

# 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.

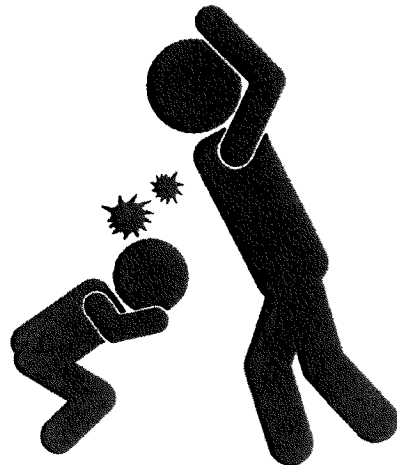
**Avoid loud voices and angry, rough handling.** Children who have been physically abused often have a reflexive reaction toward raised voices or hands. Keep voice and environment as calm as possible.

**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.

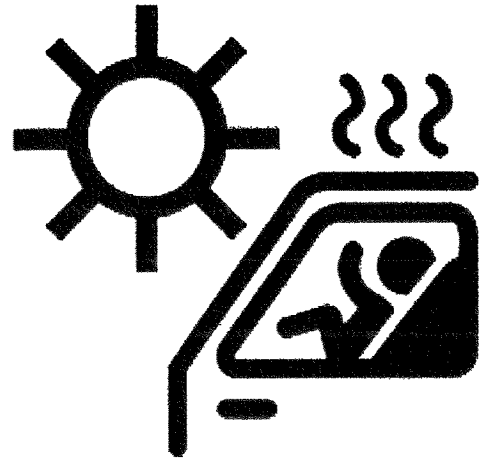
**Have a plan in place for aggression.** Establish a house rule that it is not okay to hurt yourself or others. Provide close supervision for a child prone to hurting others, and intervene as he starts to wind up. Use distraction, move a child to another activity, or move physically closer him to provide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

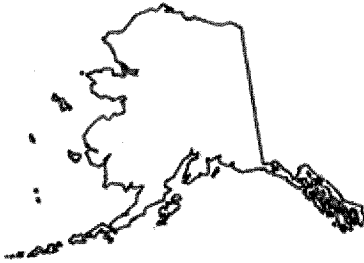
**Develop a routine** for getting up in the morning, for putting toys away, for mealtimes and for going to bed at night. Consistent routines are essential for children with FASD.

**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?



**WHAT DO THE STATE OF ALASKA FOSTER CARE REGULATIONS SAY IS NOT ALLOWED IN A LICENSED FOSTER HOME?**

*No discipline or behavior management technique may be used that is cruel, humiliating or otherwise damaging to the child.*

A child in care may not be:

- (A) spanked with a hand or object, or be subjected to any form of corporal or physical punishment, including biting, jerking, kicking, hitting, pulling the child's hair, or shaking or throwing the child;
- (B) assigned strenuous exercise or work as a form of punishment; this excluded age and developmentally appropriate chores or exercise;
- (C) threatened with physical harm;
- (D) threatened to be expelled from the foster home or intimidated;
- (E) submitted to verbal abuse and derogatory remarks about the child or the child's family characteristics, physical traits, culture, ethnicity, language, sexual orientation, or traditions;
- (F) placed in a locked room;
- (G) placed under a cold water shower;
- (H) forced to eat or have hot sauce, soap, or other burning or foul tasting substances placed in a child's mouth;
- (I) subject to the use of a physical restraint, except when necessary to protect a child from injury, or to protect property from serious damage; a physical restraint permitted under this subparagraph may be passive physical restraint only; the foster parent shall report the use of any physical restraint to the department;
- (J) subject to the use of a mechanical restraint, except for a protective device such as a seatbelt;
- (K) subject to the use of a chemical restraint; or
- (L) disciplined in a manner that is cruel, humiliating or otherwise damaging to the child.

