AIFACS Pre-Service #1

How this works:

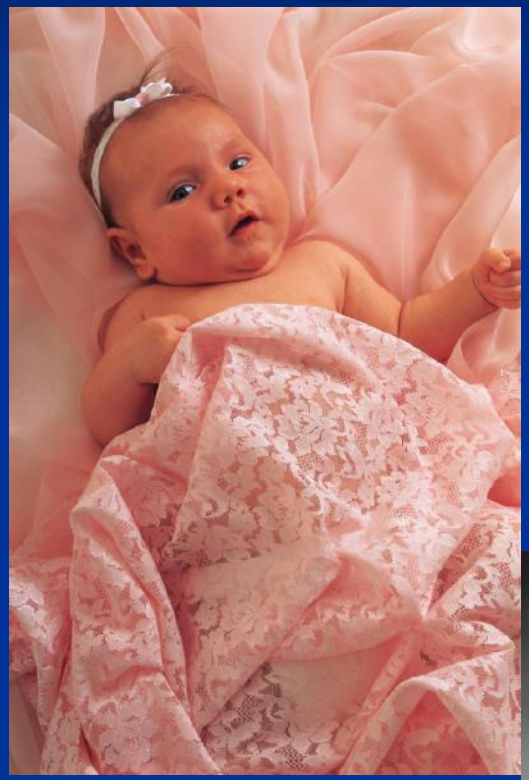
If you haven't already go to view left click and go down to slide show and click

After that read each slide and answer the questions provided. When you are finished with the slide click the mouse and move to the next slide.

When you are all finished send the questions sheet with your answers back to us. You get to keep this CD for further use when you get foster children!!!

SO WHY WAIT? GET STARTED. GO AHEAD CLICK AWAY!!

CHILD DEVELOPMENT



Birth to six months

Physical Characteristics

Develops own rhythm in feeding, eliminating, sleeping

Begins to grasp objects

Mental Characteristics

Learns through her senses. Discriminates mother from others; is more responsive to her.

Coos and verbalizes spontaneously. Babbles in two-word syllables

Social Characteristics

Likes to be played with, tickled, and jostled

Plays with hands and toes

Emotional Characteristics

Cries in different ways when she is cold, wet, hungry

Fears loud or unexpected noises, strange objects, situations or persons, sudden movements, pain

Six months to one year

Physical Characteristics

Puts everything into mouth

Cannot control bowels

Mental Characteristics

Learns through senses—especially mouth

Begins to understand familiar words such as "eat," "mama," "bye-bye," "doggie"

Social Characteristics

Will start to imitate

Finds mother or mother substitute extremely important

Emotional Characteristics

Needs to held and cuddled with warmth and love

Becomes unhappy when mother leave her

One year to Two years

Physical Characteristics

Begins to walk, creep up and down stairs, climb on furniture etc.

Takes off pull-on clothing

Mental Characteristics

Learns through his senses. Is curious—likes to explore—pokes fingers in holes

Can say the name of common objects. Uses one-word sentences

Social Characteristics

Demanding, assertive and independent

Plays by herself but does not play well with others her age. Possessive of own things

Emotional Characteristics

May throw temper tantrums

Develops trust by feeling like someone will take good care of him

Two to Three Years

Physical Characteristics

Runs, kicks, climbs, throws a ball, jumps, pulls, pushes, etc. Enjoys rough-and-tumble play

Can begin to control bowels—bladder control comes slightly later

Mental Characteristics

Has a short attention span

Begins to enjoy simple songs and rhymes

Social Characteristics

Enjoys having other children near but does not play with them much

Does not like strangers. Imitates and dawdles. Helpful with adults

Emotional Characteristics

Begins to develop a sense of self

Shows lots of emotion—laughs, squeals, throws temper tantrums, cries violently, etc

Moral Characteristics

Child usually appears self-reliant and wants to be good, but is not yet mature enough to be able to carry out most of his promises

Three to Four years

Physical Characteristics

Dresses themselves fairly well but cannot tie shoes

Becomes very interested in his body and how it works

Mental Characteristics

Uses her imagination a lot

Begins to see cause and effect relationships

Social Characteristics

Begins to notice the differences in the way men and women act. Imitates adults

Starts to be more interested in others, begins group play—likes company. Not ready for competitive games

Emotional Characteristics

Is anxious to please adults, and is depend on others' approval, love and praise

Is sensitive to the feelings of other people toward himself

Moral Characteristics

Begins to know right from wrong

Finds others' opinions of himself very important

Four to Five Years

Physical Characteristics

Is very active, constantly on the go. Is sometimes physically aggressive

Has rapid muscle growth

Mental Characteristics

Has a large vocabulary—1,500 to 2,000 words.

Likes to shock adults with bathroom talk

Social Characteristics

Really needs to play with others. Has relationships that are often stormy

Is learning to share, accept rules, and take turns

Emotional Characteristics

Often tests people to see who he can control

Is boastful, especially about self and family

Moral Characteristics

Is becoming aware of right and wrong; usually has desire to do right. May blame others for her wrongdoing

Five to Six years

Physical Characteristics

Has a tendency to be farsighted—may cause hand and eye coordination problems

Prefers use of one hand over the other

Mental Characteristics

May stutter if tired or nervous. Tries only what he can accomplish

Will follow instructions and accept supervision

Social Characteristics

Is experiencing an age of conformity; is critical of those who do not conform

Plays with both boys and girls. Is not too demanding in relations with others

Emotional Characteristics

Is reliable, stable, well-adjusted

Is easily embarrassed

Moral Characteristics

Is interested in being good. May tell untruths or blame others for wrongdoings because of his intense desire to please and do right

Six to Seven Years

Physical Characteristics

Is clumsy and has poor coordination

Has marked awareness of sexual differences. Investigates each other

Mental Characteristics

Wants all of everything—finds it difficult to make choices

Begins to have organized, continuous memories

Social Characteristics

Blames mother for anything that goes wrong. Identifies more strongly with father

Friendships are unstable. Is sometimes mean to peers

Emotional Characteristics

Feels insecure as a result of drive toward independence

Finds it difficult to accept criticisms, blame, or punishment

Moral Characteristics

Is very concerned with good and bad behavior

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Seven to Eight years

Physical Characteristics

Is vigorous, full of energy; has general restlessness

May develop nervous habits or assume awkward positions

Mental Characteristics

Is eager for learning

Favors reality

Social Characteristics

Will avoid and with draw

Starts division of sexes

Emotional Characteristics

Complains a lot

Is less domineering and less determined to have her own say

Eight to Nine Years

Physical Characteristics

Has improved health with a few, short illnesses

Wants more information about pregnancy and birth

Mental Characteristics

Wants to know the reason for everything

Often over estimates her own ability

Social Characteristics

Makes new friends easily

Demands close understanding with mother

Emotional Characteristics

Has more "secerts"

