

Child Maltreatment:

Every Moment is an Opportunity for Repair

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Great Beginnings Program

- Comprehensive assessment and therapeutic interventions are provided to very young children (birth to 5 years) exposed to violence, abuse, neglect or other traumatic experiences.
- Also provides therapeutic services to families involved with Nurse Family Partnership (prenatal and post-partum) and Headstart



Objectives:

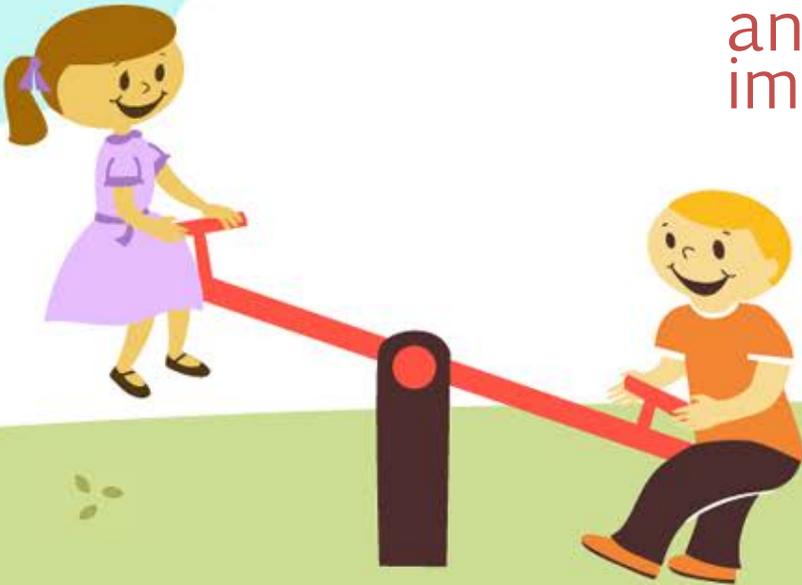
- Understand the definition, prevalence and impact of child maltreatment
- Identify various behaviors related to child maltreatment as it may present in an early childhood classroom
- Identify strategies that can be utilized in the classroom to decrease difficult behaviors related to child maltreatment



What is Child Maltreatment?

The Child Abuse Prevention and Treatment Act defines Child Maltreatment as: Any recent act or failure to act on the part of a parent or caretaker that results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.

<https://www.youtube.com/watch?v=slaK-ahCpII>



Child Maltreatment in the United States

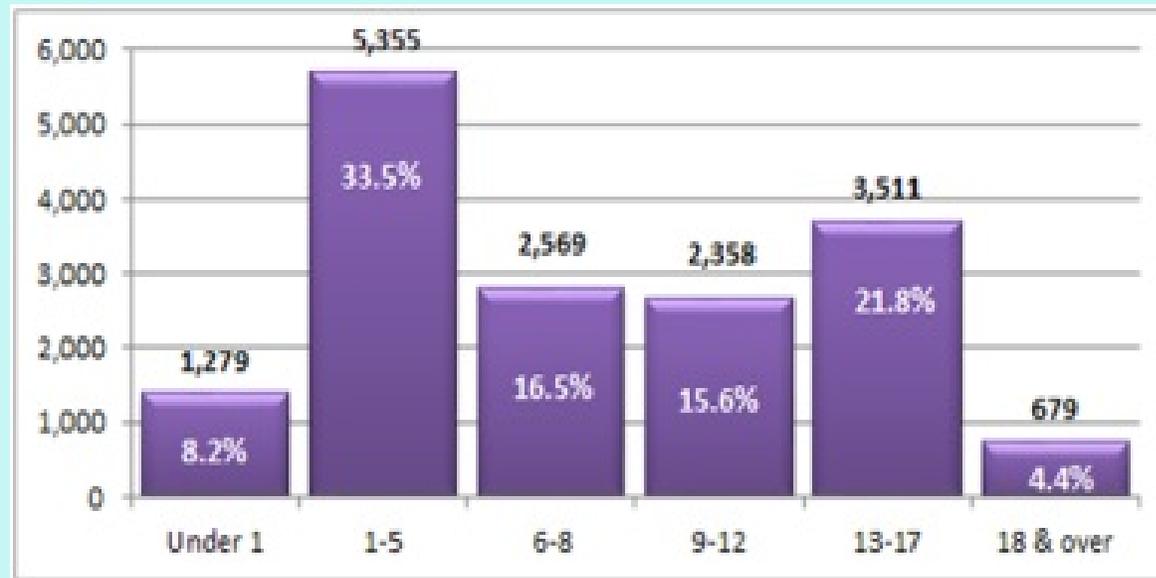
- According to the CDC Center for Injury Prevention and Control 686,000 children were found to be victims of child maltreatment in 2012.



