



Bridging Refugee Youth & Children's Services

# Tier Two

Exploring Complexities



## Trainer's Manual

## ORR/DCS BRYCS Advanced Child Maltreatment Prevention Training Manual

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BRYCS provides national expertise and 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, consultations, resource development, and a Web-based clearinghouse. Please visit [www.brycs.org](http://www.brycs.org) for more information.

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## Table of Contents

<b>Introduction</b> .....	4
Using This Manual.....	5
<b>The Scenarios:</b>	
<b>1</b> <i>General and mental health issues</i> .....	9
a. Juan Luís feels a “presence”: Mental health and safety concerns.....	10
b. Wilson gets physical: Aggressive dominance.....	12
c. Gastón doesn’t get it: A resident with delays and behavior problems .....	14
d. Tomás is thinking about “taking off”: A potential runaway .....	16
e. Rosa weeps after speaking with her sponsor: A possibly fraudulent sponsor .....	18
<b>2</b> <i>Sexually problematic behaviors among youth</i> .....	20
a. The “hot” newscaster: Sexualized environment .....	21
b. The personal ads: Sexual content in mass media .....	23
c. ¡Qué rico!: Alleged attempted sexual contact and physical altercation.....	25
d. Telmo bares all: A resident exposes himself.....	27
e. Not on the lunch menu: Two residents stimulate each other sexually in public.....	29
f. Laura kisses Ana: An alleged sexual overture by a resident.....	31
g. Rumors about Paulo: Alleged sexual contact among residents.....	33
<b>3</b> <i>Professional boundaries between staff and youth</i> .....	36
a. Samuel dreams of Marcela: A resident makes overtures toward a staff member .....	37
b. A clinician’s kiss: The resident is not bothered.....	39
c. A secret relationship?: A Youth Care Worker and a resident.....	41
d. A Youth Worker may have shown pornography .....	43
e. A tearful goodbye: Sandra tells Argeles to stay in touch.....	45
<b>4</b> <i>Conflict among staff and youth</i> .....	47
a. Just messing with you: Resident/teacher conflict.....	48
b. The girls are getting scared: A staff member upsets the residents .....	50
c. Lino and Beto get into fights: Conflict between a resident and staff member .....	51
<b>5</b> <i>Harassment and conflict based on group identities</i> .....	54
a. Ricardo feels threatened: Harassment based on religion .....	55
b. Speak to me like a man: Harassment based on perceived sexual orientation.....	57
c. Eme is alone: An indigenous resident is harassed .....	59
d. País de mierda: Physical altercation and nation-based name calling .....	61
e. Chao-Yuan is mocked: Harassment based on ethnicity .....	62
f. Tito’s gang-related aggression .....	64



Bridging Refugee Youth & Children's Services

## ORR/DCS BRYCS Advanced Child Maltreatment Prevention "Tier Two" Training Manual

### Introduction

Welcome! This manual has been developed to provide additional learning opportunities for DCS-funded care provider program staff who have completed the initial *BRYCS Training: Preventing Child Maltreatment in ORR-Funded Care Provider Programs*. We assume you have a solid base of knowledge and experience at this point and we hope your Tier Two discussions will be challenging, stimulating and productive.

Our goal is for these discussions to help you and your colleagues:

- ▶ articulate current practice-- what you are doing now;
- ▶ assess gaps or difficulties in practice-- what you are not doing that maybe you should be doing or potential problems with current practice;
- ▶ develop objectives for improving current practice in regard to particular issues; and
- ▶ implement and monitor your objectives.

ORR/DCS contracts with care provider residential programs across the nation which vary by size, gender composition, and security level. Regardless, each residence\* must conform to ORR/DCS standards of practice not only to keep youth safe, but also to provide them with the most supportive environment possible while they are in transition. The ORR/DCS trainings provide an opportunity to make sure everyone is "on the same page" in the various residences, even though details of implementation may differ locally. **ORR has a zero tolerance policy concerning all forms of sexual abuse and sexual harassment. ORR will make every effort to prevent, detect, and respond to such conduct.**

Typically each residence has 24-hour staffing, requiring a large number of personnel who may have little interaction with each other across shifts. These trainings should provide an opportunity for staff to interact across shifts and across positions, clarifying ORR/DCS expectations and establishing norms of practice.

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\* This training manual uses "residence" to refer to the range of ORR-funded care provider residential programs.

## Using this Manual

In this manual you will find 26 scenarios raising complex issues which merit discussion with your colleagues. The scenarios are based on incidents in various residential programs, but they are composites—no scenario describes the exact situation of any particular youth or staff member.

We know residential program staff have a wide range of training levels, experiences and perspectives. Your personal backgrounds also differ. These differences should be viewed as strengths, and as adding great richness to discussions. We hope everyone will feel free to speak. Through these discussions, teams can learn more about each other. No small number of individuals should dominate the discussions and a variety of opinions are welcome. At some point in each discussion, the trainer may indicate how ORR/DCS policies apply. Remember, care provider staff, volunteers, contractors, and subrecipients are all expected to be trained in and knowledgeable about ORR policies and procedures regarding preventing child maltreatment, as well as the safety and reporting procedures to follow if an incident occurs.

The situations contained in this booklet are considered “dilemmas” because they are complex. In each case, we encourage you to discuss all aspects of the situation thoroughly and not simply jump towards the solution.

Explore the complexities and look for shades of gray. Ask yourself and your colleagues what else might be happening. Entertain doubts. Discuss a variety of potential responses and the risks and benefits of each. Also, feel free to discuss “real” situations from your own setting that were similar, either instead of or alongside the scenarios presented here. We have included questions below each scenario to guide your discussion, but we hope you will also feel free to take the discussion in directions which seem most relevant to your workplace. Your workshop facilitator(s) will guide you in this process.



## The Discussion Prompts

After each brief scenario, roughly the same discussion prompts are provided. Where the scenario does not concern ethics, the first one may be omitted.

- ▶ What are the ethical or boundary issues here?
- ▶ Discuss the maltreatment and safety issues possibly involved.
- ▶ Who needs to know? What reports need to be filed, if any?
- ▶ How can this type of incident be prevented from happening in the future?
- ▶ What is the best way to respond, and what needs to be considered in developing a response?

These are the same kinds of questions that you might want to ask yourselves when a tough situation involving an undocumented, unaccompanied minor arises in a residence.

## An Important Note

The question of who to inform and the reports that need to be filed may vary somewhat by residence type and the state where the residence is located. For instance, in some cases the resident’s guardian or sponsor may need to be informed of alleged incidents. Check the ORR reporting guidelines and consult with your supervisor or the residence director when in doubt—the suggestions here may not be applicable in all situations.

### For Trainers Only:

The manual for trainees contains the above introduction, the scenarios and the discussion prompts. Your manual also contains responses to some of the discussions prompts and notes concerning issues relevant to each scenario—but the trainees don’t see these. Please read all the materials about any given scenario thoroughly before the training begins, and think through the issues and questions that may arise during discussion. Refer to the on-line BRYCS Training: Preventing Child Maltreatment in ORR-Funded Care Provider Programs for resources and to ORR/DCS, state, and agency policies and procedures, as needed, in your preparation.

During the training, allow the participants to speak openly about each scenario. Create a safe atmosphere focused on learning from each other. Encourage a wide range of people to speak up—do not allow the same people to dominate the discussion. You can experiment with dividing people into small groups if you think this will help everyone actively engage and participate. Use the information provided in your manual to help stimulate the discussion and add new perspectives. While the issue of who to notify should be fairly

straightforward, other questions such as how to respond and how to prevent similar incidents are often quite complex and do not have one clear answer. A number of approaches may be possible and each one will have advantages and disadvantages. You can let the participants know this. If a participant suggests an answer that seems downright wrong, respectfully lead a discussion of the advantages and disadvantages of that approach and other approaches. Some participants might want definitive answers and sometimes these can be provided; however, the best way to respond often depends on a variety of factors which can be explored through your discussions.

### For Trainers: Keep the Learning Going!

Clearly, discussing scenarios in this booklet is only one way to provide advanced learning opportunities to your staff. Other possibilities include:

**Regular critical situation reviews:** Consider reviewing on a regular basis (weekly, biweekly, monthly, or quarterly) particularly problematic situations that have occurred in the residence. The goal here is not to assign blame but rather to institute procedures that would assure the best outcome.

**Role plays:** Ask staff to act out role plays of different scenarios that might occur in the residence and practice the kinds of speech and action that assure the best outcome. These can be somewhat playful at times but should be sufficiently focused to teach actual skills and generate discussions. Staff or trainers can generate the scenarios.

**Team Teaching:** If a new rule or procedure is to be implemented or if the trainer believes staff need a review of a particular area, the group can be divided into small groups and each given time to prepare a teaching activity for the entire staff concerning the material. The trainer remains responsible for making sure all necessary content is conveyed correctly.

**Watch a relevant video together:** In the appendix to the original BRYCS Training: Preventing Child Maltreatment in ORR-Funded Care Provider Programs is a list of videos that relate to the experience of undocumented, unaccompanied minors. Consider using training time to view and discuss all or portions of one of these.

**Distribute Articles or Weblinks:** As you find articles and links to websites that would help staff in their work, distribute these to staff members and find formal or informal opportunities to discuss them.

**Ask Staff about Their Training Needs:** Inquire of staff what they want to know more about. Possibilities range from psychotropic medications to career paths in human services to human trafficking to child development. When you have a sense of what staff want and need to know, develop a training program to meet their needs. This may require bringing in outside experts.

**Thank you!** Thank you for training your colleagues on this important material. This advanced training will help keep all residents safe.

