



SESSION 1-B

Child Welfare Services, Child Abuse, Neglect, Human Trafficking
Discipline Guidelines, Safety, Trauma, and Adverse Childhood
Experiences

H.A.N.A.I. Pre-Service Training

(Hawai'i Assures Nurturing and Involvement)

For children in out of home placement (foster care) under the legal jurisdiction of the
Hawai'i Department of Human Services
Child Welfare Services

Training Agenda

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| 1. Welcome Back | 5 minutes |
| 2. Child Welfare Services | 10 minutes |
| 3. Child Abuse, Neglect, & Human Trafficking | 60 minutes |
| 4. Discipline Guidelines | 30 minutes |
| 5. Safety | 20 minutes |
| 6. Trauma & Adverse Childhood Experiences | 60 minutes |
| 7. Questions | 10 minutes |

Competencies and Objectives

- Resource Caregivers will understand Child Welfare Services' role, purpose and mission.
- Resource Caregivers will be able to learn about the different types of child abuse and neglect.
- Resource Caregivers will understand child welfare's guidelines for discipline.
- Resource Caregivers will learn tips on how to promote a safe environment for the youth in care.
- Resource caregivers will learn and understand the types of trauma and how it impacts human development.

Child Welfare Services

Child Welfare Services (CWS) are services provided by the Department of Human Services (DHS), Social Services Division (SSD), Child Welfare Services Branch to children and their families when the children are reported to have been abused and/or neglected or are reported to be at risk for abuse and/or neglect. The mission of the Child Welfare Services Branch is to ensure the safety, permanency, and wellbeing of children in their own homes first or, when necessary, in out-of-home placements.

The law requires parents to provide their children with a safe family home, free from child abuse and neglect. Child abuse and neglect is often referred to as harm, and risk for child abuse and neglect is often referred to as threatened harm. Child abuse or neglect includes physical abuse or neglect; medical neglect; psychological abuse or neglect; inadequate care and supervision; sex abuse; a parent/guardian/caregiver giving illegal drugs to a child; or trafficking children for sex and/or labor.

Refer to the Hawaii Revised Statutes (HRS) §587A, which defines child abuse and neglect in more detail.

A. **Types of Harm (HRS587-A-4(1)(1)(1)(1):**

“Harm” means damage or injury to a child’s physical or psychological health or welfare, where:

PHYSICAL ABUSE:

- (1) The child exhibits evidence of injury, including, but not limited to:
 1. substantial or multiple skin bruising;
 2. substantial external or internal bleeding;
 3. burn or burns;
 4. malnutrition;
 5. failure to thrive;
 6. soft tissue swelling;
 7. circumstances indicate that such condition or death may not be the product of an accidental occurrence;
 8. extreme pain,
 9. extreme mental distress;
 10. gross degradation;

11. poisoning;
12. fracture of any bone;
13. subdural hematoma; or
14. death; and the injury is not justifiably explained, or the history given concerning the condition or death is not consistent with the degree or type of the condition or death; or there is evidence that the condition or death may not be the result of an accident.

- (2) **Sexual Abuse:** The child has been the victim of sexual contact or conduct, including sexual assault; sodomy; molestation; sexual fondling; incest; prostitution; obscene or pornographic photographing, filming, or depiction; or other similar forms of sexual exploitation, including but not limited to acts that constitute an offense pursuant to section 712-1202(1)(b);
- (3) **Psychological Abuse:** The child’s psychological well-being has been injured as evidenced by a substantial impairment in the child’s ability to function
- (4) **Neglect/Medical Neglect:** The child is not provided in a timely manner with adequate food; clothing; shelter; supervision; or psychological, physical, or medical care;
- (5) The child is provided with dangerous, harmful, or detrimental drugs as defined in section 712-1240, except when a child's family administers drugs to the child as directed or prescribed by a practitioner as defined in section 712-1240; or
- (6) The child has been the victim of labor trafficking under chapter 707.

“The acts or omissions of any person that have resulted in sex trafficking or severe forms of trafficking in persons; provided that no finding by the department pursuant to this chapter shall be used as conclusive evidence that a person has committed an offense under part VIII of chapter 707 or section 712-1202.”

The term "sex trafficking" means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for a commercial sex act.

The term “severe forms of trafficking in persons” means:

- i Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained eighteen years of age; or
- ii The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage, or slavery.

