

Foster 

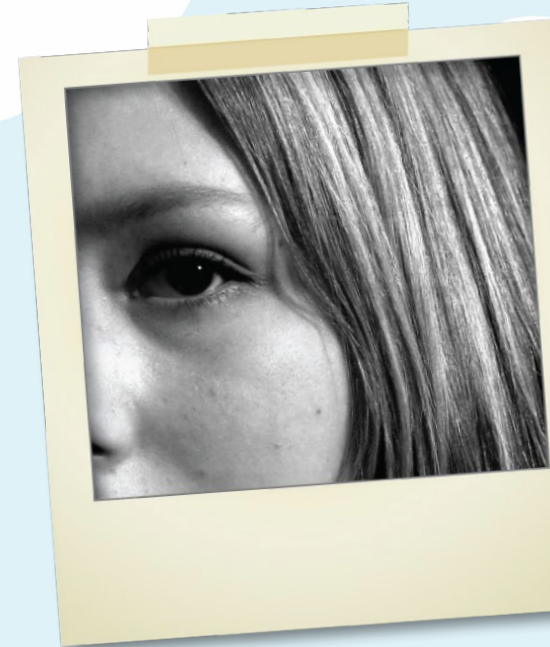
VC Kids


21st Century Caregiving :

**Foster VC Kids Resource Family Training
Session 6**

Day Six 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 and when and identify 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.**
- ▶ **Understand requirements related to caring for children with common and special health care needs.**





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.”

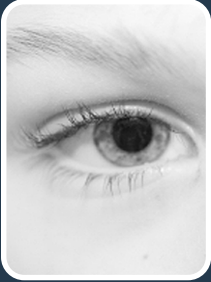


Signs of Sexual Abuse

- **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.**



Understanding Sexual Behavior in Children



Symptoms of sexual abuse may not be evident upon first meeting a child.



Children exhibit a broad range of sexual behaviors that are part of normal development.



Children's sexual interest, curiosity, and behaviors develop gradually over time and may be influenced by many factors



Understanding Sexual Behavior in Children: Preschool (0-5 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

Understanding Sexual Behavior in Children: School Age (6-12 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 (13-16 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

Establishing Guidelines for Family Safety and Privacy



Make sure every family member's comfort level with touching, hugging, and kissing is respected.



Be cautious with playful touch, such as play fighting and tickling.



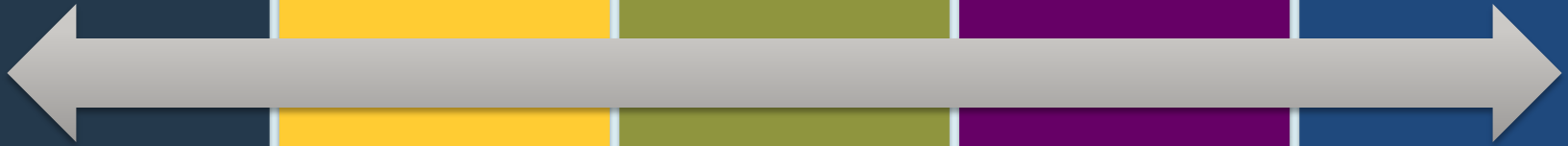
Help children learn the importance of privacy.



Keep adult sexuality private.



Be aware of and limit sexual messages received through the media.



Establishing Guidelines for Family Safety and Privacy: Additional Steps

With Friends...



