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ERICA

SPECIFIC PROGRAMME
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ERICA

Stopping Child Maltreatment through Pan-European Multiprofessional Training Programme: Early Child Protection Work with Families at Risk

Trainer Handbook

OXFORD BROOKES UNIVERSITY

SYNERGIA

GHU PARIS PSYCHIATRIE & NEUROSCIENCES Maison Blanche

The Maria Grzegorzewska UNIVERSITY established 1922

UNIVERSITÄT DUISBURG ESSEN
Offen im Denken

University of St Andrews

UNIVERSITÀ DEGLI STUDI DI MILANO BICOCCA

Introduction

ERICA: Stopping Child Maltreatment through a Pan-European Multi-Professional Training Programme: Early Child Protection Work with Families at Risk

The ERICA Project was conceptualised and designed to enhance international and global protection for children and families and aid in the prevention of child maltreatment. Financed by the European Union's Rights, Equality and Citizenship Programme, the ERICA Project aims to integrate and pilot best practices and risk assessment tools for pan-European use. The training programme seeks to build the expertise of frontline professionals who work with children, providing comprehensive strategies for multi-sectoral practice and increasing knowledge of child maltreatment, risk identification and protective factors. Piloted across seven European countries, the training programme is being co-constructed with fifty professionals from each country, strengthening inter-agency and international co-operation in the detection and prevention of child maltreatment.

Main aims for each training module

Module 1	Introducing the ERICA project
Module 2	Understanding the consequences of maltreatment on child development
Module 3	Recognising early signs of maltreatment within the family
Module 4	Understanding risk factors for child maltreatment
Module 5	Engaging with tools for risk assessment
Module 6	Improving my skills for identifying maltreatment situations intervening
Module 7	Understanding protective factors and learning how to build them

During the piloting stages there was additional Module 8, which was used to evaluate and adjust the training accordingly. If there is need to carry out evaluation to adjust the training further, please see in the EU training version Module 8 materials and information for Module 8 in the handbook.

Material adaptability

Please not that provided materials are open for alterations and changes, according to your needs. Throughout the PowerPoint slides text written in red is intended to be adapted prior to carrying out the training according to the audience needs.

Module order and number of modules can also be altered according to your needs. In majority of 7 countries, where the training was piloted, Module 7 followed Modules on Risk Factors (either Module 4 or 5).

Covid-19 situation awareness

The questions facilitating discussion of or providing information about the child maltreatment in Covid-19 situation have been included throughout the modules. We would ask you to be prepared to address and communicate the topic beyond these facilitations if you see it being relevant or being raised by trainees. In general, please be aware of the Covid-19 and the limitations in may raise to the training, trainee availability and their personal lives.

The limitations raised by Covid-19 have affected everyone, and vulnerable children and adolescents especially.

Training modules

Module 1: Introduction

Learning Objectives

- What is child maltreatment, covering all forms of abuse and neglect, including rape and sexual abuse and bearing in mind that countries use different terminology

- Defining children as between the ages of 0-17

- Understanding of the main purpose of the training, who is being trained, who are the final beneficiaries and how it is funded

- Understanding the structure of the course, the modules, and how participants can use the material (are some modules mandatory, others optional? What is core?)

- Understanding how they can give feedback, or discuss points, or clarify something that is not obvious after the training, when they are back at work (online discussion forum, Q&A forum, time for face to face real time discussion, or alone with more time for thinking and then discussion etc.)

- Relatedly, giving time to discussion of ethics: how we handle difficult ethical situations during the training (face to face and online)

- Pre-training evaluation of knowledge and competencies concerning child maltreatment

Materials

1. PowerPoint Slide presentation
2. Suggested videos for maltreatment personal experience accounts (instead of the personal trainer accounts)
3. Additional video resources on the topic

Guidelines

Guidelines for teaching the Module 1

Principle learning exercises in Module 1

1. Getting participants to understand who the trainers are. The trainer must introduce him/herself. All participants need to know how to contact him/her after the training, in case they have questions pertaining to the training or if they require signposting information.

2. Creating a learning atmosphere for a delicate subject; getting them motivated. Propose an ice-breaker exercise. Allow time for the trainer to get to know the group and for all participants to begin to get to know each other before starting to learn about such an emotionally delicate topic as child maltreatment. Ideally get each participant to introduce themselves and to describe their work with children.

3. Participants need to get to know each other; they should hear the other participants' expectations

4. Everyone agreeing on general training session rules (listen to each other, mutual respect, cut your telephone, be on time…).

5. Everyone understanding everyday practical issues during training: when is the pause, where to eat for lunch, toilets etc

6. Participants need to know the legal/administrative/institutional context of the ERICA Project: who is financing the ERICA project, in which countries it is taking place, and who is running ERICA in their country (institution, name of ERICA contact).

7. Having an overview of all 8 modules: distributing the programme

8. Understanding the overall aims of the ERICA training:

- understanding what sort of professionals ERICA is targeting = low threshold professionals

- understanding the key objective of ERICA: preventing child maltreatment in the family

    - o define maltreatment
    - o define family maltreatment
    - o define child = 0-17 years of age
    - o understanding that the objective is prevention: i.e. preventing maltreatment from happening, preventing maltreatment from reoccurring; make sure that participants don't get stuck on "dealing with maltreatment"/"treating maltreatment" ; that's not the ERICA project

- understanding the value of experiential knowledge with regard to child maltreatment: make sure participants are confronted with a testimony about maltreatment; confront participants with someone who gives testimony about having been maltreated as a child; they need to feel how they might react to a testimony about maltreatment (this will happen to them out in the field)

    - o ideally give different testimonies concerning children being maltreated in different ways, at different ages: during the training + online access to videos etc.
    - o children of different genders + different cultural origins
    - o ideally have a user trainer (i.e. a trainer who has been victim of maltreatment themselves).

- Understanding right from the start that ERICA needs their feedback: Remember that an objective is to get feedback from the professionals when they come back 3 or 4 weeks

later: the training must be “participative”; allow time for exchanges for comments; create an online chat; make the professionals feel that they are there not just to learn, but also to contribute.

9. Participants need to know what to do if they suspect a maltreatment situation. Keep in mind the fact that there will be people in the room - and people in the ERICA project –

- who have been victims of maltreatment themselves, who come from a family with a history of maltreatment, who have maltreated their own children

- who will be worried about being a witness of maltreatment in their professional life and not having done anything about it.

- who will begin understanding that a family they are currently working with is maltreating their child.

- who may be maltreating their own children / or who may have maltreated their own children

Participants need to know what to do if they suspect or discover maltreatment in their work. All participants have legal obligation to report maltreatment in their professional life, in their personal life. They need to understand their legal and moral obligations, and how this works in their country. And how to get help to do it. In many countries, there are anonymous helplines: what should I do in this situation?

10. Trainer must be aware that some of the participants, due to their own experiences, may find the material emotionally distressing and should therefore be able to provide appropriate support if necessary.

- Participants must be made aware they can step out of the training if they need breathing space, due to the sensitive nature of the topic.

11. Participants need to know where they can find the ERICA learning resources (for this module but also for all modules): Provide practical information on where ERICA’s materials are “located” how one participants can access then. PowerPoint slides, documents, publications, agenda etc.