## *1. General and mental health issues*

- a. Juan Luís feels a “presence”: Mental health and safety concerns
- b. Wilson gets physical: Aggressive dominance
- c. Gastón doesn’t get it: A resident with delays and behavior problems
- d. Tomás is thinking about “taking off”: A potential runaway
- e. Rosa weeps after speaking with her sponsor: A possibly fraudulent sponsor

## Juan Luís feels a “presence”: Mental health and safety concerns

1a

Juan Luís, a 17-year old Mexican resident, reports being abducted, threatened, and beaten by drug dealers in Mexico. He also reports having accepted money, cell phones, clothes, and shelter in exchange for sex. He has frequent nightmares and appears agitated. Juan Luís has begun “spacing out” and glaring at other residents but he has never threatened or attacked anyone. He talks about being possessed by a spirit and says he needs to be cleansed by a *curandero* (traditional healer) whom he knows in Mexico. Juan Luís says that for the past several days he's been feeling that there was “a presence” near him and he had not told anyone because he thought they wouldn't believe him or would think he was crazy. He believes that something “got inside him” and has made him feel different.

### Please discuss:

#### ▶ What are the ethical or boundary issues here?

*There is an ethical mandate to provide healthcare to residents, which includes mental health care. Juan Luís appears to need a thorough psychiatric assessment.*

#### ▶ Discuss the child maltreatment and safety issues possibly involved.

*In addition to the question of providing mental health care to Juan Luís, so as not to neglect his mental health needs, it would be important to determine whether he is a threat to others. He can be asked, privately, about the way he is looking at (glaring at) other residents, and making them uncomfortable. Is he aware that he is intimidating them? Can he stop? A mental health professional should ask him more about the “presence” that he feels is near him. Does he actually see something (i.e., is he having genuine hallucinations) or is this more of a feeling? Does this presence say anything to him? Specifically, does this presence tell him to hurt himself or others?*

▶ **Who needs to know? What reports need to be filed, if any?**

*Staff should file a Significant Incident Report and inform the agency director and Juan Luís’s clinician about his behavior changes, reports of feeling a “presence,” and any signs of mental distress. The clinician can begin a mental health assessment and determine what further assessment is needed.*

*Juan Luís’s history of abuse and exploitation needs to be reported to the proper authorities, including his attorney. Staff should use the ORR human trafficking screening tool to help identify if human trafficking is an issue here.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

Ask the group to discuss some of the possible explanations for what is happening with Juan Luís and ways to address these issues. In general, Juan Luís needs to be supported, even as his risk of harming others should be assessed. The fact that he has never threatened or attacked anyone, at least in the residence, makes him seem less threatening. However, his behavior has changed significantly recently.

Here are some possible directions:

- 1) **Psychosis:** Juan Luís has a significant and tragic trauma history. Extreme trauma can make people have psychotic breaks, either soon after the trauma or once they are in a safer setting. It may be that Juan Luís is having an actual psychotic break. People do recover from these kinds of situations, particularly if they are diagnosed and treated early. Juan Luís is at the age when psychosis often first appears.

- 2) **Culture and distress:** With his trauma history, Juan Luís has ample reason to feel distress, and the supernatural ideas he describes may be his way of referring to his distress. It may be that Juan Luís’s description of a “presence” does not refer to something he actually sees through hallucinations, but rather to a sense of darkness or doom which he describes in this way. It might be worth asking him whether he has ever had this sense of “a presence” before, or if he knows of anyone who has, and how it is handled. It is possible that in his village, sensing a presence and going to a curandero or religious leader for help is a common way of expressing and relieving distress. Juan Luís may feel the “presence” of someone who has died. This may help him feel less lonely and more accompanied; not necessarily a bad thing. His clinician can ask him whether he feels like the presence is helpful or harmful.
- 
- 3) **Malingering/secondary gain:** It may be that Juan Luís is inventing the idea of “the presence” and deliberately changing his behavior, for example by glaring, because he believes there is something he can gain by acting in this way. One way to check this out is to see if he acts substantially differently when he believes he is not being observed.

### Wilson gets physical: Aggressive dominance

1b

Wilson has been seen slapping other residents on their buttocks and laughing. During a conversation, he hit another resident in the groin with a loose fist, causing the other resident to bend forward and grimace in pain, with no lasting physical effect. At dinner one night, Wilson became verbally aggressive towards another resident and postured in a fighting stance, then laughed and did not fight. During school time in gym class, Wilson was playing basketball with other residents and purposely banged into them, sometimes knocking them down.

### Please discuss:

- ▶ **Discuss the maltreatment and safety issues possibly involved.**

*Residents need to be protected from Wilson’s physical and sexual aggression.*

- ▶ **Who needs to know? What reports need to be filed, if any?**

*Significant Incident Reports need to be filed related to all the violent and sexual episodes. The slapping of the buttocks and the punch in the groin may be considered sexual abuse, even if Wilson’s intentions were more aggressive than sexual. Check state statutes to see whether Child Protective Services or State licensing boards need to be notified as well.*

- ▶ **How can this type of incident be prevented from happening in the future?**

*Wilson needs to be told firmly that the physical aggression in various settings is disruptive and will not be tolerated. He needs to be informed that the sexual aggression is a form of sexual abuse and will result in his expulsion from the residence. If he acts with similar aggression on the basketball court again, he should be pulled out of the game immediately. If the more severe behaviors continue—such as hitting another resident in the groin—he may need to be transferred to a more restrictive setting.*

- ▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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### Notes:

A person who behaves like Wilson can be extremely disruptive in a residence, causing an intensification of hierarchies of dominance and a general escalation of violence. While none of these incidents individually might seem terribly serious (after all, Wilson backed down from fighting at dinner), they add up to a picture of a young man who is enjoying exerting physical and psychological dominance over others and causing them pain and distress. Often, young men who behave in this way have been frightened of physical aggression by others for much of their lives. They may have come to believe that they are either going to

be predator or prey—and they’d rather be predators. Helping Wilson control his aggression is one way of keep him and the other residents safe. Wilson does not appear to be a candidate for anger management—his episodes do not appear to stem from anger. Rather, he may need to be given additional safe outlets for his physical energy, and he may require assistance processing memories of being dominated in his past.



Wilson may be best helped by a male mentor who is able to demonstrate for him a gentler model of masculinity. Wilson may have leadership capacities that could be channeled for the good of the community. Perhaps a staff member can speak with him about moving in a new, positive direction with his strengths. Staff should avoid getting in power struggles with Wilson.

As long as Wilson continues to display aggression, he should not be allowed to be unsupervised with other residents. If he cannot be controlled through supervision and persuasion, he may need to be transferred to a more secure facility.

### **Gastón doesn't get it: A resident with delays and behavior problems**

1c

Gastón is 15 years old and presents with the social skills of a much younger child. He is awkward in his social relations and seems “spacey” and “slow.” He does not seem to communicate well in any language. It is unclear whether Gastón’s presentation is due to a pervasive developmental delay, severe neglect, trauma, or both. He has been homeless for the past 5 years. He has pulled another minor’s hair, pushes other youth, wanders, grabs things, and does not follow day-to-day instructions.

#### **Please discuss:**

- **Discuss the maltreatment and safety issues possibly involved.**

*Gastón is putting himself and others at risk by pulling hair, pushing, and being physically aggressive. Additionally, his lack of ability to communicate puts him at risk for mistreatment by the other residents.*

▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report needs to be filed in regard to specific incidents of violence. Check state statutes to see whether Child Protective Services or State licensing boards need to be notified as well.*

▶ **How can this type of incident be prevented from happening in the future?**

*While there may not be any sure way to prevent these kinds of incidents from occurring, detecting Gastón’s difficulties on intake would help the staff know that he should be watched more carefully and a more appropriate placement found, if necessary. His needs might be better met in a therapeutic foster care setting.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

After a thorough physical and psychological evaluation, it may be determined that Gastón needs a different kind of placement and more support than the residence can offer. In the meantime, both Gastón and the people around him need to be kept safe, which will probably require increased monitoring. In keeping with the federal mandate that people with disabilities be kept in the “least restrictive setting” possible, the staff should try approaches that do not isolate Gastón more than necessary. For instance, he should not be made to eat alone unless this is absolutely the only way to assure his and others’ safety.

Gastón’s clinician should explore with him the possibility that he has been a victim of physical assault or other trauma. Children with disabilities are often victimized by caretakers and others. Gastón’s communication problems may make it more difficult to determine his trauma history.

Ask participants if they have ever worked with residents who are similar to Gastón, how the resident’s situation was handled, and what they might do differently today.

It is possible that an untreated or undiagnosed medical condition could be at the root of or at least contribute to Gastón’s problems. For instance, he may have profound hearing loss but never have been instructed in alternative ways of communicating, leading to a lack of

socialization and language skills. It is also possible that Gastón was severely neglected and/or abused as a child, which could lead to acting out behaviors and even mental retardation resulting from either lack of stimulation, head trauma, or malnutrition. In any case, Gastón needs to be treated with empathy and support and protected from taunting. At the same time, the other residents and staff need to be kept safe from Gastón’s aggressive behaviors.

If staff keep notes on Gastón they may find patterns. For instance, perhaps he is more likely to act out when hungry or sleepy or over-stimulated. By keeping careful track of his aggressive behaviors, staff may be able to formulate a plan which minimizes their likelihood of occurring.

### Tomás is thinking about “taking off”: A potential runaway

1d

Tomás drops hints to Youth Workers and other residents that he is thinking of “taking off.” He does not like living in the facility and he thinks his legal case is hopeless. He does not want to be sent back to Honduras. He has no specific plans and has not decided when to “take off.”

