



Bridging Refugee Youth & Children's Services

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



Second Edition 2013

TRAINER'S MANUAL *with Instructions and Evaluation materials*

Training prepared for the:

Office of Refugee Resettlement
Division of Children's Services (ORR/DCS)
Administration for Children and Families
U.S. Department of Health & Human
Services

Bridging Refugee Youth & Children's Services (BRYCS)
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Bridging Refugee Youth & Children's Services

**ORR-DCS BRYCS Training: Preventing Child Maltreatment in
ORR-Funded Care Provider Programs**

Welcome and congratulations on implementing this training!

Full Curriculum Contents:

1. Tier One Trainer's Manual (Instructions, Manual, Pre-/Post-tests in English and Spanish)
2. Tier One Participant Handbook and Appendices (English)
3. Tier One Participant Handbook and Appendices (Spanish)
4. Tier Two (Advanced) Trainer's Manual

Training Logistics:

Plan for an all-day training. If you have questions regarding the curriculum or training agenda, please feel free to contact BRYCS.

Materials needed at the training site:

- Sign-in Sheets
- Name badges
- PowerPoint presentation
- LCD projector and screen
- Laptop
- Flip chart and markers

Room Set-up:

Make sure there is adequate seating, preferably comfortable chairs, with desks or tables for the participants with a clear view of the screen. A U-configuration or table groupings for small group work is recommended so that participants can readily interact each other and the trainer.

Set up table at entrance to the room with the following:

- Sign-in Sheet
- Name tags
- Pre- and post-test. Be sure participants write their Code #, assigned when they sign in (on sign-in sheet), on both pre- and post-tests (see evaluation instructions)
- A binder containing the Participant Handbook and Appendices for each participant

If you have any questions, please contact:

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Bridging Refugee Youth & Children's Services

BRYCS Recommendations on Logistics for *Preventing Child Maltreatment in ORR- Funded Care Provider Programs Trainings*

Be sure to include your local Child Protective Services (CPS) in your trainings.

1. **Provide contact information** for your local CPS (the agency to which your program reports allegations of abuse). You can record this information in your manual.
2. **Collaboratively set a date for the annual all-staff training.** The ORR/DCS-funded care provider program trainer(s) and CPS or licensing agency representative should meet, either by conference call or in person. CPS/licensing will continue to play an important role in your trainings by providing information about local policies and laws on child maltreatment and reporting. They will also assist you if an incident requires consultation or if allegations of abuse or neglect arise at any time.
3. **If you have Spanish-speaking staff who will need the training in Spanish, discuss the situation with the CPS/licensing representative.** Request that a Spanish-speaking CPS or licensing agency staff member attend the Spanish-language trainings you provide.
4. **Continue to collaborate.** Continue to provide annual full-staff and ongoing new-staff trainings and invite CPS to join these.

Recommendations for Planning Your Trainings

1. **Plan for a full-day training.** We strongly recommend that you reserve a minimum of six hours for the training to ensure sufficient time to discuss these quite complex issues.
2. **Practice the curriculum until you feel comfortable presenting the content to staff.** Anticipate questions that you may be asked and issues that will need to be addressed.
3. **Use the pre-test and post-tests to evaluate your training.** We recommend that you ask participants to complete the pretest *before the training begins*. See the first page of the pretest for instructions to give participants. Even if you encourage participants to answer the questions quickly, you should plan for the pretest to take 10 to 15 minutes.
4. **Make copies of the *Participant Handbook*.** These documents, in English and Spanish, are available for free download from the BRYCS Website (see the link at the bottom of this sheet). Each participant should receive a handbook and set of appendices, and the pre- and post-training tests. We recommend placing these materials in 2-inch loose leaf binders.
5. **Be sure to reserve a private, quiet room with space for small-group breakouts.** Have a laptop and LCD projector and screen ready for the PowerPoint slides.
6. **If showing the on-line training:** Due to the sensitivity of this material, staff should not view this alone. We strongly recommend using this option with a clinician on hand, and to train a group of staff together. Your computer should have good visual and sound capabilities.

All training materials are available on-line for free download. Go to the BRYCS Child Maltreatment Prevention Curriculum Web site for more information and resources:

<http://www.brycs.org/child-maltreatment-prevention-curriculum.cfm>



Bridging Refugee Youth & Children's Services

ORR/DCS BRYCS Training: Preventing Child Maltreatment in ORR-Funded Care Provider Programs Procedures for On-site Training Evaluation

BRYCS highly recommends that each ORR-funded program use the standardized pre- and post-test evaluations included in the training curriculum. These evaluations are designed to collect basic demographic information, measure an increase in knowledge resulting from the training, and give participants an opportunity to provide feedback on the trainings. Keep in mind that you will need either a staff member knowledgeable in evaluation or you will need to engage a university (student, volunteer, or consultant) to provide data entry and analysis for you. Such analysis can tell you pre- and post-training levels of knowledge according to staff role, education, etc, which can help you identify specific gaps in knowledge and to target any additional training needed. This information will assist you in continually improving your training. Following are the recommended evaluation procedures.

1. Registration: Upon arrival at the session, care provider program trainers should register all participants recording the following information (See attached Sign-In Sheet format):
 - a. Name
 - b. Employer (if more than one agency/program is represented)
 - c. Telephone number
 - d. Email address

2. Participant ID #s: At registration, each participant is assigned an ID number by the trainer.
 - a. At the time of registration, the ID # should be recorded on the:
 - Sign-In Sheet
 - Pre-Test
 - Post-Test

 - b. The ID# is used to link pre/post training quizzes with training and demographic information for data analyses. **Please note: Only the trainer and those who work with the evaluation data should have access to the ID#s; these results should otherwise remain confidential.**

3. Feedback discussion at the end of the training: Please use the last 5-10 minutes of each training to gather feedback from participants on the training overall and any suggestions for improvement. The trainer will take notes on feedback and suggestions from participants as part of a process evaluation.

4. Collection of pre/post training evaluations and data analysis: BRYCS recommends that all programs use these pre/post training tests as tools to measure staff knowledge before and after training, and to measure participant satisfaction with the trainings.

*BRYCS has provided you with a copy of the color coded evaluation sheets in both English and Spanish: **Pre-test Quiz is blue; Post-test Quiz/Evaluation is green.***



Bridging Refugee Youth & Children's Services

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



Trainer's Manual

Second Edition 2013

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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.

This BRYCS training project is supported by the Division of Children's Services, Office of Refugee Resettlement, Administration for Children and Families, U.S. Department of Health and Human Services, Grant No. 90 ZU 0065. Any views expressed in BRYCS' resources are those of the authors and do not necessarily represent views held by the Office of Refugee Resettlement.

This manual was authored by Lisa Aronson Fontes, PhD, and Lyn Morland, MSW, MA. Special thanks to Jacquelin Zubko, MA and Margaret MacDonnell, MSW, of BRYCS, and to Elaine Kelley, PhD, MSW, of ORR/DCS, for their contributions to this manual.