Prevalence of Child Maltreatment in Arizona

April 1, 2014 - September 30, 2014

- Child Abuse Hotline received 25,076 calls that met the statutory criteria for a DCS report.
- Number of children in out-of-home care increased from 15,751 to 16,990.
- Majority of children in out-of-home care are from ages 1 to 5 years (33.5%).

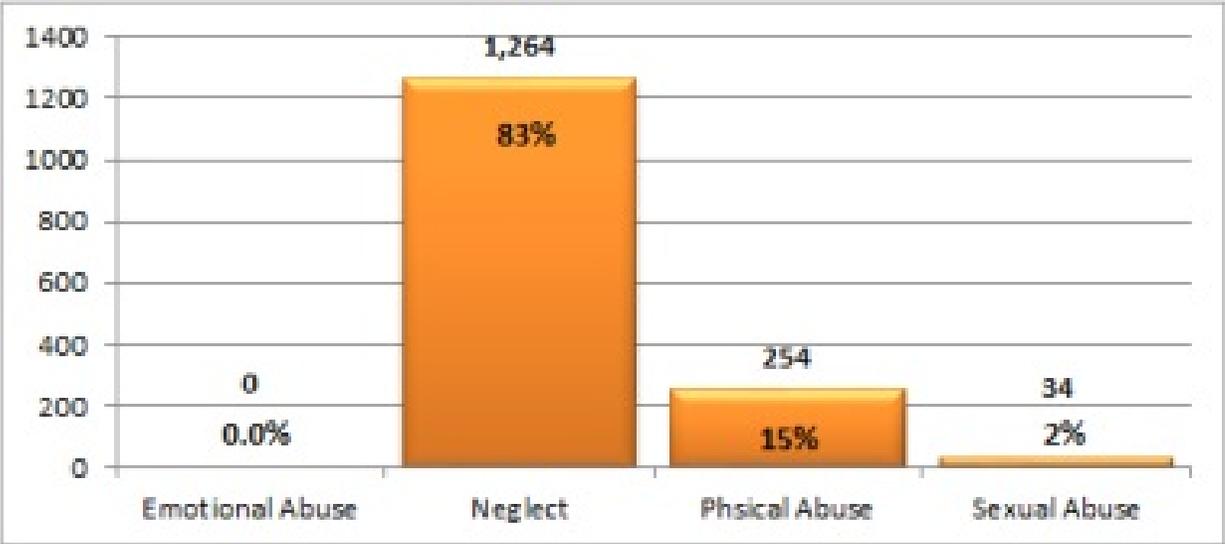


Arizona Department of Economic Security, "Child Welfare Reporting Requirements Semi-Annual Report for the Period of Apr. 1, 2014 through Sept. 30, 2014"

