

**DAY**  
*Six*





## Cathy, Ken & Justin's Story...

Cathy and Ken became an approved resource family to help a specific child but then opened their home to foster other children. When Justin was placed in the home, nobody knew he was exposed to sexual behavior and as a result did not have appropriate boundaries. Unfortunately, Justin asked his foster sibling, the family's biological child, to engage in sexual behavior. When they found out, the family responded appropriately and called the child abuse hotline and alerted the child's social worker and their RFA worker. During the investigation, the parents were supported by the social worker, CASA, therapist and RDS. Together, a safety plan was developed that included other measures to be taken to make sure it would not happen again while at the same time teaching Justin appropriate and safe behavior. The Resource family openly talked about appropriate touch and how to establish boundaries and had family therapy sessions. They also talked with Justin one-on-one, allowing him to tell (at his pace) his story and about things he has seen and experienced in his past. Most importantly they let the boys know it was no one's fault and accepted and loved the children. The family did not reject Justin, but were able to teach him safe and appropriate behavior. Justin has been adopted by Cathy and Ken and he has been doing well. He is excelling in school and has his own social life with friends and play mates of his own. Justin understands that he is a part of the family forever. The family's understanding of Justin's behavioral needs and their desire to parent him through these issues helped create a safe and normal environment for him to eventually become a part of their family.



# DAY Six

**DAY Six** of 21st Century Caregiving: Foster VC Kids Resource Family Training will touch on normal sexual development, sexual abuse and safety planning. It's goal is to help you begin to understand how build a healing home that promotes a sense of safety and well-being and establishes/implements rules for safety and behavior in relation to sexual behaviors. Today's session will also discuss common health conditions children in the foster care system experience. Today's training is not meant to be a comprehensive training on sexual abuse or medical needs of children in the foster care system but rather provide you with a foundation to understand these specialized forms of care. You will want to seek out more in-depth training on caring for children who have been sexually abuse, as well as caring for children who are medically fragile or have significant needs due to substance exposures. Today's session will provide introductory information that will assist you in knowing when to seek more help, support, and training.



## Today's OBJECTIVES

- 1 Sexual Abuse.** Define sexual abuse and identify the signs of sexual abuse.
- 2 Sexual Behavior.** Identify the broad range of sexual behaviors children exhibit as a normal part of development and determine which behaviors are cause for concern.
- 3 Safety Planning.** Determine how to establish guidelines for safety and privacy in your family.
- 4 Seeking Help.** Determine when and how to seek additional support from the team when needed.
- 5 Disclosure.** Determine what to do if and when a child discloses experiences and possible abuse to you.
- 6 Health Care Needs.** Understand common and specialized medical needs of children in foster care
- 7 Health Care Resources.** Understand requirements & resources available to address medical needs



## Understanding Childhood Sexual Abuse

### What is child sexual abuse?

You may feel confused, frightened, and unsure of the impact the sexual abuse of a child may have on your child and family. It is important for you to understand that the term “sexual abuse” describes a wide range of experiences. Many factors—including the severity of abuse affect how children react to sexual abuse and how they recover. Most children who have been abused do not go on to abuse others, and many go on to live happy, healthy, successful lives. As parents, you will play an important role in your child’s recovery from childhood abuse.

*Little girl comes to you cautiously, gingerly;  
does she dare to trust again?  
She comes on dark wings, with pink ribbons  
wanting pretty things, ice cream  
and a place in your heart  
She whispers and wants you to listen  
She is fragile and strong  
Like a milkweed seed  
floating, looking for somewhere to land  
if you nurture her, she will grow  
and bring you gifts of butterflies*

*Ellen Jaffe Bitz*

**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.

# SIGNS OF SEXUAL ABUSE

If you are a Resource Family to a child from the foster care system, you may not know whether he or she has been sexually abused. Child welfare agencies 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, foster or adoptive parents 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 activities with toys or other children that seem unusual, aggressive, or unresponsive to limits or redirection.
- Sexual knowledge, interest, or language that is unusual for the child's age.
- 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.
- 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.



