Keeping Our Children Safe

Christine Griffin

WA Hands & Voices

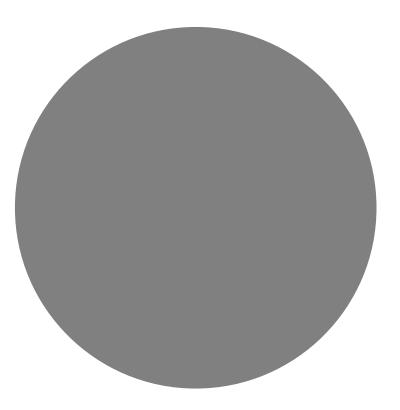
Kris Ching

Center for Childhood Deafness and Hearing Loss

May 2, 2019 Tacoma, WA

What does success look like for your child or Our Children?

 This session will provide base level information with resources and practical action steps on how we, as families and professionals can work together to promote self-advocacy skills, theory of mind, and safety strategies for our children.



Purpose

Increased focus on:

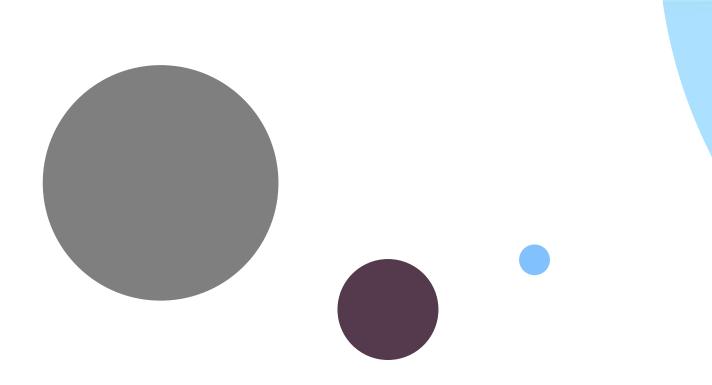
- Solutions oriented
- Observing
- Understanding
- Reporting
- Prevention

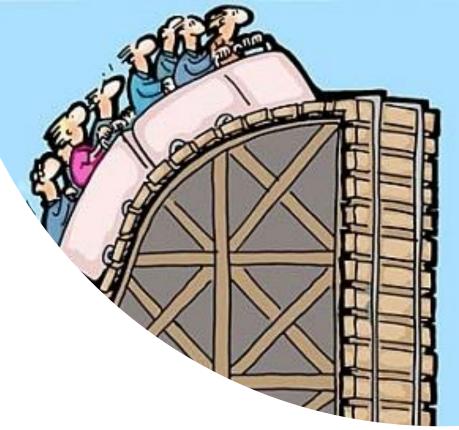
- Scary Statistics
- Helplessness
- Guilt
- -"Other people's kids"
- -Only experts can share information

Outcomes



LEARN HOW A CHILD'S COMMUNICATION SKILLS AFFECT THEIR ABILITY TO BE SAFE. LEARN HOW TO INCORPORATE A SAFETY STATEMENT INTO AN IFSP OR IEP. KNOW HOW TO ACCESS RESOURCES FOR PARENTS AND SCHOOL STAFF ON HOW TO TALK TO KIDS ABOUT MALTREATMENT.





Buckle Your Seatbelts

As we look at Maltreatment

What is Maltreatment?

- Neglect
- Emotional Abuse
- Physical Abuse
- Sexual Abuse

How does this relate to childhood deafness?