#### Please discuss:

▶ **Discuss the maltreatment and safety issues possibly involved.**

*If Tomás leaves the residence without permission and without a proper placement, he becomes at risk for homelessness, criminality, hunger, illness, and exploitation of all kinds. It is a priority that Tomás stay safely at the residence while his legal case continues, until he can be discharged safely.*

▶ **Who needs to know? What reports need to be filed, if any?**

*If Tomás has only dropped hints about thinking about leaving but has not attempted to flee, his clinician and the residence director should be notified and a Significant Incident Report filed.*

► **How can this type of incident be prevented from happening in the future?**

*There is no absolute way to prevent residents from wanting to leave. However, the more agreeable the life in the residence, the more valuable the residents' time there, and the more optimistically their future beyond the residence can be portrayed, the less likely they are to leave without permission.*

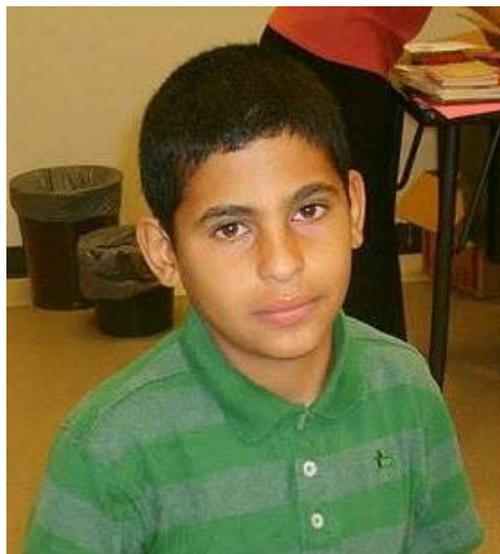
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**Notes:**

The fact that Tomás is speaking about his intentions may indicate that he wants to be stopped. At the very least, he is ambivalent about leaving. Tomás needs to be protected from leaving without authorization. His open discussion about leaving the residence may have an unfortunate contagion effect and lead others to begin thinking of doing the same, which would put them all at risk. Tomás's clinician should assess the seriousness of Tomás's desire to “take off” and whether this, in fact, seems likely. Tomás should be told about the many risks he would face by being out on the streets in the U.S. In addition, he should be told that his placement needs would be re-examined and that he may be moved to a more restrictive setting if he is apprehended after fleeing.

Additionally, it may be helpful for Tomás to speak with his attorney about the likely outcome of his case and any additional concerns about his safety if he is likely to be deported, as he expects.

Finally, Tomás's use of the telephone and internet should be monitored to make it more difficult for him to set up an escape plan with people outside the residence.



## Rosa weeps after speaking with her sponsor: A possibly fraudulent sponsor

1e

Rosa initially described her sponsor as her cousin but she has since begun referring to him as her uncle. When asked about this, she gives a convoluted explanation about family relationships, which could be true or could be a way of hiding a lie. Staff members notice that when she speaks with her sponsor on the phone, Rosa looks tense, responds mostly with “yes” and “I will...I will,” seeming subservient or frightened. Rosa seems to be repeating to her sponsor the story she will tell her attorney. She wipes away tears after speaking with her sponsor but denies there are any problems. Staff are concerned that Rosa’s sponsor may not be a family member but rather may be a trafficker or someone who wants to take charge of a young girl alone in a foreign country.

### Please discuss:

#### Discuss the child maltreatment and safety issues possibly involved.

*If Rosa is released to the care of a trafficker, she will be at risk of sexual and physical exploitation. Even if the sponsor is not a trafficker, Rosa’s reactions to the phone conversations indicate a need for further examination of the relationship and the safety of releasing Rosa to this potential sponsor.*

#### Who needs to know? What reports need to be filed, if any?

*Staff should file a Significant Incident Report and inform the agency director and Rosa’s clinician. If possible and necessary, the sponsor could be added to a “no call” list or the phone calls with him should be monitored by staff. If the option of family reunification is being explored, then the residential program staff should request/recommend a home study. Staff should use the ORR Interviewing Guidelines for Clinicians and Caseworker questions on human trafficking to help determine if the sponsor is actually a human trafficker.*

#### How can this type of incident be prevented from happening in the future?

*The procedures for gathering the names of potential sponsors need to be strictly followed, including confirming that sponsors identified as relatives are who they say they are by speaking with the minor’s family in the home country, if available.*

## Notes:

This kind of situation can be disturbing to staff. They have come to care about Rosa and now they fear for her safety. Ask participants to talk about a time when they encountered a similar situation, in which they had a doubt about the identity or safety of a sponsor. What happened and what would they do differently now?

If the sponsor is not who he claims to be, Rosa is at risk of being trafficked or exploited. It



is also possible that the sponsor is not who he says he is but is someone who her undocumented family members have contracted to help bring Rosa into the U.S. safely, who will turn her over to them. In other words, lies may be involved but they do not necessarily mean the worst. The point is, staff have doubts about the safety of this sponsor, and these must be thoughtfully and carefully addressed. If Rosa has an attorney who has been hired by a trusted entity (traffickers may, at times, hire attorneys to

help return a child to them), then the attorney should also be informed.

Rosa’s clinician should also see if Rosa is willing to speak about the true identity of her sponsor and the worries that make her cry when she speaks with him. Staff members who see her upset after a phone call can also speak with her alone and try to help her explore her feelings. If they can be supportive without making the conversation feel like an interrogation, she may be more likely to open up.

Staff should keep in mind that Rosa’s family or village may have spent a lot of money to get her to the U.S. and she may feel an obligation to cooperate and disregard her worries about her own safety. She may also have been threatened that her noncompliance with the plan could lead to danger for herself or her family. These would all be incentives for her not to speak openly to staff.

It is also possible that Rosa’s sponsor is indeed a family member. He may not be dangerous; he may just be intimidating because he is an older man, she does not know him well, and she doesn’t know what awaits her when she leaves the residence. She may be frightened of living with him because of reasons unrelated to her actual safety.

## *2. Sexually problematic behaviors among youth*

- a. The “hot” newscaster: Sexualized environment
- b. The personal ads: Sexualized content in mass media
- c. ¡Qué rico!: Alleged attempted sexual contact and physical altercation
- d. Telmo bares all: A resident exposes himself
- e. Not on the lunch menu: Two residents stimulate each other sexually in public
- f. Laura kisses Ana: An alleged sexual overture by a resident
- g. Rumors about Paulo: Alleged sexual contact among residents

## The “hot” newscaster: Sexualized environment

2a

Male residents stop flipping through the television channels one evening to watch the Spanish language news. They seem to spur each other on, making increasingly lewd comments about a female newscaster who shows a lot of cleavage. The comments increase in their frequency and coarseness when the weather forecaster appears in a form-fitting skirt with a low-cut blouse.

### Please discuss:

▶ **Discuss the maltreatment and safety issues possibly involved.**

*Although the residents apparently are excited by the images of some of the television personalities, exposing them to an ordinary news show is not like showing them pornography. However, the comments and the ruckus that is created around watching the news may be disturbing to some of the residents and staff, and is certainly reinforcing problematic values. If the residents cannot “settle down” while watching the news, staff can take away the privilege of watching it. Not every small comment needs to be censored, but a flood of comments which creates a disrespectful group dynamic should be interrupted.*

▶ **Who needs to know? What reports need to be filed, if any?**

*Unless something else happens, no reports need to be filed. The staff on duty at the time should discuss the incident with their supervisors and see if they can collectively develop a strategy for addressing this issue in the future.*

▶ **How can this type of incident be prevented from happening in the future?**

*Staff can interrupt the disrespectful dynamic when it begins. If this is not effective, they can change the channel or turn off the television (see below).*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

## Notes:

Ask the participants to discuss the following questions:

- 1) Should residents be exposed to images that they find provocative?
- 2) Is allowing them to watch the news with a “hot” newscaster beyond the bounds of what is acceptable?
- 3) What other media might they be exposed to that could be problematic (e.g., photos and advertisements in magazines and newspapers, images in electronic games and on the Internet, photos of people they know)? Ask staff where they draw the line—at the Sports Illustrated swimsuit edition? What about other issues of magazines that may have advertisements with scantily dressed women? How about television reality shows or music television which may help the residents learn English but also use women as objects?

In general, watching the news should not be problematic unless the news reminds residents of their traumatic pasts, provokes conflict among the residents, or—as in this case—causes disruption. Depending on their roles and personalities, staff might handle this kind of situation in a variety of ways. While changing the channel would certainly put an end to the problem temporarily, it does not address the underlying issue of young men treating women as sex objects.

Additionally, watching the news can be seen as a positive educational experience.

The behavior of the residents may make female and male residents or staff feel uncomfortable. If the mood is right, the staff could choose to address this as a “teaching moment,” turning off the television and talking to the residents about their behavior.

Or a staff member might decide not to make a big deal of the situation at the moment and—instead—simply tell the residents to settle down. At a later point the staff might want to address in a broad and comprehensive way the issue of men making lewd comments at women in a range of situations. While in many countries men routinely make suggestive, lewd, or appreciative comments to women on the street, such behavior is frowned upon in the United States. In their home countries, as well, these kinds of comments make girls and



women uncomfortable. Male staff may be especially effective at conveying thoughts such as:

- 1) Real men treat women with respect.
- 2) Remember, that could be your mother or sister.
- 3) How would you like it if strangers were always commenting on your looks?
- 4) What can happen when men get together and begin commenting on a woman’s looks in this way?

The bottom line is that if watching television is going to lead to a raucous display of machismo which is demeaning to women, staff may choose to take that privilege away.

### The personal ads: Sexual content in mass media

2b

A male resident, Cuco, who is struggling to learn English, is reading the local newspaper, to the delight of the staff. Soon they notice that Cuco has called over his friends and they are reading and laughing about the personal classified ads at the end of the newspaper, advertising for hetero and homosexual partners, alternative sexual practices, and phone sex and escort services. They seem to be trying to figure out what exactly these ads are requesting and are giggling in the process.

#### Please discuss:

- ▶ **Discuss the child maltreatment and safety issues possibly involved.**

*Residents should not be exposed to sexually explicit materials at the residences. However, even mainstream newspapers and magazines often carry photographs or advertisements which are sexually suggestive if not explicit. In this case, in the future it seems like it would be a good idea to take the classifieds section out of the local paper before bringing it into the residence. Being exposed to these*

*materials could make some residents feel uncomfortable. Additionally, there is some risk that residents will establish telephone or email contact with traffickers or other harmful elements through these advertisements.*

▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report does not need to be filed unless there is a concern that phone or email contact has been established or might have been established with someone outside the residence.*

*Staff can check with their local Child Protective Services to see if they need to file a report. This is not likely if the youth have simply seen and snickered over advertisements that are readily available in the newspaper but have not contacted anyone on the outside.*

▶ **How can this type of incident be prevented from happening in the future?**

*Removing the classified section from the newspaper before bringing it into the center will reduce the likelihood of this kind of incident happening.*

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## Notes:

It is unlikely that the center can ever be entirely free of suggestive media. Staff should be encouraged to speak about how to handle this kind of incident. For instance, they can inform residents that very few people post or answer these kinds of advertisements. They can speak with residents about the risks of responding to these kinds of advertisements, including sex trafficking and sexually transmitted diseases. They can inform the residents that the escort and massage services are likely to be engaging in illegal activity, for which people are occasionally prosecuted. Any type of illegal activity could possibly affect their immigration legal case.