## *For More Information...*

Again, these are only signs of a potential problem. They must be evaluated by a professional along with other information. The following organizations contributed to this list and offer more information about behavioral signs of sexual abuse on their websites:

- Stop It Now! [www.stopitnow.com/warnings.html#behavioral](http://www.stopitnow.com/warnings.html#behavioral)
- Childhelp® [www.childhelp.org](http://www.childhelp.org)
- National Center for Missing & Exploited Children [www.missingkids.com](http://www.missingkids.com)
- CSEC (Commercial Sexual Exploitation of Children) Fact Sheet - California Health and Human Services <http://www.chhs.ca.gov/CWCDOC/CSEC%20Fact%20Sheet%20-%201.pdf>



## Understanding Childhood Sexual Behavior

### HEALTHY SEXUAL DEVELOPMENT IN CHILDREN

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. The table below lists some of the sexual behaviors common among children of different age groups, as well as some behaviors that might be considered less common or unhealthy.

### SEXUAL BEHAVIORS 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.

#### 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.

#### 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.

For a more complete list, or if you have any questions or concerns about your child's sexual behaviors, call **the Stop It Now!** toll-free helpline at **1.888.PREVENT (1.888.773.8368)**



## Family Safety & Privacy

### ESTABLISHING FAMILY GUIDELINES FOR SAFETY AND PRIVACY

***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.*** Teenage siblings 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 overstimulating 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.

### ADDITIONAL STEPS TO HELP ENSURE SAFETY

***With Friends.*** If a child has issues with touching other children, ensure supervision when he/she is playing with friends. Avoid sleepovers.

***At School.*** You may wish to inform your child's school of any inappropriate sexual behavior for proper supervision.

***In The Community.*** Supervision becomes critical any time children with sexual behavior problems are with groups of children.

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.

## 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:

- 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 for protection and feeling of safety.
- Clear and consistent family boundaries and expectations.
- A demonstration of appropriate family behavior.
- Identification of age appropriate activities.

## SEEKING HELP FROM COUNSELORS AND YOUR TEAM

### *Working with a Counselor*

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. Therapists 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. To help a child who has been abused, many mental health professionals will begin with a thorough assessment to explore how the child functions in all areas of life. The therapist will want to know about:

- Past stressors (e.g., trauma triggers, history of abuse, frequent moves and other losses)
- Current stressors (e.g., a medical problem or learning disability)
- Emotional state (e.g., Is the child usually happy or anxious?)
- Coping strategies (e.g., Does the child withdraw or act out when angry or sad?)
- 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

## FOR MORE INFORMATION ON SEXUAL ABUSE

***Parenting a Child Who Has Been Sexually Abused:*** A Guide for Foster and Adoptive Parents. ([http://www.childwelfare.gov/pubs/f\\_abused/](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.

***Stop It Now!*** (<http://www.stopitnow.org>) Stop It Now! prevents the sexual abuse of children by mobilizing adults, families and communities to take actions that protect children before they are harmed.

## MANDATED REPORTING

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 he/she has been abused, or you suspect abuse has happened, you must make a report. 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. 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.





## Health Care Needs

**Children in Foster Care may come into care with some medical you may or may not have had experience. Some of the more common conditions include:**

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

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 or social worker 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.

There may be situations where the health condition was not known at the time of placement and the foster parent will need to work with the Foster VC Kids 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 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. Please remember referrals to this program are subject to availability of funds.

It is important that if a child comes to your home with a medical need, you should be supportive and empathic. Children likely already feel shame about coming into care, and are sensitive to being singled out. Resource family should refrain from making negative comments or gestures about the medical conditions.

## Over-the Counter Medications

If a child in your home requires over the counter medication that is approved for children in his/her age group, resource family 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 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 Care Needs

Children entering foster care may also have specialized health care needs. These may include:

- Developmental delays
- Autism Spectrum Disorders
- Feeding tubes
- Catheter
- Diabetes
- Cardiac Issues
- Seizure disorders
- Failure to Thrive
- Other acute medical problems
- Substance exposure related health problems. The most common substances include alcohol, tobacco, marijuana, methamphetamines, and heroin. Risk is increased when more than one substance is being used.

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, or 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, by law, an 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

Children with substance exposure histories may have two kinds of symptoms:

1. Acute symptoms, such as withdrawal symptoms, feeding issues, sleep issues, sensory processing problems, and/or other regulatory problems such as difficulties in being soothed.
2. 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

Acute symptoms related to substance exposure will often be addressed by the Rx for Kids nursing team and other service providers, such as occupational therapists. Some symptoms may not be present immediately and may appear later in development.

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 through our community college partners and online at [qpicalifornia.org](http://qpicalifornia.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.