Substance Abuse

Substance abuse and exposure to substance use in the home can cause lasting effects on a youth’s behavior and physical development. Resource Caregivers shall be aware of behaviors that could be a result of substance use or substance exposure in the youth or youth in their care.

Stimulants	Depressants	Narcotics	Hallucinogens
<ul style="list-style-type: none"> • Cocaine • Caffeine • Nicotine • Methamphetamine 	<ul style="list-style-type: none"> • Alcohol • Xanax • Valium • Tranquilizers 	<ul style="list-style-type: none"> • Morphine • Heroin • Methadone • Pain Relievers 	<ul style="list-style-type: none"> • Marijuana • LSD • Ecstasy • PCP

Stimulants: They range from legal forms of stimulants in coffee, a prescription medication for Attention Deficit Hyperactivity Disorder (ADHD), and tobacco products to illicit substances like cocaine and methamphetamine. Although some are legal and socially accepted forms of stimulants, all forms can have negative short- and long-term effects. Stimulants increase the risk for cardiac arrest, stroke, high blood pressure, and irregular heartbeat. Physical effects can include damaged blood vessels, kidney and lung damage, poor dental hygiene, and malnutrition.

Common Behaviors for Stimulant Use:

- Dilated pupils
- Weight loss/loss of appetite
- Jitteriness
- Rapid heartbeat
- Sweating
- Anxiety/racing thoughts
- Insomnia

Common Behaviors for Stimulant Exposure:

- Academic difficulties/delays
- Difficulty managing stress
- Lack of trust
- Higher risk for experiencing neglect and/or abuse
- Higher rate of future substance use

Depressants: There are also legal and illegal forms of depressant substances. Alcohol, over the counter medications, like sleep-aids, and prescription depressants like Xanax and Valium are the most common legal forms of depressants. Misuse or underage use of these substances is unlawful. Short term effects include fatigue, dizziness, and confusion. Long term effects include dependency, depressions, suicide, respiratory issues, and anxiety.

Common Behaviors for Depressant Use:

- Confusion
- Delayed reactions
- Poor judgment
- Stumbling while walking
- Excessive sleeping
- Dilated pupils

Common Behaviors for Depressant Exposure:

- Academic difficulties/delays
- Difficulty managing stress
- Lack of trust
- Higher risk for experiencing neglect and/or abuse
- Higher rate of future substance use

Narcotics: Morphine and pain relievers, like oxycodone and hydrocodone, are commonly used for surgery and rehabilitation following surgery for most patients. Misuse and dependencies are common due to the highly addictive nature of narcotics. Long term effects of narcotic use can lead to respiratory issues, high blood pressure, overdose, coma, extreme weight loss, and developed or worsened mental health disorders.

Common Behaviors for Narcotic Use:

- Nausea
- Drowsiness
- Slowed breathing
- Rapid heart rate
- High-risk behaviors
- Constipation
- Small pupils

Common Behaviors for Narcotic Exposure:

- Academic difficulties/delays
- Difficulty managing stress
- Lack of trust
- Higher risk for experiencing neglect and/or abuse
- Higher rate of future substance use

Hallucinogens: Some hallucinogens are used in cultural rituals, but there are no legal forms beyond medical use for surgery. Many hallucinogens can be ingested in multiple different forms. Short term effects are unpredictable. Common effects include hallucinations, altered reality, and extreme anxiety, or fear. Long-term effects include: chronic paranoia, high blood pressure, psychosis, and persistent mood disturbances.

Common Behaviors for Hallucinogen Use:

- Red eyes
- Dry mouth
- Exaggerated cravings
- Heightened senses
- Delayed reactions

Common Behavior for Hallucinogen Exposure:

- Academic difficulties/delays
- Difficulty managing stress
- Lack of trust
- Higher risk for experiencing neglect and/or abuse
- Higher rate of future substance use

Fetal Alcohol Spectrum Disorders

If a pregnant woman is using drugs (such as alcohol, cocaine, or methamphetamine), she can cause damage to her developing fetus resulting in cocaine affected infants or Fetal Alcohol Spectrum Disorders. Alcohol is especially a potential danger to the developing fetus because its small molecule crosses easily over the placenta and has the potential to impact whatever is developing at the time. The brain develops throughout pregnancy and appears to be at most risk.

