

U.S. Department of Health and Human Services
Administration for Children and Families
Office of Refugee Resettlement
Division of Unaccompanied Children's Services

Preventing Child Maltreatment in ORR-Funded Care Programs

Trainer's Manual



March 2009



Bridging Refugee Youth & Children's Services

The Division of Unaccompanied Children's Services' (DUCS) training project was developed in collaboration with Bridging Refugee Youth and Children's Services (BRYCS), a project of the United States Conference of Catholic Bishops (USCCB). It was supported by the Office of Refugee Resettlement, within the Administration for Children and Families in the U.S. Department of Health and Human Services (Grant No. 90 ZU 0032).

BRYCS provides national technical assistance to "bridge the gap" between public child welfare and other mainstream organizations, refugee and immigrant-serving agencies, and newcomer communities. BRYCS' overarching goal is to strengthen the capacity of service organizations across the United States to support the safety, stability, and well-being of newcomer children, youth, and their families through targeted training, consultation, resource development, and a Web-based clearinghouse. Please visit www.brycs.org for more information.

Contents

Introduction	2
A Note to Trainers From ORR/DUCS and BRYCS	3
How to Use This Manual	5
Before You Get Started: Equipment and Room Setup	6
Welcome	8
Pretraining Quiz	8
Introductions	9
Youth and Experiences of Abuse	10
Why a Training for <i>You</i> on Child Maltreatment (Abuse and Neglect)?	11
<i>Training Goal 1: Understanding Professional Ethics, Boundaries, and Conduct</i>	13
<i>Training Goal 2: Defining Child Maltreatment</i>	20
Neglect	22
Physical Abuse	24
Psychological Abuse	28
Sexual Abuse	30
Abuse Among Children (Including Bullying)	39
<i>Training Goal 3: Responding to and Reporting Suspected Child Maltreatment</i>	41
<i>Training Goal 4: Preventing Abuse and Neglect</i>	48
Training Evaluation	53

Appendixes

Resources for Trainers
Training Techniques: Ideas for Making a Large Training Group Seem Small
Evaluation Instructions and Forms for Participants
Participant Handbook Appendixes

Introduction

Every day, children enter the United States unaccompanied by parents or other caring adults and without legal documentation. These “unaccompanied alien children”—undocumented, unaccompanied children—may be coming to reunite with family, to work, or to pursue an education, or they may be fleeing family violence and abuse, avoiding gang persecution and recruitment, or escaping political and religious persecution. They may be smuggled or trafficked and may face forced labor or debt bondage. Once in the United States, they may be apprehended by the U.S. Department of Homeland Security at the borders, at the ports, or in the interior of the country. Although most of the youth apprehended have been Central American boys between ages 15 and 17, such children may come from any number of countries, including China, India, and Haiti. The number of younger children and girls apprehended has recently increased.

When unaccompanied immigrant children enter federal custody, most are placed in the care of the Division of Unaccompanied Children's Services (DUCS) within the U.S. Department of Health and Human Services' Office of Refugee Resettlement (ORR). During fiscal year 2008, an average of 1,220 children were in ORR custody and care each day.

This arrangement is relatively new. The Homeland Security Act of 2002 transferred responsibility for care of undocumented children in federal custody from the Department of Homeland Security (DHS) to ORR. In the 6 years since the law was passed, ORR has developed a new system of care for undocumented, unaccompanied youth that incorporates child welfare principles, particularly in the areas of safety, well-being, and least restrictive environment. One crucial element of the ORR/DUCS system is protection of children from abuse and maltreatment. The implementation of this curriculum is a key element of the effort to keep all children within the ORR/DUCS system safe.

The system itself comprises a network of more than 40 residential care providers that include shelter, staff-secure, and secure housing; residential treatment centers; short- and long-term foster care; and group homes. In addition to meeting the basic needs of the youth in its custody, ORR/DUCS provides access to routine and emergency medical care, comprehensive assessments, education, recreation, individual and group counseling, cultural orientation, access to religious and legal services, and family reunification services. The children remain in ORR/DUCS custody an average of 21 to 180 days, depending on the type of care provider program, until they are reunited with family members, are granted the right to stay in the United States, or are repatriated to their country of origin. A small subset of children remain in ORR/DUCS care for a long period and are placed in long-term, community-based foster care programs.

Within ORR/DUCS-funded care provider programs, lead staff members may be licensed social workers or other mental health or child welfare professionals. In many cases, though, direct care staff do not have advanced degrees or specialized child welfare training. Many staff are familiar with the cultural backgrounds and life experiences of the undocumented,

unaccompanied youth in federal custody, but others are not. This curriculum is an important tool for ensuring that everyone providing services to youth within ORR/DUCS-funded care provider programs is grounded in the child welfare principles and practices related to protecting children from maltreatment and to recognizing that cultural factors have an impact on child welfare.

The purpose of this training is to provide ORR/DUCS-funded care provider program management and direct care staff with basic knowledge about culturally competent child maltreatment prevention within the context of ORR/DUCS-funded care provider programs and thereby help ensure a safe and caring environment for youth while they are in federal custody. The curriculum emphasizes ethics, professional boundaries, and an appropriate code of conduct for working with youth in residential settings and foster care. It also helps participants recognize child maltreatment, guides participants in responding to and reporting maltreatment, and suggests prevention strategies.

An important aspect of the training model promoted here is the development of local-level teams. These teams include the designated trainers from the care provider program and a local Child Protective Services (CPS) office representative. The training model encourages these teams to work together to conduct the trainings and continue to be available for refresher courses and for training new staff. Teams also serve in a crisis-response capacity in the event of allegations of abuse or neglect at an ORR/DUCS-funded care provider program. As a key technical assistance provider, BRYCS is available to assist ORR/DUCS-funded care provider programs, as needed, in working with their local CPS agency.

This effort is a collaboration among ORR/DUCS, the Children's Bureau, the National Resource Center for Child Protective Services, and Bridging Refugee Youth and Children's Services (BRYCS). By working to develop and implement this curriculum, trainers are helping ORR/DUCS ensure that this vulnerable group of children—in a new country and without the protection of parents or other guardians—is safe and well cared for. ORR/DUCS and BRYCS are deeply indebted to all our partners for making this important training possible.

**A Note to
Trainers
From
ORR/DUCS
and BRYCS**

You are engaged in an important but challenging task: training a culturally and educationally diverse staff on issues related to sensitive topics, including violence, sexuality, the law, and culture. You are bound to have people in your training who have given careful thought to these issues and who have received advanced training in handling them. You will also have people who have never seriously considered the issues. Other issues may also complicate your training:

- ▶ **Technology:** This curriculum can be delivered in two ways: (1) through a PowerPoint slide show that you would narrate or (2) through showing the narrated DVD of the curriculum. Whichever method you choose, remember that the heart of the training will be the

discussions you facilitate around the content. Participants need to engage with each other around the issues and discuss those gray areas where people tend to get in trouble.

- ▶ **Lack of Time:** We recommend that you reserve *at least* half a day or even a whole day for this training. This training is on a complex topic, and it includes a brief pretraining quiz, a posttraining quiz, and an evaluation. Reserving this time ensures that you can incorporate participation of your local CPS staff and that you will have sufficient time for delivering the curriculum, whether through the slide show or the DVD, and for pausing along the way to address questions and break into small groups for discussion. The Participant Handbook and appendixes are intended to help the participants further their learning on this topic. You may want to encourage participants to continue discussing these issues in the future—at staff meetings, with colleagues and supervisors, and so forth.
- ▶ **Strong Feelings:** Some of the topics that you discuss in the training may elicit strong feelings in you and the participants. Sensitive topics may include methods of discipline, physical and sexual abuse, neglect, immigration issues, discussions of culture, and professional boundaries. Suggestions for how to handle some of these “hot topics” are included in this manual. Generally, if participants are upset, it can be a good idea to remind them that they are free to take a quick break if they need to and that this material is difficult for everyone. You can also offer to be available after the training if anyone wants to speak briefly with you.
- ▶ **Disagreements:** Some topics may generate strong opinions and disagreements among the participants. Generally, the bottom line is that it’s okay to disagree as long as everyone follows DUCS policy within the ORR/DUCS-funded care provider programs. If a participant makes a statement that is incorrect and that you believe needs to be corrected, thank him or her for saying it and gently say that you disagree (or disagree with a part of what he or she said). As long as you demonstrate respect, the person should not lose face.
- ▶ **Training Group Size:** If you are training a large group, some of the participants will appreciate the anonymity that the size of the group affords them, whereas others will grow restless if they feel like they are being “lectured at” for 3 hours. See the appendix titled “Ideas for Making a Large Training Group Seem Small” for suggestions on how to handle this issue.
- ▶ **Expertise:** Don’t hesitate to remind the participants that they have a great deal of valuable experience in working with youth. Allow participants to describe their opinions and perspectives as long as you are able to maintain the focus on the training goals. It is okay to say that you do not know the answer to a given question and to figure out some way to get the answer to the participant after the training.

