

# Child Sexual Abuse

## Trainers' Guide

### CalSWEC Standardized Core Competencies

*The CalSWEC Standardized Core Competencies, developed specifically for the Standardized Core Project, are linked to each of the 22 content areas of the Standardized Core Curriculum*

#### Knowledge:

- (The worker will) accurately differentiate between the factors that constitute abuse and/or neglect, and normative parenting styles.

#### Skills:

- (The worker will) identify behavioral characteristics of children who have been maltreated.

#### Values:

- (The worker will) be able to recognize situations where children have been abused and/or neglected.

### CalSWEC Title IV-E Competencies

*The CalSWEC Title IV-E Competencies, revised in August 2002, were developed for CalSWEC's Title IV-E MSW program offered by California's 15 graduate schools of social work.*

- 1.2 Student demonstrates the ability to conduct an ethnically and culturally sensitive assessment of a child and a child's family and to develop an intervention plan based on that assessment.
- 1.4 Student understands the influence and value of traditional, culturally-based childrearing practices and uses this knowledge in working with families.
- 2.1 Student is able to identify the multiple factors of social and family dynamics in relation to child abuse and neglect.

- 2.2 Student is able to identify strengths, which act to preserve the family and protect the child, and is able to assess the interaction of individual, family and environmental factors which contribute to abuse and neglect.
- 2.3 Student recognizes and accurately identifies physical, emotional, and behavioral indicators of child abuse, child neglect and child sexual abuse in child victims and their families.
- 2.5 Student is able to apply knowledge of the forms and mechanisms of oppression and discrimination to the circumstances of low income and single parent families in order to provide appropriate child welfare services.
- 2.8 Student understands the dynamics of family violence, and can develop appropriate culturally sensitive case plans for families and family members to address these problems.
- 7.3 Student demonstrates understanding of the dynamics of teen sexuality and gender identity.
- 7.5 Student demonstrates understanding of the dynamics of trauma resulting from family conflict, divorce, and family violence.

## **Learning Objectives**

### **Knowledge:**

- K1. The worker will know the range of behaviors that are considered to be child sexual abuse.
- K2. The worker will know the physical, behavioral, and emotional indicators of child sexual abuse.
- K3. The worker will be familiar with typical family dynamics in sexual abuse situations.

### **Skills:**

- S1. The worker is able to assess the interaction of individual, family, and environmental factors that contribute to sexual abuse, and identifies strengths that will preserve the family and protect the child.
- S2. The worker recognizes and accurately identifies physical, emotional and behavioral indicators of child sexual abuse in child victims and their families.
- S3. The worker effectively and appropriately uses authority, while continuing to use supportive casework methods to protect child and to engage families.

## **Values:**

- V1. The worker is aware of his or her own emotional responses to clients in areas where the worker's values are challenged, and is able to utilize the awareness to effectively manage the client-worker relationship.

## General Trainer Guidelines/Suggestions

Sexual Abuse is a vast topic. While this material may only be allotted 1 to 2 days out of the core training, each of the subsections in this module could (should) be taught as a discrete day-long (or more) training. **It is recommended that additional days be allocated if at all possible.**

This Trainer's Guide provides some ideas to make the material that is covered in detail in the Participant's Guide more interactive and accessible to adult learners with varied learning styles. **Beginning with general training suggestions, the training outline is presented here with "notes to the trainer" about particular content areas and ideas for specific activities.** Select a few activities; doing all would be too much. Before you begin, read through the entire module and jot down examples of actual cases you can use to illustrate the material.

### **General ideas for activities for sexual abuse training:**

1. Initial icebreaker: On flip chart paper, write each of the following words on individual pieces of paper: breasts, vagina, penis, anus. Provide marking pens. Have participants go to the charts and write up any words they have heard for those terms, including "gross" or "silly" words that kids might use. Then, discuss the importance of getting comfortable talking about sexual issues. Discuss this issue and importance of getting comfortable before anyone can discuss sexual abuse with clients. This exercise and discussion can be revisited at the end of the day during the "Personal Considerations" segment.
2. Due to the sensitive nature of the topic of sexual abuse, begin and end with an individual reflection exercise. A sample is included below.
3. Again, due to the sensitive nature of the topic of sexual abuse, intersperse into the training humorous or lighthearted "icebreakers" and opportunities to process the material. They can be related to the topic of sex/sexuality, or not. Ideas include: getting everyone up and dancing to children's music; relay races; quick art projects such as group murals; collages using cut-outs from magazines to help participants give voice to responses to the material. Another idea is to use clips from a Peter Alsop video or CD. (Peter Alsop is a musician/performer and clinician who has released several videos for professionals, including one with songs about sex and sexuality which are light and humorous.)
4. Develop a word search or crossword puzzle to introduce trainees to or review terminology and content.

