

Common Core 3.0

Child Maltreatment Identification Skills Lab

Trainer Guide



Use Evaluation Materials Dated December 31, 2018

Table of Contents

Acknowledgements	3
Introduction.....	4
Tips for Training this Curriculum.....	7
Evaluation.....	10
Agenda	11
Learning Objectives	12
Lesson Plan.....	13
Segment 1: Welcome and Stage Setting	15
Segment 2: Defining Maltreatment	18
Segment 3: Identifying Maltreatment.....	24
Segment 4: Culture, Bias, and Child Maltreatment Identification	32
Segment 5: Assessing for Sexual Abuse	34
Segment 6: Indicators of Maltreatment	37
Segment 7: Embedded Evaluation	42
Appendix.....	49
Materials Checklist	54
Bibliography.....	55

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In addition to CDOG, a Common Core 3.0 subcommittee comprised of representatives from the RTAs, the Resource Center for Family Focused Practice, and California counties provided oversight and approval for the curriculum development process.

Along the way, many other people provided their insight and hard work, attending pilots of the trainings, reviewing sections of curricula, and providing other assistance.

California's child welfare system greatly benefits from this collaborative endeavor, which helps our workforce meet the needs of the state's children and families.

The Children's Research Center provided technical support as well as The Structured Decision Making System that includes the SDM 3.0 Policy and Procedure Manual and Decision Making Tools. These resources are used in compliance with CRC copyright agreements with California. Additionally, content in this curriculum has been adapted from CRC's SDM 3.0 classroom curriculum to meet the training needs in California.

In compliance with the Indian Child Welfare Act (1978) and the California Practice Model, social workers must identify American Indian/Alaska Native children in the system. For an overview of *Implementing the Indian Child Welfare Act* view: <https://www.youtube.com/watch?v=BIQG65KFKGs>

The curriculum is developed with public funds and is intended for public use. For information on use and citation of the curriculum, please refer to: <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>



FOR MORE INFORMATION on California's Core Curricula, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

Introduction

Please read carefully as a first step in preparing to train this curriculum.

IMPORTANT NOTE: Each curriculum within the Common Core series is mandated and standardized for all new child welfare social workers in the state of California. It is essential that all trainers who teach any of the Common Core Curricula in California instruct trainees using the standardized Training Content as provided. The training of standardized content also serves as the foundation for conducting standardized testing to evaluate and improve the effectiveness of new social worker training statewide.

GENERAL INFORMATION

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills and is important for all CWS positions within an agency.

The Common Core Curriculum model is designed to define clearly the content to be covered by the trainer. Each curriculum consists of a *Trainee's Guide* and a *Trainer's Guide*. Except where indicated, the curriculum components outlined below are identical in both the Trainee's and Trainer's Guides. The Trainee's Guide contains the standardized information which is to be conveyed to trainees.

For an overview of the training, it is recommended that trainers first review the Agenda and Lesson Plan. After this overview, trainers can proceed to review the activities for each training segment in the Trainer's Guide and the Training Content in the Trainee's Guide in order to become thoroughly familiar with each topic and the training activities. The components of the Trainer's and Trainee's Guides are described under the subheadings listed below.

The curricula are developed with public funds and intended for public use. For information on use and citation of the curricula, please refer to the Guidelines for Citation: <https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>

Please note that each individual curriculum within the Common Core Curricula is subject to periodic revision. The curricula posted on the CalSWEC website are the most current versions available. For questions regarding the curricula, contact CalSWEC at calswec_rta_cc@berkeley.edu or call CalSWEC at 510-642-9272.

COMPONENTS OF THE TRAINER'S AND TRAINEE'S GUIDES

Learning Objectives

The Learning Objectives serve as the basis for the Training Content that is provided to both the trainer and trainees. All the Learning Objectives for the curriculum are listed in both the Trainer's and Trainee's Guides. The Learning Objectives are subdivided into three categories: Knowledge, Skills, and Values. They are numbered in series beginning with K1 for knowledge, S1 for skills, and V1 for values. The Learning Objectives are also indicated in the Lesson Plan for each segment of the curriculum.

Knowledge Learning Objectives entail the acquisition of new information and often require the ability to recognize or recall that information. *Skill Learning Objectives* involve the application of knowledge and frequently require the demonstration of such application. *Values Learning Objectives* describe attitudes, ethics, and desired goals and outcomes for practice. Generally, *Values Learning Objectives* do not easily lend themselves to measurement, although values acquisition may sometimes be inferred through other responses elicited during the training process.

Agenda

The Agenda is a simple, sequential outline indicating the order of events in the training day, including the coverage of broad topic areas, pre-tests and/or post-tests, training activities, lunch, and break times. The Agenda for trainers differs slightly from the Agenda provided to trainees in that the trainer's agenda indicates duration; duration is not indicated on the agenda for trainees.

Lesson Plan (Trainer's Guide only)

The Lesson Plan in the Trainer's Guide is a mapping of the structure and flow of the training. It presents each topic and activity and indicates the duration of training time for each topic.

The Lesson Plan is divided into major sections by Day 1, Day 2, and Day 3 of the training, as applicable, and contains two column headings: Segment and Methodology and Learning Objectives. The Segment column provides the topic and training time for each segment of the training. The Methodology and Learning Objectives column reflects the specific activities and objectives that are covered in each segment. As applicable, each activity is numbered sequentially within a segment, with activities for Segment 1 beginning with Activity 1A, Segment 2 beginning with Activity 2A, etc.

Evaluation Protocols

It is necessary to follow the step-by-step instructions detailed in this section concerning pre-tests, post-tests, and skill evaluation (as applicable to a particular curriculum) in order to preserve the integrity and consistency of the training evaluation process. Additionally, trainers should not allow trainees to take away or make copies of any test materials so that test security can be maintained.

Training Segments (Trainer's Guide only)

The Training Segments are the main component of the Trainer's Guide. They contain guidance and tips for the trainer to present the content and to conduct each Training Activity. Training Activities are labeled and numbered to match the titles, numbering, and lettering in the Lesson Plan. Training Activities contain detailed descriptions of the activities as well as step-by-step tips for preparing, presenting, and processing the activities. The description also specifies the Training Content that accompanies the activity, and the time and materials required.

Occasionally, a Trainer's Supplement is provided that includes additional information or materials that the trainer needs. The Trainer's Supplement follows the Training Activity to which it applies.

Training Content (Trainee's Guide only)

The Training Content in the Trainee's Guide contains the standardized text of the curriculum and provides the basis for knowledge testing of the trainees. Training activities are labeled and numbered to match the titles and numbering in the Lesson Plan.

Supplemental Handouts

Supplemental Handouts refer to additional handouts not included in the Trainee's Guide. For example, Supplemental Handouts include PowerPoint printouts that accompany in-class presentations or worksheets for

training activities. Some documents in the Supplemental Handouts are placed there because their size or format requires that they be printed separately.

References and Bibliography

The Trainer's Guide and Trainee's Guide each contain the same References and Bibliography. The References and Bibliography indicates the sources that were reviewed by the curriculum designer(s) to prepare and to write the main, supplemental and background content information, training tips, training activities and any other information conveyed in the training materials. It also includes additional resources that apply to a particular content area. The References and Bibliography may include the following:

- All-County Letters (ACLs) and All-County Information Notices (ACINs) issued by the California Department of Social Services (CDSS);
- Legal References (as applicable); and
- General References and Bibliography

In certain curricula within the Common Core series, the References and Bibliography may be further divided by topic area.

Materials Checklist (Trainer's Guide only)

In order to facilitate the training preparation process, the Materials Checklist provides a complete listing of all the materials needed for the entire training. Multi-media materials include such items as videos, audio recordings, posters, and other audiovisual aids. Materials specific to each individual training activity are also noted in the Training Segments in the Trainer's Guide.

Posters (Trainer's Guide only)

Some curricula feature materials in the Trainer's Guide that can be used as posters or wall art.

Tips for Training this Curriculum

Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions with in an agency.

TRAINING PREPARATION

It is **required** that the trainer preview the following eLearning as prerequisite to the classroom:

1. CMI eLearning

It is **recommended** that the trainer preview the following eLearning(s) and/or classroom trainings prerequisites to training the classroom:

1. Overview of Assessment Procedures eLearning
2. SDM Assessment Skills Lab classroom
3. Critical Thinking and Assessment classroom
4. Assessing for Key Child Welfare Issues classroom

It is **suggested** that you orient yourself to all the blocks in preparation for this training in order to make links and dig deeper into skill building:

1. Foundation
2. Engagement
3. Assessment
4. Case Planning and Service Delivery
5. Monitoring and Adapting
6. Transition

Contact your Regional Training Academy/UCCF for more information and to register for the eLearnings as well as to access the classroom curriculum. Visit CalSWEC website for more information at:

<https://calswec.berkeley.edu/programs-and-services/child-welfare-service-training-program/common-core-30>

This classroom module is preceded by an e-learning module that introduces key knowledge components used in the class. It is strongly recommended that trainers complete the e-learning module prior to training the classroom skills lab in order to support transfer of learning for trainees. Trainees are required to take the e-learning prior to attending the classroom module.

Family Friendly language: Trainers are the example for modeling this for trainees. The hope is that the work is done with families, not on clients. Use words such as parents, young adults, youth, child, family...rather than clients. We want to model that families involved in child welfare services are not separate from us as social workers, but part of our community. This is the goal of the CA Child Welfare Core Practice Model as well and reflects the behaviors we want to see demonstrated in social workers work with families. For more information on the Californian Child Welfare Core Practice Model visit the CalSWEC website at <http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0>.

The content in this training may be distressing for participants. Set the tone for a safe learning environment by letting trainees know there will be scenarios and pictures involving possible child maltreatment. Those of you with past personal or professional experiences may experience feelings of anxiety or discomfort. Encourage participants to think about how they might effectively deal with these responses.

This training module is intended to be an activity based skill building exercise for new child welfare social workers. The module offers trainer facilitated vignette activities with the intention that the trainer will incorporate knowledge and skill practice through participation in the activities. This requires trainers to have strong familiarity with the trainee content. Our focus is on providing a framework for identifying child maltreatment using direct observation, interview, and consultation. The curriculum does include introductory practice identifying sexual abuse by providing a framework for consulting with law enforcement, medical practitioners, and others to coordinate forensic interviews and examinations. Trainees will need additional, advanced training to further develop skills in forensic interviewing and identifying sexual abuse.