## Medical Record Keeping:

There are two main ways you will be able to maintain records of the child's medical history:

- ✓ The Health & Education Passport (HEP or HEP notebook)
- ✓ Foster Health Link

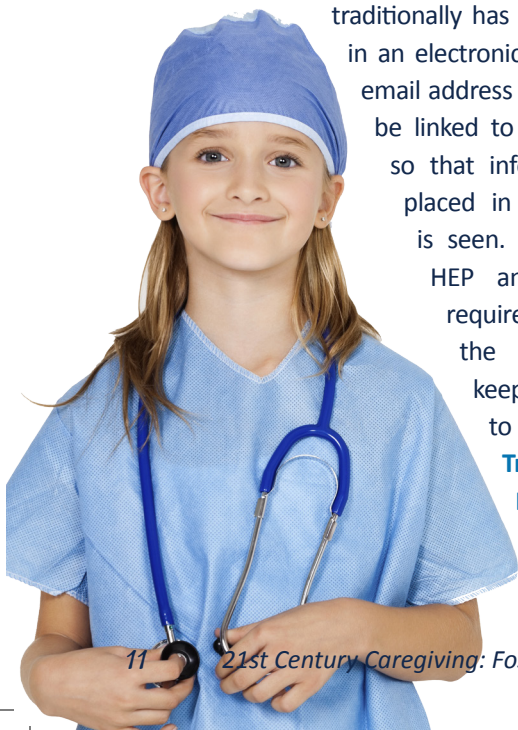
### Health & Education Passport

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

**Foster Health Link is a new website and mobile application that provides caregivers 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 and your record keeping requirements but supplements the health history record keeping and allows for the child to have a fuller health history.

**Training on using Foster Health Link can be accessed online through the Foster VC Kids website.**



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

*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 family, 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 Public Health Nursing (PHN) Program* offers a unique and innovative Public Health child abuse intervention home visitation service. Public Health Nurses work in all areas of child protection from investigation through emancipation. Services provided by the RX for Kids Program include health assessments, medical care coordination, health education, referrals for appropriate and high quality care and advocacy for children in the foster care system. All children 0-6 are seen by the RX for Kids PHNs as well as those children with complex medical challenges.



VENTURA COUNTY  
**Foster Health Link**

## 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 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 screening with referrals for assessment, if needed. This will be completed by the Rx for Kids team.
- ✓ Children entering care will also be screened for mental health and behavioral challenges. Social workers will complete this screening. Children will be re-screened periodically or if an event takes place that warrants re-screening and possible assessment.
- ✓ Children in foster care are almost always provided with Medi-cal 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.
- ✓ 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.

## ORGANIZATIONS, WEBSITES, BOOKS, ARTICLES AND MORE...

**The Center for Disease Control and Prevention.** (<http://www.cdc.gov/>) This site provides comprehensive information on health conditions and tips for health living. You can use the search bar to search out information on specific conditions such as lice, asthma, skin conditions, and more!

**American Academy of Pediatrics.** (<http://www.aap.org>) The mission of the American Academy of Pediatrics is to attain optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. The site lists resources including books and articles, and provides articles on current topics.

**Bright Futures.** (<http://www.brightfutures.org>) A national initiative to promote and improve the health and well-being of infants, children, and adolescents. The site includes publications, training tools, and distance learning materials.

**Center for Child Well-Being** (<http://www.childwellbeing.org>) The Center focuses on nurturing strengths in children that contribute to their health and well-being, including physical health, growth of the mind, and social and emotional development. The website includes parenting forums, and resources for parents and community members.

**Child Health Online** (<http://childhealthonline.org/>) Child Health Online provides child health and safety resources including staff training, parent information, and free downloadable safety booklets for children.

**Family Voices** (<http://www.familyvoices.org>) A national, grassroots clearinghouse for information and education concerning the health care of children with special health needs. The site provides links to resources and information on advocacy.

**KidsHealth®** (<http://kidshealth.org>) Created by The Nemours Foundation's Center for Children's Health Media, KidsHealth provides families with up-to-date health information, with separate areas for kids, teens, and parents.

# DAY Six

Thoughts, Feelings & Actions NOTES



## Day Six Homework

Before we meet for Day Seven, please visit [fostervckids.org](http://fostervckids.org) and click on resources, then Forms to review the Caregiver Health Guide. You may decide to download and print this or just refer to it online. Please also view the short training video about Foster Health Link, which can be viewed at [www.fostervckids.org/fhl](http://www.fostervckids.org/fhl). Please familiarize yourself with practices around meeting children's health care needs.



*Notes & Questions about the Caregiver Health Guide...*