

# The O.U.R. Children Project: Advocating for IFSP and IEP Documents to Include Safety Objectives

September 21, 2014

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Hands & Voices National Leadership Conference

Savannah , GA

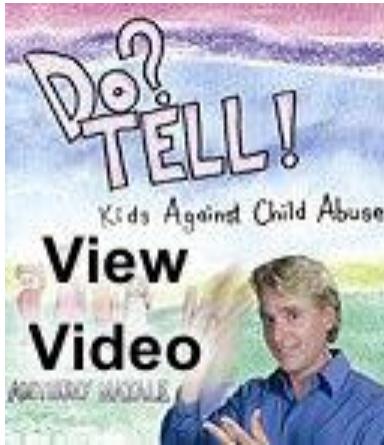
# Buttons...

- ▶ Please take one button to represent each member of your immediate family, including yourself.
- ▶ Place the buttons so that you can easily see them during the presentation.
- ▶ These buttons will “come into play” at the end of the presentation.



# Where did we start?

2009–2010: Awareness & Understanding



Collin Ray - 11th Commandment

2011–2012: Engagement & Dissemination



A screenshot of the HANDS &amp; VOICES website. The website has a blue header with the logo and the tagline "What Works for your Child is what makes the Choice right". The main content area is white with a blue border. The text on the page reads: "Observe, Understand &amp; Respond: the O.U.R. Children's Safety Project". Below this, there is a paragraph: "We don't like to think about it, but our kids who are deaf or hard of hearing are at a higher risk for both abuse and neglect. Like any children, they are at risk. As children who might not always be able to communicate easily and fluently, or understand the nuances of conversation with neighbors, caregivers, or strangers, they are at an even higher risk of being victims of someone, somewhere...". Below this, there is another paragraph: "If we can stop that cycle with even one child, one family... our efforts are more than worthwhile." At the bottom, there is a section titled "Hands &amp; Voices is working closely with researcher Harold Johnson, formerly at Michigan State University, to understand the scope of this problem, partner with supporting agencies (who often need to learn more about deafness), and teach ourselves how best to Observe, Understand, and Respond to our children. To keep them safe. To keep them free to grow up in the innocence of childhood." There is also a link: "Our Network Expanded! Click for more info!"

Johnson -  
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# How have we progressed?

2013–2014: Advocacy & Implementation



HANDS &  
VOICES™

**“Silence is NOT an Option:  
A Parent Driven Plan to Keep Our Children Safe at Home and at School”**

# What have we accomplished thus far?

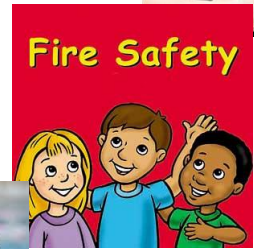
- ▶ Hands & Voices has:
  - Established itself as the organization leading the effort to prevent the maltreatment of children with disabilities.
  - Secured the support of the Council for Exceptional Children, Interdivisional Council to support the inclusion of safety objectives into IFSP/IEP documents.
  - Supported families as they enhance the safety of their children, while also providing information and support to families of children that have experienced maltreatment.



# What are we now focusing upon?

- ▶ Recognizing, reporting and responding to the maltreatment of our children is not enough, we must also work to prevent the maltreatment.
- ▶ Surprisingly, our focus upon prevention is not shared by society as evidenced by the following...

- ▶ Society recognizes the risk of:
  - riding in a car, so we use safety precautions;
  - fire, so we teach kids how to be safe; &
  - drowning, so we teach kids how to swim.



