



# **WEBINAR SERIES:**

## **Addressing Abuse and Neglect during COVID-19**

**The Role of Home Visiting Program  
Administrators & Supervisors**



# Meeting Goals

1. **Learn** how to address risk for abuse/neglect during the pandemic.
2. **Increase** awareness and understanding of the need for applying reflective practice during COVID-19 restrictions.
3. **Share** information, resources, and practices with professionals supporting children and families.

# Community Agreements

- Be conscious of the time
- Speak openly
- Seek to clarify
- Share experience and wisdom
- Be helpful
- Reflect on the content and be aware of your feelings/reactions
- Engage in “wondering”
- Have patience with technology



# Reflecting on Reflection

## Being emotionally present in the face of physical absence or distance:

- Holding the space
- Co-regulating
- Attending to both concrete and emotional needs
- Holding the other in mind
- Co-creating opportunities for positive play, shared experiences and feelings
- Being a “secure base”
- Nurturing yourself to nurture the staff/caregivers



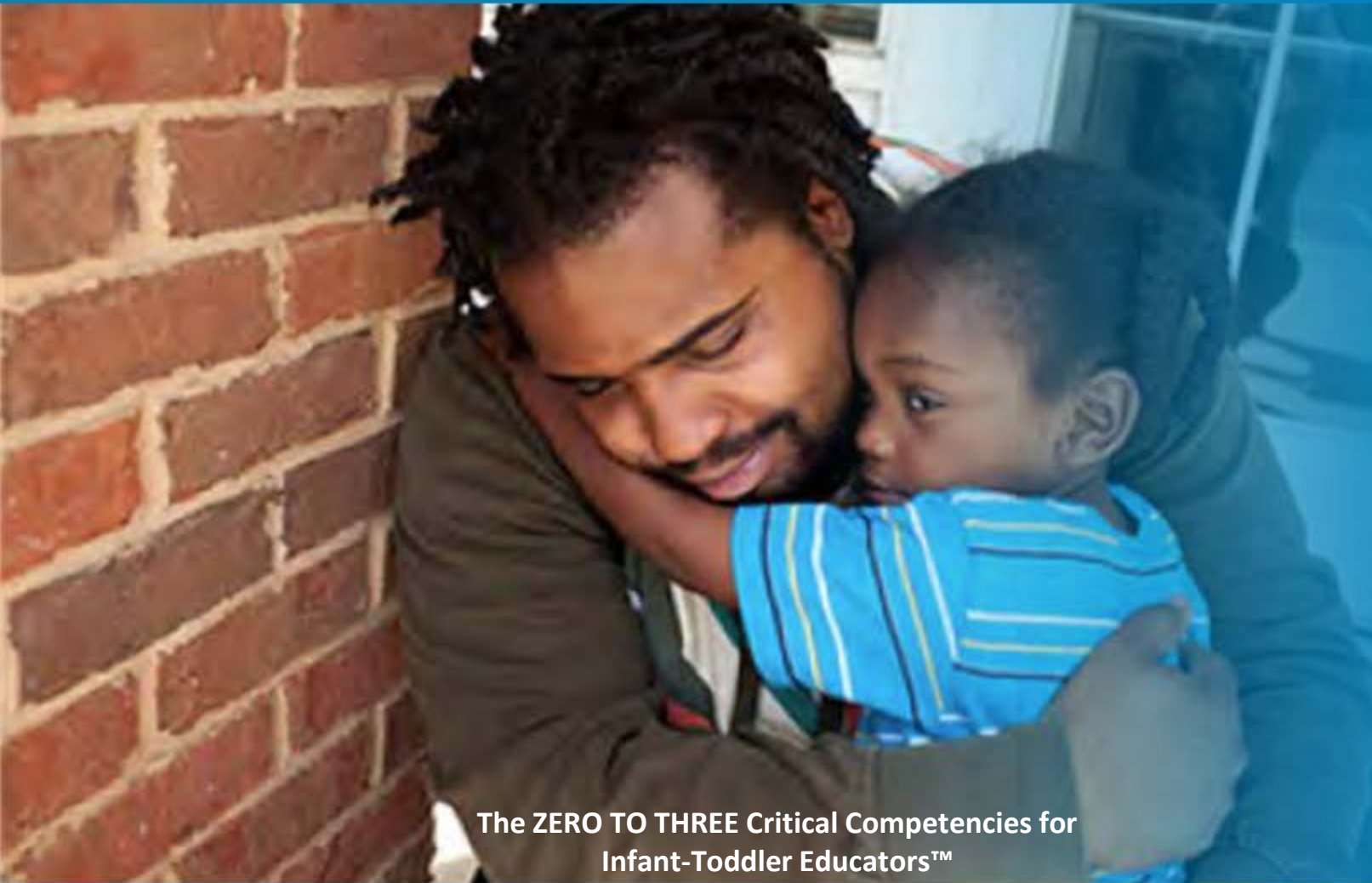
# We are in UNCHARTED WATERS

There's a lot of pressure on clinicians during this state of *not knowing and anxiety.*

- Everyday, new information and guidance is released
- ***Not knowing is anxiety*** producing for everyone
- Families and staff are looking to you on how to handle this, just as children are looking to them

**Start with what we do know.**

**“When babies feel secure, safe, and deeply sure their special persons are there for them...**



**...they move out to explore with vigor, absorbed in play. If they become alarmed or feel abandoned or threatened...they seek proximity to their beacons of safety, their attachment figures, who know so well how to cope and provide the reassurance and soothing they need.”**

—Honig, 2002, p. 18–19

**The ZERO TO THREE Critical Competencies for  
Infant-Toddler Educators™**