FASD stands for **Fetal Alcohol Spectrum Disorders**, a term that encompasses the many descriptions and terms given to the various effects of prenatal exposure to alcohol. These effects can include any of the following:

- **Facial characteristics.** These may include the primary features of small eye openings, indistinct philtrum, small head circumference, and thin upper lip. This is what we call the "face of FAS," though it is important to remember 90% of the individuals with damage due to prenatal exposure to alcohol do not have the characteristic facial features.
- **Growth deficiency:** Tends to be smaller in height and lower in weight.
- **Central Nervous System damage:** This means damage to the brain or related CNS system. FASD is a brain-based disorder.
- **Information processing difficulties:** The information processing difficulties are a result of the brain-based impact of alcohol exposure.
- **Struggles with abstract reasoning**
- **Chronic memory problems**
- **Difficulty learning from consequences**
- **Poor eyesight, chronic ear infections, heart malformations, poor small motor control**
- **Perseveration (trouble changing gears, does one thing for a long time)**
- **Other similarities to psychological abuse**

Caring for Youth Exposed to Substance Use

Work closely with health professionals. Some children who have been born addicted to a drug or born premature need special medication or feeding practices. Learn from medical professionals how to care for the children with special needs.

Reduce stimuli. Use white noise (such as static on the radio) to mask noises. **Use low wattage lights** in the bedroom; avoid loud, noisy mobiles. Keep the radio and television low.

For babies with eating difficulties, **feed smaller amounts** of formula more often and **allow more time** for feeding. **Support the chin both and cheeks** to increase sucking ability.

The infant may be **assessed for developmental delays** through a CWS contracted **home visiting services provider** for infants ages birth to 5 years-old. Contact the infant's CWS caseworker to request a referral.

Provide a **language-rich environment**. For children who have trouble expressing what they want to say, **use visual aids, or teach simple sign language. Use pictures** posted on the wall to communicate simple rules such as hand washing or brushing teeth.

Be prepared for **short sleeping cycles, extra rocking and holding a crying infant**. Infants who are prenatally exposed to drugs or alcohol often are hypersensitive, so they will either need less stimulation or more stimulation. **Often sleep-wake cycles are disrupted which causes infants to have shorter sleep cycles (and need help getting to sleep)**. Or they may have longer sleep cycles and may need extra stimulation. A developmental assessment from a CWS contracted **home visiting services provider** can help you understand your infant's needs.

Use **visual clues** to help children understand what you are asking them to do. Visual cues can be used when **transitioning from one activity to another**. An example is turn the light off and on each time you prepare to leave. This cue indicates to the child that it is time to go. Before making any request, get the child's attention. Sing a specific song during a transition, such as snack or naptime.

Develop a routine for getting up in the morning, for putting toys away, for mealtimes, and for going to bed at night. **Consistent routines are essential** for children who were born with substance use exposure.

Avoid things that **over-stimulate the senses** such as **hot and spicy food, loud appliances, unfamiliar people, wearing clothes that are scratchy (or have lots of seams), violent television programs, or bright lights**.

Learn everything you can about children who were exposed to substances while in utero. Every child is impacted differently, find out what works best for your child. Educate teachers and others who have direct contact with your child. Do not assume your child's teacher knows how to best work with substance exposed children. Keep articles or helpful handouts available to share with people who interact with your child.

Think different, not harder. Drugs and alcohol often affect how the brain develops and works. Similarly to interventions for children with brain injuries, children with substance use exposure need alternative care to promote healing. Find what works for them.

Intimate Partner Violence (IPV)

Intimate Partner violence similar to domestic violence but takes place when someone purposely harms or threatens the risk of harm to any previous or current spouse/partner. Violence can be exhibited in one or more of the following ways: physical, sexual, verbal, emotional and even controlling finances. Someone who has been a victim of IPV could have experienced being stalked, terrorized, blamed, humiliated, manipulated, or even isolated from their family and friends. It is important to understand that children who have witnessed a loved one get directly injured due to violence have been traumatized from this experience. This negatively impacts their relationships, trust of others, self-esteem, brain development, and achieving developmental milestones.

Some effects include:

- Immediate:** Anxiety, nightmares, high activity levels, aggressiveness, and worry
- Ongoing/long-term:** Health issues, behavior and emotional problems.