Safety Organized Practice

Some content in this curriculum was developed by the National Council on Crime and Delinquency (NCCD) and the Northern California Training Academy as part of the Safety Organized Practice Curriculum. Please note, not all California Counties are actively practicing Safety Organized Practice. However, the framework, principles and concepts are integrated throughout the curriculum as tools and best practices. Safety Organized Practice (SOP) is a collaborative practice approach that emphasizes the importance of teamwork in child welfare. SOP aims to build and strengthen partnerships with the child welfare agency and within a family by involving their informal support networks of friends and family members. A central belief in SOP is that all families have strengths. SOP uses strategies and techniques that align with the belief that a child and his or her family are the central focus, and that the partnership exists in an effort to find solutions that ensure safety, permanency, and well-being for children. Safety Organized Practice is informed by an integration of practices and approaches including:

- Solution-focused practice¹
- Signs of Safety²
- Structured Decision making³
- Child and family engagement⁴
- Risk and safety assessment research
- Group Supervision and Interactional Supervision⁵

¹ Berg, I.K. and De Jong, P. (1996). Solution-building conversations: co-constructing a sense of competence with clients. *Families in Society*, pp. 376-391; de Shazer, S. (1985). *Keys to solution in brief therapy*. NY: Norton; Saleebey, D. (Ed.). (1992). *The strengths perspective in social work practice*. NY: Longman.

² Turnell, A. (2004). Relationship grounded, safety organized child protection practice: dreamtime or real time option for child welfare? *Protecting Children*, 19(2): 14-25; Turnell, A. & Edwards, S. (1999). *Signs of Safety: A safety and solution-oriented approach to child protection casework*. NY: WW Norton; Parker, S. (2010). *Family Safety Circles: Identifying people for their safety network*. Perth, Australia: Aspirations Consultancy.

³ Children's Research Center. (2008). Structured Decision Making: An evidence-based practice approach to human services. Madison: Author.

⁴ Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

⁵ Lohrbach, S. (2008). Group supervision in child protection practice. *Social Work Now*, 40, pp. 19-24.

- Appreciative Inquiry⁶
- Motivational Interviewing⁷
- Consultation and Information Sharing Framework⁸
- Cultural Humility
- Trauma-informed practice

⁶ Cooperrider, D. L. (1990). Positive image, positive action: The affirmative basis of organizing. In S. Srivasta, D.L. Cooperrider and Associates (Eds.). *Appreciative management and leadership: The power of positive thought and action in organization*. San Francisco: Jossey-Bass.

⁷ Miller, W.R. & Rollnick, S. (2012). *Motivational Interviewing*, (3rd Ed.). NY: Guilford Press.

⁸ Lohrbach, S. (1999). *Child Protection Practice Framework - Consultation and Information Sharing*. Unpublished manuscript; Lohrbach, S. & Sawyer, R. (2003). Family Group Decision Making: a process reflecting partnership-based practice. *Protecting Children*. 19(2):12-15.

Evaluation

This curriculum uses an embedded evaluation activity to promote learning and to provide evaluative feedback on the curriculum.

Embedded evaluation is most often used to evaluate skill-based competencies. Skill based competencies are competencies that define a desired behavior, activity or interaction; such as interviewing a child, assessing risk, identifying indicators of child maltreatment, writing a court report, writing a case plan, etc. Embedded evaluation either builds on existing exercises or designs new tasks that can be used as both instructional and evaluation opportunities. This linkage enhances trainee learning and provides feedback to trainers for course improvement, while also providing important data on trainees' acquisition of skills (Parry and Berdie, 2004).

In order to use the data collected in the embedded evaluation to improve future versions of the curriculum, there must be high levels of standardization in the content and delivery each time the training is delivered. Trainers must follow the curriculum as it is written and include the activities that lead to the eventual evaluation segment. Further, trainers must follow an evaluation protocol for completing the embedded evaluation activity. This protocol is not included in this document but is available separately from the Regional Training Academy or University Consortium for Children and Families. Please follow this protocol when conducting the evaluation activity and debrief.

Agenda

Segment 1:	Welcome and Stage Setting	9:00 - 9:25
Segment 2:	Defining Maltreatment	9:25 - 10:40
	Break	
Segment 3:	Identifying Maltreatment	10:55 - 12:00
	Lunch	
Segment 4:	Culture, Bias, and Child Maltreatment Identification	1:00 - 1:30
Segment 5:	Assessing for Sexual Abuse	1:30 - 2:00
Segment 6:	Indicators of Maltreatment	2:00 - 3:00
	Break	
Segment 7:	Embedded Evaluation	3:15 - 4:00

Learning Objectives

Knowledge

- K1.** The trainee will be able to identify physical, emotional, and behavioral characteristics of children who have been maltreated.
- K2.** The trainee will be able to identify cultural practices that may be mistaken for child maltreatment.
- K3.** The trainee will be able to identify when to seek consultation from medical staff, mental health professionals, law enforcement, or forensic experts during child maltreatment identification efforts.

Skill

- S1.** The trainee will be able to use the child maltreatment indicators to identify child maltreatment in a vignette.
- S2.** Using a vignette, the trainee will be able to identify cultural factors that affect child maltreatment identification, including distinguishing child maltreatment from cultural factors.
- S3.** Using a vignette, the trainee will be able to identify developmental factors that affect child maltreatment identification.
- S4.** Using a vignette, the trainee will critically analyze motivation, credibility and the information provided by family members and others regarding sexual abuse.

Values

- V1.** The trainee will value using a strength-based model of practice that provides a holistic view of the family as part of the child maltreatment identification process.
- V2.** The trainee will value an understanding of how poverty, lack of education, community distress and environmental stressors can contribute to risk for child maltreatment.
- V3.** The trainee will value working collaboratively with agency resources, law enforcement and medical, mental health, and forensic experts in identifying child maltreatment.

Lesson Plan

Segment	Methodology and Learning Objectives
Segment 1 25 min 9:00 – 9:25 am	Welcome and Stage Setting Introduce goals of the training and explain logistics, as well as review the agenda. Conduct a brief introductory activity that grounds the day's effort in cultural humility and responsiveness. <i>PowerPoint slides: 1-5</i>
Segment 2 75 min 9:25 – 10:40 am	Defining Maltreatment Define and discuss maltreatment <i>PowerPoint slides: 6-10</i> <i>Learning Objectives: K1, V1</i>
10:40 – 10:55 am 15 min BREAK	
Segment 3 65 min 10:55 am – 12:00 pm	Identifying Maltreatment Application activity using brief vignettes and photos to identify maltreatment. <i>PowerPoint slides: 11-36</i> <i>Learning Objectives: K1, K3, S1, S3, V1, V2, V3</i>
12:00 – 1:00 pm 60 min LUNCH	
Segment 4 30 min 1:00 – 1:30 pm	Culture, Bias, and Child Maltreatment Identification Application activity focused on identifying maltreatment across cultural differences. <i>PowerPoint slides: 37-39</i> <i>Learning Objectives: K2, S1, S2, V1, V2</i>

Segment	Methodology and Learning Objectives
Segment 5 30 min 1:30 – 2:00 pm	Assessing for Sexual Abuse Application activity focused on building a consultation team to assess for sexual abuse. <i>PowerPoint slides: 40-41</i> <i>Learning Objectives: K1, K3, S4, V3</i>
Segment 6 60 min 2:00 – 3:00 pm	Indicators of Maltreatment: Neglect, Emotional Abuse, and Physical Abuse Application activity focused on identifying neglect. <i>PowerPoint slides: 42-44</i> <i>Learning Objectives: K1, S1, S3, V1, V2</i>
3:00 – 3:15 pm 15 min BREAK	
Segment 7 30 min 3:15 – 4:00 pm	Embedded Evaluation Evaluation activity <i>PowerPoint slides: 45-47</i>

Segment 1: Welcome and Stage Setting

Segment Time:	25 minutes
Materials	Chart pad, markers, and tape (if doing group agreements) Agenda (page 5 in the Trainee's Guide)
Trainee Content:	Learning Objectives (page 6 in the Trainee's Guide) Multicultural Guidelines (page 7 in the Trainee's Guide)
Slides:	1-5

Description of Activity:

The trainer will conduct a review of the agenda and a stage setting activity that grounds the day in cultural humility and responsiveness.

Before the activity

- ❑ Decide whether or not you will establish group agreements as part of this activity. If you plan to develop group agreements, prepare your chart pad in advance with some initial agreements such as starting and ending on time, sharing the floor, etc. Leave space for the group to develop their own group agreements.

During the activity

- ❑ Welcome the trainees to the training and introduce yourself.
- ❑ If this is the first training for a cohort, you may wish to spend some time on logistics related to the training site (parking, bathrooms, etc.) and helping to set a productive tone through the development of group agreements (sharing the floor, being on time, etc.).

Offer the following group agreements⁹ as needed (this will depend on whether or not this group has already worked to establish group agreements). This activity provides a model for the group work social workers will do with child and family teams, so you may wish to make that connection as well.

- **Collaboration** - We need partnership to have engagement and that works best if we trust each other and agree we are not here to blame or shame. We are here because we share a common concern for the safety and well-being of children. Remind them how this skill will be needed when working with families as they are the experts on their family. Social workers



⁹ Adapted from group agreements shared by trainer Betty Hanna

must be able to foster collaboration in order to complete a thorough assessment of the situation. Families need to feel trust before they honestly examine themselves and be able to look at a problem and their part in it.

- **Ask lots of questions** - Point out that the trainer can't make the training relevant for each person because there are many people in the room with different experiences and different needs. Trainees have to make it relevant for themselves by asking lots of questions and deciding how the experience might be helpful or not helpful to them.
- **Be Open to Trying New Things** - As professionals we feel more comfortable and competent sticking with what we know. We don't always like it when new things come along. Sometimes it feels uncomfortable to try new things so we tend to back away from the new thing telling ourselves things like "she doesn't know what she's talking about...she has never worked in our community with the people we work with..." But to learn something new we have to do through the uncomfortable stage to get to the other side where it feels natural and comfortable. With this group agreement, they are agreeing to try new things even if they feel uncomfortable.
- **Make Mistakes** - As professionals we don't like to make mistakes. And when we make mistakes we feel discouraged and beat ourselves up. But, if we are going to learn new things, we have to make mistakes. Even more important than the willingness to make mistakes is the willingness to admit we are wrong even when we don't want to be. Growth requires that we are open to changing our minds based on new information received. We must also be willing to put our own ideas aside to fully hear the views of others.
- **Confidentiality** - This is just a reminder that information about families or other trainees shared in the training room should be kept confidential.
- **Be responsible for your own learning** – As adult learners we realize you come with knowledge, skills and experience. The intention of this curriculum is that you will have an opportunity to share this via large and small group discussions. Please come prepared to training having taken any prerequisite eLearning or classroom trainings. Set aside this day for your learning, please do not bring work into the classroom, this is distracting to other trainees as well as to the trainer/facilitator. This includes being on time, sharing the floor, cell phones off...

