Beginnings Workshop

- Preventing child maltreatment in infants and toddlers: skills for early care and education providers by Nancy L. Seibel
- Child sexual abuse prevention and reporting: it’s everyone’s responsibility by Donna Rafanello
- Doing what is right: ethical perspectives on child abuse by Stephanie Feeney
- The early educator’s role in the prevention of child sexual abuse and exploitation by Linda Crisalli
- Management systems that support child abuse prevention by Lisa Leifield
- Creating relational sanctuaries for children who suffer from abuse by Holly Elissa Bruno

Facts about child sexual abuse

- A child is sexually abused in this country every two minutes.
- One in four girls and one in six boys will be sexually abused by their 18th birthday. This does not include teenagers having consensual sex. The median age for child sexual abuse is nine.
- As many as 90% of abusers are known and trusted by the child and his or her family.
- Child sexual abuse occurs when an adult or an older child coerces a child into sexual activity.
- Child sexual abuse may include fondling a child’s genitals, masturbation, oral-genital contact, digital penetration, vaginal and/or anal intercourse, exposure, voyeurism, and child pornography.
- Child sexual abuse occurs in all racial, ethnic, socioeconomic groups, ages, and neighborhoods.
- Abusers and victims can be either male or female.
- Victims of child sexual abuse are at far greater risk for residual emotional, behavioral, cognitive, and social symptoms that can persist and contribute to a host of psychiatric problems throughout life. These include Post Traumatic Stress Disorder (PTSD), depression, high-risk sexual behavior, substance abuse, relationship problems, and suicide.
- A 1996 National Institute of Justice study estimated that each year child sexual abuse in America costs the nation $23 billion in medical, mental health, special education, and legal costs.

Thank you to Kay Albrecht and Donna Rafanello for shaping this Beginnings Workshop.
preventing child maltreatment in infants and toddlers: skills for early care and education providers

by Nancy L. Seibel

The issue

Each year more than 1 in 100 children are abused and neglected (United States Department of Health and Human Services, 2008). It is highly likely that there are at least 3 times more cases of abuse and neglect than these numbers suggest (English, 1998; Sedlak & Broadhurst, 1996). Underreporting, incomplete reports, variations in state laws and in data collection practices, misclassification of child injuries and deaths, and cultural, racial, and personal bias all contribute to difficulty in understanding the true prevalence of child maltreatment (Baker & Lewit, 1995; Bluestone, 2005; Centers for Disease Control, 2006; Crume, DiGuisepppe, Byers, Sirotnak & Garret, 2002; English, 1998; Lane, Rubin, Monteith & Christian, 2002). In addition, children can be harmed by parenting practices that while harsh or unresponsive may not rise to the level of legally defined abuse or neglect (Smith, 2001).

Infants and toddlers are more likely than older children to be abused, and children under 12 months are at greatest risk (U.S. Department of Health and Human Services [USDHHS], 2008). The younger a maltreated child is the higher is the likelihood of experiencing serious harm or fatality (USDHHS, 2008). Neglect is the most common form of maltreatment reported for infants and toddlers (USDHHS, 2008). Young children of color are over-represented in the child welfare system for reasons that may include ongoing patterns of social injustice (Lane et al., 2002).

Early maltreatment can have both immediate and long-term impacts on development. Experiences during the first years of life impact the way the brain develops, so abuse and neglect, if untreated, can have lifelong effects (McDonald, 2007). In addition to its incalculable cost in human suffering, abuse and neglect have an economic cost. Child maltreatment costs the United States an estimated $103.8 billion annually (Wang & Holton, 2007).

The prevalence, cost, and harmful impacts of abuse and neglect among very young children cry out for a solution, and child care providers want to be part of that solution. In a national survey conducted by the National Association for the Education of Young Children, providers expressed interest in playing a role in the prevention of maltreatment. They also noted their need for training and support to help them do so (Olsen & Hyson, 2003). Fortunately such resources are available.

The good news

Child care providers are in a great position to help prevent child maltreatment. They see children and families almost every day. They get to know families well enough to recognize signs that the family may be under stress. Parents value providers’ insights and are open to support from them, though they don’t want to be told what to do! (Olsen & Hyson, 2003). Child care providers’ brief, daily encounters with parents offer many opportunities throughout the week to build protective factors that can help reduce the risk of child maltreatment (CSSP, 2005).

Protective factors help strengthen families to handle the stresses that life can bring. Building protective factors is helpful because abuse and neglect are more likely to happen when families are overwhelmed by a number of interacting stressors. When child care programs can help to reduce some of the stress families experience and help promote their ability to handle difficulties, the likelihood of abuse or neglect is reduced (Seibel, Britt, Groves-Gillespie & Parlakian, 2006).

Researchers have identified a number of protective factors and are working to understand how these factors interact to support family functioning. There are some that child care providers can directly impact:

1. Parental resilience is the ability to cope in a healthy way when things go wrong.
2. Social connections with caring and supportive friends and relatives allow parents to exchange practical help and emotional support.
3. Concrete help when needed for questions, concerns, or crises can relieve stress and help parents feel helped and cared for.
4. Knowledge of parenting and child behavior helps parents have reasonable expectations of themselves and of their children.
5. Healthy child social-emotional development aids parents and children in establishing responsive and rewarding relationships with each other.

(Strengthening Families Illinois, n.d.; CSSP, 2005)

Child care providers can learn to purposefully use their everyday interactions with parents and children to help reduce the risk of child maltreatment. Building protective factors does not have to cost a lot of money or take a lot of time. It does call for child care providers to understand themselves and to use relationship-building skills with parents.

Self-understanding and understanding others

ZERO TO THREE’s training curriculum, Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care (see Resources) talks about self-awareness, careful observation, and flexible response.

- Self-awareness means recognizing your thoughts, feelings, beliefs, and attitudes and understanding where these come from.
- Careful observation relates to noticing behaviors and using information learned through observation in combination with other available information to understand what those behaviors might mean.
- Flexible response means interacting with a parent or child in a way that takes their needs into account, and being willing to try a different approach if the first try doesn’t work as expected.

This example shows how a provider might apply these concepts and skills:

Ms. Castle is the teacher in a classroom with four children, age two. She has one very busy, active little girl, Samantha, who is always on the go. Ms. Castle notices that Samantha needs frequent changes of activities to hold her interest and keep her from getting into difficulty (careful observation). Samantha just won’t take a nap, no matter what Ms. Castle tries. She has tried reading to her, singing to her, patting her back, playing soft music, and giving her a quiet toy to play with and none of this works (flexible response). Ms. Castle understands that it might be really hard for a busy child like Samantha to nap in the midst of a busy day in the center. Ms. Castle realizes she is beginning to resent Samantha a bit. It is tiring to care for her, and she can’t even get a brief break at naptime (self-awareness). Also, Samantha seems to get very tired by the late afternoon, and she becomes cranky and prone to tantrums. Ms. Castle decides to meet with Samantha’s parents, Mr. and Mrs. Ashton, to see if they have any ideas that might help.

During this meeting, Ms. Castle shares her delight in Samantha’s engaging personality and her appreciation of Samantha’s ‘get up and go.’ The adults share an appreciative laugh, recognizing that a highly active child like Samantha requires a lot of energy from her adult caregivers. Ms. Castle lets Samantha’s parents know of her concerns with Samantha’s naptime and late afternoon behavior, and what she’s tried. She asks them for their insights. Mr. Ashton laughs again and says fondly that when Samantha is excited she doesn’t seem to get tired. He comments that she loves coming to ‘school’ and probably doesn’t want to miss any of the action. Mrs. Ashton adds that she uses a ritual to help Samantha settle down for nap at home. She describes the ritual to Ms Castle, who says she’ll try it out to see if it helps Samantha at least rest quietly at naptime (flexible response). The three adults agree to meet again in a week to see how things are going.

Application of these concepts and skills helped Ms Castle analyze the situation and understand her own responses to it. She tried out some solutions, but they weren’t successful in helping Samantha to nap. She decided to reach out to Samantha’s parents and in doing so, gained additional information which enhanced what she had learned by observing Samantha. She can see that Samantha’s parents are very tuned in to her and are affectionate with her. This discussion also helped strengthen the parent-provider relationship. Ms. Castle found that Samantha’s parents were ready to partner with her to help address this problem. Their conversation helped her feel like they were all working together and ready to help each other. The parents, in turn, learned that Ms. Castle respects them and is willing to reach out to them for help in providing the best care for their daughter.