- ▶ **Team-Based Training:** This training is intended to be delivered by a team consisting of one or two ORR/DUCS-funded care provider program staff members and a local CPS representative. This team approach will increase the time and effort required for coordination before the training, but it will also ensure that local expertise is available with regard to the ORR/DUCS-funded care provider program and state licensing policies and procedures. *We strongly recommend that any trainer who is chosen to deliver this curriculum have previous experience in child abuse prevention and clinical skills; the topics addressed are sensitive and complex and are sure to elicit reactions in participants that will require specific knowledge and skills for response.*

How to Use This Manual

You may not find it necessary to quote this manual verbatim; however, the manual is intended as a resource to help ensure some degree of uniformity in the trainings across sites and to help you fill in details to complement the slides. We fully expect that you will adapt the training to your personal style and the characteristics of the care provider program.

Please read every word of the manual, front to back, as soon as possible, so that you determine whether you have any concerns or questions that need to be answered before you embark on a training. We strongly encourage you to read every word of the manual again the day before or the day of your first training to refamiliarize yourself with its content. If you have questions, consult with your team members or with BRYCS staff.

We assume that you will read each slide and will integrate your own comments with the materials in this manual as you go, in a way that best fits you.

Finally, please review the appendixes that accompany this manual for valuable information on ORR policies and procedures and other resources.

We know these trainings will be hard work and of great value. We hope they will also be enjoyable for you and for the participants.

**Before You
Get Started:
Equipment
and Room
Setup**

As you prepare for the training session, be sure that you have the following equipment:

- ▶ *If you are using the slide show:* Be sure you have the PowerPoint slides, LCD projector, and screen.
- ▶ *If you are showing the DVD:* Be sure you have a DVD player and a monitor whose image is large enough and sound quality is good enough to display the DVD adequately.

You will also need the following materials:

- ▶ Flip chart and markers
- ▶ Name badges
- ▶ Sign-in sheet
- ▶ Participant Handbook and appendixes (enough for each participant and a few extras)
- ▶ Handouts to accompany the workshop
- ▶ Pre- and posttraining quizzes and evaluation.

Be sure that the room has adequate seating for the participants so that they can all see the screen. Participants will be most comfortable if they can rest their materials comfortably on a desk or table. A U-shaped configuration or table groupings for small-group work are recommended so that participants can readily interact with each other as well as with the trainers.

The Division of Unaccompanied Children's Services (DUCS) in the Office of Refugee Resettlement (ORR) and Bridging Refugee Youth & Children's Services (BRYCS) present . . .

Preventing Child Maltreatment in ORR/DUCS-Funded Care Provider Programs



By
Lisa A. Fontes, PhD
and
Lyn Morland, MSW

Prepared for the Office of Refugee Resettlement/Division of Unaccompanied Children's Services under ACF Grant No. 90 ZU 0032. © 2009 United States Conference of Catholic Bishops, Washington, DC 20017

--

Slide 2: Welcome!

- ▶ Greet the participants as they walk in and ask them to sign in. (Use a sign-in sheet to confirm their attendance at the training; be sure to collect all sign-in sheets when you leave.)

Pretraining Quiz

- ▶ Assign participants code numbers for their pre- and posttraining evaluations, write the codes on their pre- and posttraining quiz sheets, and give them a copy of the Participant Handbook. (Enlist a colleague to help with these tasks as needed.) Instructions for coding are included in the appendixes. You may also contact BRYCS staff for assistance with this task.
- ▶ Ask participants to fill out the brief pretraining quiz, which is based on the training goals, to measure how much they already know about professional boundaries and conduct, child maltreatment, reporting policies and procedures, and prevention of maltreatment. Participants' code numbers should have been written at the top of their pre- and posttraining quizzes when they signed in to the training.
- ▶ Give the following instructions for the quiz:

This quiz is meant to help measure how much you know about this topic before this training. It will help us evaluate the success of the training and figure out ways to strengthen it. Your score will not be connected to your name or to your performance evaluation in any way. Your responses are completely confidential. We use anonymous codes that identify the training site and trainer for training evaluation purposes only.

Please be sure that your code is written at the top of the quiz. You have 5 minutes to complete this little quiz. Please respond as quickly as you can to each question.
- ▶ Welcome the participants and thank them for attending the training. Welcome everyone in general and introduce the other members of the training team from the DUCS care provider programs, CPS, state licensing agency, or law enforcement. Recognize any other special guests.



Trainer Notes

- ▶ Use a sign-in sheet.
- ▶ Collect the pretraining quiz.
- ▶ Collect sign-in sheets when the training ends.
- ▶ **Estimated time:** Varies with group size and promptness.
- ▶ Quiz administration should take 5 to 10 minutes.

Slide 3: Introductions

- ▶ In large trainings, you will not have time for each person to say his or her name. Instead, have people introduce themselves to others at their table or near them. Ask them to say their names, their roles, and where they work (if more than one DUCS care provider program is present) and to say something about their work, such as what they like best about working with immigrant youth, or something they have learned from working with immigrant youth.
- ▶ After introductions, be sure to affirm the participants and the important work they do every day. Emphasize that this is a staff development training to provide them with the support and resources they need to do their work.
- ▶ Have each trainer introduce her or himself briefly.



Trainer Notes

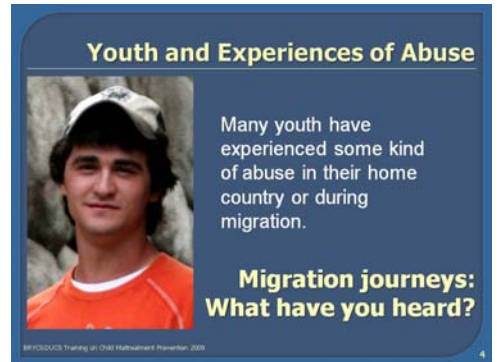
- ▶ Have participants introduce themselves to each other.
 - ▶ Affirm the participants' work.
 - ▶ **Estimated time:** 10 minutes
-

--

Slide 4: Youth and Experiences of Abuse

- ▶ Ask the participants:

What are some of the stories of abuse that you've heard from the children and youth in your care? (Invite short answers only and remind the participants not to identify the youth they are discussing by name).



Trainer Notes

- ▶ Ask participants to briefly share an incident of abuse experienced by a youth in their care.
 - ▶ Remind participants not to identify the youth they are discussing by name.
 - ▶ **Estimated time:** 5 minutes
-

Slide 5: Why a training for you on child maltreatment (abuse and neglect)?

Although comprehensive and national data are not available on incidents of abuse in out-of-home care for youth in the United States, many observers are concerned about their vulnerability to abuse, particularly for youth who have previously experienced abuse or neglect, have special needs, and have been placed in care to ensure their safety and well-being. Although DUCS-funded care providers follow not only state licensing requirements but also more stringent ORR/DUCS policies on training staff about abuse issues, including strict reporting requirements, DUCS-funded programs have had some abuse allegations substantiated after CPS investigations.

A primary reason for this training, then, is to ensure that you have the information you need about child abuse and neglect to prevent actual maltreatment as well as the appearance of misconduct, even if none occurred. Our goal is to ensure that you are trained to provide the highest level of professional care for unaccompanied minors in federal custody by ensuring their safety and supporting their well-being.

By creating a training team in collaboration with the local CPS office, we hope that you will feel free to contact us if you have questions or if you are ever unsure of what to do in a certain work situation. We hope that you will continue to refer to the materials in the Participant Handbook when you have questions and that you will use this handbook and the appendixes for your own continued learning as you provide services to the youth in your care.

Why a training for you on child maltreatment (abuse and neglect)?

- ▶ You may learn of maltreatment in a child's recent or distant past.
- ▶ You may learn of abuse that is occurring in a residence or in foster care.
- ▶ You need to know how to protect yourself from allegations of misconduct.

© 2008 DUCS Training on Child Maltreatment Prevention. 2008
5

Trainer Notes

- ▶ Explain the purpose of the training.
 - ▶ **Estimated time: 5 minutes**
-

--

Slide 6: Whatever your job, you are responsible . . .

- ▶ Whatever your role, your job includes keeping youth safe. Sometimes even smart people with goodwill and a lot of experience face “gray areas,” and staff may not be clear regarding DUCS’ expectations. This training will help you understand the ethical considerations, boundaries, and conduct that are expected. This understanding will help you avoid accusations of misconduct, even if you have the best of intentions regarding a child in your care. We will also go over what to do if you have questions about these issues.
- ▶ We are going to spend a little time today exploring some of the elements of different types of child abuse and neglect. We want you to have information about how abuse and neglect happen and who is responsible. Child abuse and neglect are complex issues, so we will not have time today to go into great detail, but we have included additional information in the appendixes in your Participant Handbook.
- ▶ As you know, the young people in your care generally come from risky situations and are alone and vulnerable. We will discuss how to prevent situations that might lead to abuse or neglect in ORR/DUCS-funded care provider programs and what to do if you suspect that abuse or neglect might be taking place. We also want to remind you that you will not be alone in taking action. Your training team will continue to be available to you to answer any questions or to assist you in dealing with dilemmas that may arise in your daily work with youth.
- ▶ We will also be speaking about general ways in which you can support the growth and development of the youth at your ORR/DUCS-funded care provider program. Recognizing and honoring the residents’ cultural needs and differences can be important ways to help them feel good about themselves.

