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The Problem of Child Sexual Abuse:
A Guide For Elementary Teachers

by

Cindy Gissy Merrilees

A thesis (project) submitted to the
Division of Curriculum and Instruction
in partial fulfillment of the
requirements for the degree of
Master of Education in Elementary Education

University of North Florida
College of Education

December, 1987

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Abstract

This project presents a six-hour inservice component for elementary teachers dealing with the sexual abuse of children. The program focuses on the three pertinent areas of: the effects on the child; detection, reporting and intervention; and counseling strategies. The program presents content knowledge followed by exercises to build confidence. Exercises include case studies, small and large group discussion, question and answer task sheets and small group activities. The review of related literature includes the effects of sexual abuse on the child; detection, reporting and intervention procedures; and counseling strategies.

Chapter 1

Introduction

The Case of Jill

Jill is a first grader. She is an average student, liked by most of the students in her class. Her hygiene is not to desired health standards. She arrives at school with dirty hair and unbathed skin frequently. She seems to have a problem with being "lady-like" indicated by sitting with her legs open while wearing dresses and showing her panties often during play. She also seems to be very "touchy" with the boys in the class. She seeks physical contact with the teacher.

Recently, Jill has been masturbating in class. The teacher has noticed it getting more and more frequent. Not having any idea what this might mean, the teacher began to seek help from the guidance counselor and Jill's kindergarten teacher. The kindergarten teacher confirmed that Jill had a tendency to masturbate in school the previous year. These actions were assumed to be normal sex play for her age group and were disregarded to a great degree. The parent had been confronted and agreed that her actions must be innocent sexual exploration.

The guidance counselor, having been trained in abuse prevention and detection, immediately suspected sexual child abuse. She then placed a call to the Department of Health and Rehabilitative Services (HRS), who in turn contacted the Child Protection Team of the Children's Crisis Center.

Jill was interviewed by the HRS worker and a Sheriff's Department detective. The two were able to obtain a history from Jill that indicated she had been sexually molested by her grandfather for quite some time. According to Jill, her grandfather would promise her and her older brother candy and other treats in exchange for sexual favors.

After the interviews, Jill was taken to the Child Protection Team headquarters where a validation interview was completed with the use of anatomically correct dolls. A psychosocial evaluation was completed with Jill's mother to obtain a better understanding of the family dynamics. Next she was given a medical examination by OB-GYN residents at the Sexual Assault Treatment Center (SATC) at the nearby hospital that works in conjunction with the Child Protection Team. Jill was also given prevention counseling.

Through physical examination, physical evidence was found to support the children's verbal statements of penial penetration. Interviews indicated that the two had also engaged in oral copulation and fondling with the grandfather.

When the mother was interviewed, she revealed that she, too, had been sexually abused by this same man, her father, all her life. At this point the Child Protection Team provided crisis intervention counseling for the mother.

Jill, her brother, and her mother have been sexually abused. What could the teachers of these three have done to help them?

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Sexual child abuse is defined as sexual contact between a child and an adult or an older child. Sexual abuse of children can be classified as physical or non-physical. Most cases are of the physical type. Physical abuse can be divided into violent and non-violent acts. Violent abuse includes such acts as forcible rape, beatings, sodomy and oral sex. Non-violent physical abuse includes such acts as fondling, contact with the child's genitals or copulation. Most cases of sexual child abuse are considered non-violent because the child does not

protest. The child is usually too frightened to give any objection because the act is committed by a close family member, someone the child has been told to obey, or someone the child loves and trusts. Non-physical sexual abuse includes such acts as obscene phone calls, indecent exposure and showing pornographic pictures to a child.

Statistics reveal that one out of four female and one out of ten male children will be sexually abused by the time they reach age eighteen. The average age of a sexually abused child is 11. However, it is not uncommon for young children and even infants to be sexually abused. In one case an eighteen month old infant contracted gonorrhoea from her natural father. Seventy-five percent of sexual abuse cases of children found in treatment or the criminal justice system involve the relationship between the natural father or step-father and the daughter. Boys are usually attacked by other males. Of all the child abuse cases reported nationally, 10 percent are sexual abuse. Females under 12 years constitute 50 percent of the sexual abuse cases.

Often the abuser is not a stranger to the child, but a family member, friend or neighbor. The abusers include fathers, mothers, step-fathers, older brothers

or sisters, uncles, cousins, grandparents, babysitters, neighbors, and boy or girlfriends of parents. In fact, 70 to 90 percent of sexual abuse cases involve someone the child knows (DeFrancis 1969; Finkelhor 1979). More than 40 percent of offenders in these cases are related in some way to the victim. Thus, it is not surprising to discover that child molestation most often occurs in the home of the victim or offender, rather than in automobiles, parks, or local school yards (DeFrancis 1969; Geiser 1979; Peters 1976).

Sexual abusers are not easily identified. More than 97 percent are male and their age range spans from early teen through elderly (Groth 1978). A large percentage of the abusers were sexually or physically abused themselves as children.

According to Groth (1978), people who sexually abuse children are reported as having complex emotional or psychological problems. They are unable to relate to other adults and fear being rejected sexually. Marital problems contribute to the abusers stress in some instances. The abuser resorts to sexual abuse of children because he/she is more openly accepted by the child or relates better to children. He/she may be striving to relieve pressure encountered in the adult

environment. There are few cases in which the abuser is found to be completely psychotic or sociopathic.

Child sexual abusers typically exhibit low self esteem, poor impulse control and child-like emotional needs (Groth 1978; Summit and Kryso 1978).

Sexual offenders are unlikely to have prior criminal convictions (DeFrancis 1969), however, they usually offend more than one child. The most extensive investigation to date indicates that the average molester of girls abuses 62 victims in his life, while the average molester of boys offends 31 victims (Sanford 1982).

Educators have unique opportunities to develop open, trusting, and understanding relationships with the children entrusted to them. Educators have the responsibility to provide instruction, support, guidance and love to students within the realm of a safe and secure environment. As educators work with these children on a daily basis, opportunities to become attuned to their feelings, thoughts and behaviors are available. If teachers avail themselves of these opportunities, students develop a trust and respect for them in many instances. Students very often share thoughts and emotions not shared with others. They feel secure in the knowledge that their

teachers will stand by them and protect them in difficult situations.

Unfortunately, students also want to do the "right" things around their teachers. They know that they should be good in school and around teachers and staff. Children that are sexually abused may have strong guilt feelings about what has happened to them. They feel they have been bad, that the abuse was their fault and they are reluctant to tell anyone -- especially their teachers. They may feel that the teacher's will blame them or will tell other teachers. Children that have been abused often think the abusive situation is normal. Some children may know what has happened is wrong, but they may not report it because they love the abuser and may not want to see that person hurt or the family broken up.

It is imperative for these children to be made aware that this abuse is not normal and they are blameless. Children must know the atrocities inflicted on them are not their fault. Children should be encouraged to report any such actions to a trusted adult (i.e., teacher) that will assist in preventing further abuse. Children must learn to trust teachers and other adults with this type of information with the assurance that situations will improve after reporting.

Since most children will not openly report sexual child abuse, the teacher must be knowledgeable of indicators and initiate the reporting when necessary. Teachers have a unique opportunity and legal responsibility to help these children. Under Florida law, teachers are legally obligated to report suspected child abuse of any type. Failure to report or knowingly preventing another person from doing so can result in charges of a second degree misdemeanor and possible prosecution.

In 1986 Clay County HRS received over 1,100 reports of suspected abuse. A large number of these reports dealt with sexual abuse. The majority of these abused children were enrolled in Clay County elementary schools.

Of the children enrolled in school, many were displaying abuse symptoms in the classroom. Some were showing intense anger, especially upon disclosure of the abuse. Visible symptoms included disruptive behavior, which caused some children to become labeled "behavior problems" by their teachers. Other children were noted as odd or withdrawn, becoming alienated from the teacher and other students. A drastic drop in grades and appetite was observable in certain instances. Some children strived to appear older by

wearing excessive makeup or inappropriately styled clothing. Other symptoms included irritability, short-temper, crankiness, hyperactivity, depression and negative self concept. Some abused children have attempted to run away from school or home. Open and frequent masturbation was also common.

Some symptoms are obvious, others are not so obvious. It is imperative that all teachers become aware of what is happening to sexually abused children. Teachers must receive inservice training in detection and prevention of sexual child abuse. They also need training in guidance and classroom techniques for assisting abused children in coping with their experience both in the classroom and at home.

In some circumstances, after sexual abuse cases have been reported, the child's family structure will be disrupted. A close family member may be removed from the home. This removal may result in the loss of income, possibly the only source of income for the family. These upheavals produce complex emotional disturbances in the child. The classroom may be the most consistent and secure environment available to the child. Because many children will miss so much school during court proceedings it is imperative that the teacher provide as much support as possible when the

child is present. Teachers must be capable of dealing with the child's emotional changes while providing this support throughout the ordeal.