0-5 years	6-11 years	12-18 years
<ul style="list-style-type: none"> • Sleeping/eating disruptions • Withdrawn • Separation Issues • Inconsolable crying • Increase aggression or impulsiveness 	<ul style="list-style-type: none"> • Nightmares • Aggression and difficulty with peers • Difficulty concentrating • Withdrawn or emotional numbness 	<ul style="list-style-type: none"> • High risk behavior • Depression • Anxiety • Withdrawn

Caring for Youth with Exposure to IPV

Resource caregivers can offer many ways of support and guidance for any youth who has witnessed IPV. Here are some things to keep in mind:

<ul style="list-style-type: none"> • Remember their resiliency • Not all youth will be affected • Be patient • Model your own healthy relationships with your partner and/or children 	<ul style="list-style-type: none"> • Provide ongoing support and guidance • Create routines • Be a role model through consistency • Get additional support from your CWS team
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Sexual Abuse

Activity: Myth or Fact

MYTH or FACT: A youth is most likely to be sexually abused by a stranger.

MYTH or FACT: Children who are sexually abused will never heal.

MYTH or FACT: Youth sexual abuse are always perpetrated by adults.

Resource caregivers must be aware that most children enter the child welfare system for threatened harm, for various reasons. There are fewer children who are placed in care due to confirmed sexual abuse. However, there are times when sexual abuse may not be disclosed by children even after being placed in care.

If a child discloses sexual abuse to you, your role is to simply listen to what is being disclosed. Thank the child for feeling safe enough to trust you and share this information. Do not ask any clarifying questions or solicit any other information from the child but provide comfort and reassurance. Be honest with the child and tell them in a loving way that you have to share this information with their caseworker. Tell them that you will be by their side as they walk through this journey. Do not promise or tell the child something you cannot guarantee or follow through with. Explain to the child that there will be special caseworker (CWS sex abuse assessment caseworker) and people (Children Justice Center) who are specially trained to help children who have shared information like this to help. Acknowledge that this must be scary. Remember that children have already disclosed to someone about the abuse/neglect that brought them into foster care. They are already blaming themselves for “telling” on their parents/guardians and being removed from their care.

The reason for not engaging in any type questioning is because if this case goes to court and there is a criminal case against the perpetrator, the defendant defense team will say that the child was influenced and lead through questioning to share the details/allegations that were provided. Also, there are trained professionals who engage with children in a manner that is less threatening and allows the child to tell their story without using leading questions. The Children Justice Center facilitates all of the sex abuse and serious harm interviews. They also record the interviews so the child only has to tell their story one time.

Now that the child has disclosed this information to you, **immediately** contact the CWS Intake and Reporting line at (808) 832-5300 on Oahu or 1-888-380-3088 (Hawaii Island, Maui, Molokai, Lanai, Kauai) – calls are received 24-hours a day. CWS Intake will document your call and notify the child’s caseworker, Supervisor and Section Administrator. Depending on the information provide, a new intake report may be generated for a

formal investigation. Expect to be contacted by the child's caseworker and possibly a CWS sex abuse investigator.

How to care for children who have been sexually abused:

It is important to remember to create a safe, nurturing environment for the children placed in your home. Ensure that you teach healthy boundaries and provide rules for children that promote a sense of security. Routines create a sense of security because the child can expect what to do and is expected of them and everyone else in the home. Setting physical boundaries also help to protect resources families from allegations against (sitting on laps). An example where rules would be helpful would be around the use of the bathroom, changing clothes, everyone wears shorts and a shirt (not wearing only underwear), sleeping arrangements, touching, and horse playing.

Establish house rules. Set some structure up in your home that sets up rules that provide safety and comfort.

- Everyone clothed around the house
- No hitting or hurting
- Everyone sleeps in a separate bed
- Do not leave the bathroom door open
- Everyone changes their clothes in the bathroom
- Be direct, only the resource caregivers have sex in this house

Help children build boundaries by establishing house rules and talking to them about the consequences of their behavior. Identify safe people they can talk to about what happened to them. If a child is showing sexualized behaviors with another child, stop the behavior gently. Remind the child about the house rule about touching. Do not shame the child about their actions, especially in front of others.

If you have a child who is sexually acting out, do not leave him/her/they unsupervised with other children and provide close supervision at all times. Be extremely mindful of who you are leaving the child with, this includes people you know.