Directors and trainers can help build self-awareness, careful observation, and flexible response by discussing actual experiences or vignettes with providers and analyzing them using these concepts. These discussions can take place in one-on-one meetings with staff members and during staff meetings. Mentors or coaches can explore these questions with their participants, and trainers can create opportunities to teach about these ideas and build these skills during workshops.

Here are some questions that directors, supervisors, mentors, and trainers can use in their conversations with providers:

**Self-awareness**
- How did you feel?
- What did you think?
- What do you suppose caused you to think/feel that?
- Does this child remind you of anyone else?
Build effective relationships with parents
- Greet parents when they arrive at the beginning and end of each day.
- Ask parents how they are and take a minute to listen.
- Help a parent search for their child’s ‘blankie’ or other transition object if it’s missing at pick-up time.
- Let parents know how much you enjoy their child.
- Ask parents to show you the caregiving routines they use with their child.
- Do a home visit with each family at least once a year.

Build social connections
- Hold family events, like picnics or potluck dinners, regularly.
- Introduce the parents of the children in your classroom to each other.
- Set up a small parent lounge area where parents can sit and talk over a cup of coffee.
- Ask parents for their ideas for workshops or events the center could host.
- Encourage parents to work together on a project of interest, such as planning a discussion group, a family picnic, or a celebration.

Provide concrete help in times of need
- Keep a supply of diapers in various sizes on hand to help a parent who has run out of them.
- Refer a parent to a support group or counseling as needed.
- Keep numbers for local social services and crisis services on hand and offer them as needed.
- Create a referral list that parents can contribute to, including such things as good children’s clothing resale stores, repair services, and health care services.
- Be willing to listen and express caring.
- Invite a staff member at the local referral hotline to meet with center staff and discuss local programs.

Build knowledge of parenting and child Development
- Set up a resource center for parents with handouts, flyers, DVDs, and books to borrow.
- Survey parents to see if they would like parenting workshops and get their ideas about topics.
- Provide parents with a handout that responds to their questions about their child and discuss it with them.
- Show parents some web sites that have good child development information.

Promote healthy child social-emotional development
- Observe each child to understand his or her temperament and preferences.
- Discuss these observations with parents.
- Use caregiving approaches that are as much like the child’s home experiences as possible.
- Ask each family to bring in a family photo to post in the classroom for the child to see during the day.
- Help children calm down when they are feeling out of sorts or out of control.
- Keep expectations of young children in line with what is to be expected developmentally at different states.

As providers come up with their own ideas for supporting the protective factors, they have to develop a plan for putting those ideas into practice. Those plans might involve getting further training, making changes in the classroom or center environment, or trying out some new strategies and practices. Teachers are powerful influences in children’s and families lives and can use that influence to build protective factors that help to strengthen families, support children’s development, and reduce the risk of child maltreatment.
References


Further information

**ZERO TO THREE** is a national nonprofit organization that promotes the health and development of infants and toddlers. The web site has information about publications, training, and resources on a range of early childhood issues for use by adults who influence the lives of young children. [www.zerotothree.org](http://www.zerotothree.org)

**Center for the Study of Social Policy’s Strengthening Families Through Early Care and Education** — Information about protective factors, a self-assessment guide for programs, and resources for those interested in learning about the national Strengthening Families Initiative. [www.strengtheningfamilies.net/](http://www.strengtheningfamilies.net/)

**Child Welfare Information Gateway** provides access to information and resources to help protect children and strengthen families. [www.childwelfare.gov](http://www.childwelfare.gov)

The **National Association for the Education of Young Children** Information, publications, resources, and conferences for early care and education providers, including position statements on prevention of child abuse. [www.naeyc.org](http://www.naeyc.org)

**Resources**

*Preventing Child Abuse and Neglect: Parent-Provider Partnerships in Child Care.* ZERO TO THREE Training Curriculum. Available for purchase at [www.zerotothree.org/bookstore](http://www.zerotothree.org/bookstore)

Information on training for trainers available [www.zerotothree.org/training](http://www.zerotothree.org/training)

*Protecting Children by Strengthening Families: A Guidebook for Early Childhood Programs.* Available online or for download at [www.strengtheningfamilies.net/self_assessment/](http://www.strengtheningfamilies.net/self_assessment/)

*Six Ways to Keep Families Strong through Early Care and Education* available online at [www.strengtheningfamiliesillinois.org/downloads/6_Factors.pdf](http://www.strengtheningfamiliesillinois.org/downloads/6_Factors.pdf)


© ZERO TO THREE, 2009. All rights reserved. Please visit [www.zerotothree.org](http://www.zerotothree.org) for permissions.
child sexual abuse prevention and reporting: it's everyone's responsibility
by Donna Rafanello

“Children should be seen and heard and believed.”
— Source unknown

Each of these vignettes is true and I witnessed them firsthand in my more than 20-year career in ECE. I wish I had never heard or seen these things, but I did. Much as I wish I didn’t live in a world where adults sexually victimize children, I do. And the children in each of the vignettes above were being abused or had been abused in the past. Luckily for them, I knew what to look for, how to make a report, and had the courage to follow through. Can you say the same?

Introduction

The World Health Organization (WHO) and the International Society for the Prevention of Child Abuse and Neglect (ISPCAN) (2006) report,

“Sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are — by virtue of their age or stage of development — in a position of responsibility, trust, or power over the victim” (p. 10).

Scope of the problem

According to the National Committee for the Prevention of Child Abuse, more than 3 million children are reported to U.S. Child Protective Services agencies every year and this number continues to grow.

The vast majority of victims know their abusers.

Donna Rafanello is Exchange’s associate editor and Writing Project director. She is also assistant professor of Child & Adult Development at Long Beach City College in Long Beach, California. Donna is a survivor of child sexual abuse and the author of a book entitled Can’t Touch My Soul for and about child sexual abuse survivors. She can be reached at donna@childcareexchange.com.
One in 4 women and 1 in 5 men will experience sexual assault by the age of 18.

More than 20% of children are sexually abused before the age of 8 (Snyder, 2000). (Due to known underreporting, true figures may be higher.)

There are an estimated 60 million survivors of childhood sexual abuse in America today.

People who abuse children often first build a relationship with the child. Many sexual offenders are good at making friends with children and those who are close to them. Some may befriend a parent who is facing difficulties, offering to babysit, or other responsibilities. Some may work in settings that put them in close contact with children, such as child care facilities and schools, and others spend time in places where children are present so they are not seen as dangerous ‘strangers.’ (See Linda Crisalli’s article on professional boundaries.)

Most children don’t tell when they’ve been sexually abused. Most cases of child sexual abuse are never reported to the authorities. Some don’t even recognize the abuse (or the impact of it) until many years later. This is particularly upsetting when the National Institute of Mental Health reports that the typical child sex offender molests an average of 117 children. We must report child sexual abuse to stop it from happening.

What stops us from seeing or reporting abuse?

It’s obviously very disturbing to imagine someone sexually harming a child. Without certain proof it’s so much easier to dismiss suspicions. You might also be anxious about the possible consequences of taking action, especially if the suspected perpetrator (abuser) is someone you know. ChildHelp reports that while the majority of Americans polled believe that everyone should play a role in stopping child abuse, many people admit to witnessing child abuse and doing nothing about it. For definitions of child abuse or reporting numbers in your area, call the ChildHelp National Child Abuse Hotline (see Resources). The hotline is staffed 24 hours a day, seven days a week. Calls are anonymous and toll-free and translators are available in 140 languages. ChildHelp counselors can:

- Discuss signs and symptoms of abuse with you.
- Help you decide a course of action.
- Prepare you as to what to expect when reporting child abuse.
- Provide the number of the local reporting agency you should call. (The ChildHelp National Child Abuse Hotline is not a reporting agency.)
- Recommend books if you would like to learn more about child abuse.

Why don’t children tell if they have been abused?

According to Stop It Now there are many understandable reasons why a child is not likely to tell anyone about their abuse, most notably the fear of not being believed, of being punished or of having a family member harmed.