May argue and resist requests and instructions, but will obey eventually

Moral Characteristics

May experience guilt and shame

Nine to Ten years

Physical Characteristics

Active, rough and tumble play is normal especially for boys

Is interested in developing strength, skill, and speed

Mental Characteristics

Has definite interests and lively curiosity; seeks facts

Individual difference become more marked

Social Characteristics

Boys and girls differ in personalities, characteristics, and interests

Boys, especially, begin to test and exercise a great deal of independence

Emotional Characteristics

Worries

Is becoming very independent, dependable, and trustworthy

Moral Characteristics

Is very conscious of being fair

Ten to Eleven Years

Physical Characteristics

Girls are concerned with style

Boys are more active and rough

Mental Characteristics

Argues logically

Has rather short attention span

Social Characteristics

May develop hero worship

Important to be "in" with the gang

Emotional Characteristics

Likes privacy

Seldom cries but may cry in anger

Moral Characteristics

Has a strong sense of justice and a strict moral code

Eleven to Twelve years

Physical Characteristics

Girls begin to show secondary sex characteristics

Child is increasingly aware of their body

Mental Characteristics

May have interest in earning money

Is interested in word and community

Social Characteristics

Is critical of parents—obnoxious to live with

Has intense interest in teams and organized, competitive games

Emotional Characteristics

Anger is common

Many fears, many worries, many tears

Moral Characteristics

Has strong urge to conform to group morals

Twelve to Fifteen Years

Physical Characteristics

Development is rapid. Rapid increase in height, weight and size

Acne

Mental Characteristics

Thrives on arguments and discussions

Able to think logically about verbal propositons. Developing the ability to introspect and probe into her own thoughts

Social Characteristics

Withdraws from parents, who are "old fashioned"

Has less intense friendships with those of the same sex

Emotional Characteristics

Sulking is common

Fewer anger responses but main ones are verbal retort and leaving the room

Moral Characteristics

Knows right from wrong

Is concerned about the fair treatment of minorities

Sixteen to Nineteen years

Physical Characteristics

Has essentially completed physical maturity

Physical features are shaped and refined

Mental Characteristics

May need special testing to help determine future educational plans

Prefers the books and magazines of adults

Social Characteristics

Sometimes feels that parents are too "interested"

Dates actively—varies greatly in maturity

Emotional Characteristics

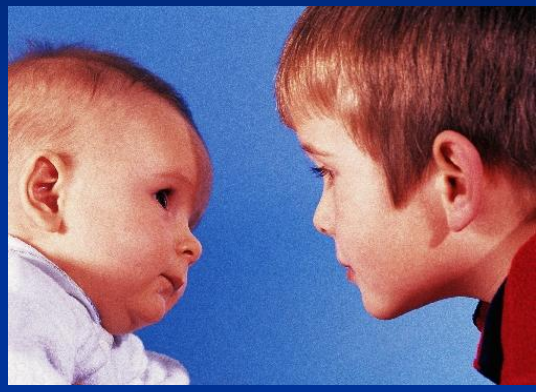
Worried about future—what to do

Anger responses less frequent

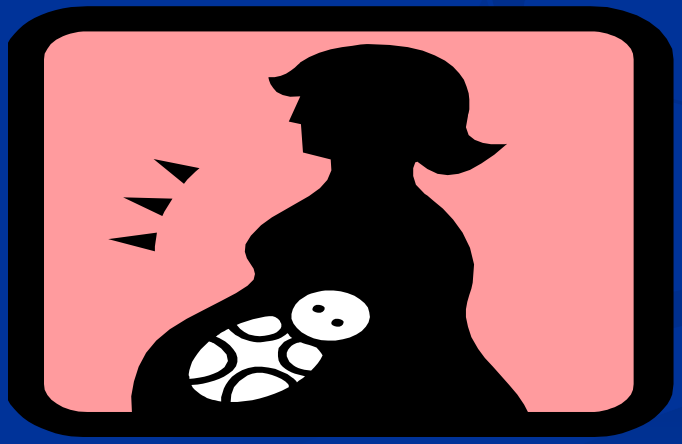
Moral Characteristics

Knows right from wrong, but doesn't always do right

Takes blame well and is not so likely to blame others without just cause



Fetal Alcohol Spectrum Disorder



What is Fetal Alcohol Syndrome/Effects?

Fetal Alcohol Syndrome is a combination of physical and neurological birth defects caused by prenatal exposure to alcohol.

To be diagnosed with this, children must show effects in three different areas:

- evidence of facial morphology (small, wide set eyes, flat face, thin upper lip, etc.)
- evidence of growth retardation both in size and weight
- evidence of central nervous system damage (small head, poor fine and gross motor control, hyperactivity, etc.).

There are also a number of physical difficulties that are sometimes associated with FAS, including

- heart defects
- cleft palate
- sight
- hearing defects

Facts about FAS/FAE

- FAS is the leading known cause of mental retardation.

- FAS/FAE produces irreversible physical and mental damage.

- Behavioral problems of FAE children can be as severe as those of FAS children.

- FAS/FAE crosses all socio-economic groups and effects all races.

- Costs for one FAS child is estimated to be $2 million over a lifetime.

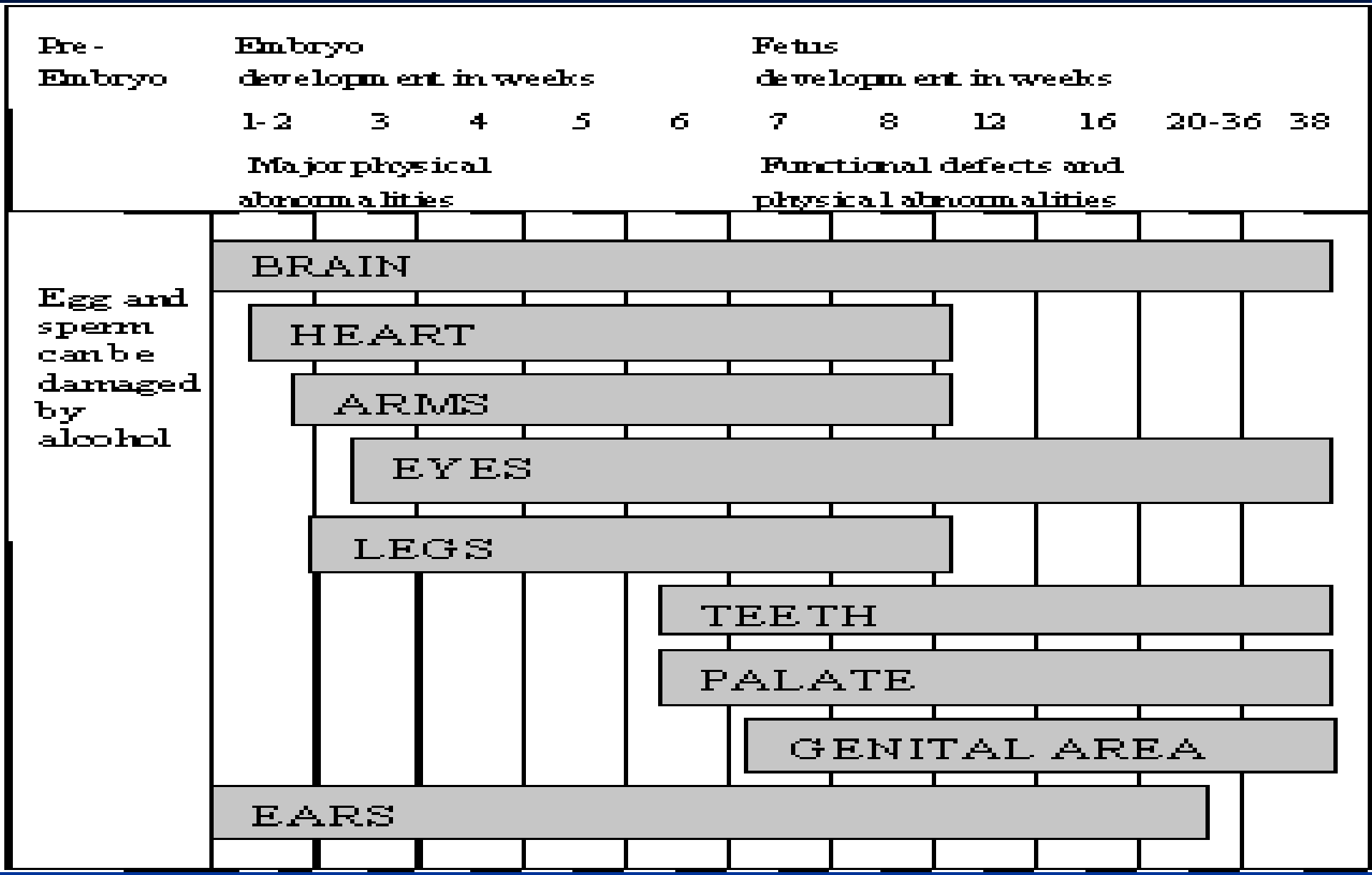
- FAS/FAE costs the American taxpayer more than $321 million every year.