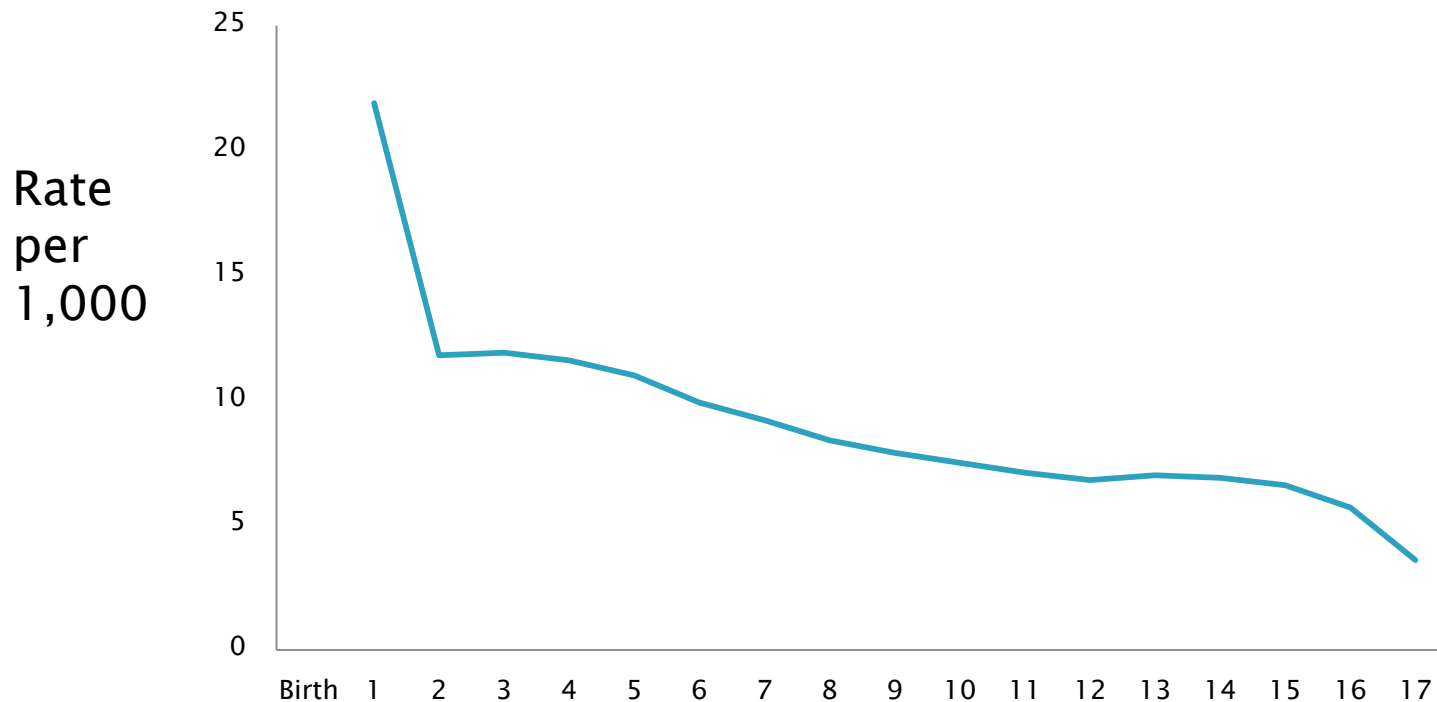
- ▶ Society does not recognize the risk of child maltreatment, as evidenced by the fact that educators are taught to report, not how to prevent maltreatment.
- ▶ We must change this lack of recognition for the safety and success of our children!



# Some facts to guide our work

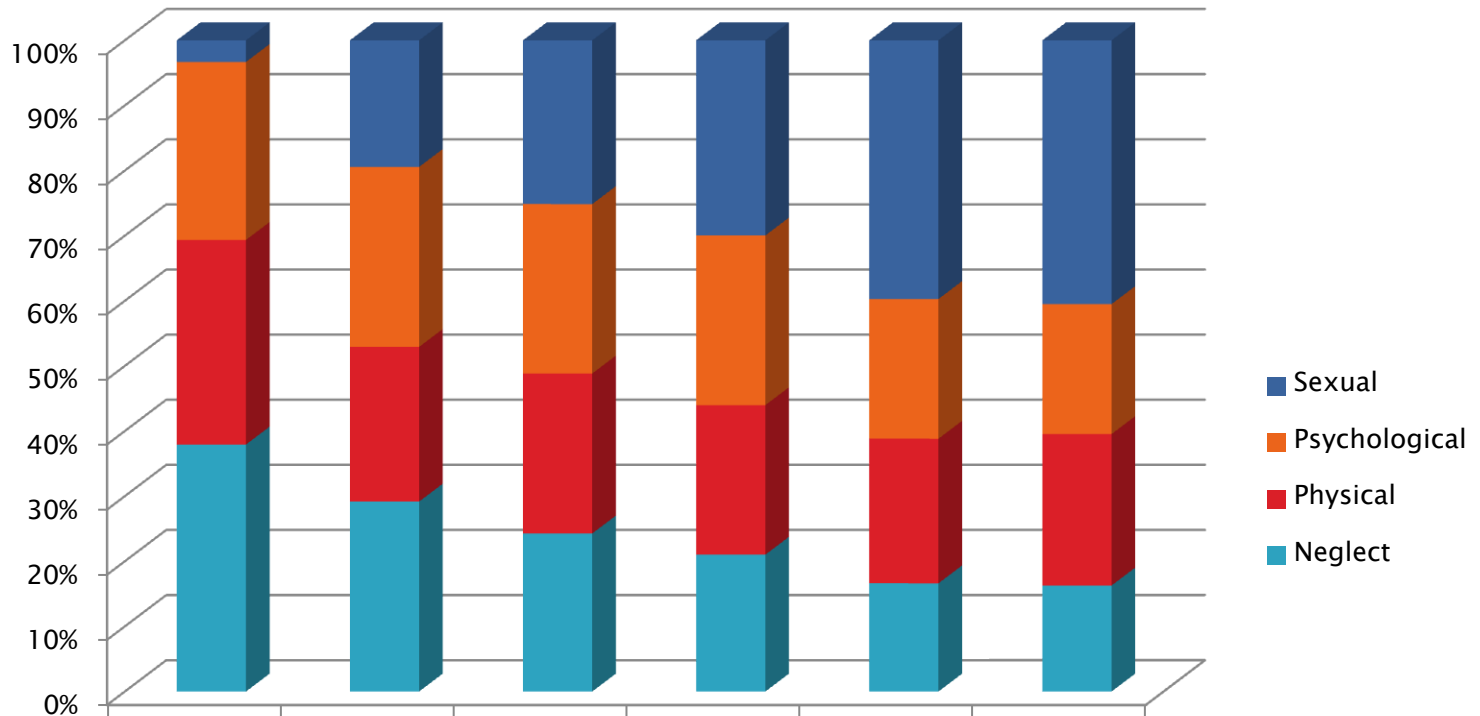
Child Maltreatment 2012: U.S. Dept. of Health & Human Services  
– Administration for Children & Families – Administration on  
Children, Youth and Families – Children’s Bureau