If teachers are not trained in these areas, they may be compounding emotional damage to the child. If the behaviors are being treated as discipline problems and the child is being punished, the child may feel more intense feelings of guilt and low self esteem. Teachers could benefit from the knowledge that sexual child abuse has been inflicted upon a child if it has previously been reported. Many times the authorities are reluctant to report to teachers due to past experience with teachers being indiscreet. However, an effective system of communication between the authorities and classroom teachers should be implemented.

The goal of this thesis project is to provide guidelines for teacher inservice on sexual child abuse and propose a system of cooperative and effective communication between the authorities and school personnel.

Chapter 2 Review of Related Literature

"The fact that sexually abused children tend to be schoolaged, but that school officials were not major sources of sexual abuse reports . . . suggests that school personnel need to be educated about the existence, manifestations, and management of sexual abuse" (Jason, Williams, Burton & Rochat, 1982, p. 3348).

Research of recent literature was conducted to present implications for educators in three pertinent areas relating to child sexual abuse: (a) the effects on the child; (b) detection, reporting and intervention procedures; and (c) counseling strategies.

Effects on the Child

Child sexual abuse is a serious crime against children and often results in physical and emotional damage to the victims (Finkelhor, 1979). The abuse has an impact on the child's thinking, attitude, behavior and self-concept. The child's sexuality is effected as well as their ability to form relationships with other people.

A child that has been abused has been through a traumatic experience. The impact of trauma is central to the child's experience. It makes abuse different

from other influences upon the child. According to Jones (1985), one or more of the following five aspects of trauma may be prevalent in an individual case:

1. Traumatic penetration. From the child's perspective, the abuse is experienced as an intrusion, whether the assault is primarily sexual or violent. In the case of incest, this experience is often repeated many times over a period of months or years, thereby diluting the effect of any single episode.

2. Threat to the child's sense of individual being. Abused children have no choice but to face their own vulnerability, sometimes at a very early age. In contrast, most children gradually develop a sense of their own mortality as they grow towards adulthood, whereas sexually abused children have this experience forced upon them.

3. Neglect and Emotional Abuse. Emotional abuse may be in the form of verbal abuse or threats to coerce or silence the child victim. Neglect is a deprivation of physical necessities and/or an emotional unavailability.

4. Adult Gratification. Abused children develop a sense that they are being used for the gratification of an adult's needs, which are primarily sexual or violent.

5. Adaptation. An integral part of the abuse itself is the adaptation by the victim. The child adapts by using survival tactics to minimize pain and suffering, such as dissociation or the acceptance of gifts and special favors. In situations of repeated abuse, the child's sexual feelings may be abnormally stirred (Yates, 1982), and the victim's adaptation finally becomes one of mutual sexual involvement.

Jones (1986) also notes that another common emotional disturbance caused by sexual abuse is guilt feelings. The child may experience guilt at having upset the family. Following disclosure by the child, the family structure may change drastically. The child may feel guilt in the instance that pleasurable feelings were stirred. Guilt feelings may also be caused by the spouse of the abuser. The spouse may accuse the child of allowing the abuse to happen or of "seducing" the offender.

In his study, Jones (1986) discovered that other emotional problems arise in children who have been abused. He found that intense feelings of loss may originate from the removal of the abusive parent. The child's relationship with the abuser may have been the closest in his/her family. Many children feel a love and closeness for the very person who abused them. The

child may experience depression and anger. Self esteem is also very low. Some children even attempt self destruction (Baxter, 1986). In order to alleviate the painfulness of their experience, some children use dissociation. Others use self-hypnosis to reduce their state of awareness (Jones, 1986). In extreme cases, children may develop personality multiplicity (Kluft, 1984).

Some children suffer physical injuries as a result of abuse. The child may receive cuts, bruises, venereal disease(s) and/or even pregnancy (Baxter, 1986).

Sexually abused boys seem to have greater adjustment problems than girls (Kempe, 1972). This might be contributed to the fact that it is more culturally acceptable for girls to have sexual experiences or that there seem to be more support systems available for girls. Because most boys are abused by males, they are left not only victims, but questioning their own sexuality.

Following are some factors that may contribute to a child's reaction to abuse: (a) the relationship of the abuser to the child; (b) the age of the child when the abuse began; (c) the length of time that the relationship has existed; (d) the reaction of the

child's parents at discovery; (e) the reaction of professionals involved in the case; (f) the developmental stage of the child; (g) the force of violence involved in the incidence; (h) the coercion, as opposed to participation, in the event (Kocen and Bulkley, 1981).

Detection, Reporting and Intervention Procedures

Most symptoms of sexual abuse are similar to indicators of other problems (Pettis and Hughes, 1985). Educators should become familiar with the general symptoms associated with sexual abuse, both physical and behavioral. Then in the event that several of these symptoms appear in clusters repeatedly, the teacher can assume the possibility of sexual abuse.

Educators have a unique opportunity to monitor short and long-term changes in behaviors, attitudes, relationships with peers and academic performance of their students. It is important for teachers to document evidence of symptoms in suspected cases (Pettis and Hughes, 1985).

Since sexual abuse is often non-violent assault, obvious physical signs may not be present. For this reason, teachers must often rely on the subtle or drastic changes in behavior or performance. In any

guidance or special education referral, personnel should not overlook abuse as a possible reason for a child's abnormality (Pettis and Hughes, 1985).

The following lists of symptoms have been compiled from literature provided by the Child Protection Team of the Children's Crisis Center, University Hospital, Jacksonville, and Health and Rehabilitative Services (HRS) Public Information Office, Tallahassee.

Physical Indicators

- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in the genital areas
- Bruises or bleeding in external genitals
- Semen around the mouth, genitals, or on clothing
- Venereal disease
- Pregnancy

Behavioral Indicators

- Unwillingness to change for gym or participate in physical education class
- Withdrawal, fantasy or infantile behavior
- Preoccupation with or precociousness about sex
- Poor peer relationships
- Loss of appetite
- Absences from school
- Fear of strangers

- Reluctance to go home from school
- Decline in quality of school work
- Drastic behavior changes

Teachers should keep in mind that abuse can occur on any socio-economic level to males or females. There are, however, factors that seem to present high-risk possibilities to certain groups.

Some generalizations can be made from studies done on these factors. Much of Clay County is considered rural area. The isolated nature of this environment seems to be a high-risk factor. White poor rural children seem to be at a higher risk than blacks (Finkelhor, 1979; Jones, Womack, and Strauss, 1978; National Center of Child Abuse and Neglect, 1981). There are other factors that are considered "high-risk" because they appear to increase children's vulnerability. Specifically, children with low self esteem are often sought out by offenders (DeFrancis, 1969; Weiss et al., 1955). Abusers may also look for children who have been taught to blindly obey adults (Sanford, 1982), or children whose parents refuse to discuss sexuality with them. Parents who leave their children poorly supervised (DeFrancis, 1969), or entrust their children to individuals who drink heavily also increase the risk of victimization. At least

one-third of assaults involve the use of alcohol by the offender (Browning and Boatman, 1977; Gebhard et al., 1965).

Educators are ethically and legally obligated to report any suspicions of sexual or physical abuse or neglect. In 1974 Congress passed the Child Abuse and Neglect Act (Public Law 93-247) which mandates reporting of any suspected child abuse and neglect and assures immunity from civil liability if the report is made in good faith (Pettis and Hughes, 1985). The reporter is also protected by confidentiality. The reporter's name will not be released to anyone other than employees of HRS or the state attorney without written consent of the person reporting. The reporter is not required to give his or her name, although professionals are encouraged to do so to facilitate the investigation (HRS, 1982). Those persons who are legally obligated to report suspected abuse include physicians, nurses, hospital personnel, medical examiners, mental health professionals, school teachers or other school officials, social workers, daycare workers, foster care workers, residential or institutional workers and law enforcement officers. Failure to report can result in a class B misdemeanor

for the negligent party (Brassard, Tyler, and Kelhe, 1983).

Each state also has child abuse reporting statutes which define abuse and specify who must report and to whom. Florida laws address the problem of child abuse. Chapter 827, Florida Statutes, protects children, defined as persons under age 18, and disabled or aged adults from abuse and/or neglect. Section 827.07 provides for a central abuse registry in the Department of Health and Rehabilitative Services (HRS) to receive reports of abuse and neglect and defines who must report abuse. The law assigns to HRS all responsibility for receiving, investigating and acting upon such reports.

It is important to note here that school personnel are not responsible for investigating any abuse reports or suspicions of abuse. Educators are an integral part of the detection of abuse but should not try to involve themselves in the further investigation of such cases. This lack of further involvement protects the confidentiality of the reporting teacher and the child.