- No amount of alcohol consumption during pregnancy is known to be safe.

- Of FAE Individuals between the ages of 12 and 51:
  - 95% will have mental health problems
  - 55% will be confined in prison, drug or alcohol treatment centers or a mental institution
  - 60% will have "disrupted school experience"
  - 60% will have trouble with the law
  - 52% will exhibit inappropriate sexual behavior

- Of FAE individuals between 21 and 51:
  - 82% will not be able to live independently
  - 70% will have problems with employment
  - More than 50% of males and 70% of females will have alcohol and drug problems

Impact of Alcohol Use of the Developing Fetus

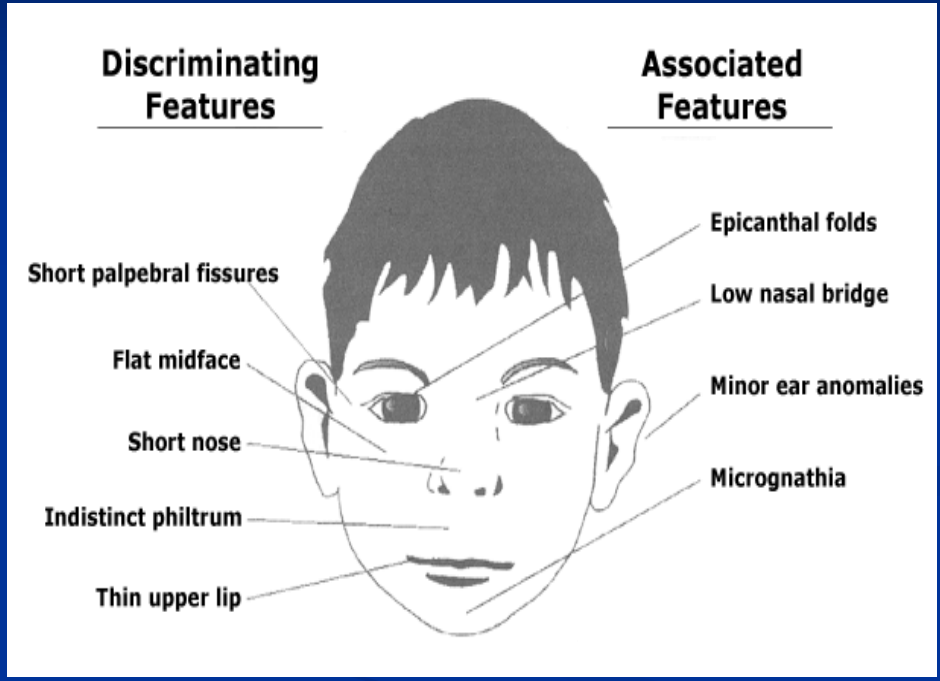


Physical Characteristics Related to FAS/FAE

Facial Appearance

So what features make a child "look" like a child with FAS? The following facial features are associated with FAS.

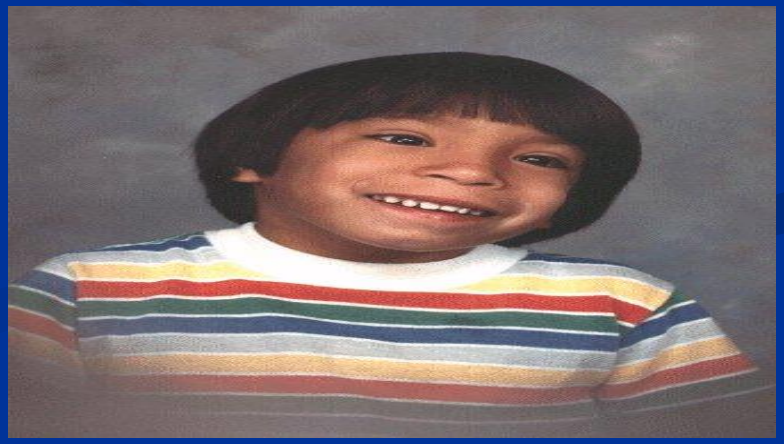
- Nearsightedness
- -Short eye slits (short palprebral fissures)
- -Droopy eyelids (epicanthal folds)
- -Widely spaced eyes
- -Crossed eyes
- -Short, upturned nose
- -Low and/or wide bridge of the nose
- -Thin upper lip
- -Smooth or flat area between the nose and lip (indistinct philtrum)
- -Flat midface
- -Small, underdeveloped jaw (micrognathia)



•The facial characteristics of FAS are sometimes not as noticeable at birth and are less obvious in adolescence and adulthood. The facial anomalies will be the more noticeable between the ages of 2-10 years (24).

Other physical features related to FAS/E include:

- Low birth weight
- Failure to thrive
- Small size for age in weight and length
- Small head for age (microcephaly)
- Large or malformed ears
- Underdeveloped fingernails or toenails
- Short neck
- Joint and bone abnormalities



FAS/FAE & the Brain

1. **Loss of Intellectual function (IQ).** The average IQ in children born with FAS is 65-80, depending on which source you read. A normal IQ is 100, with a standard deviation of 15. In general, IQ below 85 indicates mental retardation, with scores less than 70 indicating severe retardation.

2. **Behavior disorders**. About 70% of children with FAS are severely hyperactive, frequently engaging in disturbing self-stimulating behaviors such as body rocking, head banging, or head rolling. Behavior problems may include hyperactivity, stubbornness, impulsiveness, passiveness, fearlessness, irritability, sleep difficulties, and teasing or bullying of others.

