

# **A Parent or Caregiver Perceives a Child in Extremely Negative Terms**

## **Introduction**

There is a sort of logic that operates in relation to this safety threat. How we see the world determines how we respond to it. Reality is less important than the perceptions we hold for reality. For instance, if I perceive that there is a threat and I feel afraid or threatened, I may become aggressive or may retreat. My behavior is not predicated on whether there actually is a threat to me. My behavior is based on my perception and belief that there is a threat.

Parents hold strong impressions and viewpoints about each of their children. These perceptions are typically individualized to each child. The image that a parent has of a child is formed by many things. The influence begins with such things as a parent's own childhood experience; how she was parented; and what her attitudes, intentions, motivations, and so on are for being a parent. In this sense, how one comes to a particular point of view regarding a child relates to the very essence of who that person is. How a parent comes to view a child is also influenced by the experience of birthing the child, early experiences caring for the child, and certainly characteristics and traits of the child from birth and during early development. But, it's important to keep in mind that the forming idea and opinion of who this child is occurs within the context of the parent's own development and what is happening in the parent's life and in the family at birth and early development. Yes, all stresses, strains, challenges, joys, and disappointments that are part of life occurring simultaneously to child rearing seasons the opinions, feelings, beliefs, attitudes toward, and perception a parent has toward his or her child.

This process works the same way whether influences are positive or negative with respect to forming how parents view their children. Let's break this down

into a very simple example. If your perception of your child is that she is loveable, then you are likely to demonstrate love toward her. If you see your child as unlovable, then you are likely to have difficulty showing love to her. And, as we've said, it doesn't matter so much whether the child is in reality loveable or not; what matters is what you see.

With respect to CPS and a safety assessment, it is imperative that you recognize that how a caregiver perceives his child has a tremendous bearing on how he responds to the child, because, in some instances, that perception can be concluded to be a threat to a child's safety.

## **Perception**

A parent or caregiver perceives a child in extremely negative terms. What is perception? Perception is a common enough, everyday term. But maybe that is a problem. Let's not move too fast. Let's not make assumptions about "perception" and the understanding you have of this complicated human process. Some elaboration could be useful. Perception is a cognitive, executive function within our personalities that enables us to experience and interpret reality...to identify and judge what is going on around us. Perception assists us in defining and reading reality so that we can defend ourselves, problem solve, respond, and in general, live our lives and meet our needs (and presumably the needs of others). There is a sort of formula at work here. If we are able to perceive reality accurately, we are more able to deal with reality effectively. Conversely, if our perceptions of reality are exaggerated, distorted, clouded, or unqualified, then our interpretation of the meaning of what we perceive likely will lead to dealing with reality ineffectively.

Realistic perceptions have to do with awareness, sensitivity, discernment, acuity, and insight. Let's think of the way this works with respect to forming a perception of a child. We'll frame it positively. Our awareness of the child is influenced, enhanced, or enlightened by daily experience; by our preparation as a

parent; by how we feel; by how the child feels and responds; by the child's real strengths and limitations. Our sensitivity is concerned with individualizing the child and appreciating the nuances of "*who*" the child is, what his needs are, understanding his abilities and limitations, and possessing a perspective about expectations that are consistent with the child's capacity. As part of perception, discernment occurs when we focus our attention in diligent ways to judge, draw conclusions, and continually adjust our thinking and beliefs about this child, his uniqueness, and what makes him so.

"Perceptive acuity" is fundamental in reading reality and, therefore, in having an image of the child that fits exactly with how the child really is. Perceptive acuity requires regular testing and reaffirmation that what we have perceived as correct about the child continues to remain so.

"Insight" is really more of a by-product of accurate perception. As we observe and interpret reality accurately, we gain understanding which becomes translatable both specifically and broadly to areas of reality. Regarding our perceptions of our children, when they are accurate, we gain insight into how our children tick, their uniqueness, the interplay of our responses to them, and their return responses to us. In this sense, the insight becomes a dynamic process related to how we see a child, how we come to understand what our responses to the child are, and what they should be.

The reason for this elaboration on the concept of perception is to emphasize that it is a complicated human processing phenomenon. And, when that process breaks down or misfires, the resulting human behavior can be dysfunctional or even destructive. Just consider what happens among those whose process for perceiving their children is broken and results in distortion and inaccuracy. What happens when a parent's perception omits awareness, sensitivity, discernment, acuity, and insight? This kind of person operates more concretely—he sees; he reacts. The perception – response process is primitive.

Inaccurate perceptions actually can be somewhat common in occurrence among us all, but are not necessarily defining or static. Inaccurate perceptions of our children can occur and can result in us being less effective as parents. But that's not what we're talking about here. We are not talking about ineffective parents; we are concerned with parents whose behavior can become dangerous to a child. So let's move on.