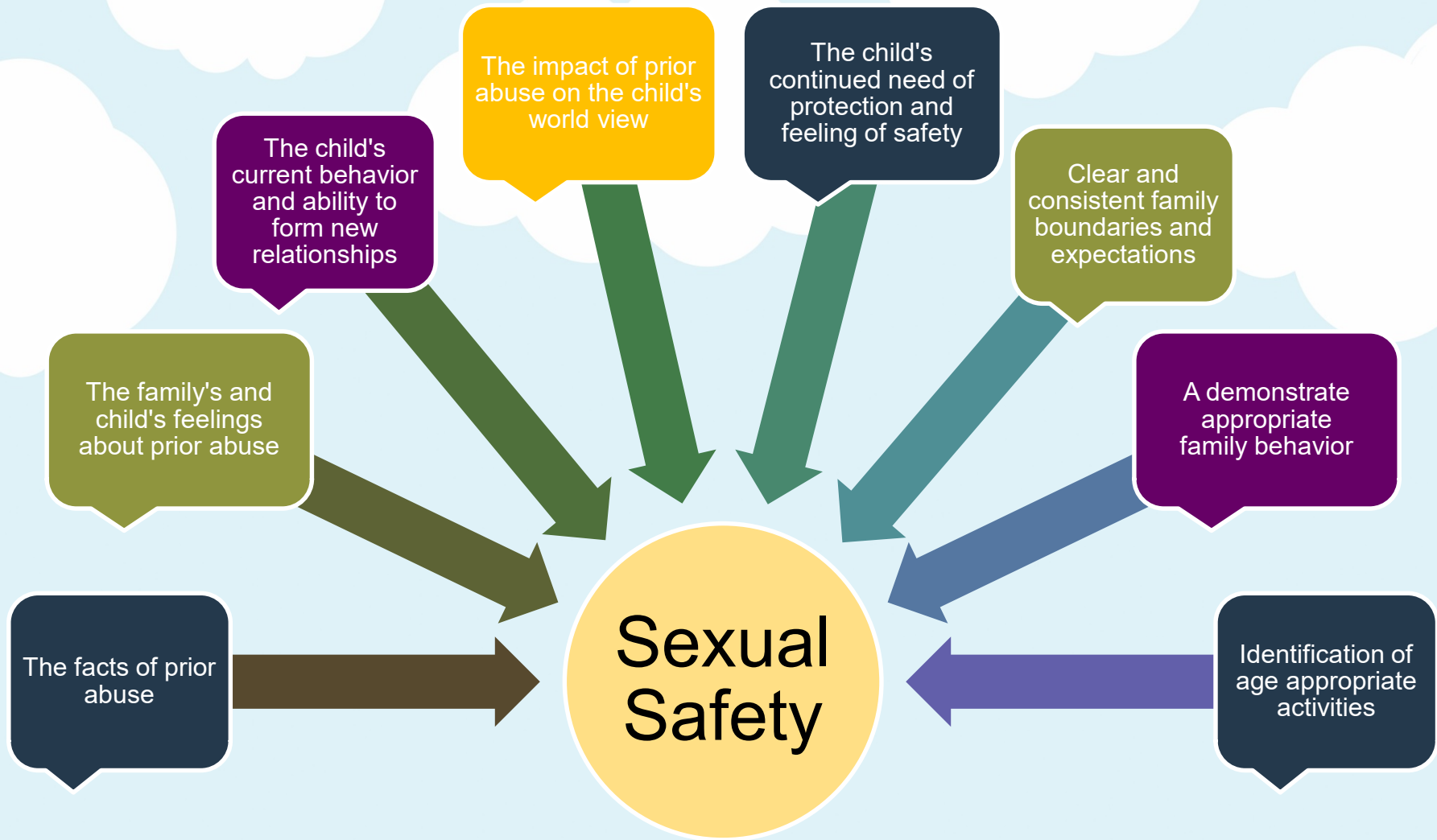
At School...