*Whatever your job, you are
responsible for the residents’
safety and well-being.*

*This training will help you in
that important role.*

BYCS/DUCS Training on Child Maltreatment Prevention, 2009

6

---Slide 7

Training Goal 1: Understanding Professional Ethics, Boundaries, and Conduct

Training Goal 1

Understanding Professional Ethics, Boundaries, and Conduct



R. González, 8 years old, México (BRYCS Youth Arts & Voices 2008)

BRYCS DUCS Training on Child Maltreatment Prevention 2009

7

Slide 8: Youth Responses to Stress

As you know, extremely stressful situations of various kinds have brought the young people into DUCS care. Some may not know the fates of family members or whether they will ever see them again. Surely you must imagine what this situation is like for the youth every day.

People vary a lot in how they express their distress. Some express it in ways that are considered acceptable, such as crying, whereas others may have temper tantrums, attempt suicide, refuse to eat, try to run away, or strike out at others.

Youth Responses to Stress

- ▶ Experiences prior to migration and during migration journeys, together with current uncertainties about the future, can create extreme stress.
- ▶ Individual responses vary by
 - Culture (expressions of distress, anger, and loss),
 - Prior trauma history,
 - Prior family support, and
 - Temperament of the child.

©UCS DUCS Training on Child Maltreatment Prevention, 2009

8

Slide 9: Youth Responses to Stress

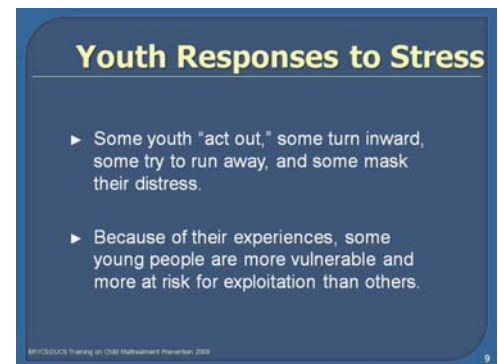
Why do people vary in how they express their distress?

Part of it has to do with culture. In some cultures, it is considered acceptable to let others know that you are having a hard time. In other cultures, it would be considered impolite, disgraceful, or weak to show distress. Cultures also vary in whom people turn to during hard times. Some people turn to prayer, religious clergy, their parents or godparents, teachers, or traditional healers. The young people in ORR/DUCS-funded care provider programs are cut off from their usual sources of support. Moreover, traditional ideas about masculinity may keep many boys from crying or from admitting to feeling sad. Consequently, boys and men often strike out angrily when they are feeling fear, sorrow, or sadness.

Young people who have had relatively stable lives until recently are usually better able to tolerate the recent changes in their families. Young people who have had one loss after another and who have endured one trauma after another are likely to suffer more. Traumas build up, so that a child who has experienced previous traumatic losses may appear to overreact to small problems. Symptoms of exposure to any traumatic event for adolescents may include irritability, aggression, withdrawal from usual activities, self-destructive behaviors, and other signs of depression and anxiety.

Young people who have been living with loving family members and who expect that they will be reunited with them are more likely to be able to connect well with others in the care provider programs. Conversely, young people who have known a life of abuse, neglect, and hardship are unlikely to know how to reach out to others in ways that will gain their support. They may make you angry and try to push you away. Sometimes these young people—who may be so easy to reject—are the ones who need your help the most.

Youth also react differently to stress as a result of their personality and temperament.



Trainer Notes

- ▶ Read text on the slide, then discuss.

Slide 10: Common Responses to Youth

Young people going through hard times elicit a range of strong feelings in everyone. Responding strongly ourselves, we may end up acting on the basis of our own needs rather than according to the needs of the youth. When we have questions about what to do in particularly trying situations, we need to ask ourselves, "Am I doing this because this is best for this young person, or am I doing it for selfish reasons, including that I want to be liked or want to be a hero?"

Common Responses to Youth

- ▶ Wanting to rescue and to be a hero
- ▶ Growing angry or frustrated
- ▶ Feeling infatuated with a young person
- ▶ Sorting into "good" and "bad" kids or deserving and undeserving kids
- ▶ Remembering our own histories
- ▶ Wanting to be well liked
- ▶ Choosing "favorites," including those from our own culture

©2008 DUCS Training on Child Maltreatment Prevention, 200810

Trainer Notes

- ▶ Ask the participants about some of the ways they and their coworkers react to the youth in their care. Write the responses on a flip chart if you want. Then review the list on the slide.
-

Slide 11: A range of feelings is expected . . .

It is especially important to examine your motives if you find yourself taking unusual steps or going out of your way for one particular young person. For instance, let's say you take a special liking to a young person and bring in a present for this person on her birthday—something you have not done and don't intend to do for others. Consider the impact the gift may have on the other staff and residents and the expectations it may create in this particular young person.

You might feel more comfortable with other staff and kids from your own culture—this feeling is natural—but the way you relate to all staff and kids serves as a model for the residents. In other words, if staff set up cliques with others, residents are likely to follow their example. You should try to relate to all of the residents with similar levels of warmth.

It may be easy to feel like some kids in the care provider program are “good” and some are “bad.” It is also easy and natural to feel like you have favorites.

To avoid situations of favoritism, DUCS policies specifically forbid singling out particular children for special treatment. Let's talk about that example of celebrating birthdays. How can you celebrate birthdays for all the youth in your care provider program?

*A range of feelings is expected,
but we choose how to act on our feelings.*

**Trainer Notes**

- ▶ Lead discussion on how participants can celebrate birthdays for all the youth in their program.

Slide 12: Professional Ethics, Boundaries, and Conduct

What are some of the special challenges for younger staff members?

How can you communicate a liking for the youth in your care while establishing clear boundaries? How can you be friendly but maintain your authority?

- ▶ Posture and body language: Through the way you hold your body, you can communicate warmth and caring but maintain a confident, professional demeanor.
- ▶ Topics of conversation: Avoid topics that are too personal for the youth (unless you are a counselor); that are arousing in some way (e.g., sex, violence, dating); or that involve your own personal information (e.g., your telephone number, who you are dating).
- ▶ Personal items (e.g., sharing cell phones, hairbrushes)
- ▶ Dress (professional)

Confidentiality

Review care provider program policies including what, how, and when to maintain confidentiality and the limitations of confidentiality. (Refer to policies in the appendixes.)

Remind participants that the interests of the youth must *always* come before relationships with colleagues, friends, and family. Being a professional means putting the young person's needs first. In addition:

- ▶ Encourage residents to speak the language that is most comfortable for them whenever possible, unless it seems that they are using language deliberately to exclude or bully other residents.
- ▶ Show through your words and actions that you appreciate their cultures.
- ▶ Avoid any teasing about people's cultures or countries of origin—even if you mean it in a good-natured way. This kind of teasing is easily misinterpreted.

Professional Ethics, Boundaries, and Conduct

Maintain clear boundaries by

- ▶ Honoring each youth's right to confidentiality;
- ▶ Treating each young person in a caring and respectful manner; and
- ▶ Demonstrating respect for different cultures, norms, and languages.

Always remember that, whatever your role, you are in a position of authority and trust.

BHS/DUCS Training on Child Maltreatment Prevention, 2019

Trainer Notes

- ▶ In response to the first question (What are the special challenges?), elicit such comments from participants as, “Hard to get respect,” “May feel more like a resident than a staff person.”
- ▶ Discuss the different ways in which participants can communicate a liking for youth while maintaining boundaries.

Slide 13: Confidentiality Questions

It's natural to want the young people in your care to like you, and even to feel flattered when they want to tell you a secret. However, if you have any reason to believe a young person is at risk, has been abused, or is going to harm someone else—you need to follow your center protocol, which probably involves telling your supervisor or the Center director. You must emphasize that you cannot keep a secret if it concerns a resident's safety. Otherwise, you can probably keep in confidence the day-to-day confidences that a resident might share with you about his or her life and friends, thoughts, and feelings.

In addition, you should be aware of family reunification options and issues relating to the child's situation; moreover, staff should be aware of issues needing clinical intervention. If the youth tells you information related to family reunification or his or her sponsor, it may need to be shared with appropriate staff, and thoughts and feelings the child expresses may need to be shared with the clinical staff.

When in doubt, speak with your supervisor or the resident's counselor. Do not keep secret from the counselor information that you think the counselor might need to help a resident.

As professionals, there are certain details about residents that we *do* have to be careful about whom we tell. For instance, health and legal information is private according to the law and should only be shared with authorized staff on a need-to-know basis. Consult with your supervisor if you have questions about this area.

Confidentiality Questions

- ▶ Under what circumstances can staff promise confidentiality? What are the exceptions?
- ▶ What types of information must staff keep confidential?
- ▶ What are appropriate circumstances for sharing sensitive information?

Trainer Notes

- ▶ Read and ask participants to openly discuss the issues on the slide before responding
-

**Slide 14: Examples for Group Discussion:
Confidentiality**

Examples for Group Discussion:
Confidentiality

1. Alicia, a 15-year-old, wants to tell Susan, an administrator, about an upsetting experience. Alicia first asks Susan to promise not to tell anyone.
2. Carlos, 17, confides to John, a youth worker, that he is gay and that other youth are teasing him and calling him names. John shares this information with coworkers over lunch in the cafeteria.