Some educators may be reluctant to report suspected abuse for various reasons. Baxter (1986) notes some of these possible reasons. They may feel that the child entering the system may be exposed to

trauma from criminal justice, social service and health systems personnel. Some educators may be too embarrassed to discuss sexual matters with children or the helping agencies. A big factor in the reluctance of educators to report is the fear of involvement, fear of contact with the police and courts, and fear of gossip among peers. These feelings should not deter the informed professional in his/her legal obligation and moral responsibility to report suspected cases of abuse (Baxter, 1986).

To assist in helping teachers feel more comfortable with reporting abuse, the school district needs to become involved. Teachers might become more involved if the school district would establish reporting policies, institute procedural policies and provide staff development training (Pettis and Hughes, 1985). In their study, Pettis and Hughes (1985) advocate school district teams, either district-based or building-oriented, for developing procedures that promote ease of reporting for school personnel. These teams can provide support to the reporting person as well as information and assistance. It is imperative that school boards and administrators support line staff in fulfilling their mandated obligation to report (Pettis and Hughes, 1985).

Baxter (1986) also notes that many teachers are unaware of the procedures that follow the initial reporting of a case. This may add to the apprehension felt by the reporter. If teachers were better informed of the process that follows the initial report, they might be less reluctant to make the report.

According to Baxter (1986), the report of suspected abuse is not an accusation, but a request for an investigation. Any suspicious cases should be reported. Teachers do not need absolute proof that a child has been abused, but documentation of any factual evidence is helpful (Baxter, 1986).

When making a report, the teacher should contact the toll-free child abuse hotline number that is based in Tallahassee. The Tallahassee agency will, in turn, contact the local HRS agency. The local HRS agency will no longer accept direct referrals. Teachers can, however, contact the local agency for follow-up information. All schools should have the toll-free child abuse hotline number posted in an accessible area. When making a report, the teacher should be prepared to provide the following information: (a) child's name, date of birth and address; (b) child's present location; (c) parent's name, address and phone number; and (d) details of suspicion (Baxter, 1986).

The reporters name and location are optional information but professionals are encouraged to give this information because they may provide further assistance throughout the investigation (HRS, 1982).

After the receipt of a report to the Central Abuse Registry, the report is then called back to the local HRS Single Intake Unit. An HRS intake counselor is assigned to make an initial investigation to assess the family situation and determine the immediate safety of the child. HRS is required to take action on a report within 24 hours (Duval County Schools, 1986). If the child is under the age of five, or if the child is reported to be in danger by the offender, action must be taken within 2 hours (Ware, 1987).

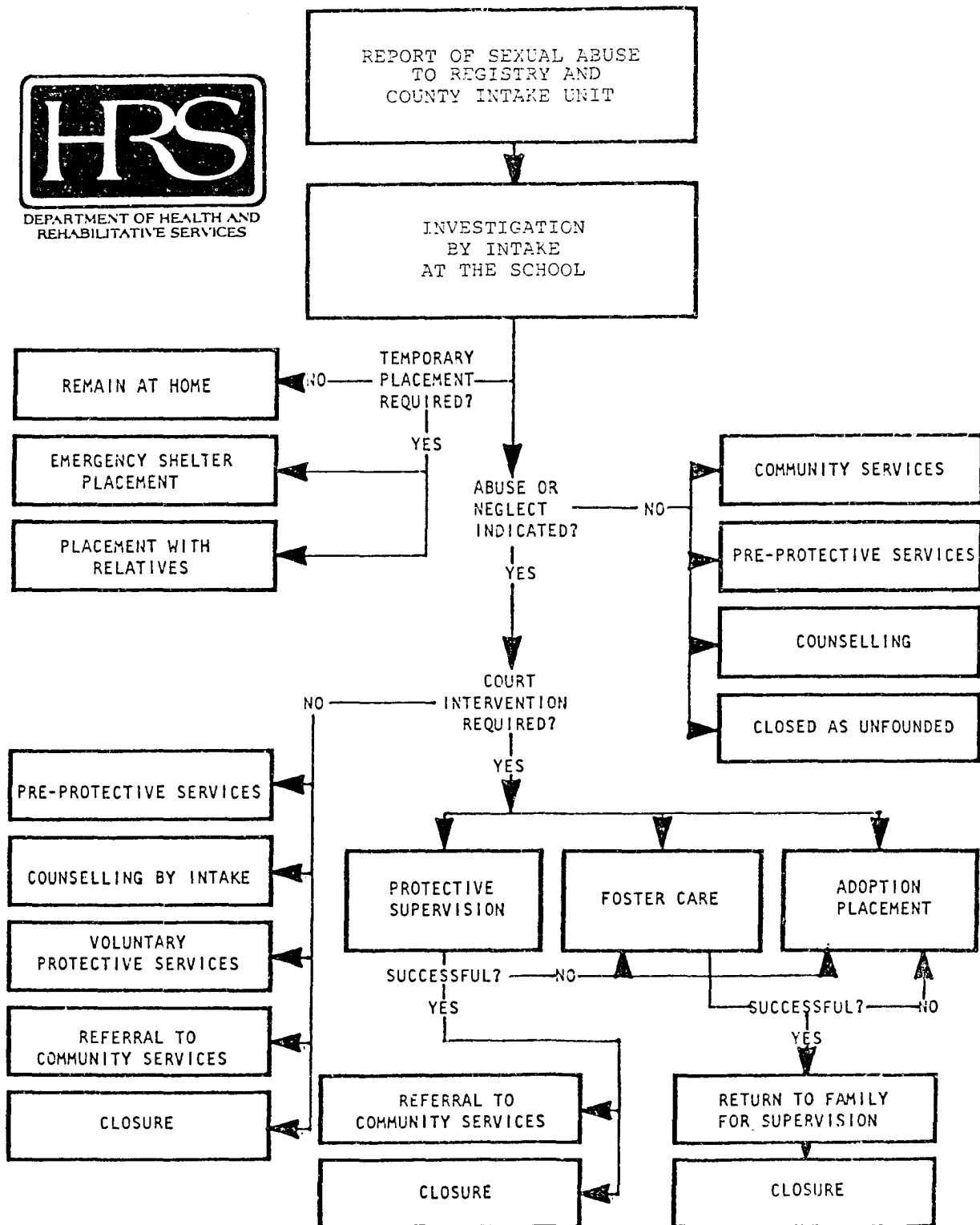
The following is a scenario of the incidences that will take place after a report of abuse has been made. This information was provided by one of the case coordinators working with the Child Protection Team in Jacksonville. In almost all cases of sexual child abuse, the child is taken into temporary custody. Since most teachers will make reports during the school day, the HRS counselor will contact the child during that school day or the very next school day. The HRS counselor and a sheriff's department officer will interview the child to confirm the suspicions. Through

role-play, the officials will interview the child. If the interviewers are successful in their attempts and their suspicions are confirmed, the child will then be taken into temporary custody, if the non-offending parent is not supportive of the child.

The child will now be in the custody of the HRS counselor. He/she will be taken to the Sexual Assault Treatment Center at a nearby hospital for a medical examination by an OB-GYN resident who is deputized by the Medical Examiner's office to collect criminal evidence. At this point, the counselor unites with the Child Protection Team of the Children's Crisis Center. Counselors at the Child Protection Team headquarters will validate the child's history through the use of anatomically correct dolls and drawings. They will also provide a supportive atmosphere, prevention information and they will try to reunite the child with the non-offending parent.

From this point on, the investigation will continue with joint efforts by the HRS counselor and the case coordinator of the Child Protection Team. The entire referral process is outlined in the following flow chart. This chart was originally designed by HRS to outline the entire referral process for all abuse

and neglect cases but has been revised to pertain only to the cases of sexual abuse.



Counseling Strategies

Educators must consider the possibility that a child in their classes is being sexually abused by a parent or other family member. Out of a classroom of 25, it is likely that five children have been or will be sexually abused by the time they finish high school (Davis and Roth, 1984). Some of the children you see on the playground, in the cafeteria, even in your classroom may be victims of incest.

After it is determined that a child has been sexually abused, the teacher can play an important part in counseling the child. In most cases, victims will need therapy from a trained counselor, but awareness of some of the conflicts the child faces can help a teacher to interact therapeutically with the victim (Pettis and Hughes, 1985).

Many factors in the child's life will be unstable during the period following the report. For this reason, the school environment must be kept a normal, stable part of the victimized child's life (Pettis and Hughes, 1985).

Teachers can reduce the impact of sexual abuse by providing a trusting, caring relationship, encouraging positive self concept, and increasing the children's awareness and ability to cope constructively with their

emotions (Holtgraves, 1986). Bibliotherapy is one means of achieving this goal. By listening to and reading stories about children that have been in similar situations, children feel less isolated in their own situations.