Suggested timing of Introduction module

Slides	**Activity**	**Time**
Before training starts	Preliminary evaluation	15 minutes

1-3	Welcome, introduction, ice breakers	10 minutes
4-9	ERICA overview, programme, housekeeping, ethical concerns and important contact info	10 minutes
10-14	Module aims, personal video accounts and brief discussion	25 minutes
15-20	Definition of maltreatment, project focus and intended audience	10 minutes
21-24	Course breakdown and time for questions	5 minutes

Total time = 60 minutes excluding evaluation

Maltreatment testimonies

Guidelines for personal accounts by trainers

What they did to me?

The aim is to move the audience, to open an inner space that facilitates dialogue and exchange. It is essential to avoid making the professionals feel ill-at-ease and guilty – the risk is to make them unwilling to participate or, worse, to make them aggressive to the trainers.

Here are here a few « tricks » that an experienced user trainer knows how to use.

Firstly, the user trainer must work with his/her binome to prepare his testimony. Write it down if necessary

The user trainer presents an experience of abuse that he or she went through as a child. It can be:

- a specific situation in his or her life (a rape, an assault...);
- acts that he or she suffered repeatedly (psychological pressure, beatings...);
- an abusive situation that lasted for a long time and from which he/she could not escape (parents who did not take care of him/her, mother absent due to depression, abuse from a jealous brother or sister, having a disability and being the scape-goat of the family...);

- a « secret » in the family: being an illegitimate sibling, being born as a result of rape, being born after the prior death of a brother or sister, all kinds of secrets that children can carry without really knowing it...).

The testimony can be shared in two parts:

- A very factual description of what the user trainer actually felt during his/her experience
- And then, what they felt since the maltreatment experience, how it affected them in the longer term, their mind, feelings, capacity to learn, to live….

Alternative suggested videos with multilingual subtitles

A "normal" life. When child abuse is normal | Luke Fox | TEDxCalPoly

https://www.youtube.com/watch?v=vSTUSxdGaMo (18:06)

Breaking the Silence about Childhood Trauma | Dani Bostick | TEDxGreenville

https://www.youtube.com/watch?v=8NkZO3_h7vI (12:15)

Additional video resources

Non-verbal video on neglect

https://www.youtube.com/watch?v=kQjtK32mGJQ (8:01)

Videos with subtitles in multiple languages

TED talk: How childhood trauma affects health across a lifetime | Nadine Burke Harris

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=fr#t-8069 (15:39 min)

TED talk: How teachers can help students navigate trauma | Lisa Godwin

https://www.ted.com/talks/lisa_godwin_how_teachers_can_help_students_navigate_trauma (14:07)

TED talk: How economic inequality harms societies | Richard Wilkinson

https://www.ted.com/talks/richard_wilkinson_how_economic_inequality_harms_societies?language=en#t-40174 (16:39)

Experiences of Maltreatment in Finnish

Poliisi-TV: Tarina 12-vuotiaan raiskatun tytön elämästä, kun kukaan ei usko/Police-TV: Story of 12 yrs old girl who was raped:

https://www.youtube.com/watch?v=TFdVi76vSbs (4:27 min)

Lasten kokemuksia lähisuhdeväkivallasta/Childrens' experiences about family violence:

https://www.youtube.com/watch?v=8ZFv3IxPJeA (3:40 min)

Module 2: Child development and consequences of maltreatment

Learning Objectives

Knowledge based:

- Developmental (intellectual, emotional, psychological, physical) milestones/ sensitive periods for each period in childhood

- Understanding of impact of violence, including bullying and neglect (inc. child to child bullying)

- Understandings/basic overview of theories of prenatal, infant and child development (intellectual, emotional, physical, psychological) covering children of different ages

- Understanding of how different types of maltreatment can arrest/influence development and understanding different types of maltreatment in different periods of development

- Understanding of whether there are more or less critical /sensitive periods /other heterogeneities

Experiential Knowledge based:

- Understanding the impact of child maltreatment on a person's life: the experience of the expert by experienced member of the trainer team: discussion and exchange about their experience with the professionals. They are not there only to answer "knowledge-based" or "competence-based" issues but to tell their personal story and their point of view about the support they received and recommendation this person would give to the professionals being trained, i.e. "experienced-based" knowledge

Materials

1. PowerPoint presentation
2. Animated videos for slides 25, 26, and 27.

Guidelines

Guidelines for teaching the Module 2

Slide 1	**Child Development and Consequences of maltreatment** Welcome the group to the second module; possibly recap on where it sits within all module content.
Slide 2	**Child Development and Consequences of maltreatment: aims and objectives** Give overview of aim and objectives from slide. Emphasise that children's behaviour could be different at different ages. Highlight how the development proces is very intensive among chldren and adolescents and it is crucial to be aware of the most important milestones for each stage of the developmental prpcess, so that support can be sought as soon as possible where indicated. *Ask participants about their work experience with children and if they are interested in particular developmental period, this highlights areas where the facilitator can focus in more detail according to the group's needs* **Introduce format:** We will look at typical motor, cognitive, and psycho-social/emotional development for children aged 0-3, 4-6, 7-12, 13-18 Each stage will explore the potential influence of maltreatment on child development at each of these 'stages' There are resources that complement the training – either accessed now if time permits or independently after the session to illustrate/consolidate content. These resource links are embedded in the slides. **Definitions:**

	Flag up the difference between what we mean by growth and what we mean by development: Growth refers to an increase in physical size of the whole body or any of its parts; a quantitative change in the child's body • Development refers to a progressive increase in skill and capacity of function • It is a qualitative change in the child's functioning • It can be measured through observation and typical milestones
Slide 3	**Key characteristics 0-3 years** Interactive moment: Encourage group to imagine a child at this age and child's behaviour Give overview of development for this age

Slide 4	**0-3 years: physical and motor development**
	
	Talk through and develop slide content as follows:
	• Growth and maturation of brain and neural system
	• Rapid physical growth
	• Gross motor skills development: from lying to crawling, pulling self up on furniture, walking alone
	• Growth of self-organisation processes: ie toilet-training
	• Fine motor skills development:
	  • can eat independently (hold a spoon, glass)
	  • can get dressed and undressed unaided
	  • can turn pages in book, play with small toys. These exaples can help trainees to understand these developmental milestones.

Slide 5	**0-3 years: cognitive development** State that the child is at the Sensorimotor stage (Piaget) what means that they try to touch and eat everything. This is child's way of learning about the world. Expand on the points in the slide: • The infant has a natural curiosity and need to learn and explore the environment

	• Early explorations are innate reflexes ie sucking, random touching; later these actions become more goal directed such as reaching out for a toy • By the end of this stage the child achieves object permanence: the understanding that an object is still there even if they can't see it • Explain that cognitive ability develops alongside communication • Learning by exploration and imitation (ask participants for examples e.g. children imitate caregivers behaviours and words) • Language and communication abilities – at the end of the first year first words (usually mum, dad etc) at the end of this developmental period communication by simple/short sentences Optional: consider watching the video of Skye and her mum (the video is 1 minute long).
Slide 6	**0-3 years: emotional and social development** Talk through and expand on the slide contents: Infancy (0-18 months) 'trust v mistrust' (Erikson) • Dependent on caregivers • If caregivers provide food/love/nurture – leads to trust, if not then mistrust • This stage is linked to attachment theory Early childhood (2-3yrs) 'autonomy v shame and doubt' (Erikson) • The child develops a greater sense of personal control • Choices and enabling a gradual gain in control leads to a sense of autonomy • Toilet training is an essential part of developing such control • If not supported in growing autonomy can result in shame and doubt
Slide 7	**0-3 years: emotional and social development** **Emotion:** The child experiences a variety of basic emotions: sadness, happiness, anger, fear Understands a variety of emotional expression in other people Imitates emotions and their expressions

