Bridging Refugee Youth & Children's Services

Tier One: Preventing Child Maltreatment in ORR-Funded Care Provider Programs

Participant Handbook

Second Edition 2013

Training prepared for the:

Office of Refugee Resettlement
Division of Children's Services (ORR/DCS)
Administration for Children and Families
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Bridging Refugee Youth and Children's Services (BRYCS), a project of the United States Conference of Catholic Bishops (USCCB), 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.*

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Introduction

This section provides an introduction to the ORR/DCS system of care and how this training fits within this system. We want to thank and applaud you for the tremendous work you do every day. Thank you for your work in keeping young people safe and for supporting their well-being during a particularly vulnerable and stressful time in their lives.

History of the ORR/DCS-Funded Care Provider Programs

Every day, children enter the United States unaccompanied by parents or other caring adults and without legal documentation. Many of these "unaccompanied alien children"—undocumented, unaccompanied children—are coming to reunite with family, to work or to pursue an education. They may be smuggled or trafficked and may face forced labor, sexual exploitation, 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. In the past, most of the youth apprehended have been Central American boys between the ages of 15 and 17. However, such children may come from any number of countries, including Mexico, Cuba, China, India, Haiti, and some African nations. Increasing numbers of younger children and girls have also been apprehended recently.

When unaccompanied immigrant children enter federal custody, most are placed in the care of the Division of Children's Services (DCS) within the U.S. Department of Health and Human Services' Office of Refugee Resettlement (ORR). Over 13,000 children were in ORR custody and care during fiscal year 2012.

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 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/DCS 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/DCS system safe.

The system itself comprises a network of over 50 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/DCS provides access to routine and emergency medical and psychiatric care, comprehensive assessments, education, recreation, individual and group counseling, cultural orientation, access to religious and legal services, and family reunification services. Most minors stay in ORR/DCS custody an average of 60 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 minors is in ORR/DCS care for a longer period of time in long-term,

community-based foster care programs.

Within ORR/DCS-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/DCS-funded care provider programs is grounded in the child welfare principles and practices for protecting children from maltreatment, and that they recognize the importance of cultural factors in child welfare.

Purpose of the Training

The purpose of this training is to provide ORR/DCS-funded care provider program management and direct care staff with basic knowledge about culturally competent child maltreatment prevention within the context of ORR/DCS-funded care provider programs. This helps 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/DCS-funded care provider program. As a key technical assistance provider, BRYCS is available to assist ORR/DCS-funded care provider programs, as needed, in working with their local CPS agency.

This effort is currently a collaboration between ORR/DCS and Bridging Refugee Youth and Children's Services (BRYCS). By working to develop and implement this curriculum, trainers are helping ORR/DCS 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/DCS and BRYCS are deeply indebted to all our partners for making this important training possible.

A Note to Participants From ORR/DCS

You are engaged in a challenging task: thinking about how to work with your colleagues to keep vulnerable young people safe. Maybe you have thought extensively about issues of child safety, and maybe this material is new to you. Below is a brief discussion of some of the issues that might

and BRYCS

concern you related to the training.

- **It's a short training:** These topics are complex, and the time that has been set aside for the training may not be enough to discuss all possible situations and difficulties. This handbook is meant to provide a way for you to further your learning in this area. You are also encouraged to continue discussing these issues in the future—at staff meetings, with colleagues and supervisors, etc. A Tier Two training is available to you and your colleagues to keep the learning going after you have completed this training.
- **Strong feelings:** Some of the topics discussed in the training may elicit strong feelings. Take a deep breath and try to center yourself if you feel upset. If you need to step out for a minute to gather your thoughts, that's okay. This material may be challenging. You can touch base with the facilitators after the training if you have questions or would like to exchange ideas and impressions.
- **Disagreements:** You may not agree with everything your colleagues or the trainers say. The bottom line is that it's okay to disagree as long as everyone follows the DCS policies provided by the ORR/DCS-funded care provider program, and the state licensing agency.
- **Follow-up:** We have provided more detailed information about most of the topics covered in the training at the end of this handbook; please refer to the Appendices to learn more about these topics. We have also included contact information for your local training team, who will continue to be available to you as resources. Feel free to contact team members if you have questions or want to discuss any issues or concerns.

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

Notes on the Second Edition

In 2008, Bridging Refugee Youth and Children's Services (BRYCS) developed an initial version of this curriculum and provided successful trainings on child maltreatment prevention in ORR-funded residential programs for unaccompanied undocumented children in Federal custody. BRYCS has continued to ensure DCS programs have the curriculum and other materials that they need and has supported their collaboration with local and state CPS. This curriculum is still implemented today in all ORR-funded residential programs and has been downloaded over 100,000 times since it was first posted in 2008. It continues to be one of BRYCS most popular publications.

This revised curriculum is changed in the following ways:

- Updated according to current policies and procedures
- Updated to include current resources
- Expanded to address the needs of particularly vulnerable groups of

children including youth who may be gay, lesbian, bisexual or transgendered, or who may present themselves in atypical ways.

- Amended to include examples provided by the residences in the earlier trainings and in Significant Incident Reports.
- Enlarged with sections on abuse and harassment committed by other youth.
- Accompanied by an online training module including a pre/post-test.
- Supplemented with bilingual Guides to Personal Safety, one for younger children and one for teens.
- Augmented by a "Tier 2" training for those who have participated in the original training, focusing on key dilemmas and case examples for discussion.

We hope these changes will enhance the ability of staff at the ORR-funded programs to assure the safety of all the youth in their care.

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

Preventing Child Maltreatment

in ORR/DCS–Funded Care Provider Programs

Second Edition, 2013

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 0065.

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Welcome!

After this training, you will have a better understanding of:

1. Professional ethics, boundaries, and conduct;
2. What constitutes child maltreatment;
3. How to respond to and report suspected child maltreatment; and
4. Ways to prevent abuse and neglect in residences and protect yourself against allegations.

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

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Pretraining Quiz

The pretraining quiz is meant to help measure how much you know about this topic *before* the training. It will help BRYCS evaluate the success of the training and figure out ways to strengthen future trainings. 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. Your trainer will explain the next steps.

Introductions

- Participants
- Trainers

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

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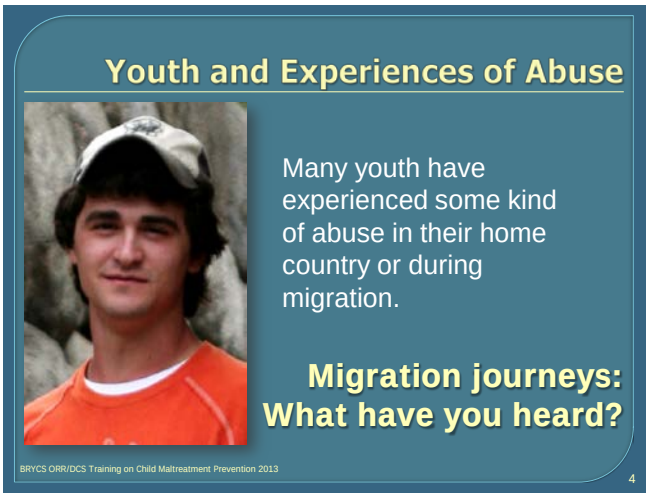
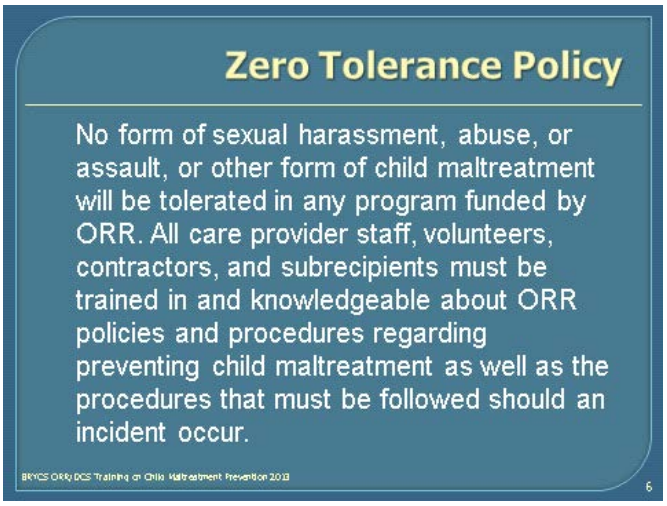


What are some of the stories of abuse that you've heard from the children and youth in your care?

We don't really know how many young people are abused in out-of-home care for youth in the United States each year. However, we do know that young people are especially vulnerable when they are in residences and separated from their families. Although they are not common, several incidents of abuse have been uncovered in DCS care provider programs that resulted in disciplinary and even legal action against staff members.

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 developing local training teams, we are also ensuring that you have someone to talk to if you have any questions or situations you want to discuss. We have developed a slide show, a DVD, and this handbook, so you can continue to update your knowledge in this area. The appendices provide resources that you can refer to for additional information.



1. The zero tolerance policy affirms the absolute commitment to preventing all forms of child maltreatment and sexual abuse for young people in ORR/DCS care.
2. Whatever your role, your job includes keeping youth safe. Sometimes even smart people with good will and a lot of experience may be faced with confusing dilemmas.
3. This training explores some of the elements of different types of child abuse and neglect. These issues are not always easy to think about; however, it is important to address them to keep children safe. You will learn about signs and symptoms of abuse, what to do about unclear situations, and where to go to learn more about abuse and neglect.
4. 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 abuse and neglect in ORR/DCS-funded care provider programs and what to do if you suspect abuse or neglect might be taking place. Please remember that you won't be alone in taking action. Your program directors can provide ongoing support to you.
5. We will discuss specific ways to prevent abuse and neglect in ORR/DCS-funded care provider programs and ways to prevent allegations of misconduct against staff. We will also be talking about general ways in which you can support residents. Working with and supporting residents' languages and cultures is an important way to recognize and honor who they are, help them feel more comfortable while in care, reduce their stress, and increase their well-being.