In many cases, the child or the perpetrator will be removed from the home. The victim needs support and encouragement from the teacher in coping with the many feelings created by these abrupt changes. The teacher must remind the child that despite the family's disruption, the abuse was not their fault. It was the adult who broke the rules and society's laws (Holtgraves, 1986).

Holtgraves (1986) notes that knowing the details of the abuse is not essential for helping the child. Teachers should not force a child to discuss the situation unless they are willing. He also notes that if teachers attempt to elicit information, the child may take it as prying and be reluctant to trust the teacher for fear of causing more disruption.

Many of the strategies for counseling children of alcoholics presented by Edwards and Zander (1985) are useful in working with victims of sexual abuse. In one strategy the authors suggest that counselors establish "a trusting relationship by demonstrating consistent

care and interest in the child (e.g., setting limits, keeping promises, and being on time) . . . [while] avoiding the replication of destructive attitudes and behavior patterns of parents" (Edwards and Zander, 1985).

Teachers should keep in mind that drastic changes in behavior may occur at several stages. First, at disclosure and then during court hearings and depositions, and finally after the offender is released from prison.

By subtly mirroring the child's posture, facial expressions and gestures, a feeling of empathy and rapport can be established (Holtgraves, 1985). The teacher should try to be nonjudgemental by making statements that merely reflect the child's thoughts and feelings. Negative statements about the situation or perpetrator should be avoided because they may alienate the child that has ambivalent feelings toward the abuser (Holtgraves, 1985).

Holtgraves (1985) provides many helpful guidelines for teachers to follow in dealing with the sexually abused child. He suggests that the teacher needs to feel empathy, not sympathy for the child. He also suggests that teachers can reduce the feelings of pity for the child by thinking of the child as a human being

that is making it through a challenging experience. With the proper assistance the child very likely will grow to live a happy, healthy and productive life.

In his study Holtgraves (1985) also discusses the many feelings the child may encounter during the experience. He lists them as denial, fear, anxiety, anger, guilt and confusion. He notes that denial can serve the positive function of protecting the child from unbearable pain. It is important to remind the child that all these feelings are very normal in their situation.

In order to help the child express his/her feelings, the teacher may use art, dance, puppets, music or play activities (Jones, 1985). Younger children can express their feelings in these ways sometimes better than in words.

Throughout his studies of sexually abused children, Holtgraves (1985) focuses on the importance of building self esteem. He suggests that the teacher help students form the attitude that they are active creators and participants in their own destinies. Using visual imagery techniques can help develop positive attitudes about making good decisions and overcoming obstacles in life. He suggests that these fantasy or imagination trips include people

encountering problems, danger, or uncomfortable situations who demonstrate resourcefulness and are successful in resolving conflicts.

Additional techniques for building self esteem suggested by Holtgraves (1985) include having the child focus on his/her strengths and unique qualities. Encouraging the child to tutor or help other children in the class or younger children can provide a feeling of accomplishment and can help the child to focus on someone else's life and problems. Holtgraves (1985) also notes that sometimes other children in the class or school may be aware of the incidences that have taken place, thus giving them reason to ridicule the victim. He suggests that children overcome this cruelty by learning to encourage themselves, even when those around them are unkind, and learning to value their own opinions more than others'.

Another method of enhancing self concept as suggested by Holtgraves (1985) involves encouraging the child to take pride in his/her physical appearance. He notes that by encouraging them to stand tall, make eye contact, use a strong voice and take care with their hygiene and dress, they will project an image of strength rather than vulnerability.

Chapter 3

Procedures

Examining local statistics on sexual abuse and interviewing professionals working with abused children revealed a need for teacher inservice in dealing with the problem of child sexual abuse. These needs mirror a national concern.

Finkelhor and Araji (1983) note that education concerning child sexual abuse is not a part of the regular training that any professionals receive and they advocate that efforts should be made to include materials about sexual abuse in the curriculum of professional schools. There are no available resources specifically designed for thorough inservice training of teachers covering sexual abuse alone, therefore specific objectives for the inservice training program developed through this project emerged from the study of guidelines suggested by Holtgraves (1986), Jones (1986), Westcott (1980), and Roscoe (1984).

The program focuses on three pertinent areas: (a) the effects on the child, (b) detection, reporting and intervention procedures, and (c) counseling strategies. The program requires a six-hour block of time. It consists of three two-hour sessions.

Volpe (1981) found that educators need a general knowledge base as well as exercises to build confidence

in ability to handle the problem. Keeping this in mind, the program begins with presentation of content, followed by exercises to build confidence and provide practice. Exercises include case studies, small and large group discussion, and demonstrative activities.

The first session begins with an introduction and overview of the entire program, followed by distribution of a pre-evaluation instrument. The focus of this session is the effects of sexual abuse on the child. There is a lecture dealing with the effects on the child, followed by the video "The Touching Problem," which helps increase awareness of the effects of sexual abuse on the child. After viewing the video, participants are given case studies to read and discuss in small groups. Reactions are documented on a "Questions to Be Answered" task sheet. A list of other possible films for use in this session can be found in the references section of this book. This list is the product of reviewing resource lists compiled by Koblinsky and Behana (1984) and by reviewing films available from FilmFair Communications, Studio City, CA, and Coronet/MTI Film and Video, Deerfield, IL.

The second session focuses on detection, reporting and intervention. Legal implications for reporting and suggestions for effective intervention procedures are

presented. Guidelines for school district teams, as described by Pettis and Hughes (1985), and U.S. Department of Health and Human Services, Office of Human Development Services (1984), are the basis of discussion. Feedback is elicited by teachers to help in the eventual implementation of these teams in the Clay County School System. Case studies are presented for discussion and participants are introduced to a film available for use in the classroom. This film, "Better Safe Than Sorry, II", helps children prevent and/or deal with sexual abuse.

The third session focuses on counseling strategies. Teachers are presented with suggested techniques for dealing with the emotional problems resulting from sexual abuse. They are then given a chance to practice these techniques through small group activities. Participants then view two resources available for use in the classroom. The first is a DUSO guidance kit titled "Body Rights". The second is a video titled "Now I Can Tell You My Secret".

Following the third session, teachers are given a post-evaluation instrument to determine if the objectives have been met and if there is an evident gain of knowledge. Observation of teachers is used as another means of evaluating the effectiveness of the

program. More effective reporting and improved counseling strategies are the expected outcomes during observations.

Prior to submitting the program for implementation in Clay County Schools it was evaluated by the Child Protection Team of the Children's Crisis Center at University Hospital, HRS Youth Services in Orange Park, and two classroom teachers at the author's school. The content, appropriateness of the activities and feasibility of their implementation were evaluated.

Before placing this program into the Clay County inservice plan it was submitted for inclusion in the comprehensive plan for Clay Hill Elementary School and approval by the Florida Department of Education Staff Development Office. The Department of Education required the following information: (a) need being addressed; (b) general objective; (c) specific objectives; (d) activities; (e) participant evaluation; and (f) component evaluation. Pre and post evaluation instruments were also required. After approval, it was scheduled to be piloted in Clay Hill Elementary School in January of 1988.

Chapter 4 Inservice Component Guidelines

The proposed format of this inservice for elementary teachers consists of three two-hour sessions on three consecutive days. The six hours of contact time will be supplemented with a 4-hour follow-up project. This brings the total time to the 10-hour limit that is necessary to receive inservice points in Clay County.

The participant needs and objectives as outlined on the Inservice Component Outline for Clay County Inservice are as follows:

Need Being Addressed: Educators need training to promote more effective detection and reporting of sexual abuse and improved counseling techniques.

General Objectives: 1. Participants will learn to detect, report and possibly intervene in sexual abuse cases more effectively. 2. Participants will become more knowledgeable of the effects of sexual abuse on a child and will become familiar with effective counseling techniques.

Specific Objectives: 1. Participants will be able to list behavioral and physical indicators of sexual abuse. 2. Participants will be able to describe the effects of sexual abuse on a child's thinking, attitude, behavior, self-concept and ability to form

relationships. 3. Participants will learn the referral process for sexual abuse cases, and be able to describe how and where to report suspected cases. 4.

Participants will be able to describe and use some effective counseling techniques for helping children cope with the emotional damage caused by sexual abuse.

The objectives for each of the three sessions are written in terms of the presenter's objectives, followed by activities to meet those objectives. References and resources that are used in workshop activities are listed at the end of Chapter 4. A program outline, including time factors, is also included.

Session 1 Pre-assessment, Introduction

Effects on the Child

Objectives:

1. To pre-test participants through the use of a paper and pencil pre-evaluation instrument.
2. To present an introduction and overview of the entire inservice component.
3. To present information on the effects that sexual abuse has on a child.
4. To increase awareness of the emotional trauma experienced by a victimized child.