	Can intentionally evoke emotions Develops emotional regulation: from external regulation by caregiver to internal regulation; coping with emotional needs – delayed gratification Separation processes Differentiation between child and mother Initial separation anxiety 'Optional: Strange situation' video: https://bit.ly/3hK8p7w (3 minutes) Development of secure attachment parent as a secure base parental mirroring Optional: Short attachment theory video: https://bit.ly/3b9HWOh (4 minutes) Individuation processes development of a sense of identity
Slide 8	**0-3 years: potential influence of maltreatment on development** Interactive moment: Encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage Go through slide/linking to suggestions from group
Slide 9	**Key characteristics: 4-7 years old** Interactive moment: Encourage group to imagine a child at this age and child's behaviour Give overview of development for this age
Slide 10	**4-7 years: physical and motor development** Talk through slide with added detail The growth during this period is relatively slow Gross motor development in physical activity e.g. active play

	Increasing independence in self-care e.g. dressing self Fine tuning fine motor skills: • 3 year old: copy a circle and a cross – build using small blocks • 4 year old: use scissors, color within the borders • 5 year old: write some letters and draw a person with body parts • 6+ year old: buttoning clothing/playing a board game/draw picture of self
Slide 11	**4-7 years: cognitive development** Preoperational stage (Piaget) The child can use mental representations of objects; Play moves from using real objects to 'symbolic' play; development of imagination Development of attention process; readiness to start school A child's thinking is: perception bound (can only reflect experience) egocentric (cannot view things from another's point of view) intuitive (what they feel to be true) animistic (animals and objects are perceived as having 'human' characteristics) Symbolic' play (child is unicorn, fairy etc.); role playing (child is mum, dad, doctor, driver, cook etc.); imagination (imagine stories like in fairy tales) Optional: consider watching the video of Charlotte and Snoopy to illustrate object permanence (3 minutes long)
Slide 12	**4-7 years: emotional and social development** Talk through and expand on the slide contents • 'Initiative v guilt' (Erikson) • The child begins to assert power through play and social interaction • Success at this stage gives confidence to lead, failure leads to self-doubt • Ability to understand the cause of emotions • Begins to develop communication strategies to cope with emotions • Development of 'theory of mind' (mentalisation proceses and seeing things from other people's perspective)

	• Fear as a natural emotion at this age (from fear of storms, fire etc. to anxiety of monsters under the bed)
Slide 13	**4-7 years: potential influence of maltreatment on development** Interactive moment: Encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage Go through slide/linking to suggestions from group
Slide 14	**Key characteristics: 7-12 years** Interactive moment: Encourage group to imagine a child at this age and child's behaviour Give overview of development for this age
Slide 15	**7-12 years: physical and motor development** Talk through and expand on slide contents: At this stage a child's growth and development is characterised by gradual growth • There is increasing coordination and skill in gross motor ability ie sport • Fine motor skills are refined ie musical instrument, sewing etc • Puberty begins: the development of secondary sexual characteristics
Slide 16	**7-12 years: cognitive development** Talk through and expand on slide contents: • Children at this stage are at the concrete operational stage (Piaget) • There is sequential logic and flexibility to thinking • Children are now able to seriate objects e.g. smaller to larger, and classify with more than one attribute and with hierarchical thinking Optional: consider watching Samuel video https://bit.ly/3gQ7H7y to illustrate concrete operational thinking in a child (2 minutes)

Slide 17	**7-12 years: emotional and social development** Talk through and expand on the slide contents: • At this stage children enter the 'industry versus inferiority' life stage (Erikson) • The peer group and other authorities beyond parents (e.g. teacher, coach) become significant and a major source of the child's self-esteem • Usually same sex peer group • Typically the child feels the need to win approval by demonstrating specific competencies that are valued by society and begins to develop a sense of pride in their accomplishments • Success in this stage will lead to a sense of competence
Slide 18	**7-12 years: potential influence of maltreatment on development** Interactive moment: Encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage Go through slide/linking to suggestions from group
Slide 19	**Key characteristics: 7-12 years** Interactive moment: Encourage group to imagine a child at this age and child's behaviour Give overview of development for this age
Slide 20	**13-18 years: physical and motor development** Talk through and expand on slide contents: • Consolidation and proliferation of gross and fine motor skills • Boys and girls experience a growth 'spurt' in the teenage years, between 10-14 years for girls and 12-16 years for boys • Boys can gain between 7-30kg in weight and 10-30cm in height • Girls can gain between 7-25kg in weight and 5-20cm in height • Puberty: the development of secondary sexual characteristics accelerates in the teenage years as the body prepares for reproductive capability.

	• For girls there is breast enlargement, pubic and axillary hair growth, and menarche or periods start – although this can occur in girls as young as 8yrs • For boys there is testicular enlargement, pubic hair growth, the voice deepens and facial hair growth Optional: Signpost/show NHS Stages of Puberty for more detail https://bit.ly/34PrEce
Slide 21	**13-18 years: cognitive development** Talk through and expand on slide content: • Young people at this age enter the 'formal operational' stage (Piaget) • This stage is typified by an increasing ability in abstract and hypothetical thinking • However, this ability is limited by experience Optional: See Enzo video for more information https://bit.ly/3hK4yY2 (2 minutes)
Slide 22	**13-18 years: emotional and social development** Talk through and expand on slide content: • At this age young people enter the 'identity versus role confusion' life stage (Erikson) • The young person begins to explore their independence and develop a sense of self • They may experiment with different roles, activities and behaviours • The importance of peers and popular culture increases • Emotional lability - 'mood swings' mainly due to hormonal changes • Prevalence of depression and anxiety; suicide is one of the leading causes of death in adolescence (Glenn et al 2020) • Exploration of intimate relationships and building romantic relationships
Slide 23	**13-18 years: potential influence of maltreatment on development** Interactive moment:

	Encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage Go through slide/linking to suggestions from group
Slide 24-27	**Animations** Introduce the group to the animations; either view during the session (time permitting) or signpost group to them as a consolidating activity in their own time.
Slide 28	**References and additional resources** Sum up In this module we have: • Considered general safeguarding principles regarding family engagement with child development reviews and health provision • Provided summary animations for the broad development areas of childhood motor, cognitive and psycho-social development • Given a basic overview of development in relation to children aged 0-3, 4-7, 8-12 and 13-18 years • Additional resources have been suggested to illustrate specific principles • An overview has been given regarding the possible consequences of maltreatment for each age rage Signpost to references and further resources.

Module 3: Recognising early signs of child maltreatment within the family

Learning Objectives

Competency based:

a) Ability to spot typical/ classical observable signs that children may be suffering maltreatment of various kinds, including:

- Physical signs
- Racial discrimination, cultural and inter-cultural norms, gender norms

across children of different ages, stages, gender, family constellations, and social contexts

b) Distinguish between what might be considered 'normal' phases of development (drawing on knowledge from module 2 and sensing that there may be a problem

c) Understanding that various forms of maltreatment may intersect and signs may be difficult to identify

Materials

1. PowerPoint Presentation
2. Case studies

Guidelines

Guidelines for teaching the Module 3

How to use the Case Studies (Slides 7-12-18-23)

The ERICA Training is meant to be as interactive as possible, the case studies should be used as ice breaking material to facilitate discussion among the participants. However hard and delicate, the participants should be encouraged in talking about their own experiences with child abuse both in their personal and professional lives. Since the topics of our training are very delicate it is very important to avoid being insistent and approach the discussion cautiously only once the trainer feels the participants are at ease.