5. Distribute brightly-colored 3-x-5 cards and have participants create their own “test” questions with true/false, multiple-choice, matching, fill-in-the-blank, and open-ended questions.
6. Show videos which illustrate the content. When using videos, be sure to preview first and select a clip which is most relevant; they are usually too long to be shown in their entirety. **There are suggestions below for specific videotapes. Many of the videotapes as well as others are available to CalSWEC trainers through the California Child Welfare Resource Library (CCWRL) at Cal State Long Beach, [www.csulb.edu/projects/ccwrl](http://www.csulb.edu/projects/ccwrl).**
7. Insert mini-exercises wherever possible. Mini-exercises are two-to-three-minute discussion questions. They can serve as an introduction to new topics or take the place of a mini-lecture by the trainer.
8. The trainer is strongly encouraged to set up an Internet link with a computer that has an overhead projector. This way, you can access the Internet links found in the Participant’s Guide and Appendix.

# Course Outline

## **I. Definition and Prevalence**

- Definition
  - Prevalence and risk factors
  - Gender and ethnicity
    - Risk factors

## **II. Indicators of Sexual Abuse in a Child**

- Physical indicators of sexual abuse
- Behavioral indicators
  - Disclosures
  - Inappropriate Sexual Behavior and Knowledge

## **III. Intra familial Dynamics**

- Sibling incest
- Adult sexual offenders
  - Definition of terms
  - What do we know about offenders?
  - Offender Tactics
  - Offender Dynamics
  - Stages of Sexual Abuse
  - Assessment And Treatment
  - Recidivism
- Juvenile Sexual Offenders (JSO) and Children with Sexual Behavior Problems (CSBP)
  - Children with Sexual Behavior Problems
  - Juvenile sex offenders
- Non-offending Parent Dynamics
- Victim Dynamics
- Effects of Sexual Abuse on the Child
- Mitigating factors/resiliency

## **IV. Cultural Competency**

- Cultural Considerations

## **V. Investigation**

- Investigation/interviewing in child sexual abuse cases

- Interviewing the child
- Interviewing the non-offending parent
- Interviewing the Perpetrator
- Medical evaluation of sexual abuse
- Myths and facts about the forensic medical examination
- Which children should be referred for a forensic medical examination?

## **VI. Working with families**

- Visitation/reunification in sexual abuse cases
- Treatment
- Treatment of the Child Victim
- Treatment of Siblings
- Offender Treatment
- Treatment of the Non-Offending Parent
- Summary of Treatment Issues

## **VII. Taking care of the Social Worker**

- CPS worker's personal considerations

## **VIII. Appendix and References.**

- The subject of childhood sexual abuse is complex and intriguing to many social workers. The Appendix attached to the module curriculum is a collection of articles and references for further study. It will help to answer trainee questions. As well as providing the trainer with alternative sources of study, which can help to enliven discussions in the training room. Please be sure to read it, and encourage your trainees to become familiar with what is available to them there.
- APPENDIX I: Handouts
- APPENDIX II: Articles Reprinted with Permission
- APPENDIX III: References/Bibliography
- Recommended Web sites for More Information

## Suggested Activities

### **Activity:**

*Begin the day with the individualized exercise titled “Introductory Exercise” (instructions below in the “Additional Exercises” section). After participants do this on their own, you may debrief several of the questions out loud with the whole group. **Be sure that participants answer Question #6—you will want to use their responses in an exercise later on** (see Non-Offending Parent Dynamics).*

### **Activity:**

*Early in the day ask everyone in the group to think about their most secret, wildest sexual experience. Something that is so outrageous that they may have never told anyone about it. It has to be something that they don't ordinarily do, and rarely share. (If they ask for example, suggest: maybe they are members of the mile-high club, or perhaps they have experimented with their sexual orientation. Maybe they did a threesome...or something like that.)*