5. To present case studies of abused victims to help participants identify the effects on the victim.

Activities:

1. Distribute the pre-evaluation instrument (see Appendix A) and allow all participants enough time to attempt each item.

2. (a) Provide participants with Program Outline (see Appendix B).

(b) Distribute "The Case of Jill" handout (see Appendix C) for participants to read and discuss.

(c) Conduct an introduction lecture (see Appendix D).

3. Conduct a lecture dealing with information from Chapter 2 (see Appendix E).

4. Present the video The Touching Problem (1982). MTI Teleprograms, 3710 Commercial Ave., Northbrook IL 60062.

5. Divide participants into small groups and give each group several case studies typed up on index cards (source: Ward, Elizabeth [1985]. Father-Daughter Rape. New York, New York: Grove Press, Inc., pp. 6-43, Sonia's Story and Jude's Story). Instruct the groups to discuss the case studies and make some conclusions about the effects the abuse had on the victims.

Conclusions will be reported on "Questions To Be Answered" task sheet (see Appendix F).

Session 2 Detection, Reporting
and Intervention Procedures

Objectives:

1. To present information on detection, reporting and intervention procedures for dealing with sexual child abuse.

2. To present a case study of an abused child to help participants propose some effective detection, reporting and intervention procedures.

3. To present a proposal for instituting school district teams for the purpose of developing procedures that promote ease of reporting for school personnel and serve as a liason between the authorities and school personnel. Feedback and suggestions will be developed by participants in small groups.

4. To become familiar with three simple rules which can help children prevent and/or deal with potential sexual abuse and to become familiar with materials available that can be shown to students that will help increase their awareness that sexual abuse comes not only from strangers, but also from adults

they know, possibly even from their own homes and that sexual abuse is not normal.

Activities:

1. Conduct a lecture dealing with information from Chapter 2 (see Appendix G), including handout on behavioral and physical indicators (see Appendix H), and Referral Process Flow Chart (see Appendix I).

2. Divide participants into small groups and give each group case study handout (see Appendix J). Instruct the groups to discuss the case study and make some suggestions on effective detection, reporting and intervention procedures. Feedback will be reported on "Questions To Be Answered" task sheet (see Appendix K).

3. (a) Lecture on School District Teams (see Appendix L).

(b) Divide participants into small groups to develop feedback and suggestions for implementation of teams in Clay County. Feedback will be done on "Questions To Be Answered" task sheet (see Appendix M).

4. Present the film Better Safe Than Sorry, II (1986). FilmFair Communications, 10900 Ventura Boulevard, P.O. Box 1728, Studio City, CA 91604-9983.

Session 3 Counseling Strategies
and Post-Assessment

Objectives:

1. To present information on counseling techniques that can be used by a teacher when working with sexually abused children.

2. To demonstrate the counseling technique of visual imagery.

3. To demonstrate the counseling technique of building self-concept.

4. To demonstrate the counseling technique of bibliotherapy.

5. To demonstrate the effectiveness of using assertive discipline with abused children.

6. To demonstrate the DUSO "Body Rights" kit which is an approach to preventing sexual abuse of children.

7. To present a film available for use as a means of starting a dialogue in the classroom on the subject of sexual abuse.

8. To post-assess participants to determine if course objectives have been met and to evaluate the component for effectiveness and to determine reactions by participants.

9. To explain follow-up project assignment.

Activities:

1. Conduct lecture dealing with information on counseling strategies from Chapter 2 (see Appendix N).

2. Present a visual imagery dialogue to show the effectiveness of using this technique with abused children (see Appendix O).

3. Conduct small group activities for building self-concept (see Appendix P).

4. Demonstrate bibliotherapy by sharing some of the children's books available on the subject of sexual abuse (see Appendix Q and References and Resource List at the end of Chapter 4).

5. Outline the major features of the Assertive Discipline approach by Lee Canter (see Appendix R). (Canter, Lee & Canter, Marlene [1976]. Assertive Discipline. Los Angeles, California: Lee Canter and Associates)

6. Present the DUSO tape, picture book and activities in the Body Rights kit. (Body Rights: A DUSO Approach to Preventing Sexual Abuse of Children. American Guidance Service, 724 Publisher's Building, Circle Pines, Minnesota 55014.)

7. Present the video Now I Can Tell You My Secret, Coronet/MTI Film & Video, 108 Wilmot Road, Deerfield, Illinois 60015.

8. Distribute the post-evaluation instrument (see Appendix S) and the program evaluation materials for

completion by participants provided to presenter by the County Office).

9. Distribute assignment sheet for follow-up project (see Appendix T) and discuss with participants.

References and Resources

Books

- Canter, Lee & Canter, Marlene (1976). Assertive Discipline. Los Angeles, CA: Lee Canter and Associates.
- Milliken Publishing Co. Activities for developing positive self-awareness. St. Louis, MO.
- Ward, Elizabeth (1985). Father-Daughter Rape. New York, New York: Grove Press, Inc. pp. 6-43.

Books For Children

- Dayee, Frances (1982). Private Zones. Edmonds, WA: The Charles Franklin Press.
- DUSO (1986). Body Rights: A DUSO approach to preventing sexual abuse of children. Circle Pines, MN: American Guidance Service.
- Haddad, Jill & Martin, Lloyd (1982). What if I say no! Bakersfield, CA: M.H. Cap and Company.
- Kehoe, Patricia, Ph.D. (1987). Something Happened And I'm Scared To Tell. Seattle, Washington: Parenting Press, Inc.
- Montgomery, Becky, Grimm, Carol, & Schwandt, Peg (1983). Annie: Once I was a little bit frightened. Fargo, ND: Rape and Abuse Crisis Center.

Sweet, Phyllis E. (1981). Something Happened To Me.

Racine, Wisconsin: Mother Courage Press.

Williams, Joy (1980). Red flag, green flag people.

Fargo, ND: Rape and Abuse Crisis Center.

Videos

Coronet/MTI Film & Video (1986). Now I can tell you my
secret. Deerfield, IL.

FilmFair Communications (1986). Better safe than
sorry, II. Studio City, CA.

MTI Teleprograms (1982). The touching problem.
Northbrook, IL.

Appendices

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Appendix A
Pre-Assessment

Name _____

1. What effect does sexual abuse have on a child?

2. List four physical indicators of sexual abuse.

3. List four behavioral indicators of sexual abuse.

4. What should you do if you suspect a child in your class has been sexually abused?

5. Are teachers required to report suspected abuse even if there is no proof that the abuse has taken place?
How do you know this?

6. What does the law state about responsibility to report abuse cases?

7. Who do you contact in our county to report an abuse case?

8. Where is the Child Abuse Hotline number posted at in our school?

9. Who can you go to in our school for advice on how to handle an abuse case?

10. What information is needed when reporting an abuse case?

11. What happens after initially reporting an abuse case?

12. What is the Child Protection Team? What is their role in sexual abuse cases?

13. What types of emotional damage can be done to a child that has been sexually abused?

14. What are some ways you can help sexually abused children cope with this emotional damage?

Appendix B
Program Outline

Session 1 (2 hours)

Pre-Assessment, Introduction, Effects on the Child

- 15 min. Pre-assessment
- 20 min. Introduction and program outline
- 20 min. Lecture on the effects on the child
- 15 min. Break
- 20 min. Video - "The Touching Problem"
- 30 min. Case Studies

Session 2 (2 hours)

Detection, Reporting and Intervention

- 20 min. Lecture on detection, reporting, and intervention
- 30 min. Case study review
- 15 min. Break
- 40 min. School District Teams
- 15 min. Film - "Better Safe Than Sorry, II"

Session 3 (2 hours)

Counseling Strategies, Post-Assessment

- 60 min. Lecture and demonstrations of counseling techniques
- 15 min. Break
- 15 min. DUSO - "Body Rights" Kit
- 15 min. Video - "Now I Can Tell You My Secret"
- 15 min. Post-assessment and program evaluation

Appendix C

"The Case of Jill"

Jill is a first grader. She is an average student, liked by most of the students in her class. Her hygiene is not to desired health standards. She arrives at school with dirty hair and unbathed skin frequently. She seems to have a problem with being "lady-like" indicated by sitting with her legs open while wearing dresses and showing her panties often during play. She also seems to be very "touchy" with the boys in the class. She seeks physical contact with the teacher.

Recently, Jill has been masturbating in class. The teacher has noticed it getting more and more frequent. Not having idea what this might mean, the teacher began to seek help from the guidance counselor and Jill's Kindergarten teacher. The Kindergarten teacher confirmed that Jill had a tendency to masturbate in school the previous year. These actions were assumed to be normal sex play for her age group and were disregarded to a great degree. The parents had been confronted and agreed that her actions must be innocent sexual exploration.

The guidance counselor, having been trained in abuse prevention and detection, immediately suspected

sexual child abuse. She then placed a call to the Department of Health and Rehabilitative Services (HRS), who in turn contacted the Child Protection Team of the Children's Crisis Center.