Training Goal 1

Understanding Professional Ethics, Boundaries, and Conduct

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

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

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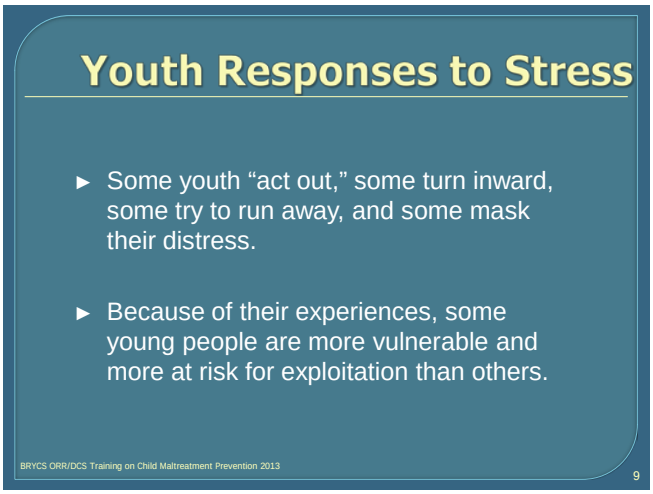


As you know, extremely stressful situations of various kinds have brought the young people into the ORR/DCS-funded care provider program. Some youth may not know whether they will ever see certain family members again. They may not know where they will be living in a week, a month, or a year. They face these concerns 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.

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 in hard times. Some people turn to prayer, clergy, parents or godparents, teachers, or traditional healers. The young people in the care provider program are cut off from their usual sources of support. Moreover, ideas about traditional masculinity and femininity may keep many boys from crying or 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 indicators of depression and anxiety.

Young people who have been living with loving family members and who expect that they will be reunited with loving family members 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. Such youth 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.

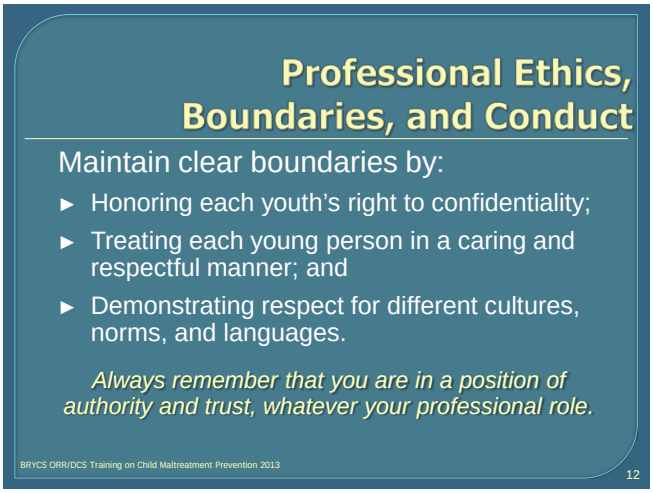
Youth also react differently to stress as a result of their personality and temperament.

How do you and your coworkers tend to react to different youth in your program?

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?"

It is especially important to examine your motives if you find yourself wanting to take unusual steps or go out of your way for one particular young person. For example, let's say you take a special liking to a young person and bring in a present for her 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 the young person. How can you celebrate birthdays for all the youth in your program in a way that is fair?

To avoid situations of favoritism, DCS policies specifically forbid singling out particular children or youth for special treatment.



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, whom you are dating).
- Personal items (e.g., do not share cell phones, hairbrushes).
- Dress (professionally).

It may be easy to feel that 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. Remember, however, that you are always in a position of

authority with the youth and that conveying to a young person that he or she is "bad" could be hurtful.

The young people in your care are going through a difficult time and are easily affected by what you say. Even mild teasing and joking could hurt their feelings. They might be sensitive to criticism as well. Try to empathize with the residents' individual situations and notice their strengths.

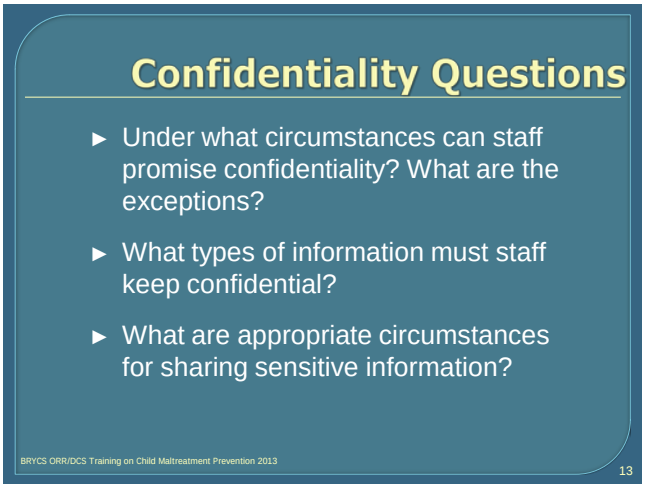
You might feel more comfortable with other staff and kids from your own culture—this feeling is natural—but the way you relate to all staff and kids serves as a model for the residents. In other words, if staff establish cliques, residents are likely to follow that example. You should try to relate to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

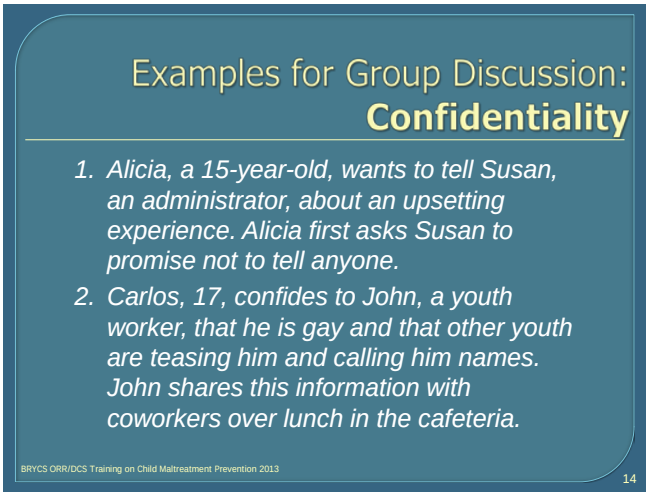
What are some of the special challenges for you?

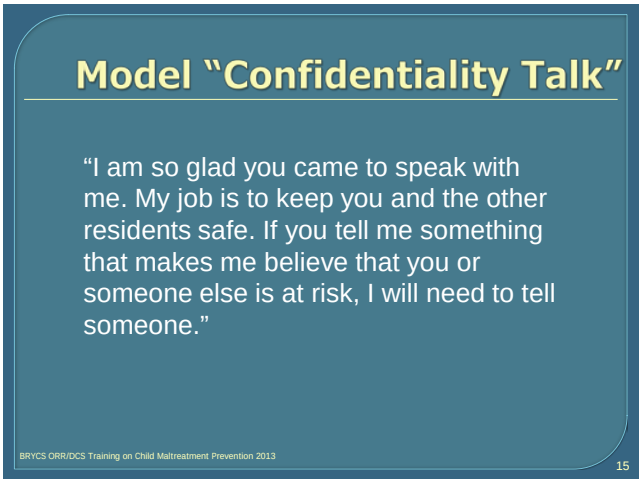
Confidentiality: We will discuss examples of confidentiality next. You can also refer to the policies in Appendix 1 of this manual for more information.

Although it can be challenging, remember that the interests of the youth must always come before our relationships with colleagues, friends, and family. This requirement means that you must not disclose confidential information and must not protect colleagues and friends if a child's welfare is at risk.

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.





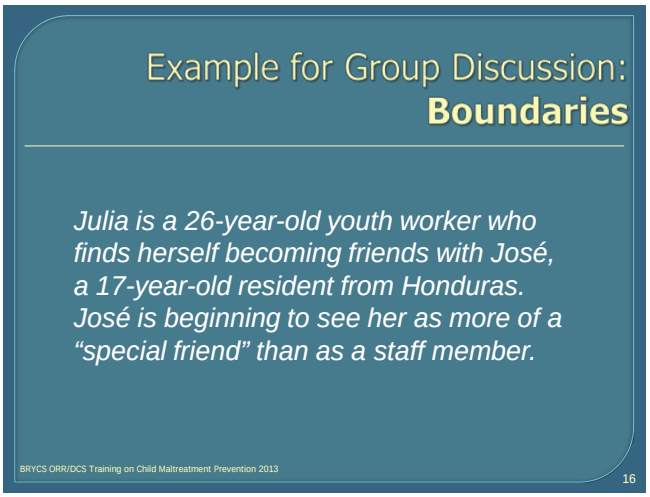


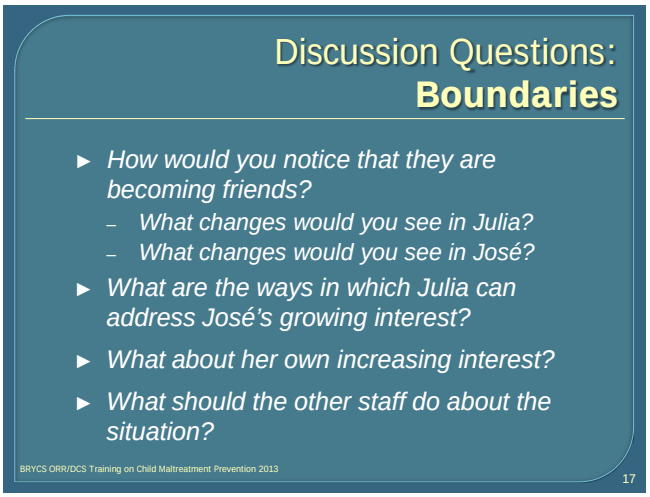
It's natural to want the young people in your care to like you—and even to feel flattered when they want to tell you a secret. If you have any reason to believe a young person is at risk, has been abused, or is going to harm someone else, you need to follow your center protocol, which probably involves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

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 it should only be shared with authorized staff on a need-to-know basis. Consult with your supervisor if you have questions about this.