*Divide the group up into pairs, making sure that everyone is set up with someone that they do not know well. (There should be a feeling of awkwardness or politeness between the two.) After the group has settled down, inform them that each person is going to tell their partner their experience. Explain that the point is to describe exactly what happened in this sexual experience using the most precise detail: explain exactly what body part went where, who touched who, how, etc.*

*People should start to squirm and rebel against this exercise. Ignore them. Tell them that afterwards you want some of them to share out loud to the whole group, either their own experience, or their partner's. Some people will start to protest. Consider their protestations, and explain that we have to learn to be comfortable talking about sex. Stall for a few seconds, then, agree not to share them in the big group, but to go ahead and talk to their partners.*

*After a few minutes, cancel the exercise. Then ask how difficult it was to tell a stranger about their sex life? Ask them to think about how they felt.*

*That's it. That is the exercise.*

*Conclude by discussing how a child might feel when a stranger asks them questions about a sexual experience.*

## I. Definition and Prevalence

- Definitions
- Prevalence and risk factors
  - Gender and ethnicity
  - Risk factors

## II. Indicators of Sexual Abuse in a Child

- Physical indicators of sexual abuse
- Behavioral indicators
  - Disclosures
  - Inappropriate Sexual Behavior and Knowledge

### **Note to trainer:**

*This section is called “inappropriate sexual behavior and knowledge” because such behavior may be a behavioral indicator of sexual abuse. However, it is important to emphasize the material from the Participant’s Guide that sexual awareness on the part of children and adolescents is much greater now than in generations past and is not as clear an indicator as it once was.*

*It is also important to emphasize that sexual behavior and knowledge IS normative—all kids engage in some sexual behaviors— but that some behaviors occur with less frequency and therefore may be more of a “red flag” than others*

*Obtain a copy of the following article: Everson, Mark, “Understanding Bizarre, Improbable, and Fantastic Elements in Children’s Accounts of Abuse.” Child Maltreatment, Volume 2, No. 2, May 1997. Per the title, the article helps to explain improbable elements in children’s disclosures and why children’s statements may still be accurate/believable. It is an important contribution to the literature about disclosure.*

### **Activity:**

*In pairs, have participants discuss issues such as where they first learned about sex and sexuality, norms and values that they learned in childhood, etc. Use this as an introduction to how children learn about sex and sexuality—home, peers, culture, religion, media, etc.*

### **Activity:**

*Briefly review typical sexual development (covered in the module on Human Development) as a basis for understanding atypical sexual behavior and knowledge. The trainer can divide participants into small groups: infants/toddlers, preschoolers, school-age, and adolescents and ask the groups to brainstorm what they think is happening regarding typical sexual development during those stages.*

*The Friedrich study, detailed in the Participant's Guide, is a good overview of what kinds of behavior are commonly seen in preadolescent children. Other good resources for the trainer which summarize relevant material are Sandra Hewitt's book, Assessing Allegations of Sexual Abuse in Preschool Children (see Bibliography) and Eliana Gil and Toni Cavanagh Johnson's book, Sexualized Children.*

**Activity:**

*Obtain a copy of the Friedrich article (footnoted in Participant's Guide). Write the 38 items of sexual activity on 3-x-5 cards and have participants rank them in order of expected frequency for 3 age groups: 2-5 year olds, 6-9 year olds, 10-12 year olds. Compare their rankings with what Friedrich, et al. found and discuss. This discussion can be followed up with discussions of whether the group thinks Friedrich found gender differences (some, but not many) and what variables the group thinks influence sexual development and activity (e.g., family and cultural norms and values, exposure to media, exposure to adult sexual activity, etc.)*

**Activity:**

*Present case studies and brainstorm how CPS interventions for the same behavior might differ following an investigation. For example, discuss a nine-year-old who is making sexual sounds in class and simulating intercourse frequently on the playground. Brainstorm possible reasons for the child's behaviors (i.e., he's been sexually abused, he's been sneaking adult pornographic videos from his parent's closet, he's been shown adult pornographic movies by someone, he walked in on his parent's making love, he is from a poor family in which he has to share a room with his parents who make love when they think he is asleep, his mother is a prostitute who brings men home, etc.).*

**Activity:**

*Show a clip from a popular video that many children have seen, such as "Who Framed Roger Rabbit," "The Mask," or "The New Flinstones," and hold a discussion on what messages about sex and sexuality children pick up from the media.*

**Activity:**

*Distribute butcher block paper and markers to small groups. Have them develop a "chart" of sexual behaviors in young children that they would consider to be "normative" vs. "of concern/raising a suspicion of abuse."*

### **III. Intra-familial Dynamics**

- Sibling incest
- Adult sexual offenders
  - Definition of terms

**Note to trainer:**

Discuss the move away from using typologies which workers may be familiar with. Ask for ideas of commonly held beliefs about sex offenders. **Dispel any myths.**

- What do we know about offenders?