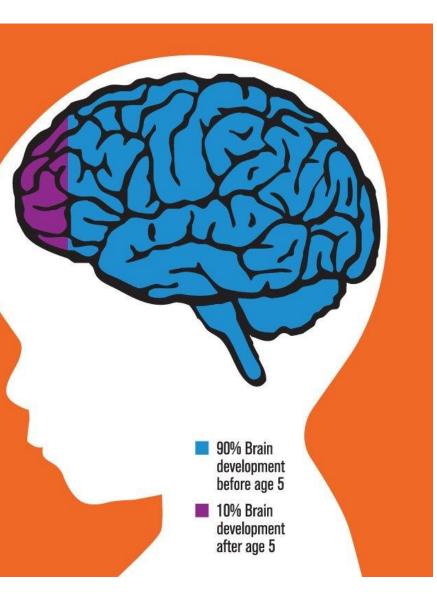


"Fear kills learning." Dr. Bruce Perry



BUU of a child's brain development happens before age 5

Source: Harvard Center for the Developing Child

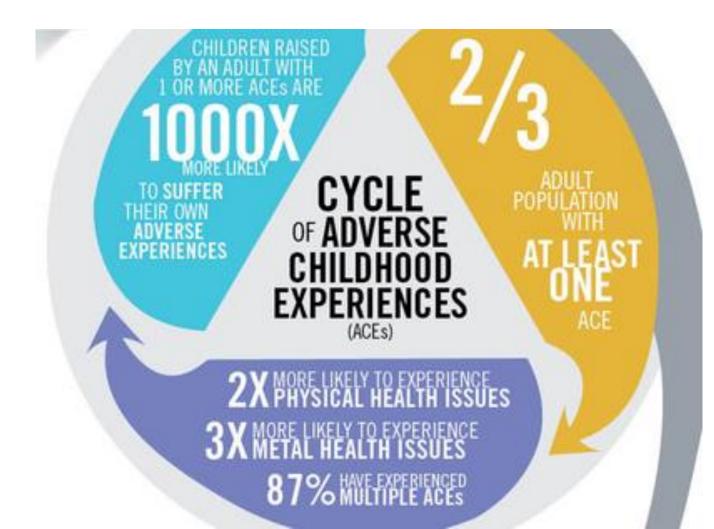


What are Adverse Childhood Experiences (ACEs)?

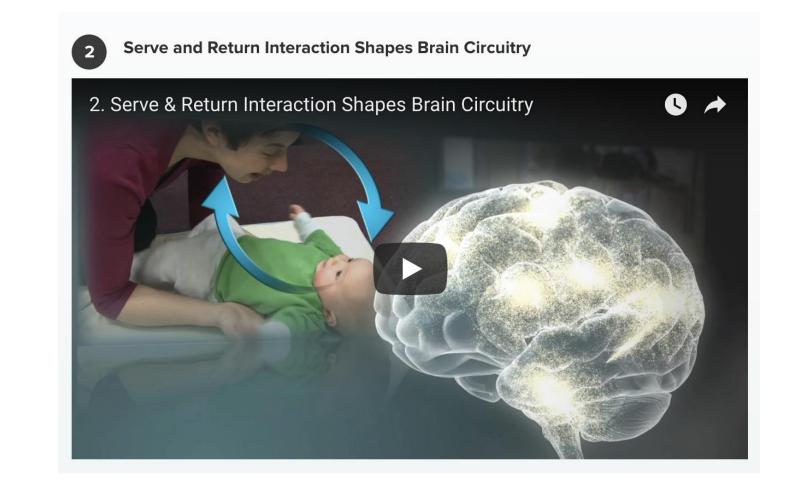
- Children with disabilities are...
 - "among the most vulnerable members of society" (UNICEF, 2013)
 - three times more likely to experience maltreatment than their nondisabled peers. (Sullivan and Knutson, 2000)

