Recognizing and Reporting Child Sexual Abuse for Caregivers Training

Print Version of the Computer-Based Training for Caregivers

Updated 2019
Welcome to Recognizing and Reporting Child Sexual Abuse for Caregivers Training

The Centers for Disease Control says that 1 in 4 girls and 1 in 6 boys are sexually abused before the age of 18. It’s one of the most common and underreported types of abuse.

In Texas, anyone who suspects that a child is being abused has a legal duty to report it.

Caregivers are often faced with the difficult task of recognizing sexual abuse and reporting it.

Texas Department of Family and Protective Services (DFPS) is committed to working with caregivers to protect children. It is the responsibility of caregivers to report allegations or suspicions of abuse or neglect to DFPS. It is DFPS’s responsibility to investigate those reports.

Training Objectives for Caregivers

- Understand the definition of child sexual abuse, including child-on-child sexual abuse.
- Know the characteristics, indicators, and possible signs of child sexual abuse.
- Understand the guidelines and requirements for reporting sexual abuse.
- Learn answers to common questions about reporting sexual abuse.

What Is Child Sexual Abuse?

According to the U.S. Department of Health and Human Services, child sexual abuse generally refers to sexual acts, sexually-motivated behaviors, or sexual exploitation involving children. Sexual abuse can happen to children of all ages, from infants to teens. Sexual abuse is also defined as conduct harmful to a child’s mental, emotional, or physical welfare. Sexual abuse includes:

- **Nonconsensual sexual activity** - sexual activity **without** consent between an adult and a child or between children of any age.
- **Consensual sexual activity** - sexual activity **with** consent between an adult and a child, or between children with more than 24 months difference in age or when there is a significant difference in their developmental levels.

Child sexual abuse occurs when an adult, child, or minor teen uses a child to gratify sexual desires. This can involve varying degrees of violence and emotional trauma.

**Note:** Failing to make a reasonable effort to prevent child sexual abuse is also child abuse.
Key Terms for This Training

- Anyone who sexually abuses or is suspected of sexually abusing a child is called the *perpetrator*.
- A child who has been abused is called the *victim*.
- Children who sexually abuse other children are referred to as having *sexually aggressive behavior*.
- *Child or children* refers to anyone under 18 years of age.

Types of Sexual Abuse

There are two types of sexual abuse – contact and non-contact.

**Contact sexual abuse** refers to touching the sexual parts of a child or encouraging a child to touch another person’s body. It can involve activities that involve penetration, such as sexual intercourse, or activities without penetration, such as fondling or kissing.

Examples of contact sexual abuse include:

- Oral, anal or genital penetration with a penis.
- Anal, genital, or other penetration with fingers.
- Genital contact with no penetration.
- Fondling a child’s breasts or buttocks.
- *Sexual indecency, sexual assault*, or *aggravated sexual assault* as defined in the Texas Penal Code.

**Non-contact sexual abuse** includes exposing a child to pornographic materials, using a child in prostitution, pornography, internet crimes, or other activities that sexually exploit a child.

More examples of non-contact sexual abuse are:

- Indecent exposure (exposing one’s sexual organs to the child).
- Voyeurism (watching the child doing intimate activities like using the toilet, bathing, or dressing).
- Verbal sexual harassment.
- Propositioning (suggesting or asking for sexual intercourse).
- Inadequate or inappropriate supervision of a child’s voluntary sexual activities.
- Witnessing sexual abuse of another child.
- Failing to make a reasonable effort to prevent sexual conduct involving a child.
- Using the child to make obscene or pornographic videos, photographs, or other materials.
Knowing Sexual Abuse Characteristics

Caregivers and child care workers need to know the characteristics of victims and perpetrators of child sexual abuse. This is critical to identifying sexual abuse early on and taking appropriate steps to intervene. Be aware that:

- It’s more common for girls to report sexual abuse, but boys are just as vulnerable.
- Boys, especially teenagers, are less likely to talk about sexual abuse.

These situations are common in child sexual abuse cases:

- The perpetrator may be in a position of authority or trust and uses that power to coax or persuade the child to cooperate. The child does not have the power to refuse the adult’s advances.
- The perpetrator has the advantage of being considerably older or more mature. Sometimes, the perpetrator is the victim’s parent or caregiver.
- The perpetrator often uses deception or force to get the victim to cooperate in sexual activities.
- In most cases of sexual abuse, the child knows, likes and trusts the perpetrator.