**Activity:**

Show clips from the video “Men Who Molest—Children Who Survive,” an exploration of the lives of four men, currently in treatment, who represent a range of molesting behaviors. In witnessing difficult group therapy sessions, viewers may gain an understanding of the molester's psychology. Available through: Kidsrights, 10100 Park Cedar Dr., Charlotte, NC 28210. 1-800-892-KIDS. 52 minutes.

- Offender Tactics

**Activity:**

Show clips from the video “A View from the Shadows, Vol. 1: Exposing the Mind of Child Sex Offenders.” Available from the CalSWEC library, [www.csulb.edu/projects/ccwrl](http://www.csulb.edu/projects/ccwrl), and Intermedia (1700 Westlake Ave. N., Suite 724, Seattle, WA 98102, 800-553-8336; [www.intermedia-inc.com](http://www.intermedia-inc.com)).

**Activity:**

Show clips from the Anna Salter video “Truth, Lies and Sex Offenders” (referenced in the Bibliography). This video focuses on extra familial offenders, but it does an excellent job of showing how offenders use deception and denial to discredit their victims.

- Offender Dynamics
- Stages of Sexual Abuse
- Assessment And Treatment
- Recidivism
- Juvenile Sexual Offenders (JSO) and Children with Sexual Behavior Problems (CSBP)
  - Children with Sexual Behavior Problems
  - Juvenile Sex Offenders
- Non-offending Parent Dynamics

**Activity:**

*Refer participants to the morning's introductory exercise, question #6, in which they identified a person that they really, really trusted. Now, ask how they would feel if they were told that that person had sexually molested their child/nephew/niece/grandchild, etc. Allow participants to process this question for a few moments. Then ask how they would feel if the person denied doing it? Allow participants to process this question. This is a very powerful exercise; most participants will respond with statements such as "There's no way—I wouldn't believe that he/she could do that." Use this exercise to introduce the concept of shock/disbelief in the non-offending parent.*

**Note to trainer:**

*Distinguishing between a normal initial reaction of disbelief (modal) and that of chronic denial (pathological) is a key point of this section.*

**Activity:**

*Mini-exercise: Prior to discussing the Grief Cycle, ask participants to privately think of a time in their lives when they experienced grief. Review the grief cycle in general and then ask participants to help you explain how this might be applied to non-offending parent reactions following a disclosure of sexual abuse.*

**Activity:**

*Use the exercise, "Nancy," described below.*

- Family Dynamics

**Activity:**

*Show the last portion of the video "Beyond the Secret." It is a 20-minute (approximately) segment with two teenagers. This is an older videotape but the content is excellent. It was originally made and distributed by HBO and might be hard to find.*

*Ask trainees to jot down what they note about the dynamics of incestuous families, offender dynamics, and non-offender dynamics. You may also include what they note about victim dynamics, which will lead you into the next section on Victim Dynamics.*

- Victim Dynamics

**Activity:**

*Prior to beginning the section on victims, divide the participants into four groups. Assign each group one of the following topics: Why kids disclose; Why kids don't disclose/what inhibits them from disclosing; Long-term effects of sexual abuse; and Mitigating effects. Prior to covering the related material in the victim dynamics sections, have each small group make a report about their discussion. Then, instead of lecturing, the trainer can just fill in additional information.*

- Effects of Sexual Abuse on the Child

**Activity:**

*Show clips from the video "Scared Silent," Winfrey, O. (1992), Los Angeles: Arnold Shapiro Productions, Inc. This public awareness program, hosted by Oprah Winfrey, was broadcast on all major television networks in September 1992. The show presents six stories of intergenerational sexual, physical, and emotional child abuse from the perspectives of both victims and perpetrators. The one on sexual abuse may be used to demonstrate many aspects of victim dynamics, including long-term effects, how the victim responds to the offending cycle, and the Child Sexual Abuse Accommodation Syndrome. The trainer can come up with an "assignment" that the participants should do while watching the video, e.g., "Identify some of the long-term effects of child sexual abuse for this victim."*