Exhibit 3–D Victims by Age, 2012



# Exhibit 3–E Selected Maltreatment Types of Victims by Age, 2012

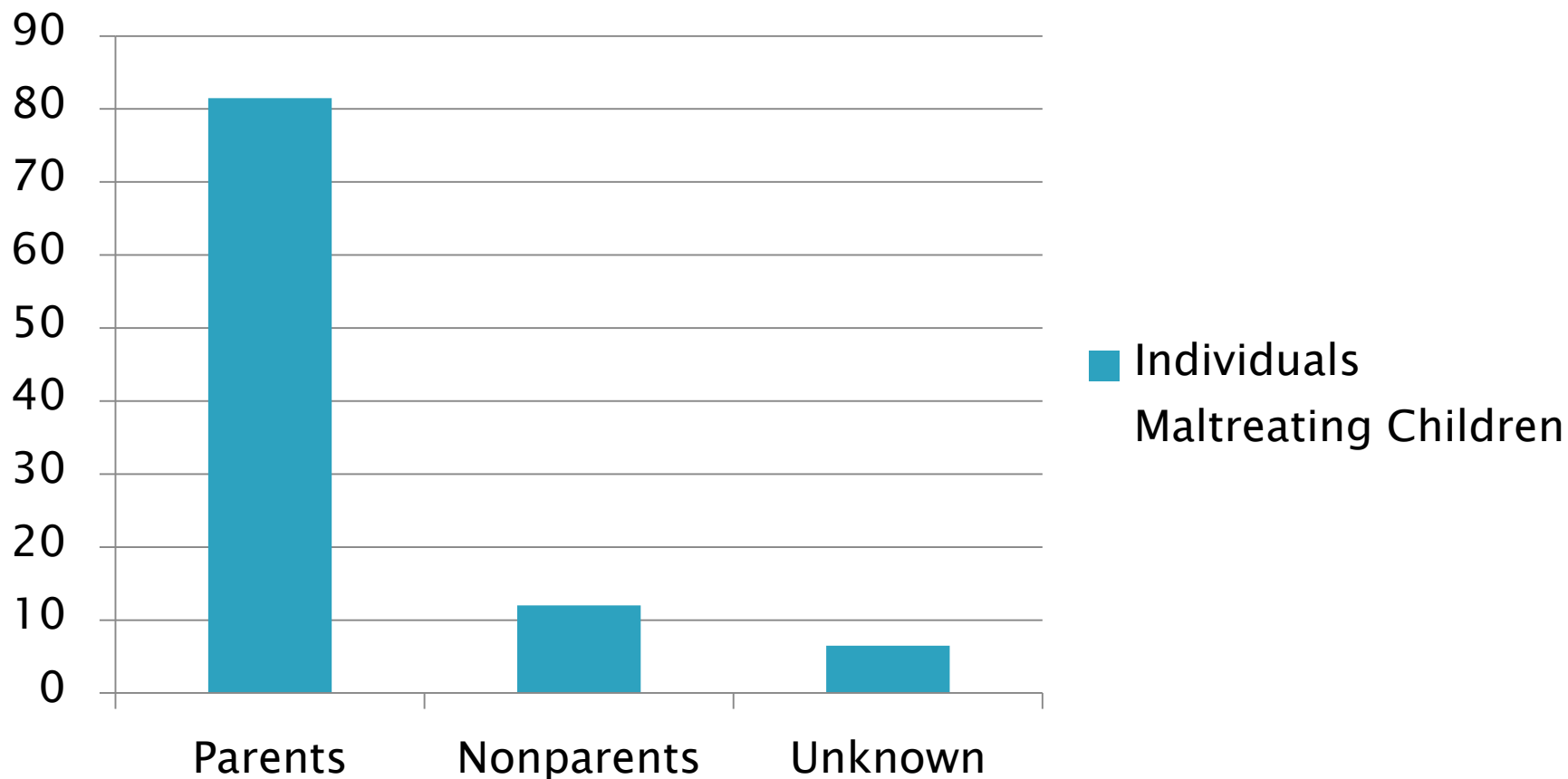
## Types of Maltreatment by Age



	0–2 yrs	3–5 yrs	6–8 yrs	9–11 yrs	12–14 yrs	15–17 yrs
■ Sexual	2.6	14	17.2	18.4	26.3	20.9
■ Psychological	21.4	19.9	17.8	16	14.2	10.3
■ Physical	24.6	17.1	16.8	14.1	14.7	12
■ Neglect	29.7	21	16.6	12.9	11	8.4

Table 3-13: Victims by Perpetrator Relationships, 2012

## Individuals Maltreating Children



# Summary:

- ▶ The younger the child, the greater their vulnerability to maltreatment.
- ▶ The type of maltreatment experienced by children changes over time, i.e., incidence of:
  - Neglect, physical and psychological maltreatment decreases with age; vs.
  - sexual abuse increases with age.
- ▶ Children are MUCH more likely to be maltreated by their parents than any other group of individuals.