Incest and Intra-Familial Sexual Abuse

The most commonly reported cases of sexual abuse involve incest or sexual abuse by family members. This includes members of biological families, adoptive families, and stepfamilies. The perpetrator can be a stepparent, biological parent, sibling, grandparent, or other relative. Incest most often happens in a father-daughter relationship. It can also occur in other types of relationships such as mother-son, father-son, and sibling-sibling.

Generally, the word incest means sexual abuse by a blood relative who is part of the child’s nuclear family. The term intra-familial (within the family) is used when there is sexual abuse by a family member who is not related by blood.

In situations where the victim knows the perpetrator, the perpetrator will often target the oldest daughter. However, this is not always the case.

Signs of Sexual Abuse

Detecting child sexual abuse can be hard, especially with very young children who cannot express themselves clearly. Many sexually abused children have no evidence of physical injury, even when there has been penetration. But there are physical and behavioral signs that suggest
sexual abuse. The word suggest is used because these signs may be caused something other than sexual abuse.

**Physical Signs**

An unexplained genital injury may suggest sexual abuse of a child. Sexual abuse may cause anal or genital bruising, tearing, stretching, or bleeding. Another physical sign is a sexually transmitted disease (STD) or sexually transmitted infection (STI). Indicators of an STD or STI include a foul-smelling greenish discharge from the penis or vagina, blisters, sores with tiny blisters containing clear fluid, or genital growths. Pregnancy, especially in young teens, may also suggest sexual abuse.

**Behavioral Signs**

Behaviors that suggest sexual abuse include children who suddenly begin acting out sexually. Examples include inappropriate sexual play, extremely seductive behavior, and excessive or public masturbation. Children who are sexually abused may also:

- Use sexually explicit words or language that are above their level of development.
- Become withdrawn or preoccupied with daydreaming or fantasies.
- Show regressive behavior (such as reverting to thumb-sucking).
- Develop sleeping and eating problems.
- Suddenly become afraid of men, strangers, or a place such as the babysitter's home.

While these behaviors may be related to other stresses or conflicts, you should consider the possibility of sexual abuse.

**What to Listen For**

Caregivers should listen carefully to what children say and be suspicious if a child wants to avoid a particular person or place, like a neighbor's home. This is especially important with younger children who do not have the language skills to communicate effectively. Caregivers should gently explore comments by a child such as an adult “is doing funny things with them” or “touches” or “feels” them or shares secrets with them. Also take note if a child says an adult likes to photograph them.

**Sexual Slang**

Caregivers may hear children use sexual slang. Be aware that children will probably not use correct names for body parts. Below are examples of words that are sexual slang.

**For breasts:**

- Balloons
- Boobs
• Bumps
• Jugs
• Mosquito bites
• Chest
• Boobies
• Knockers
• Tits
• Titties
• Dots
• Bust
• Hooters
• Lungs
• Chee chees
• Nipples
• Breasts
• Privates
• Breastees
• Ta-tas

For buttocks:
• Butt
• Ass
• Behind
• Rear
• Fanny
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- Can
- Hind end
- Cheeks
- Caboose
- Hiney
- Seat
- Bottom
- Tail
- Cola
- Tush
- Pooper
- Buns
- Private
- Rump
- Gluteus maximus

For male genitals:

- Balls
- Cock
- Boner
- Dick
- Dinkie
- Ding-dong
- Down there
- Middle spot
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- Gonads
- Nuts
- Middle leg
- Snake
- Pee pee
- Pecker
- Pisser
- Private part
- Stick
- Whacker
- Wee wee
- Weenie
- Penis
- Thingy
- Ding a ling
- Winkie

For female genitals:

- Pussy
- Beaver
- Middle spot
- Booty
- Crotch
- Flower
- Cookie
• Coochie
• Down there
• Hole
• Kitty-cat
• Bad spot
• Nasty
• Snatch
• Pee pee
• Tee-tee
• Twat
• Cola
• Vagina
• Private
• China
• Personal part
• Butt
• Monkey

For sexual intercourse:
• All the way
• Banging
• Doing it
• Fingering
• Diddled
• Getting laid
• Fucking
• Grinding
• Getting down
• Hunching
• Hurting me
• Making out
• Kissing
• Rubbing privates
• Humping
• Screwing
• Scoring
• Licking
• Touching
• Sexually abusing me
• Molesting
• Messing with me
• Being dirty
• Playing the nasty game
• Poking me
• Bumping ugly
• Jumping me
• Beast with two backs
Phases of Sexual Abuse

There are five phases of sexual abuse:

- Engagement
- Sexual Interaction
- Secrecy
- Disclosure
- Suppression

Not all cases follow this exact sequence or are clearly delineated.