Talk to all children and youth about "good touch and bad touch". There are great videos on YouTube to help facilitate this conversation for children. Talk to children about how some touches are good such as hugs and holding hands. Bad touches include hitting, pinching, touching genitals or even someone exposing themselves and are not okay. Additional resources for children about good touch and bad can be found by visiting your local library.

Children may reveal sexual abuse to you in a different way, such as asking you questions. NEVER shame a child or scold them for talking about sexual abuse, especially in front of others. Develop some simple language questions. **“Many people have problems that make them want to touch children in a bad way or maybe on their private parts to, Hawaii has a law that says that is not okay and they can go to jail. We all need to feel safe and it is not okay for anyone to touch you in any way that makes you feel uncomfortable. This house is a safe place and that kind of bad touching is not allowed here.”**

As resource caregivers, it is important to remember your role in keeping information confidential and never share information about the child’s sex abuse or any abuse with your family, friends, or co-workers.

Post-Traumatic Stress Reactions with Sexually Abused Children

Hyper Arousal: has a heightened startle response and the child may be nervous and jumpy.

Re-experiencing: sees mental images linked to the abuse or relives some aspects of the experience. Things like situations, places, holidays, a person, an event, a sight, a smell, a sound, a movie might trigger the child to reexperience their abuse.

Avoidance: The child avoids any exposure to traumatic reminders or thinking about the abuse altogether.

Impact of Sexual Abuse in Adolescents

The basic reactions of post-traumatic stress are relatively similar however there is a subtle difference due to the adolescent having developed more autonomy. Adolescents develop a sense of independence and choice which sometimes leads to other ways of coping with hyperarousal, re-experience, or avoidance. Some of the behavior’s youth turn to may include use of substances both legal and illegal, sexual reactivity, sexual behavior, self-harming behaviors, etc.

Also, be mindful of the youth’s natural human development and puberty. It is normal for youth to think about sex and explore their body. They are curious, they have hormones that are developing and flowing through the body. When it becomes excessive or inappropriate, then that’s when support should be sought.

Support & Resources

There may be different developmental milestones that children encounter which is impacted by the abuse they experienced. If that occurs, please seek out additional support from CWS or call the warm line.

As resource caregivers, it’s important to learn more about the needs that your youth may have during their journey of healing. There are additional trainings that the warm line and other community partners coordinate

for you to attend. If you need additional support, please feel free to also contact your licensing worker or the warm line.

Human Trafficking

What is Human Trafficking?

Human Labor Trafficking:

The recruitment, harboring, transportation, provision, or obtaining of an individual, for labor using force, fraud, or coercion for involuntary servitude, peonage, debt bondage, or slavery.

Human Sex Trafficking:

The recruitment of an individual through force, coercion, purchasing, or deception for financial gain through sexual exploitation.

Video: Sex Trafficking: What is it?
(3 min. and 55 sec.)

Why Youth in Foster Care Are Targeted

Youth are targeted because of their natural vulnerability and blind trust most have for adults. After the grooming process, youth become even more vulnerable. Because of the history of trauma that youth in the child welfare system have experienced, they are often unable to understand risk-assessment and follow moral reasoning. Youth often yearn for a meaningful connection and the grooming process tricks them into feeling that connection with their abuser.

Populations at High-Risk:

- Youth ages 11-14
- Prior history of being trafficked
- History of being a runaway
- LGBTQ+ youth
- Individuals with a history of substance abuse
- Immigrants or undocumented

- Youth in the Child Welfare System
- Individuals with mental illness

Warning Signs and Indicators:

- Branding or tattoos with their trafficker's name or symbol
- Older boyfriend/girlfriend
- Unexplained and/or frequent injuries
- Lack of eye contact
- Frequently running away
- Substance abuse
- Working long hours with little or no pay
- Having several cell phones
- The sudden appearance of expensive objects with no logical way of obtaining the items

How to Care for a Trafficked Youth

- As a mandated reporter, caregivers must report any instances of suspected or confirmed cases of human trafficking to the child welfare or law enforcement teams. Any information given to the authorities will assist investigations.
- Physical safety is an immediate concern with youth that may be trafficked. Receiving appropriate medical care and mental health assessments can support the youth's recovery.
- Any form of communication with the trafficker must be terminated. Creating boundaries to keep the youth safe from further interactions with the abuser is very important.
- Caregivers must continue to educate themselves and receive training on supporting a youth that has been trafficked. Utilizing resources and other service providers can help caregivers achieve this. Also, educating the youth on the dangers and tactics of trafficking to learn how to protect themselves as well.
- Caring for the youth with any history of abuse or neglect requires a nurturing and safe environment. Caregivers must create a safe space for the trafficked youth to feel and be safe.

