



Ventura County Children & Family Services



Day *Six* At-a-Glance

Section	Time	Materials	Activities
Review, Ice Breaker and Introduction to Day 6	10 Minutes	<ul style="list-style-type: none"> • PPT 6.1-6.2 • Participant Guide 	
Parenting the Sexually Abused Child: An Overview	1 hour	<ul style="list-style-type: none"> • PPT 6.3-6.15 • Participant Guide 	
Medical Needs of Children in Foster Care	1 & 1/2 hours	<ul style="list-style-type: none"> • PPT 6.16-6.21 • Participant Guide 	
Homework Assignment	10 Minutes	<ul style="list-style-type: none"> • Participant Guide 	
Wrap-up	10 Minutes	<ul style="list-style-type: none"> • PPT 6.22 • Evaluation 	Complete Evaluations

About Day Six

Overview

Day Six of the 21st Century Caregiving: Foster VC Kids Resource Family Training focuses on normal sexual development, sexual abuse and safety planning. The session will help participants build a healing home that promotes a sense of safety and well-being and establishes/implements rules for safety and behavior in relationship to sexual behaviors. Today you will also be discussing common health and medical conditions that children in foster care experience, as well as resources available to families seeking support. You will be discussing the impact of prenatal substance abuse on children's development and behavior at all

Case Studies: You will be utilizing case studies throughout the training so that participants may have the opportunity to apply their learning.

Real Cases: You will want to make it clear to the participants that all of the case studies used in this curriculum are de-identified families with any identifying information altered or removed.

Learning Objectives

- ✓ Define sexual abuse and identify the signs of sexual abuse.
- ✓ Identify the broad range of sexual behaviors children exhibit as a **normal part of development** and determine which behaviors are cause for concern.
- ✓ Determine how to establish guidelines for safety and privacy in your family.
- ✓ Determine when and how to seek additional support from the team when needed.
- ✓ Determine what to do if and when a child discloses experiences and possible abuse to you.
- ✓ Understand common and specialized medical needs of children in foster care
- ✓ Understand resources available to address medical needs

Trainer Preparation

In addition to the Trainer's Guide, Participants' Guides, and PowerPoint Slides, Day Six will require the trainer to locate and prepare the following supplemental materials:

Evaluation Form:

- See appendix for the evaluation form to be completed by the participant.

Attendance Form:

- See appendix for the attendance form.

Resources

It's All about the Kids: Creating Sexual Safety and Promoting Healing in Foster Care and Adoption (2006)

This workshop, by Dr. Wayne Duehn, Professor Emeritus of Social Work, School of Social Work, The University of Texas at Arlington, focuses on developing professionals who can teach the skills and techniques required to parent a child victim of sexual abuse and to develop foster/adoptive parents who are proficient in these parenting skills. When such skills are learned, knowing parents can make the most crucial difference for a child recovering from the trauma of sexual abuse.

Sexual Safety in Placement

These training exercises, by Dr. Wayne Duehn, Professor Emeritus of Social Work, School of Social Work, The University of Texas at Arlington, Sherry Anderson, The Three Rivers Adoption Council and Kristi I. Adkins, The Lutheran Service Society of West Pennsylvania, were developed for Resource Families who have a need for both cognitive understanding of the issues involved in treating sexually abused children in foster care and specific skills for dealing with situations as they arise.

Parenting a Child Who Has Been Sexually Abused: A Guide for Foster and Adoptive Parents (2008)

http://www.childwelfare.gov/pubs/f_abused/

This factsheet, by the Child Welfare Information Gateway, discusses how foster and adoptive parents help children in their care by educating themselves about sexual abuse, establishing guidelines for safety and privacy, and understanding when and how to seek help.

Sexual Abuse Training (2010)

This training, by Kimberly Simpson, Specialty Teams Supervisor at Camelot Community Care, was created based on the trainings of Dr. Duehn.

Baby Steps: Caring for Babies with Prenatal Substance Exposure

www.mcf.gov.bc.ca/foster/pdf/BabySteps_Sept2011.pdf

Published by the British Columbia Ministry of Children and Family Development, Coast Fraser Region in 2011), this curriculum is designed for nurses to deliver to caregivers of children with histories of prenatal substance.

Protecting Children in Families Affected by Substance Use Disorders

<https://www.childwelfare.gov/pubs/usermanuals/substanceuse/>

This fact sheet provided by the Child Welfare Information Gateway discussed how caregivers can understand and support children who have been affected by substance use in the family.

FOSTER CARE: Health Concerns of Children in Foster Care

<http://www.childabuseemd.com/foster/health-concerns.shtml>

This Child Abuse Evaluation & Treatment for Medical Providers Guide provided by SUNY Upstate Medical University offers tools and resources with which to diagnose and manage child and adolescent abuse victims.

Medicaid and Children in Foster Care

<http://www.childwelfaresparc.files.wordpress.com/2013/03/medicaid-and-children-in-foster-care.pdf>

This issue brief details the health care needs of children in foster care and the role of Medicaid in providing health coverage for this population. It also highlights existing policy levers that may help to address some of the ongoing health and well-being issues faced by children in foster care.

Child Welfare: Health Care Needs of Children in Foster Care and Related Federal Issues

<https://www.fas.org/sqp/crs/misc/R42378.pdf>

Provided by Congressional Research Service this report begins with a discussion of major findings related to federal programs to assist with the medical care of children in foster care.. It then briefly describes the foster care population and their unique health-related issues. Next is an overview of the federal programs and policies in three areas—child welfare, Medicaid, and private health insurance—that directly or indirectly address some of the health care needs of such children and young adults.