Here are a few question examples to ask after reading the case studies:

- What signs we discussed together did you recognize in the story you've just heard?
- Is there a moment in the story where you think the abuse could have been prevented?
- Do you have similar stories that you'd like to share?
- Have you ever observed in your professional or personal life examples of abuse such as the one discussed?

We don't advise reading all the case studies, choose a few that you find could stimulate the discussion the most. Reading a case study takes about two minutes, try discussing it with the participants for about 8 minutes.

Brief description of the case studies:

- Case study Mark: Example of emotional abuse and neglect. Things to notice: Physical, emotional and psychological abuse are frequently seen altogether and not as separate events because abuse easily causes more abuse.
- Case study Sarah: Example of emotional abuse Things to notice: rarely are things discussed altogether.
- Case study Jan: Example of emotional abuse. Things to notice: the difficulty in accepting the identity of the child.
- Case study Kate: Example of neglect. Things to notice: Although there are never any physical forms of punishment, the degree of violence is very high and the atmosphere described is very hard to put up with. Attempting suicide can be a very strong sign of abuse.
- Case study Jessica: A story of Sexual abuse. Things to notice: Very hard finding proof of abuse. Behavioral changes are sometimes the main or only sign of abuse. Regression in neurodevelopment
- Case study John: A story of Physical abuse and neglect. Things to notice: multiple fractures are typical signs of maltreatment. Brownish spots and anemia could be markers of previous undetected violence.

Examples of Emotional Abuse (slide 15)

The explanation of different kinds of emotional abuse (Myers, 2011):

1. **Rejecting**:

Harsh criticism, belittling, labeling, yelling, screaming or swearing at children, humiliating or demeaning jokes, teasing the child about their mental capabilities or physical appearance, refusing love, attention and touch.

2. **Ignoring**:

Inconsistent or no response to a child's invitations to connect, failure to attend to an infant's physical, social or emotional needs, refusing to acknowledge a child's interests, activities, schooling, peers, etc.

3. **Terrorizing:**

Screaming or cursing at a child, threatening/perpetrating violence against the child or child's loved ones/objects, unpredictable, unreasonable or extreme reactions, having unrealistic expectations accompanied by threats when expecations aren't met.

4. **Isolating:**

Leaving a child alone/unattended for long periods of time, not permitting a child to interact with other children or maintain friendships, keeping a child from appropriate social and emotional stimulation, not permitting a child to participate in social activities, parties or group/family activities.

5. **Corrupting:**

encouraging or rewarding unethical or illegal behavior (misusing drugs, stealing, cheating, lying, bullying), giving a child or misusing in the presence of a child: drugs, alcohol and other illegal substances. Allowing or encouraging children to engage in behavior that is harmful to the self or others

6. **Exploiting:**

Having expectations beyond the developmental stage of the child, requiring a child to care for a parent or siblings without regard for the child's age or ability, using blame, shame, judgment or guilt to condemn child for behavior of others (parents/siblings), having unreasonable expectations to perform chores or household duties

Case studies

Mark (2y)

Mark is 2 years old. His mother decided to leave his father who was physically and sexually abusing her. Mark was a witness to these events. The mother decided to leave her husband in order to protect her son and herself from violence. Mark's father often questioned his paternity, refused to give money for the child's needs, and did not allow the mother to react to the baby's crying. He also didn't allow his mother to breastfeed him. He believed that the child did not need any toys and special food. He often drank alcohol and shouted disturbing Mark's sleep. Currently, Mark lives with his mother at their grandparents', who are of great support to his mother. The grandparents look after the grandson while his mother is at work. Mark's mother is under the constant care of a psychologist because she suffers from PTSD. Recently, while Mark was on a walk with his grandmother, Mark's father, despite the strong crying of the child, snatched him from the hands of his grandmother. Mark's grandmother asked his father to let her reassure her terrified grandson and tell her where and for how long he was taking him. Mark's father insulted the grandmother and pushed her. Driving the car and holding the crying Mark in his lap, he drove away at high speed (he did not have a suitable child seat in the car). He had not previously informed Mark's mother, who was at work, that he wanted to meet his son that day. The father's aggressive behavior and the child's crying drew the attention of bystanders, who called the police. The police established that the father returned to work after the incident, placed the child in the care of his girlfriend, whom Mark did not know. After returning, Mark clung to his mother tightly, refused to eat, and at night got a very high fever.

Sarah (10y)

Sarah is 10 years old. Her parents are divorced. She has been living with her dad and his new family for two years. Her father picked her up from school and, without her mother's consent, took her to the home where Sarah grew up. He reported to the police that the mother was neglecting their daughter and that she had an alcohol problem. Sarah missed her father and was initially glad to be living with him. The father was nice to her and gave her various gifts, he spent a lot of time with her. Currently, Sarah's stepmother, often yells at Sarah, challenges her, makes her look after her step-siblings. She tells her that she is lazy and that she got bad genes from her mother. When she tries to talk to her father about the stepmother's behavior, Sarah's father tells her that she should be grateful to his partner for raising her. The stepmother complains to her father about Sarah, saying that she is a bad child, that she doesn't keep the house tidy and doesn't care about her personal hygiene. Sarah's father starts thinking that Sarah is lying, and trying to manipulate him to destroy his new family. Sarah's father has a negative opinion about Sarah's mother. He tells her that her mother wanted an abortion, that she is mentally ill and is dangerous. These claims are false. He tells Sarah that for her sake she shouldn't see her mother, because nothing good will come of it. Sarah's mother is raising her younger brother, she fights in court to be able to have contacts with Sarah. She has tried to see her daughter many times, but the father claims that the daughter is afraid of her mother and does not want to see her. Sarah misses her mother, but refuses to meet and talk to her because she is afraid of her father's reaction. The mother is in constant contact with Sarah's teachers who ask for psychological help for Sarah.

Jan (12y)

Jan is 12 years old. He is musically gifted. He composes his first musical pieces and plays the guitar perfectly. Music is his great passion. The family is well off. His father runs his own construction company. Mom is an accountant and supports her son in pursuing his passion. The father, on the other hand, is disappointed with his son, he does not understand how a boy his age can dream of a music career. A father wants his son to be tough and strong. He forces him to play soccer. He criticizes when he tries to explain that he prefers to play the piano. He accuses his wife of raising her son as "a parasite". Almost every conversation between Jan and his father ends in a huge fight, during which Jan is challenged, humiliated and pushed. Several times his father threatened to throw him out of the house to "show him what real life is like". The father often refused to pay for music classes. One time he even sold Jan's guitar, which he had

received from his grandmother for his birthday. Recently, the boy had a severe panic attack. The teacher referred Jan to a school psychologist.

Kate (15y)

Kate is 15 years old. She was referred to a psychologist by a teacher who found her unconscious in the school bathroom. The student confessed that she swallowed a large amount of painkillers because she wanted to kill herself. The girl said in an interview that she has been fed up with her mother and the terror at her home. She is constantly criticized and mocked by her mother, also in the presence of her father, but he does not react to his wife's behavior. Her mother often tells her that she works like a dog for her to put food on the table and give her the privilege of going to school. Kate's mother introduced a number of rules for example that a girl cannot come home later than 7.00 p.m. She cannot participate in any meetings or events with her peers, "because you know what is going on there", she must go to church and confess once a week. Mom often searches her belongings, checks her notes, calendar and phone to "keep her from making mistakes". To motivate Kate to work, her mom shows her where she is making mistakes and what she can do to improve, for example she tells her daughter that she is too fat and "looks like an elephant". Kate tries to obey her mother, "because she knows that her mother wants the best for her". Kate is afraid to oppose her mother. Kate's mom always says that she will die because of Kate's stupidity and bad character.