Age-appropriate sexual behavior in young children

An important part of ending child sexual abuse lies in recognizing ‘red flags’ in children’s behaviors. This can only be done when we understand children’s normal sexual development. While it can be hard to acknowledge, children are sexual beings who have sexual feelings and are curious about sex and sexuality. Children’s curiosity can lead to exploring their own and each other’s body parts by looking and touching. When adults set limits (for example, children keep their clothes on at school), children are able to follow the rules. Stop It Now offers detailed descriptions of children’s typical behavior so you can begin to see the difference between normal sexual development and behavior that should cause you concern.

Warning signs in children and adolescents of possible child sexual abuse

Many organizations (including Stop It Now) offer lists of possible indicators of child sexual abuse. It is important to keep in mind that any one sign doesn’t mean that a child was sexually abused, but the presence of several suggests that you begin asking questions and consider seeking help. Keep in mind that some of these same signs can emerge at other times of stress such as during a divorce, death of a family member or pet, problems at school or with friends, or other anxiety-inducing or traumatic events. Physical signs of sexual abuse are rarer than the emotional and behavioral indicators listed above. But in the case that you see these signs, a child should be referred for a medical examination and/or reports of suspected abuse should be made.

Long-term effects of child sexual abuse

The importance of reporting child sexual abuse cannot be overstated. The long-term effects of child abuse are far-reaching and include fear, anxiety, depression, anger, hostility, inappropriate sexual behavior, poor self-esteem, and difficulty with close relationships. Guilt is experienced by almost all victims. (See Holly Elissa Bruno’s article on post-traumatic stress disorder and other long-term effects of child sexual abuse.)

Our responsibility to report

Early childhood folks are among a long list of professionals who work with young children who are mandated by law to report child abuse. As such, they are referred to as mandated reporters. Most states require oral reports and some also require a written report. Failing to report cases of suspected child abuse or neglect is a
misdemeanor punishable by fine and/or imprisonment. The Rape, Abuse, and Incest National Network (RAINN) maintains a database of mandatory reporting regulations regarding children by state (see Resources), including who is required to report, standards of knowledge, definitions of a victim, to whom the report must be made, information required in the report, and regulations regarding timing and other procedures. The International Child Abuse Network (see Resources) offers some helpful tips in filing a report including the information to include in your verbal and reports. Readers should know the child abuse reporting number in their state (see Child Development Information Gateway in Resources).

In addition to the legal mandate to report, early childhood professionals are accountable to our profession’s code of ethics (NAEYC, 2005). The Code includes three principles related to child abuse which are also included in the Leadership and Management Accreditation Criteria, as well as an obligation to maintain confidentiality and to respect the family’s right to privacy. (For more on ethical conduct, please see Stephanie Feeney’s article.)

How to talk to children

Adults – not children – must take responsibility for preventing or stopping sexual abuse. Adults must be willing to speak up and take action. At the same time, it’s important that children are taught age-appropriate information that can help protect them. Children should also be taught that they can turn to adults for answers to their questions or for help. Child abuse prevention curriculum available to help children develop healthy attitudes towards their bodies and how to speak out if someone touches them in a way they find uncomfortable is beyond the scope of this article. Please see Resources for help in talking with children about abuse and curriculum you might adopt for your program.

Training

There is little training available to ECE program staff on child sexual abuse prevention specifically; most training focuses on general child abuse prevention or on child abuse prevention for older children (see Sexual Abuse Prevention Teacher Training Workshop in Resources). Nevertheless, training in the ECE professional’s role in the prevention of child abuse, in all its forms, is an important part of ongoing professional development. In many states, ECE program staff are required to have regular training in preventing, recognizing, and reporting child abuse and neglect and in working with families after a report has been made. This training is available from a variety of resources, including child care licensing agencies, child protective services (CPS), child care resource and referral agencies (R&Rs), colleges and universities, and professional organizations (Karageorge & Kendall, 2008).

Training programs help teachers develop a better knowledge around child abuse issues and reporting procedures and lead to an increased number of reports (Crime Prevention Committee, 1995). Research has shown that teachers who participated in certain training programs were better able to apply their knowledge to hypothetical cases of sexual abuse, were less likely to blame the child, were more likely to acknowledge the severity of sexual abuse in the community, discuss the seriousness of sexual abuse with colleagues, and were more likely to report suspected abuse (Taylor & Lloyd, 2001). RESOLVE (see Resources) offers assistance in planning teacher training using videos, training manuals, and/or in-service workshops.

Despite mandatory reporting laws, Taylor and Lloyd (2001) found that many teachers fail to comply with their legal duty to report suspected or disclosed child abuse, especially sexual abuse. Unspoken codes of conduct within organizations can also lead to noncompliance with mandated reporting laws. Trudell and Whatley (1988) found that the reporting philosophy of the school principal/director influenced teachers’ reporting of sexual abuse; where a principal/director encouraged reporting, teachers were more likely to report, and vice versa. (See Lisa Liefield’s article on management systems for more information about what early childhood programs can do to support child abuse prevention.)

Conclusion

For early childhood professionals there is no greater responsibility than the one we have to protect young children and to serve as their voice in times of need. It is our most profound promise to the children in our care: We shall do no harm and we shall not stand by while they are harmed by others. As Lumsden (1991) warns, “Ultimately, the greatest challenge may lie in attempting to alter social attitudes and conditions that foster or tolerate the sexual abuse of children.” With knowledge about child sexual abuse comes the power to prevent it. By educating yourself about child sexual abuse, you can become a powerful force in making the world a safer place for kids. You can prevent child sexual abuse and protect children from harm.

References


**Resources**

**Articles and Books**


**Web sites**

Child Abuse Mandated Reporter Online Training:
- Child Abuse Training and Technical Assistance Center
  [http://cihsinc.org/CATTA/](http://cihsinc.org/CATTA/)
- ChildHelp National Child Abuse Hotline: 1.800.4.A.CHILD (1.800.422.4453)
- Children’s Defense Fund
  [www.childressdefense.org](http://www.childressdefense.org)
- Child Welfare Information Gateway
  - Child Abuse Reporting Numbers: [www.childwelfare.gov/pubs/](http://www.childwelfare.gov/pubs/)
  - Child Welfare League of America
    [www.cwla.org](http://www.cwla.org)
  - Darkness to Light
    [www.darkness2light.org](http://www.darkness2light.org)
  - International Child Abuse Network
    [www.yesican.org](http://www.yesican.org)
  - International Society for the Prevention of Child Abuse and Neglect
    [www.ispcan.org](http://www.ispcan.org)
  - National Child Care Information and Technical Assistance Center: (800) 616-2242
    [http://nccic.org](http://nccic.org)
  - Prevent Child Abuse America
    [www.preventchildabuse.org](http://www.preventchildabuse.org)
  - RAINN’s Mandatory Reporting Database
  - Sexual Abuse Prevention Teacher Training Workshop
    [www.promisingpractices.net/program.asp?programid=60](http://www.promisingpractices.net/program.asp?programid=60)
  - Stop It Now
    [www.stopitnow.org](http://www.stopitnow.org)
Families trust early childhood educators to care for their young children. They expect us to keep children safe, meet their physical and psychological needs, support their development and help them learn. In other words, what they want is for us to care for their children as if they were our own. And what every one of us would want first and foremost for a child who was placed in the care of another, is that he or she be kept safe from harm. Every profession has a covenant with society that spells out its mission and promises that it will conduct itself with acceptable moral standards.

Early childhood educators have committed ourselves to the care and education of young children, and though it is not enforced, we have a code of ethics that communicates our ethical responsibilities. The NAEYC Code of Ethical Conduct, first adopted in 1989 after a long process of consultation with NAEYC members, is based on the distinctive values of the field of early childhood education and care. It spells out our responsibilities to children, families, colleagues and community and society, and provides guidance for dealing with ethical issues that arise in early childhood programs. The Code has been updated three times, most recently in 2005. A supplement for administrators that addresses their unique ethical issues was developed and adopted in 2006.

A code of ethics is crucial for early childhood educators because we care for children who are young, vulnerable, and unable to protect themselves. In any profession, the more powerless the client, the more important it is to insure against the abuse of power. We must behave ethically because children lack power and the damage we can do is so great.

Nowhere is our commitment to ethical behavior more important than in protecting the children in our care from any form of abuse, including sexual abuse.

Situations that involve child abuse are of great concern to early childhood educators and they are explicitly addressed in the NAEYC Code.