**Activity:**

*Divide participants into groups according to developmental stage, e.g., infancy/toddlerhood, preschool, early school-age, later-school age, early adolescence, and later adolescence. Ask them to come up with ways that sexual abuse during that phase of development might affect development. This provides a good connection with the module on Human Development. Excellent resources for the trainer in preparing this exercise are the two charts mentioned in the Bibliography for the Hoyle and Monahon books.*

**Note to trainer:**

*For trainers/training sites with Internet access, trainees can be encouraged to do the on-line course on trauma on Bruce Perry's Web site (cite provided in the Participant's Guide).*

- Mitigating factors/resiliency

**IV. Cultural Competency**

- Cultural considerations

**Activity:**

*The following discussion should take place after a break.*

*Ask participants to sit quietly for a few minutes so that they can think about the very first time they heard about incest or the sexual molestation of a child. Ask them to write down three key impressions that they had about how their family and/or their culture dealt with sexual abuse. Were people tight lipped and secretive? Confrontative? Did they avoid dealing with it, and believe it was not their business? How were the children (victims) treated? How were the molesters treated?*

*After a few minutes, ask if any members in the group would like to start a discussion about the ways that different cultures treat molesters, children who have been molested, and the topic of sexual abuse of children in general. What are the similarities? What are the differences? What do social workers need to be sensitive about?*

## V. Investigation

- Investigation/interviewing in child sexual abuse cases

**Activity:**

*Show clips from the videotape “Confronting child sexual abuse: A video training series: Tape one: Investigations and interviews” (1993. Washington, DC: Child Welfare League of America). (This tape is also recommended for use in the Conducting Interviews module.) This video is available through the CalSWEC library, [www.csulb.edu/projects/ccwrl](http://www.csulb.edu/projects/ccwrl).*

- Interviewing the child
- Interviewing the non-offending parent
- Interviewing the perpetrator

**Note to trainer:**

*This section covers the content of interviews only, not the process or techniques of interviewing. For process/technique information, see the module on Conducting Interviews. Also, a key point here is the importance of ALWAYS coordinating/deferring to law enforcement on suspected perpetrator interviews in cases of sexual abuse.*

- Medical evaluation of sexual abuse
  - Myths and facts about the forensic medical examination

**Note to trainer:**

*Review the OCJP 925 and 923 forms used by examiners to document sexual abuse: (<http://www.ocjp.ca.gov/medforms2/923.pdf> & <http://www.ocjp.ca.gov/medforms2/925.pdf>).*

*Be sure workers are familiar with the form and its terminology; also, be sure they know where to go to ask questions pertaining to county protocol. Review the protocol for obtaining a medical exam in their county.*

**Activity:**

*Have a “guest speaker”—an expert examiner who can explain and answer questions about the forensic medical exam.*

- Which children should be referred for a forensic medical examination?

**Activity:**

*Show clips of the videotape “One Child at a Time,” available through the National Children’s Alliance at [www.nca-online.org](http://www.nca-online.org). Explains the need for specialized medical personnel to do the pediatric forensic exam.*

- Visitation/reunification in sexual abuse cases

**Note to trainer:**

*Be sure to refer to the APSAC Monitored Visitation Guidelines in the Handouts section and the two articles by Mark Chaffin on visitation. These articles contain the content for these sections—the information is not repeated in the narrative section of the Participant’s Guide.*

**Activity:**

*Divide participants into several small groups and read the Chaffin articles on reunification and come up with discussion points/summaries or “test” questions they would give based on the content.*

**Activity:**

*Use the exercise “He’s Back,” below. The Handouts section contains a document titled “Assessment Guide for Sexually Abusive Families” from the Los Angeles Central Child Abuse Unit in LA County (see introduction to the document in the Participant’s Guide). The trainer can develop a case scenario and have participants complete this assessment guide.*

- Treatment
  - Treatment of the Child Victim

**Activity:**

Show the video (in its entirety; it's short—9 minutes) "Through my Eyes of a Child." Distributed by the Office for Victims of Crime, 810 Seventh Street NW, Washington D.C. 20531. 202-338-1094; [www.ojp.usdoj.gov/ovc/](http://www.ojp.usdoj.gov/ovc/).