©2008 DUCS Training on Child Maltreatment Prevention, 2008

14

Trainer Notes

- ▶ Discuss examples with training participants and refer to written policies on confidentiality in the appendixes. Ask for examples of dilemmas they've faced regarding confidentiality.
-

Slide 15: Model “Confidentiality Talk”

The following guidelines, for example, have been adapted from the National Association of Social Workers Code of Ethics:

- ▶ You should not solicit private information from youth unless it is essential to providing services.
- ▶ You do *not* have an obligation to keep information confidential when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a youth or other identifiable person. Discuss sensitive matters with your supervisor or the program director.
- ▶ You should not discuss confidential information in any setting unless privacy can be ensured. You should not discuss confidential information in public or semipublic areas such as hallways, kitchens, staircases, or dining areas.
- ▶ You should protect the confidentiality of youths’ written and electronic records and other sensitive information. You should take reasonable steps to ensure that youths’ records are stored in a secure location and that their records are available *only* to those who are authorized to have access.

Model “Confidentiality Talk”

“I am so glad you came to speak with me. My job is to keep you and the other residents safe. If you tell me something that makes me believe that you or someone else is at risk, then I will need to tell someone.”

Trainer Notes

- ▶ Role playing a situation where a youth says, “I want to tell you something but I want you to keep it a secret” may be helpful here. Participants should be able to respond clearly and forcefully that they cannot promise confidentiality if it endangers a person in their care.
-

Slide 16: Example for Group Discussion: Boundaries

Discuss this example and the trainee's own dilemmas related to boundaries.

- ▶ Julia's feelings of attraction are natural; however, she has an ethical obligation to avoid ever acting on them. She needs to avoid communicating romantic interest to José in any way. Although it may be fun to nurture those special feelings, flirting is actually taking advantage of a young man who is in a vulnerable position. Julia needs to make sure she isn't flirting and to treat José like the other residents. She needs to think of herself as a professional and not a friend or possible romantic interest.
- ▶ What can Julia's colleagues do to help her normalize the situation or avoid acting on her feelings toward José? They should speak to her directly and discuss their observations with their supervisor.

Example for Group Discussion:
Boundaries

Julia is a 26-year-old youth worker who finds herself becoming friends with José, a 17-year-old resident from Honduras. José is beginning to see her as more of a "special friend" than as a staff member.

©2008 DUCS Training on Child Maltreatment Prevention, 2008

16

Trainer Notes

- ▶ Discuss the example related to boundaries with participants. Help them explore what it means to maintain professional boundaries. Ask them to discuss dilemmas they've encountered.
-

Slide 17: Boundaries Questions

Julia might begin taking better care of her appearance, dressing in a sexier way, and seeking out times to be alone with José. José might also be taking better care of his appearance on the days when he knows he will see Julia. They may both seek out times to be alone together, stand close to one another, and distance themselves from other residents.

Julia may need to tell José directly that she cares about him as a staff member and a professional and nothing more.

If Julia is concerned about her own growing interest in José, she should talk to her supervisor, make sure she is not alone with José, and—if she is afraid she cannot handle it—seek to be transferred to a unit or shift where she does not have contact with him.

Other staff need to talk to Julia directly and to their own supervisors about their concerns. Although it is difficult to “raise a fuss” about something that may appear mild, it is far better than letting a colleague make a mistake that could ruin her career as well as harm the resident.

Boundaries Questions

- ▶ How would you notice that they are becoming friends?
 - What changes would you see in Julia?
 - What changes would you see in José?
- ▶ What are the ways in which Julia can address José's growing interest?
- ▶ What about her own increasing interest?
- ▶ What should the other staff do about the situation?

©2008 DUCS Training on Child Maltreatment Prevention, 200817

Trainer Notes

- ▶ Read one bullet point at a time and ask the participants to discuss them.
-

Slide 18

Training Goal 2: Defining Child Maltreatment

Training Goal 2

Defining Child Maltreatment



BRYCSDUCS Training on Child Maltreatment Prevention 2009

18

Slide 19: Child Maltreatment

Child maltreatment is a general term that includes both abuse and neglect. Some forms of child maltreatment can be deadly, whereas others are not as dramatic but can still damage children for the rest of their lives.

Even a single incident of abuse or neglect can have long-lasting effects on children and youth. Although not all children are affected in the same way by abuse, research suggests that those who are abused are more likely to suffer from the following problems:

- ▶ Low self-esteem and depression
- ▶ Attention disorders
- ▶ Poor peer relations
- ▶ Brain damage
- ▶ Juvenile delinquency, adult criminality, and violent behavior
- ▶ Substance abuse
- ▶ Health problems not typically associated with abuse and neglect, including heart disease, cancer, chronic lung disease, and liver disease.

Children with physical, cognitive, and emotional disabilities are more likely to be maltreated than are children without disabilities. Children and youth with disabilities may also be less likely to understand that abusive behaviors are inappropriate, be less able to defend themselves in abusive situations, and have greater difficulty reporting what happened. Additionally, youth who are perceived as “different” in some way or who have “difficult” temperaments may be at higher risk of abuse.

Most people who were abused or neglected as children will *not* subject their own children to maltreatment.

More information about child abuse and neglect is in Appendix 2.



Child Maltreatment

- ▶ Severe forms of abuse and neglect may result in death or serious physical harm.
- ▶ Less severe forms can damage children's sense of themselves and affect their future relationships and achievements.
- ▶ Children with special needs are at higher risk.
- ▶ Abuse and neglect are usually perpetrated by caretakers (including caretakers in institutions).

© 2008 DUCS Training on Child Maltreatment Prevention. 2008

Slide 20: What is neglect?

This training covers neglect only briefly as it relates to your work. For more information on child neglect in general, refer to Appendix 2.

Usually, children who are neglected are missing what they need to grow over a long period of time. Sometimes just one extreme incident—such as when caretakers leave a child alone for a long period of time—can put a child at risk.

What is neglect?

- ▶ Failure to provide for a child's basic needs:
 - Physical
 - Medical
 - Educational
 - Emotional
- ▶ Neglect is usually chronic but can be one extreme incident.
- ▶ Children who are neglected do not have what they need for their bodies and minds to develop in a healthy way.

BYCS/DUCS Training on Child Maltreatment Prevention, 2009

20

Slide 21: Physical Neglect

We are discussing neglect in this training because many of the children in the care provider programs have experienced neglect. Their history of neglect may cause them to behave in ways that are upsetting or puzzling to you. For instance, a neglected child may gorge on food until he or she is almost ready to vomit. Or a neglected child may steal from others. Often, neglected children will claim that they can do everything themselves and that they don't need help and don't want connections with adults.

Physical Neglect

- ▶ Children who have been physically neglected have been deprived of basic essentials such as
 - Food, clothing, shelter, hygiene, or medical or dental care or
 - Supervision.
- ▶ Youth who have been physically neglected may hoard food, overeat, or steal objects from others.

BYCS/DUCS Training on Child Maltreatment Prevention, 2009

21

Slide 22: Neglect in a Residence

Sometimes residents' needs are not met, either deliberately (as a punishment) or because of errors. Sometimes, their needs are not known.

Neglect in a Residence

- ▶ You may see that a resident's needs are not being met.
- ▶ Deprivation of meals, snacks, water, sleep, mail, or visits by family is prohibited in residences as a method of discipline (it may be considered neglect or psychological abuse).

MFCDUCS Training on Child Maltreatment Prevention 2009

Slide 23: Example for Group Discussion: Neglect

Failing to meet a child's needs may be considered neglect, even if it is not done "on purpose." For this reason, it is important to keep up-to-date records on youths' medical and other needs. For example, if a child eats only bread and rice because he is a Seventh Day Adventist and is afraid he might consume pork or other forbidden foods, the care provider program is obligated to provide alternative meals so the child can have a balanced diet. We need to aim for optimum care for residents by making sure we do our best to anticipate their needs.

Example for Group Discussion: Neglect

Jorge is on medication to treat a painful stomach ulcer. A supervisor misread Jorge's record, and Jorge missed his medication for 2 consecutive days.

- ▶ What are the first actions that staff should take upon discovery of this?
- ▶ What else should you do?
- ▶ Does this constitute neglect in your state?

MFCDUCS Training on Child Maltreatment Prevention 2009

Trainer Notes

- ▶ Discuss the example on the slide. Ask the participants if they can think of other examples of possible neglect in a residence or foster home. Let them know that failing to meet a child's needs may be considered neglect, even if it is not done "on purpose."

Slide 24: What is physical abuse?

For an act to be considered physical abuse, it has to be intentional. If, for example, an adult slips and spills a plate of soup on a child and burns the child, the act is not considered abuse because it was not intentional. If, however, an adult hits a child with a belt and leaves a mark, that *is* considered abuse because the act was intentional, even if the adult did not mean to leave the mark.

Most incidents of physical abuse start out as discipline—that is, the adult intends to discipline but not injure the child. Sometimes, the discipline “goes too far,” such as when an adult hits harder than he or she intended, or an accident happens, such as when a staff member pushes a youth back and the youth falls and hits his head.

A blue slide with white text. The title is "What is physical abuse?". Below the title are two main bullet points. The first bullet point is "Physical abuse consists of intentional acts by a caretaker that result in injury, such as" followed by a list of examples: "Grabbing, pushing, hitting, kicking, punching, restraining harshly, and burning." The second bullet point is "Even if an injury was not intentional, it is considered abuse if the injury was caused by an intentional act, such as" followed by a list of examples: "When discipline 'goes too far' or When accidents happen." At the bottom left of the slide, there is small text: "© 2008 DUCS Training on Child Maltreatment Prevention, 2008". At the bottom right, there is a small number "24".