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 is not flirting and is treating José in the same way that she treats the other residents. She needs to remember that she is a professional and not a friend or possible romantic interest, and behave accordingly.

As a colleague, you need to help Julia normalize the situation with José and avoid acting on her feelings. Speak to her directly, and discuss your observations with your supervisor. You may feel uncomfortable raising this sensitive issue with Julia, or you may feel disloyal speaking with your supervisor about it. But imagine how awful you'd feel if something worse happened and you had failed to act to prevent it! Julia would end up losing her job and facing criminal charges; José could be traumatized.

Training Goal 2

Defining Child Maltreatment

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

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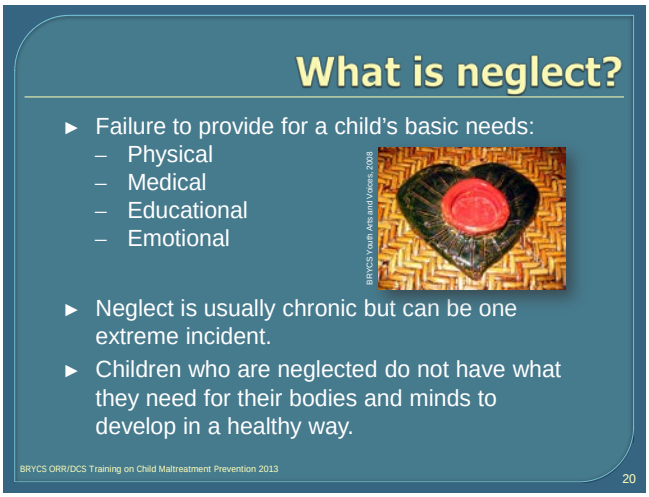
Child maltreatment is a general term that includes both abuse and neglect. Some forms of child maltreatment can be deadly, whereas others are not as dramatic but can still damage children for the rest of their lives.

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. In addition, 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.

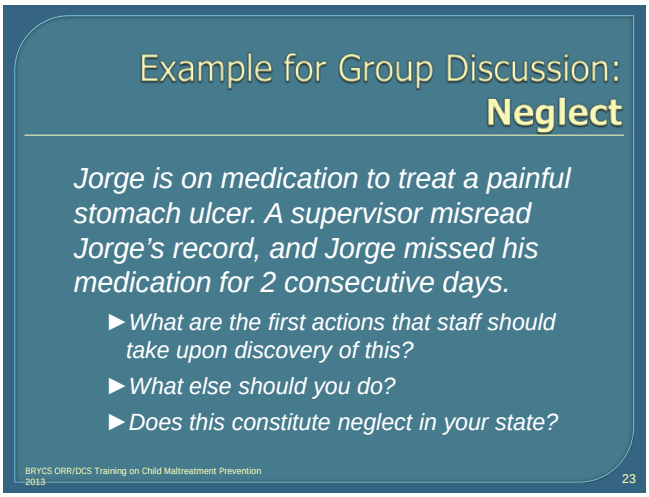


This training covers neglect only briefly as it relates to your work. For more information on child neglect in general, refer to Appendix 2.

Usually, children who are neglected are missing what they need to grow in a healthy way 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.

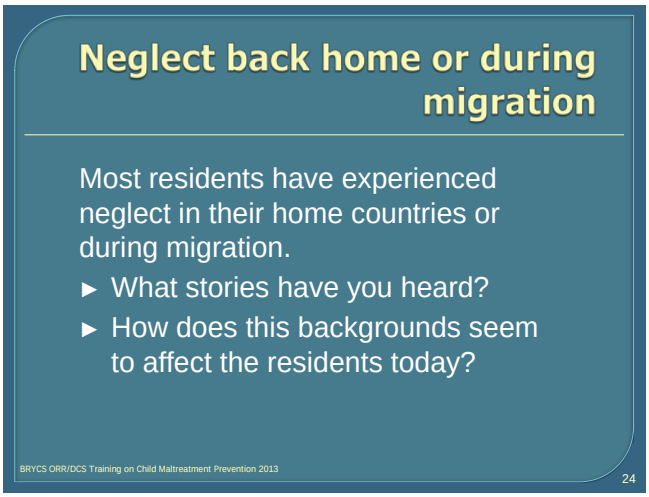
We are discussing neglect in this training because some of the children in the care provider programs have experienced neglect. Their history of neglect may cause them to behave in ways that are upsetting or puzzling to you. For instance, a neglected child may gorge on food until he or she is almost ready to vomit or hoard food in pockets and cubbies. 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 or want connections with adults.

Have you wondered about something that happened in the residence that might be considered neglect?

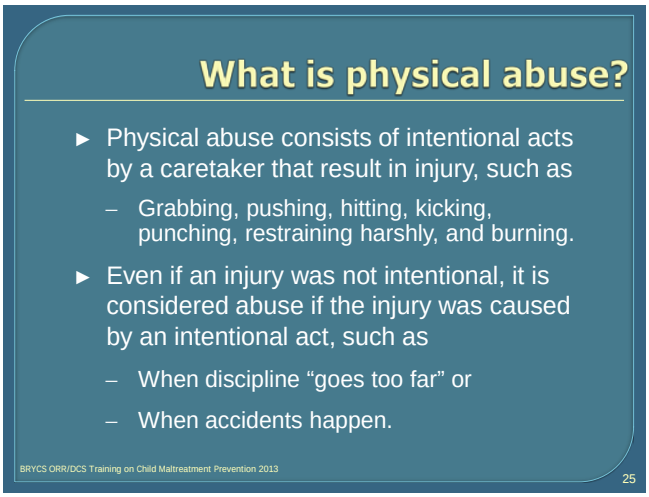


Sometimes residents' needs are not met, either deliberately (as a punishment) or because of errors. Sometimes their needs are not known.

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.

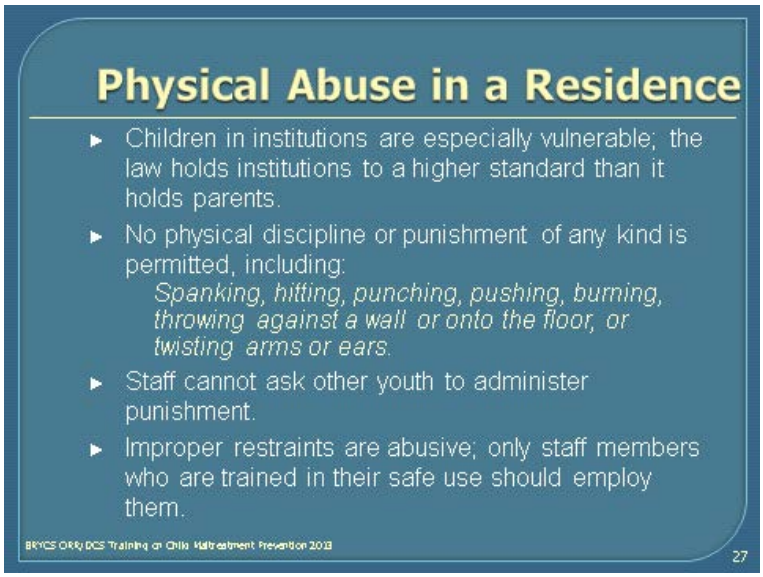


It can be difficult to hear the stories of extreme deprivation that the residents sometimes tell. Sometimes the residents just need someone to listen. At other times, they may need to be referred to their clinicians for more support. Despite extremely difficult beginnings, many people who have suffered in their childhood become succesful adults. It is important to convey hope to residents.



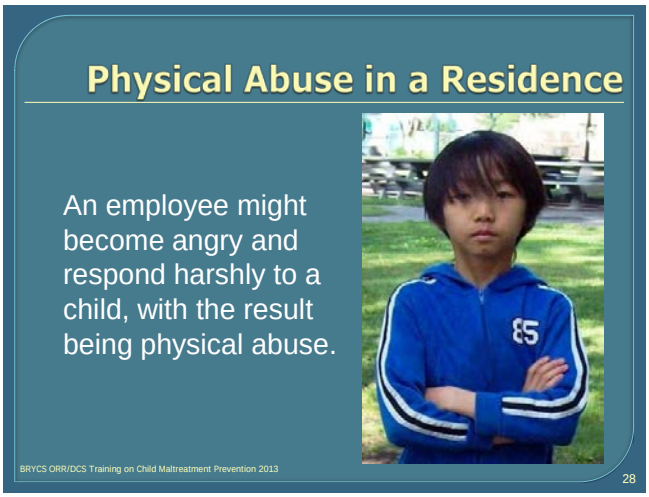
For an act to be considered physical abuse, it has to be intentional. If, for example, an adult slips and spills a plate of soup on a child and burns the child, the act is not considered abuse because it was not intentional. If, however, an adult hits a child with a belt and leaves a mark, that *is*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

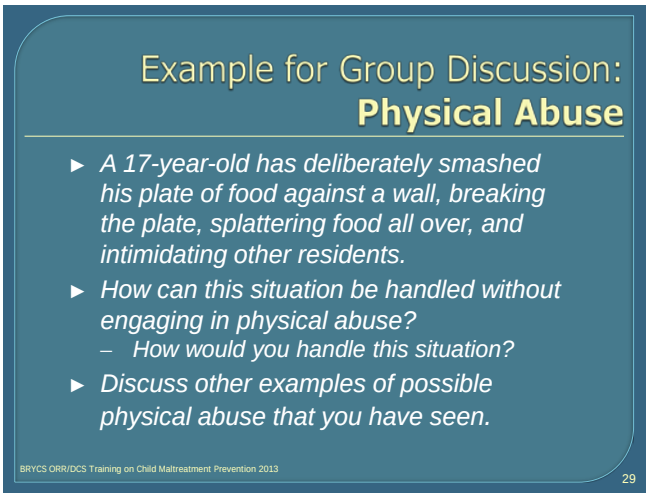
Most incidents of physical abuse start out as discipline—that is, the adult intends to discipline but not injure the child. Sometimes, the discipline "goes too far," such as when an adult hits harder than he or she intended, or an accident happens, such as when a staff member pushes a youth back and the youth falls and hits his head. Even though the staff member who pushed the resident did not intend to harm him, because the youth was injured when he fell as a result of the staff person's action, it is considered physical abuse.



