

The Impact Of Maltreatment On Children And Suggestions For Parenting

PHYSICAL ABUSE

- Developmental or physical delays (especially when abuse is in young children)
- Sleeping difficulties, nightmares
- May not respond well to authority, may not trust adults
- Doesn't feel safe in own body (doesn't like to be touched, feels injury too much or too little)
- Mental health problems: depression, attachment disorders, oppositional behavior
- Stubborn behavior problems
- Increased aggression; Negative behavior to get your attention
- Problems with feelings especially anger and frustration
- Fearfulness; Not feeling safe; Physical response to stress (flinching, freezing up or spacing out)

Parenting the Physically Abused Child

Speech and language delays are common in young abused children. Talk to a child. Describe what you are doing. Make reading to your child a regular part of the day.

Touch! Most children respond quickly to nurturing touches such as hugs, piggyback rides, kisses and holding hands. But be sensitive to the more hesitant or fearful child. Try less threatening touches such as brushing hair, pats on back, sitting next each other and side hugs. Use soft toys and cozy blankets.

Avoid loud voices and angry, rough handling. Children who have been physically abused often have a reflexive reaction toward raised voices or hands. Keep voice and environment as calm as possible.

Be aware of the child who "pushes buttons". Some children seem to try to defy their caregivers at every turn or almost seem to want to get punished. Remember, children may have learned that to get attention, they may have to act out. Stay calm. Focus on what the child needs, not how he makes you feel. Give the child attention when he does well, including verbal praise and a pat on the back.

Help children identify feelings. Many hurt children show all strong feelings through aggression or anger. Feeling lonely or scared may be expressed through hitting or tantrums. Preschoolers are able to learn the feelings of mad, glad, sad and scared. You can use simple faces drawn on a piece of paper to help a child learn to identify his feelings. Teach children to use words when angry, not fists. You may also need to get the child to do something physical such as punch a pillow, throw a ball or jump up and down.

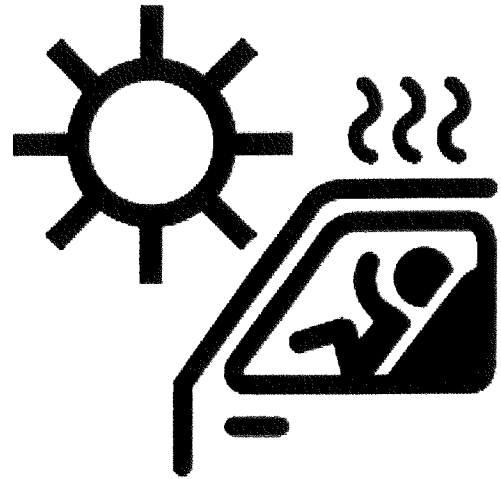
Have a plan in place for aggression. Establish a house rule that it is not okay to hurt yourself or others. Provide close supervision for a child prone to hurting others, and intervene as he starts to wind up. Use distraction, move a child to another activity, or move physically closer him to provide support. You may need to restrain a child who is physically hurting himself or others.

Use time-out sparingly. For children with poor social skills, being isolated from others as a punishment may not be the most effective way to use time out. Timeout when used punitively may also increase anxiety and fear in a child. Separate a child from the activity but stay near him as he takes a break to calm down.



NEGLECT

- Listless, spacey, doesn't show much emotion, attachment, or empathy
- Eating (hoarding food, eating constantly, not wanting to eat)
- Failure to thrive in infancy
- Physical problems (poor hearing, dental problems, untreated illnesses)
- Speech and language delays
- Difficulty with feelings, affects, expressing needs or affection
- May not have some basic hygiene skills, personal care taking skills
- Clingy, attention seeking behaviors, boundary difficulties, insecurity
- May be used to being on own and does not respond to authority very well
- May be very adult like or parent like toward brothers and sisters.



Parenting the Neglected Child

All children who come into foster care should have a **thorough physical exam** as soon as possible. Caregivers should be especially observant regarding eye problems, teeth, skin, and ear infections.

For children with failure to thrive or eating difficulties—**talk to doctor or nurse about feeding schedule and adaptations**. For example, babies with cleft palates or birth defects affecting mouth and throat may need special adaptive bottles or nipples. Failure to thrive babies may need smaller feedings more frequently or need a specially mixed formula.

Provide regular healthy meals and snacks. Set limits for a child if he overeats. Children who have been neglected often have eating problems such as overeating or hiding food. Don't battle over food. Set simple rules and limits, such as a two helpings limit or keeping all food in the kitchen area.

It is critical that young children **make an attachment to a consistent caregiver**. Make the most of your feeding. Encourage eye contact, snuggle a baby close to you, talk and sing to a baby, and encourage communication. Never prop a bottle to feed a baby!