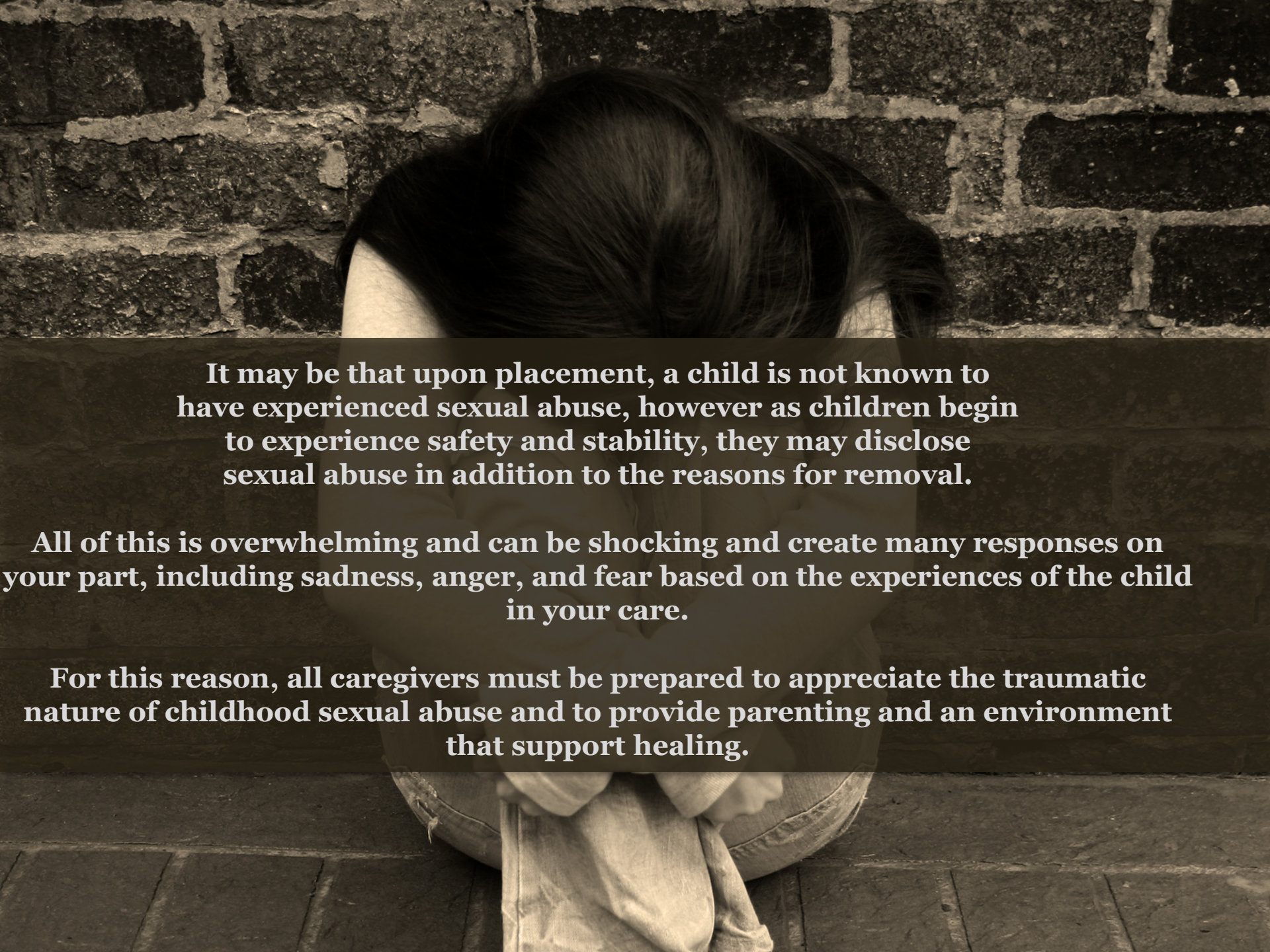


In the Community...



Talking to the Child About Sexual Safety



A person with long, dark hair is sitting on the floor, leaning against a brick wall. Their head is buried in their hands, suggesting a state of distress or grief. The scene is dimly lit, with the brick wall and the person's hair being the primary focus of light.

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.

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.


For this reason, all caregivers must be prepared to appreciate the traumatic nature of childhood sexual abuse and to provide parenting and an environment that support healing.

Resource Families are Mandated Reporters.