Contents

Introduction	2
A Note to Trainers From ORR/DCS and BRYCS	4
How to Use This Manual	6
Before You Get Started: Equipment and Room Setup	6
Welcome	8
Pre-training 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>	24
Neglect	26
Physical Abuse	29
Psychological Abuse	34
Sexual Abuse	36
Abuse Among Youth (Including Bullying)	48
<i>Training Goal 3: Responding to and Reporting Suspected Child Maltreatment</i>	54
<i>Training Goal 4: Preventing Abuse and Neglect</i>	61
Training Evaluation	66

Appendices

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 and young teenagers 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, 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 Unaccompanied 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 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/DCS system is the protection of children from abuse and maltreatment. Implementing this curriculum is a key element of the effort to keep all children safe within the ORR/DCS system.

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 by caretakers and peers. This curriculum also emphasizes the importance of cultural factors in child welfare.

This training aims 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 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/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 developed as a collaboration between ORR/DCS, 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/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.

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.

**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 and who may be unnerved by the conversations. The following 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 and facilitate discussions around, or (2) through encouraging staff to participate in the online version of the training. 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. This may be especially challenging where staff are doing the trainings online on their own and at different times. You are strongly encouraged to support staff in doing the online training in cohorts, and arranging time for staff to speak with each other about the content of the training, along with an experienced counselor and/or administrator.
- ▶ **Lack of Time:** We estimate four hours total for delivering the curriculum through the slide show and stopping it along the way to discuss issues. This is a short time for such a complex topic and this

training includes a brief pretraining quiz, a posttraining quiz and evaluation, and a short break in the middle. We therefore recommend that you reserve *at least* half a day or even a whole day for this training. Reserving this time ensures that you can incorporate participation of your local CPS staff and that you will have sufficient time to address questions and break into small groups for the discussion of examples. In addition, the participants' manual is intended to help the participants further their learning on this topic. You may also 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, sexuality, 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 DCS policy within the ORR/DCS-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. You may need to ask certain participants to allow others to speak and ask them to be careful to address their coworkers respectfully.
- ▶ **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 several 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:** We recommend that this training be delivered by a team consisting of one or two ORR/DCS-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/DCS-funded care provider program and state licensing policies and procedures. *We strongly recommend selecting trainers to deliver this curriculum who have clinical skills and previous experience in child abuse prevention. The topics addressed are sensitive and complex and sometimes elicit strong reactions in participants that only a knowledgeable and skillful trainer will be able to respond to adequately.*

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 where you work.

Please read every word of the manual, front to back, as soon as possible, to surface those concerns or questions that need to be answered before you begin to train others. We strongly encourage you to read every word of the manual again the day before or the day of your first training to familiarize yourself with its contents again. 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 appendices 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 a screen or a white wall where you can project the slides.
- ▶ *If you are showing the on-line training:* Be sure you have downloaded the training or you have internet capacity in the training room. Use a monitor with a large screen and high sound quality so that participants can see and hear the content well.

You will also need the following materials:

- ▶ Flip chart and markers
- ▶ Name badges
- ▶ Sign-in sheet

- ▶ Participant Handbook and appendices (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 easily 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 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
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and
Lyn Morland, MSW

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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.)

Pre-training 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 helps measure how much you know about this topic before the 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 DCS care provider programs, CPS, state licensing agency, or law enforcement. Recognize any other special guests.
- ▶ Ask participants to turn off their cell phones for the duration of the training.

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 2022 2

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 DCS 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.



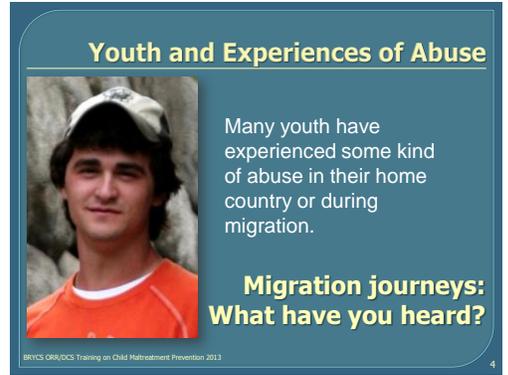
Trainer Notes

- ▶ 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 youth in your care? (Invite short answers only and remind the participants not to identify the youth they are discussing by name).



Youth and Experiences of Abuse

Many youth have experienced some kind of abuse in their home country or during migration.

Migration journeys: What have you heard?

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

4

Trainer Notes

- ▶ Ask participants to briefly share an incident of abuse experienced by a young person 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)?

Comprehensive national data are not available on incidents of abuse in out-of-home care for youth in the United States. However, we know these youth are vulnerable because they are in unfamiliar environments far from their families. Youth who have previously experienced abuse or neglect, have special needs, who are gay or lesbian, or who express themselves in ways that are unusual for their gender may be especially vulnerable. DCS-funded care providers follow not only state licensing requirements but also more stringent ORR/DCS policies on training staff about abuse issues, including strict reporting requirements. Nevertheless, DCS-funded programs have had some abuse allegations substantiated after CPS investigations.

The 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 from occurring. The second reason is to help you protect yourself from the appearance of misconduct and unwarranted accusations. 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.

Creating a training team with the local CPS office will enhance your ability to use CPS as a resource when questions arise. 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.

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013
5

Trainer Notes

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

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

- ▶ 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.
- ▶ Whatever your role, your job includes keeping youth safe. Sometimes even smart people with good will and a lot of experience face confusing dilemmas.
- ▶ We are going to explore 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, and 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/DCS-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.
- ▶ We will also be speaking about general ways in which you can support the growth and development of the youth at your ORR/DCS-funded care provider program. Recognizing and honoring the residents' cultural needs and differences can be important ways to help them feel good about themselves.

Zero Tolerance Policy

No form of sexual harassment, abuse, or assault, or other form of child maltreatment will be tolerated in any program funded by ORR. All care provider staff, volunteers, contractors, and subrecipients must be trained in and knowledgeable about ORR policies and procedures regarding preventing child maltreatment as well as the procedures that must be followed should an incident occur.

BRYCS ORR/DCS Training on Child Maltreatment Prevention 20186

Slide 7

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

Training Goal 1

Understanding Professional Ethics, Boundaries, and Conduct



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

Slide 8: Youth Responses to Stress

As you know, extremely stressful situations of various kinds have brought the young people into ORR care. Some may not know the fate of family members or whether they will ever see them again. Some are coming from violent and abusive situations and wonder if they will be forced to return to them. Some worry about younger siblings and cousins.

Young people vary a great deal 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.

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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/DCS-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 or afraid. Consequently, boys and men often strike out angrily when they feel fear, sorrow, or sadness.

Young people who have had relatively stable early lives 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.