### **Definition and Elaboration**

“Extremely negative” is the operable phrase. It is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for a caregiver's perception of a child to be a threat to safety, it must be so excessively repelling, distasteful, offensive, upsetting, forbidding, or disconcerting to the caregiver that it logically is, can, or will result in dangerous responses toward the child. The perception likely will be distorted and inaccurate, but need not be. In other words, there may be some accuracy or basis to the perception, but it is the meaning the perception has for the caregiver that must be taken into account. Being “extremely negative” represents the interpretation the caregiver gives to what she sees, what she believes. The “extremely negative” distinction is crucial for separating a safety threatening point of view from a less negative perception, attitude, and opinion a parent might have about a child. (We recognize that a caregiver can have a negative view or opinion of a child [whether an accurate perception or not] and still be protective.)

There are two other issues to take into account in order to understand this threat to child safety: justification and avoidance. We've been considering how the perceptions we hold influence how we behave, how we respond to the perceived reality. So, related to this safety threat, an extremely negative view of a child influences how a caregiver is likely to behave or respond. It is the actual or anticipated caregiver's behavior or response—in relation to the child—that serves as the threat to safety. It is the caregiver's behavior or response that can be

expected to result in a severe effect on the child. It can be expected that this kind of perception of a child reasonably can lead to two kinds of responses.

A caregiver who sees a child in extremely negative terms may respond with “justified” aggression toward the child. In this instance, the caregiver may assault or attack the child, treat the child in all manner of destructive ways, and feel justified in doing so. The justification is accounted for strictly in relation to the perception the caregiver holds for the child. The caregiver believes the child deserves being treated harshly because of the caregiver’s viewpoint of the child.

Alternatively, an extremely negative perception can result in a caregiver “avoiding a child,” refusing to engage or involve herself in any way with the child. The perception can be so compelling that it results in over powering caregiver emotions or reactions such as disgust or fear. It’s these emotions that serve to drive the caregiver away from the child that result in the caregiver abdicating even the most basic parenting responsibilities. You might also find some caregivers who avoid a child because of such an extremely negative perception rationalize and justify their behavior as mentioned above.

### **The Provocative Child**

We need to emphasize a dynamic that can be present in relation to this safety threat. We’ve been considering in more detail what amounts to misperception. This refers to caregivers who have extremely negative perceptions of a child which are distorted, incorrect, or baseless. We’d expect that this kind of situation is really more what one observes when this safety threat is active. But it must be acknowledged in some instances the perception of a caregiver—which appears to be extremely negative—is in fact accurate. Some children are particularly “provocative” and stimulate negative responses from others. The provocative child can look or behave in such a manner so as to bring harsh reactions and aggressive behavior toward him or avoidance and distance.

What makes a child provocative in the sense that we are discussing? What might make a child provocative to some caregivers is physical such as how a child looks, physical characteristics, or disabilities. What might make a child provocative to some caregivers is how the child behaves such as particularly challenging to care for, offensive and insulting, confrontational, overly willful, destructive, aggressive to others and property, infuriating, constantly frustrating, extremely needy, and so on. What might make a child provocative is developmental such as children who are highly dependent, who have immediate needs, who require routine and constant basic care.

It's important to recognize when considering the provocative child that how the caregiver perceives and experiences the child can be accurate—exactly the way the child is. So, when this is the case, you recognize that the extremely negative perception has a reality base but the anticipated response—aggression or avoidance—is unacceptable, threatens the provocative child's safety, and must be controlled.

### **Application of the Safety Threshold Criteria**

This safety threat is concerned with exaggerated or unqualified perceptions. The caregiver perception is out of control because:

- The point of view of the child is so extreme and out of touch with reality that it compels the caregiver to react to or avoid the child.
- The point of view, while having some realistic basis, is unqualified and unregulated with respect to the caregiver's responsive behavior and self-management.
- The perception of the child is totally unreasonable especially with respect to how it influences, inflames, or distances the caregiver from the child.

No one in or outside the family has much influence on altering the caregiver's perception or explaining it away to the caregiver. In fact, the perception may even be shared by others in the family. It is out of control.

The extreme negative perception fuels the caregiver's emotions and could escalate the level and intensity of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

When this safety threat is encountered, the extreme perception exists; it is not in the process of development. It is already how the caregiver sees and regards the child. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time.

### **Examples of the Threat**

- The child is perceived to be the devil, demon-possessed, evil, a bastard, or deformed, ugly, deficient, or embarrassing.
- The child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child.
- The child is considered to be punishing or torturing the parent/caregiver.
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests.
- The parent/caregiver sees the child as an undesirable extension of self and views the child with some sense of purging or punishing.

- The parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems and blames the child.
- The parent/caregiver perceives, behaves, acts out toward the child based on a lack of reality or appropriateness because of their own needs or issues.
- The child acts out, destroys property, is violent toward self or others, injures animals.
- The child is cognitively or physically disabled and requires constant, demanding care.
- The child has unusual physical characteristics such as physically undeveloped, overweight, disfigured, or deformed.
- The child soils himself, bed wets, is unable to feed self, is immobile, has high immediate needs.