

WEBINAR SERIES:

Addressing Abuse and Neglect during COVID-19





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 early childhood education 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

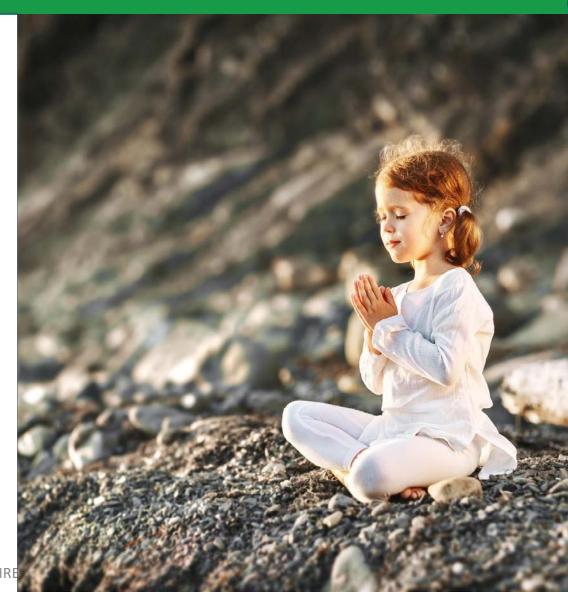






Being emotionally present in the face of physical absence or distance:

- 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 educators 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

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
- Home language
- Disability or developmental delay
- Prematurity or chemical dependence



Impact of Quarantine



Parents → Children

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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



Impact of Quarantine

Children → **Parents**

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.



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



Impact of Quarantine



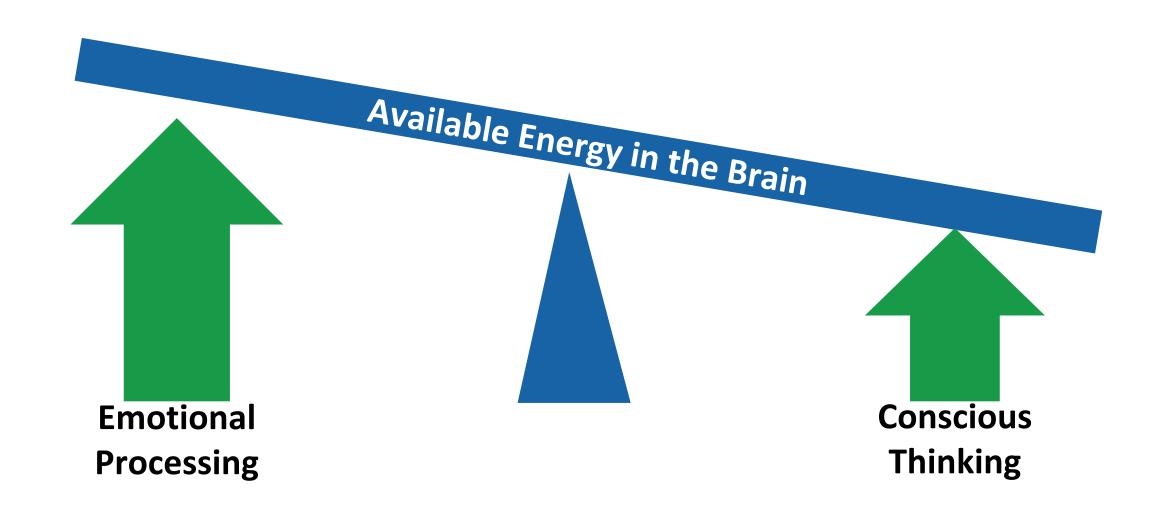
Professionals

- 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





When Emotions Become Overwhelming



Self-care is critical





- Secondary traumatization
- Compassion fatigue
- Burnout





Pros

Keep face to face experience

Maintain some semblance of "normal"

Ability to see children, their play and interactions in a familiar environment.

Cons

Logistically challenging

Potential disruptions to child relationships and level of engagement

Anxiety regarding possible contamination may interfere with quality of interactions and result in poor attendance.