Youth Responses to Stress

- ▶ Some youth “act out,” some turn inward, some try to run away, and some mask their distress.
- ▶ Because of their experiences, some young people are more vulnerable and more at risk for exploitation than others.

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9

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

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10

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 going out of your way for one particular young person. For instance, let's say you take a special liking to a young woman 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 this particular young woman.

Here's another example. You might feel more comfortable with residents from your own cultural background—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. But you must not act on these.

To avoid situations of favoritism, DCS 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.



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11

Trainer Notes

- ▶ Lead discussion on favoritism. 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)

Remind participants that 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 teasing about people's cultures, languages, accent, 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 you are in a position of authority and trust, whatever your professional role.

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12

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 thoughts that a resident might share with you about his or her life and friends, ideas, and feelings.

In addition, you should be aware of family reunification options and issues relating to the youth'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. 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.

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

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?

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Trainer Notes

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

Slide 14: Examples for Group Discussion: Confidentiality

In the Alicia example, emphasize for participants that they cannot promise confidentiality if the experience concerns Alicia's safety. The information may need to be shared with authorities or with Alicia's counselor.

In the Carlos example, it is important to remind participants that the cafeteria is not the appropriate place to share sensitive information. Additionally, while it is appropriate to share information about Carlos's sexual orientation with his counselor, there is no reason for others on staff to know. Finally, it sounds like Carlos needs protection from bullying by others. The fact that he is being bullied would be appropriate to share with staff in a confidential setting—the content of the bullying is private.

**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.*

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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.
- ▶ Of course, counselors will discuss private matters more often than people in other roles. Each staff member should be careful not to exceed the boundaries of their own role or ask questions just to satisfy their curiosity.

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, I will need to tell someone.”

Trainer Notes

- ▶ Consider role playing a situation where a youth says, “I want to tell you something but I want you to keep it a secret.” Participants should be able to respond clearly and forcefully that they cannot promise confidentiality if it concerns risk or danger to 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 must 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.

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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.

Discussion Questions: Boundaries

- ▶ *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?*

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17

Trainer Notes

- ▶ Read one bullet point at a time and ask the participants to discuss them. Consider role playing this situation with one person taking on the role of Julia and another playing a concerned colleague who speaks with Julia.

Slide 18

Training Goal 2: Defining Child Maltreatment

Training Goal 2

Defining Child Maltreatment



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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, depression, and anxiety
- ▶ Attention disorders
- ▶ Poor peer relations
- ▶ Brain damage (from physical abuse or extreme neglect)
- ▶ Juvenile delinquency, adult criminality, and violent behavior
- ▶ Substance abuse
- ▶ Revictimization
- ▶ Certain health problems such as heart disease, cancer, digestive problems and headaches.

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).

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19

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.



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20

Slide 21: Physical Neglect

Experiences of neglect are common among the youth in DCS care. 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.

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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).

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22

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?*

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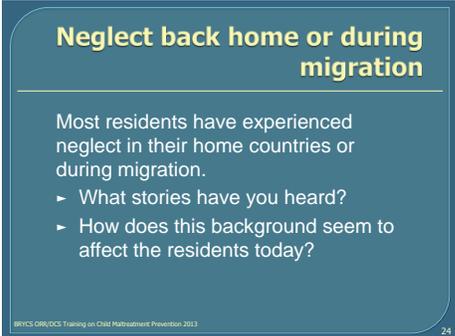
23

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: Neglect back home or during migration

Many residents were neglected in their early lives because their caretakers were poor, ill, or absent. Their journeys to the United States also usually involved hardship and deprivation.



Neglect back home or during migration

Most residents have experienced neglect in their home countries or during migration.

- ▶ What stories have you heard?
- ▶ How does this background seem to affect the residents today?

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Trainer Notes

- ▶ Discuss the questions on the slide. Ask the participants how they handle these kinds of disclosures. In most cases the youth should be referred to their counselors.
-

Slide 25: 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.

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.

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25

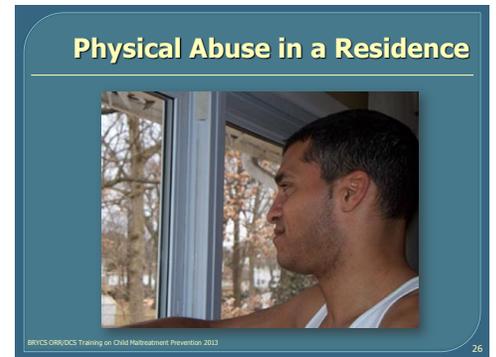
Trainer Notes

- ▶ 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 in general, try to focus on the vulnerability of the young people in DCS care and on DCS guidelines for ORR/DCS-funded care provider programs where no physical punishment is ever permitted.

Slides 26 and 27: 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 are abusive; only staff members who are trained in their safe use should employ them.

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Trainer Notes

- ▶ Read each bullet point and ask participants if they have any questions.

Slide 28: 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.



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28

Trainer Notes

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

Slide 29: 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 a physically forceful 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, training in techniques for de-escalating conflicts, 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.*

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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 DCS care in the appendixes.

Slide 30: Physical abuse back home or during migration

Physical abuse back home or during migration

Many residents have experienced physical abuse in their home countries or during migration.

- ▶ What stories have you heard?
- ▶ How does this backgrounds seem to affect the residents today?

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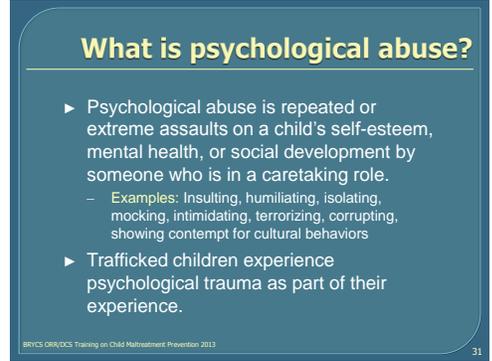
30

Trainer Notes

- ▶ Trainer notes: Ask participants to share brief examples of physical abuse they have heard residents describe from their countries of origin or during migration.
-

Slide 31: 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, corrupting, showing contempt for cultural behaviors
- ▶ Trafficked children experience psychological trauma as part of their experience.

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31

Trainer Notes

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

Slide 32: 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.

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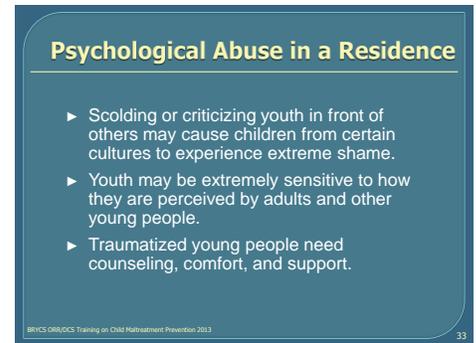
32

Trainer Notes

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

Slide 33: Psychological Abuse in a Residence

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, deliberately provoking, or repeatedly behaving unfairly toward a resident, speak to your supervisor, the program director, or both.