Staff should avoid overly shaming residents for looking and laughing at the advertisements. Sexual curiosity is typical of the teenage years. It is also natural that people who are unfamiliar with advertisements of this kind—or even the idea of advertisements of this kind or the activities described in them—would be curious. Staff probably should not address explicitly the content of the advertisements. Ask participants to explore the options for handling this kind of incident.

¡Qué rico!:

2c

**Alleged attempted sexual contact and physical altercation**

The lead clinician received a written report that a Youth Worker witnessed Nestor fighting with Kalid in the cafeteria. Nestor was taken to the nurse due to minor scratches on his face. While meeting with the nurse, Nestor reported while he was in his dorm last night asleep, he was awakened by a roommate, Kalid, who was touching Nestor’s buttocks outside of his clothing and trying to penetrate Nestor with his fingers. Nestor alleged that Kalid was saying “¡Qué rico!” (how great!) while he was doing it. Nestor reports no penetration occurred and no skin contact was made, as Nestor still had his clothes on. Nestor reports he told Kalid to stop, and Kalid did stop and returned to his bunk. Nestor said he did not report the event last night because he did not want any trouble and was scared.

**Please discuss:****Discuss the child maltreatment and safety issues possibly involved.**

*The allegation is that Kalid attempted sexual contact with Nestor. Since he did this without Nestor’s consent, this would be considered “attempted sexual assault.” The two also had a physical altercation resulting in scratches to Nestor’s face.*

**What reports need to be filed, if any?**

*A Significant Incident Report and a report to Child Protective Services and the state regulatory agency need to be filed. At the least, a resident was injured in a fight. If the allegations are true, an attempted sexual assault occurred.*

**How can this type of incident be prevented from happening in the future?**

*The provider’s quick response following the report of the alleged action should help discourage other incidents. Such a response also helps young people like Nestor feel safer, and it sends a clear message to potential assailants that sexual behaviors will not be tolerated. Establishing this clear set of boundaries provides*

*reassurance for both Nestor and Kalid as well as the other residents. A reiteration of the rules against sexual contact in the residence, increased vigilance at night, and immediately placing Kalid in a sleeping situation where he will not have access to other young men (while the investigation occurs) should help prevent further incidents of this kind. In addition, if the report appears true, it may be necessary to transfer Kalid to a more restrictive setting.*

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### Notes:

It is important to remember that these kinds of reports frequently contain inaccuracies. Often, they are told in ways that minimize the extent of what happened or the number of times it has happened. For instance, maybe Kalid reached under Nestor’s clothes and penetration with a finger occurred, but Nestor does not want to admit to this. Or perhaps Kalid and Nestor have been engaged in some kind of mutual sexual interaction and Nestor has now decided he does not want to continue. The entire incident could be invented. It is even possible that Nestor was the aggressor but has created this report against Kalid to protect himself against possible accusations by Kalid. What is clear and without question is that a physical altercation occurred in the cafeteria and that Nestor has made serious allegations of unwanted sexual contact by Kalid. These all need to be investigated and reported to the proper authorities as well as to both boys’ clinicians. It is worth noting that Kalid retreated when Nestor asked him to stop.

Does Nestor seem afraid? Many young men will not admit to being afraid if asked directly, but it is still worth asking. Additionally, Nestor’s clinician may be able to tell if Nestor seems afraid of retaliation by Kalid. If so, he needs to be protected. If Nestor is upset by this incident, he may need some counseling to help him address it. If he has a history of having been sexually abused in the past, those memories might be awakened by an incident of this kind.

Staff should consider questioning other young people as to what they saw happen in the cafeteria, without, of course, letting them know about the alleged incidents of the previous night. In addition to immediately removing Kalid from the room he shares with Nestor, interactions between Kalid and Nestor, as well as between Kalid and other youth, should be monitored.



We should keep in mind that when a young man acts out sexually as Kalid is alleged to have done, this may indicate that he has a history of having been abused sexually himself. This should be investigated and Kalid should be considered a potential victim as well as an alleged aggressor.

Pay attention to the way the staff discusses this incident. Sometimes discussions of same-sex sexual contact make certain staff members uncomfortable, and they might handle this discomfort by making jokes or speaking with disgust about the situation. If the trainer handles this discussion in a straightforward way, this will help the discussion proceed professionally.

Ask participants if they have seen a similar incident in a residence, how it was handled, and what they would do differently.

### **Telmo bares all: A resident exposes himself**

2d

Patricio reported that Telmo moved his shorts in a manner to expose his genitals to Patricio, and that at some point later that same day Telmo was pushing himself against Patricio from behind while standing in line at the cafeteria. One week later Reynaldo woke up in the middle of the night and saw Telmo walking through the room to make his way to the restroom. While he was walking to the restroom Telmo pulled down the front part of his sweat pants exposing his penis. Staff interviewed Telmo who denied these behaviors.

#### **Please discuss:**

##### **Discuss the child maltreatment and safety issues possibly involved.**

*Telmo appears to be deliberately exposing himself to other residents and to be touching them in unwanted ways. The exposing would be considered sexual harassment. The pushing into another resident from behind could be sexual abuse or could simply be “fooling around” without sexual content. In either case, it is crucial to keep residents safe from unwanted harassment and touching.*

▶ **Who needs to know? What reports need to be filed, if any?**

*Staff should file a Significant Incident Report and inform the agency director and the clinician for Telmo and the other young men. In some states, a report should also be filed with Child Protective Services and state regulatory agencies.*

▶ **How can this type of incident be prevented from happening in the future?**

*Telmo needs to be instructed not to expose himself to other residents and to avoid pressing himself against them. He should be watched when he is in line and intercepted immediately if a similar incident occurs. If Telmo cannot control his behavior he may need to be transferred to a more secure facility.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**



**Notes:**

One incident like this could be a mistaken intention. Three incidents involving two different boys establishes a pattern. It is still possible that Patricio and Reynaldo are deliberately making up these incidents to ruin Telmo’s reputation. It’s important not to jump to conclusions too quickly. In any case, these incidents need to be investigated and Telmo needs to be watched so he cannot rub up against other residents, which is a form of assault.

Presuming these reports are true, why would Telmo engage in these kinds of behaviors? It is possible that he simply has never been taught appropriate sexual boundaries. Either in his family or on the streets or in the other circumstances in which he has lived, it is possible that there was nudity, sexual touching, sexual play, or even sexual abuse. These sexual behaviors may be engaged in “innocently,” for fun, without awareness of their potential

harm and without the intention of hurting anyone. A large number of adolescents who act out sexually have been sexually abused themselves. Their behaviors may be a cry for help. And finally, a small number of adolescents get a sexual thrill from these kinds of behaviors.

It is important to note that most adolescents who act out sexually—even those who force others into sexual acts—do NOT grow up to become sexual offenders, especially if they are provided with interventions related to their acts. While Telmo needs to understand that he should not expose himself to others and should keep from touching other residents inappropriately, he should not be shamed or humiliated for his actions. If Telmo continues to engage in these kinds of behaviors he may need to be transferred to a more restrictive setting.

### Not on the lunch menu: Two residents stimulate each other sexually in public

2e

Edgar was sitting with his group at the dining hall, eating lunch at a long table. A staff member observed Edgar and another resident, Jaime, sitting across from each other, rubbing each other with their feet on the other’s genital areas.

#### Please discuss:

- Discuss the child maltreatment and safety issues possibly involved.

*Sexual activity is prohibited in the residences. It is possible that some coercion is involved in this contact between Jaime and Edgar. Even if they are fully consenting, however, this kind of contact is problematic for the two young men involved for reasons that are discussed below. Sexual contact in a public place like this also creates a sexualized environment that is apt to be uncomfortable for the other residents.*

▶ **Who needs to know? What reports need to be filed, if any?**

*The two young men should be interviewed separately to determine if this mutual stimulation has happened before with each other or with other residents, and if coercion was involved. A Significant Incident Report needs to be filed. State statutes should be followed to determine if other kinds of reports need to be filed. The young men’s clinicians should be informed.*

▶ **How can this type of incident be prevented from happening in the future?**

*Certainly these two young men—and possibly all the residents—can be watched more closely in the cafeteria and at other times to lessen opportunities for these kinds of contacts. The staff may also want to reiterate the prohibition on sexual contact in the residences.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

At this age, young people are sexually curious and often seek contact. They need to learn the appropriate limits on that contact, but should not be shamed or humiliated for participating in these activities.

Ask staff to openly explore questions such as:

- 1) Is it realistic to prohibit sexual contact in the residences?

After giving them ample time to debate this question, you should state that it is necessary to prohibit sexual contact in ORR residences and foster homes because the young people are in a vulnerable position throughout their stays. They are isolated from their usual sources of support and may consent to activities that they would otherwise reject and may eventually come to regret. Additionally, living in such an intensive peer setting, power hierarchies may be established that serve as a form of coercion—with more powerful residents obligating less powerful residents to give sexual favors. Sexual activities among any two



residents could disturb the others. In this environment, prohibiting all sexual activity keeps everyone safe. ORR policy is clear and unequivocal regarding its prohibition of sexual activity.

- 2) What are the lessons that staff want Jaime and Edgar to learn from this encounter, beyond the obvious one that they should keep their feet on the floor at lunch?

After allowing staff to discuss this, you can suggest that the young men should learn not to engage in sexual contact in the residence, and they should develop a stronger sense of sexual boundaries—to keep sexual activities private, even after leaving the residence. This may be an important lesson for young men who have lived in an environment with poor sexual boundaries.

- 3) Why would two young men engage in this kind of behavior?

Allow the staff to discuss this. You can mention that young people engage in sexual behaviors for all kind of reasons including to relieve tension or boredom, for the thrill of breaking rules and doing something prohibited, because they are lonely and want to connect with another person and sexual activity is one way to establish a connection, and simply because they are easily stimulated at that age. Engaging in same sex behavior in this setting does not mean they have been, are, or will continue to identify as gay.