Following are some real situations relating to child abuse that have been reported by teachers and directors in early childhood programs.

- A child in a group of three year olds got excited and bit another child. The child apologized and seemed to be genuinely sorry. The child’s mother asked the teacher how he had been behaving because she and her husband wanted to punish him if there were any problems. The teacher knew that they were harsh in the discipline they used.

- A four-year-old boy was being sexually abused. He cried with pain when using the bathroom, had bruises on his upper legs and around his rectum, and was unable to focus on school tasks. He told a teacher what was happening at home and she said she would help. The teacher told the director who said that she would report it. But she kept putting it off.

- Twice in six weeks a child came to school with welts on her upper legs and back. In the past, when the child protective agency has been called in, they had intervened much too vigorously, often damaging what seemed to be a basically positive relationship between the child and the parents. You are worried whether it will do more harm than good to contact the authorities.

- A child in a preschool program has been abandoned by his mother and is living with the mother’s brother and his girlfriend. School personnel suspect that they are drug dealers. Staff members document numerous instances of neglect and emotional abuse, which they report to the local child protection agency. Nothing changes.

Stephanie Feeney is Professor of Education Emerita at the University of Hawaii at Manoa where she directed early childhood programs for many years. Her publications include Who Am I in the Lives of Children? (8th ed.) and Continuing Issues in Early Childhood Education (3rd ed.). She is co-author of the NAEYC Code of Ethical Conduct, two books about professional ethics published by NAEYC, and numerous articles and chapters. She also guided the development of supplements to the NAEYC Code for adult educators and program administrators, and participated in the three revisions of the Code.
Teachers noticed that a five-year-old boy in their class seemed to have a preoccupation with sexual matters. His drawings focused on male and female sexual organs, he knew a good deal about sex, and often got into suggestive positions during play with other children. He spoke of having seen X-rated movies on his parents’ television.

When dealing with these kinds of issues, the NAEYC Code can help you to understand your moral responsibilities and find wise resolutions to dilemmas (predicaments that involve conflicting responsibilities and require a choice between alternatives each of which has some advantages and some disadvantages). For example, the dilemma of the biting child calls for balancing your obligation to the child with respecting a family’s wishes and child-rearing practices. The next case deals with reporting abuse and involves balancing the welfare of the child with maintaining a positive relationship with a program administrator. The next two cases, also involve reporting abuse, focusing on relationships between a child care program and a child protective agency. These dilemmas raise the issue of how to meet your legal obligation to report abuse when doing so might have negative consequences for the child or family. The final situation, in which a child shows inappropriate knowledge of sex, is not a dilemma. It is clear that something is going on that is cause for concern, and the educators who work with the child have a responsibility to gather more information in order to find out what is happening and, if necessary, to protect the child. These are all difficult situations.

The Code of Ethics can help you to seek resolutions to them, but it does not provide immediate or easy answers. The more challenging the situation, the more you must combine the guidance found in the Code with your best professional judgment. In the case of child abuse situations the well-being of the child always takes precedence over other considerations. The primary commitment embraced in the NAEYC Code with your best professional judgment. In the case of child care program and a child protective agency. These dilemmas raise the issue of how to meet your legal obligation to report abuse when doing so might have negative consequences for the child or family. The final situation, in which a child shows inappropriate knowledge of sex, is not a dilemma. It is clear that something is going on that is cause for concern, and the educators who work with the child have a responsibility to gather more information in order to find out what is happening and, if necessary, to protect the child. These are all difficult situations.

The Code of Ethics can help you to seek resolutions to them, but it does not provide immediate or easy answers. The more challenging the situation, the more you must combine the guidance found in the Code with your best professional judgment. In the case of child abuse situations the well-being of the child always takes precedence over other considerations. The primary commitment embraced in the NAEYC Code is P1.1 which states that above all we shall not harm children. For every decision ask yourself if this decision could possibly cause children harm now or in the future?

Early childhood educators need to make every effort to protect the children in our care. We need to be alert to dangers outside of our programs, and we also need to look carefully at our own practices to ensure that we don’t unwittingly do anything that is abusive or might enable abuse to occur. Following are some barriers that might prevent an early childhood educator from behaving ethically when faced with the possibility of child abuse:

- Sometimes it is tempting to do what is easy and that pleases others instead of doing what is right.
- You might not be sure what the best action would be.
- You may be uncomfortable with confrontation or with displeasing families, colleagues, or administrators.

You might think it would be easier just to ignore something.

She or he may feel that it isn’t your place to get involved.

If you are a director, you may fear that enrollments could be affected by confronting a family member(s).

If early childhood educators wish to do the right thing in their practice, and if they want to be regarded as professionals and respected for being competent and trustworthy, we must put our ethical commitments to children before convenience or comfort. Our moral commitment to children and their families is at the core of our work. And nothing is more important than insuring that children in our care are protected from abuse.

The large number of provisions in the NAEYC Code of Ethics that relate to child abuse underscore the tremendous responsibility we have to protect children from any form of abuse or neglect. These obligations are a part of our solemn covenant with our society that is expressed in our code of ethics.

Most early childhood educators enter the field because they care deeply about children and are committed to their welfare. Nothing is more disturbing and challenging than encountering a situation in which we have reason to suspect that a fragile and dependent young child is being abused, and even more horrifying, abused sexually. Situations that involve abuse call for strength, compassion, the weighing of obligations, and responsible action. A code of ethics can help us honor our obligations and keep our moral compasses pointed at what is best for young children.

A guide to ethical behavior relating to child abuse

Here are some things that you can do to help ensure that you behave ethically in situations that involve child abuse and neglect.

- Get a copy of the NAEYC Code of Ethical Conduct and read it carefully. Get acquainted with the core values, the four sections, and the ideals (aspirations) and principles (rules of professional conduct) found in each section.

- The well-being of children is the primary commitment called for in the Code. Pay special attention to Principle 1.1 which says that above all we shall not harm children. For every decision involving children ask yourself if this decision could possibly be harmful to children? If the answer is yes, don’t do it.

- Be sure that you know your state’s laws and the signs and symptoms of abuse and neglect.
If you suspect that a child in your care is being abused, review the Code with special attention to the items that relate to abuse. Share your concerns with your program administrator or staff member designated to deal with reporting suspected abuse.

Work hard to maintain confidentiality. Sharing information about children and families with people who do not have a need for it erodes trust and diminishes professional credibility. This is a responsibility that early childhood educators often neglect. Information about suspected abuse that is shared inappropriately can be particularly harmful to families.

Read the Statement of Commitment at the end of the NAEYC Code — a personal acknowledgment of your willingness to embrace early childhood educator’s values and responsibilities. Ask yourself how you are doing with regard to each of the items.

For Directors

Commit your program to following the guidelines set forth in the Code of Ethics.

Give copies of the Code to all teachers and families in your program. State in your handbooks for staff and families that the Code is available (online or in pamphlets that you will provide) and that your program will follow it.

Make sure that new and continuing staff members receive regular training in recognizing signs of abuse and school, their responsibilities as mandated reporters, and reporting procedures.

Provide caring leadership and create a support network among program staff to assist them in processing difficult situations that involve actual or suspected child abuse.

Encountering an abuse situation may trigger memories in a staff member who experienced abuse as a child. If this kind of information is disclosed, be prepared to provide support and referral for counseling if it appears necessary.

Make parents aware (verbally and in writing) of program policies, the legal requirements on teachers to report suspected child abuse, the program philosophy about discipline of children, and what steps the program has taken to protect the children enrolled from abuse (e.g., hiring practices, criminal checks, supervision, safety procedures, and Code of Ethics).

Create an atmosphere of acceptance of parental concerns and teacher concerns. Be sure to follow up immediately if a teacher tells you of a suspicion of abuse.

When a teacher suspects abuse, offer to support her in making a report or suggest that you can make the report together.

Maintain positive daily contact with parents and hold regular conferences. Take time to get to know parents and find out what their needs are. Learn to recognize parents under stress, and how to refer them to resources that can help them cope.

Welcome parent involvement in the program. Use these opportunities to model constructive approaches to handling difficulties with children.

Be supportive of a parent suspected of abuse, but be clear that your first priority is to protect the child.

Provide special supports to parents who are at particular risk for abuse or who have a past history of abuse. Help them get the help they need.