Review, Ice Breaker and Introduction to Day Six

Materials

PPT 6.1-6.2

Participant Guide

Flipchart Paper/Markers



30 Minutes

Presentation –Review

- **Review** *Day Five of training. Briefly cover the following:*
 - *Positive Parenting for Resource Families.*
 - ▶ During the last session, we examined the issues that impact a child's behavior and what to expect at different developmental stages.
 - ▶ We spent most of our time exploring how childhood trauma impacts behavior and how emotional regulatory healing can guide effective behavior management and growth for children and families.
 - ▶ We also looked at Foster VC Kids' expectations on behavior and discipline.

ASK

Now that you know more about the fostering/adoptive experience:

What excites you most?

What worries you most?

- **Review** *Day Five Homework.*



PowerPoint Presentation – Day Six Learning Objectives (SLIDES 6.1-6.2)



21st Century Resource Familying :
Foster VC Kids Professional Resource Family
Training Day 6

SLIDE 6.1

PowerPoint Title Slide: 21st Century Caregiving: Foster VC Kids Resource Family Training
(Day 6)

SLIDE 6.2

PowerPoint Slide: Day Six Learning Objectives

- ▶ The learning objectives for Day Six of the **21st Century Caregiving: Foster VC Kids Resource Family Training** include the following:
 - ▶ Define sexual abuse and identify the signs of sexual abuse.
 - ▶ Identify the broad range of sexual behaviors children exhibit as a **normal part of development** and determine which behaviors are cause for concern.
 - ▶ Determine how to establish guidelines for safety and privacy in your family.
 - ▶ Determine when and how to seek additional support from the team when needed.
 - ▶ Determine what to do if and when a child discloses experiences and possible abuse to you.
 - ▶ Understand medical needs of children in foster care
 - ▶ Understand requirements related to caring for children with common and special health care needs.
 - ▶ Understand resources available to address medical needs



SUMMARIZE

- ▶ Some of today's training is difficult. Depending on your experience with sexual abuse and medical issues, you may find some of the information upsetting and painful to process. We will spend most of the day as a large group so that I can help you understand these challenging topics and process through your feelings.



TRANSITION (Introduction to Today's Topic)

- ▶ Our next topic is going to involve thinking about caring for children who have been sexually abused and managing the task of raising children towards healthy sexuality. In order to get ready for this topic, a little bit of review will be helpful.
- ▶ As we have said, we all grew up with rules, some quite straightforward and others that may have been hard to explain, or even others that look silly. Many of us were raised with rules about sexuality that can make this a challenging issue in parenting in general. In addition to being able to talk about sex with children to ensure healthy and safe sexual development, we may be caring for children who, known or unknown to us, have experienced sexual abuse.
- ▶ For this reason, today's topic of preparing to care for and support the healing of sexual abuse, and the topic of helping all children in our care develop safe and healthy sexuality, is critical. As we will discuss, this involves being able to hear and talk about sexuality, even if to do so means to go against a family rule that we may have grown up with.
- ▶ This topic can be tough. There are at least two reasons that this may be tough for us.
 - ▶ First of all, **some of us have had limited or no exposure to Sexual Abuse or Open discussion of Sexuality in our childhood.** In that case, some of the thoughts and feelings we may have in reaction to what children experience, or to other lifestyles and identities, may be strong. For those of us who have had little or no exposure or open dialog, we will need a way to think about ourselves as caregivers while taking care of our own emotions and reactions.

- ▶ Secondly, **some of us have had exposure or experience of sexual abuse and may have had our own experiences of bias and judgment by others related to either sexual abuse or sexuality.** For those of us with personal or near experience, today's topic may remind us of difficult and painful trauma of our own. We will need to have support and the opportunity to reflect on what we have survived and what we can offer to children as well as getting ready to become caregivers for others.
- ▶ All of us will need a way to manage our own experience and think about ourselves in the position of a caregiving adult responding to a child's experience in a way that helps the team support the healing for children.
- ▶ Because of the importance and emotional impact of today's work, we are going to return to our working agreement and think together about rules or customs we want to have in this group to help us manage the emotional impact of the material while focusing on our purpose: self-awareness and preparation for fostering.

Ask:

? What do you think would help us do that in this session?

Sample Responses:

- ❖ **Non-judgmental statements:** it needs to be okay to ask questions, acknowledge discomfort, and to speak freely.
- ❖ **Keeping the conversation on track:** at times we may want to talk about personal experiences, however to do so may prevent us from thinking about the work at hand. While self-disclosure or discussion of children in our care may be helpful for understanding, it is not necessary to advance our work.
- ▶ We have supports outside of the group environment. Talking with the trainer or with an RDS worker about your reactions and responses, and perhaps your experiences, can be helpful in our continuous reflection on the fit between you and the role of Resource Family.

- ▶ It is also important to note that as you hear and talk about sexuality with a child in your care, there are limits in relationship to disclosures of abuse. So, we will discuss mandated reporting and how to handle disclosures (e.g. you cannot ask questions, you must report).
- ▶ Additionally, trauma triggers sometimes result in the child making allegations against the Resource Family. Safety planning will help prevent and/or at least minimize some of this risk.
- ▶ Let's get started

Parenting the Sexually Abused Child

Materials

PPT 6.3-6.15

Participant Guide

Flipchart Paper/Markers



1 Hour

Resources:

*It's All About Kids:
Creating Sexual Safety and
Promoting Healing in
Foster Care and Adoption*

Sexual Safety in Placement

*Parenting a Child Who Has
Been Sexually Abused: A
Guide for Foster and
Adoptive Parents.*