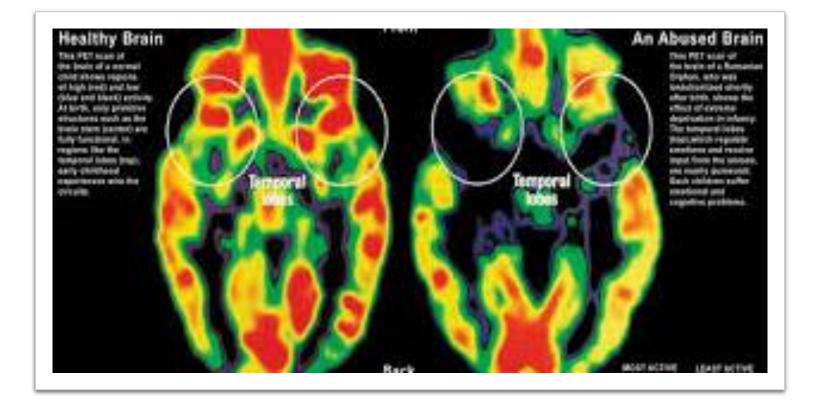


Not "What's the matter with you?" But ask instead, "What happened to you?"



Courtesy of the Center for the Developing Child, Harvard University

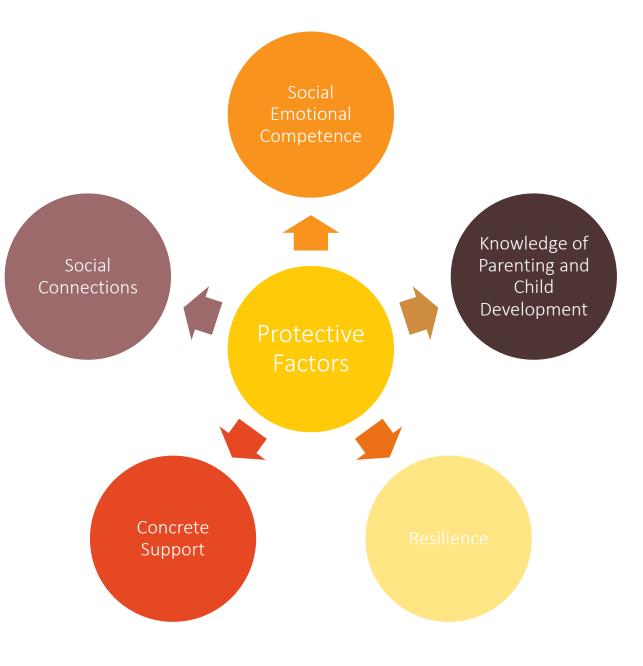




Brains can change; brains can recover if treatment begins early

Identifying & Strengthening Protective Factors

What are Protective factors?



Social Connection Parents with a social network or emotionally supporting friends, family and neighbors often find that it is easier to care for their children and themselves.



Children's early experiences of being nurtured and developing a positive relationship with caring adults affects all aspects of behavior and development.

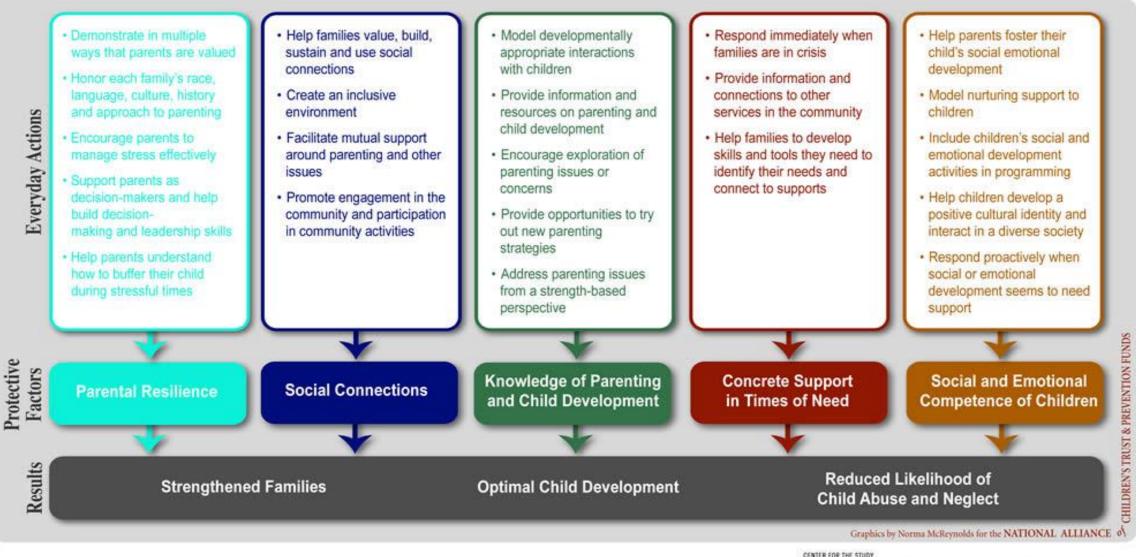
Concrete Supports Families who can meet their own basic needs for food, clothing housing, and transportation – and who know how to access essential services such as healthcare, childcare, and mental health services. Knowledge of Parenting & Development Children thrive when parents provide not only affection, but also respectful communication and listening, consistent routines, rules, expectations and safe opportunities.