Resources


The Code of Ethics is available in English & Spanish brochures and online: www.naeyc.org -> publications -> position statements
NAEYC Code of Ethical Conduct:  
Items Relating to Child Abuse

Ethical Responsibilities to children

Ideal 1.4 – To appreciate the vulnerability of children and their dependence on adults.

Principle 1.1 – Above all, we shall not harm children. We shall not participate in practices that are emotionally damaging, physically harmful, disrespectful, degrading, dangerous, exploitative, or intimidating to children. This principle has precedence over all others in this Code.

Principle 1.8 – We shall be familiar with the risk factors for and symptoms of children abuse and neglect, including physical, sexual, verbal, and emotional abuse and physical, emotional, educational, and medical neglect. We shall know and follow state laws and community procedures that protect children against abuse and neglect.

Principle 1.9 – When we have reasonable cause to suspect child abuse or neglect, we shall report it to the appropriate community agency and follow up to ensure that appropriate action has been taken. When appropriate, parents or guardians will be informed that the referral will be or has been made.

Principle 1.10 – When another person tells us of his or her suspicion that a child is being abused or neglected, we shall assist that person in taking appropriate action in order to protect the child.

Principle 1.11 – When we become aware of a practice or situation that endangers the health, safety, or well-being of children, we have an ethical responsibility to protect children or inform parents and/or others who can.

Ethical Responsibilities to families

Principle 2.1 – We shall not deny family members access to their child’s classroom or program setting unless access is denied by court order or other legal restriction.

Principle 2.12 – We shall develop written policies for the protection of confidentiality and the disclosure of children’s records. The policy documents shall be made available to all program personnel and families. Disclosure of children’s records beyond family members, program personnel, and consultants having an obligation of confidentiality shall require familial consent (except in cases of abuse or neglect).

Principle 2.13 – We shall maintain confidentiality and shall respect the family’s right to privacy, refraining from disclosure of confidential information and intrusion into family life. However, when we have reason to believe that a child’s welfare is at risk, it is permissible to share confidential information with agencies, as well as with individuals who have a legal responsibility for intervening in the child’s interest.

Principle 2.15 – We shall be familiar with and appropriately refer families to community resources and professional support services that support families. After a referral has been made, we shall follow-up to ensure that services have been appropriately provided.

NAEYC Code of Ethical Conduct, 2005 revision.
the early educator’s role in the prevention of child sexual abuse and exploitation

by Linda Crisalli

Defining relationships with children and families

Early childhood educators are in the business of nurturing young children and facilitating their healthy growth and development. There is a mountain of research on how young children develop and learn and how best to support that process. This of course includes caring, responsive interactions with the children and families in our care. However, there is less guidance available about the importance of appropriate professional boundaries in our relationships with children and their parents.

At first glance it might seem like the most natural thing in the world for early educators to think of themselves as an honorary member of their children’s families, and to behave accordingly. After all, what we do for a living epitomizes ‘warm fuzzies.’ The job includes cuddling with, giggling with, playing with, and nurturing young children during most of their waking hours. The job also includes interacting with their parents, twice a day, five days a week. In the course of those interactions, a considerable amount of personal and confidential information is disclosed.

It is human nature to be more attracted to some people than to others, both children and adults, and it is not uncommon for caretakers to disregard professional boundaries and develop personal friendships with favorite children and their parents. They might exchange home telephone numbers and get together socially. The caretaker might babysit for favorite clients on the weekends. They often have long casual chats at drop-off and pick-up time. Preferential treatment and favoritism towards that child and family is not unlikely to follow, which is demonstrated in ways that are obvious to even the most casual observer.

The importance of maintaining professional boundaries

As teachers and caregivers of young children, it is incumbent on us to be genuinely courteous, warm, friendly, welcoming, and inclusive towards the children and their parents. As sweet as it sounds and as innocent as it may seem, however, it is decidedly not a good idea to show preferential treatment towards favorite children and to engage in personal relationships with them and with their families. When professional boundaries are disregarded in this way, it can send messages that could contribute in a very real way towards putting that child at greater risk of being victimized by a sexual predator. This is a strong statement, and one that is likely to elicit strong reactions from some people, but it is true nonetheless and well worth thoughtful consideration.

Grooming

Research informs us that pedophiles (child sexual abusers) are very selective. They choose the children who are most likely to be open to their advances and attention.

The first stage of child sexual abuse, called grooming, happens when the abuser singles out a child and starts doing little things to make that child feel special. This often includes giving them extra attention and privileges, spending extra time with them, buying them small gifts, etc. The abuser gets progressively closer to the child, often with the full knowledge and consent of his or her parents. By the time the actual abuse starts happening, the relationship is well established and appears completely innocent to others. Predators typically tell their young victims that the abuse is their fault and threaten them with terrible violence if they tell anyone. Sometimes the abuse and coercion goes on for years, and the lifelong damage it does to the child is unthinkable.

Now here’s the thing: In the beginning, the only difference between a caregiver singling out a favorite child for preferential treatment and a sexual predator singling out a child for future abuse is the ultimate intention of the adult. Therefore, when early educators allow themselves to single out favorite children and
treat them preferentially, there is a real risk that those children and their parents will become desensitized to the potential danger of grooming behaviors. Remember, sexual predators actively seek out the children (and parents) who are most likely to be receptive to this kind of preferential treatment. Consequently, one way early educators can be proactive in protecting the children in their care from victimization is by refraining from behavior that mimics grooming.

This does not mean that a teacher or caregiver who treats one child better than the others is a pedophile. And it certainly doesn’t mean that caregivers should refrain from being genuinely caring, nurturing, and affectionate. Nor does it mean that they shouldn’t be sensitive, responsive, and supportive of children who are especially needy because of their current circumstances, such as a child whose parents are going through a difficult divorce, or even something as simple as a child who isn’t feeling well; there is a very big difference between responding appropriately to any child who currently needs a bit of extra support and continually extending obvious favoritism towards one particular child. The point is that it is important to be sensitive, responsive, and supportive to all of the children, all of the time. An observer should not be able to tell by a caregiver’s behavior which among the children are the favorites, or which she or he doesn’t like.

Potential legal issues

In addition to putting children at greater risk for being targeted by pedophiles, teachers who show obvious preferential treatment towards their favorite children run the risk of being falsely accused themselves. Consider the following scenarios, all of which are true stories.

Scenario One: An Innocent Accident

Preschool teacher ‘Susan’ became good friends with one of her favorite children, ‘Morgan,’ and Morgan’s mom, ‘Mariana.’ They socialized together. They talked on the phone several times a week. Susan babysat for Morgan on the weekends. In class, Susan gave Morgan lots of little privileges and significantly more attention than the other children, such as almost always sitting next to Susan at lunchtime, being line leader, being selected for special activities, being invited to accompany Susan to the storeroom to get art supplies, etc. One day Morgan slipped while she was straddling a tricycle and fell against the crossbar. That evening her mother noticed that there was swelling and bruising on her genitals. She took Morgan to the doctor. Even though Mariana had received an accident report explaining that Morgan fell on the tricycle, the doctor made a report to Child Protective Services (CPS) because the appearance of the bruises and swelling were inconclusive. A CPS investigation followed. Questions were asked including “Is there someone who seems to single Morgan out and give her extra attention?” Susan’s name came up several times in response to this question. It took over a year to conclude the CPS investigation and clear Susan’s name. While the investigation was pending, Susan was suspended from her job without pay.

Scenario Two: A False Accusation

Like Susan above, family child care provider ‘Sondra’ made a personal connection with client ‘Ella’ and her daughter ‘Nicole.’ Unbeknownst to either Ella or Sondra, Nicole was being sexually abused by her Aunt ‘Michelle.’ Michelle told Nicole that the abuse was her fault and threatened her and her family with terrible violence if Nicole told anyone. Nicole started having nightmares. She cried much of the time and refused to play with other children. She started wetting the bed at night and wetting her pants during the day. She reverted to baby talk. Nicole’s Sunday School teacher recognized these behaviors as red flags for sexual abuse and called Child Protective Services. Because Michelle had threatened Nicole with terrible violence if she told anyone, the child was understandably terrified. Nicole recognized the opportunity to redirect attention away from Michelle and protect herself and her family by naming Sondra as her abuser. Sondra was arrested and charged with child abuse. Eventually, her name was cleared because there was not enough conclusive evidence to prosecute her, but there was irreparable damage to her reputation and career. Michelle was never identified or prosecuted. Most importantly, poor Nicole was damaged in ways that are likely to impact the rest of her life.