HOW TO MAKE A REPORT OF CHILD ABUSE, NEGLECT OR HUMAN TRAFFICKING TO CWS INTAKE

CHILD ABUSE & NEGLECT	PHONE	FAX
OAHU	(808) 832-5300	(808) 832-5292
TOLL-FREE NEIGHBOR ISLAND	1-888-380-3088	1-888-988-6688

HUMAN TRAFFICKING	PHONE	FAX
OAHU	(808) 832-1999	(808) 832-5292
TOLL-FREE NEIGHBOR ISLAND	1-888-398-1188	1-888-988-6688

Discipline Guidelines

What is Discipline?

Discipline is the technique to teach children what the expected behaviors are and how to correct emotional dysregulation.

Definition of Discipline:

Discipline is the process of teaching acceptable behaviors and self-control to children. It involves providing children with the necessary direction, guidance, and role-modeling, so they can manage their behaviors in various settings.

Difference between Discipline and Punishment:

Punishment, on the other hand, involves inflicting penalty, pain, or force to change a youth's behavior. Therefore, the biggest difference is that discipline refers to teaching a youth versus inflicting pain (physical or emotional) on the youth. Punishment does not involve teaching children appropriate behaviors.

Goals of Discipline:

- To protect the youth's physical and psychological well-being
- To help meet the youth's needs
- To teach ways to prevent and solve problems
- To maintain and build a parent/youth relationship
- To help youth develop self-control and responsibility
- To produce the desired behavior

Corporal punishment is NEVER allowed!

The youth already have significant losses due to abuse and neglect. The goal of the child welfare system is to provide a safe and nurturing environment to help children to develop in a healthy way. Corporal punishment does not support this goal.

Negative effects of physical punishment include: teaching children that violence solves conflicts, reinforces sneaky behavior, causes emotional harm, develops poor self-esteem, and only stops a behavior temporarily instead of correcting the behavior.

Find the meaning behind the behavior: Behavior is need driven. When a youth is displaying any behavior, they are attempting to communicate a need. Sometimes they use non-verbal communication, or they are using strong words to express an unmet need. **What is your youth trying to tell you?**

Basic needs:

- A need to connect and belong
- A need for attention
- A need for power and control

- A need to have enjoyment
- A need for freedom and independence

Discovering the need behind the behavior can understand the youth in care on a deeper level and help to meet the needs they are expressing. If the need is consistently met, the behavior used to express it will diminish or change to a more positive interaction.

Discipline Guidelines

This information is based on the Hawai'i Administrative Rules, 17-1625: Licensing of Resource Family Homes for Children. The following items reflect the meaning and intent of those official rules.

Discipline and Guidance:

- Discipline and guidance shall be carried out with kindness and understanding.
- No child or youth in foster care shall be subjected to any physical punishment.
- No child or youth shall be subjected to any punishment or any action which would endanger the youth's physical, mental, or emotional well-being.
- Discipline shall be reasonable and shall not interfere with the youth's education, recreation, or social needs.
- `Ohana Time (visitations) and ongoing connections with the child's parents, sibling(s), grandparents and other relatives, and friends shall be encouraged. The relationship between the child and their relatives **shall not** be withheld as a form of discipline.
- As a member of your family, the children in foster care you are providing a home to are expected to participate in simple home chores that are age appropriate. Chores will never interfere with anything school related, appointments, necessary recreation. If your house rules is that all children in the home are expected to do chores, then **all children in the home** will have appropriate chores.
- Children in foster care shall be provided an allowance if all children in the home are receiving an allowance and vice-versa.
- Resource families in partnership with all children in the house, shall establish **well-defined**, age and developmental appropriate rules. The rules will set expectations and limits. Consequences for behaviors will be understood by all and in a age-appropriate manner. Each time a child joins your family, it is highly recommended that you create a new set of rules since you have a new addition to your family.