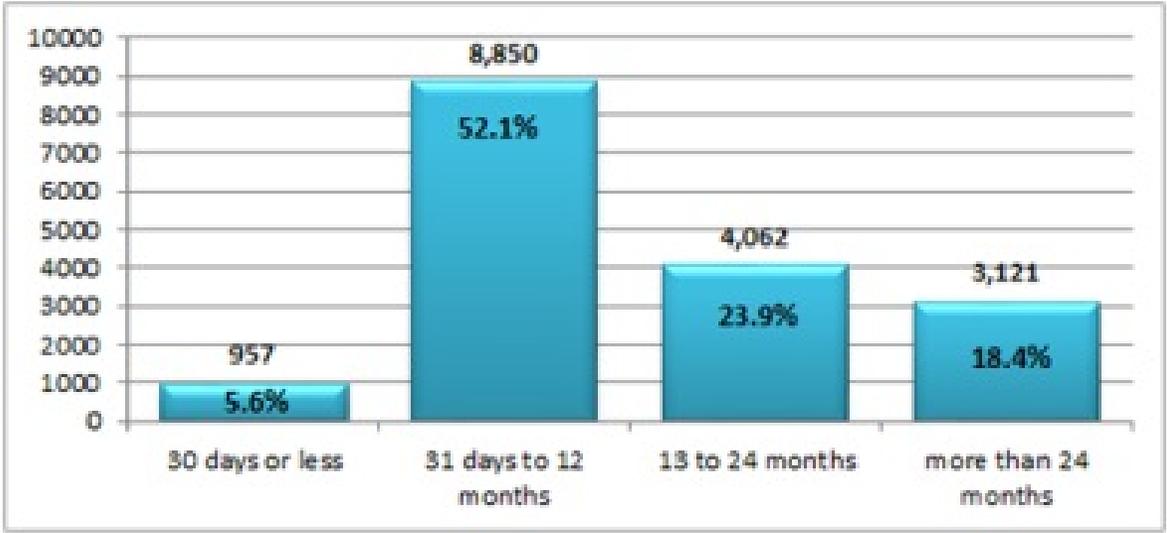


More on Child Maltreatment in Arizona

Types of Maltreatment



Length of Time in Out-of-Home Care



Arizona Department of Economic Security, "Child Welfare Reporting Requirements Semi-Annual Report for the Period of Apr. 1, 2014 through Sept. 30, 2014"



Impact of Child Maltreatment

- The everyday challenges children experience, *if* they have the coping skills to meet them, make children stronger and move them forward developmentally
- *But if* the challenges are too great or they exceed the child's capacity to cope
- **EMOTIONAL SURVIVAL** takes precedence over mastery of developmental tasks and they begin to show developmental delays and inappropriate coping strategies.