Jill was interviewed by the HRS worker and a Sheriff's Department detective. The two were able to obtain a history from Jill that indicated she had been sexually molested by her grandfather for quite some time. According to Jill, her grandfather would promise her and her older brother candy and other treats in exchange for sexual favors.

After the interviews, Jill was taken to the Child Protection Team headquarters where a validation interview was completed with the use of anatomically correct dolls. A psychosocial evaluation was completed with Jill's mother to obtain a better understanding of the family dynamics. Next she was given a medical examination by OB-GYN residents at the Sexual Assault Treatment Center (SATC) at the nearby hospital that works in conjunction with the Child Protection Team. Jill was also given prevention counseling.

Through physical examination, evidence was found to support the children's verbal statements of penial penetration. Interviews indicated that the two had

also engaged in oral copulation and fondling with the grandfather.

When the mother was interviewed, she revealed that she too had been sexually abused by this same man, her father, all her life. At this point, the Child Protection Team provided crisis intervention counseling for the mother.

Jill, her brother and her mother have been sexually abused. What could the teachers of these three have done to help them?

Appendix D

Outline For Introduction Lecture

Definition -- sexual contact between a child and an adult or older child.

Physical sexual abuse --

 violent: rape, beatings, sodomy, oral sex

 non-violent: fondling, contact with genitals,
 copulation (most frequent)

Non-physical sexual abuse --

 obscene phone calls, indecent exposure, showing
 pornographic pictures to a child, taking
 pornographic pictures of a child

Statistics --

 1 out of every 4 females and 1 out of every 10
 males will be sexually abused by the time they reach
 age 18.

 Average age is 11, however young children and even
 infants will be sexually abused. One 18-month old
 infant contracted gonorrhoea from her natural father.

 75% of all cases are father/daughter relationship.

 Boys are usually abused by other males.

 10% of all abuse cases are sexual abuse.

 50% of victims are females under the age of 12.

 70 to 90% of all cases involve someone the child
 knows: father, mother, step-father, older brother or

sisters, uncles, cousins, grandparents, babysitters, neighbors, or boy or girlfriends of parents.

40% are related in some way. Most abuse occurs in the home of the victim or offender.

97% of all abusers are male.

Characteristics of abusers:

Complex emotional or psychological problems:

--unable to relate for fear of sexual rejection

--marital problems

--can't handle pressures of the adult environment

--few are psychopathic or sociopathic

--low self-esteem

--child-like emotional needs

--poor impulse control

Sex offenders are unlikely to have prior convictions but usually offend more than one child.

Most extensive investigation to date indicates that:

--Abusers that offend females average 62 victims

--Abusers that offend males average 31 victims

Teachers have a unique opportunity to develop open, trusting and understanding relationships in their classes. However, students are reluctant to confide because of:

--guilt

--feeling responsible

- thinking it's normal
- love of abuser
- fear of breaking up the family
- fear of disapproval by the teacher

According to CPT coordinator, some children beg that the teacher not be told.

Teacher's role:

- To make child aware that the abuse is not normal
- To recognize indicators
- To initiate reporting
- NOT TO INVESTIGATE
- To provide support and build self-esteem

Teachers are legally obligated to report any suspected abuse. Public Law 93-247 (Congress, 1974):

- mandates reporting (physicians, nurses, hospital personnel, school teachers, daycare workers, foster care workers, residential or institutional workers, and law enforcement officers
- assures immunity from civil liability if report is made in good faith
- establishes right of confidentiality
- establishes right to be notified of results
- establishes that failure to report can result in Class B misdemeanor which carries the penalty

of a fine of up to \$500.00 and/or up to 60 days
in jail

Clay County received over 1,100 reports of
suspected abuse in 1986. Large number of these were
sexual abuse. Majority of these were enrolled in our
elementary schools.

The following symptoms were seen: disruptive
behavior, odd, withdrawn, drop in grades and appetite,
excessive makeup, inappropriately styled clothing,
irritability, short tempers, crankiness, hyperactivity,
depression, negative self-concept, run away attempts,
and masturbation.

Look for not just one single symptom but repeated
symptoms over time, a combination of symptoms, or
drastic changes in behavior.

Family structure may be disrupted by removal of a
family member, loss of income or absences in school
because of court and counseling sessions. Another
disruption occurs when the non-offending parent is
forced to choose between the offender and the victim.

Teachers can damage self-concept further by
treating symptoms as behavior problems (principal's
office, calling parents, suspension, paddling, etc.).

Authorities are reluctant to report to teachers but teacher has a right to be notified of where the case is going.

Inservice will cover these three areas:

- Effects on the child
- Detection, reporting and intervention procedures
- Counseling strategies

Appendix E

Lecture Outline

On the Effects of Abuse on the Child

Sexual abuse effects a child's thinking, attitude, behavior, self-concept, sexuality and ability to form relationships.

Five aspects of trauma: (Jones, David, P.H. [1986];. Individual Psychotherapy for the sexually abused child. Child Abuse & Neglect, 10, 377-385).

1. Traumatic penetration - reoccurences dilute the effect of intrusion feeling.

2. Threat to child's sense of individual being - child is forced to accept vulnerability and mortality at too young an age.

3. Neglect and emotional abuse - Verbal abuse and threats. Mother not believing child and blaming child.

4. Adult gratification - Children realize they are being used for an adult's sexual or violent gratification thus destroying their view of adults.

5. Adaptation - An integral part of the abuse is adaptation by the victim. Child uses survival tactics to minimize pain such as dissociation or acceptance of gifts and special favors. In repeated abuse the child's sexual feelings may be abnormally stirred and adaptation becomes one of mutual sexual involvement.

Guilt feelings may be caused by:

- upsetting the family
- pleasurable feelings that may be stirred
- spouse blames child
- loss of the parent abuser (may have been the closest relationship in the family)

Low self esteem may cause:

- depression
- anger
- self-destruction
- self-hypnosis
- personality multiplicity

Physical injuries that may result include: cuts, bruises, venereal disease, pregnancy, internal damage.

Factors contributing to a child's reaction to abuse:

- relationship of the abuser to the child
- age of the child
- duration of relationship
- reaction of parents
- reaction of professionals
- developmental stage of the child
- force of violence
- coercion verses participation

Appendix F

Questions to be Answered Task Sheet
On Identifying the Effects on the Child

1. In what ways was the child affected in regards to his/her:

thinking:

attitude:

behavior:

self-concept:

sexuality:

ability to form relationships:

2. What forms of adaptation did the victim use?

3. What types of guilt feelings were caused and why?

4. If the victim exhibited low self-esteem, what were some of the causes and/or results of this low self-esteem?

5. List any physical injuries that occurred.

6. Which factors contributed to the child's reaction to the abuse? Explain.
 - a. relationship of the abuser to the child?

 - b. age of the child?

 - c. duration of the relationship?

 - d. reaction of parents?

 - e. reaction of professionals?

 - f. developmental stage of the child?

 - g. force of violence?

 - h. coercion verses participation?

Appendix G

Lecture Outline

On Detection, Reporting and Intervention Procedures

Detection

- document evidence of symptoms
- non-violent assault shows few obvious physical signs
- look for subtle or drastic changes in behavior or performance
- physical indicators/behavioral indicators
(see Appendix I)

Abuse can occur on any socio-economic level to males or females, however there are some high risk factors:

- isolated nature of rural Clay County
 - white poor children at a higher risk than blacks
- Offenders look for children:
- with low self esteem
 - who have been taught to blindly obey adults
 - whose parents leave their children poorly supervised (latch-key kids)
 - whose parents entrust their children to individuals who drink heavily (1/3 of assaults involve the use of alcohol by the offender).

Reports should be made on suspicion of abuse, teachers do not have to have proof. Reporters are not required to give name, but are encouraged to do so to facilitate the investigation. Reporter's name will not be released to anyone other than employees of HRS or the State Attorney without written consent of the reporter.

The law assigns HRS all responsibility for receiving, investigating and acting upon reports. School personnel are not responsible for any investigating and are discouraged from doing so.

Teachers are reluctant to report because of:

- fear that the child will be traumatized by the criminal justice system, social services and health systems personnel
- fear of gossip among peers
- being too embarrassed to discuss sexual matters with children or the helping agencies
- fear of involvement, fear of contact with the police and courts
- prior bad experiences with the helping agencies
- lack of knowledge about reporting procedures
- being unaware of the procedures that follow the initial report

Information needed when filing a report:

- child's name, age and address
- child's present location
- parent's name and address
- details of suspicion
- reporter's name and location (optional)

When an HRS counselor is assigned to the case the following circumstances apply:

- initial investigation to assess family situation and determine immediate safety of the child.

- HRS required to take action on a report within 24 hours (2 hours if child is under 5 years old or in immediate danger from offender).