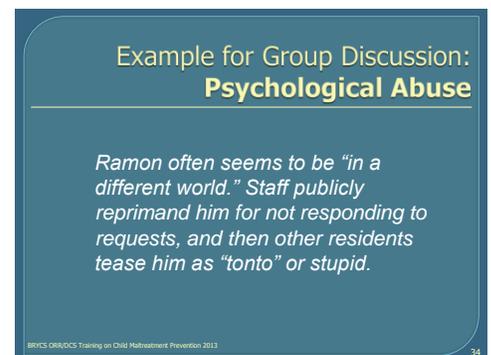
Psychological Abuse in a Residence

- ▶ 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.

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33

Slide 34: Example for Group Discussion: Psychological Abuse



Example for Group Discussion: Psychological Abuse

Ramon often seems to be "in a different world." Staff publicly reprimand him for not responding to requests, and then other residents tease him as "tonto" or stupid.

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34

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 35: 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. These kinds of abuse are traumatizing and 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 interactions of a sexual nature with a minor.
 - **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) is traumatizing because the relationship of trust has been violated.
- ▶ Offenders and victims can be of either gender.

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Slide 36: 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 include giving out personal phone numbers, answering a young person's personal questions about your dating or sexual history, touching a resident when not necessary, 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 far from protective family members.
- ▶ Adolescents are vulnerable because they are often curious, confused, and uninformed about sexuality.

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Slide 37: 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.

Even employees joking inappropriately among themselves could create an uncomfortable environment for a sensitive minor. Err on the side of caution.

Problem Sexual Behaviors

- ▶ **Creating an uncomfortable environment (grounds for dismissal & some are crimes)**
 - Displaying inappropriate pictures, cartoons, or phrases;
 - Expressing improper jokes, language, or innuendo;
 - Creating a sexualized atmosphere.

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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 helping young people feel 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 38: Problem Sexual Behaviors: Targeted Harassment: Nonphysical

Some problem sexual behaviors do not include physical contact but are still 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.

This list is not meant to be exhaustive—more items could be added, such as exposing a minor to pornography by showing him photos on a cell phone.

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, texts or gestures
 - Making sexual jokes or comments on appearance, asking overly personal questions, spreading rumors, discussing sex or asking for dates
 - Following, stalking or standing too close
 - Taking sexualized photographs or videos

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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 39: 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.

Note that 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.

Problem Sexual Behaviors

- ▶ **Targeted harassment: Physical**
(sexual abuse, assault, or rape)
 - Intentional touch—either directly or through clothing—of the genitals, anus, breasts, inner thigh, groin, or buttocks of another person excluding accidental contact that occurs during an altercation
 - Kissing or hugging inappropriately
 - Oral, genital, manual, or anal sexual contact, whether “consensual,” coerced, or forced

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39

Trainer Notes

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

Slide 40: 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/DCS-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 youth feel special.

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Slide 41: 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), or
- ▶ Rewards for cooperating sexually, or
- ▶ Pressures for dates or sex.

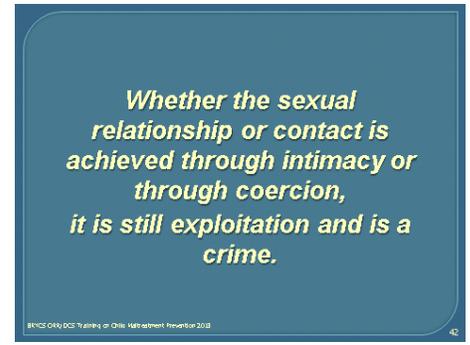
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Trainer Notes

- ▶ Ask the participants to give some possible examples of the kinds of threats and rewards that could be used in a residence (to take away privileges or give a good write-up) and the kinds of pressures that could be exerted on a young resident.

Slide 42: 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 ORR/DCS custody.



Trainer Notes

- ▶ Consider mentioning how difficult it can be to see this line between staff and residents when sometimes they are close in age and background. However, this line must be maintained at all times.

Slide 43: “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.

Sometimes residents will express romantic or sexual feelings toward a member of the staff because they think it will help them stay in the United States or because they feel lonely. These overtures must be responded to as desperate acts by vulnerable children and not as invitations for the staff member to reciprocate. Staff should inform their supervisors about these kinds of situations so they can get support in handling them.



Slide 44: 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 even the most sensitive 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, show respect 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.

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44

Trainer Notes

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

Slide 45: 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?



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45

Slide 46: Sexual Abuse in a Residence

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?

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46

Trainer Notes

- ▶ Read the bullets and discuss the ways inappropriate relationships between staff and residents might show up.
-

Slide 47: Example for Group Discussion: Sexual Abuse in a Residence

It is not always easy to see clearly the difference between someone who is being appropriately warm and friendly with residents on the 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.

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.

Example for Group Discussion: Sexual Abuse in a Residence

*A coworker touches residents more than seems "right," greeting residents—particularly attractive young women—with a hug and kisses on the cheek. He uses phrases like "mi amor" (my love) when interacting with residents. How should you and your coworkers handle this?
Please discuss.*

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47

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 to their supervisor or the center director. They may also confront the staff member directly—but this does not substitute for alerting and authority.

Slide 48: Example for Group Discussion: 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.

Example for Group Discussion: Sexual Abuse in a Residence

You might feel attracted to a resident.

How would you handle that?

Please discuss.

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48

Trainer Notes

- ▶ Read the slide and ask staff to discuss this possibility openly. Emphasize that these attractions happen but staff must not act on them.

Slide 49: Sexual interactions among residents

Staff may have a range of opinions about whether and at what age it is “okay” for young people to engage with each other romantically and sexually. Some may see such activities as “healthy and natural” while others may see them as “problematic” or even “sinful.” The bottom line is that romantic and sexual relationships are prohibited in the residences. They are disruptive to group cohesion and they can make everyone in the room uncomfortable. Additionally, residents are typically lonely, worried, and tense. These are not the right circumstances for them to be making sexual decisions or to be adding additional emotional turmoil to their lives. They have plenty to do, feel, learn and resolve without adding the pulls and pushes of young love into the mix.

Emphasize that the prohibition against sexual activity in the residences is absolute, regardless.

Sexual interactions among residents

To keep everyone safe and comfortable, sexual interactions among residents are prohibited, including kissing, holding hands, and sleeping together. This rule can be challenging to enforce when working with youth who may be lonely and scared and who have a history of being sexually active or victimized.

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49

Trainer Notes

- ▶ Encourage the participants to voice their opinion on the subjects of young love and sexual relationships in the residence.
- ▶ Establish clearly that such relationships are problematic for the couple involved as well as bystanders.
- ▶ Brainstorm ways to discuss this topic with youth preventively—before couples form.