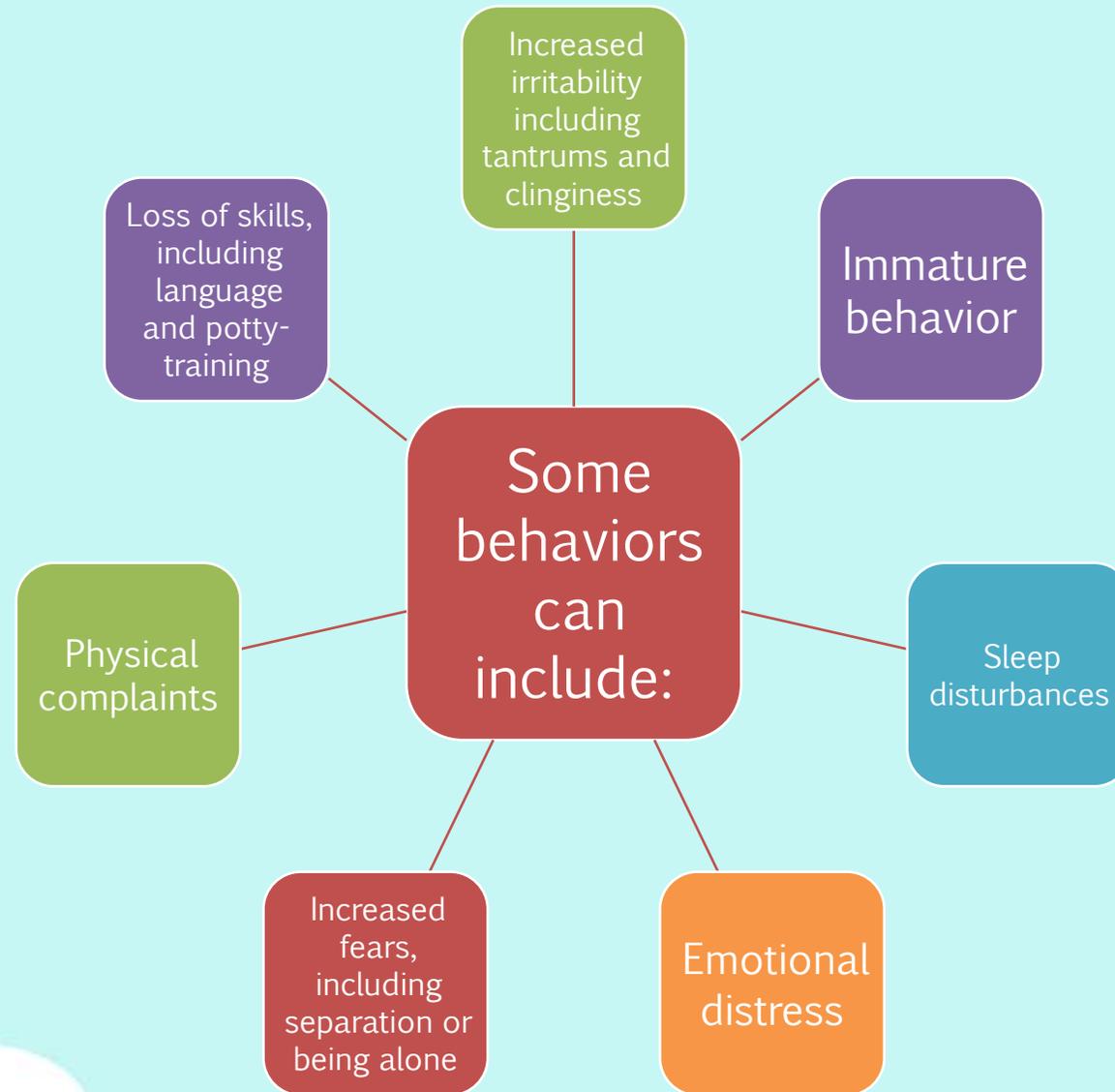


For many children, these challenges continue beyond removal...

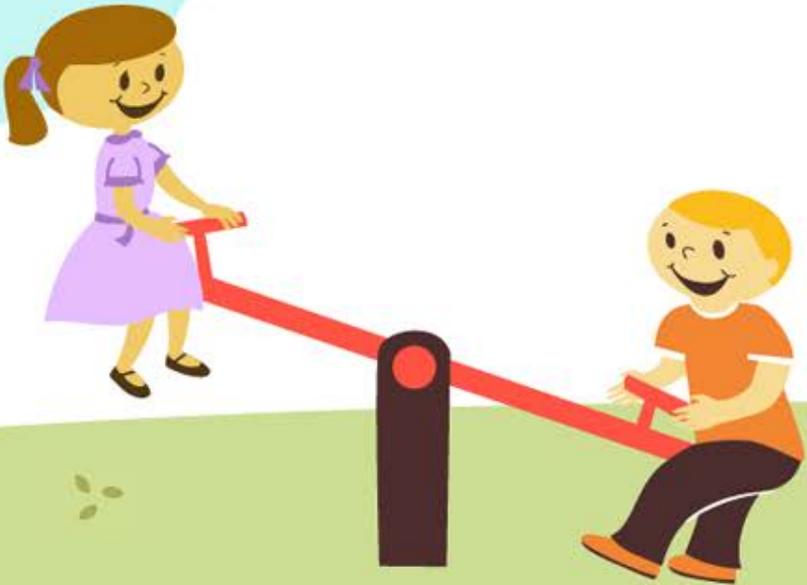
- Challenge of removal from the child's only attachment relationships
- Challenge of learning new ways of relating with caring adults
- Challenge entering childcare or preschool (navigating peer/social relationships)
