

Event Started: 3/14/2017 4:00:00 PM

Please stand by for realtime captions. [Captioner is on hold, waiting for event to begin.]

>> Good morning has just joined us?

>> Maybe the Captioner clicks could be.

>> [Indiscernible] I just sent you a picture to the conference table, and to think everyone for their contributions, it is pretty cool I want --

>> I am pretty excited about it.

>> I will introduce you, and then I will let everyone know I will start to record, then the voice comes on saying it is now being recorded and you can start.

>> I will wait until the recording starts until I duke minor introductions.

>> I will start the conference -- Them the recording? -- -- Then The recording?

>> I think it would be okay to report and records that part.

>> -- and record that

>> I am putting the response back to the board, I will send you a copy, you will get a copy of all the messages sent out to the CMC members. And then it is just CEC quote, then we are trying to.

>> Did you need me to be on that call?

>> No, you are fine.

>> Sounds good.

>> Good morning for anyone who has joined us, welcome to our monthly O.U.R. call, is there anyone else on the line?

>> Not yet. Hopefully --

>> Three minutes till.

>> Yes.

>> This method --

>> Christer has message she is going to miss the call --

>> Hello good morning who has just joined us?

>> This is Renée, from the project BC.

>> [Indiscernible-speaker away from microphone]

>> Wonderful thank you for joining us, we will be getting started in just a moment.

>> Jan, your voice just faded out are you still there?

>> Better or no?

>> A little better?

>> I will go off speaker phone.

>> If you're just joining us for our special presentation, this is Jan Harris, you are on the right call welcome to anyone who is here.

>> Good morning.

>> For those of you joining the call, we are here for the special presentation for O.U.R. project, we will be getting started in just a moment, did someone just join us?

>> It is tried 11.

>> Hello -- It is Jeannene Hello Jeannene I will meet myself.

>> For the conference call, I will be getting started in one moment.

>> Is [Indiscernible] here?
>> Okay.
>> I will see if I can send a text message.
>> Good morning who has just joined us.
>> Lesley in Minnesota.
>> Hello Lesley, this is Janet Turkel
>> How're you Janet.
>> Good, glad you can join us.
>> We are just waiting a couple of moments to get started.
>> Good morning who has just joined us?
>> Brenda Elliott, a parent guide with voices.
>> Thank you for joining us we will get started in just a moment.
>> This is Nanci Sager in California.
>> Hello Nanci how're you glad you can join us.
>> We have people coming on the line, we will be getting started in just a moment.
>> I just sent out a text message.
>> Good morning, this is Janet, from Hands & Voices, we will get started in just a moment we will be waiting one more moment just to get going.
>> I just got a message, saying she is ready.
>> Okay.
>> I told her to please call in.
>> Great.
>> This is Janet, Sarah, are you on the call thank you for all of you on the call. We will get started in just a moment, if you can mute your line, that would be great, except for Dr. Crowley, you will be here? Are you on the call yet?
>> Good morning who is just joined us?
>> Good morning thank you for joining the call today, who has just joined us?
>> This is Kristen Nolte from Illinois.
>> Hello how are you Kristen.
>> I'm good how are you?
>> Good I'm glad you can join us.
>> Were just about ready to get started.
>> We are waiting for Dr. Crowley.
>> Dr. Crowley are you on the phone?
>> She indicated she was ready, I indicated please to call in now.
>> Thank you for your patience everyone. We will get started in just a second.
>> I sent a message asking if she needed a number, and the announcement yesterday.
>> Yes.
>> While, this is Janet from Hands & Voices, thank you for those of you who have called in, we will get started, we are still waiting for our special presenter, we are not sure if there is a problem on the line.
>> Anyway, this is our monthly community of learners, for the O.U.R. project, responding, a children's safety project.
>> To observe, and to respond to child abuse and neglect. A group of individuals meeting together for several years.
>> In different ways, both individually and click to play, we have been working together, to reduce and prevent child abuse and neglect in our population, of children, who are deaf and hard-of-hearing. We are waiting for our special speaker

to join us. What we will do while we are waiting.

>> Harold will talk about the exhibit booth, and some of the people he talked to, and experience doing that.