3. **Learning disabilities.** With FAS the average academic functioning does not seem to develop beyond early grade school level, even with constant remedial help at school. Arithmetic and abstractions like time and space, cause and effect, as well as generalizing from one situation to another are particular deficits.

4. **Memory impairment**

5. **Speech and language disorders**

6. **Coordination impairment.** Many children with FAS have impaired fine motor coordination, impaired hand-eye coordination, and are "clumsy" and "accident-prone."

7. **Musculoskeletal abnormalities.** Variable musculoskeletal and limb defects are found in approximately 40% of cases, ranging in severity from minor problems such as contractures of the finger joints to more severe lesions, such as congenital hip dislocations and thoracic cage abnormalities.

8. **Social impairment.** In general, children with FAS do not consider consequences for their actions, lack responses to appropriate social cues, lack reciprocal friendships, withdraw socially, are sullen with mood liability, exhibit teasing and bullying behavior, and have periods of high anxiety and excessive unhappiness. These characteristics impair the child's ability to form satisfying and lasting relationships.

Research indicates the social maturation of individuals with FAS is arrested and not just delayed, at the level of a 4-6 year old child (26).

Secondary neurodevelopmental disorders can occur if there is a failure to properly deal with the primary disabilities. Secondary disabilities include:

1. Mental health problems
2. Disrupted schooling
3. Legal problems
4. Confinement (jail or juvenile detention, inpatient treatment for mental health)
5. Inappropriate sexual behavior
6. Dependent living
7. Employment problems

Developmental Skills Related to FAS/FAE

Skill	***Expected Developmental Age Equivalent***
Expressive Language	20 years
Physical Maturity	18 years
Reading Ability	16 years
Living Skills	11 years
Money, Time Concepts	8 years
Social Skills	7 years
Comprehension	6 years
Emotional Maturity	6 years

(D. Malbin, 1994)

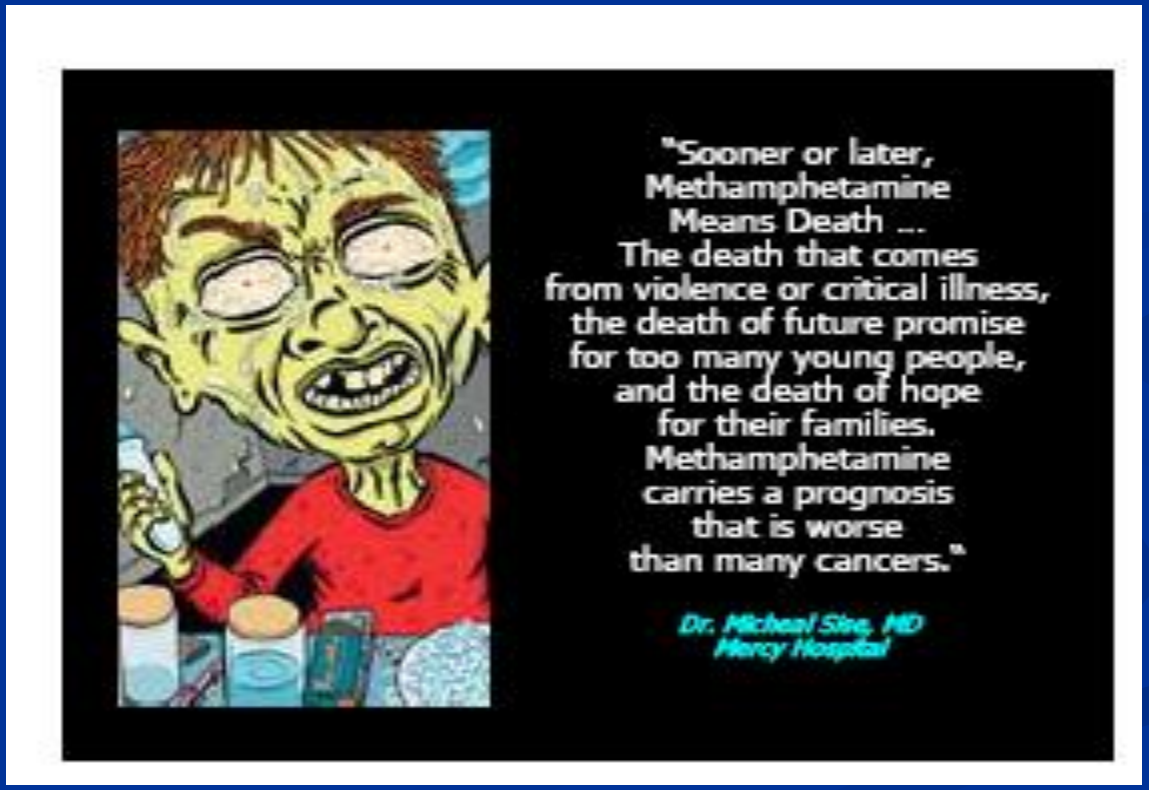
- **Subject is an 18 year old with FAS/FAE**

A shift in how to understand children with FAS/FAE may be helpful. This shift includes moving:

From seeing a child as:	To understanding a child as:
Won't	Can't
Bad	Frustrated, defended, challenged
Lazy	Tries hard
Lies	Fills in
Doesn't try	Exhausted or can't start
Mean	Defensive, hurt, abused
Doesn't care	Can't show feelings
Refuses to sit still	Overstimulated
Fussy, demanding	Oversensitive
Resisting	Doesn't "get it"
Trying to make me mad	Can't remember
Trying to get attention	Needing contact, support
Acting younger	Being younger
Thief	Doesn't understand ownership
Doesn't try	Tired of always failing
Doesn't get the obvious	Needs many reteachings

D. Malbin (1994)

Methamphetamines



Methamphetamine & Amphetamines

(Amphetamine, dextroamphetamine, methamphetamine, and their various salts are collectively referred to as amphetamines. In fact, their chemical properties and actions are so similar that even experienced users have difficulty knowing which drug they have taken. Methamphetamine is the most commonly abused.)

Street terms for methamphetamine:

Meth, poor man's cocaine, crystal meth, ice, glass, speed

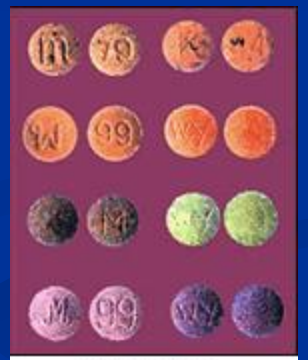
What Does Methamphetamine Look Like?

- white powder that easily dissolves in water.
- clear chunky crystals, called crystal meth, or ice.
- small, brightly colored tablets. The pills are often called by their Thai name, yaba.

What are the methods of usage?