Scenario Three: A Victim in Training

This is another example of the all-too-common scenario when a teacher in a preschool program singles out a favorite child and becomes personal friends with his parents. Because of the heightened level of familiarity and affection between teacher ‘Eugene’ and one of his children, ‘Sam,’ and his parents ‘Rita’ and ‘Mario,’ all four of them became desensitized to the behaviors that they might otherwise have recognized as grooming when Sam’s T-ball coach, ‘Andrew,’ started treating him much the same way that Eugene treated him. Unfortunately, while Eugene’s intent was entirely innocent, Andrew’s was not. But nobody recognized this fact until it was too late. In a very real way, Eugene had inadvertently made Sam into a victim-in-training, and sadly that training was successful.

Taking action

The landscape of the field of early care and education is changing rapidly. There are greater expectations regarding professionalism than ever before. Early educators have the opportunity and the obligation to present themselves as knowledgeable, confident specialists. Directors and administrators have the responsibility to set high standards in this area. Policies and expectations about professionalism should be included in staff handbooks and parent
handbooks, and explained during staff orientations and tours with new clients. Expectations regarding professionalism should include the following:

- Interactions with children, parents, and co-workers should be courteous and respectful at all times. It is inappropriate and unacceptable to extend preferential treatment and favoritism towards some children and/or parents. Likewise it is inappropriate and unacceptable to treat least favorite children and/or parents unkindly or disrespectfully.

- Staff may not disclose confidential information about children, families, or coworkers with, or in the presence of, children or clients. Confidential information should be shared with coworkers on a need-to-know basis only.

- Staff are expected to refrain from engaging in personal, social, or business relationships with current clients and their children, including babysitting. When a staff member has a personal relationship with a client that predates a child’s enrollment in the program, special care should be taken to keep the two relationships as separate as possible, and to maintain a strictly professional relationship at work.

- Staff are expected to use appropriate language, good grammar, and correct spelling in communications with and in the presence of children, parents, and coworkers.

- Staff are expected to dress appropriately for their job (include standards such as length for skirts and shorts, necklines for tops, whether or not it is acceptable to show tattoos, appropriate shoes, appropriate jewelry, good grooming, and standards regarding acceptable logos or sayings on T-shirts, etc.).

- Staff are expected to consistently comply with licensing regulations, company policies and procedures, and established standards for best practice.

- Staff are expected to honor the company chain of command and established grievance procedures, and to handle conflicts and concerns privately and courteously.

Conclusion

Recognizing the importance of professional boundaries in interactions with children and their parents is paramount for a myriad of reasons. The nature of this kind of work presupposes interactions with children and their families that are warm, caring, and affectionate. Indeed, many of the greatest joys of working in this field are connected to hugging, cuddling, smiling, giggling, supporting, and caring deeply for children and their families. Teachers and caregivers need to take great care to be equally courteous, nurturing, supportive, welcoming, and inclusive towards all children and families, all of the time.

Conscientiously avoiding the practice of singling out some children for preferential treatment and favoritism is simply the right thing to do because all children deserve attention and affection, not just the favorite child; it is also a positive, proactive way for teachers and care-givers to protect children from being victimized by potential predators, and to protect themselves from false accusations.

For more information


Helpful Websites:

- www.childhelpusa.org
- www.childabuse.org
- www.stopitnow.com
- www.darkness2light.org
- www.preventchildabuse.org
management systems that support child abuse prevention

by Lisa Leifield

The field of early childhood education has always had at its heart strengthening the relationships between parents and children. Both the NAEYC Accreditation Standards (NAEYC, 2008) and the Early Head Start Performance Standards have historically placed an emphasis on family professional partnerships (USDHHS, n.d.). It only makes sense then that the early care and education community would rise to the challenge of ensuring their programs work to prevent abuse and neglect as child abuse and neglect is an epidemic in the United States today.

Child abuse prevention programs in early care and education programs are complex, and national organizations such as NAEYC and the Center for the Study of Social Policy (CSSP, 2003) have identified components of child abuse prevention based on research on child abuse prevention. The components of NAEYC’s Building Circles, Breaking Cycles initiative include: a) utilizing developmentally appropriate curricula; b) developing reciprocal relationships with families; c) helping families to understand and manage challenging behaviors; d) building on family strengths; and e) informing staff about their professional responsibilities to recognize the signs of and report child abuse and neglect (NAEYC, 2004).

The Center for the Study of Social Policy’s (CSSP, 2003) Strengthening Families Through Early Care and Education emphasizes building protective factors as a way of preventing child abuse and neglect. Protective factors are those items identified in the literature that strengthen parents’ resilience and are one way of preventing child abuse and neglect (National Clearinghouse on Child Abuse and Neglect, n.d.). The protective factors identified by CSSP include: a) supporting family-to-family connections; b) strengthening parent’s knowledge of child development; c) promoting social emotional competence; and d) providing families with concrete support in times of need including referring families to community resources (Horton, 2003).

Directors need to adopt a systematic and intentional approach to ensure that their management systems support the implementation of these components and protective factors. The purpose of this article is to provide key questions you can use to assess the degree to which your management systems support two of these key components; developing strengths-based reciprocal relationships with parents, and use of developmentally appropriate curriculum.

Assessing the community context

If you are going to establish reciprocal relationships with families, it’s important to know the community context in which your currently enrolled families live. Being responsive to families’ needs helps you build the foundation for reciprocal relationships. In order to plan services that match the needs of the families you serve, it’s important to assess services and resources in your community.

Early care and education centers, of course, do not have the sole responsibility for child abuse prevention (CSSP, 2003). Rather, current research indicates that prevention of child abuse and neglect is a community responsibility and that care and education centers are part of a larger array of community resources, services, and supports (Child Welfare League, 2005). A thorough community assessment helps you to link families to the community resources they may need to support parenting practices.

It is also important for directors to know the mental health, family support, and substance abuse agencies in their community because research indicates that a variety of factors place families at risk of abuse and neglect (National Clearinghouse on Child Abuse and Neglect, n.d.). These factors include poverty (CSSP, 2003; NAIC, n.d.), substance abuse (CSSP, 2003; NAIC, n.d.) mental illness (CSSP, 2003; NAIC, n.d.), and domestic violence (NAIC, n.d.). If a family has more than one risk factor, then the risk for child abuse and neglect increases (National Scientific Council and Institute of Medicine, 2000).

Knowledge of these programs helps you to make better referrals. It can be very frustrating for parents if a referral is made to an agency that no longer exists, or no longer provides a certain service. Assessing community resources is important because NAEYC identifies advocacy as a key responsibility of early care and education centers, and report child abuse and neglect (NAEYC, 2004).

Lisa Leifield has a Master’s of Social Work Degree and a Ph.D. in Special Education. She has over 20 years experience working with families of young children involved with the child welfare system or at risk of involvement. She has taught early childhood education and administration courses at several universities. She worked at the Early Head Start National Resource Center and provided training and technical assistance on improving management systems in Early Head Start programs to support quality programming. She currently is involved in a statewide training initiative for child welfare workers focusing on strategies on building supportive relationships with parents.
Assessing developmentally appropriate practices

There are several reasons why it is important to assess your curricula for developmentally appropriate practices. First, research indicates that developmentally appropriate practices lay the foundation for children’s growth and development (NAEYC, 1996). A second reason is because research indicates that child abuse often occurs due to a lack of information about children’s growth and development and inappropriate expectations for their children (Daro & Cohn-Donnelly, 2001). Providing parents with information helps them to prevent problems that occur because they are asked to do something they are not developmentally capable of.

Assessing communication systems

One of the best ways to build trust with families is to have regular ongoing communication. Ongoing, predictable, positive interactions also help parents to have confidence that the relationships will be supportive. The relationships that teachers develop through ongoing interactions with families become vital when the need arises for sensitive or difficult discussions (Olson, 2007; Olson & Hyson 2005).

In addition to assessing your communication systems among program staff, it’s important to communicate with your advisory board. Advisory board members are typically employed in places where they can leverage community resources (CSSP, 2003). For example, they may know of funding sources you are unaware of, make referrals of qualified mental health professionals, or know of training or quality initiatives operating in your community. They may also be able to support your candidacy for participation in competitive training or quality initiatives — but in order to do so they need to be informed.