Parents who can cope with the stresses of everyday life as well as an occasional crisis, have resilience; they have the flexibility and inner strength necessary to bounce back when things are not going well.

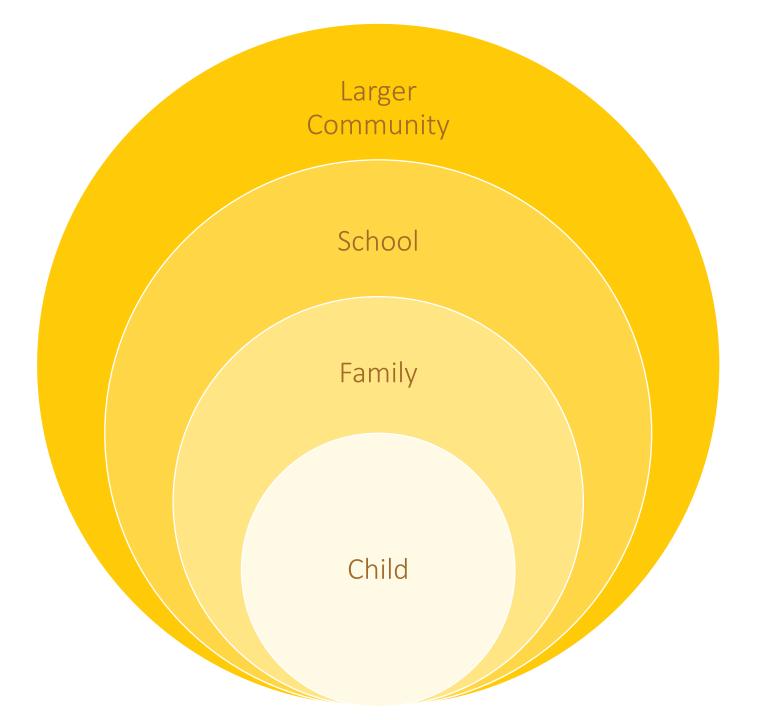
The Pathway to Improved Outcomes for Children and Families