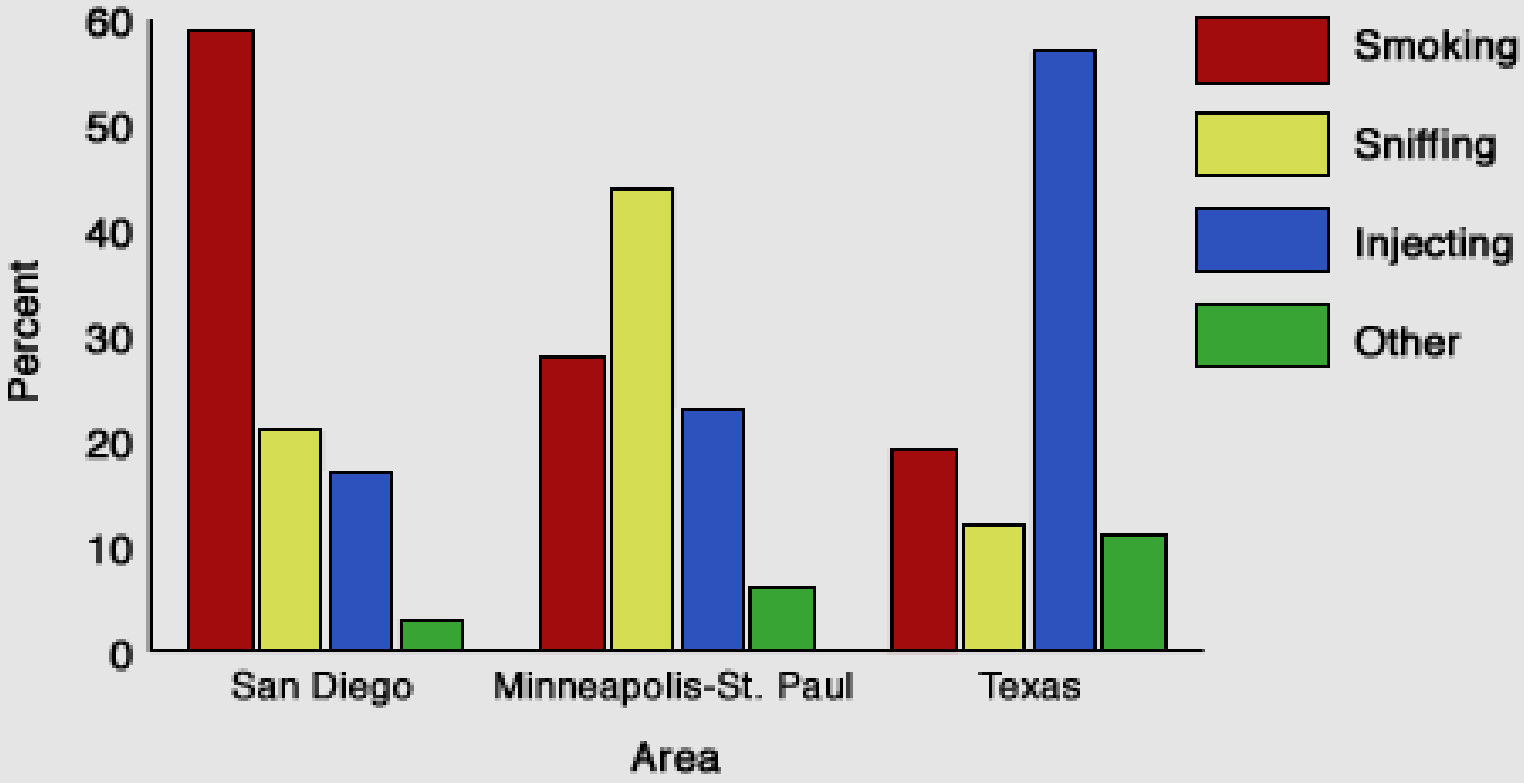
Injecting
Snorting
Smoking
Oral ingestion

What Meth can look like



Yaba tablets

The preferred method of taking methamphetamine varies among geographical regions



Note: Calendar year 2000 in Minneapolis/St. Paul; July-December 2000 in San Diego, and January-June 2001 in Texas.

Source: Community Epidemiology Work Group.

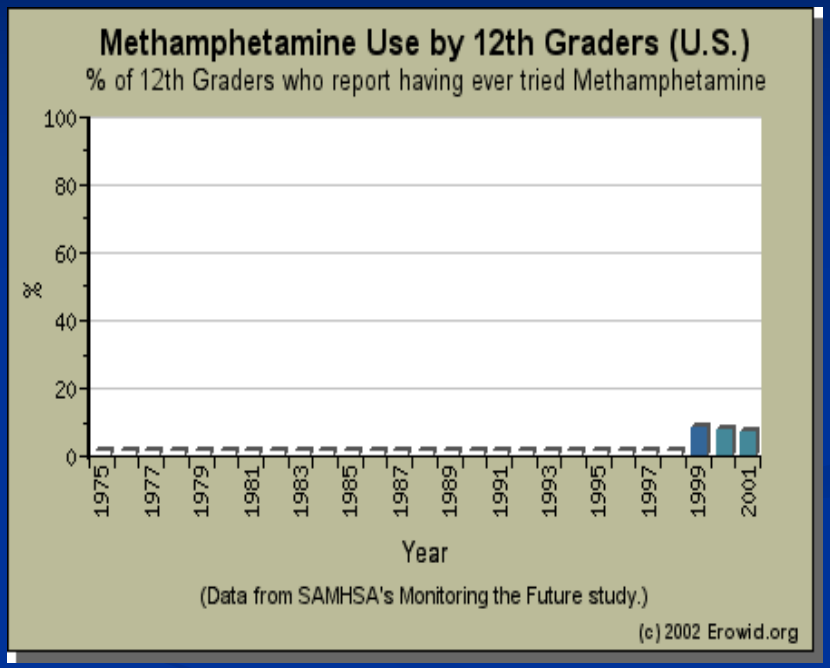
Who uses methamphetamine and amphetamines?

During 2000, 4% of the U.S. population reported trying methamphetamine at least once in their lifetime.

Abuse is concentrated in the western, southwestern, and midwestern United States.

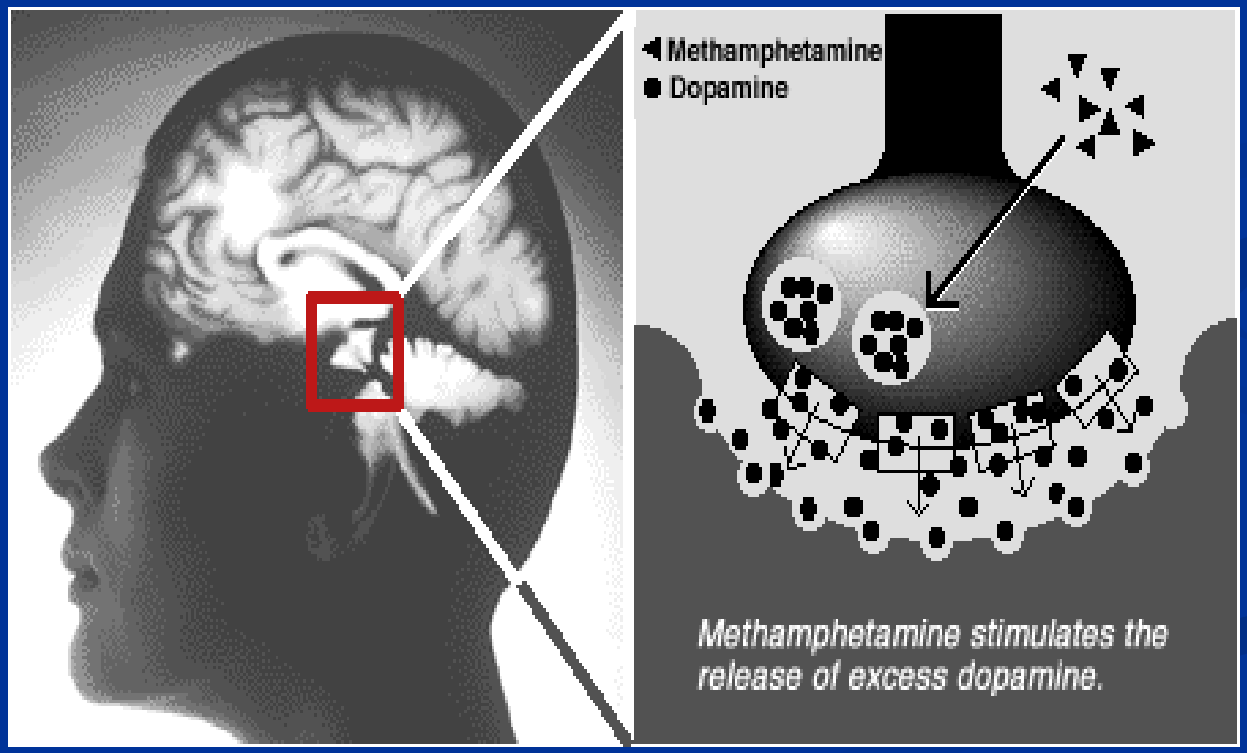
How do methamphetamine and amphetamines get to the United States?

