

**KRONKOSKY CHARITABLE FOUNDATION  
ROUNDTABLE DISCUSSIONS**

**TOPIC:** Sexual Abuse Prevention Roundtable

**DATE:** April 23, 2002

**PREPARED BY:** Eusebio Diaz, Grants Manager

**PARTICIPANTS**

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**Invited Agency Representatives**

Lee Preston	The Rape Crisis Center
Nancy Kellogg	Child Advocacy Center
Lisa Black	Mental Health Association
Michelle Stiller	The Children's Shelter
Olga Guerra	Healthy Family

**Foundation Staff and Trustees**

Palmer Moe	Executive Director
Fred Cardenas	Grants Manager
Eusebio Diaz	Grants Manager

**PURPOSE**

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The purpose of this meeting is to discuss the extent and breadth of prevention and educational services available in the region for Child Sexual Abuse Prevention.

**AGENCY BACKGROUND INFORMATION**

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**The Rape Crisis Center (RCC)**

- Have counselors on staff to work with adult and child victims of rape and sexual abuse.
- Advocates are also available to work with victims within hospitals. Certifications are good for five years.
- Is currently developing an early intervention program to work with young boys to cultivate them into young men who have healthy relationships with women.
- Current budget for the RCC includes \$1.2 million from the Victims of Child Abuse (VOCA) federal funding program. Federal funding for the organization comprises 60% of the organizational budget.

- Currently using the Yellow Dino curriculum.

### **The Children's Shelter**

- Has been involved in establishing a sexual abuse prevention program targeting the education and prevention of abuse among preschool children.
- Outreach and education is provided on a request basis.
- Since four year-old children have a higher rate of victimization than any other age group, the Safe Child Program, a preschool abuse prevention program modeled in Colorado, working with parents, teachers, and children to educate about abuse "red flags" is under development.
  - The program provides enough information to educate children without scaring them.
  - The program is a ten-week program that has been shown to increase a child's assertiveness and confidence.
  - The intensity of the program only allows the organization to work with two schools simultaneously.

### **Mental Health Association (MHA)**

- Is currently developing a Health Minds Initiative, a consumer database to focus on consumer needs by matching their needs, such as health plan received, location, and language, with mental health providers who fit that need.
- Provides ASSIST training for suicide prevention/advocates that work in the community to intervene with suicidal individuals.
- Also looking to start a program to link mental health providers that will provide counseling pro-bono to low income clients. The program has been modeled in Colorado and New York. MHA has implemented the We Help Ourselves (WHO) program in the past and is considering implementing it again:
  - WHO targets elementary school children.
  - Utilizes puppets and videos for role-playing education.
  - The resources are transferred to the school for future replication of the program once the preliminary session occurs.
  - Can be used for children K-12

### **Healthy Families**

- Is a thirty year-old organization focused on the prevention of child abuse and neglect.
- The organization had used the Safety Through Assertive Response (STAR) in elementary schools.
  - The project reached approximately 20,000 children during its implementation.
  - Funding for the project was received from United Way, the City of San Antonio, and TDPRS.
  - STAR is no longer being used because it is a dated tool.
- Has also used the Yellow Dino program but has lost funding for some of their educational programming.
  - The project has less funding than the STAR program used to receive.
  - The project targets caregivers, parents and children.
  - Is used in partnerships with schools, but that has proved to be challenging.

- The focus employed by Healthy Families is that of parental responsibility to protect their children. This too has proven to be challenging since parents do not get involved in these sorts of activities. Additionally, Healthy Families is providing parenting education through “Parent as Teachers.” Through parenting education, parent’s responsibility to protect their child is underscored. Sexual abuse is not specifically addressed.

### **The Alamo Children’s Advocacy Center**

- Provides several levels of sexual abuse intervention and secondary prevention programming:
  - Primary prevention: Promotes discussion between the child and parent about things that are uncomfortable.
  - Secondary prevention: Provides scripts on how to talk with children and questions to ask when sexual abuse is suspected. These scripts do not focus on the symptoms displayed by the child because their existence, or lack of existence, may be misleading. Instead, the script is intended to reveal disclosure.
  - Tertiary Prevention: The organization dialogues with children ages 5-12 once sexual abuse has been discovered. Services are provided for four years. The approach also targets the child’s mother since, often, there is a lack of a stable father figure. By including the mother, the child learns to model appropriate parenting behavior to break the cycle.

### **BACKGROUND INFORMATION ON CHILD SEXUAL ABUSE**

- There has been an increase in the number of juvenile perpetrators.
- There is an increased indication that mothers are less likely to believe their child has been sexually abused.
- Good news: sexual abuse is being reported sooner among children.
- In San Antonio, Texas Department of Protective Services case managers have the highest caseload compared to other metropolitan areas in the state.
- 100 new cases are reported each month in San Antonio
- The Rape Crisis Center lost \$300,000 in sexual abuse prevention and education funding from VOCA.
- 821 cases of sexual assault were reported through local hospitals since July 1, 2001; 61% of these cases were children.
- 18 cases are reported on a given weekend; 8 of these are children.
- Still, it is estimated that only 1 in 9 cases are actually reported.