- Give an overview of the day, explain the learning goals, and orient the trainees to the trainee content.

Overview of the Day

- Welcome and Review of the Agenda
- Learning Objectives
- Using maltreatment indicators to identify child maltreatment
- Cultural factors that affect child maltreatment identification
- Sexual Abuse: motivation, credibility and information

Today's Goals

- Through the use of experiential activities, be able to identify child maltreatment in the context of the family's culture and within child's developmental stage of life.

Who are you?



- ❑ Let trainees know that Common Core curriculum and training for new child welfare workers in California is designed to be generalizable across the state, cover basic child welfare knowledge and skills, and is important for all CWS positions with in an agency.
- ❑ The content in this training may be distressing for trainees. Set the tone for a safe learning environment by letting trainees knows there will be scenarios and pictures involving possible child maltreatment. Those of you with past personal or professional experiences may experience feelings of anxiety or discomfort. Encourage trainees to think about how they might effectively deal with these responses. Feel free to talk with me at break, lunch or after the close of the training if you are experiencing distress. You may leave the room, if you find it necessary to do so.
- ❑ As we engage in activities, whether in small groups or the entire class, share only what you feel comfortable sharing.
- ❑ Instruct each trainee to review the Multicultural Guidelines and complete the question in the trainee content according to the instructions.
- ❑ Give the group a few minutes to read and respond.
- ❑ Use the Multicultural Guidelines to facilitate introductions by asking trainees to introduce themselves and share the multicultural guideline that most resonated with them. Or ask them to share version of a guideline from past experience.
- ❑ Link this to the work they will do with families to identify cultural influences and impacts. Get agreement from the group to follow these guidelines as we move throughout the day. Some of the material may challenge our own views.

Transition to the next segment

- ❑ Move on to the next segment, which involves defining maltreatment.

Segment 2: Defining Maltreatment

Segment Time:	75 minutes
Materials:	Easels, chart paper, markers Maltreatment Definition and Identification Activity Answer Key (Appendix, pg. 46)
Trainee Content:	Definitions of Abuse and Neglect (pages 8-10 in the Trainee's Guide) Maltreatment Definition and Identification Activity (pages 11-14 in the Trainee's Guide) Identifying Neglect (pages 15-19 in the Trainee's Guide) Identifying Emotional Abuse (pages 20-22 in the Trainee's Guide) Identifying Physical Abuse (pages 23-26 in the Trainee's Guide) Identifying Sexual Abuse (pages 27-34 in the Trainee's Guide)
Slides:	6-10

Description of Activity:

The trainer will lead the trainees through an activity related to definitions of neglect, physical abuse, emotional abuse, and sexual abuse using scenario.

During the activity

- ❑ Start this segment by reminding the trainees that this class builds on the CMI e-learning module they took. The trainee content includes information that should be familiar from the e-learning modules. Refer trainees to pages 8-10 in the trainee guide:
 - Definitions of Abuse and Neglect
 - Identifying Neglect, Emotional Abuse, Physical Abuse and Sexual Abuse
- ❑ Spend a few minutes reviewing the Penal Code and Welfare and Institutions Code definitions of abuse and neglect. The California Penal Code outlines the criteria that are used to guide social workers in the assessment of whether a referral meets the definitions of abuse and neglect and how the referrals should be concluded (substantiated, inconclusive or unfounded) after the investigation of the referral is completed. Review the following key content:
 - **PC 11165.1**

Reminder: Penal Code

- PC 11165.1 Sexual Abuse and Exploitation
- PC 11165.2 Neglect and Severe Neglect
- PC 11165.3 Willful harming and endangering
- PC 11165.4 Unlawful corporal punishment

Sexual Abuse and Exploitation – defines sexual abuse as sexual assault or exploitation including rape, statutory rape, incest, sodomy, oral copulation, sexual penetration, child molestation, commercial sexual exploitation, or lewd and lascivious acts

- **PC 11165.2**

Neglect – defines neglect as the negligent maltreatment of a child by a parent or designated caregiver.

- **PC 11165.2**

Severe neglect – defines severe neglect as withholding food/water on a prolonged, willful basis and / or failure to provide medical treatment which will result in permanent and/or severe illness or death.

- **PC 11165.3**

Willful harming and endangering – defines abuse as a situation in which any person willfully causes or permits any child to suffer unjustifiable **physical pain** or **mental suffering** or permits the child to be placed in a situation in which his or her person or health is endangered.

- **PC 11165.4**

Unlawful corporal punishment – defines abuse as willfully inflicted cruel or inhuman corporal punishment or injury resulting in a **traumatic condition**.

- Once Child Welfare Services substantiates a referral and determines that court intervention is necessary based upon the definitions of the Penal Code, the social worker will then need to determine where the case facts fit in within the definitions set forth in the Welfare and Institutions Code. It is a 2 step process. Penal Code has to happen before you get to the WIC.

- **300(a)**

Physical harm/abuse – The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm inflicted non-accidentally upon the child by the child’s parent or guardian.

- **300(b)(1)**

General neglect – The child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent or guardian to adequately supervise or protect the child, or substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability of his or her parent or guardian to adequately supervise or protect the child.

- **300(b)(2)**

Commercial Sexual Exploitation – sexual exploitation of a child who is sexually trafficked or who receives food or shelter in exchange for, or who is paid to perform, sexual acts and whose parent or guardian failed to, or was unable to, protect the child

Reminder: Welfare and Institutions Code

- **300(a)** Physical harm/abuse
- **300(b) (1)** General neglect
- **300(b) (2)** Commercial sexual exploitation
- **300(c)** Emotional abuse
- **300(d)** Sexual abuse

Reminder: Welfare and Institutions Code

- **300(e)** Severe physical abuse of a child under the age of 5
- **300(f)** Death of a child
- **300(g)** Caregiver absence
- **300(h)** Relinquishment or termination of parental rights
- **300(i)** Cruelty
- **300(j)** Substantial risk based on substantiated abuse of a sibling

Trainer Note: This is a new code and role for child welfare's ability to intervene if a child is suspected of CSEC involvement. Highlight the role of sexual exploitation and the perspective on victims of commercial sexual exploitation as child maltreatment victims to be offered protection and services from the child welfare system. This is a new role and

- **300(c)**
Emotional abuse – The child is suffering serious emotional damage, or is at substantial risk of suffering serious emotional damage, evidenced by severe anxiety, depression, withdrawal, or untoward aggressive behavior toward self or others, as a result of the conduct of the parent or guardian or who has no parent or guardian capable of providing appropriate care
- **300(d)**
Sexual abuse – The child has been sexually abused, or there is a substantial risk that the child will be sexually abused by a parent, guardian, or member of the household.
- **300(e)**
Severe physical abuse of a child under age 5– physical abuse by a parent, or by any person known by the parent, if the parent knew or reasonably should have known that the person was physically abusing the child.
- **300(f)**
Child Fatality– child's parent or guardian caused the death of another child through abuse or neglect
- **300(g)**
Caregiver absence – child has been left without any provision for support
- **300(h)**
Relinquishment or termination of parental rights – Child has been freed for adoption by one or both parents for 12 months by either relinquishment or termination of parental rights or an adoption petition has not been granted.
- **300(i)**
Cruelty – the child experienced acts of cruelty by the parent, guardian, or a member of the household
- **300(j)**
Sibling Abuse – Substantial risk based on substantiated abuse of a sibling – the child is at risk based on maltreatment of a sibling.

- ❑ Spend a few minutes reviewing what to look for when identifying neglect, emotional abuse, physical abuse, and sexual abuse. Stress the usefulness of the trainee content in future efforts to identify maltreatment - explain they aren't expected to memorize all the information included today!
- ❑ Review the following key content by asking the trainees to give some examples of what they think the words in **bold** mean: and:
- ❑ Children with intellectual, developmental or physical **disabilities** are more likely to experience maltreatment.
- ❑ Children who **self-identify as "other"** are at increased risk for child emotional abuse, compared to white, Black, and Hispanic children.
- ❑ Injuries that continue along curved parts of the body (from the side to the back of the leg); Bruises on buttocks, genitalia and the top of the ear are **suspicious** for abuse
- ❑ **Symmetrical** or **patterned** burns (from being burned with an object or dipping hands or feet into hot water) are suspicious for abuse
- ❑ Bruising in **pre-ambulatory** children is rare, occurring in only approximately 1% to 2% of infants. Therefore, any bruises in children not yet cruising (i.e. walking with support) should raise suspicion for possible abuse.
- ❑ Sexual abuse victims are more likely than non-abused children to come from families with parental substance use disorder.
- ❑ Encourage trainees to highlight and annotate the trainee's guide to help find key content later.
- ❑ Divide the trainees into THREE groups. Use by whatever method works best for the cohort (it may be helpful to break groups up if they are keeping the same groups for each activity):
 - The trainer has to do a little quick math and take the number of learners in the room, divide by 3, and have them count off into that many teams.
 - You may also ask the trainees to rate themselves on a scale of 1-3 regarding how secure they feel in their recollection of the e-learning modules they took prior to coming to the class. Divide the group into three (3) table groups (ensuring each group has a range of self-reported expertise).
- ❑ Trainees to work in their groups to complete the Maltreatment Definition and Identification Activity (pages 11-14 of trainee guide). Everyone will complete the first vignette. Assign the other 3 vignettes amongst the groups (more than one group may be working on the same scenarios depending on the size of the group). Refer trainees to pages 15-34 in the trainee guide that provides indicators and elements of abuse. Explain the activity:

Reminder

- Children with **disabilities** are more likely to experience maltreatment
- Children who **self-identify as "other"** are at increased risk for child emotional abuse
- Injuries that continue along curved parts of the body are **suspicious** for abuse
- Symmetrical** or **patterned** burns are suspicious for abuse
- Bruising in **pre-ambulatory** children is rare
- Sexual abuse victims are more likely than non-abused children to come from families with parental substance abuse problems

Maltreatment Definition and Identification

<p>1. Definition</p> <p><i>Match each vignette with the correct maltreatment type</i></p> <ul style="list-style-type: none"> General Neglect Physical Abuse Sexual Abuse and Exploitation Emotional Abuse 	<p>2. Identification</p> <ul style="list-style-type: none"> Identify which factors in the vignette lead to your conclusion Write a statement justifying your conclusion (as if explaining how the vignette meets the identified definition of abuse to the family)
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- ❑ In the field you would never draw conclusions based solely on written information. You would need to use your critical thinking skills to collect information from multiple sources and complete a thorough investigation that assesses the safety concerns and the family's strengths. For the purposes of this training room activity we will be reading information and identifying possible code sections that may apply in the scenario. The purpose of this activity is to allow you to practice assessing and considering maltreatment definitions and factors associated with maltreatment.
- ❑ Whole class: Read the Ashia and Paislee vignette 1
 - Working as a table group, look at the facts in the referral and discuss the dynamics on neglect and what you would need in order to substantiate neglect or severe neglect.
 - Identify the appropriate Penal Code and Welfare and Institutions Code you would use based upon your discussion.
- ❑ Group 1: Read the Shilpa, Frank and Gorindi vignette 2
 Group 2: Read the Mackenzie, Nina and Madrid vignette 3
 Group 3: Read the Jenny, Tyler, Isabelle and Joshua vignette 4
 1. What kind of abuse do you think is present in this vignette; Identifying **Neglect**, **Identifying Physical Abuse**, **Identifying Emotional Abuse**, or **Identifying Sexual Abuse**? Identify 3 key factors from the material on this content (pg. 18-39) that contributed to your conclusion.
 2. Assume that the referral against the father was substantiated (talk amongst yourselves to determine which allegations you could substantiate). This family will now require court intervention, which Welfare and Institutions Code (WIC) Section(s) (pg.11) apply (if any).
 3. Develop a short statement explaining which factors in the vignette justify your conclusion - imagine using this statement in a conversation with a family member or supervisor to explain why you think maltreatment did or did not occur.
- ❑ If you have more than 3 groups equally divide the 3 vignettes among the groups.
- ❑ Give the groups 30 minutes to work as you rotate among the different tables ensuring they are on task.
- ❑ Facilitate a **brief** discussion utilizing the answer key found on page 46 in the Appendix. Ask trainees to briefly summarize their vignette and ask the following questions:
 - On the first vignette (Ashia and Paislee), model differentiating factors that may indicate neglect vs. factors that may be complicating factors.

- Are there overlapping maltreatment indicators? For example, do any of the behavioral indicators of emotional abuse mimic sexual abuse?
- Were there any areas of disagreement among the groups?

▣ Key points for trainers

- Reinforce the abuse definitions, what to look for, and maltreatment indicators
- Add examples to highlight the interplay of cultural differences and when possible, encourage trainees to consider how they would identify potential bias.
- It's easy to jump to conclusions about sexual abuse, also the majority of cases do not have medical findings (and a vast number of findings from experts can be normal).

Transition to the next segment

- ▣ Move on to the next segment, an activity related to identifying maltreatment.

Segment 3: Identifying Maltreatment

Segment Time:	65 minutes
Materials:	Trainer's Guide Appendix: Self-care and Secondary Traumatic Stress Reduction Activities (page 50)
Trainee Content:	Self-care and Secondary Traumatic Stress Reduction Activities (page 45)
Slides:	11-36

Description of Activity:

The trainer will provide descriptions and pictures of possible child maltreatment.

During the activity

- ❑ Prepare the attendees for this section.
 - Create a safe learning environment. That means, among other things, there will be no unpleasant surprises. Because we will be discussing case scenarios and viewing pictures involving possible child maltreatment, those of you with past personal or professional experiences, may experience feelings of anxiety or discomfort. I encourage you to think about how you might effectively deal with these responses. Feel free to talk with me at break, lunch or after the close of the training if you are experiencing distress. As we engage in activities, whether in small groups or the entire class, share only what you feel comfortable sharing.
 - Explain that this activity includes descriptions and photos of injured children. Let the group know the photos may be disturbing. Provide prompts during the activity to allow time for the trainees to process their emotional responses to the photos.
 - Note that managing emotional responses and getting help for the effects of witnessing trauma are important for being able to remain professional and remain curious. Staying in your fear, anger, or sadness reaction inhibits ability to be present and be in tune with working with the family and keeping children safe. Talk about how social workers can work through emotions. Give examples including personal efforts such as getting enough sleep and exercising regularly; and professional efforts such working through difficult situations in consultation with supervisors or peers, and holding firm boundaries (Rourke, 2007).
 - For the first picture, start with putting the picture up and asking directly about emotional responses. Spend time addressing the emotional response. Ask prompting questions



to get to feelings about parents who may have injured their children and children who have been injured by parents.

- Read each of the injury descriptions below aloud to the group. Following the verbal description, show the photo slide.
- After each description, elicit input from class. Ask them to be in a place of inquiry and think about what they would want to know about the injury in order to make a balanced, rigorous assessment. Advise them to be curious and avoid making assumptions early.
- Provide actual outcome after brief group discussion.
- As you discuss the actual outcome, focus your comments on the caregiver's actions as the nexus for identifying whether or not maltreatment occurred. What caregiver behavior contributed? Who would they talk with in order to get more information?
- Engage in brief conversation about how the child's developmental status and age contribute to the injury and may impact information gathering.
- Prompt the group to think about the cultural factors that may impact information gathering and maltreatment identification.
- Engage in brief discussion of self-care activities for social workers that witnessed traumatically injured children. Refer trainees to the activity checklist in the trainee's guide appendix.

Possible Physical Abuse

- Female, 4 years old. Child was reported by daycare provider as having a large round bruise on her left buttock and bruising behind her right knee.



Trainer Note Prior to Beginning:

- Have trainees describe the injury before the discussion of what the injury actually is to allow them to practice their descriptive words for injuries.

Example 1: Possible Physical Abuse

- Description: Female, 4 years old. Child was reported by daycare provider as having a large round bruise on her left buttock and bruising behind her right knee.
- Show photo.
- Ask the group how worried we should be about this child.
- Actual outcome: Child has hemophilia. The bruise was caused by sitting in a position that put excess pressure on the left buttock and crossing the right leg over the left.



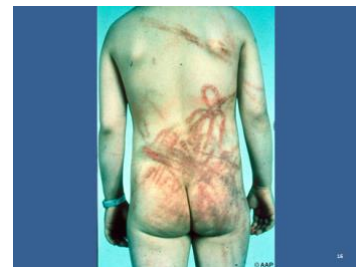
Move through the next 3 slides showing examples of physical abuse injuries and point out key factors as indicated below.

1. Ask trainees what they think happened and if they believe it was the result of abuse.
2. Actual inflicted injuries often show specific patterns. The linear marks in this child's injury provide evidence of



repeated trauma with a straight, rigid instrument. This child was beaten with a plastic pipe.

3. Another example of an inflicted injury. Linear marks may be caused by a belt. The back of the legs is more suspicious in terms of location for non-accidental injury.
4. Another example. In this case, scarring indicates old, healed abrasions. Braiding and looping are evidence that a piece of rope was used.



■ Example 2: Possible Supervisory Neglect

- Description: Male, 2 years old. Brought to the emergency room with burn on lower leg.
- Show photo.
- Ask trainees what they think happened and if they believe it was the result of abuse.
- Actual outcome: Mother left child alone in empty bathtub for 2 hours while she visited with a neighbor. The child was able to turn on the tap. The hot water heater temperature was set at 170 degrees.

Physical Abuse or Possible Supervisory Neglect

- Male, 2 years old. Brought to the emergency room with burn on lower leg.



■ Example 3: Failure to thrive (FTT) can be a manifestation of child neglect

- Failure to thrive may be caused by medical problems or factors in the child's environment, such as abuse or neglect
- FTT develops in a significant number of children as a consequence of child neglect
- It is a result from inadequate nutrition to maintain physical growth and development
- Ask trainees what they think are some symptoms of FTT
- If suspect failure to thrive what are your next steps in assessment and who would you consult with?
- It is important to see a baby/child without clothing (according to your county's protocol)



❑ Example 4: Physical Injury

- Description: Male, 3 months old. Presenting in Emergency Room, with seizures. Grandmother states her son, Terry, 43 years old, brought the baby to her saying the baby had spit up after taking a bottle and was shaking like he was cold. Baby has linear bruise over left temple.
- Show photo.
- Ask trainees what they think happened and if they believe it was the result of abuse.
- Actual outcome: Baby had old and new subdural hematomas and a fractured skull. Father admitted to slapping and shaking the baby. He was charged with criminal attempted homicide, simple and aggravated assault.

Physical Injury

- Male, 3 months old. Presenting in Emergency Room, with seizures. Grandmother states her son, Terry, 43 years old, brought the baby to her saying the baby had spit up after taking a bottle and was shaking like he was cold. Baby has linear bruise over left temple.



❑ Example 5: Physical Injury

- Description: Female, 18 months. Neighbor noticed multiple cigarette burns on the child.
- Show photo.
- Ask trainees what they think happened and if they believe it was the result of abuse.
- Actual outcome: Medical examination indicates blisters are not burns, but are impetigo, a bacterial infection.

Possible Physical Abuse

- Female, 18 months. Neighbor noticed multiple cigarette burns on the child.



❑ Move through the next 4 slides showing examples of burn injuries and point out key factors as indicated below.

1. Actual cigarette burns are circular and often appear in clusters. They show an inner circle of tissue which is more deeply burned than the peripheral mark. Social workers cannot make a determination about whether or not an injury is a cigarette burn or some other mechanism of injury. Medical consultation is required.
2. In any injury, the history given must be compared with the actual injury to evaluate if abuse occurred. In this



case, the history given was that this 2-year-old child stepped on a floor gas heater with both feet. While symmetrical burns to both feet are more suspicious, the child may have put the second foot down quickly to relieve the pain caused to the first foot when it came into contact with the heater.