**Part of keeping children safe
and healthy is reporting
abuse when you hear about it.**

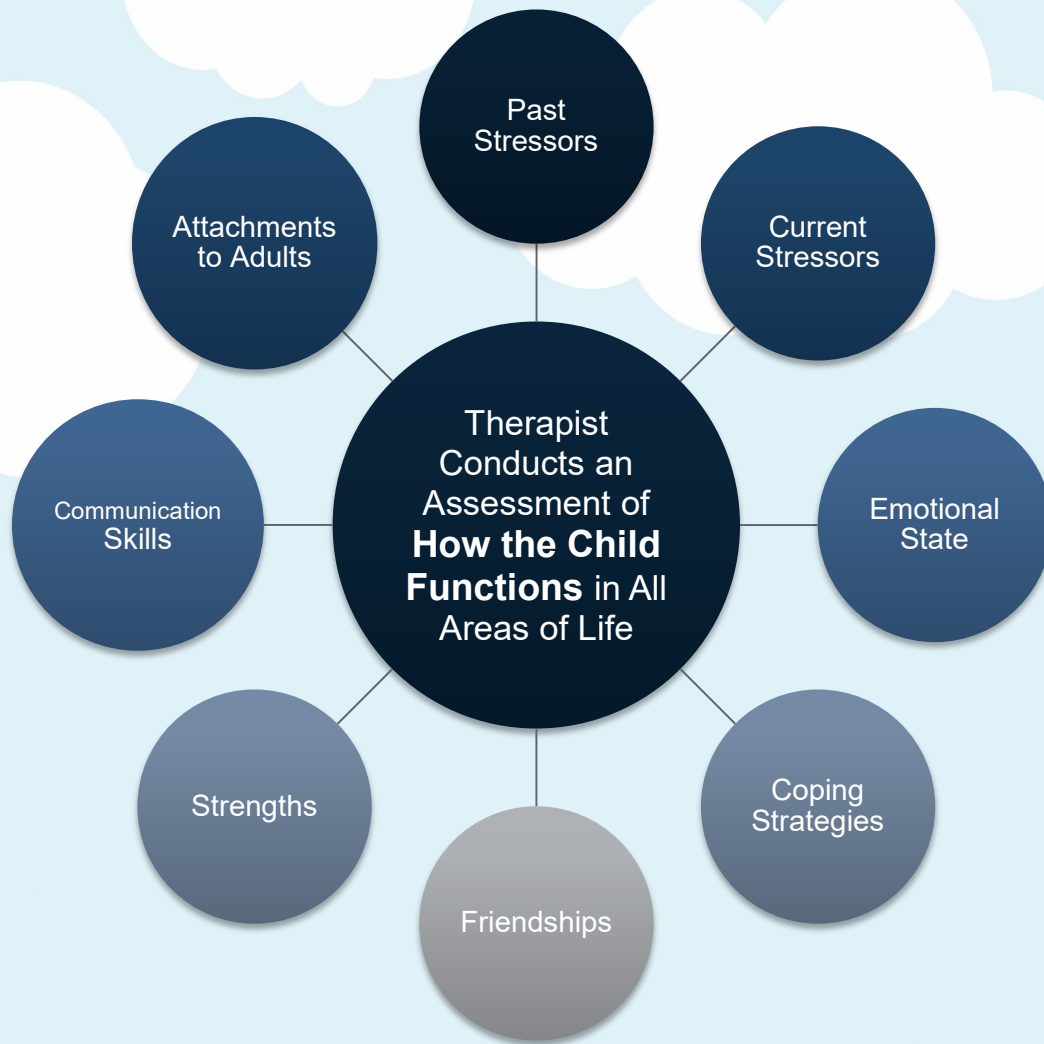
**So, if a child tells you
anything suggesting that s/he
has been abused, or you
suspect abuse has happened,
you must make a report.**





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.

Counseling for Parents and Children



Biological Parents

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.

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
- ✓ Obesity
- ✓ Vision and/or hearing issues that may or may not have been diagnosed
- ✓ Behind on immunizations

Things to keep in mind:

- ✓ When a child is newly detained, 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 with 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 service called The Hair Whisperers.
- ✓ 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 they keep records and follow administration directions.

Specialized Health Conditions in Foster Care

What you might see:

- ✓ Developmental delays
- ✓ Autism Spectrum Disorders
- ✓ Feeding tubes
- ✓ Catheter
- ✓ Diabetes
- ✓ Cardiac Issues
- ✓ Seizure disorders
- ✓ Substance exposure related health problems. The most common substances include alcohol, marijuana, 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 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 are required, by law, to have an Individualized Health care Plan (IHCP) that is developed by the physician, Rx for Kids nurse, the caregiver and the social worker.

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

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 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 medical issues require daily maintenance but not intensive interventions (i.e. catheters, 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 but does not substitute for consultation and working collaboratively with the medical team.

Medical Record Keeping:

The Health & Education Passport and Foster Health Link

Health & Education Passport (HEP)



✓ 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.
- ✓ Records 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 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 and more information on using Foster Health Link can be accessed online through the Foster VC Kids website!

Medical Resources:

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):** Preventative program that provided periodic health assessments and health care coordination.
- ▶ **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. 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.



Requirements for Health Care



As a resource family you must follow guidelines as to the frequency of health care assessment and treatment.

- ✓ All children first entering foster care should have a Children's Health & Disability Program (CHDP) health assessment within 72 hours of placement if 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 does not need a new health assessment unless the child is due for an exam, per the CHDP schedule.
- ✓ 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.
- ✓ 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
- ✓ 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.

End of Day Six

**Thank you
for participating.**