What is physical abuse?

- ▶ Physical abuse consists of intentional acts by a caretaker that result in injury, such as
 - Grabbing, pushing, hitting, kicking, punching, restraining harshly, and burning.
- ▶ Even if an injury was not intentional, it is considered abuse if the injury was caused by an intentional act, such as
 - When discipline “goes too far” or
 - When accidents happen.

© 2008 DUCS Training on Child Maltreatment Prevention, 2008

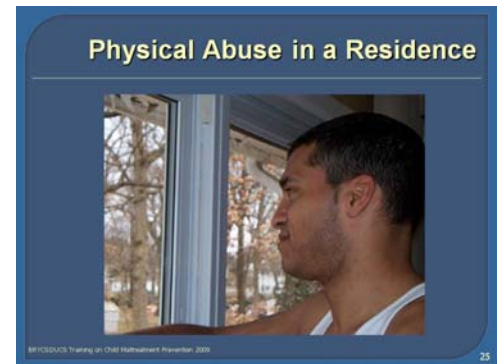
Trainer Notes

- ▶ This section may be difficult for participants, some of whom were physically abused themselves; other participants have used harsh punishment with their own children. Rather than debating the merits of corporal punishment, try to stick to discussing DUCS guidelines for ORR/DUCS-funded care provider programs and the vulnerability of the young people in DUCS care.
-

Slides 25 and 26: Physical Abuse in a Residence

Young people in residences are especially vulnerable to physical abuse; therefore, caretakers in these programs are not allowed to use physical discipline or punishment of any kind. Caretakers are also not allowed to ask youth to physically punish other residents.

It is possible to injure and even kill young people when attempting to restrain them. You should restrain youth only if you have been trained in how to apply restraints safely.



Physical Abuse in a Residence

- ▶ Children in institutions are especially vulnerable; the law holds institutions to a higher standard than it holds parents.
- ▶ No physical discipline or punishment of any kind is permitted, including
 - Spanking, hitting, punching, pushing, burning, throwing against a wall or onto the floor, or twisting arms or ears.
- ▶ Staff cannot ask other youth to administer punishment.
- ▶ Improper restraints may be abusive; only staff members who are trained in their safe use should employ them.

26

BHCS/DUCS Training on Child Maltreatment Prevention, 2009


Trainer Notes

- ▶ Ask participants if they have any questions.
-

Slide 27: Physical Abuse in a Residence

Physical Abuse in a Residence

An employee might become angry and respond harshly to a child, with the result being physical abuse.



© DUCS Training on Child Maltreatment Prevention, 2009

27

Trainer Notes

- ▶ Discuss this example and ask participants to share examples of physical abuse they may have encountered.
-

Slide 28: Example for Group Discussion: Physical Abuse

Physical abuse might occur in care provider programs when staff physically attempt to control residents' behavior, such as by throwing a youth up against a wall or down on the floor, twisting a young person's arm up behind her back, or otherwise behaving in an abusive manner. Such behaviors not only constitute illegal child abuse but also may result in charges for criminal assault.

Prevention of outbursts in part requires regular support mechanisms within care provider programs for staff and residents. Staff can benefit from compassionate supervision, adequate time off, peer support groups, and education about how to monitor their own and their peers' stress levels.

**Example for Group Discussion:
Physical Abuse**

- ▶ A 17-year-old has deliberately smashed his plate of food against a wall, breaking the plate, splattering food all over, and intimidating other residents.
- ▶ How can this situation be handled without engaging in physical abuse?
 - How would you handle this situation?
- ▶ Discuss other examples of possible physical abuse that you have seen.

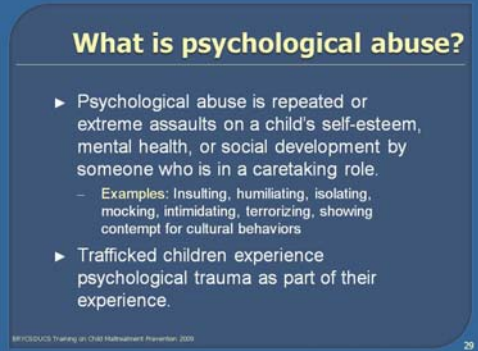
© 2008 DUCS Training on Child Maltreatment Prevention. 28

Trainer Notes

- ▶ Discuss the example. Discuss the possible frustration staff may feel. Generate suggestions such as
 - Moving away bystanders to decrease the pressure;
 - Asking the young person to step out of the room;
 - Referring the young person for mental health treatment;
 - Discussing whether the care provider program is an appropriate placement; or
 - Having the staff member who has the best rapport with the young person speak privately with him or her about the likely outcome of continuing such behavior, including having to leave the current care provider program for a locked setting.
- ▶ Refer participants to resources on behavior management strategies for youth in DUCS care in the appendixes.

Slide 29: What is psychological abuse?

Psychological abuse is difficult to define, detect, and prosecute. Although a single instance of treating a child disrespectfully does not constitute psychological abuse, such interactions should still be avoided. In residences, psychological abuse often takes the form of bullying, either by a staff member or by another resident.



What is psychological abuse?

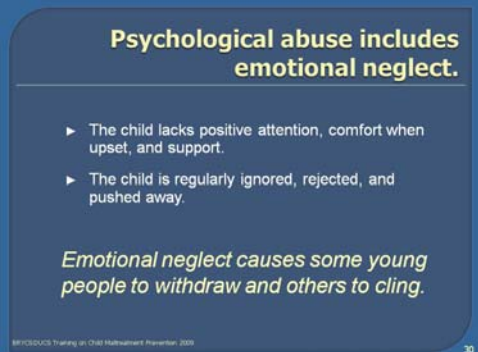
- ▶ Psychological abuse is repeated or extreme assaults on a child's self-esteem, mental health, or social development by someone who is in a caretaking role.
 - Examples: Insulting, humiliating, isolating, mocking, intimidating, terrorizing, showing contempt for cultural behaviors
- ▶ Trafficked children experience psychological trauma as part of their experience.

BYCS/DUCS Training on Child Maltreatment Prevention, 2009

Trainer Notes

- ▶ Refer participants to the last section of Appendix 2 in the Participant Handbook for more information on bullying prevention.
-

Slide 30: Psychological abuse includes emotional neglect.



Psychological abuse includes emotional neglect.

- ▶ The child lacks positive attention, comfort when upset, and support.
- ▶ The child is regularly ignored, rejected, and pushed away.

Emotional neglect causes some young people to withdraw and others to cling.

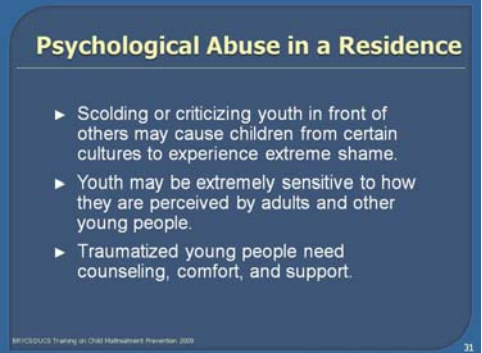
BYCS/DUCS Training on Child Maltreatment Prevention, 2009

Trainer Notes

- ▶ Read the slide and emphasize the need to be responsive to youth's concerns.
-

Slide 31: Psychological Abuse in a Residence

The DUCS care provider programs should be safe emotional environments for the vulnerable and traumatized youth who stay there. If you believe another staff member is bullying, abusing, deliberately provoking, or repeatedly behaving unfairly toward a resident, speak to your supervisor, the program director, or both.



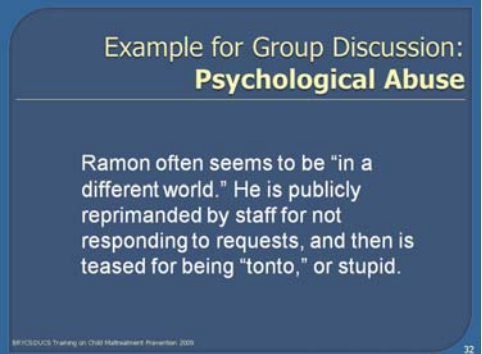
Psychological Abuse in a Residence

- ▶ Scolding or criticizing youth in front of others may cause children from certain cultures to experience extreme shame.
- ▶ Youth may be extremely sensitive to how they are perceived by adults and other young people.
- ▶ Traumatized young people need counseling, comfort, and support.

© DUCS Training on Child Maltreatment Prevention, 2009

31

Slide 32: Example for Group Discussion: Psychological Abuse



Example for Group Discussion: Psychological Abuse

Ramon often seems to be "in a different world." He is publicly reprimanded by staff for not responding to requests, and then is teased for being "tonto," or stupid.

© DUCS Training on Child Maltreatment Prevention, 2009

32

Trainer Notes

- ▶ Discuss the example. Elicit examples of positive interventions for this situation.
 - ▶ Ask participants to discuss examples of possible psychological maltreatment they may have encountered.
-

Slide 33: What is sexual abuse?

Talking about sexual abuse can be upsetting. Many of us know people who have been victimized, and some of us have been victimized ourselves. Let's look at this issue carefully.

Sometimes people think that noncontact sexual abuse—such as sneaking a look at someone who is undressing or showing one's genitals to a young person—is not harmful. Those kinds of abuse, however, can be extremely upsetting (as well as illegal). A caretaker who engages in such behaviors causes a young person to feel unsafe and emotionally violated.