Jessica (11y)

Jessica is 11 years old. She's a bright student, although her teachers frequently scold her for chatting during lessons, and has a very good sense of humour which makes her quite popular in her class thanks to her wit and jokes. She's an only child and lives with her parents with whom she has a wonderful relationship. In the summer between fifth and sixth grade they decide to spend their summer vacation at the seaside and invite some old friends with them who have children more or less Jessica's age. The vacation goes well, but after returning home, one night, while sleeping, Jessica wetted the bed. Jessica's parents are confused, this hadn't happened since Jessica was a toddler. Their family doctor gives Jessica a few behavioral suggestions: writing down a sleep diary, being very careful to empty her bladder completely before going to bed, trying to drink less during the evening, etc. Although she makes all these behavioral changes, night after night she continues to wet the bed until finally the doctor, not knowing what else to do, prescribes her some drugs that reduce the bedwetting incidents. About a month

later, a teacher calls Jessica's parents telling them he's a bit surprised of the worsening of Jessica's grades and of how little she talks and jokes in classes compared to the previous year. Although these changes may be just temporary and are sometimes common in adolescent girls, the teacher asks them if anything happened in the family during the summer. Jessica's parents start to grow anxious, they talk to the teacher about the bedwetting incidents and the teacher tells them they could be linked to distress. When Jessica comes back home, the parents ask her to sit down and discuss what's been going on, she's very evasive, and tells them everything's fine. When Jessica's father asks her if anything strange had happened during the vacation, Jessica looks upset, and after her parents insist that she must tell them if anything happened, she tells them that Mark, one of their friends on vacation with them, one night had walked into her room and showed her his penis and made her touch it. She felt very guilty and frightened afterwards and felt relief confessing this. Jessica's parents hugged her, and told her they would immediately call Mark. Jessica asked them not to, but they did anyway. Mark denied these claims, and so did his wife. Since there wasn't any proof, and Jessica's parents were afraid of causing more harm, they decided to not alert the police and only send Jessica to a psychologist so that she could talk about this horrible experience.

John (7 months)

John, a 7-month old boy with a history of multiple fractures, is referred by a general practitioner to a private hospital and is admitted to the orthopaedic ward where he appears to have a swollen left arm and leg, and a high fever. A week prior to admission he was brought to the emergency unit, accompanied by his aunt and house-maid, after falling from a swing. John did not pass out and didn't significantly change his daily activities. When the incident occurred, he was under the care of his baby-sitter while his mother was out of town. On physical examination brownish spots on the chest, abdomen and neck were found. He seemed in pain when the doctors touched his arm and showed impaired movements of his limbs. Laboratory exams showed also anemia and multiple fractures were recognized. The fractures were compatible with a history of child abuse. Investigation by a multidisciplinary team including police officers was performed. The baby sitter and housemaid left without any notification and without leaving any trace. The investigation did not find any proof and nobody was arrested or accused. After 2 years, he was living under the care of his mother and grandparents. There was no history of falling, injury or hospitalization. Since moving to another city, John had never had any follow-up visit for his fractures. So far, the patient's family had still been under the impression that the baby-sitter and the housemaid were responsible for the "incidents" and felt guilty of not having noticed the signs of abuse before. On physical

examination the child was found alert with good vital signs. The general status revealed neither hematoma nor edema. On walking, there was no impression of limp, being able to do activities as usual and the right leg was rather bent. During observation, the patient looked happy, playing with his siblings and peers. There was no impression of depression or fright toward the family members as well as other people. The patient's mother and his siblings as well as the other family members appeared to love John. On radiological examination, new bone fractures were not found and the previous bone fractures had healed.

Module 4: Understanding risk factors for child maltreatment

Learning Objectives

Knowledge based:

- Knowledge of previous research that identifies family and parent/guardian risk factors such as intergenerational issues, mental health, substance misuse and social contexts (housing, employment etc.).

- How this can manifest itself in parenting practices e.g. safety/violence as well as interact with these issues

- Differences/heterogeneities in these factors across contexts, including cultural differences in parenting practices, and how to use these for the prevention of maltreatment

- Have knowledge about how pandemic responses can exacerbate existing risk in families due to lockdowns, reduced interaction with other contexts such as school, reduced social context and isolation, screen time, and put extra pressures on vulnerable families through financial, health, housing and other social factors (financial, substance misuse etc)

Materials

1. PowerPoint presentation

Guidelines

Guidelines for teaching the Module 4

Aim: To give participants a basic understanding of risk factors related to child, family and parent/guardian in their own cultural context. In addition, after this session participants will have knowledge of how pandemic responses can exacerbate existing risk in families.

Timetable

Section	Timing	Content
1	10 min	Introduction to the session Definition of risk factor, risk factors vs. protective factors The relation between risk factors and context (PP slides)
2	30-40 min	Presentation of risk factors ACE and risk factors (Videos, group discussions and PP slides)
3	10 min	Pandemic responses exacerbating existing risk in families (PP slides, class discussion)

All slides have been developed based on international research literature review and related references.

During lectures we recommend trainers to have an interactive session by encouraging participants show up their own thoughts/questions/experiences. This is because we think this way the participants may be more attentive during the lectures and it is not only the trainer who is talking. However, remember the timing of each section.

Section 1 (slides 2-6)

- Give a brief introduction to the module: content, the structure of the module and timing
- Define what the concept of risk factor means and how it is related to a protective factor. Emphasize the balancing between risk and protective factors: even if risk factors exist in family there may be also protective factors which act as a buffer against risk factors and vice versa. This topic is linked to module 7 so you may say to the participants that there will be more discussion on protective factors later.
- It is important to clarify that no single risk factor or sign alone is necessarily indicative of maltreatment having taken place. It is essential to consider the situation of the child and family as a whole.

Section 2 (slides 7-25)

- Risk factors have been grouped according to three themes (with subthemes): risk factors related to a child (1), to parents (2) and to family (3). Every theme has its own title and there is a video link embedded to each title.
- In the beginning of each theme show the video and after the video give the participants a few minutes time to talk with the people sitting next to them (group with three people) and talk about what kinds of thoughts came up to them from the video. After the group discussion encourage the participants to talk about their thoughts: e.g. What do they think about these risk factors? Do they recognize them in their own culture? Do they have any other risk factors in their mind, which appear in their own culture? If possible, go through the subthemes in a conversational style. It may be that discussion is so fruitful that you as a trainer are able to cover all subthemes within one theme on the base of that discussion. You don't need to go through every small detail of the risk factors. There are subthemes under every main theme and it is important to go through these subthemes and then take some examples of these detailed risk factors.
- Slides 24 and 25 are as if a preamble to module 5, where the risk assessment tool will be presented. Emphasize the importance of stopping intergenerational behavioral pattern regarding child maltreatment. It is important to emphasize that screening should be done by a professional and it is not a diagnostic tool for ACE but for possible need for child/family support.

Section 3 (slides 26-32)

- The purpose of this section is to make the participants aware of how pandemic affects the families with existing risk factors for child maltreatment.
- Go through these slides as a lecture. If possible, show up your own experiences as a professional regarding this topic. After your presentation have a class discussion on this topic from your cultural point of view: how have the participants seen/experienced the

effects of pandemic on children at their work in your country/culture? Have they identified any increasing risks for child maltreatment? If so, what kind of risks?