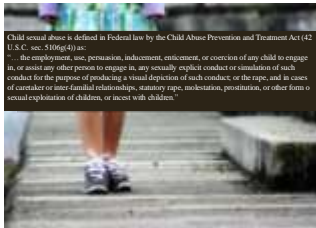
Sexual Abuse Training

Presentation –Introduction to Topic

- ▶ Introduce the topic by saying that there is information we know about sexual abuse that may be surprising to some.
- ▶ **Since sexual abuse is the ultimate betrayal of the adult-child relationship, the primary healing resource available to sexually abused children is an understanding, committed foster family who can demonstrate to them that adults can be trusted.** Most children who have been abused do not go on to abuse others, and many go on to live happy, healthy, successful lives. As Resource Families, you will play an important role in your child's recovery from childhood abuse.
- ▶ You can help children in your care by **educating yourself about sexual abuse and sexual behavior, establishing guidelines for safety and privacy in your family, and understanding when and how to seek help if you need it.**
- ▶ **Placement in foster care often brings out many behaviors never exhibited in the child's own home or in previous placements--behaviors such as sexual acting out, anger, hostility, and open rejection of the foster family--but foster families willing to accept the challenge of these special needs children can successfully parent sexually abused children and become the central component in their recovery from past trauma.**



PowerPoint Presentation – (SLIDES 6.3-6.4) Understanding Sexual Abuse



SLIDE 6.3

PowerPoint Slide: What is Sexual Abuse?

- ▶ Child sexual abuse is defined in Federal law by the Child Abuse Prevention and Treatment Act (42 U.S.C. sec. 5106g(4)) as:
 - ▶ "... the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children."



SLIDE 6.4

PowerPoint Slide: Signs of Sexual Abuse

- ▶ **You may not know whether a child has been sexually abused.** Your social worker will share all **known** information about your child's history with you; however, many children do not disclose past abuse until they feel safe. For this reason, Resource Families are sometimes the first to learn that sexual abuse has occurred. Even when there is no documentation of prior abuse, you may suspect abuse because of the child's behavior.
- ▶ **Determining whether a child has been abused requires a careful evaluation by a trained professional.** While it is normal for all children to have and express sexual curiosity, children who have been sexually abused may demonstrate behaviors that are outside of the range of what might be considered normal. There is no one specific sign or behavior that can be considered proof

that sexual abuse has occurred. However, many professionals and organizations agree that you might consider the possibility of sexual abuse when one or several of the following signs or behaviors are present:

- ▶ Sexual knowledge, interest, or language that is unusual for the child's age.
- ▶ Sexual activities with toys or other children that seem unusual, aggressive, or unresponsive to limits or redirection.
- ▶ Excessive masturbation, sometimes in public, not responsive to redirection or limits.
- ▶ Pain, itching, redness, or bleeding in the genital areas.
- ▶ Nightmares, trouble sleeping, or fear of the dark.
- ▶ Sudden or extreme mood swings: rage, fear, anger, excessive crying, or withdrawal.
- ▶ "Spacing out" at odd times.
- ▶ Loss of appetite, or difficulty eating or swallowing.
- ▶ Cutting, burning, or other self-mutilating behaviors as an adolescent.
- ▶ Talking about a new, older friend.
- ▶ Unexplained avoidance of certain people, places, or activities.
- ▶ An older child behaving like a much younger child: wetting the bed or sucking a thumb, for example.
- ▶ Suddenly having money.

Ask:

- ? As we have reviewed this information, what are some new insights you have about the signs that a child is being sexually abused or exploited?**

Sample Responses:

- ❖ **Listed above.** *Affirm the correct responses and be sure to note that these symptoms alone may not be signs of sexual abuse, however when some of the*

symptoms and signs are present, without other obvious explanations, you may wonder if something is happening or has happened to a child.

Ask:

- ? If you were to find some of these symptoms appearing in a child in your care, what do you think you could do?**

Sample Responses:

- ❖ Contact the Social Worker
- ❖ Contact Therapeutic team members
- ❖ Contact your RDS worker or PPE
- ❖ Have someone help you think through what to do next.



PowerPoint Presentation – (SLIDE 6.5-6.8) Understanding Sexual Behavior in Children



SLIDE 6.5

PowerPoint Slide: Understanding Sexual Behavior in Children

- ▶ **Symptoms of sexual abuse may not be evident upon first meeting a child**, however as children relax in placement, you may begin to see and understand more about the child in your care.
- ▶ **Children exhibit a broad range of sexual behaviors that are part of normal development.** It is important for you to understand what is within a normal or acceptable range so that, on one hand, you do not overreact when you observe such behaviors and, on the other hand, you do not miss obvious clues that might suggest that a child has been sexually abused.
- ▶ **Children’s sexual interest, curiosity, and behaviors develop gradually over time and may be influenced by many factors**, including what children see and experience.

Sexual behavior is not in and of itself a sign that abuse has occurred. **All children, whether heterosexual, gay, lesbian, bisexual, or questioning, explore their own sexuality in their own way.** All children, whether traumatized or not, and whether sexually abused or not, may experiment and explore their sexuality in ways that may make us, as adults and caregivers, uneasy about how to respond.

- ▶ During our work together, we will explore how to manage sexuality in parenting and, if a child has been exposed to sexual exploitation or abuse, how to continue to foster healthy sexual development throughout our caregiving experience.



SLIDE 6.6

PowerPoint Slide: Understanding Sexual Behavior in Children: Preschool (0 to 5 years)

▶ **Common:**

- ▶ Sexual language relating to differences in body parts, bathroom talk, pregnancy, and birth.
- ▶ Self-fondling at home and in public.
- ▶ Showing and looking at private body parts.

▶ **Uncommon:**

- ▶ Discussion of sexual acts.
 - ▶ Sexual contact experiences with other children.
 - ▶ Masturbation unresponsive to redirection or limits.
 - ▶ Inserting objects in genital openings.
- ▶ Current researchers and practitioners specializing in sexual identity note that many individuals who identify as homosexual began to notice that they were drawn to same sex individuals at an early age, and that their typical first 'crush' at the ages of two and three was on someone of their own gender. Although social pressures may lead children to suppress their orientation and identity during socialization, the early recognition of sexual identity is typical for all orientations and gender identities.