NAEYC Building Circles and Breaking Cycles and the Center for the Study of Social Policy both agree that it is not the responsibility of early care and education teachers to be providers of mental health, substance abuse, or domestic violence services (CSSP, 2003; Olson, 2005). Rather, early care and education centers can serve as referral sources to community resources. Families may be embarrassed, reluctant, or unsure how to ask for a referral, making it important for programs to develop multiple pathways for parents to locate resources they need.

Assessing your human resources system

Training on child abuse and neglect should, like other training areas, follow training recommendations contained in NAEYC’s Conceptual Framework on Professional Development (NAEYC, 1993). This means that training should be ongoing, based on evidence-based practices, build on staff strengths, and use staff to help each other.

In addition to receiving training, staff need other opportunities to learn about child abuse prevention. You can maximize training opportunities when you use the employment interview, staff meetings, and supervision (Norman-Murch,T., & Wollenburg, K., 2000) as contexts to support staff in their understanding of child abuse prevention strategies. The employment interview is the first opportunity to orient staff to your program’s child abuse prevention efforts and the strengths-based approach you use to support families.

Staff meetings are also viewed as a context for professional development in early care and education programs (Carter & Curtis, 1998; Norman-Murch,T., & Wollenburg, K., 2000; Seibel, Gillespie, & Temple, 2007). Examine current practices with an eye to the following issues:

- Are staff meetings used to share strengths of families and talk about successes?
- Do you use staff meetings to review key training concepts?
- Do you provide opportunity in staff meetings to discuss your program’s efforts to prevent child abuse and neglect?

Providing regular supervision is one of the most challenging activities for programs serving young children. Making time for supervision is important because staff need opportunities to talk about and reflect on their feelings about working with families (Seibel et al., 2007). Early care and education programs often have difficulty providing time for supervision because they don’t have enough staff to provide coverage to release teachers for regular supervision. Have you evaluated the challenges and barriers to providing regular supervision?

There are a variety of ways to incorporate a supervision structure in your program:

- Consider hiring a staff person to provide coverage to enable teachers to leave the classroom for supervision.
- Seek funding to secure mental health consultation if you don’t have a staff person designated to support staff in working with families.
- Think broadly about what role this person will have: family support coordination, family parent collaboration specialist, or curriculum supervisor who also has knowledge and skills in working with families.
Recordkeeping

The Child Welfare League’s Standards of Excellence (2005) recognizes information-sharing with parents as one of the key functions of recordkeeping systems. Conversations with parents about their child’s development is a key child abuse prevention strategy (NAEYC, 2004). It is important to stress with your staff how the information they collect to share with parents can become a vital record of each child’s development. All parents enjoy getting detailed information about their child. It can be fun for parents to follow the kinds of things that bring their child pleasure over a period of time, as well as the kinds of things parents and children enjoy together. This offers parents a key way of building positive relationships with their child—a key child abuse prevention strategy.

Records of a child’s behavioral history that highlight both strengths and challenges can be particularly helpful for teachers when they are discussing children’s development. Detailed records can help parents become skilled observers of their own children.

In addition to records of children’s behavior, it’s important to have recordkeeping systems that support documentation of child abuse reporting. Protocol for documenting reports helps you summarize data and identify trends in your program. For example, you may detect age patterns of abuse or neglect. You may find that you are reporting more incidents of neglect than abuse. Compilation of this information helps you focus your prevention and intervention. For example, the kinds of training vary depending on the types of abuse or neglect you are reporting. This is also critical information to share with your advisory board.

Conclusion

You play a pivotal role in your community’s child abuse and prevention efforts. Through a systematic intentional approach to establishing management systems that support strengths-based reciprocal interactions with parents, you model for both your staff and the community the early care and education’s role in prevention of child abuse and neglect. Together with your staff and other interdisciplinary professionals in your community you help to build strong support systems that strengthen healthy parent child relationships.

References


creating relational sanctuaries for children who suffer from abuse

by Holly Elissa Bruno

Lissa’s story: Chapter 1

Lissa was an unusually mature child. Like a fledgling fidgeting woodpecker, she pecked away at every task until the result could not be criticized. If her drawing smudged, Lissa crumpled it and started again. Lissa clowned around to distract her classmates when new situations spiked their anxiety. She knew how to cheer people up.

When unfamiliar adults entered the room, Lissa shrank in her chair. Clanging fire alarm bells catapulted Lissa out of her seat. Parent-teacher conferences, when announced, caused Lissa to wince. She quickly cloaked her vulnerability in an image of confidence.

Michael Gonta, Lissa’s teacher, spotted a flicker of loneliness in Lissa’s eyes. He began to find special tasks for her, asking her to help him with classroom activities. Mr. Gonta delighted in Lissa’s sense of humor. He encouraged her to create cartoons and drawings which he proudly posted. When Lissa’s writing project was selected as her age level’s best, Lissa was stunned. Mr. Gonta was not. In the sanctuary of Mr. Gonta’s classroom, Lissa bloomed like an amaryllis bulb that had been held dormant in a dark cellar.

One October morning, Mr. Gonta announced he’d be leaving soon to become principal at another school. Lissa, schooled in the lesson: “If you want something to cry about, I’ll give you something to cry about,” pinched herself to hold back tears.

Mr. Gonta said goodbye to Lissa on a November afternoon, unaware he was the first to soothe Lissa’s terror of going home to face an explosive father and to care for an unstable mother, afflicted with mental illness. Although Lissa would continue to guard her family’s secrets, she no longer felt alone. She held the torch of her teacher’s loving encouragement deep inside.
Most likely, her abusers ache in the same way. As Michael Gonta soothed Lissa’s soul, so too can each of us.

**Invisible wounds**

PTSD (Post Traumatic Stress Disorder) is a direct consequence of abuse and abandonment. PTSD can afflict a child at any age, riding the child’s spirit into adulthood as ferociously as an attacking wildcat. Flashbacks (unbidden memories of the abuse), panic attacks (racing heart, gasping for life-sustaining breath), self-hatred (feelings of unworthiness), and addictions (both chemical and ‘process’ addictions like work addiction and codependency) are running buddies with PTSD.

Who harms our most vulnerable and trusting little ones? Family members, moms, dads, and relatives in positions of trust, are most likely to inflict these wounds. What a sad twist of fate it is that those vested with bestowing unconditional love inflict pain instead.

PTSD is an invisible wound. Symptoms may be difficult to spot especially in pre-verbal children. Abused children become professors of ‘image management,’ appearing “fine, thank you” on the outside, while suffering on the inside. Abused children charged with keeping shadowy family secrets, do so even as their hearts yearn to tell the truth.

**Breaking the cycle: Soothing balm for wounds**

No child need carry the PTSD wildcat on her back as a life sentence. Early childhood professionals can prevent and soothe the terrors of PTSD by exercising emotional intelligence (EQ). EQ, reading people as well as we read books, is the awareness and practice of healthy, loving relationships. Thanks to the new field of neuroscience, the study of how our relationships change us on a cellular level, we know for sure that healthy relationships help heal broken hearts.

Using EQ, we can take these steps toward healing:

- Provide a relational sanctuary of unconditional love and acceptance for the child;
- Seek family members’ strengths while welcoming them into supportive networks of caring adults.

Every family, including those trapped in abuse and neglect, has within it the desire to be liberated from the wildcat’s claws.

---

*Early memories, lost to our consciousness, nevertheless continue to shape our experience. The persistence of past learning into a present where it is irrelevant or even destructive is extremely problematic*

— Cozolino, 2006

Who harms our most vulnerable and trusting little ones? Family members, moms, dads, and relatives in positions of trust, are most likely to inflict these wounds. What a sad twist of fate it is that those vested with bestowing unconditional love inflict pain instead.

**Relational sanctuaries**

We remember the people who touch our hearts. Titles after our names or dollar amounts in our bank account matter little compared to the legacy of touching the life of a child. Each classroom can be a relational sanctuary, safe from violence, and full of inspiration. How do we create a relational sanctuary for each child?

- Pay attention to all the ways we communicate loving acceptance.
- Be aware of possible signs of PTSD in children.
- In understanding how children remember their life experiences, offer opportunities for happy memories.