>> Would you like to do that? Dr. Crowley are you on the call?

>> I am on the call indeed.

>> I will give brief introduction, and we will introduce you Eshoo get in.

>> Thank you everyone for being on the call, Jan asked for me to speak with you reflate. This conference that starts with early intervention, starting in Atlanta, the project had a remarkable example, to share information and to include awareness in reporting. There was a great deal of interest, a lot of handouts and questions were answered about our work in a number of collaborative efforts, including a remarkable deaf woman working with students, helping them to express students fillings, in art.

>> A number of opportunities have been started, that we will share with you more as we come to realize.

>> Today. We will probably start recording.

>> Okay.

>> It is ready to roll as well.

>> Thank you we can.

>> This is Janet.

>> We will here a pause while we start the recording.

>> If everyone can be patient.

>> Hold on.

>> Your conference is being recorded.

>> Hello everyone, this is Harold Johnson, the tour director, with Hands & Voices, we are fortunate to have Dr. Crowley, who will be speaking entitled promoting the health and safety, young children with health and safety and needs.

>> This university, and the health department of education, we have a scholarship of advocacy, concerning the prevention, for trim and of students -- Treatment of students, with disabilities. Today we will be talking today, sharing information to help us to do three things.

>> To help understand the contextual variables of students, with safety needs, and then to enhance safety, the approach. Then five practical applications teachers can use to enhance the safety of their children and students, we would ask that you hold your questions till the end, Dr. Crowley we are very pleased to have you here today. We welcome you to share some of your thoughts about how we can have the safety and success of children.

>> Thank you so much Harold. I hope you can hear me. This is the best we can do this morning.

>> Thank you so very much.

>> First of all I just want to thank you and Janet for the work you are doing, organizing this special event, I just want to commend them here for the work we are doing for advocating, this safety of children with safety needs.

>> This presentation is based on case examples of young children.

>> Young children that have been abused and neglected more specifically. We will do three things. As Harold just said. We will be a little familiar with the contextual's that help in safety of young children, and we will think about how we can organize, as multidisciplinary. And individuals from multiple disciplines, so

that we can promote safety of young children, and then practical implications. Of our knowledge.

>> And for our work in providing safe and healthy environments. For children with special needs.

>> First we think about context variables.

>> This comes out now of the case analysis data, and collaborated by the department of Health and Human Services.

>> And I will make specific references to the findings of the 2000 of the 2015 reports, which is the most recent report we have of department of human health and services, it is an annual report, more than 300 pages long. It is in the amazing resource for us, as we keep and talk about this with children and special-needs, these with children, and all children are vulnerable without treatment.

>> Who are the children?

>> -- These children account for 24 children, per thousand. Of those abused and neglect did. Children under 10 years of age, account for 75% of children who are abused and neglect did.

>> Relative to boys and girls, 10 girls, per thousand. Versus nine boys per thousand, where maltreated in 2015. Child fatalities, they do amount to treatment, and it is higher among boys than it is girls.

>> Children across disability characteristics are treated. And those who exhibit behavioral challenges, to caregivers, and others in their life, are deemed most frequently representative group of children, children with special needs exhibit behavioral challenges across disability characteristics, children with communication disorders, autism, children with sensory disorders, or physical disability, they may exhibit behavioral challenges.

>> Mothers and fathers, together and alone, immediate family members, as well as extended family members, are the most frequent perpetrators of maltreatment.

>> In 2015.

>> This group accounted for 91 for 91.6% of children maltreatment, mothers alone.

-- Mothers alone accounted for 49% of maltreatment in 2015, in addition, they accounted for 26.7% of child fatality, following maltreatment. Child neglect, is the most frequent form of maltreatment, neglect accounted for 75% of child maltreatment in 2015. Medical neglect accounted for 2.2%, of child maltreatment, physical abuse is the second most common form of child maltreatment. It is accounted for 17.2% of children maltreatment in 2015.

>> Deferred most common form, of treatment in 2015, psychological maltreatment accounted for 6.2% of children maltreatment.