3. Cigarette lighter burns have a distinctive “Smiley Face” pattern. (Dr. Ken Feldman’s slide)
4. Symmetrical burns are more suspicious for abuse. This child had both thumbs burned by a cigarette lighter to teach her not to suck her thumb.

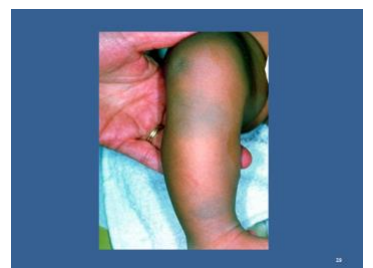


❑ Example 6: Physical injury

- Description: Female, 4 months old. Child was reported by daycare provider as having a large grab mark bruising on her right lower leg.
- Show photo.
- Ask trainees what they think happened and if they believe it was the result of abuse.
- Actual Outcome: Identify these as slate grey patches and explain that these marks can be mistaken for bruises but are actually birth marks that fade over time.
- Move to the next slide showing an example of grab mark bruises and point out key factors as indicated below.
 1. A pinch or grab mark. Oval finger marks such as these may be seen on the arms or trunk of an infant with abusive head trauma.

Possible Physical Abuse

- Female, 4 months old. Child was reported by daycare provider as having a large grab mark bruising on her right lower leg.





❑ Example 7: Physical injury

- Description: Female, 2 years old. Child was reported by neighbor as having open sores around her wrists. Concerned it could be from poor hygiene or from someone restraining the child.
- Show photo.
- Ask trainees what they think happened and if they believe it was the result of abuse.
- Actual Outcome: Medical consultation revealed these to be ligature marks from restraining this child.

Possible Physical Abuse

- Female, 2 years old. Child was reported neighbor as having open sores around her wrists. Concerned it could be from poor hygiene or from someone restraining the child.



❑ Example 8: Physical injury

- Description: Male, 3 years old. Child was reported by daycare provider as having a large round mark on his thigh with bruising in the center.
- Show photo.
- Ask trainees what they think happened and if they believe it was the result of abuse.
- Actual Outcome: Medical consultation identified this as a bite mark. Note that there are 3 elements to a human bite mark:
 - Horseshoe shape
 - Suction/discoloration within the bite
 - Point of tongue thrust will appear darker

Possible Physical Abuse

- Male, 3 years old. Child was reported by daycare provider as having a large round mark on his thigh with bruising in the center.



- ❑ Debrief this segment with a discussion about what slides were the most difficult to see and why? How will they work with parents/care providers who can do such things to children?

- ❑ OPTIONAL: Video to debrief the energy in the room and acknowledge the difficult work of child welfare social workers.

1. Free Hugs Campaign (3:40 minutes):
https://www.youtube.com/watch?v=vr3x_RRJdd4
2. Mindfulness meditation exercise (4 minutes):
https://www.youtube.com/watch?v=iH3_64mLCU8

- ❑ End this segment with a discussion about self-care and secondary traumatic stress. Have a conversation about self-care and resiliency using the content on self-care in the trainee content appendix page 45 of Trainee Guide. Ask trainees to share their ideas about self-care strategies they can use to combat the secondary traumatic stress they will experience in the field.

- ❑ Key points for trainers
 - Trainees ALWAYS have questions about what the county policies about are looking at injuries. This is a county policy issue, direct trainees to follow up with their supervisors as to their county's policies
 - Policies that may vary; for example, are whether workers should or should not ask kids to roll up sleeves, push up pants legs, etc. whether boys are asked to pick up shirts to view torsos and backs and, of course, what they should clearly NEVER ask children to do.
 - Reinforce physical abuse information about location of injury and age of child.
 - Reinforce the importance of gathering facts from multiple sources, relying on medical and forensic experts, trying to think of alternate scenarios, and withholding judgment until all facts are gathered. You want the trainees to come away from this exercise understanding the need to be present in assessing maltreatment and avoiding assumptions.

Take a minute to BREATHE

- Free Hugs Campaign
- Mindfulness meditation exercise

Secondary Traumatic Stress

- What can you do to increase your resiliency?
 - Practice mindfulness about your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
 - Give yourself affirmations, praise yourself
 - Identify comforting activities, objects, people, relationships, places and seek them out
 - Allow yourself to cry
 - Find things that make you laugh

Transition to lunch

- Send the trainees off to lunch with the assignment to do something good for themselves during the break. Ask them to return on time for an activity related to bias, culture, and maltreatment identification.

Segment 4: Culture, Bias, and Child Maltreatment Identification

Segment Time:	30 minutes
Materials:	None
Trainee Content:	Multicultural Guidelines (page 7 in the Trainee's Guide) Identifying Neglect (pages 15-19 in the Trainee's Guide) Culture, Bias, and Maltreatment Identification Activity (pages 35-36 in the Trainee's Guide)
Slides:	37-39

Description of Activity:

The trainer will introduce the trainees to neglect indicators and facilitate role-plays and discussion surrounding the bias using a vignette.

During the activity

- ❑ Ask the trainees to keep in mind the multicultural guidelines discussed earlier in the day.
- ❑ Start the activity with a discussion about the way our brains process information and how that leads to bias in the child welfare system. First, point out that our culture is one that includes widely held and mostly unexamined biases about different groups, some positive and some negative. Second, point out that our brains are built to use these preconceived ideas to facilitate faster decision-making. Third, point out the inevitable conclusion of these two things by noting that we can then see the implicit biases of our culture played out explicitly in the disproportionality within our child welfare system. Note that it's our job to counteract that.
- ❑ Use the next slide to talk about key biases: implicit bias, confirmation bias, anchoring bias (relying too much on the first info we receive) or relying on the information that was easiest to obtain or most shocking. Point out the best way to combat these problems with bias in our thinking is to be aware of them and include assessing ourselves for them as part of our thinking process when we attempt to identify child maltreatment identification.
- ❑ Ask the trainees to work as table groups to read the content on bias and answer the first question (page 35 in Trainee Guide) and then read the application scenario and answer the remaining three questions (page 35-36 in Trainee Guide). Give them 15 minutes for the activity. Rotate around the room answering questions and ensuring they are on track.



Culture, Bias, and Maltreatment Identification

- Implicit bias: biases we all hold that we may not even be aware of
- Confirmation bias: our tendency to quickly reach a conclusion and then seek out only evidence that supports that conclusion
- Other errors in thinking: focusing on information that is easiest to obtain, information that is the most dramatic, or the first information we received

- ❑ Facilitate a very brief group discussion about the family and the scenario. Include group discussion of what, if any, cultural factors play into child maltreatment.

- ❑ What are the cultural issues?

- ❑ What other information do you need to determine maltreatment occurred?

Culture, Bias, and Maltreatment Identification

- How does bias impact our work?
- What bias triggers can you identify in the vignette?
- What can you do to separate possible bias from child maltreatment?
- What other information do you need to determine if maltreatment occurred?

- ❑ Key points for trainers

- Include discussion of the role of culture and poverty and how they can impact identification of neglect.
- Discuss differences among counties and states about identifying neglect (community standards).
- Reinforce the importance of talking to the family about their culture.
- Reinforce the thought process involved in identifying maltreatment:
 - Consult your supervisor
 - Beyond consultation with your supervisor, workers are encouraged to consult with community partners who know more about a particular community. For example, consulting with Tribal ICWA or a cultural coach if your county has one.
 - Examine your feelings and biases
 - Gather information carefully and from multiple sources
 - Consider alternate explanations.

Transition to the next segment

- ❑ Move on to the next segment, a group discussion surrounding sexual abuse.

Segment 5: Assessing for Sexual Abuse

Segment Time:	30 minutes
Materials:	Easels, chart pad, markers
Trainee Content:	Identifying Sexual Abuse (pages 27-34 in the Trainee's Guide) Assessing for Sexual Abuse Activity (pages 37-38 in the Trainee's Guide)
Slides:	40-41

Description of Activity:

The trainer will facilitate a discussion about processes to follow when working with a sexual abuse allegation.

Before the activity

- ❑ Learn about local protocols for sexual abuse investigation and reinforce the policies and procedures in place for collaborating with law enforcement, medical personnel, and others.

During the activity

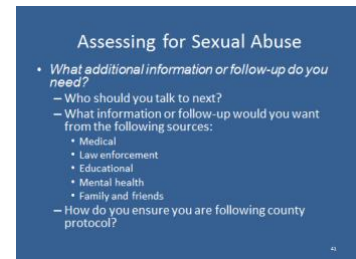
- ❑ Facilitate a conversation regarding the importance of **following local county protocols** and working **collaboratively** with agency resources, law enforcement and medical, Behavioral Health, and forensic experts in identifying child maltreatment.
- ❑ Note that in many situations the social worker must avoid interviewing the child about the sexual abuse disclosure until after the forensic investigation interview has occurred, in order to avoid interviewing the child multiple times as this can compromise the evidence. Explain the difference between an evidence gathering forensic interview and a social welfare assessment. Encourage trainees to maintain a focus on ensuring the child's physical and emotional safety and offering support and assistance with the trauma associated with the abuse.

Acknowledge that sexual abuse can bring up strong emotions. Review self-care resources as discussed in the trainee content appendix. Our own issues related to sexual abuse may cause us to be more controlled and legalistic in this assessment. It is important to identify this when it happens and move past it to be supportive to the family.

- ❑ Form 4-person groups. These can be the same groups from the morning or you can form new groups.
- ❑ Ask the trainees to skim the trainee content (pages 27- 34) on **Identifying Sexual Abuse** and then work as groups to complete the **Assessing for Sexual Abuse Activity** (pages 37-38) regarding a sexual abuse allegation.

Sexual abuse can bring up strong emotions. Our own issues related to sexual abuse may cause us to be more controlled and legalistic in this assessment or may cause us to be overly emotional and identify closely with victims. It is important to identify this when it happens and move past it to be supportive to the family.

Ask the groups to utilize the worksheet “**Indicators of Maltreatment.**” It provides participants with additional practice with the worksheet format as it is utilized for the embedded evaluation and it is a good way to assess the family dynamics.