### **Laura kisses Ana: An alleged sexual overture by a resident**

2f

Ana reported to her Youth Worker that when she woke up a few nights ago, Laura was sitting on the edge of her bed and smiling at her. Laura motioned Ana to be quiet and leaned over to kiss her. Ana reports that she told Laura to “go away” and Laura did. Ana says she is not worried and does not want to get Laura in trouble, but she just thought someone should know. Ana also hints to her Worker that she may no longer feel comfortable sharing a room with Laura.

**Please discuss:****Discuss the maltreatment and safety issues possibly involved.**

*Ana indicates that Laura tried to kiss her but backed away when asked to. There does not seem to be a significant safety issue involved.*

**Who needs to know? What reports need to be filed, if any?**

*For an attempted kiss with no suggestion of other activity, a Significant Incident Report should be filed. Ana and Laura’s clinicians should be informed.*

**How can this type of incident be prevented from happening in the future?**

*There is probably no way to assure that an attempted kiss won’t happen again. The fact that Ana felt comfortable speaking with the staff about it indicates that she finds the staff approachable. Since Ana hinted that she no longer feels comfortable sharing a room with Laura, then Laura should be immediately moved to a different room. If the staff can handle this incident without over-dramatizing it, they increase the likelihood that residents will speak with them in the future regarding their concerns.*

**What is the best way to respond, and what needs to be considered in developing a response?****Notes:**

Ana should be thanked for coming forward and informing staff of what happened. If, upon questioning in a private place, Ana insists that nothing more happened, then there may be not be serious safety concerns, especially since Laura backed away when asked to do so. However, since Ana hinted that she is no longer comfortable sleeping in the same room with Laura, then Laura should be moved to a different room. Someone Laura trusts, such as her clinician, can let her know that staff is aware of what happened and remind her about the ban on sexual and romantic activity at the residence and told why. She should be told firmly not to engage in



these behaviors again. She should be told that staff will be watching her more closely. She should not be shamed or humiliated. If Laura has a history of engaging in sexual behavior with other residents, then this incident may need to be taken more seriously and Laura may need to be watched at all times or transferred to a more secure facility. Her clinician should explore with her the possibility of her own history of victimization.

Sexual interactions among young women are often not taken seriously or are seen as exciting, while the risk is minimized. However, it is important to keep in mind that young women do sometimes threaten, frighten or force themselves on other young women. If the participants giggle or crack jokes in response to this scenario, ask them gently about why they think it is funny. Ask participants if a similar incident has occurred in their residence and if so, how it was handled and what they might do differently now.

### **Rumors about Paulo: Alleged sexual contact among residents**

2g

Geraldo told his Case Manager that Paulo had reported to him that he had anal sex with a peer. Paulo apparently also told Geraldo that he had performed oral sex on a roommate—who is no longer at the facility—in order to play his game system. Geraldo also told his Case Manager that sometimes he and Paulo mutually masturbate each other and that this is consensual.

#### **Please discuss:**

► **Discuss the maltreatment and safety issues possibly involved.**

*If true, this report indicates that risky sexual activity is occurring among residents, and some of it involves at least some degree of coercion (payment for the game system). This is not safe for the residents in terms of their emotional and physical health. This violates the ORR Zero Tolerance policy on sexual abuse and harassment.*

▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report needs to be filed regarding the various allegations. State licensing agencies and Child Protective Services also need to be informed. Depending on the ages of the participants, some of these activities may constitute statutory rape or other sexual offenses. If CPS is doing an investigation, Geraldo and Paulo’s clinicians should not discuss the incidents with them until the investigation is complete.*

▶ **How can this type of incident be prevented from happening in the future?**

*It would be worth inquiring as to where these activities occur. In the dormitories? In the showers? When this is determined, those areas can be watched more closely. See below for more suggestions.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

Residents should be interviewed about the general level of sexual activity in the residence and about specific incidents. It may be that Paulo’s situation is exceptional, or perhaps for some reason this particular residence at this time is permeated with sexual activity. If Paulo is at the center of these activities, he needs to be interviewed by a clinician and informed of the prohibitions against sexual activity at the residence. He should also be assessed for a history of sexual victimization. If he in some way forces himself sexually on others, he needs to be transferred to a higher level of supervision. The other residents should not have to live under threat of sexual assault. If the activities appear to have been consensual, then he needs to be instructed about the rules and watched carefully. Regardless, Paulo should be moved to a separate bedroom, where he will have less opportunity to engage in sexual behaviors.



If there is a general high level of sexual activity apart from Paulo, then the entire residence becomes the unit of intervention. Staff needs to meet together to try to understand the contributing factors. They should review the

residents’ general schedule and supervision and try to figure out where to intervene so as to make these encounters less likely. Physical circumstances should be changed to make these kinds of activities more difficult (e.g., increased lighting, more supervision, a way for staff to see the residents at most times, fewer opportunities for boys to be alone with each other, greater incentives for reporting problems). The culture of the residence may also need to be changed. It may help to engage the young men in more activities in their free time, so they have both less opportunity and less desire to engage with each other sexually. Residents may need to be reminded of the rules against sexual activity in the residence. As new residents come in, they may need to have this point emphasized and be advised about clear channels for reporting problems.

### *3. Professional boundaries between staff and youth*

- a. Samuel dreams of Marcela: A resident makes overtures toward a staff member
- b. A clinician’s kiss: The resident is not bothered
- c. A secret relationship?: A youth care worker and a resident
- d. A Youth Worker may have shown pornography
- e. A tearful goodbye: Sandra tells Argeles to stay in touch

## Samuel dreams of Marcela: A resident makes overtures toward a staff member

3a

Samuel, 16, wrote a letter to Direct Care staff member, Marcela, stating that he likes her and dreams of kissing her. Samuel has been standing close to Marcela and staring at her. Sometimes he blows her a kiss and then laughs. Marcela does not like these advances and has done nothing to encourage them. What should Marcela and the other staff do?

### Please discuss:

▶ **What are the ethical or boundary issues here?**

*It appears Samuel is attempting to cross a boundary with Marcela which she is resisting. It is important for her to maintain her professionalism at all times and be extra careful to avoid any appearance of sharing Samuel's feelings.*

▶ **Discuss the maltreatment and safety issues possibly involved.**

*As long as Marcela does not spend time alone with Samuel and she continues to make clear that she is not interested in him romantically, Samuel's safety is not a concern. However, Marcela also has the right to work in a setting free from sexual harassment, and therefore Samuel must stop treating her in this way.*

▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report should be filed. No other reports need to be filed as long as it is clear that no romantic or physical interchange has occurred between Samuel and Marcela. Marcela's supervisor should be informed so Marcela can receive support around this difficult situation.*

▶ **How can this type of incident be prevented from happening in the future?**

*There is probably no way to prevent this kind of incident from occurring. However, by minimizing sexual content in the residences, avoiding romantic exchanges even among staff with each other, and by all staff presenting*

*themselves professionally, these may be less likely to occur. In this case, it would be particularly prudent for Marcela to ensure boundaries are clear and that she is never alone with Samuel, to prevent additional advances, false allegations, or false rumors.*

- ▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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### Notes:

Marcela needs to ask Samuel to stop this behavior. She should confront him directly and firmly, with her supervisor present for support if she feels this would help. She can say things such as:



“I do not like what you are doing and you need to stop.”

“I don’t want you to send me letters, blow me kisses, or stand too close to me.”

Marcela and the other staff should be sure not to reinforce Samuel’s behavior in any way, for instance by laughing when he makes overtures to her. Marcela needs to be careful not to give mixed signals but rather to make clear to Samuel that his behaviors are unwanted.

Discuss with the group some reasons why it might be difficult for Marcela to respond forcefully to Samuel (for instance, if she is a shy person, if Samuel is large and intimidating, if Marcela does really enjoy his attention). Discuss some things Marcela’s coworkers can do to support her.

This kind of sexual harassment is called “contra-power” sexual harassment. That is, the person who is being harassed is structurally in the position of power. Other examples of this are when a student harasses a professor or an employee harasses his supervisor. One of the reasons people (usually boys and men) engage in contra-power harassment is to rebel against the power the other person has over them. In effect, the harasser is saying, “You may be in a position of power over me, but I don’t accept your authority.” The center will not run well if the residents do not respect the authority of the staff members. For this reason, staff must support Marcela in stopping Samuel’s behavior. If possible and if Marcela requests it, she should be given the option of changing her shift or her work duties so she has no or reduced contact with Samuel. However, this should not be forced on her as long as she is responding appropriately.

## A clinician’s kiss: The resident is not bothered

3b

Reina mentioned in passing to her Youth Worker that her clinician gave her a hug and kissed her on the cheek when she told him some good news. She told the Youth Worker this without apparent distress and said it did not make her uncomfortable.

### Please discuss:

▶ **What are the ethical or boundary issues here?**

*Because so many of the residents have had their boundaries violated in many ways, and because they are so vulnerable, all staff members at the residences are encouraged to interact with youth in ways that keep boundaries clear.*

▶ **Discuss the maltreatment and safety issues possibly involved.**

*The behaviors are concerning if they made Reina uncomfortable or if they were grooming behaviors, intended to get Reina used to physical contact before it progresses to actual sexual contact.*

▶ **Who needs to know? What reports need to be filed, if any?**

*The Youth Worker should tell his or her supervisor exactly what was said. The Youth Worker and the supervisor might then want to decide who will talk to Reina now, to see if anything else happened, and in the future, to see if anything more happens. The clinician’s supervisor should probably be alerted and review, with the clinician, exactly what happened and the guidelines around hugging residents. It may not be necessary to make “a big deal” out of this incident. Reina should be offered the opportunity of working with another clinician. The clinician may need to be monitored more closely.*

▶ **How can this type of incident be prevented from happening in the future?**

*Reviewing the policy on physical contacts with the residents should prevent this from happening in a problematic way. If meeting with a resident alone, clinicians and others should only meet in rooms with windows in the doors. If there is no window in the door, the door should not be closed completely. What happens in the room should be visible to those outside it, to reduce the likelihood of an accusation of behaving inappropriately.*

- ▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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### Notes:

Ask the participants if they ever hug residents, in what way, and why. It may be that in certain public settings, a hug of congratulations is not a problem. It is less likely to be considered problematic if the hug occurs between a female staff member and a female resident. Most male staff members decide to “never hug” male or female residents—this reduces the likelihood that they will be accused of doing something wrong. Find out if your specific residence has a policy on hugging.