- In almost all sexual abuse cases the child is taken into temporary custody.

- Most reports are made during the school day so usually HRS will contact the child at school that day (usually within hours) or the very next school day.

- HRS counselor and Sheriff's Department officer will conduct interview.

- If suspicions are confirmed, the child is taken into temporary custody with HRS counselor.

- Parents are usually, but not required to be, notified of the custody.

--Taken to Child Protection Team headquarters and Sexual Assault Treatment Center at the nearby hospital (University Hospital), for exam and counseling.

--HRS and CPT coordinator continue referral process as outlined on the handout (see Appendix I).

Appendix H

Physical Indicators

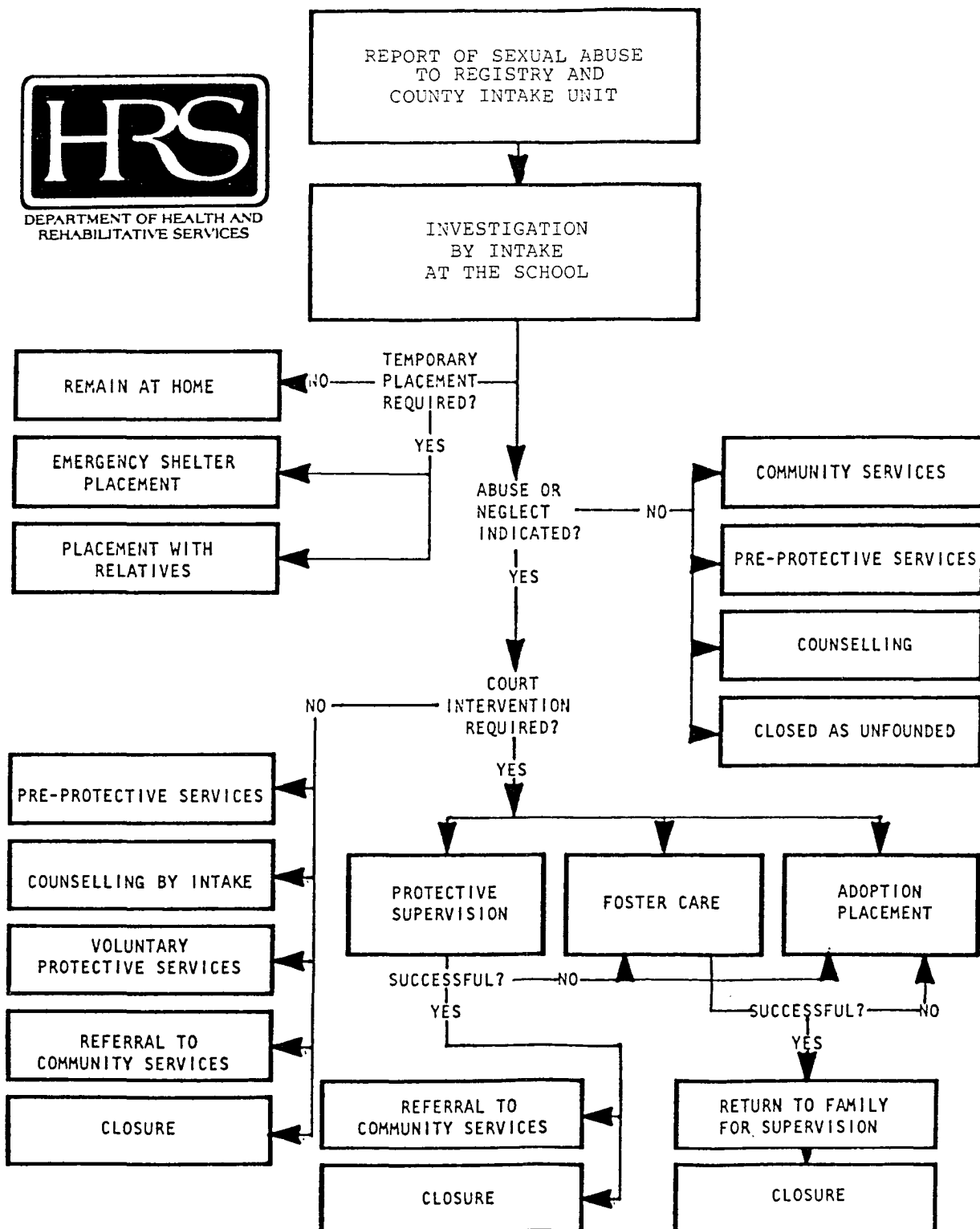
- Difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Pain or itching in the genital areas
- Bruises or bleeding in external genitalia
- Semen around the mouth, genitals, or on clothing
- Venereal disease
- Pregnancy

Behavioral Indicators

- Unwillingness to change for gym or participate in physical education class
- Withdrawal, fantasy or infantile behavior
- Preoccupation with or precociousness about sex
- Poor peer relationships
- Loss of appetite
- Absences from school
- Fear of strangers
- Reluctance to go home from school
- Decline in quality of school work

Appendix I

Sexual Child Abuse Referral Process Flow Chart



Appendix J

Case Study

Johnny's behavior has changed dramatically in the past four months. He started the school year as a carefree, active, well-liked third grader. Now he seems to be withdrawn and insecure, not wanting to associate with his classmates. His grades are beginning to drop and he seems to lack interest in the activities in the classroom. He also seems reluctant to want to leave school in the afternoon.

Johnny's teacher has sent numerous notes home to his parents that have been unanswered. When the teacher suggested that Johnny's parents be called, he was very upset.

Appendix K

Questions To Be Answered Task Sheet

On Detection, Reporting and Intervention

1. What symptoms of sexual abuse is Johnny showing?
2. What further steps should the teacher take?
3. If the teacher chooses to report, who should she contact first? Next?
4. What information is needed when making the report?
5. List some reasons that the teacher might be reluctant to report this case.
6. What type of intervention might take place after the report:
by the authorities?

in the classroom?

Appendix L
Lecture Outline
For School District Teams

In many cases of reporting child abuse, there are procedural difficulties that may discourage teachers.

There may be:

- a lack of back-up by administrative staff
- failure to provide inservice to staff
- lack of information on the proper procedures

School District teams can be formed for the purpose of:

- establishing reporting policies
- instituting procedural policies
- providing staff development training
- providing information, assistance, advice and support for reporting teachers

These teams can be much like the Child Study Teams that deal with ESE students which provide:

- diagnosis and assessment of specific problems, including academic, learning, behavior, health and social adjustment problems
- development of individualized educational plans
- support services including counseling, speech, hearing and language, therapy, behavioral management, special education, and health care

These teams may include any of the following members:

- school psychologist
- reading specialist (Chapter 1 teacher)
- speech therapist
- regular ed. teacher
- guidance counselor
- prep specialist
- parents
- school social worker
- other HRS personnel

Team members are skilled in diagnosing and assessing special problems and in tailoring individual programs to address those problems.

Sexually abused children, too, are children with special needs. In setting up these special programs to meet the needs of abused children, educators should be extremely careful to protect the rights of the child and family and to avoid labeling these children "abused".

Appendix M
Questions To Be Answered Task Sheet
On School District Teams

1. What types of special services are already available in your school for children that have been sexually abused?
2. Who in your school is trained in child abuse and neglect?
3. Who in your school is qualified to provide special services to abused children?
4. What might be some of the advantages of a school district team for the purpose of aiding sexually abused children?
5. What types of special services might these teams provide?
6. What might be some of the disadvantages or shortcomings of a team like this?
7. What are your reactions to the proposition of school

district teams?

Appendix N
Lecture Outline
on Counseling Strategies

Most victims will need therapy from a trained counselor, but teachers can help. Teachers should keep the school environment stable by:

- providing trusting, caring relationship
- encouraging positive self concept
- increasing child's awareness and ability to cope constructively with their emotions
- helping in coping with abrupt changes in family structure and in handling any guilt feelings caused by these changes

Details of the abuse are not essential for helping the child. Don't force the child to discuss the situation unless they are willing. Child may take it as prying and be reluctant to trust the teacher for fear of causing more disruption.

When discussing the situation:

- subtly mirror the child's posture, facial expressions and gestures to help establish a feeling of empathy
- be nonjudgemental by making statements that merely reflect the child's thoughts and feelings
- don't make negative statements about the

situation or the perpetrator because of the ambivalent feelings the child may have for the abuser

--reduce your feelings of sympathy for the child by thinking of the child as a human being that is making it through a challenging experience. With the proper assistance the child very likely will grow to live a happy, healthy and productive life

To help the child express their feelings use journals, art and role-play.

Four methods of counseling:

1. Visual imagery -- helps develop positive attitudes about making good decisions and overcoming obstacles in life. Fantasy or imagination trips should include people encountering problems, danger or uncomfortable situations who demonstrate resourcefulness and are successful in resolving conflict.