- ❑ Facilitate a report out from each group.
- ❑ Ask the group to briefly discuss how they might approach their interaction with Anna. Reinforce trauma-informed approaches such as explaining what is happening along the way; moving slowly and frequently stopping to assess the child’s comfort level; making sure the child is physically comfortable and feeling physically safe; stopping when the child is becoming overwhelmed or upset (Pence, 2012).
- ❑ What if Anna was 16 how if at all would this affect the scenario due to her pre and post puberty differences.
- ❑ Key points for trainers
 - Consult with your county regarding collaboration with Law Enforcement and Investigation Process for Sexual Abuse allegations, with child safety being first priority. i.e.;
 - Determine joint investigation
 - Avoid interviewing perpetrator because this could interfere with a criminal case.
 - Be sure to stress that trainees should consult their supervisor about the procedure for forensic interviewing in their county.
 - Explore delayed disclosure which is typical/normal and if there is a report of sexual contact within 72 hours every hour counts get them in for an acute finding, if within 10 days refer to county protocol
 - Look for:
 - Power dynamics and possible abuse between the perpetrator and the non-offending family members
 - Behavioral Health concerns that limit a non-offending parent’s ability to understand the situation or to recognize who is responsible for the sexual abuse
 - Substance use disorder that limit the non-offending parent’s ability to protect
 - The non-offending parent may feel such guilt that they deny the possibility of the abuse
 - Survival concerns and fear that criminal prosecution will affect the family negatively
 - Shame and a desire to handle the problem within the family.

Transition to the next segment

- ▣ Move on to the next segment, an activity related to the indicators of maltreatment.

Segment 6: Indicators of Maltreatment

Estimated Segment Time: 60 minutes

Materials: None

Trainee Content: Identifying Neglect (pages 15-19 in the Trainee's Guide)
Judy, Ron, and Sarah (page 39 in the Trainee's Guide)
Worksheet: Indicators of Maltreatment for Judy, Ron and Sarah (page 40 in the Trainee's Guide)
Identifying Emotional Abuse (pages 20-22 in the Trainee's Guide)
Nova, Kay, and Winona (pages 41 in the Trainee's Guide)
Worksheet: Indicators of Maltreatment for Nova, Kay, and Winona (page 42 in the Trainee's Guide)
Identifying Physical Abuse (pages 23-26 in the Trainee's Guide)
Maliah, Dartanyan, and Elon (page 43 in the Trainee's Guide)
Worksheet: Indicators of Maltreatment for Maliah, Dartanyan, and Elon (page 44 in the Trainee's Guide)

Slides: 42-44

Description of Activity:

The trainer will facilitate a maltreatment identification activity using three vignettes and a common rubric.

During the activity

- ❑ Explain that we will be working through a maltreatment identification activity using three family vignettes and a common worksheet. Reinforce the critical thinking process needed to identify if maltreatment occurred or not. We'll work on the first one as a large group, the second one will be completed in table groups and the third will be completed individually. Each vignette will be debriefed as a large group discussion to assess and confirm the conclusions.
- ❑ This activity will be repeated later in the training as the evaluation activity. Let trainees know that the format of the worksheet looks different than the embedded evaluation. However, the information being gathered in each vignette to complete the worksheet is reflected in the embedded evaluation.
- ❑ Ask the group to read the Judy, Ron, and Sarah vignette (page 39 of Trainee Guide).



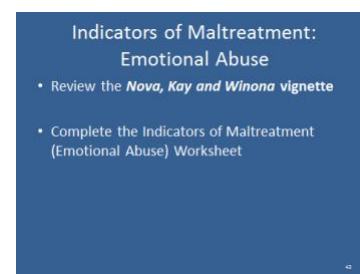
- ❑ Facilitate a large group discussion using the Indicators of Maltreatment worksheet to discuss their concerns about the family. Model the use of the worksheet to focus the conversation on the caregiver's actions or inactions and their impact on the child. Use the columns section of the worksheet to sort concerns into those that actually impact the child and those that are worrisome but are not negatively impacting the child.

- ❑ Help the trainees utilize their critical thinking skills when highlighting complicating factors, present in the vignette, are linked to neglect and should be highlighted. Spend some time addressing the role of complicating factors and how and when they should be addressed - they do not determine whether or not maltreatment is occurring, but they do impact service delivery and case planning.
 - Developmental Needs - Sarah has a speech delay
 - Chronological Age - Children are 3 and 5 years old
 - Temperament and Behavior - Sarah is hyperactive.
 - Child Development Knowledge - Not clear yet, although the father seems to be using time out for discipline.
 - Stress - Appear to be financial difficulties
 - Substance Abuse - Previous substance abuse issues, not clear if this is still an issue
 - Intimate Partner Violence - Previous domestic violence between parents, but not clear if it is still an issue
 - Prompt the group to consider Sarah's developmental level and how that might impact their interactions with Sarah and the family.
 - Identifying neglect requires a close look at the full picture for each family, including the factors related to neglect. Social workers should consider these indicators when trying to determine if neglect is present.
 - Taken alone, none of these is enough to say neglect is present, but these are key indicators to consider when trying to determine if neglect has occurred.

- ❑ Use the SDM definitions as needed if trainees are struggling with whether or not the situation should be identified as neglectful.

- ❑ Ask the group for their conclusion. Did neglect occur? Confirm that neglect did occur.

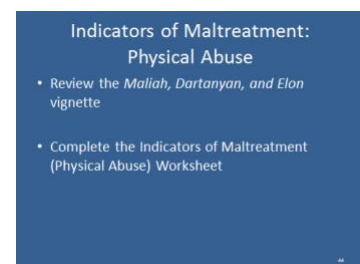
- ❑ Ask the group to read the Nova, Kay, Winona vignette (page 41).
- ❑ Ask the trainees to work in groups and use the Indicators of Maltreatment worksheet (page 42) to discuss which indicators of emotional abuse are present in this family. Refer to the trainee content on emotional abuse indicators.
- ❑ Give the groups 15 minutes to discuss and then facilitate a report out for 15 minutes to ensure all the groups reached the correct conclusion.



- ❑ These factors, present in the vignette, are linked to emotional abuse and should be highlighted.
 - Temperament and Behavior – Winona has trouble making friends
 - Family Communication and Interaction Patterns
 - Winona may be experiencing rejection, contradictory or ambivalent demands; she has previously experienced terrorizing
 - Neglecting Behavioral Health, medical and educational needs – Winona’s Behavioral Health needs are not being addressed
 - Behavioral Health – Winona’s mother has a history of depression, anger and hostility
 - Intimate partner violence – Winona witnessed Intimate Partner Violence
 - Identifying emotional abuse requires a close look at the full picture for each family, including the factors related to emotional abuse. Social workers should consider these indicators when trying to determine if emotional abuse is present.
 - Taken alone, none of these is enough to say emotional abuse is present, but these are key indicators to consider when trying to determine if emotional abuse has occurred.
 - Prompt the group to consider Winona’s developmental level and how that might impact their interactions with Winona and the family.
 - Prompt the group to consider what collateral information needs to be gathered because the family identifies as Native American.
 - Emotional abuse is present.

- ❑ Ask the group to read (page 43) the Maliah, Dartanyan, and Elon vignette in the trainee content.

- ❑ Ask the trainees to work individually using the Indicators of Maltreatment worksheet (page 44) to identify which physical abuse indicators are present in this family. Refer to the trainee content on physical abuse indicators.



- ❑ Note to Trainer: This worksheet is already partially completed in preparation for the embedded evaluation. Let trainees know the format of the worksheet looks different than the embedded evaluation;

however, the information they are gathering to complete the worksheet is reflected in the embedded evaluation.

- ❑ Give the trainees 15 minutes to complete the worksheet and then facilitate a report out for 15 minutes to ensure all the groups reached the correct conclusion.
- ❑ These factors, present in the vignette, are linked to physical abuse and should be highlighted.
 - Chronological Age – Elon is under age 4, is pre-ambulatory and has bruising, Elon has separation issues and cries a lot
 - Location of Injury on the Child’s Body - Bruising on the buttocks raises concern about possible abuse
 - Explanation of the Injury - The explanation of injury doesn’t make sense.
 - Sentinel Injury – Elon has a previous injury
 - Substance Use Disorder– Elon’s aunt who was providing care may have a substance use disorder.
 - Identifying physical abuse requires a close look at the full picture for each family, including the factors related to physical abuse.
 - Social workers should consider these indicators when trying to determine if physical abuse is present.
 - Elon has been abused, but not by a parent or guardian. In this case a new allegation of neglect would be added and substantiated as Dartanyan left Elon with Josefine when she was intoxicated.
 - Trainers may wish to review county protocols prior to training this segment to ensure findings match county procedures.
- ❑ Key points for trainers
 - Reinforce the trainee content on indicators of maltreatment and factors associated with maltreatment.
 - Reinforce the importance of gathering facts from multiple sources, relying on medical and forensic experts, trying to think of alternate scenarios, and withholding judgment until all facts are gathered.
 - Reinforce the critical thinking process involved in identifying maltreatment:
 - Consult your supervisor
 - Consult community partners who know more about a particular community. For example, Tribal Partners
 - Examine your feelings and biases
 - Gather information carefully and from multiple sources
 - Reporters of child maltreatment carry bias and social workers can’t assume what is reported is “fact”
 - Consider alternate explanations.

Transition to the next segment

- Move on to the next segment, the embedded evaluation

Segment 7: Embedded Evaluation

Segment Time:	45 minutes
Materials:	Common Core 3.0 Preliminary Materials Toby Scenario Vivienne and Milan Scenario Embedded Evaluation answer sheet for trainees Embedded Evaluation answer key for debrief
Trainee Content:	None
Slides:	45-47

Description of Activity:

The trainer will follow the evaluation process and protocols.

Training Activity:

Trainers: Please follow all instructions below; following the complete instructions from beginning to end will ensure that you have successfully facilitated the embedded evaluation portion of this training.

Disclaimer: Trainees who do not wish to participate in the research study do not have to enter their unique ID Code.

General Tips:

Trainers should carefully read the content contained within this Trainer's Guide and consult with your respective RTA/UCCF to access the Overview of Evaluation Protocol document, vignette(s), and embedded evaluation materials prior to proceeding with any type of evaluation.

In addition, trainers should review this activity in its entirety well before attempting to facilitate the embedded evaluation process. This evaluation process consists of many steps and details; some trainers may be unfamiliar with this type of evaluation as it is fairly new to California child welfare training. When facilitated well, this activity is an invaluable learning tool for trainees and provides critical information about the effectiveness of the curriculum.