Keep in mind that kissing someone on the cheek and giving the person a hug as a form of congratulations is quite common in many cultures, including Latino cultures. It can be particularly difficult for staff from cultures where hugging and physical contact is common, such as in Latin America, to accept a “no hugging” rule. However, due to the vulnerability of these children in ORR/DCS care, we would recommend a “no kissing” policy.

Remind the staff about some of the problems with hugging: an “innocent” hug may be misinterpreted by a resident as a sexual advance; a hug by a staff member can look to the other residents like a form of favoritism; and people who have had their boundaries violated—such as many of the residents—need help in learning appropriate physical boundaries. Erring on the side of less rather than more touch can help residents establish clear boundaries. On the other hand, it may feel quite foreign to both staff and residents to have a “no touch” policy. If your residence does not have such a policy, then review the kinds of touch that are least likely to be viewed as problematic (e.g. a high five, a handshake, a pat on the back). You can also review how to hug without it being problematic (“side hugs,” bodies apart, arms only, no kiss, etc.). Finally, there are many ways to communicate warmth and caring that do not involve touch, such as expressing caring through your eyes, body posture, and words. Be smart about touch; keep it to public areas

and be sensitive regarding how a child responds so that it is clear they are comfortable and your actions are not misinterpreted.

### A secret relationship?: A youth care worker and a resident

3c

Freddy reports that Youth Care Worker Valentina is conducting a secret relationship with Ernesto. Freddy said that one night while everyone was watching a movie, Valentina took 16 year old Ernesto outside to work out. Freddy said when he glanced out the window he saw Valentina and Ernesto hugging and kissing. They then went into a room and were alone together for 15 minutes. Freddy says this has happened before. Freddy is afraid of retaliation by Ernesto, Valentina, and the other residents, if they find out that he “told on them.” Although Ernesto is only 16 years old, he claims to have been married and to be the father of two young children in Honduras.

#### Please discuss:

▶ **What are the ethical or boundary issues here?**

*If true, Valentina is violating her professional obligation to keep Ernesto safe from exploitation. Although she may not feel that she is doing anything wrong and may even feel like she loves Ernesto and he loves her, Ernesto is a minor and is in an extremely vulnerable position. She may be subject to arrest and charged with one or more felonies, depending on what has happened.*

▶ **Discuss the maltreatment and safety issues possibly involved.**

*Depending on what they have done together and on state law, Valentina may be guilty of statutory rape or other sexual crimes.*

▶ **Who needs to know? What reports need to be filed, if any?**

*ORR/DCS must be informed immediately, including filing a Significant Incident Report, and the agency director and Ernesto’s clinician need to be informed. State regulatory agencies and Child Protective Services will need to be informed as well, based on state policies. The center director may decide to call the police. Valentina needs to be immediately suspended pending outcome of the investigation. If the allegations are substantiated, she will be dismissed.*

▶ **How can this type of incident be prevented from happening in the future?**

*Staff should review the curriculum on Protecting Youth in ORR/DCS-funded Residential Programs. Staff need to report suspicious interactions that they see to their supervisors. They also need to confront each other if they believe a staff member is showing favoritism or appears to be grooming a resident for contact. If there is a romantic or sexual “vibration” between a staff member and one of the residents, this needs to be addressed immediately. If staff avoid meeting alone with residents, except with the door open or a window in the door in clinical settings, there are less likely to be accusations of inappropriateness.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

Ask staff what they would do if they found themselves falling in love with a resident. Try to allow them to speak freely. At the end of this discussion, remind them of some of the lessons from the first curriculum: that it is okay to have these feelings but never okay to act on them; that they should speak with a supervisor if they are afraid that they might want to act on their feelings; that even young people who are sexually experienced are quite vulnerable when they are in the residences; and that they are exploiting a vulnerable child if they engage sexually with a resident. They should also be reminded that they will not only lose their jobs, they are also likely to be legally prosecuted for any sexual activity with a resident. Feelings of love are not justification for sexual activity with a minor, ever. Staff members have been hired to be caretakers and should not deviate from this role. Following ORR’s Zero Tolerance Policy on sexual abuse and harassment, they can expect to face the most severe consequences if they engage in any kind of romantic or sexual activity with a resident.



Ask the participants what they would do if they saw another staff member, let’s say Valentina, emerging from a private place with a youth in a way that seemed suspicious. (Ideally, you want participants to come to the conclusion that they should speak with their supervisor about it, and possibly ask Valentina about it when they are alone with her. Someone should also interview the young person who was alone with her). Inform the participants that in the rare cases where such exploitative relationships have occurred in residences, they have been devastating to all the staff and residents. A staff member who ignores or actively covers up such activity conducted by another staff member may lose his or her job and might also face criminal penalties.

### A Youth Worker may have shown pornography

3d

Domingo reported to his Clinician that a Youth Care Worker has repeatedly shown *fotos y videos porno* (pornographic photographs and videos) on his cell phone to a group of residents. When asked to be specific, Domingo indicated that the videos and pictures contained *mujeres desnudas* (naked women). The resident indicated that this took place in the computer room by the dining area, during the residents' free time.

#### Please discuss:

► **Discuss the maltreatment and safety issues possibly involved.**

*Depending on state statutes, a caretaker who exposes a minor to pornography might be guilty of a criminal form of sexual or psychological abuse. In some states it is referred to as “corrupting a minor.”*

► **Who needs to know? What reports need to be filed, if any?**

*These are serious accusations. A Significant Incident Report regarding involvement of any specific children needs to be filed, as well as reports with*

*Child Protective Services and state regulatory agencies. The Center Director may choose to inform the police who could confiscate the telephone in question and may be able to determine if certain images were accessed during the employee’s work hours. Regardless, the Youth Care Worker should be suspended immediately pending the outcome of the investigation.*

▶ **How can this type of incident be prevented from happening in the future?**

*New staff need to be instructed in the ORR/DCS BRYCS Training: Preventing Child Maltreatment in ORR-Funded Care Provider Programs curriculum. Ongoing staff need to review policies concerning their own behavior and reporting behavior by their colleagues. For the most part, staff should have their cell phones or other electronic devices turned off while working. If they are bringing these devices to work, the devices should be free from pornography or other inappropriate materials.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

Some staff members are of a similar age and background as the residents. Where this is the case it may be especially difficult for staff to understand and maintain professional boundaries. Some may need to be reminded of their professional status. Sometimes dressing professionally and remembering to speak in a professional way can help staff members maintain boundaries with youth with whom they may identify a great deal. The similarities in age and background can be an advantage for staff in terms of building rapport with the youth as long as they remember and maintain their roles at all times. Keeping the residents safe and serving as role models is much more important for staff than being well-liked.

Staff who show pornography to residents will lose their jobs and are likely to be criminally prosecuted.

## A tearful goodbye: Sandra tells Argeles to stay in touch

3e

After nearly three months in the residence, Argeles is leaving with her sponsor. She exchanges tearful hugs and goodbyes with other residents and staff members. Sandra, a Youth Worker with whom she was especially close, slips a piece of paper into Argeles’s pocket and asks her to stay in touch and let her know if she can help her in any way. The paper lists Sandra’s cell phone number and her Facebook address.

### Please discuss:

▶ **What are the ethical or boundary issues here?**

*By providing a way to reach her personally, Sandra is inviting Argeles into a personal relationship that falls outside professional boundaries.*

▶ **Discuss the maltreatment and safety issues possibly involved.**

*The opportunity for contact outside the professional setting puts both Argeles and Sandra at potential risk, as discussed below.*

▶ **Who needs to know? What reports need to be filed, if any?**

*Sandra’s supervisor needs to know and the supervisor may decide to take disciplinary action.*

▶ **How can this type of incident be prevented from happening in the future?**

*Staff must be reminded of the importance of channeling all communications with former residents through the residence itself. Staff must be reminded not to engage in electronic communication with residents either during or after their stay in the residence, and reminded that this rule exists, in part, for their own protection.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

Many staff members and residents are apt to see electronic communication as “normal and natural” and not question its potential harm. Ask the participants the following questions:

- ▶ What are some of the risks for staff of sharing their electronic contact information with current residents? How about former residents?
- ▶ What are some of the potential risks for the current or former resident?
- ▶ What will Sandra do if Argeles appears at her door someday, looking for a place to sleep?
- ▶ What will Sandra do if she is contacted and asked to pay a ransom to avert harm to Argeles’s family?
- ▶ What will Sandra do if Argeles’s friends and family members in Panama ask her for help crossing the border or for financial support?
- ▶ What will it be like for Sandra if Argeles gives Sandra’s email address or Facebook contact information to people she knows, including coyotes and current residents?
- ▶ Is Sandra truly prepared to have Argeles become aware of—and potentially tell anyone she chooses—about confidential information that is available on Sandra’s Facebook page?

#### *4. Conflict among staff and youth*

- a. Just messing with you: Resident/teacher conflict
- b. The girls are getting scared: A staff member upsets the residents
- c. Lino and Beto get into fights: Conflict between a resident and staff member

## Just messing with you: Resident/teacher conflict

4a

Sally, a teacher’s aide walked up to Alfredo and asked him to return the walkie talkie that he had grabbed off her desk, telling him that she needed it for a school activity. Alfredo refused to hand it to her. Sally again asked for the walkie talkie and this time Alfredo yelled at her, then threw the walkie talkie to the floor. Sally spoke calmly to him and tried to de-escalate him verbally. Alfredo continued to yell and then punched the wall multiple times with a closed fist. When the Center Director walked in from the hallway, Alfredo claimed that he was “just messing with” Sally because she was picking on him.