Everyday Actions That Help Build Protective Factors

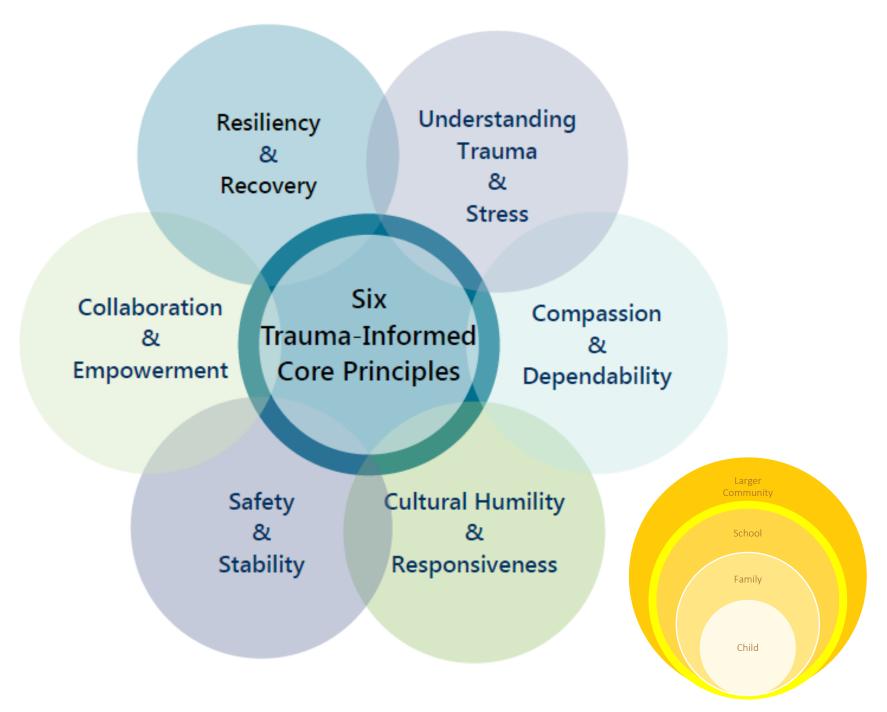


Strengthening families

Partnerships That Matter







Theory Of Mind

Definition

Theory of Mind involves understanding another person's knowledge, beliefs, emotions, and intentions and using that understanding to navigate social situations. **Infant mental health** refers to how well a child develops socially and emotionally from birth to three.

https://www.psychologytoday.com/us/blog/socioemotional-success/201707/theory-mind-understanding-others-in-social-world

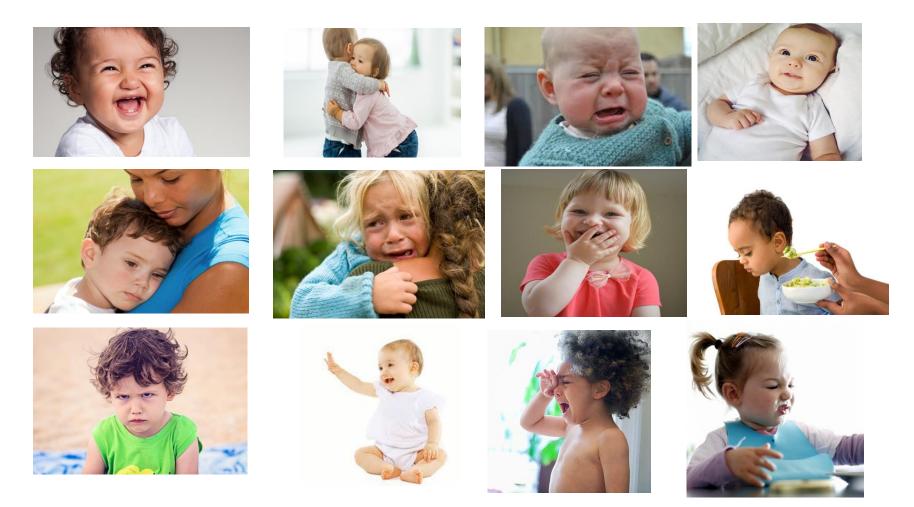
How does this relate to a child's communication and language skills development

- Language
- Communication
- Social skills
- Emotional development
- Cognition



Safety Communication Skills

Living with infants/toddlers is a life full of joy AND drama! The kids are:



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And then there are the unknowns, the ones that you have to guess at the meaning or cause... Children's safety is enhanced when they have the language to express how they feel.

The CDC Milestone Tracker identifies the typical emotional and language development of children

Your Baby at 9 Months

Child's Name

e

Child's Age Today's Date

How your child plays, learns, speaks, acts, and moves offers important clues about your child's development. Developmental milestones are things most children can do by a certain age.