>> In 2015. 1000 -- 1670 children died following their maltreatment, this represented 5.7% increase, since 2011.

>> Short and long term disability, follows child maltreatment we must be aware at disability, at proceed and follows children maltreatment, case from department of health and human services, discord, record physical and social isolation of families and children, they precede maltreatment. Adult and caregiver addictions, and substance abuse precede child maltreatment, insufficiently supported families, and institutions, receive maltreatment, cultural, and variable factors of disability, also proceed maltreatment.

>> These conceptual and contextual variables include ignorance about disability, and denial, rejection of children and their special needs.

>> Furthermore.
>> Children are maltreated in the context of denial and rejection of monk there adult caregivers.
>> Children are more probably abused and neglected in the context of escape is him, and the real capabilities of the children, and their real need as well.
>> Other context, set the stage for child maltreatment.
>> Into poverty.
>> Exhaustion due to work demands, substance and abuse.
>> Alcohol and substance addiction, these promote child maltreatment, horrible punishment, by a parent, is still allowed in family homes.
>> In all 50 states in the United States.
>> Corporal. punishment is still allowed in schools, in 19 states, in the United States.
>> We have a great deal of work to do on the contextual variables that are associated with child maltreatment.
>> Our work in maltreatment prevention must be guided by what we know.
>> And must be guided and what we also want to know. Child maltreatment is as the under estimated and under estimated and reported. We do not have data reported on child micro aggressions. These go unnoted. They are never reported, these treatments, happen every day when children with special-needs, are not included in our conversations, they are not invited to play groups. When they are not select to by their teachers to answer questions, these occur in homes among immediate and extended family members.
>> Micro aggressions.
>> Every day in schools, cool schools and playgrounds, communities large and small. The most vulnerable children. Might experience more micro aggressions.
>> Data on micro aggressions, really means it will be explored. Now we can use what we know to think about the prevention of child maltreatment using multidisciplinary approaches.
>> Happily we have come a long way. In the last 40 or so years. Let us consider how the field of law, medicine, and education and they have related contributions contributing to child maltreatment preventions. These fields for example in law, education, and their combined to provide individuals with disability education act, this law provides a legal mandate, to provide for the education for children with special needs, this provides a special education in the work.
>> In the lives of children with special needs.'s disabilities from birth to three, they have a legal right to early intervention.
>> Their families have a legal right to individualized family service plans.
>> Children's with disabilities have a right to free and appropriate public education, in the least restrictive environment.
>> It is imperative for families of children with special needs, to learn about their legal right and privileges, the of the individualized family service plan.
>> And the individualized education plan.
>> It is imperative for child caregivers to collaborate and develop skills how to listen and how to ask questions.
>> They must be coming aware of their own body language, and the other -- With others. They must deal with conflict resolution, and engaged with consistent advocacy for themselves, and for their children with special needs.

>> In addition. Children with special needs, need to develop their own collaboration skills, they must learn how to communicate their anime, and trust that they will be taken seriously.

>> They must learn persistence and resilience in the face of perhaps at first being taken seriously, but then persist. Into so until they are indeed happily experiencing their needs being met. It is imperative children with special needs are included in the life of the whole family, and engage with that entire community, isolation of children with special needs, and their caregivers, this is not an option.

>> Now we can turn our thinking to what we can do tomorrow.

>> I included in this set of resources. A child proofing your home link, as well as resources for considerations.

>> The data indicated, that we would start each health and safety, as soon as possible.

>> At home, and with very young children.

>> The expectation of health and safety, is an attitude.

>> It is so similar.

>> Children with special needs, they must learn that there needs are understood, and taken seriously. Let us begin early. I include the link for essentials for childproofing in your home. This is only a reminder.

>> Do not consider this is the only our best one, it is just meant to show you. Teaching children how to be safe, and to live with the expectations of being safe, is something they can learn as very young children, as much as that is possible for them.

>> I also include with the countless resources available to you. One example.

>> Is the healthy start program. These are entirely great resources, these are resources that support effort.

>> To teach children how to be healthy and safe everyday.

>> Welcome to Holland.

>> This is there to remind you, you are and we are all on a journey to the place we had not planned to go.