A foster parent may not use methods of behavior modification that interfere with a child's basic needs, including

- (1) depriving the child of sleep;
- (2) providing inadequate food, clothing, living space, or shelter;
- (3) withholding food or other items essential to the protection, safety or well being of a child in care;

- (4) restricting a child's breathing;
- (5) forcing a child to shower or bathe as a form of punishment;
- (6) interfering with the child's ability to take care of their own hygiene and toilet needs; or
- (7) providing inadequate medical or dental care.

A foster parent may not deprive or deny a child of necessary services or contacts, including

- (1) the child's caseworker or assigned legal representative;
- (2) the child's parents or other family members who are identified the family contact plan; or
- (3) Individuals providing the child with therapeutic activities as part of the child's case plan.

**No form of corporal punishment may be used on children in care.** This includes no slapping, hitting, spanking, grabbing by the arm or hair, hitting the head, shaking, or any form of punishment that brings physical pain to a child.



# Other Parenting Strategies

HANDOUT 3-4

## TEACHING AND PREVENTION TECHNIQUES:

**Teach a child what you want him to do and set up your home so that problems won't happen in the first place!**

**Establish some simple house rules that keep everyone safe and protected.** Talk to children about their behavior. Give them specific information about what you expect. Give praise and let your children know how you feel when they do well. Remind them of rules and calmly talk about problems. Make the rule clear and repeat it often.

**Routines bring predictability and predictability brings security.** Establish rhythms for mornings, evenings, bedtime homework, visits, saying goodbye and hello, have a place for things in your home such as coats, toys, clothes. Give simple chores to everyone (use a job chart or a posted list) and remember to mix work and play.

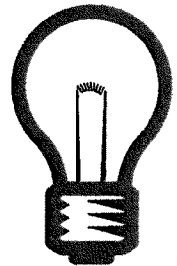
**Pre-teach or talk to children about how to act in certain situations and practice ahead of time.** Or set the situation act so you give your child a chance to practice a skill and then provide praise. (EXAMPLE: *Okay Bobby we talked about the rules about going to the grocery store together and about accepting "no" as an answer if I say you cannot have candy at the checkout stand. Let's practice. You ask me if you can have some candy, and I'm going to say no.*)

**Have regular family meetings** to talk about the upcoming weeks, have a family activity, talk about problems that happened during the week, negotiate new rules and privileges and to acknowledge good things that happen during the week is a great way to help children learn to solve problems, negotiate and communicate. Give each child a chance to chair the meeting if old enough.

**Model the behavior you want to see.** Remember, children imitate the adults around them. Set an example by the way you act.

## OTHER IDEAS TO USE TEACHING AND PREVENTION TECHNIQUES:

- ✓ Write important rules down. Post rules.
- ✓ Show children how to do a task and let them practice under your supervision.
- ✓ Use structure and routines. (Morning routines, bedtimes, after school)
- ✓ Use visual reminders (notes, pictures, charts, posting rules)
- ✓ Remind children of expectations before events. (Pre-teaching)
- ✓ Role-play how to handle situations such as when you get angry, upset, hurt.
- ✓ Adjust your expectations for emotionally immature and delayed children.
- ✓ Re-direct or intervene. (Good for young children, but works with older too.)
- ✓ Model- your actions speak louder than words.
- ✓ Talk to the child. (Not lecture.) Focus on results of his behavior. "What you did was not okay." Not "you're a bad boy!"



# Other Parenting Strategies

HANDOUT 3-4

## REWARD OR POSITIVE REINFORCEMENT TECHNIQUES

Respond positively to when a child acts the way you want him to so he'll do it again!

**Use Rewards:** Rewards are positive consequences for behaving in a desirable way. When trying to think of rewards for children, think of what is experienced as rewarding by a child. This does not have to be material, but can be other things. Some examples are: A child can receive rewards even if he can't do a behavior perfectly. If a child makes an attempt, or a small improvement, reward the attempt.

*Choosing a favorite meal*  
*Dinner out*  
*Inviting friends over to play*  
*Extra bed time*  
*Special sleep out in the living room*

*Time with a favorite adult*  
*Praise*  
*Play a computer game*  
*Stickers or Reward Chart*

*Coloring books*  
*Playing a game with a parent*  
*Trip to the library*  
*Invite a friend to dinner*

**Use approval and praise to your advantage.** Notice when a child does something good. Point out his strengths. Use "prompts" or set a child up to succeed. Let a child overhear you talking to another person about how well he is doing. Give choices to children so they feel some control. Help a child feel good for a job well done.