- What are some other challenges children who have experienced maltreatment might experience?



What other behaviors have you noticed when working with children who have experienced maltreatment?



Little people with **BIG** feelings



So... how might
this look in your
early childhood
classroom?



<https://www.youtube.com/watch?v=8eCfnrGu5xo>





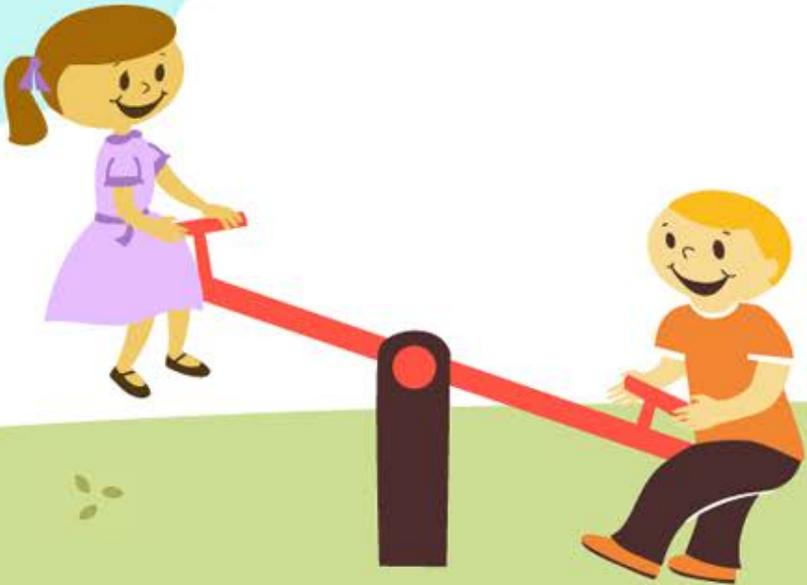
How do you feel when dealing with these types of behaviors?