Slide 50: Example for Group Discussion: Sexual interactions among residents

It is important to encourage residents to avoid forming couples. If a couple forms, it is important to supervise the couple sufficiently so they will not be engaging in sexual activity. At the same time, it may be helpful to discuss with the couple, privately, the ways their behavior might make other residents uncomfortable and how their relationship may distract them from the other work they need to be doing at the residence. Staff should try to avoid shaming the couple. Reaching out to another person in a time of great stress is natural.

Counselors should interview and speak with each member of the couple separately to find out if there was coercion involved and to find out how each is being affected by the relationship.

Example for Group Discussion: Sexual interactions among residents

Delia, 15, and Roberto, 16, have become a couple. They sit together often, put their arms around each other, and have been seen kissing each other.

Please discuss.

- ▶ *How can staff handle this situation in a way that does not shame or humiliate them or simply force them to hide their behavior?*
- ▶ *How can they be kept safe?*

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50

Trainer Notes

- ▶ **NOTE:** *This example may be skipped in a residence where young men and women do not have contact.*

The next example concerns a same sex couple and can be substituted. Brainstorm ways to discuss this topic with the couple.

Slide 51: Example for Group Discussion: Sexual interactions among residents

It is important to encourage residents to avoid forming couples. If a couple forms, it is important to supervise the couple sufficiently so they will not be engaging in sexual activity. At the same time, it may be helpful to discuss with the couple, privately, the ways their behavior might make other residents uncomfortable and how their relationship may distract them from the other work they need to be doing at the residence. Staff should try to avoid shaming the couple. Reaching out to another person in a time of great stress is natural.

Counselors should interview and speak with each member of the couple separately to find out if there was coercion involved and to find out how each is being affected by the relationship.

As members of a same sex couple, these youth may be particularly sensitive to any signs of disrespect on the part of staff. Only those staff who can be supportive of the youth as human beings should be involved in this intervention.

Example for Group Discussion: Sexual interactions among residents

Oscar, 16, and Manolo, 17, have become a couple. They sit together often, put their arms around each other, and have been seen kissing. Please discuss.

- ▶ *How can staff handle this situation in a way that does not shame or humiliate them or simply force them to hide their behavior?*
- ▶ *How can they be kept safe?*

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51

Trainer Notes

- ▶ If you are training staff who work in a place where all the residents are young women, substitute female names.
- ▶ It is important to be alert for homophobic remarks among the staff. If any are made, discuss in a non-judgmental way how these kinds of remarks might make a young gay resident feel.

Slide 52: Abuse Among Youth (Includes Bullying)

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 a person is made uncomfortable by sexual jokes, photos, interactions or comments, even if the attention is not addressed at them directly. 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 Youth (Includes Bullying)

- ▶ Sexual harassment (unwelcome attention of a sexual nature or creation of a sexualized environment)
- ▶ Psychological bullying
- ▶ Physical bullying
- ▶ Youth who may be especially vulnerable



BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013 J. Gonzalez Garcia, 10 years old, Mexico (BRYCS Youth Arts & Voices 2008) 52

**Slides 53 and 54: Examples for Group Discussion:
Bullying**

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?

Discuss the examples on the slides

**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. Please discuss.

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53

**Example for Group Discussion:
Bullying**

When Luz declined to eat lunch one day, one of the staff members jokingly called her "princesa" or princess. The nickname stuck and now peers and staff refer to her only in this way, and mock her every time she expresses a desire. She is often in tears after this happens.



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54

Trainer Notes

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

Slide 55: Example for Group Discussion: Sexual harassment and aggression among residents

Don't forget the zero tolerance policy!

Diego's public comments and actions are creating a sexually harassing environment. To keep other residents safe, staff must make clear to Diego that he cannot continue with his comments, even if they make some residents laugh. The rubbing and touching described here are a form of assault and considered sexual abuse in the context of ORR/DCS residences. If any staff witness this they must intervene immediately. Privately, staff need to inform Diego of the seriousness of his actions and—if he will not desist—he may need to be transferred to a more restrictive facility.

In regard to the very serious rumors about Diego “touching” other residents, youth who are likely to have been targeted should be interviewed individually, following center protocols. If abusive incidents have occurred, Significant Incident Reports must be filed and local child protective services should be called in.

Example for Group Discussion:
Sexual harassment & aggression among residents

Residents seem to be both impressed by and afraid of Diego, 16. He struts around, making funny suggestive and sexualized comments. He sometimes rubs himself against others and there are rumors that he has been touching other residents.

Please discuss.

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55

Slide 56: Example for Group Discussion: Sexual situations among residents

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 ascertained 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 or shamed for their interactions. Whether coerced or consensual, ORR reporting policies will need to be followed, including making a Significant Incident Report and contacting Child Protective Services.

Example for Group Discussion: Sexual situations among residents

A staff member walks into a room and sees two boys in the same bed. It appears that Pepe has been performing oral sex on Lucas.

Please discuss.

- ▶ What should the staff member do and say?
- ▶ What information is needed?

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56

Trainer Notes

- ▶ If this is an all-girls' residence, change the example to one about two female residents in bed. Allow the staff to discuss the example freely while avoiding condemnation of same sex behaviors. Sexual behavior of any kind is problematic in the residences, regardless of the genders of the participants.

Slide 57: Youth who are especially vulnerable to abuse by peers

Young men who act in stereotypically feminine ways and young women who act in stereotypically masculine ways may be at special risk for bullying, harassment, and even assault by their peers. Similarly, youth who are gay or who are from a different ethnic, racial, religious, or linguistic background from their peers may be at special risk. To assure the safety of all residents, staff must make sure that all residents know they are valued and that harassment will not be tolerated. Through attitudes of open acceptance, staff take the lead in creating a safe and caring environment. Staff can also teach about bullying prevention, including the important role of bystanders in challenging bullying and harassing behaviors. Where harassment or bullying have occurred, staff need to file Significant Incident Reports.

Youth who are especially vulnerable to abuse by peers

Youth who seem in some way different from their peers are likely to be targeted. This includes those who appear to be gay or do not act in gender typed ways, youth who differ ethnically from the others, and those with visible medical or psychological conditions. These youth may need special protections.

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57

**Slide 58: Examples for Group Discussion:
Vulnerable Youth**

**Examples for Group Discussion:
Vulnerable youth**

- ▶ *Esteban stutters. Other youth giggle and mimic him every time he speaks.*
- ▶ *Chang is one of the few non-Latinos in the residence. Other youth make "chino" jokes and gestures around him.*
- ▶ *Estela wears boys' clothes and does not "act like a girl." Residents mock her.*
Please discuss each example.

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58

Trainer Notes

- ▶ Discuss each example. Encourage the staff to say what they would do in each situation, both each time an incident occurs and in general, to create a more accepting environment. Consider dividing the training into three groups, with each assigned to a specific example, and then share their thoughts with the larger group.

Slide 59

Training Goal 3: Responding to and Reporting Suspected Child Maltreatment

Training Goal 3

Responding to and Reporting Suspected Child Maltreatment



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59

Slide 60: 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.