**EXAMPLE:** *You did the right thing when you told your sister you were angry but didn't hit her. I'm proud of you for remembering the right way to act.*

**Try Behavior Modification.** This can be as simple as listing out a few chores that a young child needs to do every day and checking it off before she goes to sleep or before she goes out to play. It can also be a more involved system of earning points that can be traded in for privileges such as phone, curfew, bedtime or friends. State your goal positive such as "Each school night I get to bed on time, I earn an extra fifteen minutes of bedtime on Saturday night." Keep the times short (the same day for a young child, the same week or two for an older child.)

For young children or children with developmental delays, use something visual such as stars on a chart, poker chips in a bowl or quarters in a jar. Sometimes rewards work better in reverse—a child starts out with five dollars in a jar and is fined 50 cents each time he breaks a clearly defined rule (such as no swearing, or doing the dishes within an hour that dinner is ended.)

### OTHER IDEAS TO HELP REINFORCE AND REWARD GOOD BEHAVIORS:

- ✓ Write important rules down. Post rules. Use visual reminders (notes, pictures, charts, posting rules)
- ✓ Use job cards (list the basic steps of a chore on a card.)
- ✓ Use charts or check off lists. Use pictures or photos for young or disabled children.
- ✓ Remind children of expectations before events. (Pre-teaching)
- ✓ Adjust your expectations for emotionally immature and delayed children.
- ✓ Behavior modification (Earning points, privileges, special activities.)



## CONSEQUENCES

**Teach children that their actions have consequences, both negative and positive.**

Consequences teach children that they need to accept how their actions affect others. Help children learn to take responsibility for what they do. Natural consequences are great teachers. **FOR EXAMPLE:** *If you don't wear your mittens, you have cold hands by the time you get to school.*

Logical consequences mean you use a result that is directly connected to the child's actions. **FOR EXAMPLE:** *If you do not take care of your bike or toys, you lose the privilege to play with them.* Pick consequences carefully. Remember — you need to live with it, too!

**Let children experience earning or losing privileges.** It is important that children know the difference between rights and privileges. Rights are things that are guaranteed like the right to be physically safe, to be fed, to be able to visit families according to the court plan, etc. Privileges are benefits that are granted to people. For children, these benefits are phone privileges, watching television, going to special events, having friends over, etc. It is important that we do many things for our children without them having to earn them (such as spend time with them, come to events, etc.) because that is how we build positive relationships. But, privileges can be earned by a child by appropriate behavior and privileges can be taken away as a result of inappropriate behavior. **FOR EXAMPLE:** *30 minutes of phone time is granted after homework is finished and the dishes are washed. Coming in 30 minutes late after curfew results in a 1 hour loss of curfew for the next two nights.*

**Call a time-out.** Time-outs help children (and parents) get back in control. Time-outs should give either parents or children a time to cool-off and calm down. Keep a time-out brief. It should be no longer than 10 minutes for young children because young children have a sense of time that is much longer than adults do. Generally a time-out should last one minute for each year of the child's age. Come back together and talk about what happened and how to deal with it next time.

### OTHER IDEAS OF HOW TO USE CONSEQUENCES:

- ✓ Making amends. (If you break it, clean it up. If you stole it, return or replace and apologize.)
- ✓ Losing privileges. (Not rights.) Losing time on curfew.
- ✓ Repeat the task until you get it right.
- ✓ For older kids, writing down: what you did, what happened, what you should have done and what you will do differently next time then discussing this with a child.
- ✓ Focus first on safety. Separate children, stop action, protect child from hurt. Let the tantrum wind down. Then focus on behavior.
- ✓ The 1-2-3 *Magic!* Technique. (Using counting and timing out.)
- ✓ Use corrective teaching. (Explaining what the expectation is and having the child practice with you along with a consequence for the behavior.)