What is sexual abuse?

- ▶ Sexual abuse is defined as inappropriate interactions of a sexual nature.
 - *Examples: Kissing, fondling, intercourse, exposing youth to pornography, taking pornographic pictures, exposing one's genitals, rubbing up against a resident*
- ▶ Noncontact sexual abuse (e.g., sneaking a look at a child who is dressing) can be traumatizing because the relationship of trust has been violated.
- ▶ Offenders and victims can be of either gender.

88703DUCS Training on Child Maltreatment Prevention 2009

Slide 34: More on Sexual Abuse

People who sexually offend against youth usually spend a while “grooming” or “testing” a young person. The adult may arrange to have special time alone with the young person, ask the young person to keep a secret, or give him or her a special gift to see how he or she responds. If you believe a colleague may be engaging in grooming behavior, report your concerns to your supervisor and/or to the program director.

Inappropriate behaviors that might be perceived as sexualized includes giving out personal phone numbers, answering a young person's personal questions about your dating or sexual history, and giving a particular young person much more time and attention than others.

More on Sexual Abuse

- ▶ Grooming or testing process: Pay attention and report concerns!
- ▶ Youth are especially vulnerable when they are less protected.
- ▶ Adolescents are vulnerable because they are often curious, confused, and uninformed about sexuality.

88703DUCS Training on Child Maltreatment Prevention 2009

Slide 35: Problem Sexual Behaviors: Creating an Uncomfortable Environment

Problem sexual behaviors include actions that might create an uncomfortable environment but are not directed at a particular person.

Although a particular joke or comment may appear funny to some residents, it needs to be avoided if there's a chance that it would be offensive to other residents. Remember, the residents don't have a safe home to retreat to if they're upset with what happens at the residence or foster home—it is their home.



Trainer Notes

- ▶ Review this list of behaviors carefully. Allow the participants to discuss the gray areas, with the understanding that, as adults and as professionals, staff need to err on the side of keeping young people feeling comfortable and safe. If a resident makes inappropriate jokes, for instance, it is up to the staff to set the tone and to let the resident know that this kind of language might make other residents feel uncomfortable.
- ▶ Ask the participants why displaying pictures, such as a calendar with nude photos, might make some residents feel uncomfortable.

Slide 36: Problem Sexual Behaviors: Targeted Harassment: Nonphysical

Another problem sexual behavior consists of acts that do not include physical contact but are directed at a particular person.

How could you tell if saying or doing something is a problem? If you avoid doing it in front of your supervisors, if the young person appears upset, or if you get a special thrill out of saying or doing certain things in front of a particular person, it's probably a form of harassment.

Problem Sexual Behaviors

- ▶ **Targeted harassment: Nonphysical**
(may be grounds for dismissal or criminal charges)
 - Staring or ogling
 - Improper contact through any means including e-mail, phone calls, notes, letters, or texts
 - Making sexual jokes or comments on appearance, asking personal questions, spreading rumors, discussing sex, or asking for dates
 - Following, stalking, or standing too close

©2008 DUCS Training on Child Maltreatment Prevention, 2008

Trainer Notes

- ▶ Ask the participants when and how it might be okay to comment on a resident's appearance and what would make these kinds of comments "not okay." Commenting on a resident's hairstyle, for example, could be considered harassment if it is accompanied by leering or if a particular staff member frequently comments on a resident's appearance.
- ▶ Consider role plays of harassing and nonharassing comments.

Slide 37: Problem Sexual Behaviors: Targeted Harassment: Physical

Physical acts that are directed at a particular person are likely to be prosecutable by law. Explain to participants that it does not matter whether the adult thinks he or she loves the minor. Physical contact of a sexual nature with a resident is exploitative and illegal.

It is not always easy to tell whether a given act is a problem. Sometimes the person doing an act means it in an innocent way, but the person receiving it is hurt, embarrassed, upset, or shamed by the act. Even employees joking inappropriately among themselves could create an uncomfortable environment for a sensitive minor. Err on the side of caution. This list is not meant to be exhaustive—more items could be added, such as exposing a minor to pornography.

Problem Sexual Behaviors

- ▶ **Targeted harassment: Physical**
(may be crimes of sexual abuse, assault, or rape)
 - Caressing, fondling, grabbing, patting, pinching, or spanking
 - Kissing or hugging
 - Oral, genital, manual, or anal sexual contact, whether "consensual," coerced, or forced

MFCS/DUCS Training on Child Maltreatment Prevention 2009

37

Trainer Notes

- ▶ Ask participants how they can tell whether a behavior on the list, such as hugging, is a problem.
-

Slide 38: Intimate or Coercive Exploitation

When incidents of sexual exploitation occur in a care provider program, they may result from situations in which a staff member becomes “infatuated” with an underage resident. Although it may feel like love, the resident is in an extremely vulnerable situation and is not stable enough to enter into a relationship. Additionally, because the adult is responsible for taking care of the youth in the ORR/DUCS-funded care provider program, this situation not only would be an exploitative relationship but also might be illegal.

Intimate or Coercive Exploitation

In intimate exploitation, the offender

- ▶ Describes feelings of love and attraction,
- ▶ Sets up "romantic" situations, and
- ▶ Makes the child feel special.

BYCS/DUCS Training on Child Maltreatment Prevention 2009

38

Slide 39: Intimate or Coercive Exploitation

Let's look at these difficult issues together.

Intimate or Coercive Exploitation

In coercive exploitation, the offender

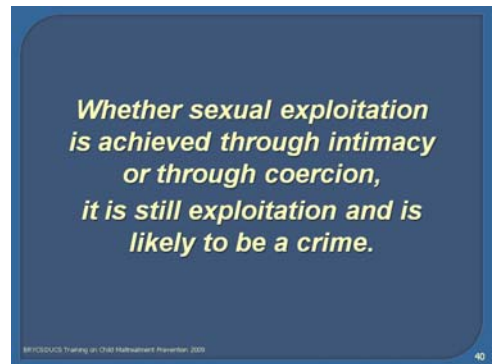
- ▶ Threatens (implied or overt),
- ▶ Rewards for cooperating sexually, or
- ▶ Pressures for dates or sex.

BYCS/DUCS Training on Child Maltreatment Prevention 2009

39

Slide 40: Whether sexual exploitation is achieved . . .

Even if a staff member believes he or she is IN LOVE with a resident, the relationship is exploitative because the young person is so vulnerable while in DUCS custody.



Slide 41: “Consent” and Participation

It doesn't matter whether a resident agrees to participate in a sexual act or even initiates it. The responsibility lies with the adult.



Slide 42: Sexual Abuse: Cultural Considerations

For some people in the United States, kisses or even sexual intercourse can be casual events without a lot of meaning. For people from some other cultures, however, an affirmation of affection, such as a kiss, or losing one's virginity can have life-changing significance.

Staff, particularly young staff, may be tempted to “fool around” with residents the way they might with their friends—perhaps telling sexual jokes, casually wrapping their arms around people, or playfully touching them. Please know that these behaviors not only could upset a resident greatly but also might result in termination of employment or criminal charges. Even if the resident who is receiving such behaviors is not upset, the actions may make other residents feel unsafe. The general rule should be, *When in doubt, don't do it*. The care provider programs need to be as safe and comfortable as possible for residents.

You may be surprised to see that some young residents are married or have children. Life situations have forced some young people to grow up fast. They are still young, however, and may seem a strange mixture of mature and immature.

Cultural expectations vary for male–female interactions. Many cultures outside of the United States are conservative about interactions between men and women. For example, if an attractive young female staff member is warm and friendly toward a teenage male from rural El Salvador, he may interpret her behavior as showing sexual interest in him, even though she is only trying to welcome or comfort him. When in doubt, try to be respectful and err on the side of caution.

**Sexual Abuse:
Cultural Considerations**

- ▶ Expressions of sexuality and intimacy may have different meanings in different cultures.
- ▶ Behaviors that seem mild or innocent to you may be offensive to others; err on the side of caution.
- ▶ Different cultures have different expectations regarding male–female interactions.

©2008 DUCS Training on Child Maltreatment Prevention, 2008

Trainer Notes

- ▶ Ask participants whether they have seen situations of mixed signals in a residence.


Slide 43: Sexual Abuse in a Residence

You might feel a great deal of conflict if you see another staff member flirting with a resident, spending time alone with a resident, or behaving in other ways that you think might be indications of inappropriate behavior.

You might also feel conflicted if you see one resident pressuring another to enter into a romantic or sexual relationship.

Sexual Abuse in a Residence

- ▶ You may witness staff members behaving in sexualized ways.
- ▶ In what ways could this behavior show up?



BRISQUCS Training on Child Maltreatment Prevention 2009

43

Slide 44: Sexual Abuse in a Residence

You are certainly likely to feel conflicted if you find yourself feeling attracted to a resident or if you feel that a resident is flirting with you.

Sexual Abuse in a Residence

The staff member

- ▶ Tries to get time alone with a resident (closes the door when meeting, gives rides, goes for walks);
- ▶ Touches the resident;
- ▶ Signs up for shifts or duties that provide access to the resident;
- ▶ Pays special attention to a resident, maybe making gifts or compliments;
- ▶ Has a special relationship with the resident.
- ▶ What other possible signs can you think of?