Young people living away from their families are especially vulnerable to physical abuse. Therefore, caretakers in residential programs are not allowed to use physical discipline or punishment of any kind. We are also not allowed to ask other youth to physically punish 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.



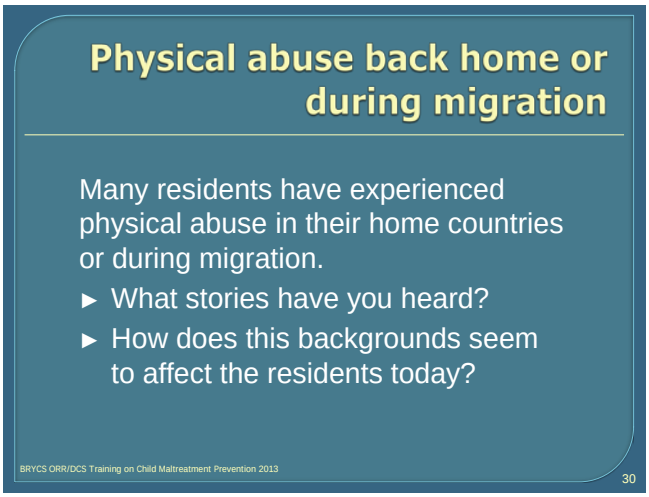


How might you handle this example?

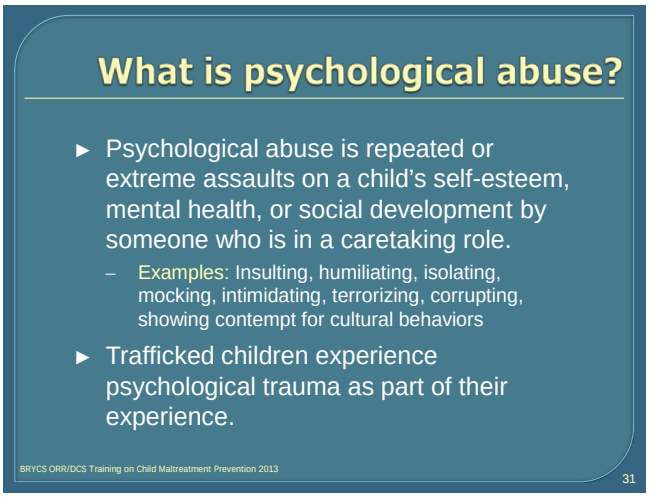
Physical abuse might occur in care provider programs when staff physically attempt to control residents' behavior, such as by throwing a youth up against a wall or down on the floor, twisting a young person's arm up behind her back, or otherwise behaving in an abusive manner. Such behaviors not only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

Refer to Appendix 4 for information about positive behavior management strategies for youth in care provider programs.



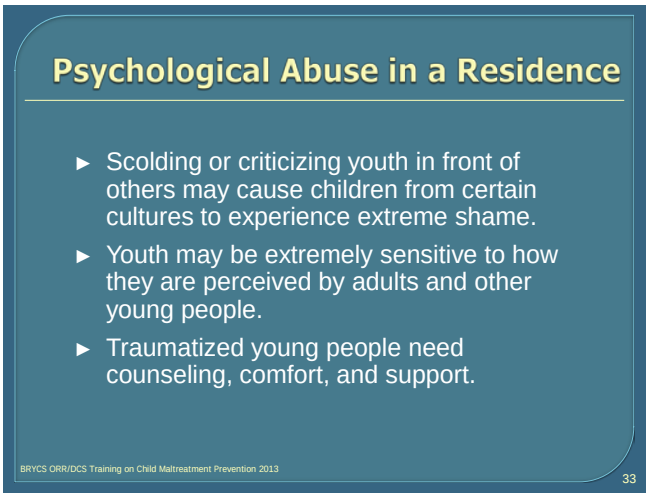
A history of physical abuse can make people startle when they hear a loud noise and jump when a person raises a hand in their presence—even if it the other person has no violent intention. Many residents have been physically abused by their parents or other caretakers, by employers, or by the people who transported them to the United States. Some were physically abused by romantic partners or by people who exploited them sexually. Some were brutalized in gang initiations or fights. Some bear the physical scars of this violence, while for others the scars are more mostly psychological and affect their relationships. It is important for residents to learn that they have a right to physical safety—that no one has a right to hurt them. Residents who have been victimized physically and who have become aggressive in response may become less aggressive once they feel more secure that they, themselves, are safe from assault.

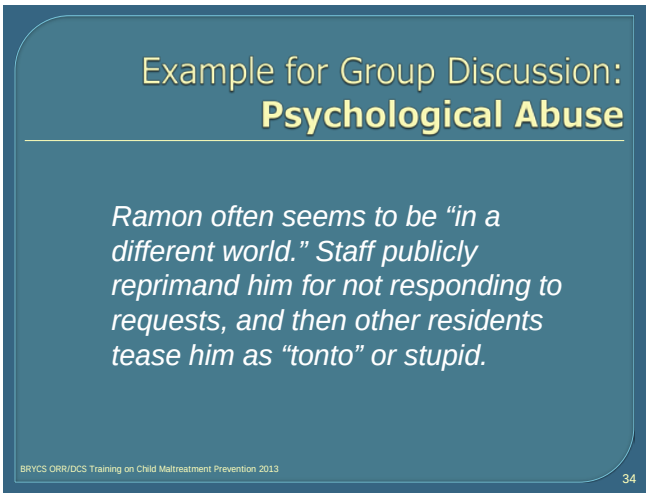


Psychological abuse is difficult to define, detect, and prosecute. Although a single instance of treating a child disrespectfully does not constitute psychological abuse, such interactions should still be avoided. In residences, psychological abuse often takes the form of bullying, either by a staff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

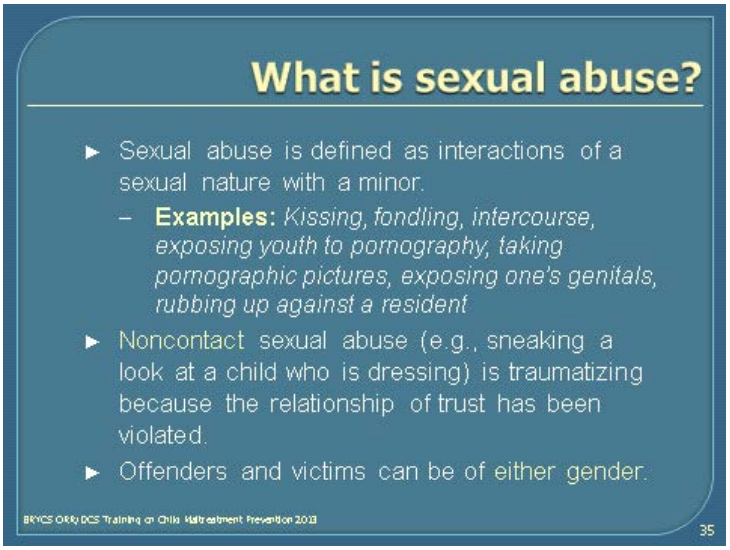
See later slides and the last section of Appendix 2 for more information on bullying.

We need to remember how stressed the young people are when they are in DCS care. We should be as supportive as possible and try to be reponsive to their needs.



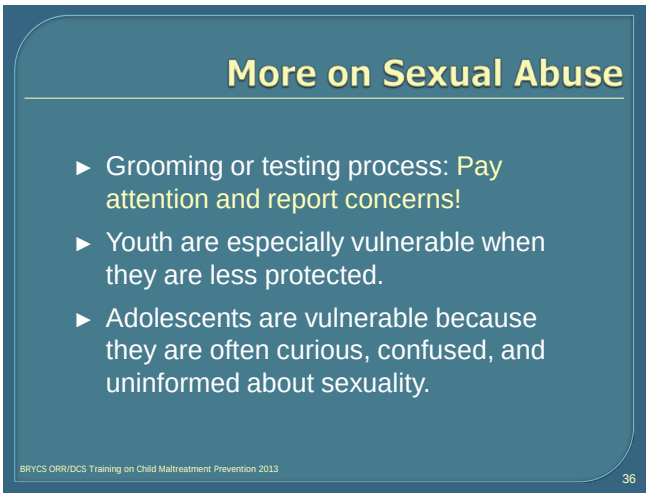


The DCS care provider programs should be safe emotional environments for the vulnerable and traumatized youth who stay there. If you believe another staff member is bullying, abusing, or repeatedly behaving unfairly toward a resident, speak to your supervisor, the program director, or both.



Talking about sexual abuse can be upsetting. Many of us know people who have been victimized, and some of us have been victimized ourselves.