**Engagement Phase**

The Engagement Phase is the first phase. This is often known as grooming. Grooming is the process of building a relationship and preparing the child for sexual abuse. The perpetrator tells the child the behavior is acceptable, deliberately misrepresenting moral and behavioral standards. A perpetrator often exploits a child’s needs for adult approval and affection, love of games, or desire for things like money or presents. Often, the perpetrator uses gifts or affection to try to make the child feel indebted or obligated. The desire of children to please adults and their recognition of their own powerlessness aides the perpetrator’s efforts.

**Sexual Interaction Phase**

Next comes the Sexual Interaction Phase. It may vary from non-contact abuse, such as the perpetrator disrobing in front of the child or exposing genitals, to different non-contact sexual behaviors to see how the child reacts as the abuse continues. It often progresses to physical contact, such as penetration.

**Secrecy Phase**

Sometimes the child is intimidated and forced to engage in the Secrecy Phase. The perpetrator uses their power to dominate, bribe, threaten, or emotionally blackmail the child to keep the secret.

**Disclosure Phase**

In the Disclosure Phase, the abuse is revealed. Sometimes this happens because the child tells an adult or friend. Sometimes a third party witnesses the abuse or the child shows physical or emotional signs of abuse. Some victims may become adults before reaching the Disclosure Phase.
**Suppression Phase**

During the Suppression Phase, those close to the child often encourage or even compel the child to forget the abuse or to retract accusations.

The motives for suppressing the child’s story vary. There may be fear of scandal or stigma, disgust with sex acts, or fear of the consequences. Parents may lash out at children and accuse them of stupid behavior or having dirty minds. The child may be accused of causing the abuse. To believe the child, the family must face a terrible crisis and family members may experience significant trauma. In the case of incest, a parent may have to end a relationship by divorce or separation. This may cause both emotional distress and financial loss. Sometimes, a parent becomes an accomplice to the sexual abuse to try to avoid this terrible crisis and keep the family intact. The parent may refuse to believe the child or even facilitate the abuse. The family may feel intense guilt because they trusted the perpetrator. In almost all cases, the family suffers from feelings of shame.

**Myths and Facts about Sexual Abuse**

**Myths**

The perpetrator is always male.

While the majority of perpetrators of sexual abuse are men, women also sexually abuse children. This is true whether the victims are male or female. A woman’s sexual abuse of a child can often be covered up because women are generally more involved with physical child care activities, such as bathing and toileting.

Another reason why the majority of known perpetrators are male could be under-reporting on the part of males when the perpetrator is female. This is referred to as the Mrs. Robinson syndrome, where a sexual relationship with an older female is seen by some as a normal part of a boy’s development.

There is medical evidence in most cases of sexual abuse.

Medical evidence is only found in 10-15% of sexual abuse cases. This is because most cases do not involve physical force or result in observable injury.

Victims always feel bad about the abuse and hate the perpetrator.

Victims may have very close relationships with perpetrators, particularly if they were groomed over time, received special treatment, and were given a lot of attention.
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Children can be promiscuous or seductive and provoke the abuse.

This implies that the child is responsible. A child who cooperates or even initiates sex does not have the ability to consent. The responsibility lies with the perpetrator.

Sexual abuse only happens to females.

The Centers for Disease Control (CDC) says 1 in 6 boys is sexually abused before the age of 18. Other studies, including those by David Finkelhor, an American sociologist known for his research on child sexual abuse, indicate that 1 out of 5 males is sexually abused before age 13. Men and boys are less likely to report sexual abuse due to social differences surrounding sexuality for males and females.

Sexual abuse is an isolated incident that happens out of the blue.

Sexual abuse is usually a gradual process that occurs in stages.

Facts

Children rarely lie about being sexually abused.

Disclosing sexual abuse is not something children normally do to get attention or to get back at someone.

90% of perpetrators are known to the child.

The perpetrator of sexual abuse usually has a relationship with the child. Statistics show 93% of juvenile sexual assault victims know their attacker. Family members account for 34.2% of all perpetrators, and acquaintances account for 58.7%. Only 7% of perpetrators are strangers to their victim.

