



The Journey Through Adolescence
Saturday, March 16, 2013
Bill Daniels Center for Children's Hearing

O.U.R. Children's Safety Through the Teen Years: Observe, Understand, Respond

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ACKNOWLEDGEMENTS: MY MENTOR

Dr. Harold Johnson, H&V Board Member; Michigan State University



Today's Presentation

- **Why Talk about these topics in context to the 'deaf thing'**
- **The H&V O.U.R. Project** - in context to the Adolescent Years
 - Child abuse and neglect
- **Youth Safety Considerations**
 - Internet safety
 - Dating
 - Bullying

Typical Ages and Stages: 13 – 18 Years

Social/Emotional Development:

- Respecting need for more independence
- Mitigating passive-aggressive behavior
- Acknowledging self-doubt/self-consciousness
- Navigating moodiness
- Fostering self-confidence or over-confidence
- Defining oneself
- Planning a future
- Finding positive extracurricular and community activities
- Creating open parent-child communication

Deaf is Different

What's *different* for our kids?

- **Tendency to be concrete**
- **Understanding personal space**
- **Instruction often must be direct and blunt**
 - Won't ask because they "overheard something"*
 - Innuendo*
- **Understanding Consequences (okay, not so different)**
- **Higher risk for victimization: OUR Project**
- **Accessibility to general information**

Janet's Story

- “I don't have time for this”, “This isn't my area of focus/expertise”, “This is too hard/sad”
- The statistic that changed me
- The video that changed me
 - Do? Tell? Kids Against Child Abuse
 - www.kidsagainstchildabuse.org



"I said 'Somebody should do something about that.' Then I realized I am somebody."

— [Lily Tomlin](#)



The O.U.R. Project at Hands & Voices

- **WHO** we are
- Why **US?**
- Share our process for taking on this topic **ORGANIZATIONALLY**
- **ACTIVITIES** we've accomplished
- **NEXT STEPS**



Hands & Voices



ADVOCACY
SUPPORT &
TRAINING



HANDS &
VOICES™



GUIDE BY
YOUR SIDE™

Hands & Voices Chapters

For info on a H&V chapter near you click a location marker on the maps below. Stars indicate full chapters and dots represent start-up / provisional chapters.

The image contains two maps. The left map is a topographical map of the United States with numerous orange stars and yellow dots scattered across the country, representing chapter locations. The right map is a world map with labels for continents (North America, South America, Europe, Africa, Asia, Australia) and oceans (North Atlantic Ocean, South Atlantic Ocean, Indian Ocean). It features orange stars and yellow dots indicating global chapter locations.

Hands & Voices Mission

Hands & Voices is dedicated to supporting families with children who are Deaf or Hard of Hearing without a bias around communication modes or methodology.

We're a parent-driven, non-profit organization providing families with the resources, networks, and information they need to improve communication access and educational outcomes for their children.

Our outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling all children who are deaf or hard of hearing to reach their highest potential.

Community of Learners

Inform...

Encourage...

Support...

...one another as we:



Enhance our ability to observe, understand and respond to our children.

Engage in conversations to protect our children.