- Clandestine laboratories in California and Mexico are the primary sources of supply for methamphetamine available in the United States.
- Domestic labs that produce methamphetamine are dependent on supplies of the precursor chemical pseudoephedrine, which is sometimes diverted from legitimate sources. It is smuggled from Canada, and to a lesser extent from Mexico.
- Domestic independent laboratory operators, mostly in the western, southwestern, and midwestern United States, also produce and distribute methamphetamine but on a smaller scale.
- Yaba (meth in tablet form) is most often produced in Southeast Asia and sent by mail or courier to the United States.



Meth and the Brain

In the brain, dopamine plays an important role in the regulation of pleasure. In addition to other regions, dopamine is manufactured in nerve cells within the ventral tegmental area and is released in the nucleus accumbens and the frontal cortex.



Effects of Meth

POSITIVE

- increased energy and alertness
- decreased need for sleep
- euphoria
- increased sexuality

NEGATIVE

- disturbed sleep patterns
- tightened jaw muscles, grinding teeth (trismus and bruxia)
- loss of appetite (anorexia), leading to poor nutrition and weight loss with heavy use
- reduced enjoyment of eating
- loss of interest in sex, over time
- itching, welts on skin
- nausea, vomiting, diarrhea
- excessive excitation, hyperactivity
- shortness of breath
- moodiness & irritability
- anxiousness & nervousness
- aggressiveness
- panic, suspiciousness & paranoia
- involuntary body movements (uncontrollable movement and/or twitches of fingers, facial & body muscles, lip-smaking, tongue protrusion, grimacing, etc.)
- false sense of confidence and power (delusions of grandeur)
- aggressive and violent behavior
- severe depression, suicidal tendencies

NEUTRAL

•excessive talking
•weight loss
•sweating
•visual & auditory hallucinations (hearing voices)

Effects of Habitual Use

•fatal kidney and lung disorders
•possible brain damage
•permanent psychological problems
•lowered resistance to illnesses
•liver damage

You can identify methamphetamine users by...

- Signs of agitation, excited speech, have decreased appetites, and increased physical activity levels. Other common symptoms include: dilated pupils, high blood pressure, irregular heartbeat, chest pain, shortness of breath, nausea and vomiting, diarrhea, and elevated body temperature.

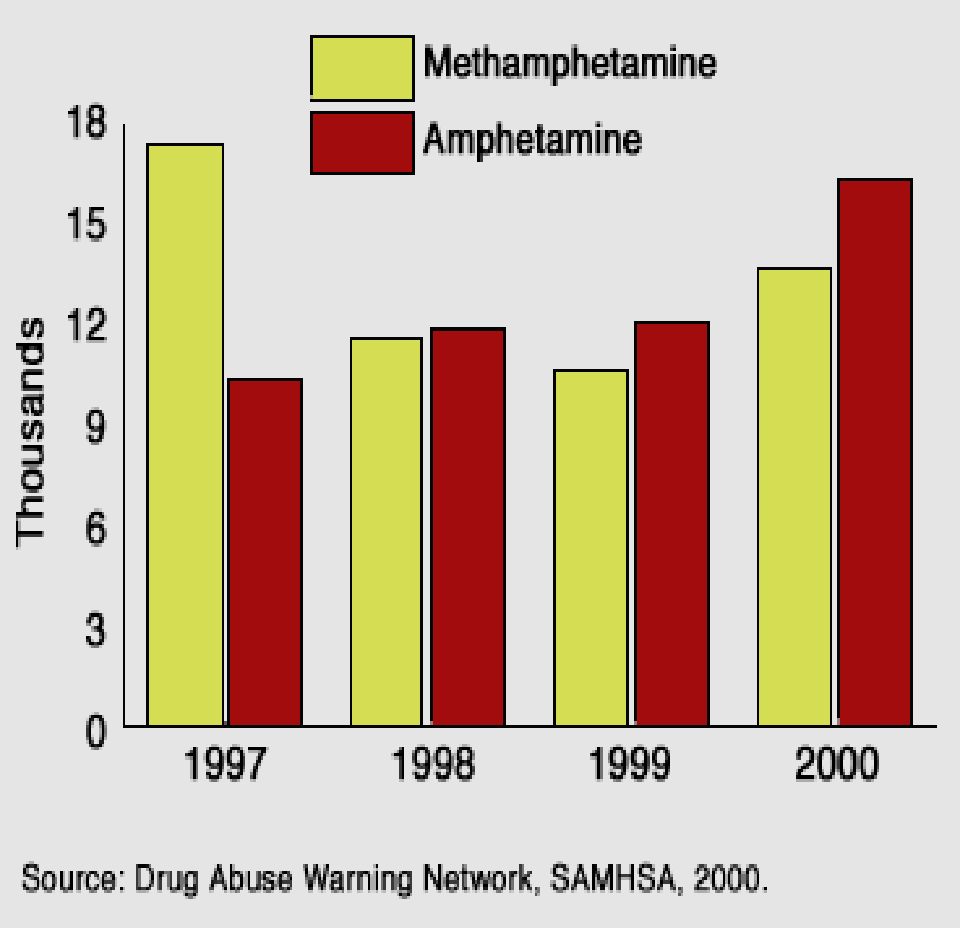
- Occasional episodes of sudden and violent behavior, intense paranoia, visual and auditory hallucinations, and bouts of insomnia.

- A tendency to compulsively clean and groom and repetitively sort and disassemble objects, such as cars and other mechanical devices.