ZERO TO THREE Early connections last a lifetime

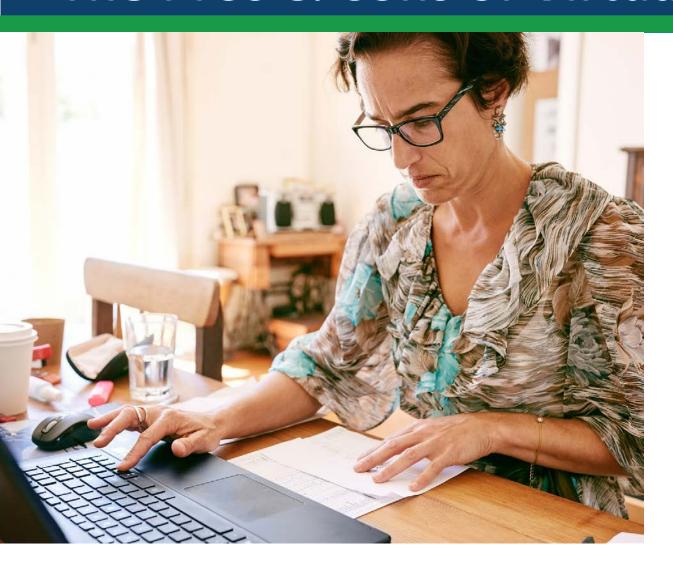
The Pros & Cons of Virtual Interventions

Pros

- Keep connection
- Greater regularity of contacts
- Look into the home environment
- May be able to "see" and speak with other family members
- Can share materials for parents/children to use at home, can share resource information.
- Potential for greater freedom to share information/concerns
- Make brief updates and share resources

ZERO TO THREE Early connections last a lifetime

The Pros & Cons of Virtual Interventions



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





"Infant-toddler educators play an important role in early identification and connecting families to appropriate supports when they see or suspect safety, health, developmental or mental health challenges in a very young child."

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

Assessing and Addressing Risk for Abuse, Neglect, and Domestic Violence





- During crisis, focus on stabilization & regulation
- Promote self regulation, self care and predictable (not rigid) routines
- Keep regularly scheduled check-ins and plan for intermittent updates using email or texts
- Use virtual contact time to view the home, the household members, and to engage with the caregivers and the children
- Listen for signs of frustration, anger and signs of disconnecting or fear

Assessing and Addressing Risk for Abuse, Neglect, and Domestic Violence



- Check on status of basic needs/supplies and provide resource information
- Provide hotlines, warmlines and state child welfare contacts for families
- Report suspected abuse/neglect

Assessing and Addressing Risk for Abuse, Neglect, and Domestic Violence

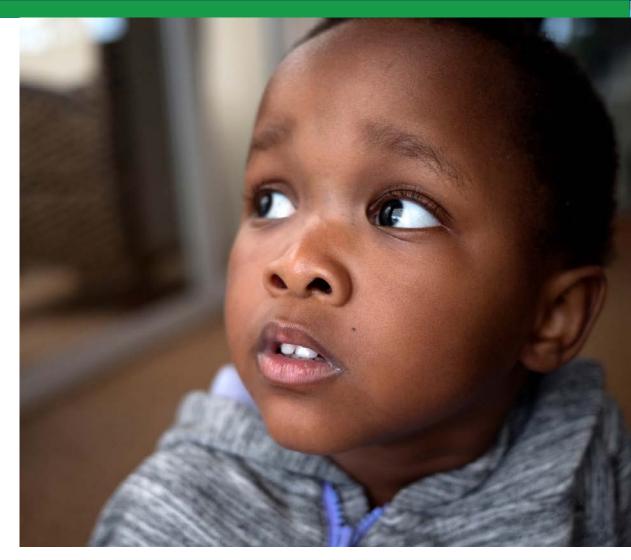


What are some ideas you have for assessing/addressing risks for abuse/neglect?





- 3 yr. boy with autism, sheltering in place with family who are refugees from Uganda and have history of trauma.
- 3 yr. old is highly active resulting in frequent injuries
- Family isolated during COVID-19 stay at home conditions, older sister is translating, and parents do not want to accept virtual or in-person supports at their home.
- Concerns for possible safety risk and potential for maltreatment.





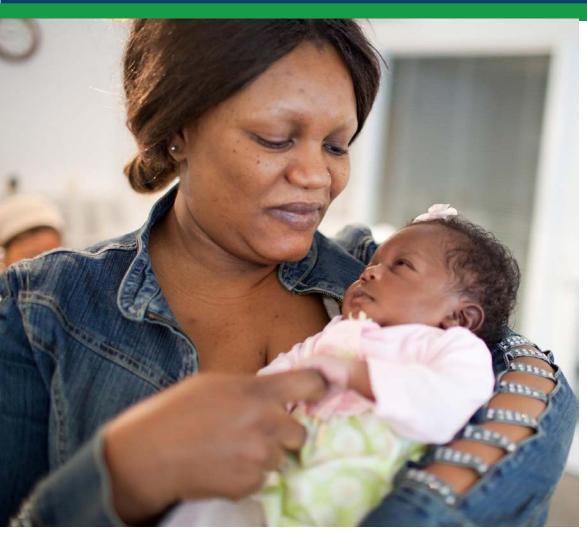


What were some associations you had to this story?
What feelings or reactions were evoked?