### **FACTORS AFFECTING THE INCIDENCE OF CHILD SEXUAL ABUSE**

- Parents of child sexual abuse victims often tend to have been abused themselves as children.
- Parents with untreated mental illness or personality disorders tend to be abusive to their children or neglectful and may provide poor supervision increasing the risk for sexual abuse of their children.

- For parents having been abused children, proper parenting skills and instincts need to be relearned.
- Sexually abused children are often profiled by perpetrators who look for: loners, low self-esteem, weak family structure, someone anxious to establish a close relationship, and quiet children.
- Sexually abused children have increased tendency to suffer from anxiety and disassociation.
- Incidences of child sexual abuse are perpetrated by a family member or a friend of the family, contrary to the “stranger-danger” approaches that until very recently were employed in preventive efforts.
- Lack of someone in the home with alcohol or substance abuse problems reduced the risk of sexual abuse.
- If the abuse happens in pre-school, children have a lesser tendency to be affected by the assault as adults.
- Multiple perpetrators of child abuse tend to have a greater psychological impact on the victim.

## **APPROACHES TO PREVENTION**

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### **Inclusion of the parent and child in the prevention approach**

- Parents and family need to be targeted to prevent sexual abuse from happening to their children.
- Sexual abuse is different than child abuse. Child abuse discussions are often associated with a parent’s right to discipline their child; sexual abuse of a child is a “zero-tolerance” issue.
- A significant percentage of parents of child sexual abuse victims tend to be young adults and victims of child abuse themselves.
- Although targeting parents is important, some parents tend to minimize the problem.
- There is a tendency by some mothers of children being sexually abused to play blame on the child, choose to ignore the child’s claim, or offer secondary solutions, such as locking the child’s door.
- Parents must be taught to report incidences of sexual abuse: not only is it okay for them to do so, it is their obligation.
- Family communication skills need to be strengthened to facilitate dialogue between parents and their children.
- Not only is it important to educate parents, but to educate children to protect themselves as well.

### **Inclusion of teachers and care providers in the prevention approach**

- Expansion of ongoing programs, such as Yellow Dino into more schools to reach more teachers and children would be a valuable component.
- Not all incidences of suspected child sexual abuse are reported by teachers who suspect this might be happening.
- Not all teachers are the best advocates for implementing prevention programs.

- Schools tend to be so focused on teaching and testing that incorporating sexual abuse prevention education is often not feasible.

**Inclusion of the medical community in the prevention approach has been implemented in other cities and shows promising results**

- A multi-pronged approach, including children, parents, teachers, child advocate groups, and medical professionals is needed help in the prevention process.
- Mental Health issues related to post-partum depression, substance abuse, and self-esteem need to be addressed among mothers of children who have been abused or neglected.
- Currently, there are no resources for referrals for post-partum depression.
- Including sexual abuse resources and referrals is a component that was missing from the database being developed by Mental Health Association but will be incorporated
- Working with the child's pediatrician and clinical staff is a key component
  - Pediatrician sees the child and the mother together
  - Sees the child at routine intervals and can be the first person to detect a problem
  - Nursing staff can be instrumental in educating about child safety, including sexual abuse.
  - Mental health is being addressed at the primary care level so that providers can discuss and disseminate information to parents regarding their child's well being.
  - However, not all parents, especially low income and low educated parents take their child to well-child appointments
  - Additionally, clinicians spend so little time with the parent and child. Fifteen minutes per visit leaves very little time to incorporate prevention education.
  - Pro-active pediatricians need to be identified to model proper parent/clinician interaction for.

**Different levels of dialogue are needed to prevent child sexual abuse from occurring**

- Many groups are working on the issue at different levels, how a particular organization fits into the larger picture is the issue.
- Education that is consistent, sustained, and is relayed at different levels works best. Business marketing has used this approach for years.
- Prevention has to be carried out at different levels with different approaches to succeed.
- A positive parenting approach is key for a successful primary prevention program.
  - Emphasizing strengthening dialogue with children on this matter.
  - Emphasizing a "health and safety" prevention program will give it a positive spin.
  - "Healthy Relationship Building" was another term that was mentioned.
  - There is a tendency to react negatively with the mention of sexual abuse program.
  - Provide parents with a kit or package that includes signs, proper behavior, and how to report if sexual abuse is suspected.
- If the sexual abuse has already been going on, it will take a strong, "in-your-face" approach since some mothers might want to shut their eyes and ears to their child.
- Modeling dialogues are often after-the-fact, but will help a parent extract disclosure from a child.

- Incorporating the message of sexual abuse prevention might be included into the Precious Minds, New Connection parenting programs.
  - The key to parenting education is to help parents become better nurturers and protectors for their children.
  - Not all curricula address sexual abuse prevention.
  - Perhaps a modeled script can be included into the program.
  - Many parenting education program could be facing time constraints and find it difficult to add another component.