Understanding Sexual Behavior in Children: School Age (6 to 12 years)

Common	Uncommon
<ul style="list-style-type: none"> Questions about menstruation, pregnancy, sexual behavior "Experimenting" with same-age children, including kissing, fondling, exhibitionism, and role playing Masturbation at home or other private places 	<ul style="list-style-type: none"> Discussion of explicit sexual acts Asking adults or peers to participate in explicit sexual acts

SLIDE 6.7

PowerPoint Slide: Understanding Sexual Behavior in Children: School Age (6 to 12 years)

▶ **Common:**

- ▶ Questions about menstruation, pregnancy, sexual behavior.
- ▶ "Experimenting" with same-age children, including kissing, fondling, exhibitionism, and role-playing.
- ▶ Masturbation at home or other private places.

▶ **Uncommon:**

- ▶ Discussion of explicit sexual acts.
- ▶ Asking adults or peers to participate in explicit sexual acts.

Understanding Sexual Behavior in Children: Adolescence (13 to 16 years)

Common	Uncommon
<ul style="list-style-type: none"> Questions about decision-making, social relationships, and sexual customs Masturbation in private Experimenting between adolescents of the same age, including open-mouth kissing, fondling, and body rubbing Voyeuristic behaviors Sexual intercourse occurs in approximately one-third of this age group Oral sex has been found to occur in 50 percent of teens ages 15 and older 	<ul style="list-style-type: none"> Sexual interest in much younger children Aggression in touching others' genitals Asking adults to participate in explicit sexual acts

SLIDE 6.8

PowerPoint Slide: Understanding Sexual Behavior in Children: Adolescence (13 to 16 years)

▶ **Common:**

- ▶ Questions about decision-making, social relationships, and sexual customs.
- ▶ Masturbation in private.
- ▶ Experimenting between adolescents of the same age, including open-mouth kissing, fondling, and body rubbing.
- ▶ Voyeuristic behaviors.
- ▶ Sexual intercourse occurs in approximately one-third of this age group.
- ▶ Oral sex has been found to occur in 50 percent of teens ages 15 and older.

▶ **Uncommon:**

- ▶ Sexual interest in much younger children.
- ▶ Aggression in touching others' genitals.
- ▶ Asking adults to participate in explicit sexual acts.

Ask:**? Is there anything in the 'common list' that surprises you?**

Elicit responses and discuss.

Trainer's Note: Answers to this question will be based on the group's exposure to sexual behavior in children and with children who have experienced sexual abuse.

- ▶ **It is important to note that the development of sexuality includes development of an awareness of sexual orientation.** Sexual orientation is a facet of each person and is not viewed as a response to sexual abuse, nor is sexual orientation an indicator or a predictor of sexual abuse.
- ▶ If you are parenting a gay, lesbian, bisexual, transgender, or questioning youth, you will want support for the child and you may also benefit from a support group for parenting children who identify as non-heterosexual people. Resources include active PFLAG groups. It is important to be supportive of a youth's identity. Children who are gay or questioning are at increased for bullying and suicide so it is important to provide a supportive environment and be aware of the unique needs and risks for this population of our children.
- ▶ As a final note, this training is designed to help you think about how you will handle sexuality, and how you will handle personal issues that you may not have had to cope with yet as parents. In addition, in becoming a trauma-sensitive system, the field of child welfare is increasingly able to understand and support children as they try to recover from trauma, sometimes including sexual exploitation and abuse.
- ▶ This session of the training can help you explore your own reaction of sexuality and prepare for complex situations that you may encounter in fostering.



SUMMARIZE: TOPIC CHECK

- ▶ Now that we have explored this dynamic, it is time to take a break to check in about the topic. I would like you to talk for a few minutes with a partner about your reaction to the material so far. Please talk about your thoughts and feelings (both). Again, our conversations are important preparation for the conversations and responses we may have as we work with children in our care. I will ask you for general responses after your dialog, and I would encourage you to use your journal after this session to keep track of how you're thinking and feelings about this topic change over time.
- *Ask the group for some general responses.*



PowerPoint Presentation – (SLIDE 6.9-6.) Establishing Guidelines for Family Safety and Privacy



SLIDE 6.9

PowerPoint Slide: Establishing Guidelines for Family Safety and Privacy

- ▶ There are things you can do to help ensure that any child visiting or living in your home experiences a structured, safe, and nurturing environment. Some sexually abused children may have a heightened sensitivity to certain situations. Making your home a comfortable place for children who have been sexually abused can mean changing some habits or patterns of family life. Incorporating some of these guidelines may also help reduce foster or adoptive parents' vulnerability to abuse allegations by children living with them. Consider whether the following tips may be helpful in your family's situation:
 - ▶ **Make sure every family member's comfort level with touching, hugging, and kissing is respected.** Do not force touching on children who seem uncomfortable being

touched. Encourage children to respect the comfort and privacy of others.

- ▶ **Be cautious with playful touch, such as play fighting and tickling.** These may be uncomfortable or scary reminders of sexual abuse to some children.
- ▶ **Help children learn the importance of privacy.** Remind children to knock before entering bathrooms and bedrooms, and encourage children to dress and bathe themselves if they are able. Teach children about privacy and respect.
- ▶ **Keep adult sexuality private.** Teenagers may need reminders about what is permitted in your home when boyfriends and girlfriends are present.
- ▶ **Be aware of and limit sexual messages received through the media.** Children who have experienced sexual abuse can find sexual content over-stimulating or disturbing. It may be helpful to monitor music and music videos, as well as television programs, video games, and movies containing nudity, sexual activity, or sexual language. Limit access to grown-up magazines and monitor children's Internet use.