Check the milestones your child has reached by the end of 9 months. Take this with you and talk with your child's doctor at every visit about the milestones your child has reached and what to expect next.

What Most Babies Do at this Age:

Social/Emotional

May be afraid of strangers
 May be clingy with familiar adults
 Has favorite toys

Language/Communication

 Understands "no"
 Makes a lot of different sounds like "mamamama" and "bababababa"
 Copies sounds and gestures of others
 Uses fingers to point at things

Cognitive (learning. thinking. problem-solving)

- Watches the path of something as it falls
- Looks for things he sees you hide
- Plays peek-a-boo
 Puts things in her mouth
- Puts things in her mouth
 Moves things smoothly from one hand to the other
- Picks up things like cereal o's between thumb and index finger

Movement/Physical Development

Stands, holding on
 Can get into sitting position

Act Early by Talking to Your Child's Doctor if Your Child:

- Doesn't bear weight on legs with support
- Doesn't sit with help
- Doesn't babble ("mama", "baba", "dada")
- Doesn't play any games involving back-and-forth play
- Doesn't respond to own name
- Doesn't seem to recognize familiar people
- Doesn't look where you point
- Doesn't transfer toys from one hand to the other

Tell your child's doctor or nurse if you notice any of these signs of possible developmental delay for this age, and talk with someone in your community who is familiar with services for young children in your area, such as your state's public early intervention program. For more information, go to www.cdc.gov/concerned or call 1-800-CDC-INFO (1-800-232-4636).

The American Academy of Pediatrics recommends that children be screened for general development at the 9-month visit. Ask your child's doctor about your child's developmental screening.

Adapted from CARING FOR YOUR BABY AND YOUNG CHILD: BIRTH TO AGE 5, Fifth Edition, edited by Steven Shelov and Tanya Remer Altmann © 1991, 1993, 1998, 2004, 2009 by the American Academic of Pediatrics and BROHT FUTURES: CURDELINES FOR HEALTH SUPERVISION OF INFORMTS.



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- To assist your child's acquisition to the vocabulary of emotions you simply need to "name," or describe, the emotions that...
- 1. ...you observe your child expressing; &
- 2. ... use the same vocabulary to describe your own emotions.

Once your child begins to communicates what you consider to be a "good enough" approximation (i.e., baby talk) of the emotions vocabulary, you reinforce your child's approximation by once again modeling the vocabulary and responding to their needs.



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This responsiveness supports your child's gradual use of increasingly "adult like" use of emotional vocabulary.

• Your child's ability to effectively communicate how they feel enhances their safety by giving them the ability to tell you how they feel after an experience.

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search

If your child can not communicate how they feel, you can not know if they are safe.

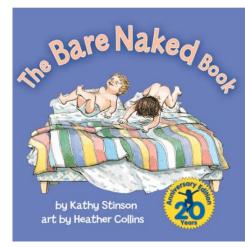
If you do not know your child is safe, you cannot prevent, or respond, to the maltreatment of your child.





Your child's safety is also enhanced when they are able to communicate the names of their basic body parts, e.g., eye, finger, belly, etc.

Day to day activities provide you with ample opportunities to name parts of your child's body as you care for their needs and play with them.







• Use the same strategies for teaching your child the names of their body parts as you did for teaching them emotions vocabulary.

Reading to and looking at books with your child is a GREAT way to engage them on this topic.





If your child can not name, or point to, the part of their body that hurts, then your ability to understand why they are upset is hindered.

If you do not know why they are upset, your ability to comfort them and to protect them from further harm is diminished.

- The reality is that many children with disabilities are expected to be compliant, i.e., to do what they are told, often without a good understanding of what they are doing.
- This compliance makes them particularly vulnerable to maltreatment.
- As a result, it is critical that they learn how and when they can say "No" and what to do if that right is not respected.