Source: Honig, A. S. (2002). *Secure relationships: Nurturing infant/toddler attachment in early care settings*. Washington, DC: National Association for the Education of Young Children.

# Child Risk Factors



- Parent/caregiver mental health challenges
- Child with mental health/developmental disorders
- Parent/caregiver stress
- Poverty/financial insecurity
- Interpersonal violence
- Difficult parent/caregiver--child interactions
- Parent/caregiver substance abuse
- Parent/caregiver's lack of positive social networks
- Parent/caregiver's perceived lack of controllability

# Parental Stress Increases Child Risk During Quarantine

Quarantine can have  
*negative and potentially long-lasting psychological effects*

## Stressors

Fear of Infection

Frustration

Boredom

Inadequate Supplies

Inadequate Information

Financial Concerns

Stigma



## Risks

Child Maltreatment

Neglect

Mistreatment

Gender-based Violence

Exploitation

Social Exclusion

Separation from Caregivers



# Children's Stress Reactions May Compound Caregiver Stress

Quarantine can have  
*negative and potentially long-lasting psychological effects*

## Stress Reactions

Crying, whining, demanding

Increased clinginess or withdrawal

Boredom, confusion or higher levels of activity

Frustration, aggression, defiance

Poor sleep and/or nightmares

Regressions such as asking for bottle, thumb sucking, toileting accidents, wanted to be carried.



## Risks

Parental self doubt and feeling inadequate

Feelings of anger, resentment, even rage

Difficulty understanding and empathizing

Trigger parental trauma or stress response

Increasing sense of sadness, depression and lack of control

Withdrawal and shutting down

Sleep deprivation

# Risk Factors for Professional Well Being

- Being separated from team/colleagues
- Job insecurity
- Anxiety around crisis and managing work/life balance and needs
- Personal health risks and personal family health concerns
- Personal trauma history/ vicarious traumatization
- Increased job responsibilities with limited supports
- Stigma