### Please discuss:

▶ **What are the ethical or boundary issues here?**

*The teacher’s aide should not have left the walkie talkie within the reach of a resident. (However, these kinds of things can happen.)*

▶ **Discuss the maltreatment and safety issues possibly involved.**

*Alfredo’s actions—throwing things, yelling, and punching the wall—put him and others at risk.*

▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report needs to be filed and Alfredo’s clinician needs to be informed.*

▶ **How can this type of incident be prevented from happening in the future?**

*There is probably no foolproof way of preventing residents from ever acting out. The more staff tune in to the residents as individuals and as a group, the better they will be able to detect trouble developing and intervene before incidents escalate. They should discuss the incident and see if they can detect emotional or physical triggers for Alfredo’s actions, or whether it was simply the initial power struggle over the walkie talkie that set off his aggression.*

- ▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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### Notes:

First, review your residence safety protocol for handling this kind of incident. In this scenario, a young man is misbehaving and breaking the rules. It is worth asking where Alfredo has learned these kinds of behaviors. Is he more likely to act this way with a female staff member? Has he seen others act in this way at the residence or in his earlier life? Does he have role models who also expressed their anger, frustration or dominance by striking out at people or objects? If Alfredo does not typically act out in this way, it is worth asking him privately if he has a new worry, or if something is wrong.

Ask participants how Alfredo’s behavior may impact other residents. His behavior could inspire other residents to behave in similarly rebellious and/or violent ways, and frighten others. The discussion should focus both on Alfredo’s safety and the safety of the staff and the group.

Ask participants what they think about Alfredo punching walls. Do they think it is a problem or a positive and safe release for him? Some participants may mention that it is safer for him to punch walls than other people, which is undoubtedly true. However, research shows that people who punch walls or throw objects do not refrain from hitting others as a result. On the contrary; punching a wall or throwing objects can be a way to control and intimidate others, and those who engage in these behaviors often also hit people around them. If someone has an anger issue, it is helpful to teach that person how to express it verbally, or write it down, or engage in physical activity that is not harmful to others (such as running), rather than punching walls or throwing of objects.



## The girls are getting scared: A staff member upsets the residents

4b

Cristina reported to her clinician that a night shift worker, Gladys, has been telling all the girls that they will be deported back to their countries of origin and that there is no hope for them to stay in the U.S. Cristina says this kind of talk has been scaring her and making it difficult for her to sleep. She is terribly worried and thinking about running away, as are several of the other girls.

### Please discuss:

▶ **What are the ethical or boundary issues here?**

*If this report is true, Gladys is acting irresponsibly and needlessly frightening the young women who she should be soothing and protecting.*

▶ **Discuss the maltreatment and safety issues possibly involved.**

*If nothing has occurred beyond what is reported in the scenario, Gladys might be charged with psychological maltreatment, but it is unlikely such charges would “stick.” Her comments to the residents certainly could be emotionally upsetting to individual residents and destabilizing to the group. Cristina has been talking about running away, which would put her at great risk.*

▶ **Who needs to know? What reports need to be filed, if any?**

*Significant Incident Reports should be filed on Cristina and any other girls who have said they are thinking about running away. The concerns about Gladys are more of a personnel issue than an issue meriting an official report. Regardless, Gladys’ supervisor should be informed and intervene in the ways discussed below.*

▶ **How can this type of incident be prevented from happening in the future?**

*Gladys and other staff need to be reminded about their responsibility to protect the psychological well-being of the residents.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

**Notes:**

- ▶ Ask participants about what they see as their role in terms of supporting the residents’ emotional well-being. How do they think they influence the mood of the residents? In what ways do they try to be supportive? Help the staff understand the importance of their role in helping residents feel secure and in boosting residents’ self-esteem.
- ▶ Other residents, staff, and Gladys herself should be interviewed about Gladys’s interactions with the residents. If an investigation finds the accusations to be true, Gladys should be reprimanded and her interactions with the residents monitored in such a way that this kind of incident is less likely to occur. If it does recur, she may be deemed unsuited to work with vulnerable teens. Continuing education of staff on the psychological vulnerability of the residents and ways to boost their resilience should help staff interact with residents in appropriate ways.

**Lino and Beto get into fights:  
Conflict between a resident and a staff member**

4c

Lino is a 25 year old Youth Worker who has been at the residence for 6 months. He tends to “set off” some of the more macho young men. Recently he and a 17 year old Mexican youth, Beto, have gotten into yelling matches. Beto frequently loses privileges when Lino is working. Beto has had to be physically restrained twice by Lino, but never by anyone else.

## Please discuss:

### Discuss the maltreatment and safety issues possibly involved.

*By “setting off” some of the young men at the residence, Lino places them in jeopardy. They risk having privileges revoked, being placed in more secure settings, and even ending up with a criminal record as a result of the physical altercations that—in some way at least—the Youth Worker seems to be provoking. Any time there is a physical altercation, staff and residents risk being hurt, including others not directly involved in the incident.*

### Who needs to know? What reports need to be filed, if any?

*Significant Incident Reports should be filed documenting the violent out acting incidents.*

*If Lino is found to be interacting with residents in problematic ways but has not reached the level of being fired, he should be given guidance on changing his interaction style and these discussions may need to be documented in his personnel file.*

### How can this type of incident be prevented from happening in the future?

*Upon being hired and periodically afterwards, staff should receive training in de-escalating conflict and the mental health needs of residents. If staff see other staff members interacting with residents in problematic ways, they should be encouraged to speak directly with the staff member, and also to report these problems to their supervisor, as necessary.*

### What is the best way to respond, and what needs to be considered in developing a response?

*Lino should not be left alone with the residents and staff should step in, where necessary, to de-escalate his interactions with residents. If he cannot change his interaction style, Lino may not be suited to working in this kind of institution and his employment should be terminated.*

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**Notes:**

It may be difficult for participants to think about confronting or reporting a problematic colleague. However, they need to be reminded that their first loyalty is to the residents. The residents should be treated in ways that enable them to display their best behavior. Consider having participants do a role play acting out a conversation in which one of them speaks with Lino about his provocative behavior and recommends that he change his style.



Encourage the staff to speak about whether “just anyone” is appropriate for working with the youth in the residences. What are the qualities that they consider most important?

## ***5. Harassment and conflict based on group identities***

- a. Ricardo feels threatened: Harassment based on religion
- b. Speak to me like a man: Harassment based on perceived sexual orientation
- c. Eme is alone: An indigenous resident is harassed
- d. País de mierda: Physical altercation and nation-based name calling
- e. Chao-Yuan is mocked: Harassment based on ethnicity
- f. Tito’s gang-related aggression

## Ricardo feels threatened: Harassment based on religion

5a

Ricardo states that he frequently receives threats and harassment because he is a Christian. He says the other residents mock him when he prays and taunt him with obscene words and gestures. Ricardo discloses that he feels unsafe at the residence. He reports that he has not been physically assaulted.

### Please discuss:

- Discuss the maltreatment and safety issues possibly involved.

*Ricardo expresses fear for his safety. It appears he is being bullied and isolated because of his religious practices.*

- Who needs to know? What reports need to be filed, if any?

*A Significant Incident Report should be filed, including details about specific incidents, if possible. Check residence and state protocols to see if other reports need to be filed related to bullying or possible hate speech.*

- How can this type of incident be prevented from happening in the future?

*If the identity of the youths threatening or harassing Ricardo can be verified, staff should intervene with them and make them aware of the inappropriateness of their actions.*

*Integrating appreciation for many types of diversity, including religious, into everyday activities and overall programming will make it less likely that this kind of incident will occur. Anti-bullying training with all residents and staff may be helpful.*

- What is the best way to respond, and what needs to be considered in developing a response?

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## Notes:

Have the staff ever encountered a situation like this, and what were some of the complicating factors? How was it handled and what would they do differently now?

Ricardo should be interviewed in some depth about the reasons he feels threatened. Do people get into his space or touch his possessions? When and how is he mocked? By whom? Is it getting worse? Most likely, his clinician is the best person to have this discussion with him.

Staff should discuss the kinds of interactions that they have seen around Ricardo. Have others noticed his difficulties? Is he close to any of the other residents? Are there situations in which the residents need more supervision so Ricardo can feel safer? Is there a particular resident who needs to be watched, reprimanded, or disciplined so Ricardo can feel safer?

Ricardo may need some changes in his routine to protect him. Perhaps he can be afforded a private place to pray or do religious readings, if this would make him more comfortable.



Teachers or staff might consider holding a training for residents on religious diversity, specifically, or on diversity in general, in which they mention religious diversity. This might help Ricardo and others feel more comfortable. It is likely that some of the residents have attended religious institutions (e.g. churches) many times throughout their lives, while others may have never set foot in a church. Some may have positive associations with clergy, who may have provided support to them, whereas others may view clergy and churches negatively, possibly feeling abused or let down by them. It would be important to remind staff that they cannot advocate for any particular position in regard to religion or religious observance. One context to discuss religious diversity would be to talk about religious diversity in the United States and the world, and how one of the great strengths of the United States is the freedom to practice religion (or not practice religion!) without interference from the government or others.

In general, making the residence an open environment that is accepting of diversity will help avert situations such as these. Ricardo might also appreciate a discussion with a knowledgeable and empathic person about ways to practice his religion safely. The individuals who have engaged in bullying and harassment of this kind should be stopped immediately.

### Speak to me like a man: Harassment based on perceived sexual orientation

5b

A Youth Worker heard Elián tell another resident, Marcio, to speak to him “like a man” and called him a *maricón* (“faggot”). Elián refused to be redirected and claimed that he should not have to live with *maricones*. Elián frequently taunts Marcio because of Marcio’s perceived effeminate mannerisms.

#### Please discuss:

▶ **Discuss the maltreatment and safety issues possibly involved.**

*Marcio is being bullied and subject to hate speech because of his perceived gender-atypical mannerisms. This is a psychologically traumatic situation for Marcio to live in and contains the potential for physical violence.*

▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report needs to be filed. Check residence and state protocols to see if other reports need to be filed related to bullying or possible hate speech.*

▶ **How can this type of incident be prevented from happening in the future?**

*Elián needs to be stopped from harassing Marcio. This might require that they be separated. Because he is the aggressor, if the separation requires that someone’s life be disrupted, it should be Elián’s and not Marcio’s.*

- ▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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### Notes:

In the short term, Elián needs to learn immediately that his behavior is unacceptable and will not be tolerated. Resident safety is a high priority. Elián’s behavior is at least



intimidating and possibly threatening to Marcio and most likely other residents as well. Elián needs to understand that continued taunting of any resident may result in his removal from the center and placement in a different kind of facility, which he will find more difficult.