The notable increase in child sexual abuse can be attributed primarily to more reporting of cases.

The increase in reporting can be attributed to increased awareness of this type of abuse.

80% of fathers who are perpetrators were under the influence of alcohol the first time they sexually abused their daughter.

Alcohol can lower inhibitions.

Women in treatment for substance abuse report a high incidence of incest.

Victims often use drugs and alcohol as a coping mechanism to try to numb the emotional pain that comes with sexual abuse.

50% of those who commit child sexual abuse also abuse alcohol.

There is a high correlation between these two.
It is believed that less than 6% of child sexual abuse is reported to the police and that less than 10% of those convicted of felony child molestation are imprisoned. Many offenders are never arrested because of a child’s fear of telling, lack of understanding of the event, or inability to communicate because of age.

What Is Child-on-Child Sexual Abuse?

Child-on-child sexual abuse is when the perpetrator of sexual abuse is another child or teenager under the age of 18. DFPS also refers to this as child sexual aggression.

The rate of child-on-child sexual abuse is not widely known because it tends to go unreported or underreported. Even when adults know about an incident, they often dismiss it because they do not understand the dynamics of sexual abuse and the categories of sexual development in children.

Understanding the categories of sexual development in children is critical to identifying child-on-child sexual abuse.

Categories of Sexual Development

Sex and sexuality are largely learned behavior. We must keep in mind that children will experiment with their sexuality and with sexual behavior toward other children. As caregivers, you must be able to identify a child who exhibits behavior that is outside the range of behavior that is developmentally appropriate.

There are three categories of sexual behavior:

- Normal sexual development
- Sexual behavior problem
- Sexually aggressive behavior

Category 1 - Normal Sexual Development

Normal sexual development is sexual behavior within the range of behavior that is developmentally appropriate. An example of normal sexual development is a 3-year-old who enjoys being naked or a 12-year-old who is sexually attracted to peers.

Category 2 - Sexual Behavior Problem
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A sexual behavior problem is when a child shows behavior outside of the range of what is developmentally appropriate. An example of a sexual behavior problem is a 5-year-old who specifically discusses sexual acts or uses explicit sexual language.

**Category 3 - Sexually Aggressive Behavior**

Sexually aggressive behavior is when a teen or child uses seduction, coercion, or force to take advantage of someone who is less powerful.

An example of sexually aggressive behavior is a 15-year-old who forces a 10-year-old to have sexual intercourse. It is also possible for an adult to be a victim of a child’s sexual aggression.

See the [Sexual Behavior Chart](#), for examples of behaviors in each of these categories based on age.

### Components and Indicators of Sexually Aggressive Behavior in Children

For behavior to be considered sexually aggressive behavior, there must be at least one of the following components:

- **Less powerful** - Differences in developmental level, physical stature, cognitive ability, or social skills.
- **Seduction** - The use of charm, manipulation, promises, gifts, and flattery to get a person to engage in sexual behavior.
- **Coercion** - Abusing authority or using bribes, threats (including threats of force), or intimidation to gain cooperation or compliance.
- **Force** - Threat or use of physical or emotional harm toward a person, or something or someone the person cares about.

Children and youth with sexually aggressive behaviors often have other behavioral and social problems. They may:

- Be impulsive and act before thinking.
- Have trouble following rules and listening to authority figures at home, at school, and in the community.
- Have problems making friends their own age and play with much younger children.
- Have a limited ability to calm themselves, so they may touch their own genitals or masturbate to relieve stress.
Sexually Aggressive Behavior Case Study

Using the Sexual Behavior Chart, and information about the categories of sexual behavior, use the case study below to identify sexually aggressive behavior.

- Child A is a 16-year-old boy.
- Child A admitted to performing oral sex and anally penetrating his 5-year-old sibling, Child B.
- Child A had been on the computer looking at pornography and was thinking about sex.
- Child A acknowledged feeling bad after having sex with Child B and asking Child B not to say anything.
- Child B, when asked, denied ever being hurt by Child A and said Child A was nice.
- Child A denied ever being sexually abused or made to do anything sexually inappropriate before.
- Child A reported having sexual intercourse with a peer at the age of 12.

