



Sexual Abuse Knowledge Survey

Place a T (True) or F (False) by each statement.

1. Most adults who sexually abuse children are strangers to the children and their families.
2. Most perpetrators of child sexual abuse are male.
3. Most children who are victims of sexual abuse will tell someone what has happened to them.
4. Children who engage in sexual behaviors with younger children are just experimenting sexually.
5. All sex offenders were molested as children.
6. When a father or stepfather sexually abuses his child, the mother almost always knows about the abuse.
7. When children who are being sexually abused by a family member are removed from their families, they are glad to leave.
8. Men who sexually abuse little boys are homosexual.
9. Behavior problems that are caused by the abuse go away when the abuse stops.
10. Sexual abuse is more common in poor families.



Strategies for Caregivers

1. Caregivers must be able to discuss sex and sexual abuse with relative comfort. Children in their care must know that they can talk about what happened to them without causing the caregiver to become upset.
2. Caregivers must be patient, as children need time to develop trust, to feel comfortable disclosing the circumstances of prior sexual abuse, and to develop alternative ways of thinking and behaving. Caregivers must also remember that any child entering their home may have experienced sexual abuse but may have not yet disclosed the abuse to the agency. Caregivers must be prepared to recognize and deal with issues related to sexual abuse when working with any child placed in their home.
3. Caregivers must be flexible. Different children need different things from caregivers at different stages of their recovery.
4. Caregivers must realize that bringing a child or children into their home will change it. Adults may need to alter their own behaviors, or develop and/or change house rules, to provide a safe and comfortable environment, both for the sexually abused child and for their own family. For instance, one young girl who had been sexually abused became very upset every time her foster mother nursed her infant son. The girl could not handle even modest attempts to nurse in her presence. The foster mother had to be willing to nurse her son in private.
5. Caregivers must be willing and able to provide *high levels of supervision*, when necessary, to children in their care. Some children who have been sexually abused develop overly sexualized behaviors. These behaviors could involve or be directed at other children in the home or at pets. A small percentage of children may develop other kinds of harmful behaviors directed at themselves or others. Caregivers will need to be able to recognize that some behavior problems are actually symptoms of prior sexual abuse. They will need to seek help from the appropriate professionals and learn strategies to protect the child in care and others.
6. The caregiver must be open to seeking and using help from external sources. Caregivers will need to consult with the caseworker, therapists, and others in helping the child who has been sexually abused.
7. In many instances, the caregiver must be willing to work with the child's family with respect and empathy. This can be difficult; some caregivers may feel anger and resentment toward the child's family.



Questions for Prospective Foster/Adoptive Parents to Ask*

1. What is known about the child's birth history?
2. What is known about the child's developmental history – physically, mentally, emotionally, and socially?
3. Is there any evidence of handicap? Any suspected learning difficulties?
4. When was the child's last contact with any birth family member?
5. Is there a possession the birth family can pass on? Pictures?
6. Does the child have a life book?
7. Does the child have any siblings? Would it be possible or beneficial to have ongoing contact with siblings?
8. What social and medical history is available for the child's parents? For extended family members or siblings?
9. Do the parents have a history of drug or alcohol abuse? Was the mother using substances during the pregnancy?
10. What was the home environment like? What were previous foster homes like?
11. How many moves or placements has the child had, and why did they occur?
12. What is the child's current adjustment?
13. Has the child been prepared for placement? How can I help?
14. What is the child's current health? Any allergies?
15. Is there any history of physical, sexual, or emotional abuse? What treatment has been pursued?
16. What method of discipline works best?
17. Does the child accept and give affection?
18. Are there therapeutic needs or plans?
19. What permanency plans are there for this child?

***DCS caseworkers may or may not have this information available.**



Creating a Pre-Placement Survival Plan

A. Drawing on Strengths in Your Family

Draw a picture of your family as it is now. Once you have drawn this picture, identify all members of the family as individuals. (Include as many individuals as you consider part of your family, regardless of where they live and if they are blood family/in-laws or friends, neighbors, teachers, etc.) On the left side of each figure, identify the strengths of the person; to the right side, identify the areas of stress each person will likely encounter as your family begins to provide foster care or adoption. Near each person write a sentence describing how you will help each person use their strengths to help deal with the stresses.