How do you tend to respond on a good day?

How can you respond on a not-so-good day?



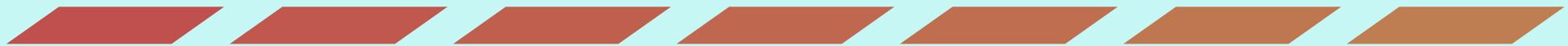
Common Problems related to Child Maltreatment



Need for Attention/Availability



Constant contact



Seeks Validation



Competes for Attention





Attention/Approval/Attunement

Attention

- Effective monitoring
- Demonstrating emotional availability to the child

Approval

- Demonstrate approval/acceptance of the child
- Demonstrate approval for positive behaviors

Attunement

- Awareness and responsiveness to the child's moods, needs, and interests,



Chelsea- Jack

Unstable Housing



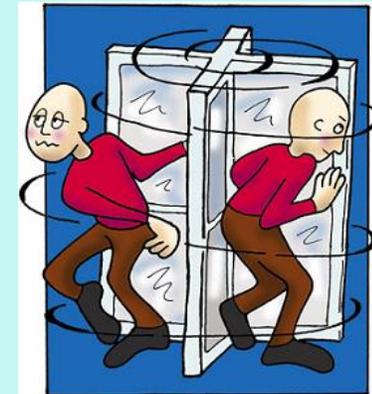
Multiple Transitions



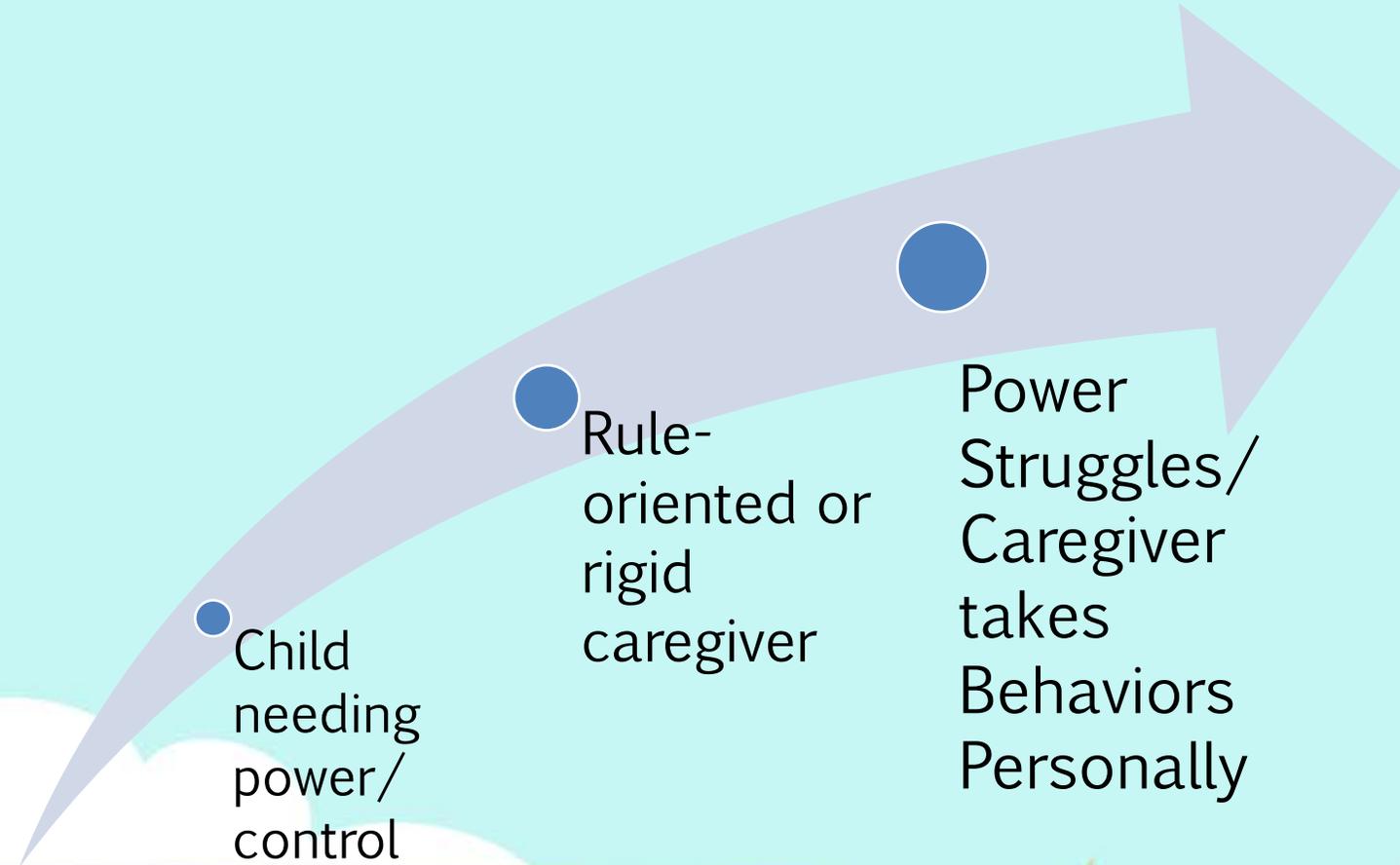
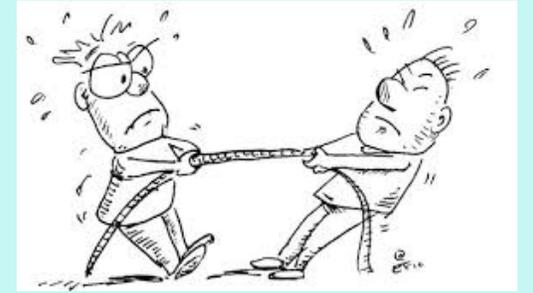
Exposure to Domestic Violence