>> If we arrive in Holland unintentionally, it is no less, wonderful destination.

>> Our roles as parents and KDR givers -- Caregivers -- Of children with special needs, this is indeed an adventure, family members, teachers doctors, lawyers, all professionals are on this adventure with this. As we think about the implications of our work for children's maltreatment of prevention, I would like to treat this -- I would like to teach this, learning occurs in all.

>> Children learn from explicit instructions, they also learn implicitly, and incidentally.

>> Incidental learning occurs around the dinner table. In the playgrounds, and randomly as they observe and participate the world around them. Child for this disability, when they do not hear conversations around the dinner tables, they are isolated from the learning that comes from the learning and interactions, they also missed lessons in health and safety. They require focus and educational instruction about their health and safety. In a manner that they understand.

>> For example.

>> Children with intellectual disabilities, have cognitive needs. For concrete representations of their health and safety.

- >> Listen and pay attention to children.
- >> Let us take seriously what they say.
- >> Let us affirm and guide perceptions whenever possible.
- >> Let us also remember.
- >> Their behavior is communication.
- >> Children to the things they do, and say the things they say for a reason.
- >> It is our job to commute and find out what they are communicating to us.
- >> If they express fear. We must find out why.
- >> We must pay these concerns seriously.
- >> More frequently. Lookout for signs of physical abuse, and more frequently these forms of a neglect, provide children with a safe positive welcoming kind thoughtful creative and celebrating environment.
- >> In addition.
- >> Let us learn how to manage children's behavior using the functional assessment and analysis problem solving process.
- >> This is the one that engages our thinking relative to what our children telling us by behaving the way that they do.
- >> Focus happily on developing literacy skills, let us connect learning of what is interest to them, to pay particular attention to field development in the areas of reading and mathematics.
- >> Skills in these areas, build child resilience.
- >> Strong and resilient children with special needs, are left susceptible to child Melcher's -- To children's maltreatment.
- >> Teach self advocacy skills, using social appropriate verbal and nonverbal communication.
- >> They need to learn appropriate self-knowledge.
- >> And appropriate self acceptance.
- >> We must focus on networking.
- >> We must engage in family and community events that focus on personal and professional growth local and regional, national, and international levels. We must pay attention to ongoing needs.
- >> Expect these needs change year-by-year.
- >> Let us establish, at least one fanned and professional colleague to turn to.
- >> Even a network of friends and professionals if at all possible, to this as early as possible.
- >> I suggest prenatally.
- >> If that is possible.
- >> Except and embrace children with special needs.
- >> With all of their uniqueness.
- >> Be ready to learn everyday.
- >> Parenting any child is a new experience.
- >> Welcome to this and illustrating parenting, children with special needs, this brings us to the world's, we have not plan to know, or experience. Thank you very much for inviting me to speak with you today.
- >> I wish you well, as you continue your journey.
- >> As parents, caregivers.
- >> And devoted professionals.
- >> We together can develop a world, with here, where children with special needs

are living with healthy safe environments everyday.

>> Thank you again.

>> Thank you Dr. Crowley for that presentation.

>> You are very encouraging. Granting us in the literature and the research, while I get people to think about questions, we do have about 10 minutes of questions from the group.

>> These case analysis, and these children, who have been treated, maltreated -- Can you share some information from the research?

>> By all means Harold, I can read stories to you, that describe who the children are.

>> I can tell you.

>> Who the perpetrators are.

>> I could tell you the types of abuse and neglect that they have been exposed to.

>> I could tell you how even in public arenas.

>> Where you and I might expect children to be safe.

>> And their health and welfare, protected.

>> We are entirely surprised, they indeed might not be.

>> I can also tell you, I have given a great deal of thought to what we need to do.

>> To prevent the maltreatment of children.

>> I think about it, as a triangle if you were, if you and I were to draw a triangle on a piece of paper right now.

>> On the bottom of the triangle, we can use the largest part of our triangle, this is the health and safety of all children.

>> The next part of our triangle, this is specific and represents protection of groups of children, particularly vulnerable to the maltreatment.

>> At the top of the triangle.