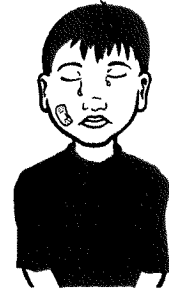
Watch a baby's cues to when he getting overloaded. Babies will often look away, yawn, sneeze or flail their arms. For a child who is easily stimulated, gradually engage and increase the stimulation to avoid stress to a child.

Meet a child's needs consistently. A child who has been neglected needs an involved caregiver who meets his physical and emotionally needs on a regular basis. That is how he will learn to trust.

Provide a variety of interesting age appropriate toys to encourage thinking, problem solving, jumping, and fine motor skills. Toys don't have to be expensive! Give bowls and spoons to bang; make simple blocks to stack; provide crayons and coloring books; or, make colorful mobiles of yarn and magazine pictures. Neglected children may have initial trouble knowing how to play, so take time to show how to stack blocks or get a sound out of a toy.

WITNESSING DOMESTIC VIOLENCE

- Chronic depression and anxiety
- Hyper-vigilance, Hyper-arousal
- Guilt, shame and anger
- Believe they are responsible for the violence
- External locus of control
- Hyper-aggressive behaviors
- Poor conflict resolution skills
- Spacing out, Numbing



Parenting the Child from a Home with Domestic Violence

Talk to the child and give the child permission to talk about the violence. Children are often confused and ashamed about violent behavior they have seen. Not being afraid to address the topic allows children to talk about it and work through their strong feelings. Commenting non-judgmentally on drawings or comments helps to draw a child out if they are reluctant to speak.

Address Violent or Victim-Like Behavior. Recognizing that violence can be a tradition passed from generation to generation, help children with aggressive and violent behavior learn self-control and anger management. Likewise, for a child who is passive and doesn't stand up for him or her self, help that child learn how to be assertive and build confidence in that child so he knows he is worthy and worth being safe.

Teach Positive Conflict Resolution Skills. Teach problem solving to children. Institute family meetings so children have a chance to practice these skills.

Help the child make a safety plan. If children are feeling unsafe, talk to them about how to keep themselves safe, how to find adults who will help them, and what to do if they are being hurt or could possibly be hurt. Always let them know that it is not their fault if they are hurt by an adult, but by talking to another safe adult, they can make the abuse stop.

Let the child know he/she is not alone. Children often feel very isolated. Sometime a group for children experiencing abuse or witnessing violence can help them learn that they are not the only children who have experienced this. Talk to the caseworker about treatment options if you feel a child would benefit.

SEXUAL ABUSE

- Shows many of the same behavioral signs as physically abused children
- Trouble with sleeping, nightmares, need to sleep with siblings
- Fear of bathrooms, bedrooms, certain kinds of people
- Depression, confusion
- Trouble with boundaries (has trouble respecting others boundaries or limits and has trouble with keeping self safe)
- Need for good sexuality education
- Sexual acting out behaviors or preoccupation with sex
- Needs good role models of both sexes
- Some adolescent victims may feel the only way they can be loved is through a sexual relationship.
- Trouble with feelings, may feel alienated, depressed, alone, afraid, angry or act "spacey"



Parenting the Sexually Abused Child

Establish house rules. Set some structure up in your home that sets up rules that provide safety and comfort. (Everyone wears at least a robe or pajamas around the house. No hitting or hurting. Everyone sleeps in his or her own bed).

Be sensitive about touch. Children who have been abused may be hesitant about touching strangers -- and that means you! Help a child feel safe by asking before you touch or respecting a child's wish not to be touched.

Fathers play a special role in the lives of these children. **Foster dads need to go slowly in building trust with children.** Let the mom take the lead in bathing, dressing and putting children to bed. Stay involved, but go slowly.

Some children have a poor sense of boundaries. They talk about their sexual abuse with strangers in the grocery store, or try to touch others in sexual ways. **Help a child 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 sexual with another child, stop the behavior gently but firmly and restate the house rule about touching. Provide close supervision and remind the child about the rule.

If you have a young child who is sexually acting out, **provide careful supervision** when the child interacts with other children to avoid any risk that the child may hurt another child. Also, be extremely careful of who you leave the child with to avoid re-victimization.

Talk to preschool children about "good touch and bad touch". Talk to children about how some touches are good touches are good to give and good to get (such as hugs and holding hands), but hurtful touches (such as hits and pinches) and touches in private parts (touching genitals or someone exposing themselves) are not okay. You can find books and videos for children on this topic at the local library or in video stores.