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



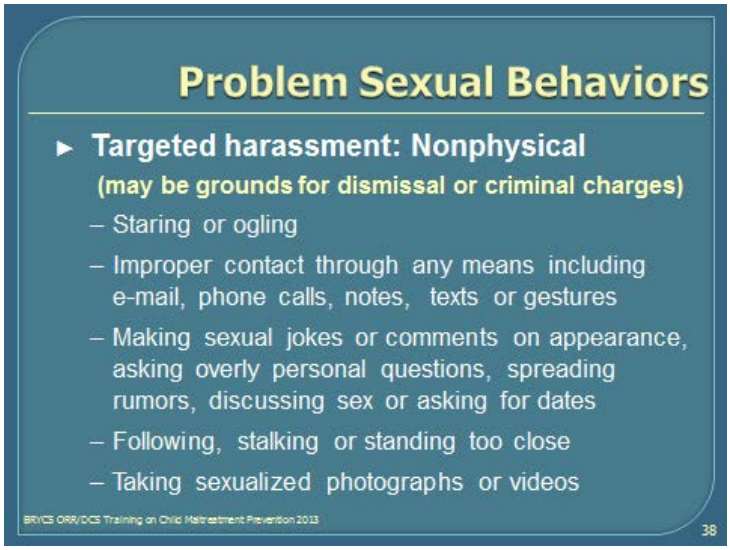
People who sexually offend against youth usually spend a while "grooming" or "testing" the young person. The adult may arrange to have special time alone with the young person, ask the young person to keep a secret, or give him or her a special gift to see how he or she responds. If you believe a colleague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

Keep in mind that inappropriate behavior that might be misconstrued 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.

As adults and professionals, it is better to err on the side of helping young people feel comfortable and safe. For example, if a resident makes inappropriate jokes, it is up to you to set the tone and let the resident know that such language might make other residents uncomfortable.

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

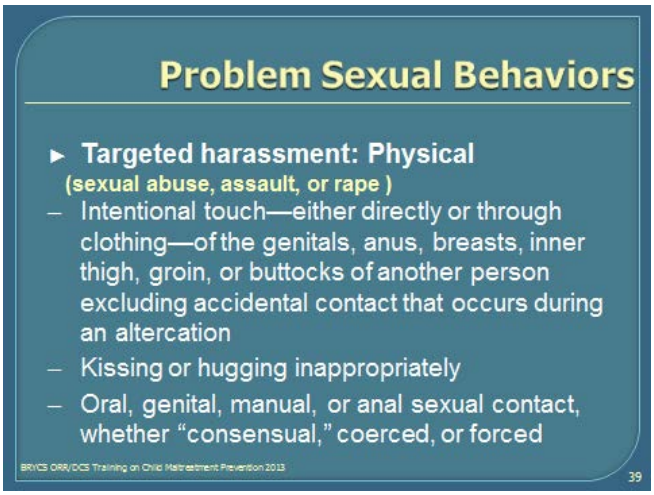
Although a particular joke or comment may appear funny to some residents, it needs to be avoided if there's a chance that it would be offensive to other residents. Remember, the residents don't have a safe home to retreat to if they're upset with what happens at the residence or foster home—it is their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



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

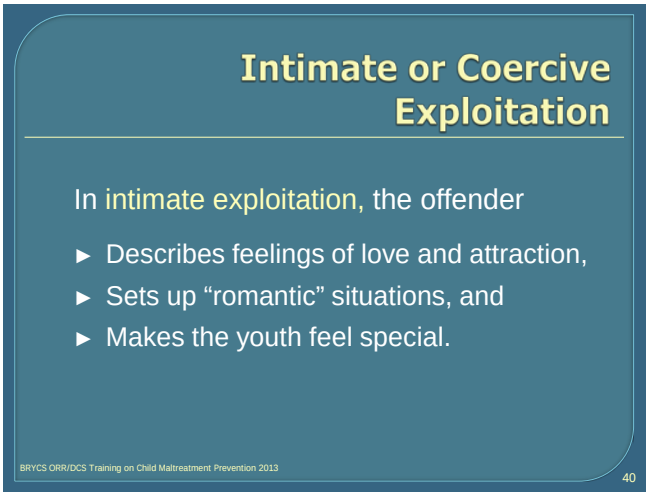
How could you tell if saying or doing something is a problem? If you avoid doing it in front of your supervisors, if the young person appears upset, or if you get a special thrill out of saying or doing certain things in front of a particular person, it's probably a form of harassment, and will be grounds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

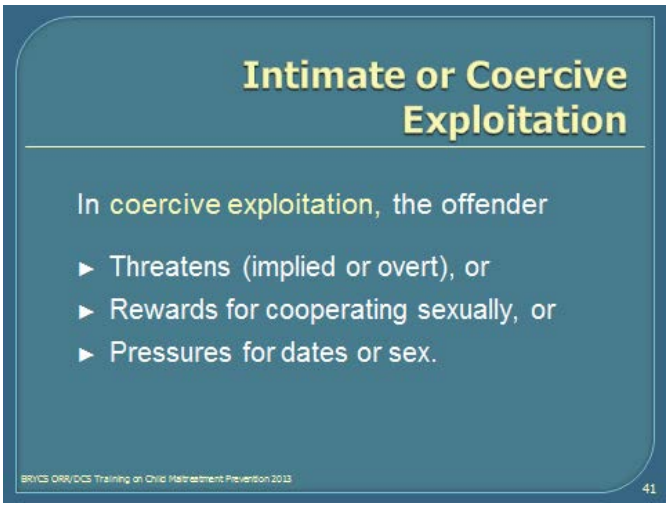
Even employees joking inappropriately among themselves could create an uncomfortable environment for a sensitive minor.



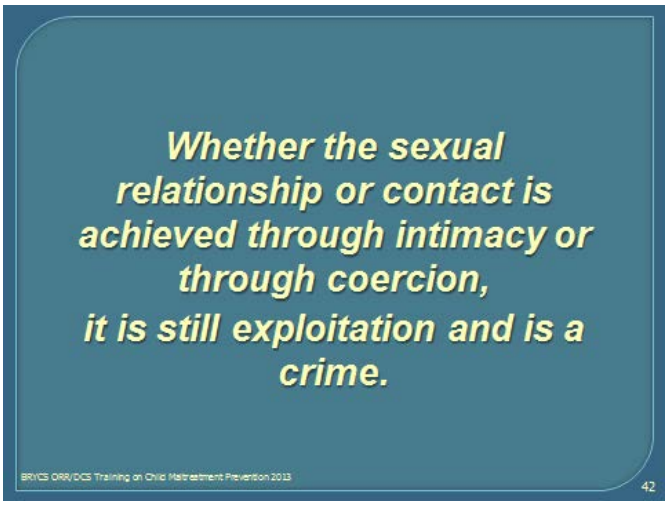
Physical acts that are directed at a particular person are likely to be prosecutable by law. Explain to participants that it does not matter whether the adult thinks he or she loves the minor. Physical contact of a sexual nature with a resident is exploitative and illegal.

All physical contact with the body parts listed on this slide, on top of or under the clothes, are criminal acts and will be prosecuted, unless they are performed by qualified medical personnel in the context of necessary medical care.

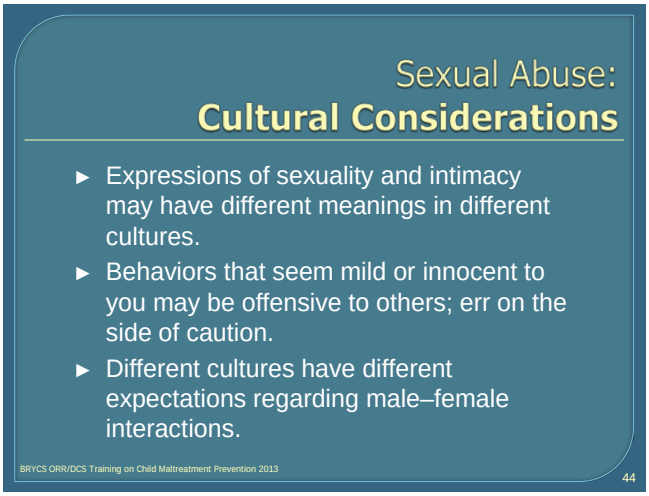




When incidents of sexual exploitation occur in a care provider program, they may result from situations in which a staff member becomes "infatuated" with an underage resident. Although it may feel like love, the resident is in an extremely vulnerable situation, and he or she is not likely to be stable enough to enter into a relationship. In addition, because it is the adults' responsibility to take care of the youth in the ORR/DCS-funded care provider program, this situation not only would be a relationship of exploitation but is illegal.



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



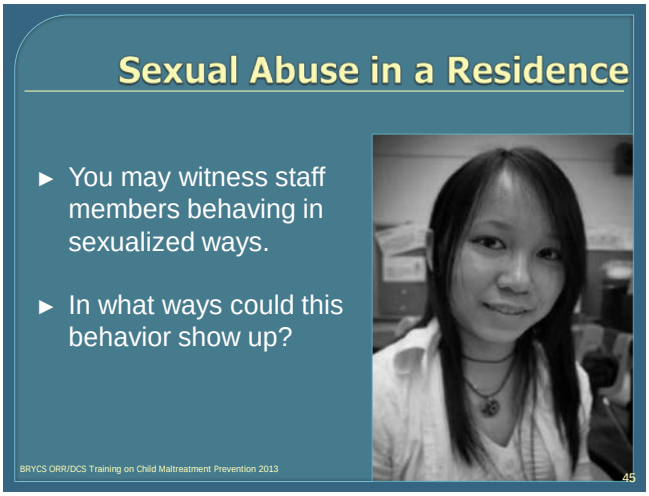
For some people in the United States, a kiss or even sexual intercourse can be casual events without a lot of meaning. For people from some other cultures, however, an affirmation of affection, such as a kiss, or losing one's virginity can have life-changing significance.