>> This is individual children with unique characteristics, who are in need of protection in unique ways.

>> The point I am making here.

>> Is that.

>> This concern, is that concern of all parents. At the lower part of this triangle, at the Saxon level, it are groups of children, who are particularly all groups, maybe even ones who speak second languages, they may be considered a group particularly honorable to maltreatment.

>> Individualized children, one by one, who have unique care tourist sticks, that dispose of maltreatment, I did that in the following chapter following the case analysis, I talked about this in that chapter, relative to teachers and educational settings, relative to medical professionals, as in hospital staff and physicians.

>> Related medical personnel.

>> And the world of law.

>> And this need for attorneys and the legal profession in general, to be concerned about how indeed, children with special-needs, here are individually susceptible to maltreatment.

>> Interesting also, this study I did on this analysis over a 10 year period of the case of analysis, this gave no real surprises in that these are reported.

>> Reported stories about child maltreatment, I found them in the homes.

>> In schools, hospital environments.

>> Extended family members.
>> Workers in our communities.
>> Like bus drivers.
>> And other things that were profound for me.
>> Maltreatment they both proceed and follow.
>> Follow child disability.
>> Which was really I was surprised at the onset, upon reflection, it is not surprising.
>> There are some of the things I think about, when I think about the case analysis, and the findings, that I have from that.
>> Thank you very much.
>> Other questions that group would care to ask Dr. Crowley?
>> Go ahead.
>> This is Janet.
>> Thank you for that presentation.
>> I was thinking of the statistics you cited in the beginning.
>> This committee over the years have approach this topic in different ways. Some of these factors associated.
>> And also moving towards prevention and positive factors, which we can help support with the families that we serve.
>> With these statistics, I'm not sure but I thought maybe there would be an increase of reported incidences, since 2011.
>> Is there any indicators why there has been an increase of why there is this abuse and neglect?
>> I will go back exactly indeed.
>> It is an amazing the disturbing. I agree, I am so glad you put that out as a concern.
>> 1670 children died following maltreatment, and disk representation of increase, since 2007, we can look at overall statistics.
>> To see increasing per thousand children, they are maltreated.
>> So your question, why might this be happening?
>> I think we could see it as good news.
>> Which is one thought I have.
>> Awareness is finally finally coming upon us.
>> That we are becoming better at reporting.
>> Better at documenting.
>> We are becoming better at following through.
>> Maybe in that way, we don't indeed find ourselves as surprised.
>> Our methods of reporting.
>> And taking this seriously.
>> And our methods taking this seriously, they are improving.
>> That is the optimistic analysis of it.
>> The other thing I want to say.
>> We are maybe becoming more aware of what constitutes child maltreatment, maybe long ago we might consider behaviors that adults engage in.
>> To be acceptable.
>> Today they are not.
>> That is another stent on the increased number.

>> Let me take a train of water.
>> Two observations I think are really important ones.
>> Advocacy work.
>> Is so important.
>> It is I think drinking many more professionals to the table.
>> I am absolutely delighted about this.
>> I can even tell in our own field of education.
>> There are more people concern about child maltreatment, in 2017, then they were all throughout my career which began in the 1980s and 1990s.
>> I am so glad we are embracing this truth among professionals.
>> Perhaps technology allows us to do more multidisciplinary work.
>> Across the disciplines of social work and so she ologies.
>> Of nursing and medical practice that all.
>> We are able to look over our shoulders in increased technology and access to knowledge.
>> Instead of seeing this as a negative thing.
>> We can see it as something really important.
>> I agree.
>> This is Janet.
>> I have one follow-up to that, that organization to this conversation.
>> For me personally. I feel we have control over, is not just building awareness of this topic.
>> But all of these people who served in the organization would have an understanding of what to do in a circumstance, when they encounter with the believe to be the abuse or neglect.
>> This goes along with what you are saying.
>> What we can do is build education in our community.
>> So that people understand what not just to look for, but how to positively influence families.
>> With this and what to do in these events and having these conversations.
>> Are there other questions, you would like to ask Dr. Crowley before week bring this project to a close?
>> One thing I would like to put out there, Hands & Voices have done remarkable in the advocacy, having parents be strong for their children in IEP meetings. We have used people to use the safety checklist, to build safety into the eye EP. There ability to share who when why Wetten where.
>> While we are working with this CDC, we are getting pushback from a lot of professionals, this is not what is in the curriculum, or what the children are being assessed for.
>> Such safety related object gives are not really appropriate.
>> Do you have any words of wisdom?
>> There is pushback, that is amazing to think.
>> That amazes me.
>> My first reaction -- My second reaction.
>> Unfortunately educators, just like parents, educators are asked to do just about absolutely everything.
>> So their resistance, it must be seen and acknowledged in the content of being so overwhelmed. Nationally educators are being chastised, because scores are not