Ask:

- ? **Based on these ideas, which of your family rules may need reviewing or changing to provide emotional as well as physical and sexual safety in your home?**

Sample Responses:

- ❖ 'We are huggers': for a demonstrative family, understanding and adapting to the need for control and space around physicality is going to be important.
- ❖ 'Our children will have to make some changes': If you have older children who have had unmonitored access to materials or the internet, you may need to revisit these topics with your children to be sure that the household runs on a consistent and safe basis for all members.
- ❖ 'We are very open about sexuality and we are okay with some of the materials that may trigger children'.

Openness with non-traumatized children and families may mean something different from the impact of that same behavior for children who may enter your care. Remember the discussions we had about wiring and trauma early on. In order to foster, families may need to re-examine their own behaviors and standards to support healing.

- ❖ Be mindful of trauma triggers related to the abuse.
- ❖ Set limits early in the placement as they can be modified over time.



SLIDE 6.10

PowerPoint Slide: Establishing Guidelines for Family Safety and Privacy: Additional Steps

- ▶ If your child has touching problems (or any sexually aggressive behaviors), you may need to take additional steps to help ensure safety for your child as well as his or her peers. Consider how these tips may apply to your own situation:
 - ▶ **With friends.** If your child has issues with touching other children, you may want to ensure supervision when he or she is playing with friends, whether at your home or theirs. Sleepovers may not be a good idea when children have touching problems.
 - ▶ **At school.** You may wish to inform your child's school of any inappropriate sexual behavior, to ensure an appropriate level of supervision. Often this information can be kept confidential by a school counselor or other personnel.
 - ▶ **In the community.** Supervision becomes critical any time children with sexual behavior problems are with groups of children, for example at day camp or after-school programs.
- ▶ In any case, keep the lines of communication open, so children feel more comfortable turning to you with problems and talking with you about anything—not just sexual abuse. Remember however, that sexual abuse is difficult for most children to disclose even to a trusted adult.

Ask:

- ? We talked about keeping children in your care safe from others, now we are talking about the children in your care possibly reacting to abuse in a way that makes them unsafe for others. How do you think you may handle that?**

Sample Responses:

- ❖ Working with the team for constant ongoing assessment of the child's behavior and need for supervision.
- ❖ Enlisting the team in helping the family provide supervision and support.
- ❖ Re-configuring what adult supervision means in our household if we have other children or pets who may be vulnerable.

**SLIDE 6.11**

PowerPoint Slide: Teaching Sexuality to Children Who Have Been Abused: Talking to the Child About Sexual Safety

- ▶ An open dialogue with a sexually abused child is critical to helping the child heal and keeping the child and family safe. This discussion should include:
 - ▶ Verbal reassurance that the child will not be sexually victimized in your home.
 - ▶ Assurance of your commitment to protect him/her.
 - ▶ The facts of prior abuse
 - ▶ The family's and child's feelings about prior abuse.
 - ▶ The child's current behavior and ability to form new relationships.
 - ▶ The impact of prior abuse on the child's world view.
 - ▶ The child's continued need of protection and feeling of safety, as well as empathy for the fact that it may take time for the child to feel safe.

- ▶ Clear and consistent family boundaries and expectations (including rules for safe touch and healthy expressions of affection).
- ▶ Demonstrate appropriate family behavior.
- ▶ Identify the importance of privacy and rules for privacy in the home.
- ▶ Identification of age appropriate activities.

Ask:

- ? Going back to our discussion about spoken and unspoken rules and customs, what do you think would be important for you to keep in mind during conversations of this sort with children?**

Sample Responses:

- ❖ Talking to the child with other adults present to help.
- ❖ Being consistent.
- ❖ Being matter-of-fact.
- ❖ Being non-judgmental.
- ❖ Normalize the difficulty in talking about sexual abuse



PowerPoint Presentation – (SLIDE 6.12-6.15) Seeking Help



SLIDE 6.12

PowerPoint Slide: Your Responses.

- ▶ It may be that upon placement, a child is not known to have experienced sexual abuse. However, as children begin to experience safety and stability, they may disclose sexual abuse in addition to the reasons for removal. For this reason, all caregivers must be prepared to appreciate the traumatic nature of childhood sexual abuse and to provide parenting in an environment that supports healing.
- ▶ All of this is overwhelming and can be shocking and create many responses on your part, including sadness, anger, and fear based on the experiences of the child in your care.
- ▶ If a child is exhibiting behaviors that are of concern, it is critical you speak to the social worker as soon as possible to determine if further assessment is needed.



SLIDE 6.13

PowerPoint Slide: Mandated Reporting

- ▶ Let's take a moment to discuss a factor that is directly related to your response during disclosure: Mandated Reporting.
- ▶ As discussed on Day 1, Resource Families are Mandated Reporters. Part of keeping children safe and healthy is reporting abuse when you hear about it. So, if a child tells you anything suggesting that s/he has been abused, or you suspect abuse has happened, you must make a report to the child abuse hotline, and inform the social worker.
- ▶ The requirements for mandated reporting and your role within the process brings up several important points on how to respond to a child's disclosure:

- ▶ **First, if a child discloses abuse, you may not interview the child.** Instead, you must act as an emotional container, while assuring the child that what happened was not his/her fault and that there are trained professionals that can give him/her the support needed. Your job is to empathize, not interview. There are a maximum number of times a child is permitted to be interviewed and you do not want to interfere with that process.
- ▶ Second, in order to maintain the trust you are building with the child, **you must be up-front and explain that you must make a report to CFS.** You should explain why it is important and what will happen next.



SLIDE 6.14

PowerPoint Slide: Seeking Help

- ▶ Responding to the needs of a child who has been sexually abused may involve the whole family and will likely have an impact on all family relationships. Mental health professionals (for example, counselors, therapists, or social workers) can help you and your family cope with reactions, thoughts, and feelings about the abuse.
- ▶ If you feel overwhelmed by any of the disclosures a child in your home makes, it is critical you seek out support (formal or informal). We will be talking more about self-care in your last day of training.