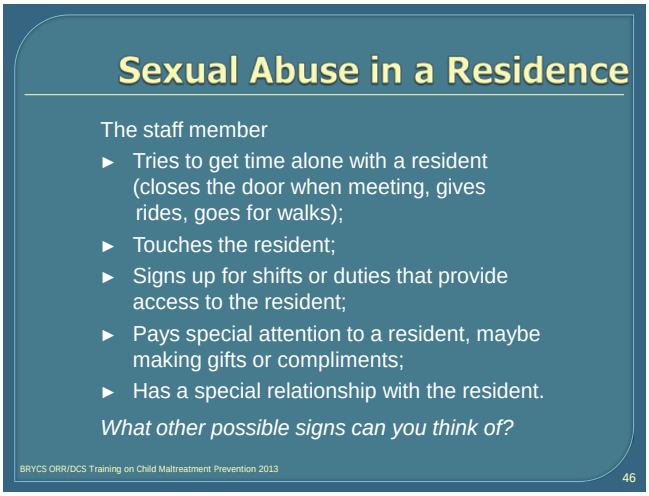
Staff, particularly young staff, may be tempted to "fool around" with residents the way they might with their friends—perhaps telling sexual jokes, casually wrapping their arms around people, or playfully touching them. Please know that these behaviors not only could upset a resident greatly but also 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. Everyone wants the care provider programs to be as safe 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 a 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, be respectful and err on the side of caution.

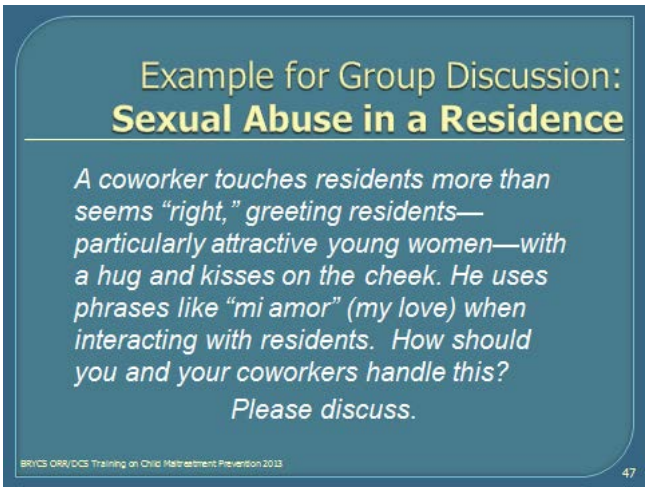


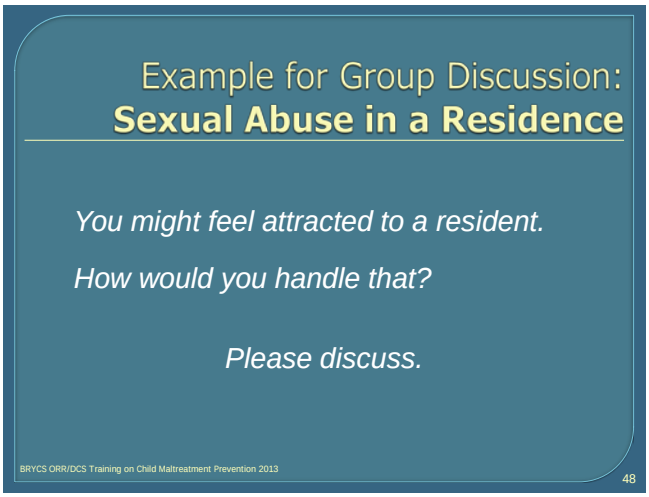


You might feel a great deal of conflict if you see another staff member flirting with a resident, spending time alone with a resident, or behaving in other ways that you think are inappropriate. You might feel loyal to your colleague but feel uncomfortable with what he or she is doing. ou might also feel conflicted if you see one resident pressuring another to enter into a romantic or sexual relationship. And you are certainly bound to feel conflicted if you find yourself feeling attracted to a resident or if you feel that a resident is flirting with you.

Staff are not to enter into sexual or romantic relationships with residents—this is a clear rule with no exceptions. Meeting a vulnerable young person in the care provider program is not the same as meeting someone on the outside. A staff member who enters into such a relationship will lose his or her job and will face criminal charges. He or she is also putting the reputation of the entire care provider program at risk. **Remember the zero tolerance policy.**

If you see behaviors that concern you, report them immediately to a supervisor, and tell your colleague to stop what he or she is doing.

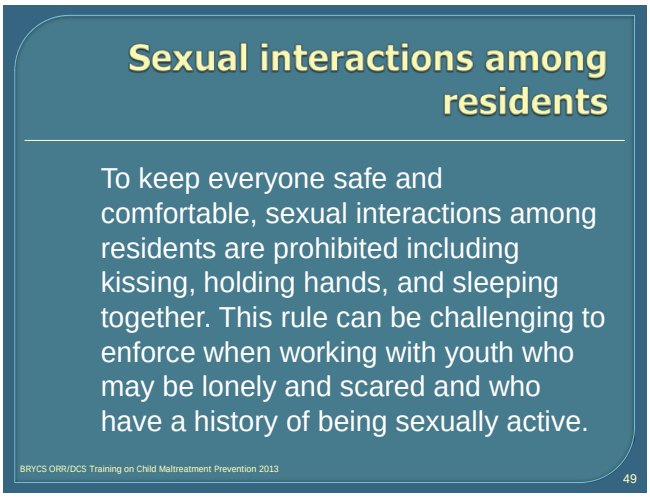




It is not always easy to see clearly the differencebetween someone who is being appropriately warm and friendly with residents on one hand and someone who is invading their space or even grooming them for sexual contact. It is best for staff to err on the side of caution and avoid any sort of interaction that could be construed as romantic or sexualized. Without a doubt, calling residents mi amor and kissing them on the cheek is not appropriate or professional in this context.

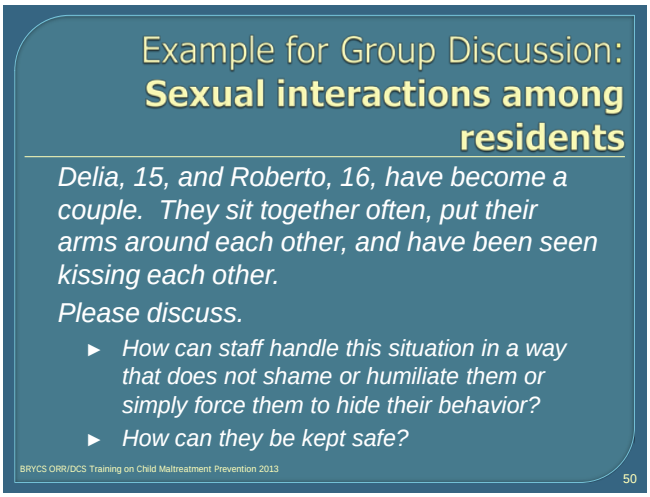
It can be difficult for staff to confront their colleagues about behaviors that may seem a little "off" but not necessarily "wrong." Please remember that by interrupting a colleague's borderline inappropriate behavior you are not only protecting the residents, but you may also be proteting your colleague's reputation and job. If you have concerns, raise them with your supervisor.

Sometimes adults feel drawn to young people—we're not even sure why. It is important to recognize and handle these feelings before they become a problem. Talk with your supervisor. The young people in the residences are extremely vulnerable. It would be inappropriate for a staff member to engage with a resident romantically or sexually in any way—even flirting would be unfair to that resident. Residents should feel safe and cared for by adults who behave like adult caretakers and not like potential boyfriends or girlfriends.

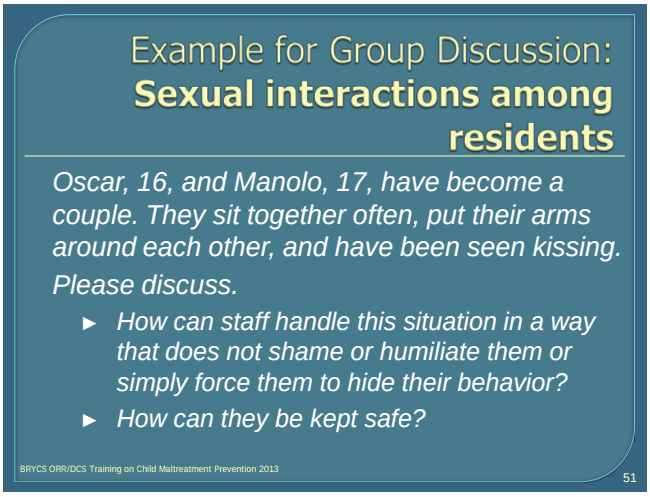


Always remember that the prohibition against sexual activity in the residences is absolute.

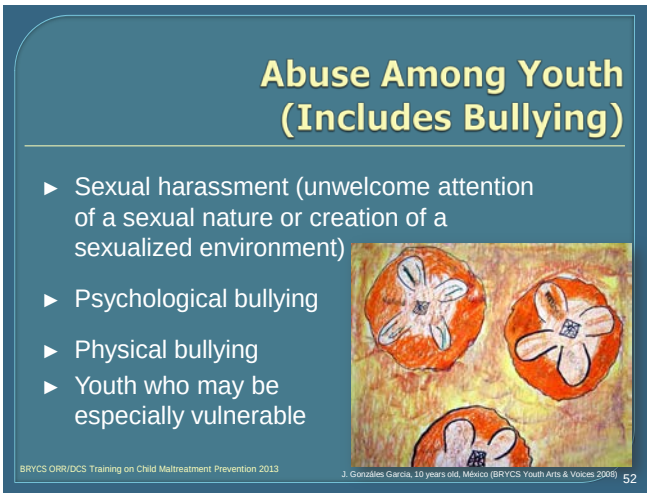
This prohibition is not a comment on whether such interactions would be "wrong" or "right" in other contexts. However, in this situation, residents are extremely vulnerable by virtue of being far away from their loved ones, in transition, and with uncertainty about their future. They are not in a position to make sound sexual decisions and they may be easily hurt emotionally. In addition, many of the residents have been sexually exploited in the past. Romantic or sexual activities are likely to complicate their lives in ways that are not helpful. Other negative impacts of the existence of couples include changes in group dynamics, which affect all the residents.