sufficient we high.

>> We are being compared to everyone under the sun.

>> Teachers are feeling overwhelmed.

>> That is one thing to consider.

>> This is one more demand.

>> From their.

>> The pushback to think about it came emission -- Think about education, trying to solve how we understand the pushback.

>> I will tell you.

>> Teachers have been fooled in their classrooms by hungry children, teachers have closing in their classrooms, for incompletely income -- For incompletely -- They are challenged and chastised daily for their own competence.

>> Being an educator in this day and time, it is always a challenging profession.

>> But today we have to empathize, that is where the pushback is coming from Harold.

>> How do we help teachers know that healthy happy children are going to learn more probably, then unhealthy and unhappy children?

>> How can we educate teachers, it is in their best interest to make sure their children are healthy and happy.

>> Maltreatment is not something that we can expect?

>> That is one of my thoughts on that, also during my own study of this, I am amazed about approaches to child discipline.

>> It is important we rework organizations, and to stop Corporal. punishment in school. This is something that should not be happening also a stretch perhaps, there are countries in the world, that have outlawed corporal punishment, in homes of children, if we can develop an awareness, of healthy and happy children, they are much more productive citizens, it is in all of our best interest to promote health and safety.

>> Thank you very much for the informed response, to add to your comments, lots of teachers are afraid to talk and address one more thing.

>> Even keeping one more link for this associated, and them associated with the neglect outside of the home, this is unfortunately made, I will go ahead and pass the spec to Janet, she will speak about the speaker for next month.

>> Janet?

>> Thank you Dr. Crowley, and Dr. Harold.

>> Thank you for you being on the call today, we have bit of a departure, from the interacting with one another and talking about the things we are doing.

>> I know true for many of you, that we are still doing the work locally within the chapters and the areas of employment.

>> Doing with safety and success.

>> We will come back to that.

>> In terms of our work together as a community.

>> I think one of the things this year, we expand our own learning again, and to disseminate trails that we have already created as a part of the committee. The IEP safety checklist, and resources that are on the website, and.net.

>> In the next two months, April and May, we will finish out the series.

>> The departure more of a testimonial, of a very interesting family.

>> The mother is an audiologist herself, they adopted a young death child -- Death

child, --

- >> They have adopted a young deaf child, a tremendous remarkable family.
- >> This will be our April meeting.
- >> Inmate I believe we will be doing safety skills, safety for summertime activities, and families, things to think about.
- >> We have hit that topic before, new members of our community.
- >> In this form.
- >> Finally before we close today, are there any announcements car -- Announcements, or anything you would like to share before we close out our section today?
- >> If I can go share, the quotes that have been done by several hearts invoices, they are remarkable.
- >> These individuals, they should stop by, not only did this approach seem pretty.
- >> So many parents include the buttons, and our families represent and make a difference, the work that has been done in terms of adding new things, and sharing what we have done, simply noting the quotes that have been done.
- >> These are particularly affect the, and being able to discuss this topic.
- >> This is Janet.
- >> We want to thank all of you for this dedication to this project. We look forward to seeing you this month.
- >> The transcript and the recording will go out from this recording from this presentation, we will also archived this on the website as well.
- >> Thank you everybody.
- >> Thank you Dr. Crowley.
- >> Thank you for all the amazing work.
- >> Making a difference.
- >> Thank you all.
- >> Have a great day.
- >> Thank you.
- >> Goodbye.
- >> [Event Concluded]