Meth Ingredients

- Alcohol - Gasoline additives or Rubbing Alcohol
- Ether (starting fluid)
- Benzene
- Paint thinner
- Freon
- Acetone
- Chloroform
- Camp stove fuel
- Anhydrous ammonia (“white buffalo”
- White gasoline
- Pheynl-2-Propane
- Phenylacetone
- Phenylpropanolamine
- Rock, table or Epsom salt Iodine crystals
- Red Phosphorous
- Toluene (found in brake cleaner)
- Red Devil Lye
- Drain cleaner
- Muraitic acid
- Battery acid
- Lithium from batteries
- Sodium metal
- Ephedrine
- Cold tablets
- Diet aids
- Iodine
- Bronchodialators
- Energy boosters

Trends in number of emergency department mentions of methamphetamine, 1997-2001



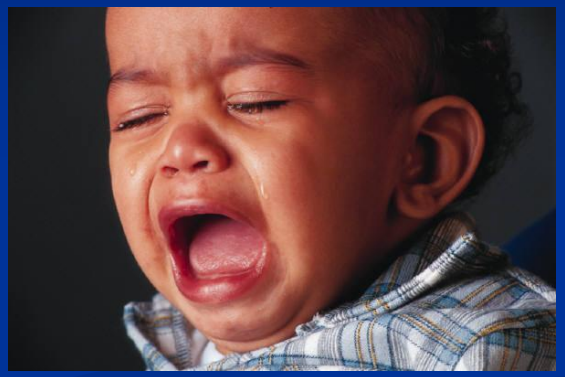
Methamphetamine's chemical structure is similar to that of amphetamine, but it has more pronounced effects on the central nervous system. Like amphetamine, it causes increased activity, decreased appetite, and a general sense of well-being. The effects of methamphetamine can last 6 to 8 hours. After the initial "rush," there is typically a state of high agitation that in some individuals can lead to violent behavior.

Meth and Pregnancy

If methamphetamines are used during pregnancy, babies tend to be:

- Asocial
- Incapable of bonding
- Have tremors
- Have birth defects
- Difficulty sucking/swallowing
- Hypersensitivity to touch and light
- Cry for 24 hours without stopping
- Cardiac defects
- Cleft palate
- Birth defects
- Addiction and withdrawal
- Deficits in IQ, language ability areas
- High incidence of ADD/ADHD
- Learning disabilities and behavior disorders
- Bouts of unprovoked anger

❖ Children living with users and cooks at increased risk of shaken baby syndrome



❖ There is also an increased risk of child abuse and neglect of children born to parents who use methamphetamines

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Meth=Child Abuse?

Kids in meth-oriented dwellings:

- 30% sexually abused

-28% physically abused

-35% positive for heavy metals

-30% positive for meth

Drug Enforcement Administration (DEA) data showed that 30% of labs nationwide, and 50% of Minnesota labs had children living in them at the time of seizure

Risks to Drug Endangered Children

Social hazards

- Abuse and neglect
- Poor nutrition, health care, hygiene
- Chaotic sleep, eat, life patterns
- Exposed to violent events and acts
- Exposed to poly substance abuse use
- Exposed to pornography, inappropriate sexuality
- Shame, isolation, poor socialization
- Caregivers unable to comply to interventions

Chemical Hazards

• Second hand meth smoke

• Injury from exposure to metal, solvents, corrosives

• Risk of fire and explosion from mishandled volatiles, toxics; lack of safety equipment

Physical and Biological Hazards

• Weapons, explosives and booby traps

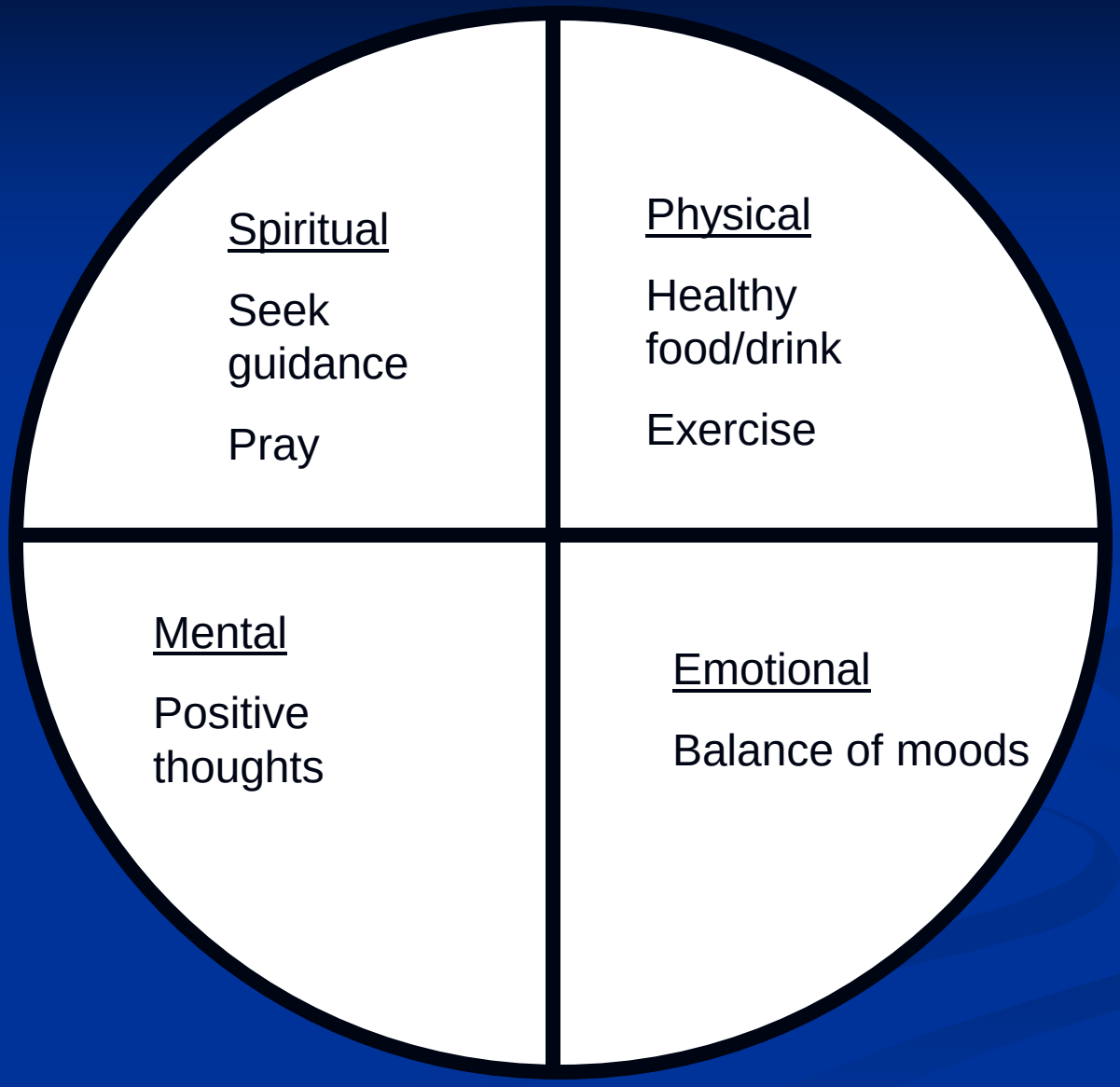
• Filth, feces, rodents, pests, contaminated needles