Module 5: Risk assessment tools

Learning Objectives

Competency based:

- Become familiar with and feel confident to use some common risk assessment tools and checklists for different kinds of maltreatment for children of different ages

- Be aware of difficulties of generalising checklists across contexts and need specificities for different kinds of maltreatment and children of different ages

- Be aware of the strengths and weaknesses of risk assessment tools and feel confident to use them with a critical and sensitive eye

- Feel confident about spotting and assessing possible maltreatment in the era of physical distancing, and how inter-agency working needs to take these factors into account

Materials

1. PowerPoint presentation
2. Family needs checklist
3. Family needs checklist trainer and professional user manual

Note: The Family needs checklist presented in this module is in process of validation. Please do not promote it or use it as a fully validated tool.

Guidelines

Guidelines for teaching the Module 5

Module 5: Risk assessment tools	
Aim	To become familiar with child maltreatment (CM) risk assessment and some of the common assessment tools, and be able to use a low threshold family need assessment tool, that is based on international research on CM risk factors in early identification of familial risks and prevention of CM.
Approximate timing	50 min + 40 min (NOTE! time schedule is planned for one day training)
Resources	Module 5 Power Point slides (24 including references) The Family Needs Checklist with feedbacks (attached as PDF, link or printed version) Family Needs Checklist: Trainer and professional user manual version 3 Culture specific attachments
Material	Need for internet connection (Moodle platform) Pens and papers for group sessions Whiteboard and markers for the summaries and ideas if not done on computer.
Supplemental material	Finnish National Guideline is available here: https://www.hotus.fi
Instructions for trainer: This session contains very sensitive family issues. Therefore, the trainer needs to be interactive throughout the session and reassure that all the questions or perspectives are important to bring out to joint discussion.	
Show module 5 slides	
Instructions for the slides The first 50 min session includes slides 1-19	
Slides 1-2 (5 mins)	It important to go through the ILO's and ask if any questions rise about these.
slides 3-6 (5 mins)	**These slides are mostly declaratory and can be just read through quite swiftly. In the end it is appropriate to ask if any questions or thoughts raised.** ➔ **Why we need CM risk assessment?** CM is not a concern of one agency but all the child and family social and health service providers. It is critical that we all hold equal CM knowledge to be able to identify and address these sensitive familial issues. Our joint aim is providing and improving family welfare. It is our ethical demand. ➔ **Why do we need a tool for CM risk assessment?** Research evidence-based tools help us to examine and weigh familial risk factors against protective factors equally and

	consistently. It is impossible to remember all possible factors by heart. ➔ **What tools are not for?** ➔ **Who is assessing?**
slides 7-13 (10 mins)	➔ **Primary, secondary and tertiary prevention of CM** It is important to acknowledge all the levels of the prevention to be able to innovate, plan and implement support services through inter agency collaboration. ➔ **Need for standardized and valid tools** We have different tools for different purposes. Most of them are currently used on the secondary and tertiary level when CM has already occurred. ➔ **BRIEFCAP** Note that BriefCAP is a proprietary measure with the copyright belonging to Joel S. Milner PhD. A full CAPI should be purchased and utilize the specific items comprising the BriefCAP. Unfortunately it does not cover all the risk factors of CM, for example factors concerning the child. ➔ **ISPCAN ICAST** Main constructs: Physical abuse, emotional abuse, neglect, sexual harassment, contact sexual abuse, witnessing IPV (Intimate partner violence). Subscales: Non-violent discipline, physical discipline, severe physical discipline, psychological discipline, neglect and sexual abuse. High content validity and both parents and children is reported via research. Requires paid membership of the ISPCAN. To be used in intervention trials. It cannot be used preventively. ➔ **Need assessment** Working together with the parent and other professionals. The ultimate goal is to understand the family situation at hand as a whole, and discover the familial needs to prevent CM.
slides 14-19 (30 mins)	➔ **An example of a need assessment tool : Family Needs Checklist** The trainer introduces the measure to the trainees. Concentrate on familiarizing trainees with the checklist and feedbacks understanding its evidence base and how to utilize the module 5 trainer manual. Please provide the PDF or link to the checklist and, preferably deliver a printable version to all participants. The trainer explains to the trainees that the idea of the measure is that the parent fills up the checklist before the joint discussion. The parent may have filled up the online application or the printable version before appointment. The online version

	can be introduced via link by the trainer or tested by the trainees. Please note that the checklist is currently in validation process (2022-2024).
Instructions for the slides The 40 min session includes slides 20-22	
Slide 20 (20 mins)	➔ **How to start conversation** ➔ In groups trainees create the ideas of the checklist as a basis for an interview in different situations or encounters, as well as a self-completed questionnaire (application) for parents. A case checklist (attached) can be used to imagine the real-life situation. (Cases can be different in each group) ➔ The question is how to start and maintain conversation with the parent? Group work if possible 10 min and compilation of answers 10 min.
Slide 21 (5 mins)	➔ **Examples on how to make questions** ➔ Slide 21 includes examples of possible starting questions. Can be shown after the groupwork and discussed.
Slide 22 (15 mins)	➔ **Think, what early interventions or inter-agency work ideas are there?** This section includes familiarising oneself with known national support services and knowledge resources. (online surfing on nationally selected links), or inter-professional work within one organization, depending on the trainees' profession and work environment. In multiprofessional teams it is also important create the concrete ideas of developing supportive professional relationships to provide the most effective joined up service. Groupwork is possible and preferred (10 min). Brainstorming can be done separately continued by writing down the answers for joint discussion (10 min).

Module 6: Interventions in child maltreatment

Learning Objectives

Competency based:

- What to do if you suspect maltreatment and legal obligations (depending on country context)

- Be able to judge the appropriateness of interventions within the remit of their level of contact with the children and their families, and know how to interact/engage with other agencies

- Be introduced to, and become confident to use some common intervention techniques that are suitable for a few different situations, which are tailored to children of different ages, and address particular types of abuse (sexual, emotional, etc.)

- Learn techniques to engage with families constructively on these issues, and how to deal with resistance to engage

- Learn techniques to provide support at key vulnerability points in children's lives, such as moving house, family disruption, changes in siblings, etc.

- Covid-19: Discuss/ Have an understanding of how engagement with children and families can be adapted, maintained and evolved through new means like technology development

Materials

1. PowerPoint presentation
2. Case studies
3. Handout talking with children

Guidelines

Guidelines for teaching the Module 6

Before the workshop day:

Make sure that you know the national legal obligations for your workshop target group.

➔ Are there different legal obligations for different professionals (e.g. teachers, medical doctors, psychologists vs. any professionals working with children)?

Be prepared to provide the following information in detail (e.g. institution, phone number) for your workshop participants according to the local situation.

- emergency/immediate danger (e.g. police, emergency hotline youth authority)
- situations, with safeguard concerns, which are not emergencies (e.g. social service youth authority)
- „suspicious“ or ambiguous situations which should be monitored by professionals/experts for children at risk (e.g. specialized professionals for child protection, sometimes counselling is possible anonymously)

Decide whether slides “Talking to children” & “Types of Questions“ should be included in the training.

If you decide to leave them out → you can provide the content as a handout, if you wish → prepare copies

Become familiar with the case reports and decide, which intervention would be appropriate

If your workshop is online → upload the case reports and other materials

If your workshop is face-to-face → prepare copies

<u>Training schedule (remember: time is very limited…)</u>

General advice & “Talking to Children” (10 Min).