Share some ideas or "wonderings" you have about situations like this?







- Home based early childhood educator continuing to provide services during pandemic.
- Costs associated with decision to provide services include financial, family conflict, and emotional distress.
- Concerns for compassion fatigue, secondary trauma and safety.

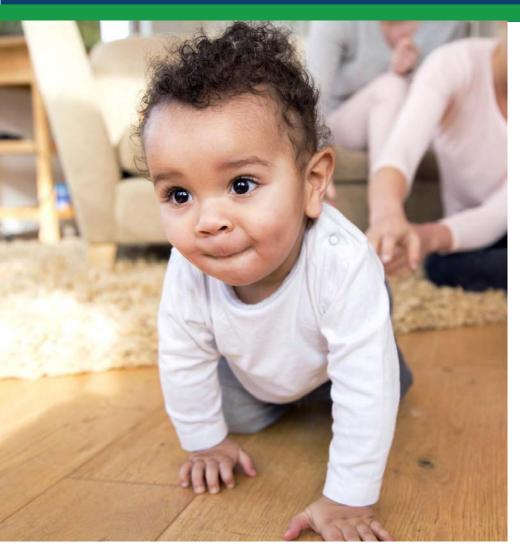




What were some associations you had to this case?
What feelings or reactions were evoked?
Share some ideas or "wonderings" you have about situations like this?

Moving Forward





- 1. Provide timely, relevant information
- 2. Offer contacts on where to secure basic supplies, support, and other resources for staff and families
- 3. Do all you can to ensure they have appropriate supplies and technologies
- 4. Be readily available to provide additional support

Moving Forward con't



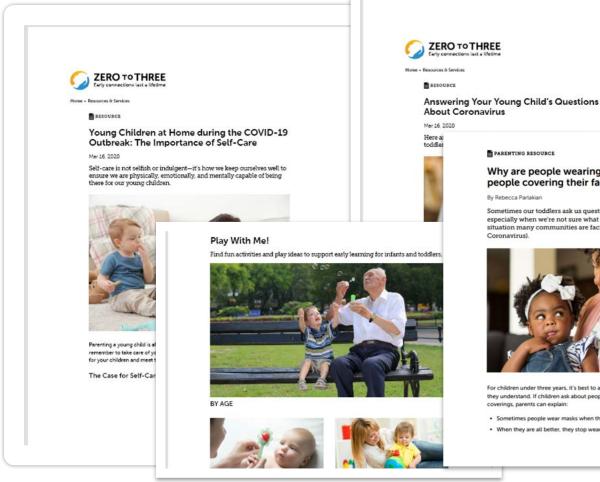


- **5. Encourage efforts** that reduce boredom, allow for spontaneous and joyful play, and increase communication
- **6.** Allow for flexibility in approach, scheduling, and work-life balance
- **7. Prioritize self care** for both physical and mental health
- 8. Utilize trauma-informed practices











PARENTING RESOURCE

Why are people wearing masks? Why are people covering their faces?

Sometimes our toddlers ask us questions that are hard to answerespecially when we're not sure what the right answer is, like the situation many communities are facing with COVID-19 (Novel



For children under three years, it's best to answer their questions simply in language they understand. If children ask about people wearing masks or other face coverings, parents can explain:

- · Sometimes people wear masks when they are sick.
- . When they are all better, they stop wearing the mask



M NDFULNESS IS

intentionally paying attention to:

 What is happening
 What we are around us

What is happening
 How we are doing

Separated From Your Young Child?

social distancing, self-quarantine, and school and work

the reality of suddenly being at home for many days with

f COVID-19. it's possible to feel stressed-not only about health

While these days and weeks are filled with more questions than answers, there are still many ways for parents to keep their connection strong with their little ones.



thout judging them.

espond calmly and ening around us.

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





Critical Competencies Sub-Areas

- Area 1: Supporting Social–Emotional Development
 - SE-1 Building Warm, Positive, and Nurturing Relationships
 - Providing Consistent and Responsive Caregiving
 - **SE-3** Supporting Emotional Expression and Regulation
 - SE-4 Promoting Socialization
 - **SE-5** Guiding Behavior
 - SE-6 Promoting Children's Sense of Identity and Belonging
- Area 2: Supporting Cognitive Development
 - ◆ Facilitating Exploration and Concept Development
 - Building Meaningful Curriculum
 - Promoting Imitation, Symbolic Representation, and Play
 - Supporting Reasoning and Problem Solving
- Area 3: Supporting Language & Literacy Development
 - Promoting Communication Exchange
 - Expanding Expressive and Receptive Language and Vocabulary
 - Promoting Early Literacy



THANK YOU!

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