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60

Trainer Notes

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

Slide 61: 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. Certainly, 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.

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Slide 62: If You Suspect That Abuse or Neglect Has Occurred

Generally, ORR/DCS 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/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.

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.

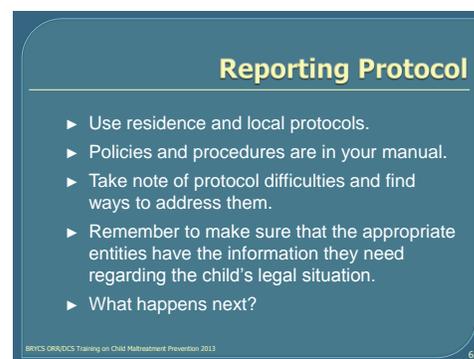


Trainer Notes

- ▶ Review the information on the slide.
-

Slide 63: Reporting Protocol

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



The slide is titled "Reporting Protocol" in yellow text on a dark blue background. It contains five bullet points with right-pointing arrowheads. At the bottom left, there is small white text: "BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013". At the bottom right, there is a small white number "63".

- ▶ 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?

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 DCS 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 64: Maintaining Professionalism

It is easy to get caught up in the drama of situations of child abuse. You may feel like repeating the stories you hear to your colleagues, family, or neighbors, but these are sensitive issues. 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.

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 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.



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).

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64

Slide 65: Preventing and Responding to Maltreatment at DCS Residences

ORR/DCS 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.

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

Preventing and Responding to Maltreatment at ORR-funded Care Provider Programs

- ▶ Know ORR/DCS and your organization 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.

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65

Trainer Notes

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

Slide 66

Training Goal 4: Preventing Abuse and Neglect

Training Goal 4

Preventing Abuse and Neglect



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

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Slide 67: 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.

Prevent Accusations of Misconduct

- ▶ Meet with youth only where others can see you.
- ▶ Engage in “high fives” and pats on the arm and back rather than hugs (less likely to be misinterpreted).
- ▶ When you have any doubt about how a touch might be received, do not touch.
- ▶ Use your words, your tone of voice, and your smiles, rather than touch, to comfort as much as possible.
- ▶ Touch by men may be more unfamiliar and upsetting.

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67

Trainer Notes

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

Slide 68: Cultural Issues: Communication

In certain cultures it would be considered *DIS*respectful to look staff directly in the eye, because staff are older and are in a position of authority. 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.**

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013
68

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 their jobs more difficult, staff should not respond too harshly and escalate a situation—unless the lying concerns a serious or dangerous matter.

Slide 69: 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 or get too close to others physically. 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. The Guides to Personal Safety can help convey and reinforce these messages.

Slide 70: Central America: Cultural Considerations

Appendix 5 contains cultural profiles on youth in the DCS 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.

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 ORR/DCS Training on Child Maltreatment Prevention 2013 69

Mexico & Central America: Cultural Considerations

- ▶ Teenagers may be expected to fill adult roles earlier than American teens (e.g., supporting their families, marrying or even having children).
- ▶ The tendency is to get along with others and to respect hierarchy
- ▶ Mayan and other indigenous populations may not speak Spanish or may have other historical & cultural differences.



BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013 70

Slide 71: 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 can therefore 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.

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71

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 72: 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

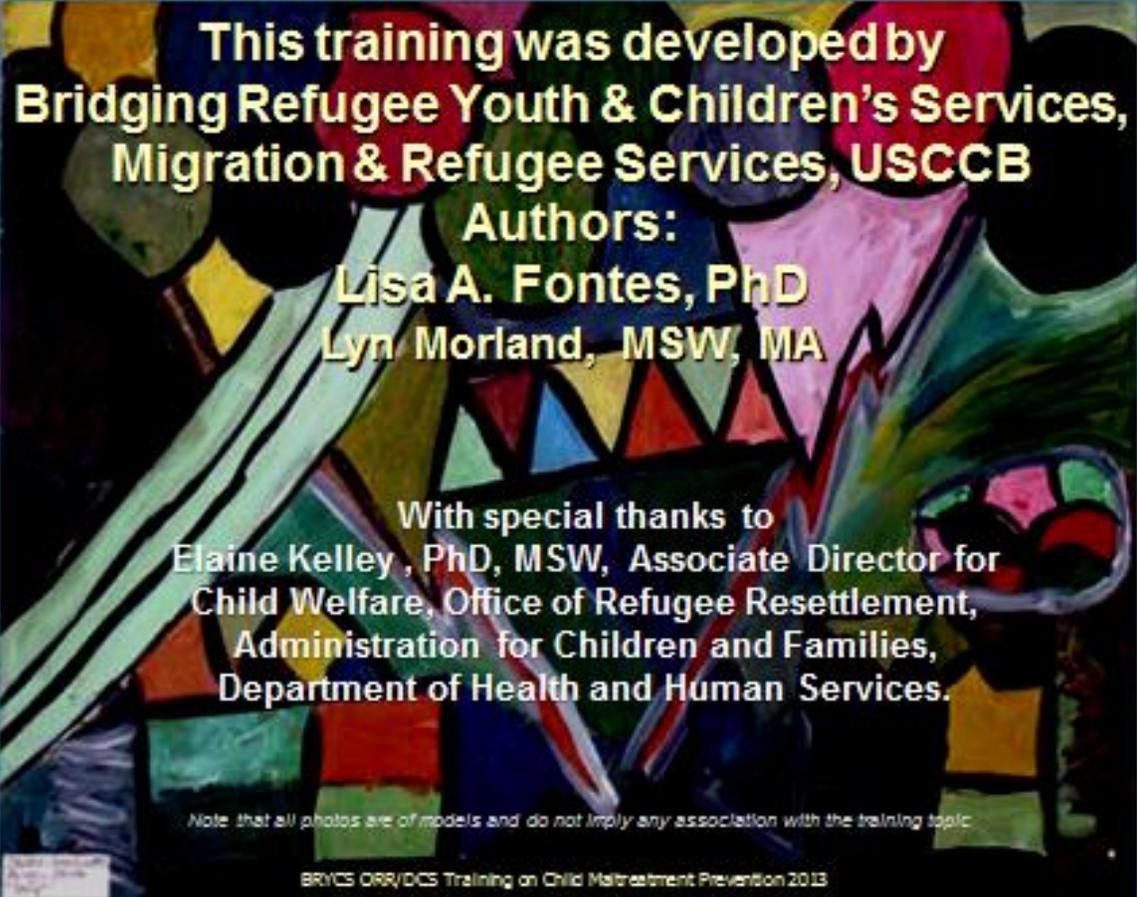
THANK YOU for your valuable work for youth!

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

72

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
Bridging Refugee Youth & Children's Services,
Migration & Refugee Services, USCCB**

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Department of Health and Human Services.**

Note that all photos are of models and do not imply any association with the training topic.