# Implications:

- ▶ We should concentrate our prevention efforts on the youngest children, i.e., ages birth through 8 years.
- ▶ Our efforts should focus prevention of:
  - Neglect,
    - Physical Abuse,
    - Psychological Abuse
    - Sexual Abuse
- ▶ Our efforts should be focused upon parents.

# Prevention Strategies

## ▶ Early Intervention & Hands & Voices Guide By Your Side

◦ Before:



◦ After:



- ▶ Six Factors that Promote Well Being
  - Nurturing & Attachment
  - Knowledge of Parenting & Child Development
  - Parental Resilience
  - Social Connections
  - Concrete Support for Parents
  - Social and Emotional Competence of Children
  
- ▶ Addressing these six factors within the educational programming of students enhances both their safety and success.

# What will success look like with parents of very young children?

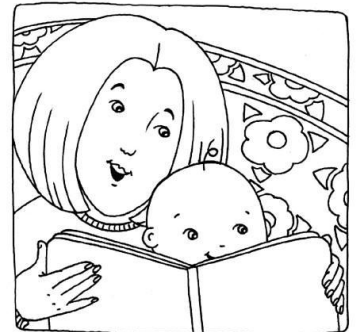
- ▶ The parent enjoys interacting with her child.
- ▶ The parent is a sensitive observer of her child, reads his behavioral cues accurately, and is responsive to them.
- ▶ The parent engages in a quality of interaction with her child that is mutually satisfying and that provides opportunity for the development of attachment.



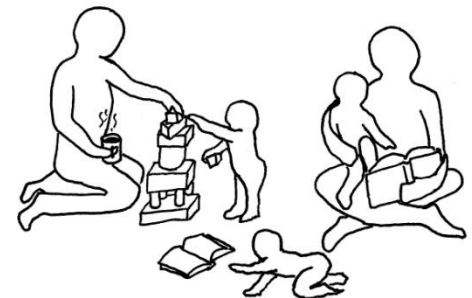


- ▶ The parent demonstrates an awareness of materials, activities, and experiences suitable for her child's current stage of development.
- ▶ The parent initiates new play activities and experiences based on principles that she has internalized from her own experiences, or on the same principles as activities suggested to or modeled for her.
- ▶ The parent independently generates a wide range of developmentally appropriate activities and experiences, interesting to the child, in familiar and new situations, and at new levels of the child's development.

Bromwich, R. (1981). Working with parents and infants: An interactional approach. University Park Press: Baltimore, MD.



- ▶ The parent uses an array of successful coping strategies to deal with the day to day stresses of being a parent.
- ▶ The parent as an effective support network of family and friends to share information with and receive help form.
- ▶ The parent has the necessary resources to provide the essential needs of the family.



- ▶ How could such parental knowledge and skills be incorporated into an IFSP?
  - Nurturing & Attachment
    - e.g., The parents will be able to observe, understand and responds to the child's behavior, emotional needs and communication requests.
  - Knowledge of Parenting & Child Development
    - e.g., The parents will be able to encourage the child's positive behavior through praise and modeling.
  - Parental Resilience
    - e.g., The will be able to identify everyday stressors, problem solving skills and the impact of stress on parenting.

## ▶ IFSP obj. cont.

### ◦ Social Connections

- e.g., The parent has the social skills and capacity to make and keep friends.

### ◦ Concrete Support for Parents

- e.g., The parent demonstrates the desire and capacity to receive new services, including completing applications, keeping appointments, and committing to the solution process.

### ◦ Social and Emotional Competence of Children

- e.g., The parent provides a safe and stable home and family environment that supports healthy social and emotional development.

- ▶ How can Hand & Voices GBYS incorporate this info into their parent interactions?
  - Have an informal observation and conversation with the parent about...
    - 1) observing, understanding & responding to their child;
    - 2) what to expect from the child as s/he matures;
    - 3) how to deal with the stresses of being a parent;
    - 4) the family social network; &
    - 5) any immediate family needs.



[Six Protective Factors that Promote Well Being](#)