Applying the Category of Sexually Aggressive Behavior to the Case Study

From the Sexual Behavior Chart, sexually aggressive behaviors in teens age 13-17 are:

- Sexual touching that involves coercion, threats, secrecy, violence, and aggression.
- Anal sex with another child.
- Vaginal sex with another child.
- Oral sex with another child.
- Masturbating another child.
- Forcing another child to watch masturbation.

According to the age group for teens age 13-17 on the Sexual Behavior Chart, Child A (at the age of 16) behaved in a sexually aggressive manner by engaging in sexual activity (anal and oral sex) with a 5-year-old in secrecy.

Trauma of Sexual Abuse: Effects and Variables

The abuse itself is only a part of the trauma that victims of child sexual abuse experience. They are lied to, manipulated, forced to act against their will, bribed, threatened, and then often disbelieved. In many cases, they feel betrayed.

The effects of sexual abuse on children depend on several variables. The most important is whether the first person the child tells about the abuse believes the child. The abuse is likely to
be much more traumatic if people don’t believe the child, force the child to recant, or make the child feel at fault for what happened.

Other variables include what adults do to protect the child after they learn about the abuse and whether the child receives therapy right away. The age and personality of the child are also important factors. Children need to develop sexually in an orderly fashion and sexual abuse disturbs this normal pattern. Sexual abuse that continues for a period of time can be more traumatic than a single event. Incest often goes undetected for one to three years.

The extent of the abuse is also a factor. A child who experiences sexual abuse that progresses to more contact or causes physical injury suffers longer-lasting effects. Sadistic or violent behavior by the perpetrator is also more traumatic.

Educational efforts to protect children from sexual abuse have focused on teaching them to:

- Protect themselves by saying no.
- Recognize their right not to have their bodies touched.
- Tell a safe adult if they are uncomfortable.

While these efforts may help to protect children to some degree, it is obvious that children may still be vulnerable to perpetrators with more knowledge, strength, cunning, and the authority of age. Many children who are victims of sexual abuse feel great guilt for not being able to protect themselves.

### Reporting Sexual Abuse

In Texas, anyone who suspects or has concerns that a child is being sexually abused has a legal obligation to report it. The Department of Family and Protective Services investigates reports of child abuse and neglect, including sexual abuse in:

- Families of all kinds (birth, adoptive, etc.).
- Child care facilities or treatment centers.
- State facilities and programs that serve people with mental illness or intellectual disabilities.

DFPS has a central place to report child abuse and neglect - the Texas Abuse Hotline at 1-800-252-5400 or online at the [Texas Abuse Hotline Website](http://www.texasabusehotline.org).

The [Texas Abuse Hotline](http://www.texasabusehotline.org) is toll-free 24 hours a day, 7 days a week, nationwide. Always call the hotline when the situation is urgent and needs to be investigated within 24 hours. Urgent means someone faces an immediate risk of abuse or neglect that could result in death or serious harm.

Always call 911 or your local law enforcement agency if there is an emergency or a life-threatening situation that must be dealt with immediately.
Use the secure Texas Abuse Hotline website only to report situations that do not need to be investigated right away. DFPS may take up to 48 hours to process reports made to this website.

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**Resources for Reporting Sexual Abuse**

- DFPS has a central place to report child abuse and neglect -- the Texas Abuse Hotline at 1-800-252-5400 or online at the [Texas Abuse Hotline Website](#).
- Find DFPS information about [how to Report Abuse, Neglect, or Exploitation](#).
- Find DFPS information about [When and How to Report Child Abuse](#).

**Reporting Guidelines**

It is important to understand what to expect when reporting sexual abuse. A reporter’s name is confidential and DFPS employees will not disclose it to the alleged perpetrator. However, there are certain circumstances when DFPS is required to disclose a reporter’s identity to law enforcement, a court of law, or another state agency.

When calling the Texas Abuse Hotline, an intake specialist will ask for:

- Your name.
- Your contact information.
- An explanation of your concerns.

When reporting online, the website asks for:

- Your name.
- A valid email address.
- A written explanation of your concerns.

In your explanation of concerns, include:

- The alleged victim’s name and address or other information to help contact the family.
- The people involved, including name of the alleged perpetrator (description and address or way to locate the alleged perpetrator).
- The relationship of the alleged perpetrator to the child.
- What happened, what you saw, or what was reported to you.
- A description of the behavior.