→ you can provide the content as a handout, if you wish

Legal obligations and local information (10 Min)

➔ Prepare an example for each situation: emergency, serious safeguard-concerns, ambigious situations, which need further counselling

Teamwork I (15 Min)

1. Participants become familiar with the case reports
    a. Face-to-face training: paper worksheets with case reports
    b. Online training: case reports for download
2. Groups with 3-4 participants (also possible in online trainings, check out technical aspects it before the training day)
3. Participants discuss appropriate interventions for one of the case reports in the small groups
4. Collect and discuss the results in the whole workshop group

Brief Input basic communication skills (5 Min)

Key points on a worksheet (slide on paper or download)

Teamwork II (20 Min)

1. Same small groups as in teamwork I
2. Very short role play, based on one of the case reports
3. Introduction: 1 person acts as him/herself, 1 person play acts the child/mother/father/caregiver, 1 person „observes“ and provides feedback afterwards
4. Focus: starting the conversation
5. discuss and find solutions in the group for challenging situations in the roleplays.

Case studies

Child toddlers age (4y) [add a suitable name] GER: Damien

Damian is four years of age. He lives with his mother, his father and his six year old sister. Damian’s father is unemployed and his mother works part time in a grocery store. Damian speaks only in “two word sentences” and talks very inarticulately. He often walks to the kindergarten on his own, in the afternoon; his sister mostly picks him up. Damian’s clothes are often too small and not appropriate to the weather. He often wears the same clothes for two weeks or more. He always seems to be hungry and steals food and hides it into his little backpack. Damian often has “little accidents” while playing at home; resulting in haematoma on back and thighs, his mother complains that he is “a wild boy”. He avoids playing with male

adults and seems to “freeze” immediately or hides himself if there is a loud quarrel among other children.

Child elementary school age (8y) [add a suitable name] GER: Kimberly

Kimberly lives with her mother, her mothers’ new partner and three younger siblings. Her brother is four years of age; the youngest siblings are one year old twins. Kimberly and her brother have the same father. The twins’ father is the new partner. Kimberly’s dad has substance use problems and struggles with his life. Since he is unemployed, he cannot pay subsistence for Kimberly and her brother. Her brother has some cognitive developmental deficits and language impairments. Kimberly reports that the new partner harasses her and her brother whenever possible. He blames them as “dumb and far too expensive”, he says that her is “fed up of paying and caring for another men’s’ kids”. The twins are always very well dressed and have only the best available toys. Mother calls Kimberly “a little bitch” and predicts that she will end up like her father as a “crack whore living on the streets”. She refuses to give her a hug, because she is “smelly”. If money is short at the end of the month, breakfast at school seems to be the only meal for Kimberly. Often, she visits a neighbour for lunch or dinner. He helps her with her homework or watches her favourite series with her. He also buys sweets or little gifts, even a brand new smartphone. In the evening, they often share text messages or pictures with her new smartphone. If her mother and her partner go out at night, Kimberly has to look after the little kids. She mostly prepares breakfast for herself and her brother and accompanies him to his doctors’ appointments or his speech therapy sessions.

Young adolescent (12y) [add a suitable name] GER: Mustafa

Mustafa lives with his mother. His father died from cancer four years ago. After her husband’s death, Mustafa’s mother suffers from a major depressive episode and survived a suicide attempt. At this time, Mustafa moved temporarily to his grandparents. Recently, Mustafa’s moms’ mental health got worse again. She feels anxious, suffers from pain, does not want to leave the home, has difficulties to get up and often stays in bed for the whole day. Mustafa’s uncle and his family live next door and are very involved in daily life. His aunt cooks and supports with housekeeping since Mustafa’s mom got depressed again. His uncle has a very strict idea of parenting and Mustafa seems to be frightened of him. Some weeks ago, neighbours called the police. A verbal dispute escalated and ended roughly again, after the uncle found cigarettes and a small amount of marihuana in Mustafa’s room. The whole family is very concerned that he will “go to the wrong path” and gets involved in criminal activities. His 17 year old cousin got the order to “look after him”. Arguments between the boys sometimes get

violent and end up that his cousin beat him up. In addition, Mustafa shows aggressive behaviour in the classroom towards other boys. He has to change class different times and after he threatened a teacher with a knife after school, he is threatened to be dismissed from school.

Adolescent (17y) [add a suitable name] GER: Celina

Celina lives with her mother, her father left the family when Celina was five. Before parents got divorced, domestic violence occurs towards Celina and her mother. Celina's works as a nurse in a retirement home, money is always sparse. The flat is quite small, Celina's mom sleeps in the living room. Celina shares her room with her dog, "my dog Sammy is my reason to stay alive" Celina said. Some evenings a week, Celina's mother drinks a lot of alcohol after work, to cope with stress. If Celina "annoys" her mother while she is drunk, she screams and threatens Celina that she will sell the dog or give him to an animal shelter. If things get worse, she beats her, sometimes with a belt or a broomstick. Celina has multiple scars on her arms, where she cuts herself with razorblades or squeezes cigarettes on her skin. She tries to hide those scars with long-sleeved shirts. Since six months, Celina is in a relationship with Leon. He is very keen to spend as much time as possible with Celina. He does not like it, if Celina meets her friends for a "girl's night" or goes out without him. Every day, Celina and Leon go through Celina's text messages and social media activities. Leon wants to know, if Celina chats with other guys. Some weeks ago, Leon heard a rumour that Celina met her ex-boyfriend at a party a danced with him. The next day, she gave a picture he posted on social media a "like". Celina reports that Leon "totally freaks out" and smacked her and spited in her face and shoved her towards a wall. After this, she was "a bit shocked" but forgave him, since he promised in tears that he will never do it again.

Handout talking with children

- Approach the child. Signal that your readiness to talk, whenever he or she wants.
- Encourage the child to talk, without asking for too much.
- Respect the limits and give the child the time she or he needs.
- Use clear and age-adjusted language. Try to put yourself into the child‘s situation.
- Consciously react to signals. Do not let stay uncommented what has been said.

- Take care not to transfer your emotions (such as anger, disgust) to the child.
- Provide a feeling of security by believing the child and by assuring him/her that s/he is not guilty or responsible.
- Try to free the child from isolation by showing him/her that others of the same age have experienced similar things.
- Be valuating: tell the child that s/he is courageous when talking to you.
- Make the current situation clear to the child, and what could be the next steps (including help), and try to secure his/her agreement.

Summary for “Talking with Children”:

- Be on equal level with the child/adolescent
- Listen actively
- **Let the child speak**
- Summarize
- Stay neutral, do not evaluate

Useful Types of Questions

→ Open Questions:

“What did you see?“ – “What happened then?“

→ Determination Questions (when, where, who, what…):

“When on that day was it?“ - “Where were you?“ - “Who was there?“

→ Choice Questions:

“Where was it – in your room or in the living room?“

→ Yes-No-Questions:

“Did your mother say something?“

→ “As if“-stories, comparisons:

“You appear to me als if…“

à “What if“:

“What would happen if you talked with someone…?“

Less Useful Types of Questions

→ Questions with Presumptions:

“Did Daddy say …[XY]?“

→ Repetition of Questions

→ Accusations, evaluations, threats, promises:

“If you honestly tell me what happened, then you need not to go there again.“

Module 7: Protective factors

Learning Objectives

Knowledge based:

- Be aware of various protective factors for different kinds of child maltreatment covering family and parenting characteristics, positive parenting, socio-demographic factors, ethnicity and cultural factors, large social networks, and wider protective structures (e.g. inter-agency working, child engaging in different non home contexts)

- Reflect on whether these protective characteristics are amenable to intervention, for example with regard to parenting practices and gender

Materials

1. PowerPoint presentation
2. Animation isolation video

Guidelines

Guidelines for teaching the Module 7

It is designed to be partly about knowledge (part 1) and partly about developing skills and awareness about how trainees could help to foster protective factors (parts 2 and 3) .