BRYCS ORR/DCS Training on Child Maltreatment Prevention 2013

J. Gonzalez-Cerdas, Director of Migration (BRYCS Youth Arts & Voice, 2009)

73

Date _____ AM / PM Trainer _____ Location _____ Participant # _____

ORR/DCS Training:
Preventing Child Maltreatment in ORR-Funded Care Provider Programs
Pre-Training Quiz

Type of Care Provider Program:

Shelter Staff-Secure Secure Residential Treatment Center
 Foster Care Group Home Other: _____

Position:

Administrator
 Youth Care Worker
 Support Staff
 Other: _____

Length of Time Employed:

_____ Years _____ Months

Gender: Male Female

Age: 18-21 21-30 31-40 41-50 51-60 61-70

Level of Education: High school 2-year College 4 year-College

Graduate Level Training or Degrees: _____

Race/Ethnicity:

American Indian or Alaska Native
 Asian Hispanic or Latino
 Black or African American Not Hispanic or Latino
 Native Hawaiian or Other Pacific Islander
 White

Language(s) Spoken Fluently:

Spanish Chinese Haitian Creole
 Other: _____

This quiz is meant to compare how much you know about this topic before and then after this training. It will help us evaluate the success of the training, and figure out ways to strengthen it. Your scores will not be tied to your name or to your performance evaluation in any way. Your responses are completely confidential - we use anonymous codes for training evaluation purposes only. Only the training evaluation specialist will see your quiz and demographic information.

Please make sure that the information on each sheet is completely filled out, and that the code you were assigned during registration is written at the top of the each page. You will have 5 minutes to complete this quiz - please respond as quickly as you can to each question.

***ORR/DCS Training:
Preventing Child Maltreatment in ORR-Funded Care Provider Programs
Pre-Training Quiz***

- 1** It is appropriate to discuss youths' cases with colleagues in the following locations:
(Circle all that apply)

 - a. hallways
 - b. waiting rooms
 - c. private offices
 - d. elevators
 - e. restaurants

- 2** All youth respond in more or less the same way to the stresses of migration and of living in the residence.

True or False

- 3** A youth pushes a resident staff member and the staff member pushes the youth back; the youth accidentally falls, hits his head, and is taken to the hospital. This is an example of physical abuse.

True or False

- 4** A staff member touches a resident's buttocks in a sexual way outside the clothing. He or she is: (Circle all that apply)

 - a. guilty of sexual abuse
 - b. likely to lose his or her job
 - c. likely to face criminal charges
 - d. showing a poor sense of boundaries
 - e. engaging in harmless affection

- 5** Caretakers in residences are not allowed to use physical discipline or punishment of any kind.

True or False

- 6** Sneaking a look at a child while he or she is dressing is a form of sexual abuse.

True or False

- 7** When a worker sees another resident staff member flirting with a youth, he or she should tell the co-worker to stop these behaviors and report the staff member immediately to a supervisor.

True or False

8 In responding to a disclosure of abuse, a resident staff member should: (Circle all that apply)

- a. ask a lot of questions to find out exactly what happened so that it can be accurately reported
- b. promise the youth confidentiality
- c. express surprise or disgust, if it is a genuine emotional response to what is reported
- d. say that you are sorry it happened
- e. tell the youth it is not his or her fault

9 A resident staff member who suspects that a resident youth has been abused or neglected in the facility should: (Circle all that apply)

- a. report the suspicion to his or her supervisor
- b. tell other facility staff members
- c. help the youth speak with the suspected abuser about what happened
- d. follow agency protocol regarding contacting Child Protective Services
- e. help the youth speak immediately with the person who can best offer support, such as a clinician

10 In positive behavior management, non-restraining procedures (such as verbal interventions, loss of privileges and time outs) should be the first methods of management.

True or False

11 Learning about and understanding a youth's background and culture can help prevent child maltreatment.

True or False

12 Some youth are more vulnerable to bullying in the residences than others. Youth who are especially vulnerable include: (Circle all that apply)

- a. young people who have psychological or cognitive disabilities
- b. young people who have physical disabilities
- c. young people who are different from other residents due to their ethnicity, country of origin, or religious practices
- d. young people who act or dress differently from others of their same gender
- e. young people who speak neither English nor Spanish well

***ORR/DCS Training:
Preventing Child Maltreatment in ORR-Funded Care Provider Programs
Post-Training Quiz and Evaluation***

- 1** It is appropriate to discuss youths' cases with colleagues in the following locations: **(Circle all that apply)**

 - a. hallways
 - b. waiting rooms
 - c. private offices
 - d. elevators
 - e. restaurants

- 2** All youth respond in more or less the same way to the stresses of migration and of living in the residence.

True or False

- 3** A youth pushes a resident staff member and the staff member pushes the youth back; the youth accidentally falls, hits his head, and is taken to the hospital. This is an example of physical abuse.

True or False

- 4** A staff member touches a resident's buttocks in a sexual way outside the clothing. He or she is: **(Circle all that apply)**

 - a. guilty of sexual abuse
 - b. likely to lose his or her job
 - c. likely to face criminal charges
 - d. showing a poor sense of boundaries
 - e. engaging in harmless affection

- 5** Caretakers in residences are not allowed to use physical discipline or punishment of any kind.

True or False

- 6** Sneaking a look at a child while he or she is dressing is a form of sexual abuse.

True or False

- 7** When a worker sees another resident staff member flirting with a youth, he or she should tell the co-worker to stop these behaviors and report the staff member immediately to a supervisor.

True or False

- 8** In responding to a disclosure of abuse, a resident staff member should: **(Circle all that apply)**

 - a. ask a lot of questions to find out exactly what happened so that it can be accurately reported
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 - c. express surprise or disgust, if it is a genuine emotional response to what is reported
 - d. say that you are sorry it happened
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- a. report the suspicion to his or her supervisor
- b. tell other facility staff members
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- d. follow agency protocol regarding contacting Child Protective Services
- e. help the youth speak immediately with the person who can best offer support, such as a clinician

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- e. young people who speak neither English nor Spanish well

Training Evaluation

To help us continue to improve our trainings, please circle the word that best applies to various aspects of the training.