## VI. Working with families

- Treatment of Siblings
  - Treatment of the Non-Offending Parent
  - Offender Treatment

**Activity:**

Show clips from the video "A View from the Shadows, Volume II: Treating Sex Offenders." Available from CalSWEC library, [www.csulb.edu/projects/ccwrl](http://www.csulb.edu/projects/ccwrl), and Intermedia, 1700 Westlake Ave. N., Suite 724, Seattle, WA 98102, 800-553-8336, [www.intermedia-inc.com](http://www.intermedia-inc.com).

- Summary of treatment issues

## VII. Taking Care of the Social Worker

- CPS worker's personal considerations

**Activity:**

Show clips from the video "Confronting Child Sexual Abuse: A Video Training Series—Tape Three: Case management" (1993. Washington, DC: Child Welfare League of America). This video series takes a candid approach to the day-to-day realities of child sexual abuse casework. It consists of footage of actual social workers conducting investigations and making home and follow-up visits. Other responsibilities are used to underscore both the frustration and satisfaction to be found in child sexual abuse casework. Available through the CalSWEC library, [www.csulb.edu/projects/ccwrl](http://www.csulb.edu/projects/ccwrl). After watching the video, participants may discuss how they feel about working on cases involving sexual abuse.

**Activity:**

Use the exercise "Taking Care of Yourself," described below. The trainer can talk about the importance of self-care to avoid burnout in sexual abuse cases. To illustrate and close the training session, the trainer can do a relaxation/visualization exercise.

## **VIII. Appendix and References.**

- The subject of childhood sexual abuse is complex and intriguing to many social workers. The Appendix attached to the module curriculum is a collection of articles and references for further study. It will help to answer trainee questions as well as provide the trainer with alternative sources of study, which can help to enliven discussions in the training room. Please be sure to read it, and encourage your trainees to become familiar with what is available to them there.
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## **ADDITIONAL ROLE PLAY/ACTIVITIES**

Below are directions for several of the activities referred to above. They are separate because if you choose to conduct any of these activities, you will want to reproduce the instructions and the scenarios as handouts for the participants.

## Introductory Exercise

Before beginning, please take a few minutes to ponder the following questions, and write down your answers.

1. Where did you learn about sex and sexuality? (parents? peers? school? religion? media?)
2. Was sexuality discussed in your household growing up? What messages did you get in your house about whether you could discuss sex or not?
3. What messages did your culture give you about sex and sexuality?
4. When do you first remember learning about sexual abuse?
5. When you think about investigating cases of sexual abuse, what is your initial, gut reaction?
6. Please write down the name of someone you completely trust.

Miriam Wolf, MS, LCSW. 2001.



## **Exercise: “He’s Back” \***

**Read the following case. You will have 15 minutes with your group. Choose a spokesperson who can summarize your group’s discussion for the rest of the class.**

Juanita is the 24-year old mother of 9-year old Maria. Three years ago, Juanita's husband, Pedro, was convicted of molesting Maria. Pedro is not Maria's father. Pedro was sentenced to seven years in prison, but is about to be released after serving three years. The police reports indicate that Pedro was an alcoholic, and other than the conviction for child molestation and one DUI charge, his criminal record is clean. He always worked, and had been with Juanita since Maria was 2 years old.

Juanita and Maria have been struggling due to the loss of income Pedro had provided. They have moved six times and have primarily been supported by Pedro's family. Recently, they were able to get a small house. They have both missed Pedro and have kept in contact with him by mail and phone calls. Maria's grades and school attendance have improved greatly in the last two months as she anticipates his release.

This case has just been assigned to you.

Pedro is excited about his release. He states that he stopped drinking and attends AA meetings four times a week in prison. He attended group treatment for offenders for a brief time while in prison. He plans to do the same when he gets out. Two months ago, he legally married Juanita and wants to adopt Maria. He feels obligated to support these two and expresses remorse for his actions to Maria. He attributes it to alcohol abuse.

Juanita states that they were miserable without Pedro and that every aspect of her and Maria's life is better now that Pedro is back. Juanita also expressed that she did not like being a single woman and is glad a man will take care of her. She was embarrassed without a man in her life. She now feels accepted in her community and with relatives. Her family believes she should "stay with her husband, no matter what." They want to move forward and forget the awful past.