Emotions in Infancy and Toddlerhood

Relaxed Interest Disgust Distress Joy

1 Month Old

4-8 Months Old Sadness Anger Shame Pleasure Surprise Shyness





18 Months Old Embarrassment Contempt Guilt Pride Empathy

Incorporating Safety into our Daily Routines

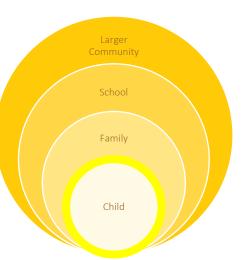
Hands & Voices O.UR Children's Safety Project

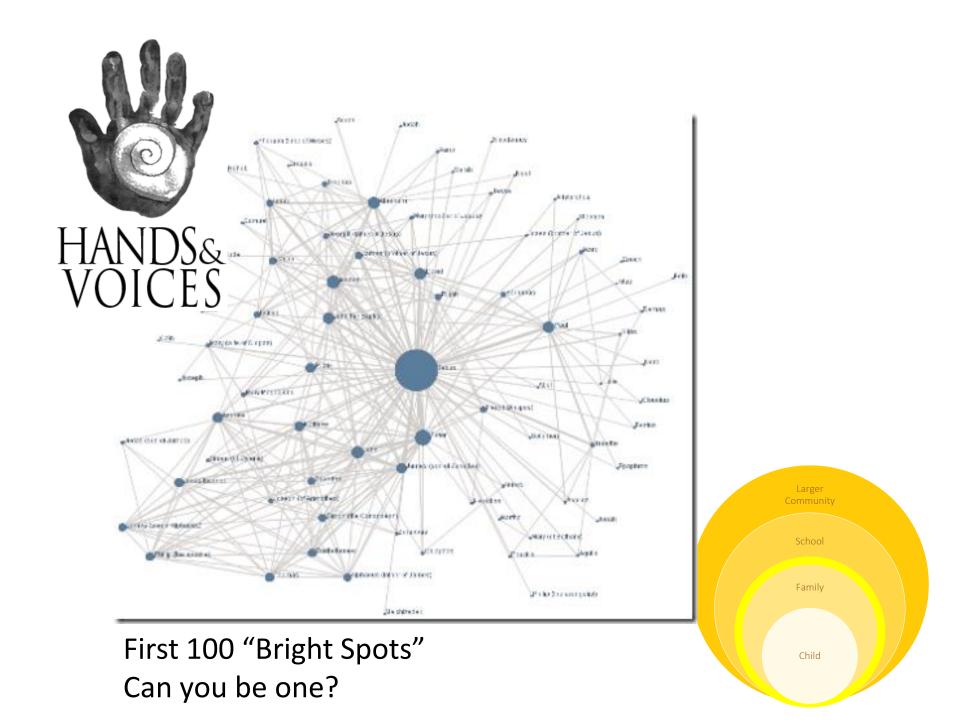
Monthly teleconference call with a community of learners
Story Quilt Project
Regular presence at conferences /exhibits/newspaper
Safety Letter signed by many organizations – actions adopted
Handouts for every new family with an identified child in Colorado

And....









Silence is NOT an Option

Function Outcomes and Goals

IFSP

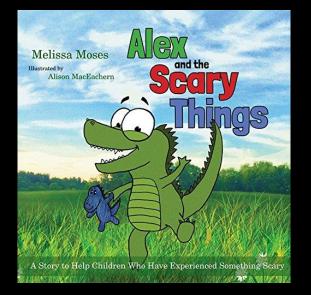
 Functional outcomes include family or child behaviors or skills that support <u>engagement</u>, participation, and interactions in everyday activities and routines. ...Functional family outcomes help families improve: Their enjoyment of daily activities and routines.