Clarity of the presentation	poor	fair	average	good	excellent
Knowledge of the trainer(s)	poor	fair	average	good	excellent
Format of the training	poor	fair	average	good	excellent
Level of participation	poor	fair	average	good	excellent
Training content	poor	fair	average	good	excellent
Written materials used	poor	fair	average	good	excellent
Length of training	too short		average		too long
How would you rate this training overall?	poor	fair	average	good	excellent

Suggestions for Improvement: (feel free to also use the reverse side of this sheet)

Capacitación de ORR/DCS:
Prevención del Maltrato de Menores en los Programas de Cuidado Financiados por ORR
Prueba Anterior a la Capacitación

- 1** Es aceptable hablar de los casos de jóvenes con colegas en los siguientes lugares:
(Haga un círculo en todos los que corresponden)

 - a. pasillos
 - b. salas de espera
 - c. oficinas privadas
 - d. ascensores
 - e. restaurantes

- 2** Los jóvenes responden de la misma manera al estrés de emigración y de vivir en la residencia.
Verdadero o Falso

- 3** Un joven empuja a un miembro del personal de un centro de cuidado y éste responde empujando al joven. El joven se cae, se golpea la cabeza y tiene que ser llevado al hospital. Ésto es un ejemplo de abuso físico.
Verdadero o Falso

- 4** Un miembro del personal toca sexualmente a las nalgas de un residente en cima de la ropa. El miembro del personal: (Haga un círculo en todos los que corresponden)

 - a. está cometiendo abuso sexual
 - b. enfrenta la probabilidad de ser despedido
 - c. enfrenta la probabilidad de cargos criminales
 - d. está atravesando los límites profesionales apropiados
 - e. esta mostrando cariño inofensivo

- 5** No es permitido a los proveedores de cuidado en una residencia usar disciplina o castigo físico de ningún tipo.
Verdadero o Falso

- 6** Mirar secretamente cuando un niño o una niña se viste es una forma de abuso sexual.
Verdadero o Falso

- 7** Cuando un trabajador ve a otro miembro del personal residente flirtear con un joven, él o ella debe decirle al colega para parar esa conducta y reportarlo inmediatamente a un supervisor.
Verdadero o Falso

- 8** Al escuchar a una denuncia de abuso, el miembro del personal residente debe: (Haga un círculo en todos los que corresponden)

 - a. hacer muchas preguntas para averiguar exactamente qué pasó para poder reportarlo adecuadamente
 - b. prometerle confidencialidad al joven
 - c. expresar que lamenta lo sucedido
 - d. decirle al joven que no tiene la culpa

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Verdadero o Falso

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Verdadero o Falso

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- a. hacer muchas preguntas para averiguar exactamente qué pasó para poder reportarlo adecuadamente
- b. prometerle confidencialidad al joven
- c. expresar sorpresa o asco, si es una respuesta emocional sincera a lo que se ha denunciado
- d. expresar que lamenta lo sucedido
- e. decirle al joven que no tiene la culpa

9 Un miembro del personal residente que sospecha que un joven residente ha sufrido abuso o negligencia en el centro de cuidado debe: (Haga un círculo en todos los que corresponden.)

- a. reportar la sospecha a su supervisor
- b. contarle a los otros miembros del personal
- c. ayudar al joven a hablar sobre lo que pasó con la persona sospechosa del abuso
- d. seguir el protocolo de la residencia sobre contactar los servicios de protección a menores
- e. ayudar al joven a hablar inmediatamente con la persona que mejor le puede dar apoyo, como un trabajador social clínico.

10 En el manejo del comportamiento positivo, los procedimientos no restrictivos (como las intervenciones verbales, pérdida de privilegios y tiempo fuera) deben ser los primeros métodos que se usa.

Verdadero o Falso

11 Aprender sobre los antecedentes y la cultura de un joven y comprenderlos puede ayudar a prevenir el maltrato de menores.

Verdadero o Falso

12 Algunos jóvenes son más vulnerables a intimidación en las residencias que otros. Jóvenes que son especialmente vulnerables incluyen: (Haga un círculo en todos los que corresponden.)

- a. jóvenes con discapacidades psicológicas o cognitivas
- b. jóvenes con discapacidades físicas
- c. jóvenes que se distinguen de los otros residentes por su etnia, raza, o país de origen
- d. jóvenes que se portan o se visten de una forma distinta de otros de su género
- e. jóvenes que no hablan bien ni el inglés ni el español.

Capacitación de ORR/DCS:

**Prevención del Maltrato de Menores en los Programas de Cuidado Financiados por ORR
Prueba Posterior a la Capacitación y Evaluación**

- 1** Es aceptable hablar de los casos de jóvenes con colegas en los siguientes lugares: (Haga un círculo en todos los que corresponden)
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 - b. salas de espera
 - c. oficinas privadas
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 - e. restaurantes

- 2** Los jóvenes responden de la misma manera al estrés de emigración y de vivir en la residencia.
Verdadero o Falso

- 3** Un joven empuja a un miembro del personal de un centro de cuidado y éste responde empujando al joven. El joven se cae, se golpea la cabeza y tiene que ser llevado al hospital. Ésto es un ejemplo de abuso físico.
Verdadero o Falso

- 4** Un miembro del personal toca sexualmente a las nalgas de un residente en cima de la ropa. El miembro del personal: (Haga un círculo en todos los que corresponden)
 - a. está cometiendo abuso sexual
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 - c. enfrenta la probabilidad de cargos criminales
 - d. está atravesando los límites profesionales apropiados
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 - contarlo a los otros miembros del personal
 - ayudar al joven a hablar sobre lo que pasó con la persona sospechosa del abuso
 - seguir el protocolo de la residencia sobre contactar los servicios de protección a menores
 - ayudar al joven a hablar inmediatamente con la persona que mejor le puede dar apoyo, como un trabajador social clínico

- 10** En el manejo del comportamiento positivo, los procedimientos no restrictivos (como las intervenciones verbales, pérdida de privilegios y tiempo fuera) deben ser los primeros métodos que se usa.
- Verdadero o Falso

- 11** Aprender sobre los antecedentes y la cultura de un joven y comprenderlos puede ayudar a prevenir el maltrato de menores.
- Verdadero o Falso

- 12** Algunos jóvenes son más vulnerables a intimidación en las residencias que otros. Jóvenes que son especialmente vulnerables incluyen: (Haga un círculo en todos los que corresponden)
- jóvenes con discapacidades psicológicas o cognitivas
 - jóvenes con discapacidades físicas
 - jóvenes que se distinguen de los otros residentes por su etnia, raza, o país de origen
 - jóvenes que se portan o se visten de una forma distinta de otros de su género
 - jóvenes que no hablan bien ni el inglés ni el español

Evaluación de la Capacitación

Para ayudarnos a seguir mejorando nuestra capacitación, haga un círculo en la palabra que mejor describe cada aspect de la capacitación:

Nitidez (claridad) de la capacitación	mala	regular	mediana	buena	excelente
Conocimiento de los capacitadores	malo	regular	mediano	bueno	excelente
Formato de la capacitación	malo	regular	mediano	bueno	excelente
Nivel de participación	malo	regular	mediano	bueno	excelente
Contenido de la capacitación	malo	regular	mediano	bueno	excelente
Material escrito usado	malo	regular	mediano	bueno	excelente
Duración de la capacitación	demasiado corta		buena	demasiado larga	
¿Cómo califica a esta capacitación en general?	mala	regular	mediana	buena	excelente

Sugerencias para mejorar la capacitación: _____