Maria states that she is not afraid of Pedro and wants him to live with them. She describes her mom as being very sad while Pedro was gone. Maria and Juanita have no relatives in the U.S., only Pedro's family.

**Discuss the following:** How would you assess Pedro's risk for re-offending (low, middle, high) and why? How would you assess Juanita's capacity to protect (low, middle, high) and why? What is your assessment of Maria? Can this family live safely together, now or ever? If so, what should be the conditions? Or, should Maria be removed from the home if Juanita refuses to get rid of Pedro? How might cultural issues be a factor in this case (for the family, and for your work with the family)? How might you best address any cultural issues? Based on your evaluation, what conditions would need to be in place for you to consider closing the case?

It is OK if there is not consensus among group members—be prepared to report on how much consensus there was, which issues caused dissent or disagreement, and why.

\* This case was written by Jana Mathias, Trainer for CalSWEC at the Central California Child Welfare Training Academy. Discussion questions developed by Miriam Wolf, MS, LCSW. 2001.

## **Exercise: Nancy**

**Consider what you have learned about the dynamics of non-offending parents.**

**Read the following:**

Twenty-seven-year-old Nancy Wilson considered herself very lucky. Having raised her 10-year-old son Jackie and her 4-year-old daughter Cassandra alone and on AFDC, she recently met and married John Colman. John was a hard-working man who treated her very well. Although she wished he would take more interest in Jackie, she knew he loved Cassie as though she were his own. Nancy almost wanted to pinch herself—her life with John seemed so different from the family in which she grew up. Nancy's father was an alcoholic, her mother wasn't very "available" emotionally, and Nancy was molested by her mother's brother when she was a young teenager.

John encouraged Nancy to go back to school to get her GED and switched to the night shift at work so he could take care of Cassie during the day while Nancy and Jackie were at school. He called Cassie "my beautiful little lady" and encouraged her to call him "Daddy". He told Nancy his greatest joy in life was being home with Cassie, creating special games for them to play together, and finding special toys for her. The toys seemed excessive to Cassie, but within two years, she was able to get her GED this way and was taking and enjoying classes at the community college. She felt so lucky to have John. Jackie grew jealous and resentful and spent more time at school playing sports.

What he did not tell Nancy is that early on, the "special games" involved the two of them bathing together. Soon he began fondling Cassie and directing her to fondle him. Within a year he was performing oral sex on her and by the time she was started kindergarten, she was performing oral sex on him in exchange for toys and candy.

When Cassie started kindergarten, John told her that she shouldn't tell anyone about their special games. He told her that no one would believe her and that the other children would laugh at her. He spoke to her sternly and it scared her. So, for three years she told no one. During that time, John had anal intercourse with her about once a week, and told her she would soon "be a woman like her mother."

Then one day, Jackie walked in on them. He was angry and went to the adult he trusted most, his basketball coach. The coach called the police and they arrested John. He protested and insisted vehemently on his innocence, saying Jackie was lying because "he was always jealous of what me and his sister have together." Nancy initially supported John. She said, "I'm very close to my daughter. I would know if anything like that was going on. But, after Cassie's medical exam and her tearful disclosure that John had been molesting her for years, Nancy believed her daughter and "would do anything to protect her." Jackie quit the basketball team because "everyone knows what's going on in my house" and said that he wanted to find and go live with his real father.

When John was charged with a felony and put in jail because he couldn't make bail, Nancy began to wonder what would happen to her and the children. She had missed so many days of school that she would probably have to withdraw for the semester. She had to apply again for AFDC and her world seemed to be falling apart.

It was then that she had a talk with Cassie. Yes, John did some bad things to her, but they would not happen again. Their family was falling apart because of what had happened. No, little girls should not lie, but maybe in this case, she could tell the social worker that John really hadn't done those things and that Jackie was just jealous. It wasn't really a lie—it was a way to help John get out of jail. It was a way to keep her brother from moving away. It was a way to make her mother happy again. And, her mom would protect her and make sure John didn't touch her any more.

**In your small group, discuss:** What's going on with Nancy? What is your gut response to Nancy? How might your feelings toward Nancy affect your work in this case? What do you need to do *yourself* to enable you to work productively with Nancy? What techniques or strategies might you employ with Nancy, so that she can, in turn, help Cassie?

Questions developed by Miriam Wolf.