- The module is designed to last 1 hour. Provisionally, this is broken down into 3 parts:

1	20-25 minutes	Going through the PPT slides, plus stopping for clarifications (knowledge)
2	5 -10 minutes	Watching the animation video, and discussing the content (awareness)
3	30 minutes	Individual, group activities and class discussion (Awareness and skills)

Trainer specific notes for each section:

Section 1 : PowerPoint slides (25- 30 mins)

The slides have been developed based on literature review and input from child development experts. Tips and hints:

- You can read the text verbatim- but feel free to embellish with additional words or examples- and allow time for clarifications or questions from the audience.

- Slide 6 – ACEs- links back to risk factors module so you may want to remind trainees of this as they will have heard this term and these ideas before.

- There are several opportunities for whole class interaction and discussion and we suggest you do this,

o e.g. on slides 7-10, which cover protective factors at different levels, these lists are not designed to be comprehensive and if trainees want to volunteer their own additional ideas here- great.

o Slide 14, we encourage trainees to come up with extra factors that fit within the five domains of nurturing care (the last bullet is all about that)

- Slide 16-19 : Take some time through these slides and allow trainees to comment, suggest extra ideas, clarify meaning.

o Maybe trainees have not come across the idea of life course at all, and you might need to spend some words explaining what is seen on the slide. Not to 'script' this, but start by explaining that we can think of someone's life as a chain or a path that stretches all the way from prenatal stage to old age, and the idea of the life course is that things that happen in early life/childhood can have a big impact on the entire trajectory of someone's life (you could even mention ACEs again, of you think this will help comprehension) .

o Then start by explaining that protective factors in prenatal period and infancy cover x, y and z (slide 16); experiencing these protective factors affects progress and milestones in childhood and adolescence. e.g. children who are no experiencing healthy growth and development might struggle in school. People might question what is 'thriving adolescnce' and you might throw this open for whole class ideas.

o Slide 18 tries to get across the idea that success in childhood and adolescence in turn influences adult life success (employment etc). But – crucially- you can see by the blue arrows how the influence of early child deprivation/maltreatment, would produce a cascade effect of problems in childhood and adolescence, and then adulthood (this is sometimes referred to as 'the long arm of childhood' . Notice there is a blue arrow also directly from infancy to adult life (i.e. sometimes these influences do not operate only through childhood and adolescence)

o Finally slide 19 tries to illustrate how this cycle can be repeated generation to generation (e.g. adults who struggle might deprive or maltreat their own children, and then the cycle might start again).

o This is designed to be an ideal schema, we are not trying to say this will always happen. And it's also designed to be a positive message. If protective factors are present in childhood adverse adult situations are less likely, and if we start a virtuous circle this can be just as powerful as a vicious one.

- Slide 20 : brings together ideas of life course, nurturing care and enabling environment.

- Ensure you answer any questions or ideas you have about the slides before moving on.

Section 2 : Animation video and discussion (5-10 minutes)

- Show the short animation video which is an example of how social isolation can be particularly detrimental when families relocate, but can be overcome by sensitive interventions from practitioners.

- After the video, ask people for their impressions. You could get a conversation started by asking the following:

o Did the situation seem realistic / ring any bells for anyone ? Has anyone got experience of such a situation either as part of a family or as a practitioner trying to work with such families (almost everyone will! But try to tease out what were the factors which really helped to mitigate risks in that situation)

o What are key signs of social isolation? How can we react sensitively to these?

o What other possible risk/ protective factors were present in a story about a family moving ? (perhaps bring in ideas of international migration, language issues etc, different cultures etc) and how can we as practitioners respond to these

o How is this challenging in COVID times? E.g. online learning / consultations?

Section 3 : Individual and group discussion (25 mins)

The last section is about building awareness and fostering confidence to intervene to help build protective factors. It is designed to be personal, because each practitioner works in a different setting and might have a different interaction style with children.

3.1 Individual work (5 mins) . Ask the trainees to spend 5 minutes thinking about the material so far, and thinking about the following questions (all on slide 25) :

• Think about your professional role and how you interact with children, and also thinking about all of the preventative factors we've discussed.

• What do you think are the most important preventive factors you can help encourage, and facilitate through your work?

• What are the strategies you use to develop these right now?

• How could you change your practice to do more to develop these factors, for example in your interactions with children and their parents?

• In doing this, what challenges will you face and how can you overcome them?

The idea is that each individual trainee comes up with ideas for how they could better foster these protective factors.

3.2 Pair work/ small groups (10 mins)

Get the trainees to pair up or get into 3s, and then ask them to share what they have just developed, came up with and discuss these with the others. Encourage people to get together with practitioners from similar disciplines (better to be similar backgrounds as they can get a conversation started better, and share ideas?) .

3.3. Individual work (3-5 mins)

Ask the trainees to work on their own again, and based on these discussion ask them to develop a mantra / action plan of core principles that will help them to foster protective factors. This can take the form of a list, a rhyme, a simple sentence, whatever is most meaningful to them.

3.4 Whole class wrap up (5 mins)

Come back to a larger group and invite a couple of people (if they feel comfortable) to share their mantras/action plans. Have your own up your sleeve in case no one is brave enough to get started.

Advice for online version of this training:

Encourage / insist that people show their faces during the training. It really builds rapport.

Section 1: share your screen while delivering the PPT and invite people to post questions on the chat (which you monitor and answer as they crop up) . People can use ‘raise hand’ functions or chat for interactive sessions

Section 2: Again, share your screen during the video demo and then flip back to full class discussion with inviting questions, comments by raise hand functions or chat.

Section 3: A bit more complex. Zoom and Microsoft Teams has break out functions which enable partner/ small group sessions, which need to be pre-programmed with participants. Then is it easy to flip back to whole group interactions.

Module 8: Evaluation

All participants will be required to fill out some questionnaires. This is of fundamental importance in allowing the research team to carry out the outcome evaluation of the training program.

Materials

1. PowerPoint presentation
2. Pre-training questionnaire
3. Post-training questionnaire
4. Follow-up questionnaire

Guidelines

Questionnaire administered at start of training, then at the end of 2 days, then 4-8 weeks later.

Start of training: baseline knowledge and skills (Importance, awareness and competence)

End of training: knowledge, quality of training.

At the end of the training: evaluation of the intended learning outcomes for the 7 training modules

- How the learner used the material (dipped in and out, went through sequentially, etc.)
- What was useful and what was less useful
- What they missed and needed more of
- Impressions on mode of delivery e.g. slides, videos, live workshops etc.
- Whether they felt it was well adapted to their local context or needed more localisation

Evaluation after 4 to 8 weeks back at work:

- whether you used the knowledge and techniques covered in the training whilst back at work

Additional options for follow-up communication, feedback:

a) online discussion forum for the 4 to 8 weeks following the initial training

b) face-to-face discussion to identify obstacles and facilitators encountered during the period back at work since the initial training

c) identification of further training needs