Example:

John's strengths include his participation in sports and his good sense of humor. He will likely have difficulty sharing his possessions and giving up his position as only child.



John

I will be sure I go to John's games and will take time to help him see the humor in situations that will occur as a result of fostering siblings.

Now draw lines between the family members to illustrate relationships. Use solid lines to illustrate relationships that are close and well connected. Use dotted lines to illustrate relationships that are less important on a day-to-day basis. Put slashes through the line of any relationship that is currently under stress or is problematic.

At the bottom of the page or on the back, write a sentence about the relationship and how it may contribute to reduced or increased stress due to fostering.

For example, Mary, my adult daughter, lives nearby. She will be an excellent, supportive respite person for our foster child. However, my stress will increase because I will wonder about the safety of my three-year-old grandchild.





When your family drawing is complete, place it in the homework box or give it to your home coordinator. Finally, if you are unable to complete the drawing in the class session, please complete it at home and give it to your agency worker.

B. Creating a Pre-placement Survival Plan

The greatest strength my family brings to fostering, adopting, or kinship caregiving is...

In the past, my family experienced a great deal of stress when...

Fostering, adopting, or providing kinship care will increase the stress described above because...

C. Getting Serious About a Survival Plan

I will attend the next support group meeting on _____

I will conduct the first family meeting on _____

I will contact my worker about respite plans by _____

Something I will do for myself before getting my first placement is...

I will take the opportunity to receive additional training by signing up for the training entitled _____ that is to occur on _____

Other considerations that I want included in my survival plan: _____

Please make a copy of this completed form to give to your agency worker.





The Seven Wonders of Adoption

Wonder # 1: Loss and Grief

"I wonder why I lose everyone and everything that is important to me. What is the matter with me?"

Wonder # 2: Rejection/ Abandonment

"I wonder if these people are really going to keep me."

Wonder # 3: Guilt and Shame

"I wonder what I did to make my own parents throw me away."

Wonder # 4: Trust

"I wonder if I can believe what these people are telling me."

Wonder # 5: Identity

"I wonder who my people are and if I will be like them."

Wonder # 6: Control

"I wonder why everyone else makes decisions about my family, my name, how much information I get, and how old I have to be to meet my siblings or birth parents. When do I get to make important decisions about my life?"

Wonder # 7: Divided Loyalties

"I wonder if I should remain loyal to my birth family or if I should allow myself to love and be loved by my adoptive family."





Adoption Disruption and Dissolution

Child Factors

- age at time of placement
- history of severe abuse/neglect
- multiple losses of caregivers
- early trauma
- multiple placements
- severe behavior problems
- severe or extensive health problems, mental health or developmental problems
- attachment problems
- rejection of adoptive family or desire to return to birth family
- continuing relationships with birth family that pose barriers to adoption

Parent Factors

- inadequate understanding of realities associated with parenting a child with special needs
- unrealistic expectations
- acceptance of a child into family when family does not have capacity to meet child's needs
- conscious or unconscious deception in the assessment process
- unresolved infertility issues
- parental loss (e.g. death of a child prior to adoption)
- lack of awareness of or disregard for importance of race/culture in adoption
- inexperience as parents
- divorce
- death of adoptive parent





Service/Program Factors

- poor preparation of child for adoption
- inadequate preparation of prospective adoptive parents
- inadequate agency support provided to the family pre-and post-placement and post-adoption
- prohibitively expensive services
- failure to provide information on services and how to obtain them

Systems Factors

- lack of available, accessible services across all systems
- lack of adoption expertise among mental health and education professionals
- lack of commitment and resources to address general poverty, family support, and family preservation services (to reduce the need for adoption)
- lack of emphasis on and commitment of resources to develop professionals' assessment, case management, and intervention skills
- lack of resources to develop effective service delivery systems
- policies that emphasize the numbers of and timelines for adoptions at the expense of quality services

*Adapted with permission from
Post Permanency Services, M. Freundlich and L. Wright, Casey Family Programs*