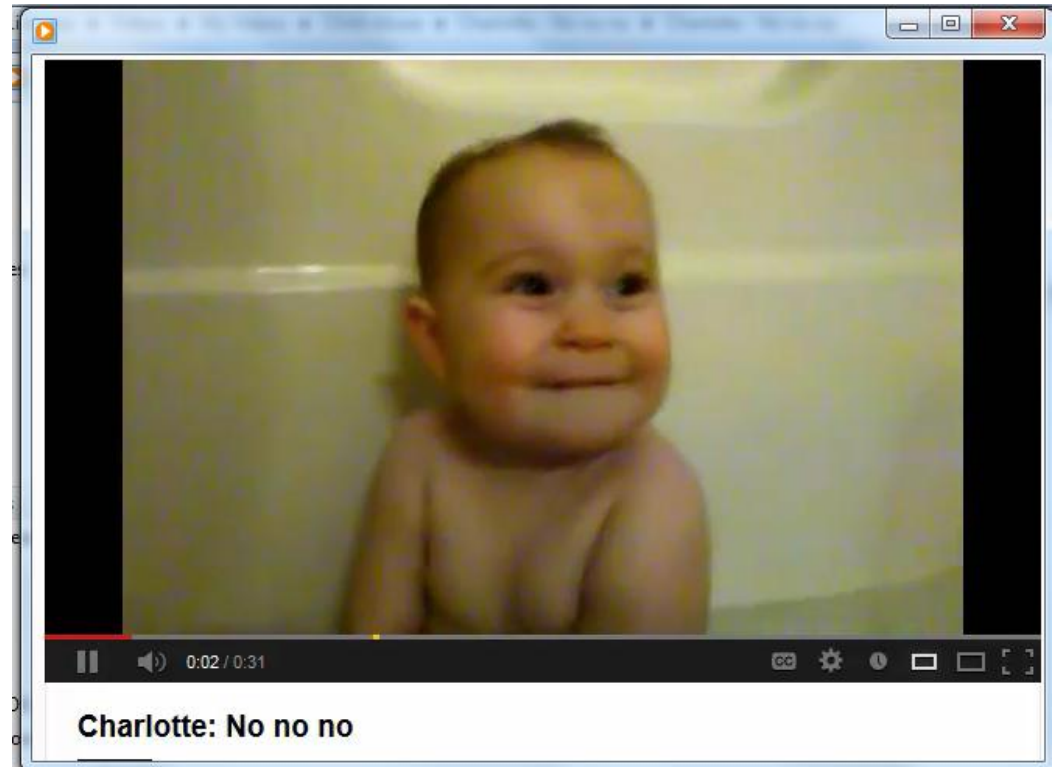
[Web Link](#)

▶ During our conversations GBYS should also discuss with the parent...

- 1) what are safe and unsafe situations for their child;
- 2) the critical need for parents to speak out concerning a safety concern;
- 3) their child's need to learn when, how and why they can say "NO!" & set social boundaries, e.g., who they want to hug or kiss



YouTube videos: [7 Kidpower Strategies for Keeping You Child Safe](#)



[Web Link](#)

▶ Conversations with parents of older child also need to know their child's need for...

- 1) knowledge re. places on their body that are private vs. public;
- 2) language to tell how they are feeling and if anyone has: a) scared: b) hurt; or c) told them to keep a **secrete** from other adults;
- 3) a “safety plan,” **with practice**, on what to, in specific places, if they become separated from the adult they are with; and
- 4) age appropriate friends.



[Web Link](#)



[Kidpower: Personal Safety for Preschool](#)

# How could such information be incorporated into children's IEPs?

- The student with \_\_\_% accuracy, in \_\_\_\_ context, will be able to...
  - **Self Advocacy:** Right to say “NO”
    - ...demonstrated (via acting, drawing, and/or describing) three situations in which they have now the right to refuse, i.e., say “NO,” and three situations in which they do not now have the right to say “NO.”
  - **Language:**
    - **Vocabulary:** parts of body, emotions, experiences (who – (what – when – where), maltreatment, secret, etc.
    - **Communication:** how to persist in getting an adult's attention concerning a matter of safety, who to tell if they are scared, hurt, concerned, etc.
    - **Health:** private vs. public parts of body & behavior, puberty & sexuality, appropriate online & dating behavior, etc.



# It is time for the buttons!

- ▶ Please pick up the buttons you placed in front of you at the onset of this presentations.
- ▶ Each of these buttons represents a member of your immediate family.
- ▶ Individuals who you love with your whole heart and would do just about anything to enable them to be safe, happy and successful.

- ▶ Please turn to the person next to you and tell them the names of the individuals the buttons represent.



# I have a challenge for you...

- ▶ During the course of the next year, I challenge you to do one of the following for each of the buttons in your hand:
  - Watch the “[7 Kidpower Strategies for Keeping Your Child Safe](#)” YouTube videos.
  - Read the “[Silence is NOT an Option](#)” documents.
  - Discuss the information in this presentation with a family member, or friend.

- Ask that a safety statement be incorporated into your child’s IFSP, IEP, or 504 document. (see Appendix “D” for more suggestions)
- Ask your H&V President if your chapter has completed the “Chapter Checklist” (see Appendix “B”)
- If you suspect that a child is being maltreated, call the ChildHelp Hotline



[Web Link](#)

- ▶ Volunteer to work on an “O.U.R. Project “safety and success” quilt.
- ▶ Examples of quilts from the “Future Child Advocates of America”



**QUILTING CHILDREN'S VOICES**  
 WHAT WOULD MAKE LIFE BETTER FOR YOU  
 IN YOUR FUTURE?  
 WHAT CAN WE DO TO MAKE IT HAPPEN?  
**Future Child Advocates of TC Conference**  
**April 25, 2014**



**UNIVERSITY:** Teachers College, Columbia University  
**LOCATION:** Manhattan, New York  
**QUILT FACILITATOR:** Future Child Advocates of TC (FCA-TC)  
<http://fcatc.weebly.com/>  
**QUILTER:** Lea Williams  
 (FCA-TC Leadership & Quilter - 3<sup>rd</sup> person - Pictured Above)

- ▶ Quilt (cont.)