Think of ways staff could handle a situation like this that would make it clear to Delia and Roberto that they must stop their sexualized interactions, without shaming or embarrassing them more than necessary.



Think of ways staff could handle a situation like this that would make it clear to Oscar and Manolo that they must stop their sexualized interactions, without shaming or embarrassing them more than necessary.



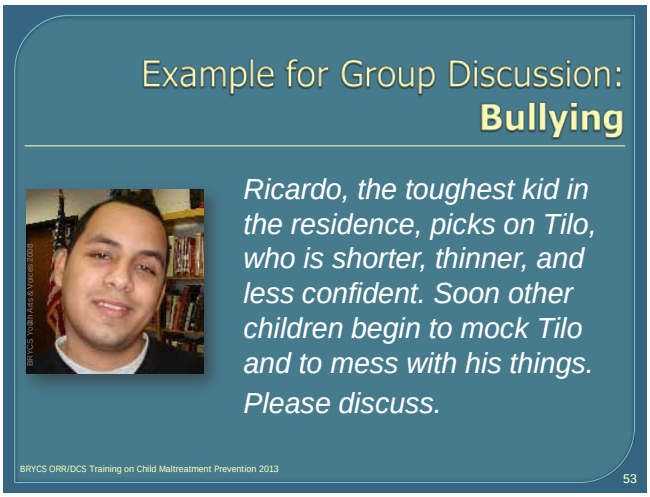
It is the adults' job to keep residents safe from abuse by other young people as well as by adults. It can be hard to know when kids are just behaving like kids and when teasing or roughhousing has gone too far.

Sexual harassment by peers could consist 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 behaviors. A harassing environment is one in which someone is made uncomfortable by sexual jokes, photos, or comments, even if the attention is not addressed at the person. Sexual harassment is not always directed by boys toward girls; sometimes girls sexually harass boys, and sometimes people harass others of the same sex. For instance, if a boy teases another boy—by saying that he is gay, standing too close to him, or daring him to kiss a girl (and this behavior is unwanted)—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 pushes or touches another or interferes with that person's possessions.

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

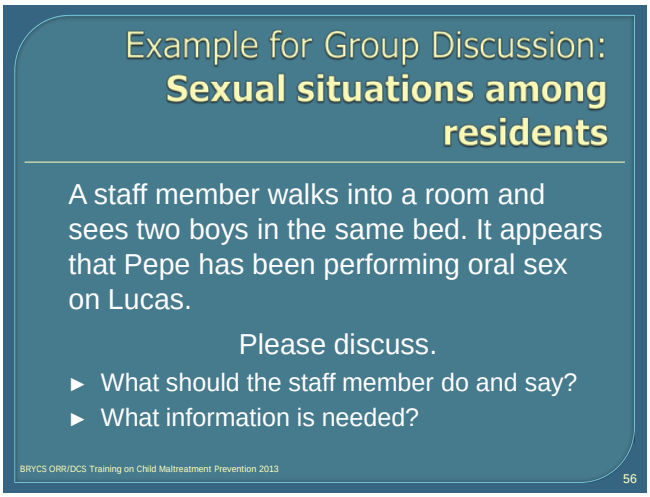


Consider how one dominant aggressive person, like Ricardo in this example, can turn all the residents against another person. Have you ever seen a situation like this in the residence? What can staff do?

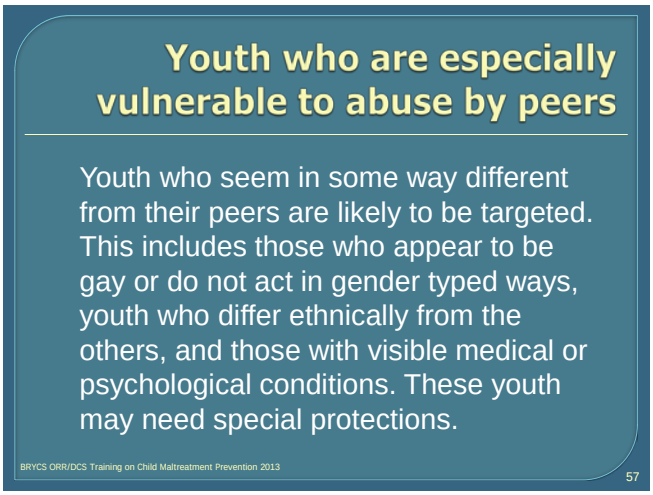
Sometimes well-meaning kidding can deteriorate into teasing or bullying which hurts a resident's feelings. Even if those who are teasing don't mean any harm by it, if the target of the teasing feels hurt, the teasing must stop. Some people are more sensitive than others about being teased, and even the most sensitive resident should be able to feel comfortable.

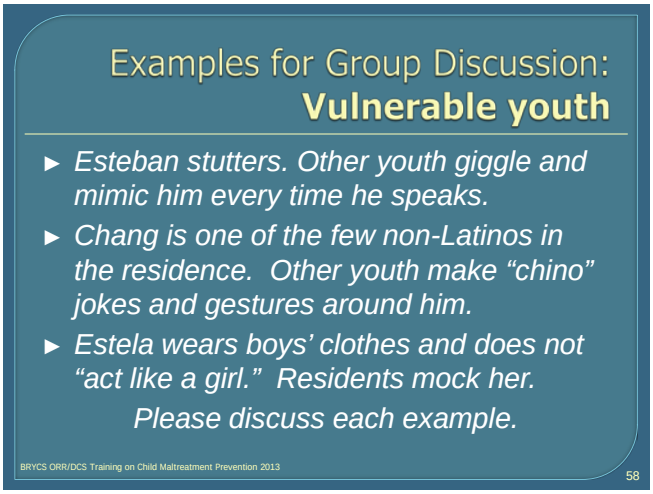
Don't forget the Zero Tolerance Policy!

In another context, the verbal behaviors described here might be laughed off or seen as harmless. However, it's important to remember that the residents cannot get escape from each other to a safe home—the residence is their home. The sexual comments are creating a sexualized atmosphere, which is a form of sexual harassment. Additionally, Diego is described here as "rubbing up against" and "touching" other residents. The rubbing and touching described here are considered sexual abuse in the context of ORR/DCS care provider programs. ORR has a Zero Tolerance Policy on sexual harassment and abuse in these programs. These are serious accusations that must be investigated and reported.



Sexual activity is prohibited in the residences. The residents are too vulnerable to make sound sexual decisions. The incident needs to be reported. The two young men should be separated so it can be acertained whether one forced or coerced the other into performing sexual acts, and whether one is afraid of the other. The youths need to be informed that sexual activity is prohibited in the residence and they need to be watched and separated. If it is determined that one has coerced or forced the other, the aggressor needs to be transferred to a more secure facility. They should not be humiliated shamed for their interactions.





Young people who differ from others because of a disability, because they are of a different nationality or ethnic group, or because they dress or act different from their peers, are especially vulnerable to teasing and bullying by their peers. Staff should strive to create an environment where even the most unusual resident can feel safe.

Training Goal 3

Responding to and Reporting Suspected Child Maltreatment

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

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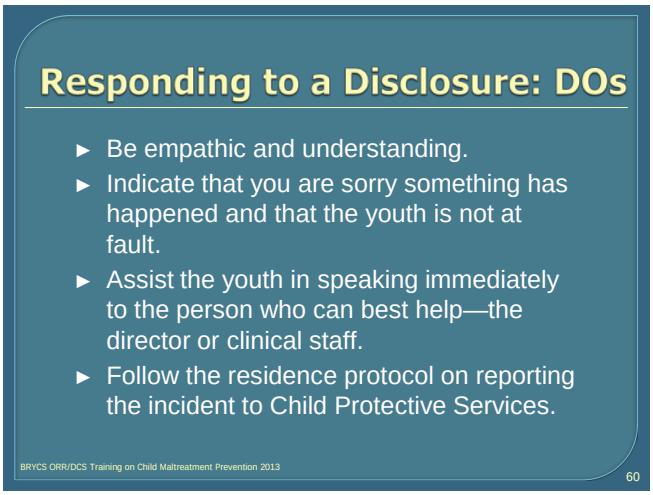
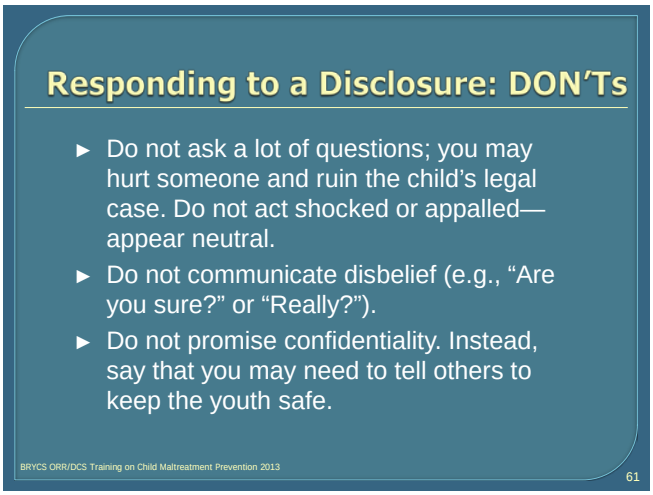


Sometimes a resident will tell you about a traumatic incident, and you will become upset. Sometimes it seems too awful to believe, or the alleged offender is someone who you have trouble imagining would engage in these kinds of behaviors. Sometimes you might feel angry at the person who is making the 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. Tell him or her that you are glad that he or she has told you.