Be prepared to talk to kids about sexual abuse. Children may reveal information to the caregivers or ask questions. Don't shame a child or scold them for talking about it. Develop some simple language to answer questions. "Sometime adults have problems that make them want to touch little kids in their private parts. But there is a law that says that's not okay. Little kids need to feel safe and it is not okay for adults to touch them that way. This house is a safe place and that kind of touching is not allowed here."

PRENATAL EXPOSURE TO ALCOHOL (FETAL ALCOHOL SPECTRUM DISORDERS)

- Facial characteristics (flat mid-face, small eyes, low set ears, thin lips)
- Growth Deficiencies (smaller than peers)
- Central Nervous System Damage
- Information Processing Difficulties
- Poor eyesight, chronic ear infections, heart malformations, poor small motor control
- Struggles with abstract reasoning (math, consequences, time)
- Chronic memory problems
- Perseveration (trouble changing gears, does one thing for long time)
- Difficulty learning from consequences
- Executive functioning impairment (planning, sequencing, predicting, problem solving)



PRENATAL EXPOSURE TO DRUGS

- Depressed central nervous system, hard to wake up
- Jittery, hard to calm baby, crying
- Poor muscle coordination of small motor control
- Respiration and complications due to pre-maturity
- May have trouble eating or getting enough to eat
- Inconsolable crying or inability to soothe self
- Spasms or jerking
- More susceptible to respiratory distress and infection
- Very young babies may be going through withdrawal from drug

Parenting the Prenatally Exposed Child

For Infants and Toddlers:

For an infant, always work closely with the health professional. Some children who have been born addicted to a drug or born premature need special medication or feeding practices. Learn from the medical professionals how to care for a child 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 radio and television low. Limit eye contact with overly sensitive babies during feedings. Rock a baby up and down instead of side to side.

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

For the baby who is easily startled or agitated, **help a child attach to a blanket or a soft stuffed animal.** Bundle a soft blanket on top of a child's chest for weight and comfort when you are changing diapers. Have all diapering materials ready to go before changing so that diaper changes are quick.

Get your foster child assessed for developmental delays through a program such as Infant Learning Program for children birth to 3 years or the school district for preschool aged children. Ask for ideas for activities or games to do with the child at home to promote his development.

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 that children can point at or to communicate simple rules or activities such as hand washing or brushing teeth.

Be prepared for short sleeping cycles and extra rocking and holding to help a crying baby. Infants who are prenatally exposed to drugs or alcohol often are hyper-sensitive or hypo-sensitive, so they will either need less stimulation or more stimulation. Often sleep-wake cycles are disrupted so babies may have shorter sleep cycles (and need help getting to sleep) or have longer sleep cycles (and may need extra stimulation.) A developmental assessment can help you understand your baby's unique needs.

For Older Children:

Keep toys and play materials sorted into small containers (not a big toy box that is hard to sort). This **will keep toys and confusion to a minimum** and keeps the child from becoming easily overwhelmed. Use pictures of the item to be stored in container to help a child easily put things away.

Use visual clues to help a child with transitions or understand commands. Blink the light to cue time to go. Get child to look at you before making a request. Sing a specific song when a transition (such as snack or naptime) is coming up.

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 with FASD.

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

Learn everything you can about Fetal Alcohol Spectrum Disorders! Every child is impacted differently, so learn everything you can and try to find out what works best for your child.

Educate the teachers and people who work with your child. Do not assume that your child's teacher knows how to best work with an alcohol affected child. Keep articles or helpful handouts available and train the people who work with your child.

Take a page from special education teachers- think different, not harder! If you remember that drugs and alcohol often affect how the brain develops and works, it is easier to remember not to treat your child as if he is stupid, but as if he has a brain injury, so his brain works differently. Find what works for him. Is it repetitive practice? Is it a highly structured environment? Is it pictures and visual clues instead of talking? Is writing difficult but using a computer easier?

IMPACT OF TRAUMA ON THE CHILD IN YOUR HOME

Name:

Physical Age:

Emotional Age:

What I Know about My Child's Life Coming into My Home?

My Child's Traumas and Losses (maltreatment, losses, lost relationships, moves, etc.)

My Child's Reaction to Trauma

Think about these questions: What Stress Reactions is this child having? Have I noticed Triggers or strong reactions? Am I seeing signs in his play or is he talking about the Trauma? Is it impacting his relationships with me or others? Am I seeing attachment issues? Am I seeing underlying fear? Am I seeing any Developmental Delays or lags?)

My Child's Strengths/Resilience I Can Build Upon

Think about these questions: Where does my child do well or enjoy himself? What skills or interest does my child have? What makes the child happy? What traits do I see in my child that are strengths (kindness, creativity, sensitivity, social, etc.) What connections and relationships are important to my child?