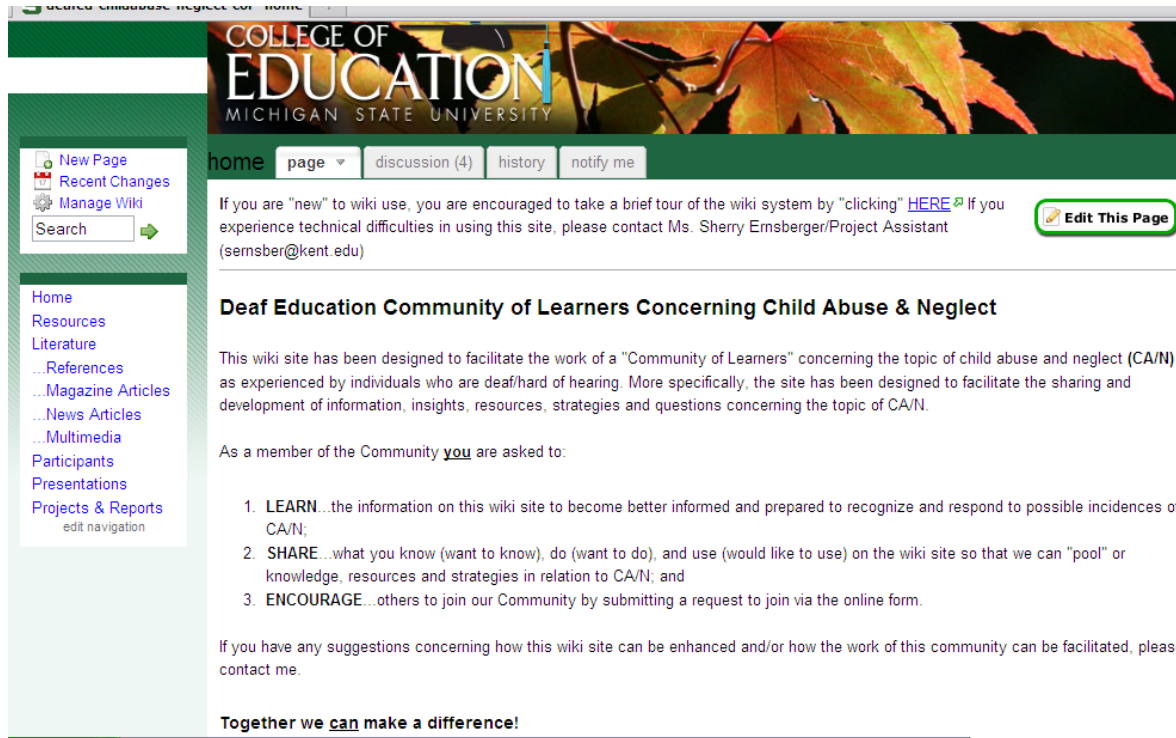
Learning the Basics

Learning the basics:

- **OBSERVING-**
 - Opening our eyes to the issues
 - Learning the basic statistics
 - ‘Observing’ skills in our roles as parents and organizationally at H&V.
- **UNDERSTANDING –**
 - We have an obligation individually and collectively to make a difference.
 - “I’ll know what to do the next time...”
- **RESPONDING –**
 - Institutionalizing the message the systems that serve us: education, medical, community.
 - Resources specifically for families/professionals in deafness
 - Responding to “I am not the guy.”

- Hands & Voices, in collaboration with Michigan State University, Child Help, and the National Exchange Club Foundation, **do not accept the “status quo.”**
- **We do not accept** that while our children are at greater risk to experience abuse and neglect, the “powers-that-be” remain focused on other topics that are deemed to be more pressing and more important.
- **We can lead the way** by enhancing our ability to observe, understand, respond to, and protect our children through three simple actions.

Where can I go for more information?



The screenshot shows a web browser displaying a wiki page. At the top, there is a banner for the 'COLLEGE OF EDUCATION MICHIGAN STATE UNIVERSITY' with a background of autumn leaves. Below the banner is a navigation bar with buttons for 'home', 'page', 'discussion (4)', 'history', and 'notify me'. A search box is located on the left side of the page. The main content area features a heading 'Deaf Education Community of Learners Concerning Child Abuse & Neglect' and a paragraph explaining the site's purpose. A list of three points is provided, followed by a note about suggestions and a concluding statement: 'Together we can make a difference!'.

COLLEGE OF EDUCATION
MICHIGAN STATE UNIVERSITY

home page discussion (4) history notify me

If you are "new" to wiki use, you are encouraged to take a brief tour of the wiki system by "clicking" [HERE](#). If you experience technical difficulties in using this site, please contact Ms. Sherry Ernsberger/Project Assistant (sernsber@kent.edu)

[Edit This Page](#)

Deaf Education Community of Learners Concerning Child Abuse & Neglect

This wiki site has been designed to facilitate the work of a "Community of Learners" concerning the topic of child abuse and neglect (CA/N) as experienced by individuals who are deaf/hard of hearing. More specifically, the site has been designed to facilitate the sharing and development of information, insights, resources, strategies and questions concerning the topic of CA/N.

As a member of the Community you are asked to:

1. **LEARN**...the information on this wiki site to become better informed and prepared to recognize and respond to possible incidences of CA/N;
2. **SHARE**...what you know (want to know), do (want to do), and use (would like to use) on the wiki site so that we can "pool" or knowledge, resources and strategies in relation to CA/N; and
3. **ENCOURAGE**...others to join our Community by submitting a request to join via the online form.