First, pay attention to all the ways we communicate loving acceptance. Abused children with PTSD are acutely attuned to unspoken messages. Emotion is communicated heart to heart. According to the Institute for Heart Math, our heartbeat can be felt by another person up to five feet away. Each beat of our heart communicates welcome or lasers a foreboding chill.

Intentions can be felt. As you greet each child, your smile, gentle touch, upbeat voice, or passing glance of kindness becomes in itself a safe place. In that warmth, each child can begin to unfold into the person she is meant to become. Sixty-five to 90 percent of human emotion is communicated without words.

Dr. Peter Salovey, who coined the term, ‘emotional intelligence,’ assures us, “The emotionally intelligent person is often a pleasure
to be around and leaves others feeling better.” Consider the difference Mr. Gonta made by building a relational sanctuary for each child in his classroom.

**Identifying PTSD**

Second, be aware of possible signs of PTSD in children. PTSD symptoms in children include:

- Abnormal startle response (Lissa jumps as a fire alarm clangs)
- Hyper-vigilance and hyper-arousal (Child fears closing her eyes at nap time)
- Memory and concentration problems (Difficulty trusting enough to learn)
- Feeling worse when reminded of the trauma (Lissa winces when adults approach her)
- Avoidance (“Unloving behavior signals to the child that the world is a dangerous place and tells him: Do not explore, do not discover, and do not take chances.” (Cozolino, 2006)

Other factors also may lead to these or similar behaviors. Nonetheless, an intensely fearful child who craves safety deserves gentle attention. Her family may need the same. Balancing our ‘mandatory reporting’ obligation with reaching out to families is a challenge we address later in this article.

**Memories are made of this**

Third, by understanding how children remember their life experiences, adults can offer happier memories. Did you know we have two types of memory: ‘implicit’ and ‘explicit’?

We use explicit memory (‘ex’ indicates from the outside) when we concentrate on studying facts and figures and other ‘book learning.’ If you memorized Lincoln’s “Gettysburg Address,” you used your explicit memory. “What explicit memory serves up for conscious reflection, implicit memory does not” (Lewis et al., 2000).

Implicit (‘im’ indicates from within) memory kicks in without our thinking. When we are uplifted or threatened, we memorize those moments. Our hearts embrace happy moments like a hug and encase painful moments like a thorn. We “get a gut feeling” or an intuition about what is happening to and around us. Lissa “took to heart” memories of her teacher’s kind smile.

**When children are abused or neglected, they are being given the message that they are not among the chosen.**

— Cozolino, 2006

With PTSD, memories of trauma are locked away inside a child. Sometimes, the child does not have conscious access to those memories. Understanding how our memory works demonstrates the importance of safe, supportive classroom experiences like Mr. Gonta provided to Lissa.

**Early childhood programs are grounded in the principles of identifying children’s strengths and providing the encouragement that creates an open space for learning. That same philosophy, when applied to parents, creates an opportunity to reach out to families in a non-threatening, non-judgmental way.**

— CSSP, 2004

**A child’s dual memory banks mature at different rates. The structures generating specific memories are immature at birth, and they require years of neurodevelopment to become fully functional. Implicit memory requires no warm up; it is operational before a baby is born. In later life the explicit memory system slowly degenerates as the decades advance, while the implicit memory maintains its youthful robustness.**

— Lewis, Amini, & Lannon, 2000

To experience your own implicit memory, recall the teacher or other adult who was your Michael Gonta: Who encouraged you and believed in your promise? As you recall that person’s kindness, you are likely to feel your implicit memory system at work. When someone makes a difference in our lives, that person is held sacred in our memory.

Children you teach not only learn shapes and colors, but on a deeper level, remember that you touched their lives with love. Think of a child’s laughter, wonder or delight in your presence; the child will hold those feelings for a lifetime. This understanding invites us all to be present to children and to let go of distractions in order to create and savor these moments that lead to healing memories.

Parents, like their children, can be touched by loving acceptance and encouragement. Brick walls of defensiveness can crumble, revealing the promise locked away behind the wall.
Seeing through to family strengths: Connections to replace isolation

Stunningly, one factor defines most traumatizing homes: isolation. In isolation, abuse and neglect can take place behind closed doors. Parents who are isolated from other adults have no one to stop them from revisiting terrors of their own childhoods on their children.

Once connected with others, these same parents have release valves, sounding boards and peers who are facing similar stresses with non-violent approaches. When isolation ends, abuse diminishes. The small child within the abuser begins her recovery once isolation becomes meaningful connection.

Empathy rather than sympathy opens closed doors. Families labeled ‘at risk’ are more likely to turn away than families whose strengths are acknowledged and respected. The CSSP Guidebook (2004) encourages us to partner with families to increase protective factors like:

- Parental resilience
- An array of social connections
- Adequate knowledge of parenting and child development
- Concrete support in times of need, including access to necessary services, such as mental health (CSSP, p. 13)

The protective factor CSSP encourages for children is “healthy social and emotional development.” By using EQ to provide relational sanctuaries, we buoy a child’s social and emotional development.

Rather than turn a family away by judging them, we can seek strengths to build upon by asking questions like:

- What is hard about being a parent?
- Are there ways our staff could help you deal with these challenges?
- We want to be a welcoming place for parents, where families feel comfortable asking for help. What are some of your ideas on how we can do that?
- We are particularly concerned when parents seem stressed, isolated, or overwhelmed. Do you have ideas about how we can reach out to parents at these times?
- We want to make it easy for parents to make connections with each other. How can we do that? (CSSP, 2004, p. 25)

Parents who feel cared for and respected are more open to connecting with others, ending isolation. As families begin to find support through connection, the pressure cooker at home releases in a grateful ‘whoosh.’ Children are the first to feel the relief.

Mandated reporters and co-reporting

We are required by law to serve as mandated reporters, informing authorities of abuse and neglect. One option is ‘co-reporting.’ Ask the family if they are willing to report the incident with you. By co-reporting, the family indicates awareness of the problem and willingness to ask for help. Professionals who have partnered with families in co-reporting indicate that this process inspires hope.

This story has a happy ending

Hope heals, or at least opens the door for healing. Lissa carried into adulthood, warm memories of hope and promise from being in Mr. Gonta’s classroom.

Lissa’s story: Chapter 2

Fifty-three years have passed since Lissa waved goodbye to Mr. Gonta. Now a mother herself who adores her children, Lissa recalls with gratitude the people who helped her break the cycle of abuse. Michael Gonta is at the top of her gratitude list.

Lissa pens a thank-you letter to Mr. Gonta to let him know the difference he made in her life. She has tracked down his address after making many phone inquiries and other searches. Mr. Gonta, now almost 80, writes back that of course he has not forgotten Lissa and her big brown eyes.

Lissa boards a plane and crosses over three states to rejoin her favorite teacher. As she spies her smiling teacher, Lissa’s heart leaps into her eyes. The two adults, forever connected through hope, hug as if the world were just born. Later, Michael offers Lissa another gift, his poem:

Little Lissa,
You glow with achievement, a teacher’s dream.
If immortality is what one leaves behind
Now, feeble me, I glow through you.
My treasured instrument,
Thank you forever.
By loving a child into a place of hope, trust, and promise, early childhood professionals (teachers, bus drivers, cooks, and directors) can break the cycles of abuse and neglect. Even on a cellular level, our unconditional kindness and acceptance can carry over into healing changes for the child and her family.

Nelson Mandela reminds us: “As we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, we liberate others.” The relational sanctuaries we create with our hearts are healing spaces.

We all have the potential to love a child into a future of promise and hope. I know. Michael Gonta was my teacher.

References


Web sites


Booklet for caregivers of children with PTSD: www.childtrauma.org/ctamaterials/ptsd_interdisc.asp


You can have the hottest topics...

With Beginnings Workshop Books from Exchange Press you’ll have the hottest curriculum topics down cold. Every issue of Exchange magazine includes a hands-on 16-page staff development guide that provides a wealth of practical ideas on specific curriculum topics from leading authorities in the field of early care and education. Each Beginnings Workshop book is a comprehensive collection of these articles on a particular topic.

• Child Development and Learning  
• Curriculum Issues  
• Professionalism

• Language and Literacy  
• Play  
• Behavior

Each Beginnings Workshop Book is available to you for only $24 each. For a list of titles and contents or to order, call (800) 221-2864 or visit www.ChildCareExchange.com.