Additionally, staff can take advantage of this incident to do some teaching privately with Elián, and publicly with all the residents, about masculinity. Their time in the center may allow residents to consciously think about

masculinity for the first time in their lives. Staff can help residents reflect on the different “ways to be male” that they have seen. They can think about men they know who have been gentle, cruel, strong, supportive, shy, frightening, responsible, irresponsible, kind, etc. The goal of this discussion and these exercises would be to help residents actively choose to be the kinds of men who support their friends, families and communities. Consider asking the participants to engage in some of these exercises themselves. For instance, consider asking the staff to write down on a piece of paper some of the qualities that they think are important for men to have (for instance being strong, gentle, caring, protective, whatever). Then have them discuss their lists in small groups. Try to mix up the groups so they have both men and women in them, and encourage everyone to have a chance to speak up. Alternatively, show a picture of a variety of public figures who are masculine in different ways and ask the group to discuss these ways of being masculine. Examples include: President Barack Obama, Arnold Schwarzenegger, Marc Anthony, and Fifty Cent.

Men express their masculinity in many different ways depending on their country of origin, their experiences, and their preferences. There is more than one way to be a man. Men and boys who are gentle, kind, timid, and even look effeminate have a right to safety and peace in the residence.

## Eme is alone: An indigenous girl is harassed

5c

Eme has recently arrived at the residence and is the only girl to speak a particular form of Mayan Quiché. She speaks almost no Spanish and no English. The other girls make fun of her attempts to speak, her short stature, her dark skin, which is covered in scabs, and her hair, which appears to have been hacked off. When Eme brings her food over to a table to eat, the other girls stand up and move to a different table. Eme sobs frequently and will not open up to staff.

### Please discuss:

- ▶ **Discuss the maltreatment and safety issues possibly involved.**

*Eme is being bullied and subject to hate speech because of her ethnicity. She needs to be medically treated for her skin condition.*

- ▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report should be filed which describes the pattern of bullying incidents and Eme’s emotional state. Check residence and state protocols to see if other reports need to be filed related to bullying or possible hate speech.*

- ▶ **How can this type of incident be prevented from happening in the future?**

*Staff should try not to leave Eme in situations where she is likely to be alone with residents who might harass her. If staff see any sign of bullying they should intervene immediately.*

- ▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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## Notes:

The residence should be set up in a way that shows an appreciation of cultural and ethnic diversity. This can include the background of the staff, the decorations chosen, special events to commemorate ethnic holidays, music played and foods eaten. Staff can ask Eme to teach them specific words in her language, in this way showing an appreciation of her language. Staff should interact warmly with all residents, even where there are language barriers. Eme should have an interpreter available to help her communicate with others, and also should have access to tutors and dictionaries that might help her communicate with her peers.

Anti-bullying training for staff and residents—describing clearly the roles of bullies, targets and bystanders--has been found to lessen the likelihood of this kind of incident.

Eme would most likely be greatly helped by establishing a relationship with one person at the residence—whether a staff member or another resident. Staff members can discuss who would be the most likely person to establish this link with Eme, to reduce her isolation.

The individuals who engage in bullying and harassment of this kind must be stopped immediately. If Eme chooses to have a haircut it may help her feel better about her appearance.



## País de mierda: Physical altercation and nation-based name calling

5d

Claudio and Fabián were engaged in a heated argument, making insulting remarks about each others’ countries (Mexico vs. Honduras), each saying the other came from a *país de mierda* (literally a “shitty country”). An aide positioned himself between the two and made several attempts to verbally redirect the boys away from one another and yet Claudio continued to push up against the aide, lunging toward Fabián with a closed fist (no contact was made).

### Please discuss:

▶ **Discuss the maltreatment and safety issues possibly involved.**

*Claudio and Fabián both risk being hurt by their fighting, as do bystanders. Additionally, if these national divides persist among the residents, more people could become involved.*

▶ **Who needs to know? What reports need to be filed, if any?**

*Staff should file a Significant Incident Report only, since no physical contact was made between the two residents.*

▶ **How can this type of incident be prevented from happening in the future?**

*There is no absolute way to prevent young men of this age from ever fighting. However, activities which promote the cooperation of youth from different groups and which create solidarity among the residents may make this kind of incident less likely.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

**Notes:**

This kind of competition and positioning for power is common among teenage boys. If this behavior is unusual for one or both boys, however, it might be worth finding out whether there is some new development for one or both boys in the residence, in their relationship, or in their situations which would have sparked this conflict at this moment. For instance, if one has heard bad news from home, he might be feeling especially agitated or anxious and this might affect his relationships in the residence.

The disciplinary issues here need to be handled according to the residence protocol. In addition, it might be worth seeing if there are ways to minimize the conflict among residents from different countries and help them feel some solidarity with each other. Possibilities include offering opportunities for residents to learn about the history, geography, and cultures of their own and each other’s countries; opportunities to listen to the music of and try the food of each other’s countries; opportunities to watch both fiction movies and documentaries about Latinos as a group, about young people, about immigrants, and about masculinity. Group projects such as decorating the center for holidays, cooking, school projects, planning events, and so on can help build bonds across national and cultural differences.

Ask participants if they have ever seen this kind of incident at the residence, how it was handled, and what they might do differently now.

**Chao-Yuan is mocked:  
Ethnic-based harassment**

5e

Chao-Yuan is the only Asian in the facility. He is called *Chino* (Chinese) and “Chink” and residents pull up the outsides of their eyes when speaking with him. His English is quite poor. The other residents regularly mispronounce his name, seemingly deliberately.

## Please discuss:

- Discuss the maltreatment and safety issues possibly involved.

*This kind of teasing and harassment can lead Chao-Yuan to feel quite isolated.*

- Who needs to know? What reports need to be filed, if any?

*A Significant Incident Report should be filed about the general atmosphere of harassment and any particularly egregious instances of harassment. Check residence and state protocols to see if other reports need to be filed related to bullying or possible hate speech.*

- How can this type of incident be prevented from happening in the future?

*While there is no absolute way to prevent every incident of teasing, staff members should interrupt the incidents when they see them, and engage in activities to promote the appreciation of cultural diversity, and the building of empathy.*

- What is the best way to respond, and what needs to be considered in developing a response?

## Notes:

Harassment based on ethnicity is a form of bullying. It is isolating and humiliating and must stop. The residents who are engaging in these behaviors may not understand their effect—may see them simply as “funny.” Staff may help the residents feel greater empathy by asking them what it would be like to be in a residence where no one else spoke their language. It is possible that some of the staff members may not fully understand how problematic this kind of teasing might be.



In many Latin American countries all people of East Asian descent are called “*chinos*” (which literally means “Chinese”). Those with lower levels of education are apt to lack information about the different countries, cultures, and languages in Asia. It may be helpful to show the residents a map and point out all the various countries (in Asia and elsewhere).

A friendship with one other resident or even a staff member could help reduce Chao-Yuan’s isolation. Ask the participants whether they have ever witnessed incidents of this kind, how they were handled, and what they might do differently now.

## Tito’s gang-related aggression

5f

Tito is a 16 year old Honduran who was placed in a secure facility after being arrested for assault and battery. He had marijuana and cocaine on him at the time of his arrest. Tito stated proudly and loudly that he belonged to a gang and that he would never leave it.

Tito was shaking one day after hanging up the phone. After first declining to speak, he eventually revealed to his clinician that he had received threats from his gang on the outside that they would kill him when he got out. He then threatened other young men in the facility, whom he believed belonged to other gangs, saying that he would kill them when he got out. Other than his verbal threats, Tito did not behave aggressively while in the facility. He walked with a swagger but seemed very controlled and calculating. Other residents are afraid of him.

### Please discuss:

▶ **Discuss the maltreatment and safety issues possibly involved.**

*Tito’s threats toward the other residents make them feel unsafe. Tito himself may be at risk from his gang when he leaves the facility.*

▶ **Who needs to know? What reports need to be filed, if any?**

*A Significant Incident Report needs to be filed in response to every verbal threat as well as one concerning the phone call, as reported to the clinician. The Center Director may need to be informed and is likely to consult with the Federal Field Specialist and consider filing a report with the FBI about the phone call.*

▶ **How can this type of incident be prevented from happening in the future?**

*Tito needs to be made to understand that he will lose privileges in the facility if he continues to make verbal threats.*

▶ **What is the best way to respond, and what needs to be considered in developing a response?**

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**Notes:**

Ask participants whether they have encountered a situation like this one, how it was handled and what they might do differently. Engage them in a discussion about the presence of gang members in their residence and how it seems to affect the running of the residence.

It may be helpful to tease apart the several different dangers present in this scenario. One concerns the threats Tito makes and their impact on the morale of the group. Another concerns Tito’s own feelings of safety. He should be protected from receiving threatening phone calls. His phone calls and Internet access should be closely monitored. His whereabouts should be hidden from outsiders—he may need to be transferred for his own safety. Finally, staff has serious reasons to be concerned about Tito and others’ safety when Tito is released. These concerns should form part of his release plan. Perhaps he can be connected with gang intervention centers and leaders when he is released. Any perceived gang activity in the residence needs to be closely monitored. Specialists may need to be brought in to de-escalate potential problems.

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For additional information and resources to support the discussion in this advanced training curriculum, please see the manuals and appendices for the entire

*BRYCS Training: Preventing Child Maltreatment in ORR-Funded Care Provider Programs*, available for free download from the BRYCS-ORR/DCS Training Curriculum Web site: <http://www.brycs.org/child-maltreatment-prevention-curriculum.cfm>.

The *Tier Two: Exploring Complexities* training materials on the BRYCS Web site include worksheets for participants. Other resources include an on-line training for the Tier One curriculum and illustrated personal safety handbooks for children and youth.

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