If you have any suggestions concerning how this wiki site can be enhanced and/or how the work of this community can be facilitated, please contact me.

Together we can make a difference!

<http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/>

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What is Child Abuse?

- **Neglect** is failure to provide for a child's basic needs; food, water, appropriate clothing, appropriate supervision, etc.
- **Physical abuse** is physical injury as a result of hitting, kicking, shaking, burning, or otherwise harming a child.
- **Sexual abuse** is any situation where a child is used for sexual gratification. This may include indecent exposure, fondling, rape, or commercial exploitation through prostitution or the production of pornographic materials.
- **Emotional abuse** is any pattern of behavior that impairs a child's emotional development or sense of self-worth, including constant criticism, threats, and rejection.

What are Indicators of Abuse?

- Neglect: Signs of malnutrition Poor hygiene Unattended physical or medical problems
- Physical abuse: Unexplained bruises, burns, or welts Child appears frightened of a parent or caregiver
- Sexual abuse: Pain, bleeding, redness, or swelling in anal or genital area, Age-inappropriate sexual play with toys, self, or others, Age-inappropriate knowledge of sex, age inappropriate use of sexual language
- Emotional abuse: Extremes in behavior, ranging from overly aggressive to overly passive, Delayed physical, emotional, or intellectual development

- While presence of a disability is noted as a “risk factor” for CA/N (Child Maltreatment Report, 2007), incidences of CA/N, as experienced by children with disabilities, are considered to be substantially underreported (Sullivan, Brookhouser, Scanlan, 2000) due to a lack of professional preparation by human services personnel (Bonner & Hensley, 1997) and current reporting protocols.
- Available research indicates a significantly higher rate of sexual abuse experienced by individuals who are d/hh (Obinna, Osterbaan, & DeVore, Wendy, 2005; Obinna, Krueger, Osterbaan, Sadusky, DeVore, 2005; Willis & Vernon, 2002).

Incidence & Impact of CA/N as Experienced by Children who are deaf/hard of hearing (d/hh)

– **Where:** (Shakeshaft, 2004)

- anyplace that the abuser and the child can be alone

– **How Often & When:** (Sullivan & Knuton, 2000)

- 9% of children w/o disabilities
 - Occurs most frequently during elementary school ages
- 31% of children w/ disabilities
 - Occurs most frequently during preschool ages

• Child Factors that increase their vulnerability

– Age

- The younger the child (i.e., birth to three yrs.)...
 - ...the more dependent they are upon caregivers and the greater their social isolation, thus the increased risk for maltreatment, e.g., neglect and physical abuse
- The older the child...
 - ...the more likely they are to experience sexual and emotional abuse.

Note: Children under the age of three are statistically at greater risk for child abuse and neglect than children under the age of three.

• Possible Causes of CA/N with Children who are d/hh

- May lack the language skills needed to effectively understand, or convey to others that they have been sexually abused. (Vernon & Miller, 2002)
- Conditioned to comply with authority figures, are naive re. sexual norms, and may misinterpret the attention of the abuser in relation to feels of being loved. (Sullivan, Vernon, & Scanlan, 1987)
- Lack of sufficient school based learning opportunities and instructional materials needed to recognize, avoid, or report instances of abuse and neglect. (Obinna, et al., 2005)
- Perception that children who are d/hh do not need information concerning appropriate and inappropriate sexual behavior. (Obinna, et al., 2005)

- **Impact of CA/N:** (Wang, C-T., & Holton, J. (2007)

- **Poor Physical Health...**

- e.g., chronic fatigue, altered immune function, hypertension, sexually transmitted diseases, obesity

- **Behavior Problems...**

- e.g., aggression, juvenile delinquency, adult criminality, abusive or violent behavior

- **High-risk Behaviors...**

- e.g., a higher number of lifetime sexual partners, younger age at first voluntary intercourse, teen pregnancy, alcohol and substance abuse

- **Social Difficulties...**

- e.g., insecure attachments with caregivers, which may lead to difficulties in developing trusting relationships with peers and adults later in life

- **Poor emotional and mental health...**

- e.g., depression, anxiety, eating disorders, suicidal thoughts and attempts, post-traumatic stress disorder

- **Cognitive dysfunction, e.g.,**

- e.g., deficits in attention, abstract reasoning, language development, and problem-solving skills, which ultimately affect academic achievement and school performance);

Note: Information applies to all children, there is insufficient data re. children with disabilities.