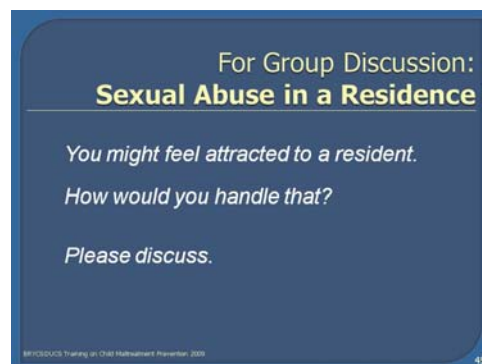
BRISQUCS Training on Child Maltreatment Prevention 2009

44

Slide 45: Example for Group Discussion: Sexual Abuse in a Residence

Staff are not to enter into sexual or romantic relationships with residents. Relationships with residents are not the same as meeting someone on the outside, and staff who enter into sexual or romantic relationships with residents not only are putting their jobs at risk but also are possibly putting themselves at personal risk for criminal charges, depending on the age of the resident. They may also be putting the reputation of the entire care provider program at risk.

- ▶ It is vitally important for staff to discuss their concerns about other staff members' behavior with their supervisors or the Program Director. Although it is a difficult step to take, it is far easier than having an incident go too far and realizing that it could have been prevented.
- ▶ Participants in such situations may save their colleague from getting into more trouble as well as save a young person from exploitation.



Trainer Notes

- ▶ Discuss the example. Allow participants to describe a range of opinions.
- ▶ Acknowledge the different viewpoints and how hard these decisions can be at times.
- ▶ Establish clearly and unequivocally that staff are not to enter into sexual or romantic relationships with residents and that staff have an obligation to report suspicious behavior.

Slide 46: Abuse Among Children

It is the adults' job to keep residents safe from possible abuse by other young people as well as from adults. It can be hard to know when kids are just behaving like kids and when teasing or roughhousing has gone too far.

Sexual harassment by peers consists of one resident giving unwanted sexual or romantic attention to another. It could be in the form of notes, jokes, standing too close, or other behavior. A harassing environment would be one in which someone is made uncomfortable by sexual jokes, photos, or comments, even if the attention is not addressed to them. Sexual harassment is not always directed by boys toward girls; sometimes girls sexually harass boys, and sometimes people harass others of the same sex. If, for example, a boy teases another boy, saying that he is gay, standing too close to him, and so forth, it would be a form of sexual harassment.

Psychological bullying is a pattern of behavior in which a resident is excluded, mocked, demeaned, or made to feel bad about him- or herself.

Physical bullying is a pattern of behavior in which one resident touches another in an unwanted way or interferes with that person's possessions.

Other examples of bullying and ways to handle them are included in the last section of Appendix 2.

**Abuse Among Children
(Includes Bullying)**

- ▶ Sexual harassment (unwelcome attention of a sexual nature or creation of a sexualized environment)
- ▶ Psychological bullying
- ▶ Physical bullying


DUCS Training on Child Maltreatment Prevention 2009

J. Goodwin Smith, 1998. All Rights Reserved. Youth Arts & Literacy 2009

Slide 47: Example for Group Discussion: Bullying

Discuss the example on the slide.

Example for Group Discussion:
Bullying



Ricardo, the toughest kid in the residence, picks on Tilo, who is shorter, thinner, and less confident. Soon other children begin to mock Tilo and to mess with his things.

© DUCS Training on Child Maltreatment Prevention, 2009

47

Trainer Notes

- ▶ Ask participants to discuss dilemmas they've faced regarding bullying.
-

Slide 48

Training Goal 3: Responding to and Reporting Suspected Child Maltreatment

Training Goal 3

Responding to and Reporting Suspected Child Maltreatment



Slide 49: Responding to a Disclosure: DOs

Sometimes a resident will tell you about a traumatic incident, and you will become upset. Sometimes it seems too awful to believe, or the alleged offender is someone who you have trouble imagining would engage in these kinds of behaviors. Sometimes you might feel angry at the person who is making the disclosure. Remember, it is not up to you to figure out whether the story is true.

Try to respond in a supportive way. Tell the resident that you will have to share this information with others to keep him or her safe.

Communicate that you are sorry that something has happened and that the youth is not at fault. Say that you are glad that he or she has told you.

Responding to a Disclosure: DOs

- ▶ Be empathic and understanding.
- ▶ Indicate that you are sorry something has happened and that the youth is not at fault.
- ▶ Assist the youth in speaking immediately to the person who can best help—the director or clinical staff.
- ▶ Follow the residence protocol on reporting the incident to Child Protective Services.

Trainer Notes

- ▶ Go over each item in the two slides on disclosure. Allow participants to ask questions about these items.
-

Slide 50: Responding to a Disclosure: DON'Ts

Youth who have been abused are often quite frightened. Be as supportive as possible. CPS authorities and, possibly, the police will do an investigation—that is not your job. If you ask too many questions, you may hurt the case. Just try to find out who the alleged abuser is and more or less when and where the abuse occurred. You can communicate that information to the authorities. Someone else will collect all the important details at a later point.

Sometimes a young person will try to make you “promise not to tell anyone” before he or she says something to you. Never agree to this condition. You are required by law to report certain circumstances, such as a young person who is a victim of abuse or neglect or who is at risk for abuse or neglect. You are also required to report youth who are a danger to themselves or to others or who have a plan to hurt someone. You do not want to find yourself in the position of having promised confidentiality and then having to break that promise. It is better simply not to make the initial promise.

The best thing you can do for a young person in trouble is to secure help.

Your care provider program has a protocol for reporting. Be sure to follow it. If you are a mandated reporter, you will need to contact Child Protective Services (CPS).

Responding to a Disclosure: DON'Ts

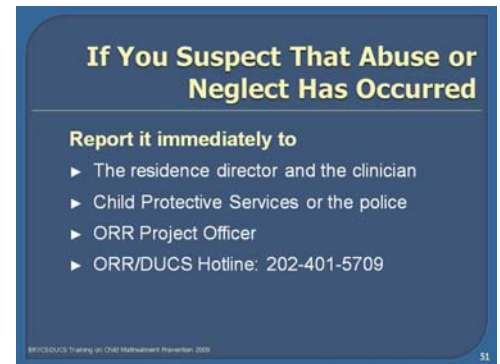
- ▶ Do not ask a lot of questions; you may hurt someone and ruin the child's legal case. Do not act shocked or appalled—appear neutral.
- ▶ Do not communicate disbelief (e.g., “Are you sure?” or “Really?”).
- ▶ Do not promise confidentiality. Instead, say that you may need to tell others to keep the youth safe.

© 2008 DUCS Training on Child Maltreatment Prevention, 200850

Slide 51: If You Suspect That Abuse or Neglect Has Occurred

Generally, ORR/DUCS policies state that all care provider program staff must follow their state policies regarding suspected abuse and neglect, including calling local CPS for an independent investigation. Additionally, ORR/DUCS must be contacted immediately, a “Significant Incident Report” must be filed, and the results of any CPS investigation must be forwarded to the ORR/DUCS Project Officer, even if the allegations have not been substantiated.

The training team members from your care provider program and from the local CPS office will now brief you on the specific protocols that must be followed with regard to reporting suspicions of abuse or neglect.

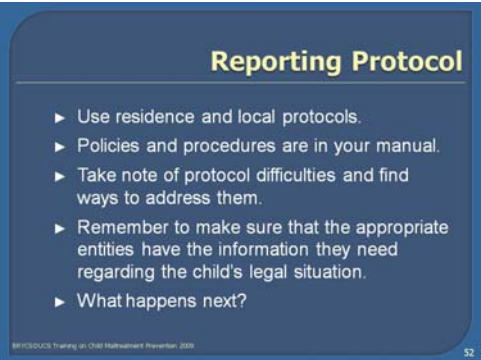


Trainer Notes

- ▶ Review the information on the slide.
-

Slide 52: Reporting Protocol

Care provider program administrators and local CPS representatives will describe the protocol for reporting that participants must follow.



Reporting Protocol

- ▶ Use residence and local protocols.
- ▶ Policies and procedures are in your manual.
- ▶ Take note of protocol difficulties and find ways to address them.
- ▶ Remember to make sure that the appropriate entities have the information they need regarding the child's legal situation.
- ▶ What happens next?

©2008 DUCS Training on Child Maltreatment Prevention, 2008

52

Trainer Notes

- ▶ Invite the care provider program administrators and local CPS to speak.
 - ▶ Be sure to note that disclosures of abuse that occurred outside the DUCS care provider program—whether in the United States or before arrival—could affect the resident's legal status. Special visa provisions exist for young people in these categories; those working on the child's legal case should be informed of the allegations for this reason.
-


Slide 53: Maintaining Professionalism

It is easy to get caught up in situations of child abuse. You may feel like repeating the stories you hear to your colleagues, family, or neighbors. Abuse of all kinds is a sensitive issue. It is important, however, to speak about these issues only in professional contexts. Not everyone in a care provider program needs to know about the abuse.

Do not jump to conclusions that suspicions are founded or unfounded. With time and with an investigation by trained specialists, the truth is likely to emerge.

If a colleague you like is accused of wrongdoing, you may be asked or tempted to lie or destroy evidence. Not only would such an action leave the child at risk, it might also be a crime.