Inconsistent Emotional Figures



Exaggerated Need for Power and Control



Child
needing
power/
control

Rule-
oriented or
rigid
caregiver

Power
Struggles/
Caregiver
takes
Behaviors
Personally



Power/Control- How to Help



- Be warm, soothing and respectful.
- Use what relaxes him.
- Begin slowly and gradually.
- Reflect on difficult behaviors when he is ready.

Establishing Trust and Security



- Firm limits with empathy and flexibility.
- Being understanding does not spoil children.
- Have child be a part of rules, rewards, and consequences; avoid surprises.

Setting Limits



- Help him develop awareness of his sensitivities and tolerance level
- Help him develop skills to prepare for challenging situations and develop a more appropriate response.
- Self-awareness!

Encouraging Self Awareness



Meet Alice



Multiple Transitions



Untreated Medical Issues

Exposure to Domestic Violence



Young/Immature Parents



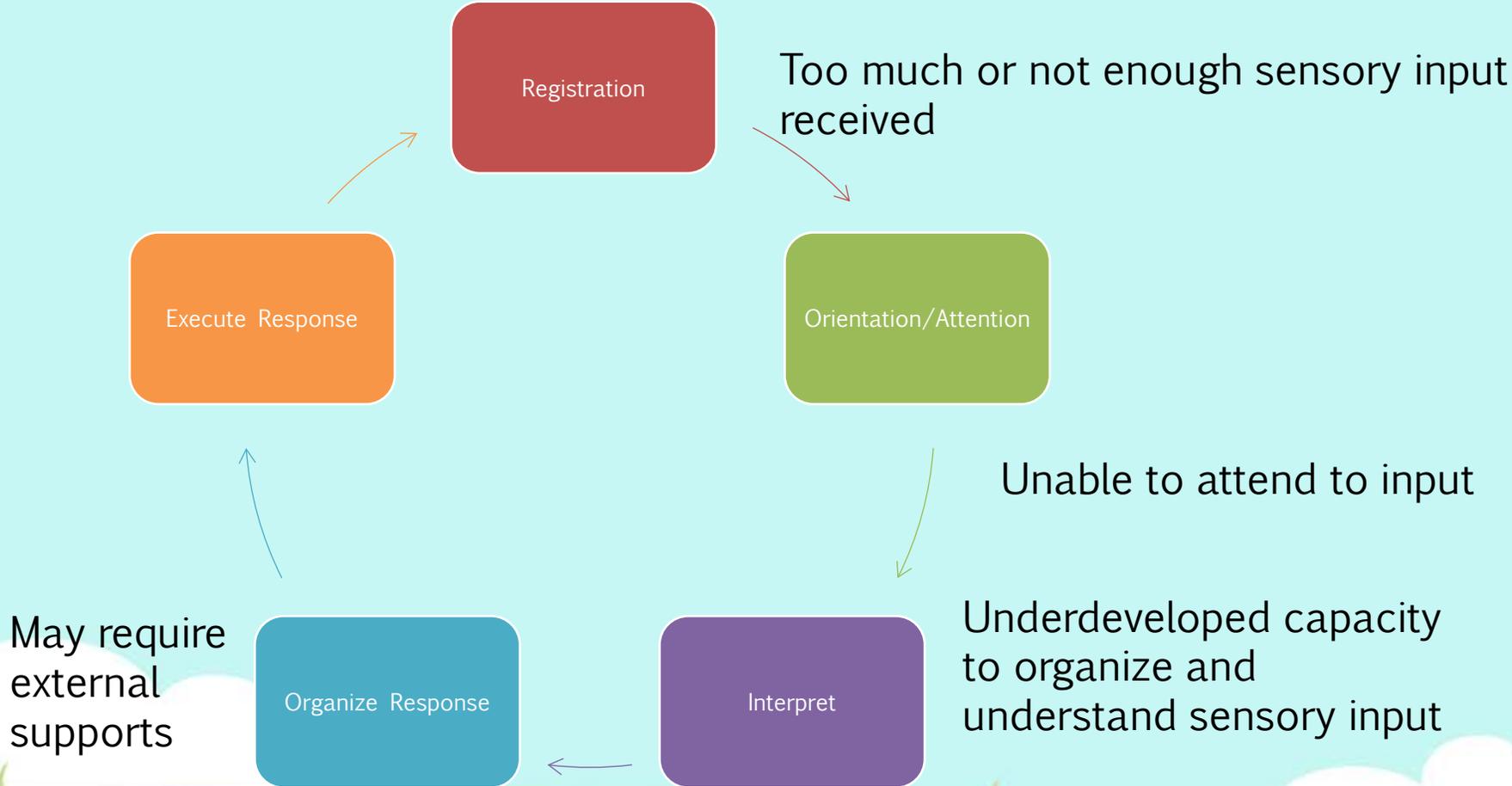
Sensory/Regulatory Issues



<https://www.youtube.com/watch?v=D1G5ssZIVUw>



Process of Response to Sensory Input



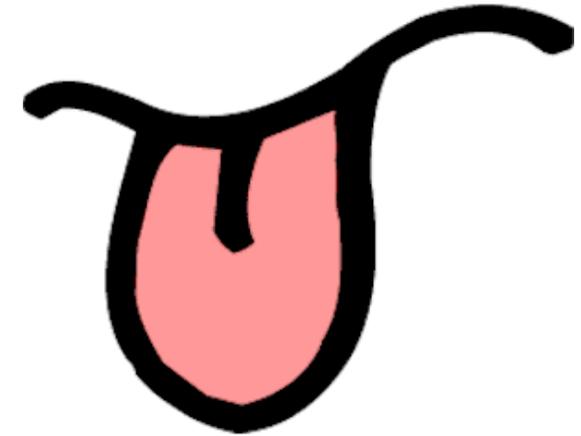
- Under-responsive
 - May seek out sound/loud noise
 - May not respond to someone speaking directly to them
 - May create noise/disruption during quiet times
- Over-responsive
 - Difficulty with loud noises, busy environments (sound like preschool?)
 - May cover ears, withdraw, scream, cry, tantrum
 - Difficulty concentrating



Sound



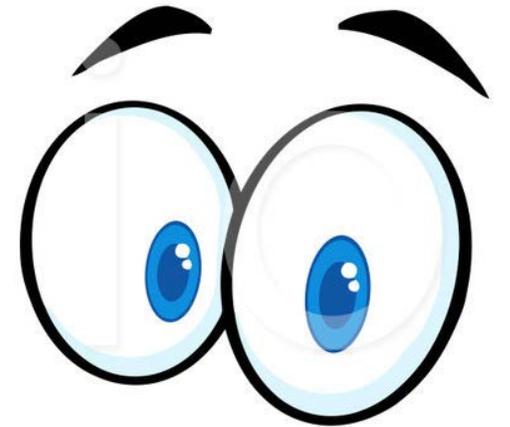
- Under-responsive
 - May smell or put everything in their mouth
 - May not notice smells/tastes
- Over-responsive
 - May avoid smells or gag when tasting foods or textures