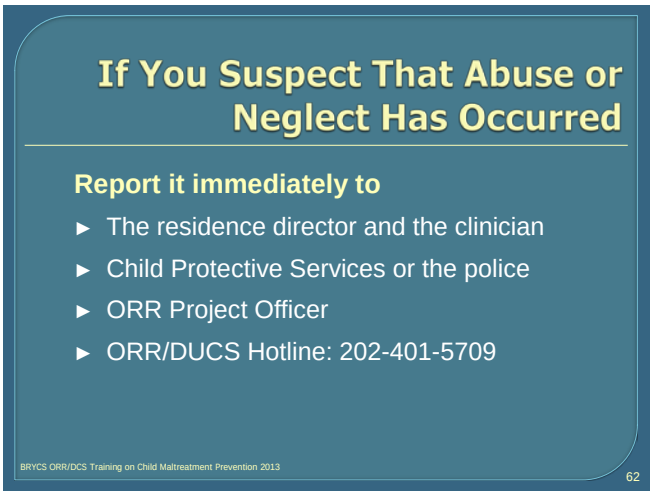


Young people who have been abused are often quite frightened. Be as supportive as possible. Child protection authorities and, possibly, the police will do an investigation. That is not your job. If you ask too many questions, you may hurt the case. Just try to find out who the alleged abuser is and (more or less) when and where the abuse occurred. You should 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 youth 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 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.

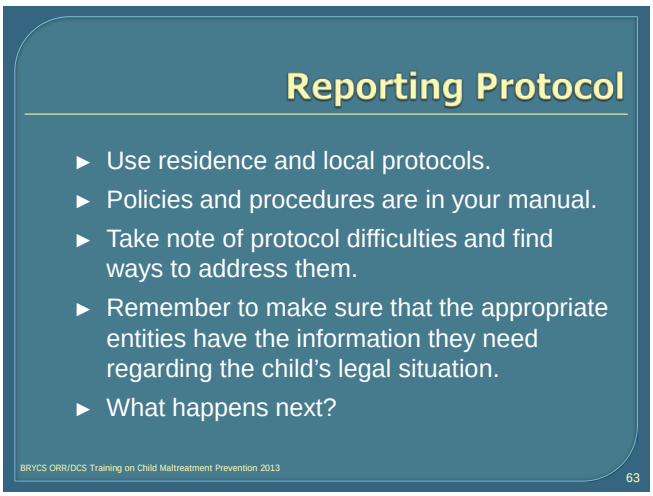
The best thing you can do for a young person in trouble is to secure help.

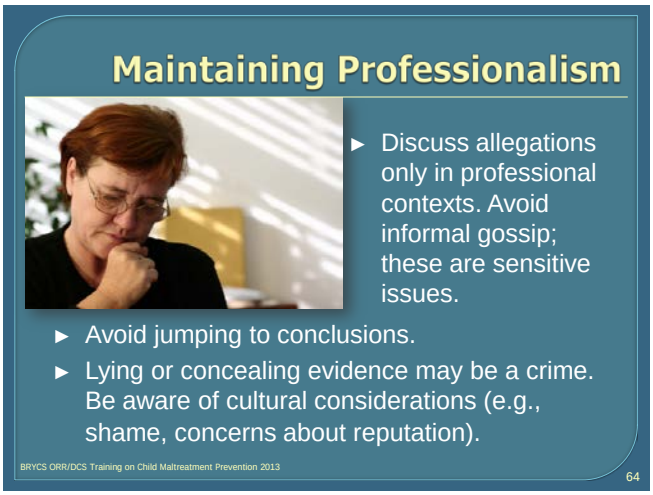
Your care provider program has a protocol on reporting. Certainly, this protocol will include contacting Child Protective Services (CPS). Be sure to follow it.



Generally, ORR/DCS policies state that all ORR/DCS-funded care provider program staff must follow their state policies regarding suspected abuse and neglect, including calling the local CPS for an independent investigation. If you are a mandated reporter, you will need to call CPS directly.

In addition, ORR/DCS must be contacted immediately, a Significant Incident Report must be filed, and the results of any CPS investigation must be forwarded to the ORR/DCS Project Officer, even if the allegations have not been substantiated. Your care provider program also has specific requirements regarding documentation of the incident.



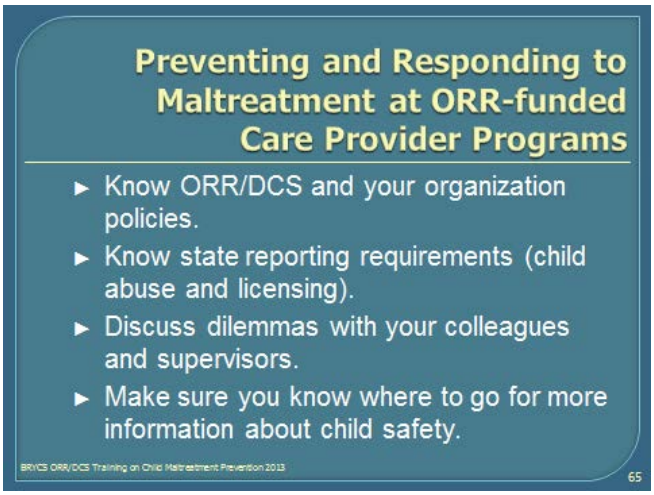


It is easy to get caught up in the drama of situations of child abuse. They may feel like stories that you are tempted to tell your colleagues, family, or neighbors. Abuse is a sensitive issue. It is important to speak about these issues only in professional contexts. Not everyone in a care provider program needs to know about the abuse.

Sometimes young people tell about abusive incidents in confusing ways. They may try to leave information out to protect their own reputations or to minimize the seriousness of what happened. They may remember incidents in bits and pieces. Again, do not try to determine whether the person is telling the truth—just collect the minimum information necessary to convey to child protection authorities. 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 to cover up for this person. Not only would such an action leave the child at risk, it would 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.



Policies that affect child maltreatment in your care provider program will come from several sources: ORR/DCS national policies, your state or county child protective policies, and your agency's policies. We have included some of the most relevant ORR/DCS and state policies in Appendix 3A of this handbook for your reference. However, your training team will provide you with the policies you need to know. If you have questions regarding these policies at any time, be sure to discuss them with your supervisor promptly.

The most important thing to remember is the ORR/DCS policy of Zero Tolerance for sexual abuse and harassment in the residences.

Training Goal 4

Preventing Abuse and Neglect

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

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

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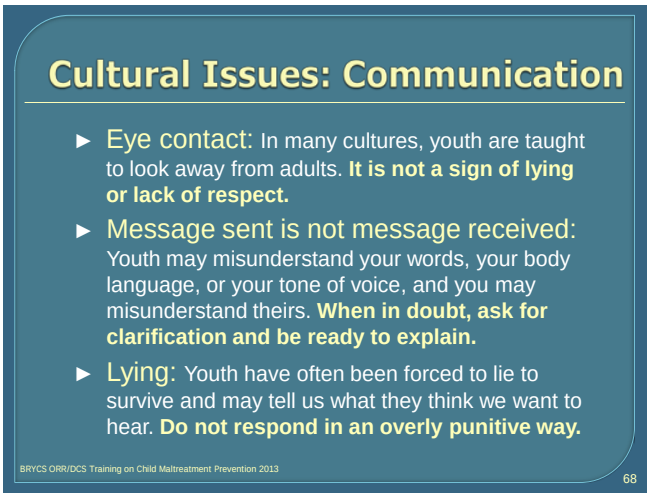
Sometimes people who "don't mean anything" get accused of behaving in a sexually inappropriate way. Such accusations can ruin your career. Keep the suggestions on this slide in mind so that you will not make residents uncomfortable or face accusations of misconduct.

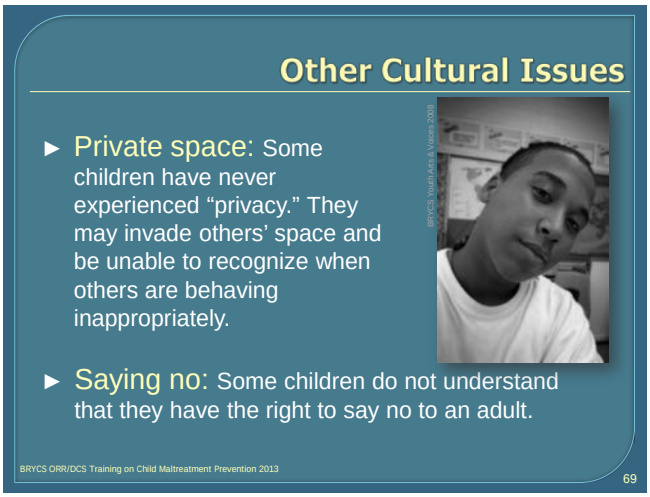


In some cultures, it is considered *DIS*respectful to look people of higher status directly in the eye (e.g., because they are older or because they are staff and therefore have power at the care provider program). Compared with other cultures, U.S. culture is unusually egalitarian and direct, characteristics that can result in "Message sent is not message received"—in both body language as well as words.

It never hurts to explain some of the cultural differences that you have noticed over time and to 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!

Children often have different perceptions—for example, time may move at a different pace for them, they are under prolonged stress because of their detention, and they may not express their feelings and resolve conflict in socially acceptable ways.

Remember that youth are apt 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.



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 invade others' space and may also allow others to take their property or get too close to them physically. They may not have a sense of boundaries. 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.

Appendix 5 contains cultural profiles on youth in the DCS system from Central America, China, India, and Haiti. The profiles provide key cultural and background information that can help you interact effectively with kids from a variety of backgrounds. They also include a list of resources that you can access through the BRYCS Clearinghouse for more detailed information on youth from these and other cultures.

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 not only increases the comfort of the youth in care provider programs but also reinforces their internal strengths and coping strategies. Cultural support 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?

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!

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

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This training was developed by
Bridging Refugee Youth & Children's Services,
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Department of Health and Human Services.
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