Dr. Holly Hoffman &  
Student: Central  
Michigan University

- ▶ Please see me following this presentation or email me at [hjohnson4deafed@gmail.com](mailto:hjohnson4deafed@gmail.com) if you would like to be part of this quilting project. The resulting quilts will be used within the O.U.R. Children Project to increase awareness and understanding

# A word of thanks to the individuals who contributed to this presentation

- ▶ Candace Lindow Davies/Hands & Voices
- ▶ Janet Desgeorges/Hands & Voices
- ▶ Holly Hoffman/Central Michigan State Univ.
- ▶ Sara Kennedy/Hands & Voices
- ▶ Lisa Kovacs/Hands & Voices
- ▶ Debbie Lively/DCDD & Saginaw Valley State Univ.
- ▶ Christine Pawelski/Teachers College – CU
- ▶ Suzanne Raschke/DCDD & MI Dept. of Ed.
- ▶ Elizabeth Seeliger/Hands & Voices
- ▶ Irene van der Zande/Kidpower

Thank you for this opportunity  
to involve you in our effort to  
enhance the safety and success  
of our children.

Together we CAN make a  
difference!





# Appendix

- ▶ A: Six Protective Factors
- ▶ B: Chapter Checklist
- ▶ C: Indicators of Maltreatment
- ▶ D: List of Suggested IFSP, IEP, and 504 Plan Safety Objectives

# Appendix A: Six Protective Factors

# Nurturing & Attachment

- ▶ How the parent observes and attends to the child specific play or stimulation behaviors
- ▶ How the parent responds to the child's behavior, emotional needs
- ▶ How the parent demonstrates affection, models caring behavior, and recognizes child's accomplishments
- ▶ How the parent provides a safe and stable home and family environment

# Knowledge of Parenting & Child Development

- ▶ The parent's view of his/her child's strengths and their role as a parent.
- ▶ How the parent observes, interprets and responds to the child's behavior.
- ▶ How the parent encourages positive behavior through praise and modeling.
- ▶ Whether the parent can identify alternative solutions for addressing behaviors.
- ▶ Community, cultural, and ethnic expectations and practices about parenting.
- ▶ How the parent understands the child's development.
- ▶ Any parental concern that the child's behavior appears to be outside the normal range.

# Parental Resilience

- ▶ What the parent identifies as his or her coping strengths and resilience.
- ▶ What the parent identifies as everyday stressors, problem solving skills and the impact of stress on parenting.
- ▶ How the parent communicates with his, or her, spouse or partner.
- ▶ What are the parents short term supports, e.g., respite care, help with a new baby, help during an illness.
- ▶ What is the parent's ability to set and work toward personal goals.

# Social Connections

- ▶ The parent's current social support system, including family, friends, and membership in any formal groups.
- ▶ The parent's social skills and capacity to make and keep friends.
- ▶ The parent's desire for new friends and social connections.
- ▶ Needs that might be met with better social connections, for instance: respite care; a sympathetic listener; a role model; etc.

# Concrete Support for Parents

- ▶ The parent's view of their most immediate need.
- ▶ Steps the parent has taken to deal with the problem.
- ▶ Ways the family handles other problems.
- ▶ Current connections that might offer help for new problems.
- ▶ Other services and supports that would help the family.
- ▶ The parent's desire and capacity to receive new services, including completing applications, keeping appointments, and committing to the solution process.

# Social and Emotional Competence of Children

- ▶ How the parent provides a safe and stable home and family environment that supports healthy social and emotional development.
- ▶ Whether the parent identifies any delays in social and emotional development and where the parent might seek help for any concerns.
- ▶ How the parent responds to emotional needs.



# Appendix B: Hands & Voices Chapter Checklist for the “O.U.R. Children Project



## Chapter Checklist for Safety and Success for OUR Children

Congratulations on agreeing to take these important steps in assisting parents of D/hh children in your region to learn and teach safety knowledge and skills to their children. We firmly believe that parents, children, and professionals can learn simple techniques to learn key components of safety skills when dealing with other people, but it takes a concerted focus on developmental learning and practice. That effort starts now in these manageable steps.

- ▶ 1. Designate two members to serve as the OUR Project team: Board, staff, or committed volunteer members of the chapter.
- ▶ 2. Connect with Janet@handsandvoices.org to join the monthly teleconference call for your ongoing support and inspiration. Generally these occur on the second Monday of the month at 10 am EST through a conference call. D/HH members can call in through videorelay or captioning services.
- ▶ 3. Plan a board or staff meeting to share background information on the OUR Project. Harold Johnson is available for Oovoo or SKYPE calls to support this effort. Irene van der Zande at Kidpower can also arrange trainings. At a minimum, share and discuss the most recent three presentations for background information. <http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/Presentations>
- ▶ 4. Prepare further by watching this short video about how and when to bring up the topic of safety at a meeting: <http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/Bright+Spot+-+Janet+DesGeorges>
- ▶ and Read this guide outlining how to respond to potential disclosures of maltreatment at a meeting. If you are prepared, it will go more smoothly. Gennie Stults – Disclosures of Child Abuse.pdf from the National Exchange Club Foundation.