Taste/Smell



- **Under-responsive**
 - Seeks bright lights and colors
 - May have difficulty recognizing familiar sights
 - How might this impact developing early literacy skills?
- **Over-responsive**
 - May be easily distracted by too much visual stimulation or flashing lights
 - Difficulty with bright lights
 - Difficulty with changes in lighting

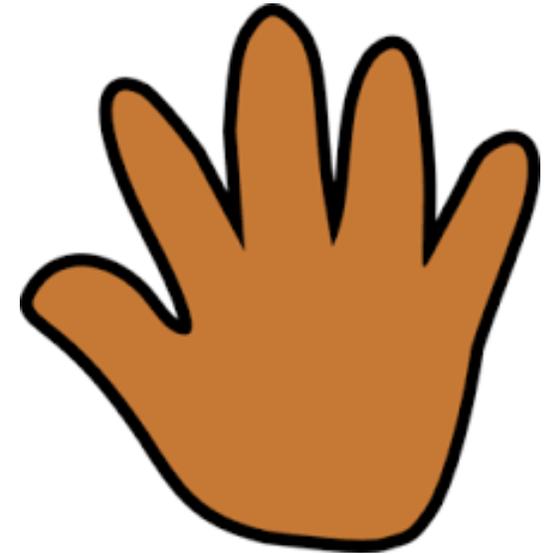


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Vision



- **Under-responsive**
 - May seek touch or physical contact with others
 - May not notice being touched, wet or dirty
- **Over-responsive**
 - May not want to be touched
 - May be agitated by seams and tags in clothing
 - May attempt to remove uncomfortable clothing
 - May dislike being wet or dirty



Touch/Tactile



- **Under-responsive**

- Likes to always be moving/has a hard time sitting or standing still
- Poor body awareness

- **Over-responsive**

- Difficulty tolerating other people moving body and hugging
- May have rigid or tense posture
- Low levels of energy and arousal
- May avoid physical activities



Proprioceptive/
Body Awareness



- **Underresponsive**

- May seem not to notice movements in head or body position
- May not seem to get dizzy
- Doesn't seem to mind, or notice being upside down or sideways

- **Overresponsive**

- May be sensitive to movements in head or body position
- May dislike going upside down or sideways
- May experience vertigo or 'fear of heights'
- May be very sensitive to dizziness



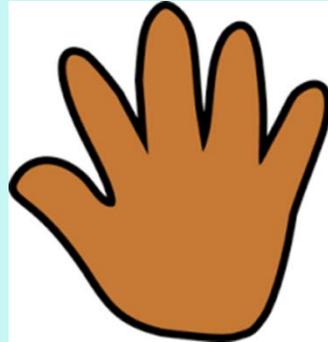
Vestibular



<https://www.youtube.com/watch?v=8eCfnrGu5xo>



In groups, identify things you might consider and how you might respond to this child if he had difficulties with:



Attention/Availability



Pat his back, connecting throughout the day, proximity, choose which caregiver, attention for good choices, provide attention first, plan, anticipation, self awareness, vocabulary, validating feelings,

Power/Control



Give choices, remind him has the power, choose where he sleeps, activity, etc, time,

Sensory/Regulatory



Consider space, lighting, allowing movement, breathing exercises, routine, rest timebox (sensory things)

Tips for Addressing Common Problems related to Child Maltreatment:

- When a child is dysregulated he is NOT A RATIONAL PERSON
- Don't expect him to be able to make rational decisions
- BE PATIENT-allow time for the child to regulate
- Be present/available (this may not mean talking)
- Identify feelings not behaviors
- BE PATIENT



More Tips:

- Decrease stimulation
- Speak softly and slowly
- BE PATIENT
- Try redirection- give the child a voice
- Try new things- think outside the box
- Keep trying- there may be similarities but every child s different
- BE PATIENT



When the child is regulated...

- Use Positive Reinforcement-celebrate little wins
- Validate feelings “it’s okay to be angry...”
- Talk about what happened-problem solve
- Help the child understand their behavior and demonstrate accountability
- Model accountability- don’t be afraid to say you’re sorry
- Create emotional repair-demonstrate continued acceptance and availability to the child



If you would like us to send you a copy of this presentation please email Chelsea:

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