SLIDE 6.15

PowerPoint Slide: Counseling for Parents and Children

- ▶ **Talking with a mental health professional who specializes in child sexual abuse as soon as problems arise can help parents determine if their children's behavior is cause for concern.** Specialists can also provide parents with guidance in responding to their children's difficulties and offer suggestions for how to talk with their children. A mental health professional may suggest special areas of attention in family life and offer specific suggestions for creating structured, safe, and nurturing environments.
- ▶ The child's **friendships**

- ▶ The child's **strengths** (e.g., Is the child creative, athletic, organized?)
- ▶ The child's **communication skills**
- ▶ The child's **attachments to adults** in his or her life

- ▶ A therapist or program working with the child in your care may include you and your family in her/his service to **make sure that the environment supports the therapeutic intervention**, and that you are in the 'loop'.

- ▶ **Therapy may also include the non-offending parent on the path to reunification**, and in some cases, **may include the offending parent after treatment** has been completed and if deemed appropriate.

- ▶ Whether or not family therapy is advised, **it is vital for parents to stay involved in their child's therapy or other kinds of treatment**. Skilled mental health professionals will always seek to involve the parents by asking for and sharing information.



SUMMARIZE

- ▶ As we see in these and countless examples, the resource family experience, like all parenting, involves being able to manage and support healthy sexual development. This responsibility is complicated by the impact of trauma for children who have experienced sexual abuse and exploitation.

- ▶ Your role as a parent, as a partner, an advocate, and confidante will help you provide a healing environment for the children in your care, as you provide a sanctuary and a calming home life.

- ▶ Thank you so much for going through the emotional and intellectual work it takes to consider the material in this session so far. We are not quite finished yet.

- ▶ We have talked about the importance of setting the environment for children, so in closing, I invite you to think about what you would need, for yourselves, to sustain you if you encounter the experiences above.



PowerPoint Presentation – (SLIDES 6.16-6.21) Medical Needs of Children in Foster Care

Common Health Conditions in Foster Care

What you might see:

- ✓ Lice
- ✓ Asthma
- ✓ Poor dental care
- ✓ Excessive eating, often related to neglect
- ✓ Infections, such as pink eye
- ✓ Skin conditions, such as scabies and eczema
- ✓ Vision and/or hearing issues
- ✓ Obesity that may or may not have been diagnosed
- ✓ Behind on immunizations

Things to keep in mind:

- When a child is newly placed, the health condition may or may not be known at the time of placement
- When conditions are known, you can ask social workers to provide safe you resources to provide care and treatment in the home or linkage to a community provider.
- There may be situations where the health condition was not known at the time of placement and the Resource Family will need to work with the public health nurse team to access support, services, and treatments.
- If a child comes into your home with lice, Foster VC Kids can provide a referral to an in-home lice treatment
- If a child in your home requires over the counter service called The Heat Wipeaways, medication that is approved for children in the target group, Resource Families are able to administer this, provided they keep records and follow administration directions.

SLIDE 6.16

PowerPoint Slide: Common Health Conditions in Foster Care

- ▶ Children in Foster Care may come into care with some medical

You may or may not have had experience with these conditions. Some of these conditions include:

- ▶ Lice
- ▶ Asthma
- ▶ Poor dental care
- ▶ Excessive eating, often related to neglect
- ▶ Infections, such as pink eye
- ▶ Skin conditions, such as scabies and eczema
- ▶ Obesity
- ▶ Vision and/or hearing issues that may or may not have been diagnosed
- ▶ Behind on immunizations

Ask:

- ❓ **Why do you think children coming into care have these kinds of health problems?**

Sample Responses:

- ❖ Lack of access to health care
- ❖ Neglect
- ❖ Poverty

- ▶ When a child is newly detained, the health condition may or may not be known at the time of placement. If there is a known health issues, the placement coordinators will inform you of this when making a placement request.
- ▶ When conditions are known, you can ask social workers to provide with you resources to provide care and treatment in the home or linkage to a community provider. You may also contact the public health nursing team for support.
- ▶ If a child comes into your home with lice, Foster VC Kids can provide a referral to an in-home lice treatment service called The Hair Whisperers. They will check and treat all children, including your own (if needed), as well as provide education on preventing future infestations.
- ▶ There may be situations where the health condition was not known at the time of placement and the Resource Family will need to work with the public health nurse team to access support, services, and treatments.
- ▶ It is important that if a child comes to you home with a medical need, you do your best to be supportive and empathic. Children likely already feel shame about coming into care, and are sensitive to being singled out. Resource Families should refrain from making negative comments or gestures about the medical conditions.
- ▶ Expectations for medical care and treatment should be included on the child's needs and services plan. Psychotropic medications must be authorized by the court prior to being administered and must prescribed by a medical doctor or psychiatrist.
- ▶ If a child in your home requires over the counter medication that is approved for children in his/her age group, Resource Families are able to administer this provided:
 1. Medication shall be stored in the original container with the original unaltered label.
 2. Non-prescription medication must be administered to a foster child, as directed on the label or as directed by the appropriate medical professional.
 3. The administration of medication to a foster child requires the caregiver document the date, time, and dose of medication administered on a log to be retained in the HEP notebook. This form is available on our Foster VC Kids website.
 4. If a foster child cannot determine his or her own need for medication, the caregiver shall determine the need of a foster child in accordance with medical instructions.

Specialized Health Conditions in Foster Care

What you might see:

- ✓ Developmental delays, such as autism
- ✓ Feeding tubes
- ✓ Catheter
- ✓ Diabetes
- ✓ Cardiac issues
- ✓ Seizure disorders
- ✓ Substance exposure related health problems. The most common substances include alcohol, tobacco, methamphetamines, and heroin. Risk is increased when more than one substance is being used.
- ✓ Other acute medical problems

Things to keep in mind:

- ✓ If the medical need is apparent during admission, the social worker will seek medical clearance before placing a child.
- ✓ Children with these kinds of health care needs often require a range of medical, developmental and other services that will require strong collaboration and partnership with social workers, the health care team, and service providers.
- ✓ Caring for children with these kinds of conditions will almost always require additional training prior to the child being placed. This training may be provided by nurses, the training team at the hospital, and service providers.
- ✓ Children with special health care needs will also require an Individualized Health Care Plan (IHCP) that is developed by the physician, the Kids nurse, the caregiver and the social worker.