- Resource caregivers are their to guide each child using techniques that share praise and provide encouragement to the child.

It is important to remember the following:

- Youth in out of home care have experienced many losses as a result of their past abuse and neglect. Many of them have experienced trauma, physical punishment, and abuse, which has resulted in emotional scars.
- Spanking children, may teach them that adults or bigger people use power and force to stop children or small people. (This may increase the chance that the youth will hit another smaller youth.)
- Spanking reinforces poor self-esteem by not respecting the youth or their body. As children do not always connect their behavior with the punishment, they may think they are bad and that people do not like them.
- Spanking and other forms of punishment may stop the behavior, but they do not teach children how to behave. These forms of punishment may result in a youth being sneaky and only behaving appropriately in the presence of an adult.
- The role of DHS is to protect children from abuse and harm. The goal of child welfare is to provide children with a safe and nurturing environment. Spanking a youth or using any other form of physical punishment is against DHS laws, policies, mission, practice and does not promote safety and security in children. These rules protect both children and the resource caregiver.
- If a licensed resource caregiver hits a youth, a report will be made to Child Welfare Intake Unit which may result in an Institutional Abuse intake being generated and assigned for investigation on the resource caregivers. If resource caregivers are confirmed for abuse, their children may be removed from their home and placed into foster care resulting in the resource caregivers having to complete services to resolve the safety concerns.
- Resource families who spank their children must understand the impact that this has on children/youth in foster care who are placed in your home.
 - If a youth in care hears or sees a resource caregiver hit their child, this may remind the youth in care about their own abuse and is psychologically traumatizing to the child.
 - If a youth in care and your birth child engages in the same behavior and you talk with the youth in care and spank your birth child; this may create negative feelings in your birth child towards the youth in care. In some cases, your birth child may physically take their frustrations out on the youth in care.

How to Treat Children

- Treat the youth in care as your family member. Chores should be shared equally amongst children and match their ability and age.
- A resource caregiver should help the youth obtain appropriate and decent clothing (the right size and appropriate for the youth's age, sex, and individual need) and ensure that they are kept clean. A resource caregiver should provide the youth with an individual comb, toothbrushes, and other toilet articles. All clothing and personal belongings shall go with the youth when the youth leaves the resource home.
- A resource caregiver will arrange for timely and appropriate medical care, immunizations, vaccinations, tuberculin clearances, annual physical examinations, medical attention for chronic medical conditions, regular dental examinations which include dental care.
- Youth in care should be provided with a well-balanced daily program, including rest, meals, and recreational activities. Youth in foster care have a legal right to participate in appropriate social and recreational activities in the community.
- Each youth shall be provided a dresser or closet space that will accommodate the youth's clothing and belongings. (This includes an individual bed).

Safety

Children who are in foster care have additional needs that need to be considered to ensure their overall health, well-being and safety. Safety considerations and recommendations are provided throughout the entire licensing process and as long as any child in foster care is in your home.

Outdoor

- Appropriate fencing around a yard or lanai
- Hazardous terrain anywhere on the property
- ADA Compliant (ramps, railings, etc.)
- Safety and rules around family pets or livestock animals
- Pool covers, trampoline nets, or gates
- Chemicals, material, or supplies (home, automobile) are properly stored and out of reach
- Tools are properly stored and out of reach
- Yard Equipment
- Weapons locked and stored out of reach

- Car seats/seat belt

Indoor

- Fire alarms/extinguishers
- First aid kits
- Emergency medicine i.e. EpiPen's or inhalers
- Electrical outlet covers
- Baby proofing and gates
- Other medications are properly stored and out of reach
- Cleaning supplies are properly stored and out of reach
- Weapons locked and stored out of reach
- Safety and rules around family pets
- Emergency Plan

Additional Considerations:

- Car seats for any road travel
- Proper fitting helmet for a bicycle and skateboard
- Being transported by other drivers
- Sleepovers
- Traveling
- Supervision

Changing the environment

For young children, changing the environment can be as simple and "childproofing" the surroundings to increase the safety of the youth. Changing the environment can also include adding new interesting items to decrease boredom. Caregivers can remove items that can overwhelm children. Organizing the room can help establish routines. Restricting the environment during activities that require more supervision, like painting, can increase success in the activity. Or enlarging the play space, like moving outdoors can allow for more active play.