• Exposure to STDs and blood borne diseases (HIV/AIDS, E Coli, hepatitis A and C)

• Inadequate heating, electrical, plumbing

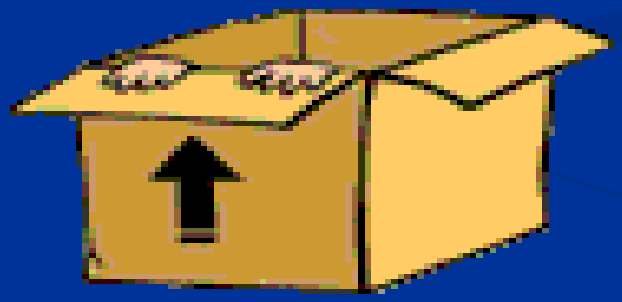
• Vicious animals

Medicine Wheel



Natural World	Un-Natural World
• A world of living at ease and at peace	• Survival to get by. It's a life full of extremes
• Having the ability to see the negative and the positive in life	• Many times, a person can only see the negative
• Creating a balance	• May see a negative or a positive, but are unable to create a balance

Child Abuse



Terms

Physical Abuse

Physical abuse occurs when a parent or caregiver purposely injures a child by hitting, biting, shaking, kicking, burning or throwing objects

Emotional Abuse

Verbal attacks, threat or humiliation are examples of emotional abuse. The effects are not visible on a child, but most of the time they destroy a child's self-esteem

Neglect

Physical neglect is the most **common** form of child abuse and occurs when a parent or caregiver fails to provide for the physical needs, such as; food, clothing, shelter, and medical care. Emotional neglect occurs when the caregiver fails to provide love and attention for the child. Failure to provide guidance and supervision is also a form of neglect.

Sexual Abuse

Sexual abuse occurs when someone, usually an adult or older teenaged known to the child, uses the child for their own sexual gratification.

Symptoms/Indicators of Physical Abuse

BRUISES AND WELTS

- Unexplained, unusual, suspicious, non-accidental
- Located of face, lips, mouth, torso, buttocks, thigh in various stages of healing
- Clustered, forming regular patterns
- Reflecting shape of article uses (electric cord, buckle, etc)
- Choke marks
- Human hand marks
- Any bruises on infants

BURNS

- Shaped like a cigar or cigarette, especially on soles, palms, back or buttocks
- Immersion burns (socklike, glovelike; doughnut-shaped on buttocks or genitals)
- Patterned like an electric burner, iron
- Rope burns on arms, legs, neck or torso

FRACTURES

- Inconsistent with explanation
- Spiral fracture in infant
- Repeated fractures to same site

CUTS OR ABRASIONS- on mouth, lips, gums, eyes, genitals

ABDOMINAL INJURIES- Swelling of abdomen, constant vomiting

HUMAN BITE MARKS

HEAD INJURIES

INTERNAL INJURIES

Common Traits of Physically Abused Children

They may experience:

- Low self-esteem
- Refuses, draws away from contact
- Sleep disturbances
- Eating disorder
- Accept blame for anything that goes wrong or accepts blame for nothing
- Represses or blocks memory
- Extreme aggressiveness
- Extreme withdrawal
- Obnoxious, hurtful or destructive behavior
- Any behavior outside the range of the normal age and stage of development

Symptoms/Indicators of Neglect

Child's Appearance:

- Inappropriate or poor hygiene
- Chronically unwashed
- Chronic diaper rash
- Inappropriate clothing for weather conditions, age, size
- Shaved head, matted hair, or untreated lice
- Extreme overweight due to overeating
- Untreated severe and chronic medical/dental condition
- Underweight
- Prone to illness
- Pale skin

Common Traits of Neglected Children

- Listlessness
- Delayed growth
- Delayed speech
- Chronic absenteeism
- Always tired
- May fall asleep in school

Symptoms/Indicators of Sexual Abuse

- Difficulty in walking or sitting
- Torn, stained or bloodied underclothes
- Bruises or bleeding in genital, vaginal, or anal area
- Blood or seamen on clothing
- Sperm in vagina
- Pregnancy
- STDs
- Genital or urinary irritation, injury and/or infection
- Frequent, unexplained sore throats or other pyshcial symptoms
- Bed-wetting, wetting/soiling pants

Common Traits of Sexually Abused Children

- Displays bizarre, unusual, sophisticated knowledge or behavior regarding sex
- Does unusual amount of sex play with self or toy
- Initiates sex play with other children
- Early pregnancy or unusual sexual behavior
- Complains of pain or itching in genital area
- Generally poor peer relationships
- Unwillingness to participate in physical activities
- Intense fear reaction to an individual or to people in general
- Unusual relationship between an adult and a child
- Appears withdrawn, engages in fantasy or unusually infantile behavior
- Excessive acting out of any kind
- Sudden drop in school performance or interest in activities
- Difficulty sleeping
- Regressive behavior
- Continuously depressed
- Acts overly grown-up
- Phobic behavior
- Extremely upset when bathing or changing diaper
- Poor self-esteem
- Self-destructive activity or suicidal
- Delinquent behavior and/or running away

What foster parents and parents can do to decrease the effects of sexual abuse on child victims

Some child victims:	As foster parents you should:
Believe that their bodies were permanently damaged, even if there has been no physical injury	Work with the agency to seek a doctor who knows about the sexual abuse and can reassure the victim if there has been no physical injury
Feel guilt for being a victim	Tell the child that what happened to them is not their fault and that they do not give consent for sexual abuse
Feel guilt over the consequences of reporting the abuse because it may have disrupted the	Reassure the child that they did the right thing in reporting the sexual abuse
Family member may blame the child for their pain	Let them know that they are not to blame and that they will be protected. Tell the child they are not alone and that there are other children who have experienced similar hurt. Reassure the child that children are to be loved and protected
Have a fear of being abused again. This could result in sleep disturbances or nightmares. Most victims also have feelings of depression	Encourage the child to talk about any fears, You have to create an environment in which the child can express all feelings, positive and negative, and fell believed and supported
Initiate sexual relationships. These relationships are sexual because that is the way they have learned to get attention and affection	Initiate healthy social activities that involve both sexes to enable the child to learn to relate to others in a non-sexual way

Helping a Child Set Boundaries (Things You can Say)

1. Your body belongs to you. You can tell people if you want to be touched or not
2. You can make decisions about your body
3. If someone wants to pat your bottom, you can tell them not to.
4. Your feelings will tell you when things don't seem quite right. Listen to your feelings
5. You deserve privacy when you need it
6. I'll tell you when I don't like certain touches, and you can too
7. You are safe with me
8. It is alright for me to give you a hug? You can say yes or no
9. No one can come in when you are talking a bath unless you say it is okay
10. You can ask for help washing your back, but nothing else
11. No one should come in to watch or peek

WAYS OF HEALING

Formal Ways of Healing

- Any referral or therapy should be a team decision and the caseworker should be involved
- Individual therapy
- Group therapy
- Family therapy- when appropriate and safe for the child
- Any combination of the above
- Participating in culture such as purification ceremonies

Informal ways of healing

- Consistent care by foster parents

- Helping the child deal with feelings

- Positive reminders by foster parents that encourage development in there areas