SLIDE 6.17

PowerPoint Slide: Specialized Health Conditions

- ▶ Children entering foster care may also have specialized health care needs. These include:
 - ▶ Developmental delays, such as autism
 - ▶ Feeding tubes
 - ▶ Catheter
 - ▶ Diabetes
 - ▶ Cardiac Issues
 - ▶ Seizure disorders
 - ▶ Substance exposure related health problems. The most common substances include alcohol, tobacco, methamphetamines, and heroin. Risk is increased when more than one substance is being used.
 - ▶ Other acute medical problems

Ask:

? Why do you think children coming into care have these kinds of specialized health problems?

Sample Responses:

- ❖ Genetic Conditions and birth defects
- ❖ Neglect
- ❖ Poverty
- ❖ Lack of Access to medical care
- ❖ Parental addiction and lack of access to treatment
- ❖ Lack of prenatal care

- ▶ Some of these conditions may or may not be known at the time of placement.
- ▶ If the medical need is apparent during the detention, the social worker will seek medical clearance before placing a child.
- ▶ Children with these kinds of health care needs often require a range of medical, developmental and other services that will require strong collaboration and partnership with social workers, the health care team, and service providers.
- ▶ Caring for children with these kinds of conditions will almost always require additional training prior to the child being placed. This training may be provided by nurses, the treating team at the hospital, and service providers.
- ▶ Children with special health care needs will also require and Individualized Health care Plan (IHCP) that is developed by the physician, Rx for Kids nurse, the caregiver and the social worker. This plan will document the medical issues & expected treatment and support. The plan must be followed by the caregiver.

Substance Exposure Related Issues

What you might see:

Acute Symptoms such as:

- Withdrawal symptoms, feeding issues, sleep issues, sensory processing problems, and/or other regulatory problems such as difficulties in being soothed.

Chronic Symptoms such as:

- Attention problems, hyperactivity, impulsivity, learning challenges, motor problems, breathing issues, motor
- co-occurring mental health and other muscle problems, poor social skills, memory and recall

Things to keep in mind:

- Children exposed to alcohol may or may not be diagnosed with a Fetal Alcohol Spectrum Disorder. The most severe is Fetal Alcohol Syndrome.
- Acute symptoms related to substance exposure will often be addressed by the Rx for Kids nursing team available and/or programs such as occupational therapists who can help with feeding issues.
- Gateway issues related to light, sound and touch are common in children with substance exposure.
- Some medical issues require daily maintenance but not necessarily intervention (i.e. children, diabetes)
- Learning and behavioral kinds of challenges are often addressed through additional services and accommodations in the home and school settings.
- Training about caring for children with substance exposure is for them to be able to collaborate and working collaboratively with the medical team.

SLIDE 6.18

PowerPoint Slide: Substance Exposure Related Issues

- ▶ Children with substance exposure histories may have two kinds of symptoms:
 - Acute symptoms, such as withdrawal symptoms, feeding issues, sleep issues, sensory processing problems, and/or other regulatory problems such as difficulties in being soothed.
 - Chronic issues, such as attention problems, hyperactivity, impulsivity, learning challenges, co-occurring mental health problems, breathing issues, motor and other muscle problems, poor social skills, memory and recall challenges
- ▶ Children exposed to alcohol may or may not be diagnosed with a Fetal Alcohol Spectrum Disorder. The most severe is Fetal Alcohol Syndrome.

- ▶ Acute symptoms related to substance exposure will often be addressed by the Rx for Kids nursing Team (more on this in a minute) and other service providers such as occupational therapists who can help with feeding issues.
- ▶ Sensory issues related to light, sound and touch are common in children with substance exposure.
- ▶ Some symptoms may not be present immediately and may appear later in development.
- ▶ Some medical issues may be managed by things like diet, regular treatment and cleaning (as in the case of a catheter). Other may require more intensive treatment and support.
- ▶ Learning and behavioral kinds of challenges are often addressed through mental health services, behavioral interventions, home and school accommodations, educational support plans (such as an IEP), and other services such as physical or occupational therapy.
- ▶ Training about caring for children with substance exposure is often offered throughout community college partners and online at opicalifornia.org. Training does not substitute for working collaboratively with the medical team and consulting with them before any deviation from the pre-established treatment and care plan.

SLIDE 6.19

PowerPoint Slide: Medical Record Keeping: The Health & Education Passport and Foster Health Link



- ▶ Record keeping of a child's medical needs is important for a few reasons.

Ask:

? What do you think some of these reasons are?