Specific information is necessary before an investigation can take place. The questions below are ones most commonly asked by an intake specialist when gathering and assessing information about sexual abuse reports:

- What makes you think the child has been sexually abused?
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- Has the child said anything?
- Are there physical indicators of sexual abuse (e.g., physical injury or sexually transmitted disease)?
- Has the child been examined by a medical professional?
- Is there a known sex offender in the home?

Learning to identify child sexual abuse and deciding to make a report are very distressing for many people. However, DFPS can more accurately evaluate a situation if reporters make statements that are as clear, detailed, and objective as possible.

Before making a report, gather any records or notes so you have the information you need at hand. Provide as much information as possible, especially when reporting online. This will help DFPS make the best decision about how to proceed.

For more details and guidance on how to report sexual abuse, review Reporting Suspected Abuse or Neglect of a Child in Texas: Reporting Basics

**Common Concerns about Reporting Sexual Abuse**

**What if a caregiver is unsure whether a situation or condition is a potential warning sign?**

While it would be ideal to have a clear-cut guide for every situation, there are many factors that determine whether a situation warrants an investigation. When in doubt, you should always err on the side of the child’s safety by making a phone or online report.

**What should I do if I think a child may have been abused or neglected, or if a child tells me about something that happened? Should I question the child? What is DFPS’s position on caregivers photographing injuries or marks as part of an abuse report?**

Caregivers should not try to investigate allegations or suspicions of abuse or neglect. That is DFPS’s responsibility. They should report any information related to suspected abuse or neglect to the Texas Abuse Hotline. DFPS recognizes that other policies may instruct certain people such as nurses, caregivers, or campus police, to document injuries on a child’s body.

**Is it true that those who report in good faith have legal immunity and are protected from employer retaliation?**

The law requires any person who suspects abuse or neglect to report it. You are protected from civil or criminal liability as long as you make a report in good faith and without malicious intent. This is true even if DFPS determines that there was no abuse or neglect.
State law does not allow an employer to suspend, terminate, or discriminate against a professional who makes a report about suspected child abuse or neglect in good faith. Visit the Texas Family Code, Chapter 261, sections 106 and 110 for more details.

Are there potential legal issues for those who suspect abuse or neglect of a child but do not report it? What happens to people who make a false report?

You may be subject to criminal charges if you suspect abuse or neglect and you knowingly fail to report it.

You may be subject to civil or criminal liability, or both, if you knowingly file a false report, for example, telling DFPS the child has injuries when there clearly are none.

Visit the Texas Family Code, Chapter 261, sections 107 and 109 for more details.

I made a report to Statewide Intake. What happens next?

If the information you provided meets the definitions of abuse or neglect in the Texas Family Code, the Texas Abuse Hotline will send it to a local DFPS office for investigation.

If the information you gave does not meet the legal definitions of abuse or neglect, it will not be investigated. It’s important to answer all the questions as thoroughly as possible and provide detailed and descriptive information about the situation. This helps the intake specialist more accurately assess the need for an investigation.

DFPS will give you a report identification number each time you make a report, unless you report anonymously. The intake specialist will tell you whether your report is likely to be sent on to a local office for investigation.

Is my information kept confidential? Will you ever release it to anyone? May I choose to remain anonymous?

Your identity as a “reporter” is protected by law when you contact the Texas Abuse Hotline or website in good faith to report possible abuse or neglect. However, there are three specific circumstances under which DFPS is required to release a reporter’s identity. DFPS must release a reporter’s identity to:

- Law enforcement as part of a criminal investigation.
- A court, if instructed to do so under court order.
- Another state agency, if the matter you are reporting falls under its jurisdiction.

DFPS will only disclose a reporter’s identity in these three scenarios. Please note that DFPS is required to notify law enforcement in writing of all reports of child abuse or neglect. However, DFPS does not disclose the reporter’s identity or contact information in these routine notifications. Find out more about your options for reporting anonymously.
Conclusion

Caregivers must:

- Be aware of those who are around the children.
- Pay attention to intuitive feelings that a situation could be dangerous.
- Listen carefully to children, especially comments that may indicate anxiety or fear.
- Encourage children to ask for help in uncomfortable situations.
- Work towards open communication between responsible adults and children to reduce the chance that children will become victims of sexual abuse.
- Assess child behaviors according to the categories of sexual development.
- Report suspicions of sexual abuse to DFPS.
- Understand that anyone who does not report suspected sexual abuse can be held liable for a misdemeanor or felony.