*The overview document and all up-to-date evaluation materials listed below are located in the CalSWEC's Canvas Platform found under CalSWEC's [Child Welfare In-Service Training Evaluation](#) page. **Contact your respective RTA/UCCF point person to request this information and to ensure you have the most up-to-date evaluation materials.***

Materials:

- PowerPoint Slide: 45-47
 - Pens for filling out evaluation answer sheets (***Please make sure that trainees use only ballpoint pens with black ink. Do not use pencils, pens with blue ink, or pens that bleed through paper, such as felt-tip pens.***)
 - **Trainer Supplemental Materials** (contact your respective RTA/UCCF to provide the following information):
 - <https://calswec.berkeley.edu/programs-and-services/research-and-evaluation/child-welfare-service-training-evaluation>
 - CMI Answer Key
 - **Common Core 3.0 Preliminary Evaluation Materials:** To be distributed during Step 1 of this activity. (*Trainers, ensure that there are enough copies of each of the following documents for all trainees.*)
 - Informed Consent, UCCF and RTA (*Test Administrators, please ensure that all trainees receive the informed consent **prior** to the completion of any evaluation activity.*)
 - School Codes (needed for question 3b of the demographics survey)
 - **Demographics Survey** in paper form (*Trainers, please make sure that trainees fill out the Trainee ID Code, County Code, RTA/UCCF Code (4 characters for RTAs and 5 for UCCF), and Date on every page of the answer sheets.*) Please note: The electronic version of this survey is meant for those RTAs that are able to gather this information electronically. Link to the survey is provided by your RTA if applicable.

Note that the Demographics survey should be administered once and in the beginning of core.

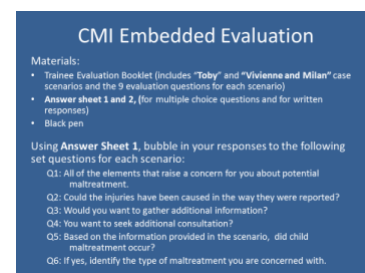
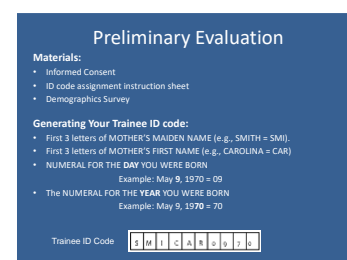
- **CMI Embedded Evaluation Tools:** To be distributed during Step 4 of this activity (**and not before Step 4**). *Trainer: Ensure there are enough copies for all trainees of these materials.*
 - **Trainee Evaluation Booklet** printed on brightly colored paper to distinguish from the NCR forms and other handouts/content. The evaluation booklet includes “**Toby**” and “**Vivienne and Milan**” case scenarios and the 9 evaluation questions at the end of each scenario. The booklet also includes three demographics questions, which trainees may have already answered in the Demographics Survey, however we ask that they reiterate their responses on answer sheet 1 to help enhance the analysis of this evaluation. (*Please ensure that this trainee guide and the CMI evaluation materials match by comparing the date on the footer of each document*) *The electronic version of this evaluation is provided (trainees will still need to be provided with case scenarios to complete the evaluation electronically)* *Contact your respective RTA/UCCF point person to request this information.*
 - **Evaluation Answer Sheet 1 and 2** on NCR paper. Inform trainees to Bubble in their multiple-choice responses on Answer Sheet 1 and written responses on Answer Sheet 2. (*Trainers: ask your RTA/UCCF or county point-person for the already- prepared evaluations on NCR paper. If the answer sheets are not on NCR paper, please ensure these are printed on **WHITE PAPER ONLY**. Otherwise, the scanner will have difficulty capturing the data.*)
- Two 9x12 envelopes:
 - 1 in which trainer collects completed embedded evaluations—the top page (white copy) of NCR paper (see Step 5)
 - 1 in which trainer collects all remaining evaluation materials—trainee booklet along with all scenarios (sample and embedded evaluation scenarios) and evaluation forms (2nd page of NCR paper), see Step 7 below.

Before the activity

Ensure there are enough copies for all trainees of the respective materials noted above. Up-to-date copies of **all evaluation materials** can be found on the CalSWEC website under a secure link. **Contact your respective RTA/UCCF point person to request this information and to ensure you have the most up-to-date evaluation materials.** The materials are subject to change, so check in frequently.

During the activity

- Follow the evaluation protocols below to conduct the embedded evaluation using the vignettes.
 1. Distribute the **Preliminary Evaluation Materials** to all trainees at this time. *(Trainer: Wait to distribute the **CMI Embedded Evaluation Tools** until Step 4.)*
 2. Explain how to generate the ID code:
 - a. Ask trainees to put their 10-character ID **code on every page** of their answer sheet using only capital letters in their best print. Directions can be found at the top of the trainee's embedded evaluation answer sheets.
 - b. Also explain to the trainees that code numbers are needed because evaluation results will be linked to demographics they provide to be sure that the embedded evaluation is fair and that bias does not exist in how different groups of people answer the questions (based not just on race, but gender, experience, education or region, etc). Only aggregate results will be reported and only the trainees themselves will know their code. The purpose of the assessment and confidentiality are also explained in the informed consent trainees receive.
 - c. Discuss that ID codes will be generated by the trainees from the first three letters of their mothers' maiden names, the first three letters of their mothers first names, the two digits for the DAY of their birth, and the numerals for the last two digits of the YEAR of trainee's birth.
 3. Instruct trainees on how to take the embedded evaluation (script):
 - a. "For the embedded skills assessment, you will be given two written scenarios. For each scenario, you will answer a set of questions. You will first read about the child/children and family. For the Toby scenario you also will read a dialogue between the child welfare worker and one member of the family."
 - b. "The first question (labeled 1) asks you to consider elements, which can be indicators of child physical abuse or neglect. These elements are the ones that we have covered in training. For each element, you will be asked to check whether it **raises concern** in order to



indicate whether or not you feel it points to possible child physical abuse.”

- c. “In the second question (2), you will have to decide whether or not injuries could have been caused in the way reported to the social worker or whether this situation could reflect a difference in what is appropriate based on cultural or social class differences.”
 - d. “In the third question (3), you will be asked whether you would like to gather additional information.”
 - e. “In the fourth question (4), you will be asked whether you would like to seek additional consultation.”
 - f. “In the fifth question (5), you will be asked whether you think child maltreatment has occurred.”
 - g. “In the sixth question (6), you will be asked whether you are concerned about physical abuse, neglect, emotional abuse, or sexual abuse.”
 - h. “Question 7 to 9 ask you to provide written responses on answer sheet 2.
 - i. “Question 7 asks you to write any additional information you would like to know.”
 - j. “Question 8 asks you to write whom you would like to consult with.”
 - k. “Finally question 9 asks you to write what aspects of the case or topics you would like consultation on.”
4. Trainees complete the formal embedded evaluations:
- a. Trainer should allow 30 minutes for trainees to complete the embedded evaluation.
 - b. Remind trainees to focus on/use only the information that is made available in the scenario when answering questions about the scenario. *(For example, this training encourages trainees to request and wait for the results of a full skeletal survey when there’s a concern about broken bones in infants/toddlers. For the purposes of the embedded evaluation, trainees should assume that all the information they have is in the scenarios, and therefore they cannot request a skeletal survey if one has not already been done in a scenario.)*
 - c. Inform trainees that they may refer to Trainee Content on the elements while they take the actual embedded evaluations.
 - d. Remind trainees to be cautious of doing ‘information synthesis’ too soon (avoid jumping to conclusions), and that the trainees should consider the elements individually BEFORE they make a decision of whether or not child physical abuse occurred. It should be noted that the presence or absence of one or more of the elements does not in itself lead to a decision about

CMI Embedded Evaluation Cont’d

Using Answer Sheet 2 write down your responses to questions 7-9:

- Q7: If you would like to gather additional information, what additional information would you like to know?
- Q8: If you would like to seek additional consultation, whom would you like to consult?
- Q9: What aspects/topics would you like consultation on?

46

- whether or not child physical abuse occurred. That decision is a judgment based on all of the information available about a particular child from a given scenario.
- e. Remind trainees to **PRESS HARD** on the NCR paper answer forms, so that their answers register on both sheets of paper.
 - f. **Distribute CMI Embedded Evaluation Tools** to each trainee; this includes the embedded evaluation trainee booklet and answer sheets, 1 and 2.
5. Close the embedded evaluation by collecting the top page of the NCR forms when the group has finished:
- a. Remind trainees to put their ID codes at the top of each assessment form.
 - b. **As you collect them, please check for missing, or incorrectly generated ID codes, and encourage people to fill them in or correct them.** If any codes are missing, we can't use the data.
 - c. Trainers should place all completed assessment forms in the envelope provided and give it to your RTA/UCCF/county contact for the training.
 - d. ***** RTA/UCCF contacts should forward the top (white) copy of ALL completed NCR forms to CalSWEC for data entry and analysis. *****
6. Debrief the evaluation (about 10-15 min total):
- a. Correct answers may be given and discussed for the scenario, with trainees able to look at the bottom (2nd) copy of the NCR paper for reference.
 - b. Allow about 10 -15 minutes for debrief. This is a learning opportunity for the trainees. Facilitate a large discussion about the answers. Begin with asking the group what concerns they identified in question 1. Was there consistency? What were the differences? Have trainees explain how they came to the answer(s) they did. Repeat for the remaining question in each scenario.
 - c. When processing the content from the scenario, trainers should acknowledge with trainees that the trainer might not always have a 'right' or 'wrong' answer, because there are a lot of grey areas in the identification of child maltreatment.
7. Collect ALL of the remaining pages of the assessment scenario and forms:
- a. Trainer should be sure to collect the scenario and **ALL** second copy (yellow) embedded evaluation forms.

- b. We ask that no copies of the scenario, assessment forms, or written answer keys be allowed to leave the room.
- c. At this time there is only a single form of the assessment. **We ask that you NOT allow trainees to take any copies of the assessment scenarios or forms with them. If any of the assessment scenarios or forms leave the classroom and circulate, the validity of the embedded evaluations will be compromised.**
- d. Trainers, RTAs, or others responsible for administering the embedded evaluations should keep ALL scenarios for use with future Child Maltreatment Identification Skills Lab (Version 1.0) classes. Make sure there is no writing on the scenarios from previous trainees before using with other training classes.
- e. The second copy of ALL remaining embedded evaluation forms should be given to the respective RTA/UCCF contact to keep for RTA/UCCF records.