# The Pros & Cons of Virtual Interventions

## Pros

---

Keep connection

---

Less cancellations

---

Look into the home environment

---

May be able to “see” and speak with other family members

---

Can share screening tools for self report assessments as indicated

---

Potential for greater freedom to share information/concerns

---

Make brief updates and share resources

---

## Cons

---

2 dimensional, lacking some of the qualities of in-person meeting especially

---

Limited visual scope

---

Problems in use of and accessibility to technology

---

Concerns about confidentiality and HIPAA

---

# Assessing and Addressing Risk for Abuse/Neglect/Domestic Violence

- During crisis, move into disaster response mode- focus on stabilization & regulation vs. change, applying psychological first aid.
- Promote self regulation, self care and predictable (not rigid) routines
- Keep regularly scheduled meeting times by phone or telehealth and look for ways to use text/email to make intermediate contacts and updates.
- Be cognizant of others who are present in the same location
- Where appropriate administer screenings or interview protocols to assess level of stress, risk of danger
- Create a safety plan, designate a safe word to indicate if a client fears speaking in the presence of another.
- Listen for signs of frustration, anger and dissociation or fear.

# Assessing and Addressing Risk for Abuse/Neglect/Domestic Violence

- Check on status of basic needs/supplies and provide resources.
- Use virtual contact to view the home, the household members, and to engage with caregivers and child/children.
- Look for signs of abuse such as cuts, bruises, expressions of pain, traumatic play, lack of personal care, or hunger.
- Assess whether children fearful or “shut down” in the presence of a caregiver.
- Provide support and resources for families such as:
  - National Domestic Violence hotline
  - Childhelp National Child Abuse hotline
  - Child Sexual Abuse
  - State child welfare agencies
- Report suspected abuse/neglect.

# Strategies for Virtual Home Visiting

- Provision of laptops or tablets for vulnerable families; checking on capability of phone access for extra minutes, videoconferencing, etc.
- Consider individual and possibly group virtual interactions depending on model focus and delivery goals
- Orient families to the experience- often through initial phone call and then by engaging through specific online platforms
- Provision of toys or other materials (including screening documents, lessons or other model specific documents) families would need if you were meeting face to face
- Continue to utilize family centered, coaching and teaching skills that are model specific
- Document the frequency and nature of virtual contacts

# New Guidelines for Home Visiting Models

- Many are allowing for use of video technology, phone, text and email efforts to engage families.
- Many models are adapting flexibility on fidelity expectations and other evaluation and reporting during this pandemic.
- Some home visiting models (i.e., Nurse Family Partnership, other MIECHV grant funded programs) may need to move to an adapted visiting schedule based on the need for staff reassignments or layoffs. (HRSA Guidance 3/2020)
- New intakes will be continued for some programs but may not be for all.
- While HIPAA compliance has been lessened, focus on maintaining optimal confidentiality continues to be a priority.
- Check with program officer for updates and notify of anticipated changes in practice.

Due to the changing nature of the course of COVID-19, the model-specific recommendations will be continually updated as new information is received from the CDC and federal and tribal governments.

# Strategies for Virtual Home Visiting...con't

- Look, listen and learn
  - Look using technology to see the home and family members and inquire about neighborhood safety issues.
  - Listen to questions being asked and for things not being discussed,
  - Learn about changing conditions at home and in the neighborhood/community
- Keep abreast of local and national resources to prevent or report maltreatment, abuse, neglect or domestic violence.
- Share local and national resources and how to use these to promote family strengths and individual efficacy.



# Case Study: Child and Family



- Family participating in Healthy Families home visiting program.
- History of mental health, substance abuse and incarceration on both sides of family.
- Both parents are unemployed.
- Father has strong temper.
- Grandmother is cold and indifferent towards mother and son.
- Father is not adhering to stay at home guidelines and is drinking to excess on a regular basis.
- Concerns for possible risk of maltreatment, domestic violence, maternal depression.