Sample Responses:

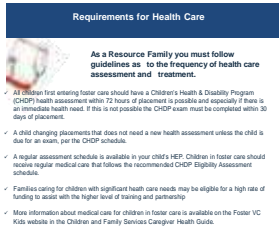
- ❖ To track treatment & medication interventions
- ❖ To have a history of the child's medical needs and treatments

- ❖ Information sharing with the agency, service providers, and other caregiver.
 - ❖ Part of the written directives for Resource Families
- ▶ There are two main ways you will be able to maintain records of the child's medical history:
 - ▶ The Health & Education Passport (HEP notebook)
 - ▶ Foster Health Link
 - ▶ The Health & Education Passport is a binder that will be provided to you when a child is placed in your home.
 - ▶ The HEP will include blank treatment forms, authorization allowing you to access medical care for the child, and other items to assist you in maintaining the records.
 - ▶ Each time you take the child in for any treatment, you will need the provider to complete a health form to be faxed to the public health nurse and a copy retained in the HEP.
 - ▶ Your record keeping should always include the names and address of health, dental and education providers, medical and school records, immunization records, known allergies, known medical issues, health and mental health history, medical history, and any other relevant information related to the child's health, education, and well-being.
 - ▶ Foster Health Link is a new website and mobile application that provide caregiver with health information about children in their care.
 - ▶ You will be able to access info that traditionally has been provided in the HEP in an electronic format. You will need an email address to do this.
 - ▶ This system will be linked to county medical providers so that information is automatically placed in the file when the child is seen.
 - ▶ This will not replace the HEP (yet) and your record keeping requirements but supplements the health history record keeping and allows for the child to have a fuller history of health history.
 - ▶ Training on using Foster Health Link can be accessed online through the Foster VC Kids.

SLIDE 6.20

PowerPoint Slide: Children's Health & Disability Program (CHDP), Health Care Program for Children in Foster Care (HCPCFC), & Rx For Kids

- ▶ The county has a range of medical support teams and programs to assist you in basic medical care, as well as specialized care and support. These include:
 - ▶ **The Child Health and Disability Prevention (CHDP)** is a preventive program that delivers periodic health assessments and services to low income children and youth in California. CHDP provides care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. Health assessments are provided by enrolled private physicians, local health departments, community clinics, managed care plans, and some local school districts.
 - ▶ **The Health Care Program for Children in Foster Care (HCPCFC)** provides public health nurses that provide education and coordination to medical, dental, developmental, and mental health care needs to children in out-of-home placement. They work closely with Resource Families, social workers, probation officers and others to prevent illness and provide well child care. Nurses are on staff at Foster VC Kids and are available to help you navigate the health care system for a child in your care.
 - ▶ **The RX for Kids Program** provides unique and innovative Public Health child abuse intervention services. Public Health nurses work in all areas of child protection from investigation, court unit, drug court, family maintenance, family re-unification through emancipation. They provide medical care coordination and advocacy for children in the foster care system. They provide comprehensive in-home nursing assessments, substance exposure screenings, and developmental screenings. They use evidence-based, valid, and reliable screening tools. They also refer children to resources as needed. They conduct specialized in-home visits to children with complex health conditions. They educate biological and Resource Families to support the child's optimal growth and development.

SLIDE 6.21**PowerPoint Slide: Requirements for Health Care**

- ▶ All children first entering foster care should have a Children's Health & Disability Program (CHDP) health assessment within 72 hours of placement is possible and especially if there is an immediate health need. If this is not possible the CHDP exam must be completed within 30 days of placement.
- ▶ A child changing placements that does not need a new health assessment unless the child is due for an exam, per the CHDP schedule. This schedule will be in the child's HEP notebook. We will talk more about the HEP notebook in a few minutes.
- ▶ A dental exam must be completed within 30 days as well. This is a separate exam.
- ▶ Children under the age of 3 must also be provided with a developmental assessment.
- ▶ Children entering care will also be screened for mental health and behavioral challenges.
- ▶ Children in foster care almost always are provided with Medical insurance, called Gold Coast Health Plan in Ventura County, which will cover medical, dental, vision, and mental health services. If you don't receive a card, you can contact the social worker or Eligibility Officer of the Day.
- ▶ Families caring for children with significant health care needs may be eligible for a high rate of funding to assist with the higher level of training and partnership. It will be expected that caregiver are adhering to the higher level of services required for the child's care.
- ▶ A regular assessment schedule is available in your child's HEP. Children in foster care should receive regular medical care that follows the recommended CHDP Eligibility Assessment schedule.
- ▶ More information about medical care for children in foster care is available on the Foster VC Kids website in the Children and Family Services Caregiver Health Guide.



TRANSITION

- ▶ **Let's talk about our homework for this coming week and how you can build on and reinforce what we learned today as well as how you can prepare for next week.**

Homework Assignments

Materials

Participant Guide



10 Minutes



Presentation – Introduction to Topic

- ▶ Let's take some time to discuss this week's homework.
 - *Use this opportunity to explore how they can gain more knowledge about sexual behavior and health issues*
- **Refer participants to *Participant Guide Day Six: Homework* .**
- **Explain this week's *Reading Assignment*.** Participants are asked to visit the *Foster VC Kids Resource Page* and review the *Caregiver Health Guide* for more information about requirements for meeting children's health care needs.
- **Elicit** questions and comments about the homework. Briefly discuss.



SUMMARIZE

- ▶ Again, taking the time to complete this homework will provide you an opportunity for self-reflection, a greater sense of fostering and will allow you to transfer the skills and knowledge you are building in the classroom.
- ▶ Remember to keep talking
- ▶ Additionally, the Foster VC Kids website has resources you can use.



TRANSITION

- ▶ Next time, we will discuss how to prepare your child and your family for the transitions of foster care.
- ▶ Let's wrap up for the day.

Wrap-up

Materials

PPT 6.22
Evaluations



5 Minutes



Presentation – Wrap-up

- **Process** the work day with the participants.

Ask:

- ? **What did you learn from today's session?**
- ? **How will you integrate these new skills into your plan to become a Resource Family?**
- ? **What did you experience today that would not be useful to you as a Resource Family?**

- **Elicit** responses and briefly discuss.

SUMMARIZE

- *Post Slide 6.22.*
- ▶ Today we learned how to build a healing home that promotes a sense of safety and well-being and establishes/implements rules for safety and behavior in relationship to sexual behaviors.
- ▶ We also learned of common and specialized health care needs of children in foster care, as well as resources available to you to help meet those needs.
- ▶ Thanks for your input and participation and I will see you _____ (*date, time, and location of the next day of training*).

EVALUATIONS

If evaluations are being used they should be distributed and completed at this time