2. Building self esteem -- helps students form the attitude that they are active creators and participants in their own destinies. Make them aware that other children may know about the situation and ridicule them. Children can overcome this cruelty by learning to encourage themselves even when those around them are

unkind and learning to value their own opinions more than others'. Take pride in their physical appearance. Encourage them to stand tall, make eye contact, use a strong voice and have good hygiene and dress. Help them to focus on their strengths and unique qualities. Let them tutor other children in the class.

3. Bibliotherapy -- sharing children's books on the subject of sexual abuse.

4. Assertive discipline -- provides consistency, setting limits, consistent consequences and rewards. Consistency is probably one of the behaviors they have not seen in their adult role models at home.

Appendix O

Visual Imagery Demonstration

Focus on stories that help foster positive attitudes about making good decisions and overcoming obstacles in life. Fantasy or imagination trips should include people encountering problems, danger or uncomfortable situations who demonstrate resourcefulness and are successful in resolving conflicts.

Example dialogue:

Get in a comfortable position. Now close your eyes and relax your body completely. Starting from your toes and moving up to your head, think of relaxing each muscle in your body in turn, letting all tension flow out of your body. Think about your toes, they are completely relaxed. Now move up to your ankles, think about them being really relaxed. Now your knees, they are very relaxed. Now move up to your hips, relax them. Now relax your waist, breathe deeply and slowly. Now think of your hands and arms, they are very relaxed. Now think of your shoulders, think of them being very relaxed. Now think of your neck, it is very relaxed. Now think of your head, try to erase any thoughts you have in your brain. Just relax your head

and think of being very relaxed. Breathe deeply and slowly. Now I want you to count down slowly from 10 to 1, feeling yourself getting more deeply relaxed with each count.

Now imagine that you are at home with an older brother. No one else is at home right now. Your brother has some matches. You know that it is not right for you to play with matches, but your brother is trying to talk you into it. As you both are sitting in the living room watching TV, you notice that your brother starts lighting the matches and blowing them out. Suddenly, one of the matches falls on the carpet and starts burning. Because he is scared, your brother runs out of the house. The flames begin to burn some paper that was on the floor and then part of the couch catches on fire. You start to panic, but then you remember what you have learned about fire. You run out of the house and go quickly to the next door neighbors' house. You explain to them what has happened and ask them to call the fire department. Within a few minutes you begin to hear a fire engine siren and then you see a big red fire engine pulling into your driveway. The fire fighters begin spraying their hoses and put out the fire. Thanks to you, only a small part of the living room was damaged by the fire.

Discussion after the dialogue:

1. How did you feel?
2. Did you do the right thing?
3. How do you feel about your brother right now?
4. How do you think your brother is going to react?

Appendix P

Activities for Building Self-Concept

These activities have been adapted from Milliken, Activities for Developing Positive Self-Awareness by Milliken Publishing Company.

Who Am I?

Objective: To give children an opportunity to compare their own self-concept to the concept their peers have of them.

Materials: Paper, pencil

Procedures: Divide participants into small groups (4 or 5) and have each person write their name on a piece of paper. Place all papers in a bowl and let each member draw a name of one of their group members and write five descriptive phrases about that person as clues for "Who Am I?" game. Phrases should be positive and descriptive of some behavior or attribute of the person; no physical characteristics or negative phrases will be accepted. Next, let each group member read their clues. Participants should raise their hand only when they think they are the "Who Am I?"

person. After all members have guessed, they are to answer two questions on the bottom of the paper:

1. Do you agree with the things your classmate wrote about you?
2. What would you change or add?

Past, Present, Future

Objective: To help children become aware of their abilities.

Materials: Paper, crayons

Procedures: Give each participant four pieces of paper and write the following headings on the board.

1. One thing I can do which I am proud of is . . .
2. One thing that I can do now which I could not do last year is . . .
3. Something which I cannot do now, but I think I could learn by next year is . . .
4. Something which I cannot do now that I would like to be able to do when I am a grownup is . . .

Ask the children to write their responses
and draw a picture of themselves doing the
activity described.

Appendix Q

Bibliotherapy Using Children's Books

On Sexual Abuse

The following books are appropriate for use with children on the subject of sexual child abuse. These books should be used with sensitivity and guidance by the teacher.

Red Flag, Green Flag People (1980). Joy Williams. Rape and Abuse Crisis Center, P.O. Box 1655, Fargo, ND 58107. Designed to be used with adult direction, this coloring book describes good, green flag touches and bad, red flag touches involving strangers and relatives. Includes suggestions about what children can do if they encounter bad touches.

Annie: Once I Was a Little Bit Frightened (1983). Becky Montgomery, Carol Grimm, and Peg Schwandt. Rape and Abuse Crisis Center, P.O. Box 1655, Fargo, ND 58107. A brief story about a young girl who is touched in a hurtful way by a familiar person. Annie learns that children can get help for a touching problem from a trusted adult.

Private Zones (1982). Frances Dayee. The Charles Franklin Press, 18409 90th Ave., W., Edmonds, WA 98020. A short, nonthreatening book that helps children

understand the private areas of their bodies, who can touch their private zones, and what to do if they are threatened by sexual abuse. Includes guidelines for teachers on how to cope with the problems caused by sexual abuse.

What If I Say No! (1982). Jill Haddad and Lloyd Martin. M. H. Cap and Co., P.O. Box 3584, Bakersfield, CA 93385. A clever workbook that defines strangers, friends and relatives, and explains that any of these individuals could try to touch the private parts of children's bodies. Presents what if situations that are great discussion starters for teachers to use in the classroom setting.

Appendix R

Assertive Discipline

The following guidelines are adapted from Assertive Discipline (1976), by Lee Canter with Marlene Canter, Lee Canter and Associates, Los Angeles, CA.

Assertive Discipline is a competency-based approach to classroom and school discipline, designed to provide educators the skills and confidence necessary to eliminate discipline as a problem in their classroom or school.

Abused children are sometimes the very children with which teachers have discipline problems and also are the children that so desperately need the consistency and limit-setting that assertive discipline provides.

The assertive discipline plan involves knowing in observable terms the behaviors you want your students to engage in. Examples:

- follow directions
- stay in seat
- raise hand
- be to class on time
- Keep hands, feet, objects to yourself
- no profanity or teasing
- bring books, pen, and paper to class

You must communicate to your students both verbally and visually, i.e., sign listing behaviors, what you expect from them. You must also make it clear to them what the consequences and rewards are that go with the choice to break or follow the rules.

The most important part of assertive discipline is that you must provide a negative consequence every time a student chooses to behave inappropriately and a reward for students that choose to follow the rules.

Examples of classroom adaptation:

--behavior chart (tacks)

--consequence chart

--reward chart

--weekly reward for students not in the red zone

--detention for red zone

--using the name box on the board

Using assertive discipline in the classroom is imperative to abused children because it provides consistency, setting limits, consistent consequences and rewards. Consistency is probably one of the behaviors they have not seen in their adult role models at home.

Appendix S
Post-Assessment

Name _____

1. What effect does sexual abuse have on a child?

2. List four physical indicators of sexual abuse.

_____	_____
_____	_____

3. List four behavioral indicators of sexual abuse.

_____	_____
_____	_____

4. What should you do if you suspect a child in your class has been sexually abused?

5. Are teachers required to report suspected abuse even if there is no proof that the abuse has taken place?

How do you know this?

6. What does the law state about responsibility to report abuse cases?

7. Who do you contact in our county to report an abuse case?

8. Where is the Child Abuse Hotline number posted at in our school?

9. Who can you go to in our school for advice on how to handle an abuse case?

10. What information is needed when reporting an abuse case?

11. What happens after initially reporting an abuse case?

12. What is the Child Protection Team? What is their role in sexual abuse cases?

13. What types of emotional damage can be done to a child that has been sexually abused?

14. What are some ways you can help sexually abused children cope with this emotional damage?

Appendix T

Directions For Follow-up Project

To satisfy the ten-hour limit for inservice points in Clay County the following follow-up project will be assigned to participants to be evaluated by the presenter and documented to the county office.

Participants will have the choice of doing one of the two projects:

1. Choose two of the articles found in the References and Resources List at the end of chapter 4 and write a reaction essay of at least three to five pages.

2. Implement some of the counseling techniques as described in the workshop with some students in your classroom (if you have a student that you know has been abused or another student experiencing emotional difficulties, use these students, or use with the entire class) and write a report describing the results in your classroom. Report should be at least three to five pages.

Projects will be due to the presenter one month from the date of the inservice workshop. Project evaluation will be based on the following criteria:

- how well does the project evidence knowledge in the three areas addressed by the workshop?
- (a) effects on the child
 - (b) detection, reporting and intervention
 - (c) counseling strategies.

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