- ▶ 5. Give each other permission and space to be reluctant, sad, angry, overwhelmed, disgusted as needed. ... Then give yourselves further permission for joy. You can out of the topic and on to other work, recreation, and recharging. Seek balance.
- ▶ 6. Discuss the Safety Attachment form as a team to become familiar with each item. (“7 Kidpower Strategies For Keeping Your Child Safe”) You’ll note that the goals relate to all areas of achievement; this document goes beyond maltreatment.
- ▶ 7. Share the Safety Attachment with new families and families in transition to new schools, or those with existing concerns about building social skills, bullying, neglect or abuse. Model its use.
- ▶ 8. Ask parents to report back on discussions and outcomes of using the document at their school meetings via an email message to Janet DesGeorges ([Janet@handsandvoices.org](mailto:Janet@handsandvoices.org)) or Harold Johnson ([hjohnson4deafed@gmail.com](mailto:hjohnson4deafed@gmail.com)).
- ▶ 9. Continue to ask “what can we do by next Tuesday?” or at least prior to the next conference call to further this work. The old proverb is...”How do you eat an elephant? One bite at a time.”

# Appendix C: Indicators of Maltreatment

- ▶ **\*Neglect: [7 per 1,000][63%]**
  - Neglect is frequently defined as the failure of a parent or other person with responsibility for the child to provide needed food, clothing, shelter, medical care, or supervision such that the child's health, safety, and well-being are threatened with harm.



- ▶ **\*Statistics for nondisabled children**

- ▶ **\*Neglect:**
  - Child indicators
    - Is frequently absent from school
    - Beggars or steals food or money
    - Lacks needed medical or dental care, immunizations, or glasses
    - Is consistently dirty and has severe body odor
    - Lacks sufficient clothing for the weather
    - Abuses alcohol or other drugs
    - States that there is no one at home to provide care

## \*Recognizing Child Abuse & Neglect: Signs & Symptoms

## ▶ Neglect (cont.)

### ◦ Parent indicators

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs



- ▶ **\*Physical Abuse: [2 per 1,000][17%]**
  - Physical abuse is generally defined as "any non-accidental physical injury to the child" and can include striking, kicking, burning, or biting the child, or any action that results in a physical impairment of the child.





## ▶ Physical Abuse:

### ◦ Child Indicators

- Has unexplained burns, bites, bruises, broken bones, or black eyes
- Has fading bruises or other marks noticeable after an absence from school
- Seems frightened of the parents and protests or cries when it is time to go home
- Shrinks at the approach of adults
- Reports injury by a parent or another adult caregiver



## ▶ Physical Abuse: (cont)

### ◦ Parent Indicators

- Offers conflicting, unconvincing, or no explanation for the child's injury
- Describes the child as "evil," or in some other very negative way
- Uses harsh physical discipline with the child
- Has a history of abuse as a child

- ▶ **\*Sexual Abuse/Exploitation: [1 per 1,000][9%]**
  - "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



## ▶ Sexual Abuse:

### ◦ Child Indicators:

- Has difficulty walking or sitting
- Suddenly refuses to change for gym or to participate in physical activities
- Reports nightmares or bedwetting
- Experiences a sudden change in appetite
- Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, particularly if under age 14
- Runs away
- Reports sexual abuse by a parent or another adult caregiver

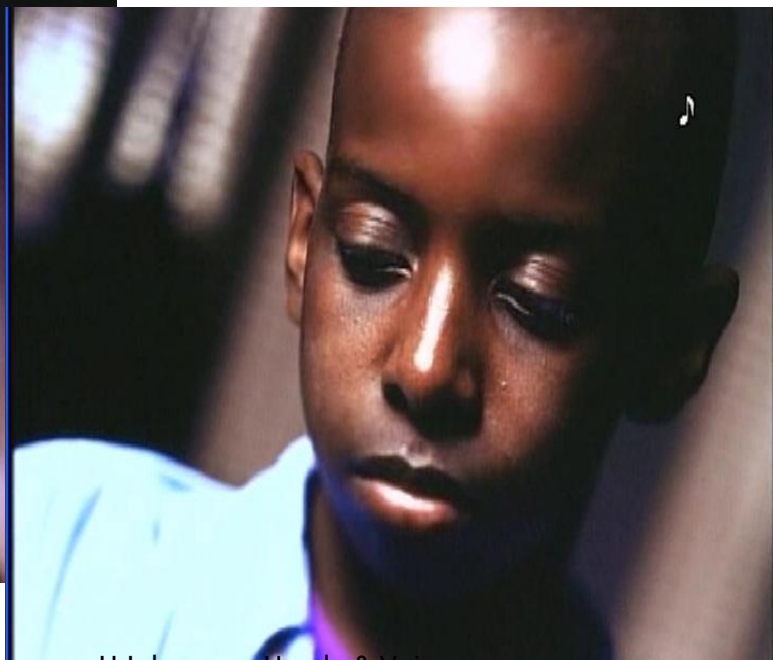
## ▶ Sexual Abuse: (cont.)

### ◦ Parent Indicators:

- Is unduly protective of the child or severely limits the child's contact with other children, especially of the opposite sex
- Is secretive and isolated
- Is jealous or controlling with family members



- ▶ Emotional Abuse: [1 per 1,000][7%]
  - "injury to the psychological capacity or emotional stability of the child as evidenced by an observable or substantial change in behavior, emotional response, or cognition," or as evidenced by "anxiety, depression, withdrawal, or aggressive behavior."