Observe

- Know your child and his/her behavior. Pay attention to any differences in behavior
- Know your child's friends, teachers, care givers, and make sure they know you
- Be visible in your child's life
- Know your child's routine, where they go, what they do
- Observe how your child's caregiver interacts with him/her

Understand

- Understand that open communication and education may prevent the occurrence of abuse
- Understand the symptoms of all abuse types
- Understand that there are resources and help for those who experience abuse
- Understand that it is not the child's fault
- Understand that you must act now to eliminate abuse

Respond

- Respond by remaining calm
- Respond with love and non-judgmental language
- Respond by reassuring your child
- Respond by taking appropriate action
- Respond by making a report
- Respond by taking your child for professional help

What to do If You Suspect Abuse

If you are unsure whom to call,
contact the 24-hour Child
National Child Abuse Hotline
at **1-800-4-A-CHILD** for that
information.

The Childhelp National Child Abuse Hotline: 1-800-4-A-CHILD (1-800-422-4453)

Counselors at the hotline can help:

- **Victims:** children and teens who have been abused
- **Survivors** of child abuse
- **Abusers:** people who have abused a child or who are afraid that they may abuse a child
- **Witnesses** to child abuse

Childhelp cannot make a report of child abuse for you, but it can set up a three-way call with your local enforcement agency. You can also call your local enforcement agency directly to report child abuse. Childhelp has a [list of local phone numbers](#) you can call for your county or state in the U.S.

Next Steps

- The better we can observe, understand, and respond to our children...
 - ...the more informed that we become,
 - ...the better we can protect, encourage and support our children,
 - ...the more likely our children will experience happiness and success.
- In reality, many parents, especially those who just recently learned of their child's hearing loss, lack the confidence, knowledge and experience to effectively observe, understand, and respond to their children.
- In addition, most parents of children who are d/hh and the professionals who work with them, are unaware of the increased risk their children face in relation to child abuse and neglect.
- **Ignorance is not bliss, it is dangerous!**

What factors and strategies serve to prevent neglect and abuse?

- Child Welfare Information Gateway has identified “Six Protective Factors” that prevent Child maltreatment.
- Nurturing & Attachment
- Knowledge of Parenting & Child Development
- Parental Resilience
- Social Connections
- Concrete Supports for Parents
- Social and Emotional competence in children.

• Nurturing & Attachment

- “Building a close bond helps parents better understand, respond to, and communicate with their children. “
- Exploring Strengths & Needs:
 - How the parent observes and attends to the child
 - Specific play or stimulation behaviors
 - How the parent responds to the child’s behavior
 - How the parent responds to emotional needs
 - How the parent demonstrates affection
 - How the parent models caring behavior
 - How the parent recognizes accomplishments
 - How the parent provides a safe and stable home and family environment

• Knowledge of Parenting & Child Development

- “Parents learn what to look for at each age and how to help their children reach their full potential. “
- Exploring Strengths & Needs:
 - The parent’s view of his/her child’s strengths
 - How the parent views his/her own role
 - How the parent observes and interprets the child’s behavior
 - Ways the parent is currently responding to the child’s needs and behaviors
 - How the parent encourages positive behavior through praise and modeling
 - Whether the parent can identify alternative solutions for addressing behaviors
 - Community, cultural, and ethnic expectations and practices about parenting
 - How the parent understands the child’s development
 - Any parental concern that the child’s behavior appears to be outside the normal range

Parental Resilience

- “Recognizing the signs of stress and enhancing problem-solving skills can help parents build their capacity to cope. “
- **Exploring Strengths and Needs**
 - What the parent identifies as his or her coping strengths and resilience
 - What the parent identifies as everyday stressors
 - Problem-solving skills
 - Impact of stress on parenting
 - How the parent communicates with his or her spouse or partner
 - Short-term supports (respite care, help with a new baby, help during an illness)

Social Connections

- “Parents with an extensive network of family, friends, and neighbors have better support in times of need. “
- **Exploring Strengths and Needs**
 - The parent’s current social support system, including family, friends, and membership in any formal groups
 - The parent’s social skills and capacity to make and keep friends
 - The parent’s desire for new friends and social connections
 - Needs that might be met with better social connections (for instance, respite care, a sympathetic listener, a role model)

Concrete Supports for Parents

- “Caregivers with access to financial, housing, and other concrete resources and services that help them meet their basic needs can better attend to their role as parents.”
- **Exploring Strengths and Needs**
 - The parent’s view of the most immediate need
 - Steps the parent has taken to deal with the problem
 - Ways the family handles other problems
 - Current connections that might offer help for the new problem
 - Other services and supports that would help the family
 - The parent’s desire and capacity to receive new services, including completing applications, keeping appointments, and committing to the solution process

The Hands & Voices Child Safety Plan


- See handouts
- Form can be used at IEP meetings
 - Knowledge of Protective Factors for parents and students.
 - Addressing communication and self-advocacy.