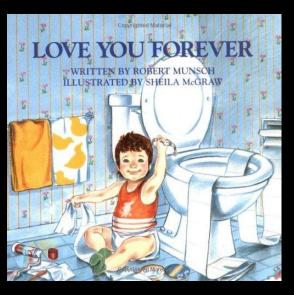
IEP

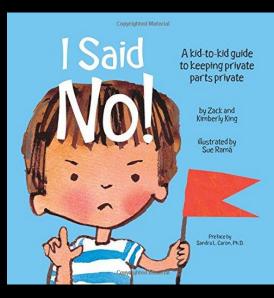
- The goal describes the child's involvement in age-appropriate activities to address 'academic and functional' areas. ... The goal is achievable in one year and specific timelines are noted.
- The IEP includes what the child is doing now and includes the family's input and concerns.

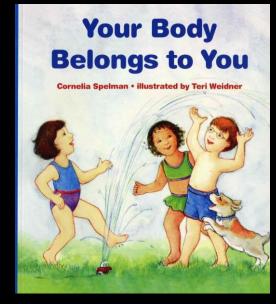
Activity

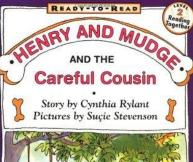
Access Resources











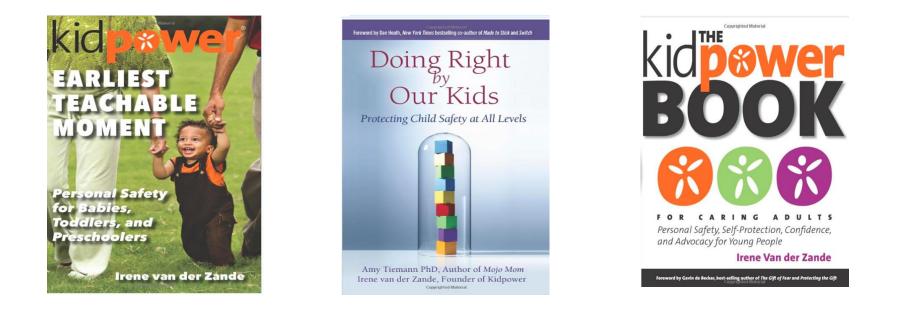


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Protective Factors for Older Kids

Irene van der Zande/Kidpower Founder and Executive Director at <u>Kidpower, Full</u> <u>Power, Teen Power International</u> has written extensively on how to enhance the safety of both children and adults, including those with disabilities.



The right to say "No" represents a key element of Irene's work.

Permission to Return to Joy!



Charlotte: No no no 34,994,487 views

115K ∰I 4.3K → SHARE =+ ...

Resources

- Child Abuse & Neglect Community of Learners for Children with Disabilities: research, presentations, Bright Spots, Research concerning the incidence, impact, and prevention of child abuse and neglect as experienced by children with disabilities, Silence is not an Option documents
- http://deafed.net/Knowledge/PageText.asp?hdnPageId=228
- Hands & Voices O.U.R. Children's Safety Project
- <u>http://www.handsandvoices.org/resources/OUR/index.htm</u>
- Centers for Disease Control and Prevention: ACE Study, Child Abuse and Neglect <u>https://www.cdc.gov/violenceprevention/acestudy/</u>
- Recognizing Child Abuse & Neglect: Signs & Symptoms <u>http://www.childwelfare.gov/pubs/factsheets/signs.cfm</u>

More Resources

- <u>www.kidpower.org</u>: People-safety skills training and information for children and adults, parents and educators, including centers in France, Germany, The Netherlands, Sweden and the United Kingdom, among other international locations.
- TED talk: Dr. Nadine Burke Harris: Pediatrician who now advocates for routine screening for ACES. This is a powerful introduction to ACE study.
- https://www.youtube.com/watch?v=95ovIJ3dsNk
- American Academy of Pediatrics Early Brain and Child Development: Videos, presentations, and handouts for parents in the birth-three period
- <u>https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/EBCD/Pages/Prevention-and-Intervention.aspx</u>
- <u>https://www.zerotothree.org/resources/339-the-past-is-present-the-impact-of-your-childhood-experiences-on-how-you-parent-today</u>