## ▶ Emotional Abuse:

### ◦ Child Indicators:

- Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression
- Is either inappropriately adult (parenting other children, for example) or inappropriately infantile (frequently rocking or head-banging, for example)
- Is delayed in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

## ▶ Emotional Abuse (cont.)

### ◦ Parent Indicators:

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers of help for the child's problems
- Overtly rejects the child





# Appendix D

## List of Suggested IFSP, IEP, and 504 Plan Safety Objectives

## ▶ Web Based Documents: O.U.R. Children Project

### ◦ Hands & Voices:

- A Parent Driven Plan to Keep Our children Safe at Home and at School
- IFSE, IEP, 504 Plan Safety attachment

### ◦ KidPower:

- Personal Safety Issues and Development
  - Early Intervention: Birth to Three Years
  - Preschool: Three to Five Years
  - Elementary: Five to Eleven Years
  - Middle School: Eleven to Fourteen Years
  - High School & Transition: Fourteen to Twenty-Two Years

## ▶ Web Based Resources:

### ◦ [Hands & Voices O.U.R. Children Project](#)

#### • Sample:

- [Child Abuse and Neglect: Helping Parents Talk to Children](#)
- [Child Abuse and Neglect: Resources for Parents](#)
- [OUR Children's Safety and Success Project: One Parent's Story – Hiding in the Dark...](#)

### ◦ [Kidpower, Teenpower, Full Power International](#)

#### • Sample:

- [Choosing Safe People to Care for Your Children](#)
- [Kidpower Answers for Parents of Small Children](#)
- [Teaching “People Safety” to Toddlers and Preschoolers](#)

- ▶ Possible safety statements:
  - Parent training on child development/understanding of their own child's personal development including understanding their child's assessments indicating need for language to understand safe environments/relationships and communicate when something is unsafe/unhealthy.
  - Child's need for training/education around labeling body parts, emotional language, social interactions and self-advocacy.
  - Parent training around resources available, specific to child empowerment/safety and/or parent support resources.

- ▶ Possible safety statements (cont.)
  - regularly checking in with a child to assure them that no topic is off limits, even before they can have "conversations,"
- ▶ · understanding the importance of a strong emotional connection between parents and child,
- ▶ · parents demonstrate skills in asking for background checks and safety policies for childcare and other personnel, and changing circumstances with adult caregivers with whom they feel or their child feels uncomfortable,
- ▶ · taking the time to really know a child's caregivers, including making impromptu visits while a child is in someone else's care,
- ▶ · Parents can describe physical and emotional signs of maltreatment in a very young child.
- ▶ · understand how a child's hearing loss may contribute to maltreatment without targeted support for the family regarding nurturing, modeling the ability to set boundaries with others from a young age, (whether known or a stranger to the child), early self-advocacy skills, and proactive communication skills.
- ▶ · a child will give clear nonverbal, signed or spoken "no" "don't" and "stop" to uncomfortable interaction through role play and real life activities followed by appropriate parent response to that "no." including an explanation when interaction is necessary for health or safety of child. (e.g., medical visits, hygiene.) Parents positively reinforce skills with child.
- ▶ · Teaching feeling and thinking words to a young child and family, whether signed, spoken or both.
- ▶ · Teaching appropriate words for body parts and the concept of "private" to young children.
- ▶ · Parents can describe the concept of "grooming" and how a potential perpetrator might manipulate a child's feelings to keep secrets

- ▶ Possible safety statements (cont.)
  - **Knowledge and skills for parents.** Parent training on the importance of their role in protecting their kids and the need to take care of themselves in order to fulfill this role and of the impact of adverse childhood experiences on their child's future. Parental training on how to recognize unsafe behavior/situations and how to intervene appropriately to protect their kids. Parental training on child development/understanding of their own child's personal development including understanding their child's assessments indicating need for language to understand safe environments/relationships and communicate when something is unsafe/unhealthy.
  - ▶
  - **Knowledge and skills for children.** Training and education for children around what safety means, what is and is not safe, labeling body parts, emotional language, social interactions, and self-advocacy to take charge of their emotional and physical safety and well-being.
  - ▶
  - **Resources for parents.** Parent training around resources available specific to child empowerment and protection; development of children's personal safety knowledge, skills, and habits; and/or parent support resources for stress management, self-care, anger management, etc.

▶ Possible safety statements (cont.)

- Caregivers will be provided resources to enhance their understanding of typical development.
- Child assessments will be conducted quarterly to assist caregiver understanding of typical development.
- Community resources supporting positive caregiver/child relationships will be provided. Caregivers will be encouraged to connect with community agencies that support positive caregiver/child interactions.
- Caregivers will understand signs of maltreatment in young children.
- Caregivers will understand and be informed that "home visitors" are mandated reporters.
- Caregivers will encourage and expand a young child's language by using the following feeling words in embedded interventions: sad, happy, hurt, afraid, and scared. Caregivers could help generate a list of words to support feelings.
- Body parts could be included; however, when I checked the ASQ assessments, receptively body parts are not included until 27 months of age. I think naming body parts needs to be included early but as a way to enhance language...so caregivers could include this by playing with dolls, animals, etc. Playing with dolls could be very helpful later as a means for a child to express abuse.
- Once again, language to support children's ability to "tell" of abuse is critical...these words just need to be embedded into daily routines when possible.
- When looking for childcare, caregivers will be provided information regarding "Quality" child care and ways to ensure the backgrounds of the individuals who will care for their child or children do not have any record of substantiated child abuse and or neglect.