End of the Training

Appendix

Maltreatment Definition and Identification Activity Answer Key

Instructions:

1. In the field you would never draw conclusions based solely on written information. You would need to collect information from multiple sources and complete a thorough investigation that assesses the safety concerns and the family's strengths. For the purposes of this training room activity we will be reading information and identifying possible code sections that may apply in the scenario. The purpose of this activity is to allow you to practice assessing and considering maltreatment definitions and factors associated with maltreatment.
2. Read the first vignette (Ashia and Paislee).
3. Working as a table group, use the definitions of abuse and neglect set out in CANRA to decide which, if any, Penal Code (PC) Sections apply and why
4. Read the next vignette (Frank and Gorindi)
5. Now assume the referral has been substantiated and this family requires court intervention, use the Welfare and Institutions Code (WIC) Section(s) to determine which sections may apply (if any) to this family in order to allow for court jurisdiction.
6. Working as a table group, use the **Identifying Neglect**, **Identifying Physical Abuse**, **Identifying Emotional Abuse**, and **Identifying Sexual Abuse** content to identify key factors that contribute to your conclusion.
7. Working as a table group, develop a short statement explaining which factors in the vignette justify your conclusion - imagine using this statement in a conversation with a family member or supervisor to explain why you think maltreatment did or did not occur.

Vignette 1: Ashia and Paislee

According to the report, 2-year-old Paislee is not walking or talking. Paislee is delayed and her hand/eye coordination is equivalent to a child about six to eight months old. Paislee does not crawl but will pull herself up. She cannot stand alone. Paislee does not get startled at loud sounds. When Paislee looks at an object, she will move her head back and forth as if trying to focus. Paislee has problems swallowing and it appears she is choking when trying to swallow. Paislee had an eye infection and an in-grown toenail for months, but her mother, Ashia, did not take her to the doctor until the reporting party threatened to call children's services, and even then, Ashia did not follow up with the treatment recommended by the doctor. Paislee was referred to a neurologist but did not have an appointment. Ashia was also supposed to follow up with lab work, schedule an MRI and have Paislee tested by an audiologist. To date, the Ashia has not followed up on any of these appointments. Ashia appears distant and unconnected to Paislee, leaving her alone in her crib for big chunks of the day. Ashia does not have basic information about developmental milestones or clear expectations of what a 2-year-old should be doing developmentally.

1. Look at the facts in the referral and discuss the dynamics on neglect and what you would need in order to substantiate neglect or severe neglect.

2. Identify the appropriate Penal Code and Welfare and Institutions Code you would use based upon your discussion.

This is a neglect situation. PC 11165.2 describing neglect and severe neglect also applies.

Vignette 2: Shilpa, Frank, and Gorindi

According to the report 14-year-old Gorindi has been seen by the school counselor daily for the past 4 months because she is experiencing periods of crying in the classroom and becomes disruptive by frequently interrupting the teacher and other students by touching them inappropriately. Gorindi is in a special day class and is diagnosed with a non-specific developmental delay. Gorindi lives at home with both parents. She speaks lovingly of her mother Shilpa but does not talk about her father Frank. Shilpa reports that Gorindi is afraid of the dark and has frequent nightmares. Because of the change in her demeanor, Gorindi's mother took her to the doctor for a physical and the doctor noted vaginal redness and anal tearing. After speaking with the child, Gorindi has disclosed that her father has been coming into her room at night which is why she has nightmares. The child also indicates that her mother is also fearful of the father. You substantiate the referral against the father and the mother as well.

1. What kind of abuse do you think is present in this vignette; Identifying **Neglect, Identifying Physical Abuse, Identifying Emotional Abuse, or Identifying Sexual Abuse?** Identify 3 key factors from the material on this content (pg. 18-39) that contributed to your conclusion.
 - a. Possible answers include:
 - i. Gorindi is in a special day class and is diagnosed with a non-specific developmental delay.
 - ii. Shilpa reports that Gorindi is afraid of the dark and has frequent nightmares.
 - iii. The doctor noted vaginal redness and anal tearing.
2. Assume that the referral against the father was substantiated (talk amongst yourselves to determine which allegations you could substantiate). This family will now require court intervention, which Welfare and Institutions Code (WIC) Section(s) (pg.11) apply (if any).
 - a. **This is a sexual abuse situation. It would be substantiated by PC 11165.1 describing sexual abuse and exploitation also applies. Signs of emotional abuse are also present. PC 11165.3.**
 - b. **Sexual Abuse: WIC Section (d) applies.**
 - c. **Emotional Abuse: WIC Section (c) applies.**
3. Develop a **short** statement explaining which factors in the vignette justify your conclusion - imagine using this statement in a conversation with a family member or supervisor to explain why you think maltreatment did or did not occur.

Vignette 3: Mackenzie, Nina, and Madrid

According to the report, Mackenzie and Nina adopted 4-year-old Madrid at birth. Madrid appeared at school with a bruise on his forehead and multiple red, scabbed, linear scratch marks on his arm, curving around the arm. The teacher notes that Madrid has attention and focus challenges and can be difficult to contain during class time. The teacher notes that Mackenzie speaks often of her ongoing behavioral challenges with Madrid and describes him as a “bad” child. When asked about the injury, Madrid stated that his mom grabbed him and fought him to make him stay in time out hit his head when she pushed him down.

1. What kind of abuse do you think is present in this vignette; **Identifying Neglect, Identifying Physical Abuse, Identifying Emotional Abuse, or Identifying Sexual Abuse?** Identify 3 key factors from the material on this content (pg. 18-39) that contributed to your conclusion.
 - a. Possible answers include:
 - i. Madrid has multiple red, scabbed, linear scratch marks curving around this arm that match his description of the interaction with his mother.
 - ii. Madrid has attention and focus challenges and can be difficult to contain during class time.
 - iii. Mackenzie describes Madrid as a “bad” child.
2. You have investigated the allegations and believe the family is in need of court intervention. Given the facts provided in this vignette, which Welfare and Institutions Code (WIC) Section(s) would allow for court jurisdiction?
 - a. **Severe physical abuse of a child under 5: WIC Section (e) applies.**

Vignette 4: Jenny, Tyler, Isabelle, and Joshua

According to the report, Jenny and her husband Tyler were involved in a domestic dispute. The parents were arguing in the kitchen. The father was trying to leave the home and the mother was blocking his exit. The father grabbed the mother by the throat and pushed her down to the ground. She hit her head on the edge of the table as she fell. The mother experienced a head wound with significant bleeding. 8-year-old Isabelle attempted to get between her parents during the incident and was splashed with her mother’s blood. 6-year-old Joshua called 911. The father left the home prior to the arrival of police and paramedics. Both children witnessed the incident. Paramedics responded and were unable to stop the bleeding at the scene. The mother was transported to the Valley Medical Center where she received 14 stitches. She also had bruises on her throat and her left arm from the altercation. The mother reported that this was the third incidence of physical fighting in her relationship with her husband. She had never contacted police about the Intimate Partner Violence. There is no history of police interaction with the family. The mother was not under the influence of drugs or alcohol at the time of the incident, but she stated the father had been drinking beer. Isabelle and Joshua were very upset by the blood in the home on this occasion and following previous events of Intimate Partner Violence. They have experienced symptoms of anxiety and hyper-vigilance. Isabelle is showing delays in her school work and is reading below grade level. Joshua sees the resource teacher for assistance with social skills and anger management at school.

1. What kind of abuse do you think is present in this vignette; Identifying ***Neglect, Identifying Physical Abuse, Identifying Emotional Abuse, or Identifying Sexual Abuse?*** Identify 3 key factors from the material on this content (pg. 18-39) that contributed to your conclusion.
 - a. Possible answers include:
 - i. Both children witnessed the incident. Isabelle attempted to get between her parents during the incident and was splashed with her mother's blood. Joshua had to call 911.
 - ii. The father had been drinking beer.
 - iii. Isabelle and Joshua have experienced symptoms of anxiety and hyper-vigilance.
 - iv. Isabelle is showing delays in her school work and is reading below grade level.
 - v. Joshua sees the resource teacher for assistance with social skills and anger management at school.
2. What sections of the Penal Code would you look to in order to assess whether or not there has been child abuse or neglect? Which definition of child abuse and neglect would you possibly substantiate? Following substantiation, what Welfare and Institutions Code applies, if any?
 - a. **This is an emotional abuse situation. PC 11165.3 describing abuse also applies. WIC Section (c) applies.**
3. Develop a **short** statement explaining which factors in the vignette justify your conclusion - imagine using this statement in a conversation with a family member or supervisor to explain why you think maltreatment did or did not occur.

Self-care and Secondary Traumatic Stress Reduction Activities¹⁰

Do something from this list every day!

- ☐ Eat healthy
- ☐ Exercise (Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun)
- ☐ Get regular medical care for prevention
- ☐ Take time off when needed
- ☐ Get massages
- ☐ Get enough sleep
- ☐ Take vacations (even day trips or mini-vacations)
- ☐ Make time away from telephones and electronics
- ☐ Make time for self-reflection
- ☐ Write in a journal
- ☐ Read literature that is unrelated to work
- ☐ Learn something new - try something at which you are not expert or in charge
- ☐ Practice mindfulness about your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- ☐ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- ☐ Say “no” to extra responsibilities sometimes
- ☐ Give yourself affirmations, praise yourself
- ☐ Identify comforting activities, objects, people, relationships, places and seek them out
- ☐ Allow yourself to cry
- ☐ Find things that make you laugh
- ☐ Express your outrage in social action, letters and donations, marches, protests
- ☐ Play with children
- ☐ Spend time with nature
- ☐ Find a spiritual connection or community
- ☐ Meditate
- ☐ Pray
- ☐ Sing
- ☐ Take a break during the workday (e.g. lunch)
- ☐ Set limits with your clients and colleagues
- ☐ Get regular supervision or consultation
- ☐ Build a peer support group

¹⁰ Adapted from: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

Materials Checklist

Materials:

- Easels
- Chart paper, preferably with self-adhesive
- Markers
- Tape
- Post it Notes (sticky)

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