# Reflective Dialogue

**What were some associations you had to this case?  
What feelings or reactions were evoked?  
Share some ideas or “wonderings” you have about situations like this?**

# Case Study: Professional Stress



- Excessive worry and fear about the family
- Feels she is not doing enough under present, virtual circumstances and in knowing community resources
- Concerns for compassion fatigue

# Reflective Dialogue

**What were some associations you had to this case?  
What feelings or reactions were evoked?  
Share some ideas or “wonderings” you have about situations like this?**

# Moving Forward



- Provide as much information as possible in real time as updates occur
- Provide staff and families with local and national contacts for basic supplies, hotlines, resources
- Provide adequate supplies and technologies
- Encourage efforts that reduce boredom and increase communication
- Provide ready and frequent access for supervision and reflective practice
- Allow for flexibility in approach, scheduling, and work-life balance
- Prioritize self care for both physical and mental health
- Utilize trauma informed practices, psychological first aid approaches and evidenced-based interventions

# Learn more at [www.zerotothree.org](http://www.zerotothree.org)

## Sampling of COVID-19 Resources

The collage features several overlapping screenshots of content from the Zero to Three website:

- Young Children at Home during the COVID-19 Outbreak: The Importance of Self-Care** (Mar 16, 2020): A resource article discussing self-care for parents and children.
- At-Home Activity Guide** (Mar 16, 2020): A resource article promoting healthy development during home confinement.
- Answering Your Young Child's Questions About Coronavirus** (Mar 16, 2020): A resource article for parents of toddlers.
- Why are people wearing masks? Why are people covering their faces?** (Parenting Resource by Rebecca Parlakian): A resource article explaining mask usage to young children.
- Play With Me!**: A resource article providing fun activities and play ideas for infants and toddlers.
- Separated From Your Young Child?** (Mar 23, 2020): A resource article offering ways for parents to maintain connection with their children.
- WHAT IS MINDFULNESS?**: A teal poster defining mindfulness as "paying attention in a particular way: on purpose, in the present moment, nonjudgmentally." It includes a graphic of a woman's head with a brain and a list of questions to explore.



***THANK YOU!***

***zerotothree.org/learn***

**Professional Development & Workforce Innovations Department**

ZERO TO THREE • 1255 23rd Street, NW, Suite 350 • Washington, DC 20037

202-638-1144 • [www.zerotothree.org](http://www.zerotothree.org) • [professionaldevelopment@zerotothree.org](mailto:professionaldevelopment@zerotothree.org)

# References

Brooks-Gunn, J., Schneider, W., Waldfogel, J. (2013). The great recession and the risk for child maltreatment. *Child Abuse & Neglect*, 37(10), 1 – 16.

Cerna-Turoff, I., Kane, J. C., Devries, K., Mercy, J., & Massetti, G. (2020). Did internal displacement from the 2010 earthquake in Haiti lead to long-term violence against children? A matched pairs study design. *Child Abuse & Neglect*, 102, 1 – 11.

Curtis, T., Miller, B. C., & Berry, H. (2000). Changes in reports & incidence of child abuse following natural disasters. *Child Abuse & Neglect*, 24(9), 1151 – 1162.

Guterman, N. B., Lee, S. J., Taylor, A., & Rathouz, P. J. (2009). Parental perceptions of neighborhood processes, stress, personal control, and risk for physical child abuse & neglect. *Child Abuse & Neglect*, 33(2009), 897 – 906.



# References (cont.)

Harper Browne, C. (2014, September). The Strengthening Families Approach and Protective Factors Framework: Branching out & reaching deeper. Washington, DC: Center for the Study of Social Policy.

Johns Hopkins Center for American Indian Health. (2020). Recommendations for completing a virtual home visit. Retrieved from <https://www.jhsph.edu/research/affiliated-programs/family-spirit/Guidance%20for%20Virtual%20Home%20Visits.pdf>

Pekarsky, A. R. (2018) Overview of child neglect and abuse. Retrieved from <https://www.msmanuals.com/home/children-s-health-issues/child-neglect-and-abuse/overview-of-child-neglect-and-abuse>

National Alliance of Home Visiting Models. (2020). Model guidance in response to COVID-19. Retrieved from <http://earllysuccess.org/sites/default/files/AllianceCOVID19guidance32420.pdf>