non-residential schools

If the county department receives a complaint, and it is determined that the State Department will investigate, the county department shall submit a copy of the DPW Form 310 information to the State Department immediately.

IV. Determine whether an investigation should be initiated immediately or can be delayed.

If the situation as described does not seem to constitute a threat of serious endangerment or impairment to the life or health of the child, the on-call person may elect to delay initiating an investigation until the next morning.

V. Refer the complaint to the appropriate person for follow-up within an appropriate time-frame.

Non-institutional complaints received on the State Child Protection Service Hot Line, and those involving institutions for which the county department has investigatory responsibility will be referred to the appropriate local Child Protection Service. Complaints for which the State Department has investigatory responsibility will be referred to the proper State staff person for follow-up as determined by the institutional setting and by the nature of the complaint. The on-call staff person will consult the supervisor of the Child Protection and Field Service Unit or the Director or Assistant Director of the Child Welfare/Social Services Division regarding assignment of an investigation.

State Department investigators, assisted by State Police, will investigate complaints regarding State-operated institutions. In situations involving allegations of medical neglect in facilities such as nursing homes, a nursing consultant from the Crippled Children's Division may be required to accompany the State Department investigator and evaluate the complaint from a medical standpoint. Complaints regarding facilities licensed by the State Department may be assigned to consultants from the Child Protection/Field Service or Licensing Unit for investigation. An investigation conducted by any State Department staff or local Child Protection Service staff may involve appropriate law enforcement agencies, if there is a possibility of criminal charges resulting from the investigation. The specific law enforcement agency to be involved will be determined according to jurisdiction.

The State Department of Public Welfare has the option of assembling a team to investigate a complaint of institutional abuse for which it has investigatory responsibility. Team members may be drawn from designated state agencies different from and separately administered from the agency involved in the allegations. Subject to this limitation, a representative/liaison person from the state agency responsible for monitoring the agency about which the complaint is made may also be requested to serve on the investigative team. The State Department of Public Welfare designates a team coordinator.

If the reported abuse/neglect is alleged to have occurred in an institutional setting located in another state, the allegations will be telephoned to the appropriate Child Protection Service personnel in the state in which the institution in question is located. This can be done either by the State on-call staff person or by local Child Protection Service staff. The State Department has a listing of Child Protection Service liaison persons from other states.

VI. Notify the agency/court/parent/other person legally responsible for the child(ren) involved in the complaint of the investigation.

The investigating agency has the responsibility for seeing that the agency/court/person legally responsible for the child involved in the report is notified that an investigation is to be conducted. It is preferable for the facility being investigated to give proper notification to the placing agency. If the child is a ward of an agency/court, that agency/court is responsible for notifying the child's parent(s) or other appropriate person(s).

If the report involves another state agency that administers or is responsible for monitoring state institutions or child-caring facilities, the Director of Child Welfare/Social Services Division will contact, or designate another staff person to contact, the liaison person from the involved agency. Each of these state agencies has designated one individual to work with the State Department of Public Welfare in the investigation of abuse/neglect complaints regarding that agency's facilities. Basic information regarding the complaint as well as information concerning who will be investigating and the proposed time to initiate the investigation will be shared. The state agencies having a liaison person include:

. State Board of Health
. State Department of Correction
. State Department of Mental Health
. State Department of Public Instruction
. Indiana State Police

THE INVESTGATION

Investigations of institutional abuse/neglect are to be conducted within the same time-frame as those of a non-institutional nature. As delineated in Chapter 11 of the Juvenile Code, investigations shall be initiated:

- immediately if it appears that the safety or well-being of a child is endangered or the report involves the death of a child;
- within 24-hours if abuse is alleged;
- within a reasonably prompt period of time in other situations depending on the nature of the complaint.

Investigative techniques will vary depending upon the nature of the complaint and the institutional setting. Investigation may include but not be limited to:

- reviewing the institution's policies and procedures pertinent to the complaint;
- reviewing children's records, including child-specific records, daily log sheets, medical reports, incident reports, etc.;
- photographing children alleged to be abused or neglected if there is physical evidence of such;
- examining and photographing the physical facilities of the institution;
- recording interviews.