Keep in mind that in certain cultures, a history of any sexual activity, including sexual abuse or assault, is considered extremely shameful. Be exceedingly careful not to discuss a resident's history with other residents or even with staff who do not need to know.



Maintaining Professionalism

- ▶ Discuss allegations only in professional contexts. Avoid informal gossip; these are sensitive issues.
- ▶ Avoid jumping to conclusions.
- ▶ Lying or concealing evidence may be a crime. Be aware of cultural considerations (e.g., shame, concerns about reputation).

© 2008 DUCS Training on Child Maltreatment Prevention. 53

Slide 54: Preventing and Responding to Maltreatment at DUCS Residences

ORR/DUCS policies are included in Appendix 3 of the Participant Handbook. If you have questions, be sure to discuss them with your supervisor. It is important to clarify policies and any dilemmas you may have as soon as you can.

Preventing and Responding to Maltreatment at DUCS Residences

- ▶ Know DUCS' and your residence's policies.
- ▶ Know state reporting requirements (child abuse and licensing).
- ▶ Discuss dilemmas with your colleagues and supervisors.
- ▶ Make sure you know where to go for more information about child safety.

ORR/DUCS Training on Child Maltreatment Prevention, 2019

54

Trainer Notes

- ▶ Make sure participants know how and when to file reports. Allow them to ask questions.
-

Slide 55

Training Goal 4: Preventing Abuse and Neglect

Training Goal 4

Preventing Abuse and Neglect



J. González, 10 years old, México (BRYCS Youth Voices 2008)

BRYCS DUCS Training on Child Maltreatment Prevention 2009

Slide 56: Prevent Accusations of Misconduct

Sometimes people who “don’t mean anything” get accused of behaving in a sexually inappropriate way. Such accusations can ruin your career. Keep the ideas listed on this slide in mind so that you will not make residents uncomfortable or face accusations of misconduct.



Trainer Notes

- ▶ Discuss the bullet points by focusing on “gray areas” and exploring boundary issues with participants, especially regarding what is “appropriate” touch.
-

Slide 57: Cultural Issues: Communication

In other, more hierarchical cultures, it is often considered *DIS*respectful to look people of higher status directly in the eye (e.g., because they are older or because they are staff and therefore have power at the care provider program). Compared with other cultures, the United States culture is unusually egalitarian and direct, characteristics that can result in a situation where the “message sent is not message received”—in body language as well as words.

Let residents know that you want to make sure that you have understood them correctly. If you ask what they mean by their behavior or words, you may be surprised at the answer, even if you have worked with them for years!

Young people have different perceptions of reality. They may be pleasant one minute and fall apart the next. Sometimes they will feel tired of being detained and may get angry.

Remember that youth are likely to be extremely fearful and may lie out of fear. They may be so eager to please that they will give what they think is the right answer rather than answer truthfully. Lying may be a habit that they learned a long time ago to survive.

Cultural Issues: Communication

- ▶ **Eye contact:** In many cultures, youth are taught to look away from adults. It is not a sign of lying or lack of respect.
- ▶ **Message sent is not message received:** Youth may misunderstand your words, your body language, or your tone of voice, and you may misunderstand theirs. **When in doubt, ask for clarification and be ready to explain.**
- ▶ **Lying:** Youth have often been forced to lie to survive and may tell us what they think we want to hear. **Do not respond in an overly punitive way.**

BHCS/DUCS Training on Child Maltreatment Prevention, 2009
57

Trainer Notes

- ▶ Allow participants to discuss some of these difficult issues, such as handling a situation where a young person has lied. It is important to convey that although lying makes participants' jobs more difficult, they should not respond too harshly and escalate a situation—unless the lying concerns a serious or dangerous matter.


Slide 58: Other Cultural Issues

Young people who have grown up in extreme poverty or in crowded situations or who have been homeless may never have learned the concept of privacy. They may allow others to take their property or allow others to touch them or get too close to them physically. They may not have a sense of boundaries and may take other's property. Gently help residents learn appropriate boundaries in the care provider program, without shame or blame.

Some young people have been taught to never say no to adults. They may be overly hesitant to stick up for themselves and may not let others know what they need. Gently teach them that they have a right to say no and to make their needs known.

Other Cultural Issues

- ▶ **Private space:** Some children have never experienced "privacy." They may invade others' space and be unable to recognize when others are behaving inappropriately.
- ▶ **Saying no:** Some children do not understand that they have the right to say no to an adult.



BRYCS/DUCS Training on Child Maltreatment Prevention, 2008

58


Slide 59: Central America: Cultural Considerations

Appendix 5 contains cultural profiles on youth in the DUCS system from Central America, China, India, and Haiti. The profiles provide background and key cultural information that can help you interact effectively with youth from a variety of cultures.

More detailed information on youth from these and other cultures is available through the BRYCS Clearinghouse. The BRYCS Web site (www.brycs.org) and technical assistance staff are always available to provide you with information on a variety of cultures or other child welfare and refugee and immigrant issues.

**Central America:
Cultural Considerations**

- ▶ Teenagers may be expected to fill adult roles earlier than American teens (e.g., supporting their families).
- ▶ The tendency is to get along with others and to respect hierarchy.
- ▶ Mayan and other Indian populations may not speak Spanish or may have other historical & cultural differences.
- ▶ As is true everywhere, expect differences within cultures and between individuals.



BRYCS/DUCS Training on Child Maltreatment Prevention, 2008

59

Slide 60: Promoting Child Well-Being and Safety

All cultures have values, beliefs, and practices that help members manage stress, connect with others, feel good about themselves, and provide meaning and support during difficult times. It is important to recognize these cultural beliefs and practices as *strengths*. Supporting these beliefs and practices not only increases the comfort of the youth in care provider programs but also supports their internal strengths and coping strategies—and, therefore, can increase their well-being, even during stressful times.

The list on this slide touches on some ways in which care provider programs might provide this familiarity and support. What are some examples of how you do it in your program?



Promoting Child Well-Being and Safety

Help young people feel positive about themselves and their cultures by

- ▶ Supporting cultural values,
- ▶ Respecting and supporting languages,
- ▶ Providing ethnic food,
- ▶ Encouraging cultural activities,
- ▶ Understanding/accepting cultural norms,
- ▶ Supporting peer friendships.

More information is available in your handbook.

©2010 DUCS Training on Child Maltreatment Prevention, 2010

60

Trainer Notes

- ▶ Elicit examples from participants about how they support culture, positive behavior management, and youth development in their care provider programs and point them to the additional positive development and behavior management resources in the appendixes to the Participant Handbook.

Slide 61: Training Evaluation

Solicit participants' questions and feedback on the training.

Training Evaluation

1. Verbal questions and feedback
2. What do you still want to know?
3. Written post-training quiz and evaluation of training and presenters

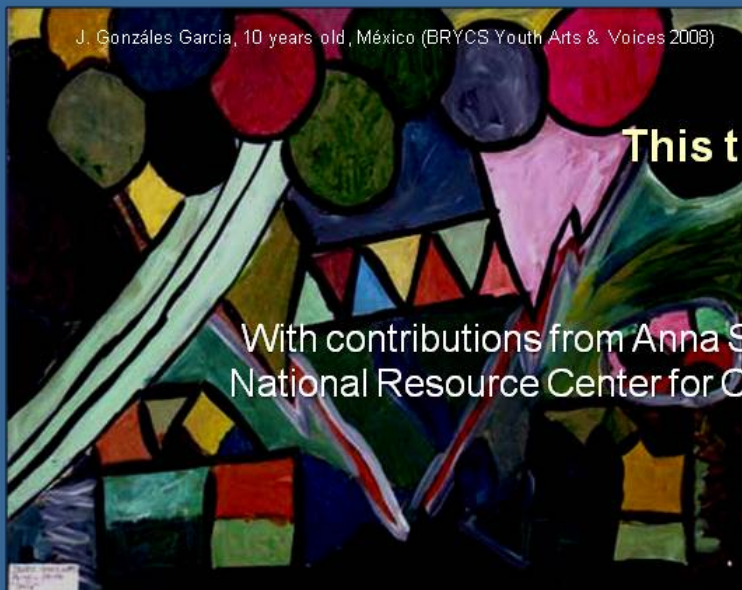
THANK YOU for your valuable work for youth!

61

©2008 DUCS Training on Child Maltreatment Prevention

Trainer Notes

- ▶ Leave time for questions and feedback on the training. Take notes on participants' feedback on a separate sheet of paper and attach the paper to the written evaluations received at the end of the training.
 - ▶ Distribute and give directions again for the posttraining quiz and evaluation. Make sure the participants have recorded their code numbers at the top of their quizzes.
-



**This training was developed by
Lisa A. Fontes, PhD, and
Lyn Morland, MSW, MA**

With contributions from Anna Stone, MSW, Children's Bureau's
National Resource Center for Child Protective Services; and the

BRYCS Training Team:

Rowena Fong, EdD

Ilze Earner, PhD

Debra Phillips, BSW

Roger Chow, LCSW

Dina Birman, PhD

Ken Borelli, ACSW

Special thanks to Elaine Kelley, Maureen Dunn, and Julia Schipper,
ORR; Catherine Nolan, Office of Child Abuse and Neglect; Katrina
Hobbs-Hawkins, BRYCS; and Caroline Polk, Polk Editorial Services.