At the IFSP/IEP, ask these questions:

- What background checks are carried out on adults who work with my child?
- What is the existing policy and procedure for reporting suspected instances of bullying, child neglect/abuse?
- How frequently are the adults who work with my child required to receive ongoing professional development concerning the prevention, recognition, reporting and response to suspected instances of bullying and child neglect/abuse?
- How frequently are student centered programs offered re: Self Advocacy Personal Safety, i.e., health, bullying , abuse, online, dating, etc.?

Safety Attributes for Teens

- The student demonstrates an appropriate response to boundary crossing behavior of others.
- The student demonstrates how and who to tell if they or another student has faced inappropriate behavior by a peer or adult.
- School and community resources have been mobilized to increase knowledge and safety for students.
- The student has practiced how to respond when threatened.



Other Youth Safety Considerations in the Teen Years who are Deaf/Hard of Hearing

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The Dating Years



Hot Topics for All Kids

- My reputation
- Teasing and peer pressure
- Sexual identity
- Sexting, Porn and Cybersex

Hot Topics for Parents

- What's the purpose?
Values
- What age is appropriate?
 - Chronological or behavior based
- Consequences of actions: pregnancy, STD,
- A world of 'too much'.

Resources on dating/sex

- American Academy of Pediatrics
- Planned Parenthood
- Focus on the Family Watch Me Grow series
- It's Not the Stork and similar books
- SigningSavvy.com
- From Diapers to Dating: A Parent's Guide to Raising Sexually Healthy Children
- How to Talk to Your Child About Sex
- Themarriagebed.com (teens and up)
- OUR Project: deafed.net's wikispace
- Dove Campaign
For Real Beauty

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Facts on Bullying

- One in seven children in grades K-12 are impacted by bullying.
- Legal Definition: an intentional aggressive behavior that involves an imbalance of power or strength and is repeated over time.
- Bullying can be physical, emotional, verbal or non-verbal, using rejection, defamation, humiliation, blackmail, manipulation of friends, isolation, and/or peer pressure.
- Bullying directly affects a student's ability to learn.
- Bullying can be a denial of FAPE if related to a disability.
- More than 160,000 students stay home in the U.S. each day for fear of being bullied at school.
- Who are they? Bullies are children or adults who have likely been maltreated themselves.
- Who are the bullying victims? Any child who is "different" in some way are more at risk, as are children who internalize stress (blame themselves) are more at risk than kids who see the issue as someone else's problem.
- Both bullies and victims are more likely to experience anxiety and depression.
- Bullying is a mental health issue.

Addressing Bullying

What should you do if your deaf or hard of hearing child is bullied?

10 Guideposts to Help Stop Bullying

Let's Hear it for the Internet!

- Deaf teenagers are keen to use Internet communication.
- Internet communication can help empower deaf teenagers.
- Internet communication can help foster independence in deaf teenagers.
- ACCESS via Instant messaging, text messaging, e-mail, and telecommunications relay service.
- Leveling the Playing Field: Facebook and other social networking websites, chat rooms, and discussion forums.
- The importance of monitoring Internet use.



- *Sherene Chen-See, Medical Writer/Editor, AboutKidsHealth***The Internet: Breaking down barriers to communication for deaf teens**

20 Internet Safety Tips for Deaf Teens

In ASL and Captioned

<http://www.youtube.com/watch?v=liqJsupAtTA>

Hands & Voices Headquarters

Email: parentadvocate@handsandvoices.org

Website: www.handsandvoices.org

Colorado Families for Hands & Voices

www.cohandsandvoices.org

Email: Sara@cohandsandvoices.org

Information about the O.U.R. Project

<http://deafed-childabuse-neglect-col.wiki.educ.msu.edu/>) soon to
be added to www.deafed.net



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