Persons interviewed may include but not be limited to:

- complainant;
- child(ren) alleged to be abused/neglected;
- administration and staff of the institution, current and former;
- other residents of the institution, current and former, particularly those who may have witnessed the acts or omissions alleged in the complaint;
- parents of child(ren);
- school administration and staff where child(ren) attend school;
- county department of public welfare staff or probation officers in the county in which the institution is located or the county having responsibility for the alleged victim(s);
- local law enforcement personnel.

The assistance of the appropriate law enforcement agency should be enlisted according to the protocol of the investigating agency as soon as it appears advisable or necessary. In investigations conducted by the State Department, local county department staff may be requested to assist in the investigation process. Institutional staff may accompany the person(s) investigating a complaint regarding their facility to observe if, in the opinion of the investigator, this will not hamper the investigation.

An investigator may request the service of a person of the opposte sex to assist in photographing or interviewing an alleged victim. This assistance may be sought from the institution or local county department of public welfare.

Particularly in cases of alleged sexual abuse, an investigator of the opposite sex as the alleged victim may elect to interview the child in the presence of an adult of the same sex as the alleged victim. The institution, local county department of public welfare or appropriate law enforcement agency may be called upon to assist in this regard.

If it is necessary to remove a child from an institution immediately, the investigator should obtain the assistance of the law enforcement agency having local jurisdiction or the State Police. The child's parents, guardian, custodian or the agency having wardship of the child must then be notified of the removal and current location of the child.

During the course of an investigation, the person responsible for coordinating and conducting the proceedings is required to contact the appropriate State Child Protection Service Unit in-house consultant or supervisor as frequently as necessary to advise of developments significant to State Department staff. If the investigation process becomes lengthy, all attempts must be made to communicate updates regarding the investigation status to the appropriate personnel of the agency being investigated.

Upon completion of an investigation, the person responsible for conducting the investigation will complete DPW Form 311, Investigation of Alleged Child Abuse or Neglect. If the county department investigates, the yellow copy of the DPW Form 311 must be submitted to the State Department upon completion of the investigation. If State Department staff investigates, a DPW Form 311 and a narrative summarizing the investigation, findings and disposition must be submitted to the Director, Child Welfare/Social Services Division, as soon as the investigation is complete.

FOLLOW-UP PROCEDURES

Investigative reports of institutional child abuse/neglect received from county departments are reviewed by in-house consultants. Substantiated or indicated reports relative to facilities licensed by the State Department of Public Welfare are brought to the attention of the Licensing Unit for information purposes and follow-up as necessary.

Investigative reports of institutional child abuse/neglect received from State Department staff are also reviewed by in-house consultants. Following review, a letter marked "Confidential" is sent to the administrator of the facility investigated. A copy of the letter is sent:

- to the appropriate liaison person if the institution is operated or monitored by another branch of the State;
- to the county department having wardship of the alleged victim;
- to board members if the institution is private (optional depending on circumstances).

Letters may contain:

- a statement delineating the date of complaint, nature of the complaint, the name of the investigator(s) and the fact that the investigation is complete;
- the status of the investigation; i.e., whether the alleged abuse/neglect has been determined substantiated, indicated or unsubstantiated;
- a statement of recommendations for the institution to follow such as:
  - suspension or termination of the alleged perpetrator(s) from employment;
  - development of new policy and procedures;
  - review of current policy and procedures for areas needing change;
  - provision of specialized training for staff;
- a statement regarding any action taken by the State Department such as:
  - referral to the Licensing Unit for follow-up and consultation;
  - referral of the matter to the appropriate prosecuting attorney (substantiated investigative reports of institutional abuse/neglect conducted by State staff are submitted to the prosecutor in the county in which the abuse/neglect occurred);
  - changes relative to licensure, certification and closure of the institution.

It is strongly recommended that county departments follow-up institutional abuse/neglect investigations in the manner suggested in the preceding paragraph. A letter should be sent to institutions investigated by county departments focusing on investigative findings and recommendations. A copy of any such letter should be attached to the DPW Form 311 submitted to the State Department.

It is the sincere hope of the State Department of Public Welfare that this protocol for investigating allegations of institutional abuse/neglect as outlined above will serve to clarify policy and procedures and, therefore, promote inter-agency coordination and cooperation in this area of responsibility. Every effort will be made by the Child Welfare/Social Services Division to enhance this spirit of cooperation in working toward the goal of protecting those children who are in the care of public and private institutions throughout the State of Indiana.

END