Trauma

What is Trauma?

Trauma is a life-threatening or an extremely negative experience- for the youth or someone they care about- that overwhelms a person's capacity to cope.

Activity: What is Trauma

Types of Trauma

- **Acute:** A specific event, often a single occurrence that has lasting effects (Examples: dog bites, car accidents, natural disasters).
- **Chronic:** Ongoing, repeated, patterns of trauma (Examples: physical, sexual, or emotional abuse, and neglect).
- **Complex:** A type of chronic trauma that includes multiple traumatic events that may begin at young ages (Example: a youth who has both chronic and acute trauma).
- **Inter-generational:** Collective and cumulative emotional wounding across generations and cumulative exposure to traumatic events that not only affects an individual but continues to affect younger generations. (Examples: A great grandmother who was placed in a Japanese internment camp may have learned to cope by "cutting off" her emotions. Because of this, this grandmother may interact with her family in an emotionally distant fashion. The transmission of the historical trauma may begin to negatively affect her grandchildren and her grandchildren's children, etc., leading to generations of emotional distance, defensive behaviors around expression of emotions, and denial. (There was an internment camp in Hawai'i. It was on Oahu and was called Honouliuli.)
- **Historical:** A personal or historical event or prolonged experience that continues to have an impact over several generations. (Example: the overthrow of the Hawaiian Kingdom) The damage to those two dimensions may impact many generations but are linked to a significant historical event.

The influence of culture on Trauma

Children have a right to know and be connected to their family history, traditions, and culture. Children who are separated from their culture can increase the severity of trauma symptoms. Caregivers may have

their own background and values that may impact the understanding of a youth's trauma. Different cultural backgrounds, ethnicities, national-origins, spiritual beliefs, traditions/language, and history of oppression can impact trauma expression. Cultural norms such as not discussing emotions or feelings that could also exacerbate trauma, which could potentially cause worse outcomes.

When assessing a youth's trauma history, caregivers should always consider potential cultural factors that could change how the youth will communicate and respond to trauma. Strong cultural and familial connections can strengthen and build resiliency in the youth when faced with trauma. Creating connections with service providers and social workers can also help in being culturally competent. A healing focused approach depends on respect, identifying strengths and solutions, and sharing values and communication.

Video: ReMoved
(12 min. and 55 sec.)

DISCUSSION QUESTIONS:

- What were Zoey's traumas?
- What were Zoey's behaviors in response to her trauma?
- How do adults unknowingly contribute to Zoey's ongoing trauma?

Adverse Childhood Experiences

What are adverse childhood experiences (ACES)?

They are potentially traumatic experiences that occur in childhood which studies have shown to be linked to health problems, mental illness, and substance in adulthood. Along with traumatic experiences there are other aspects of the child's household environment that affects a child's sense of safety, stability, and bonding. This may include substance abuse, mental health issues, health problems, and parental separation (divorce, incarceration, and deceased).

Types of ACES

Abuse

- Physical
- Psychological/Emotional
- Sexual

Neglect

- Physical
- Emotional

Household Dynamics

- Mental Illness
- Substance Use
- Divorce
- Incarcerated Relatives
- Intimate Partner Violence

Video: We Can Prevent ACES

(4 min. and 33 sec.)

DISCUSSION QUESTIONS:

- Give one example on how you can prevent your kids from ACES

References

Animated “Sex Trafficking: What is it?” video retrieved from [Sex Trafficking: What is it? - YouTube](#)

Animated “We Can Prevent ACEs” video retrieved on June 19, 2020 from [We Can Prevent ACEs - YouTube](#)

Hawaii Revised Statutes. Chapter 350 Child Abuse. Retrieved on June 21, 2020, from https://www.capitol.hawaii.gov/hrscurrent/Vol07_Ch0346-0398/HRS0350/HRS_0350-.htm

National Child Traumatic Stress Network. (n.d.). *Trauma types*. Retrieved August 26, 2020, from <https://www.nctsn.org/what-is-child-trauma/trauma-types/intimate-partner-violence>

ReMoved video retrieved from [ReMoved - YouTube](#)

Trafficking Victims Assistance Program Hawaii. Identify. Retrieved on June 23, 2020, from <https://tvaphawaii.org/>