Child Maltreatment Identification
Part 1: Neglect, Emotional Abuse, & Physical Abuse

TRAINER’S GUIDE

Training Tips, Activities, & Transfer of Learning (TOL) Exercises
Day 1

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General Training Tips

- In addition to the tips provided in this tab, the Trainee Content contains much of the information to be used by the trainer to present the topics. Please read the Trainee Content carefully.
- Trainers must be thoroughly familiar with the Evaluation Protocols in the Evaluation tab in order to conduct the pre- and post-tests properly.
- The following icons indicate content related to California’s themes of practice:
  - Fairness & Equity
  - Family & Youth Engagement
  - Strength-based Practice
  - Outcomes-informed Practice
  - Evidence-based Practice
- Information related to a California theme of practice should be highlighted during the training.
- Bold italic text indicates expected trainee responses. Encourage trainees to provide the expected content.
- The curriculum contains content related to the two types of formal assessment in use in California: Structured Decision Making (SDM) and Comprehensive Assessment (CAT). Content specific to a particular assessment system is designated using the icons below.
  - SDM Indicates content to be covered only in those counties using the Structured Decision Making assessment tools.
  - CAT Indicates content to be covered only in those counties using the Comprehensive Assessment Tools.
- If you are training a group of SDM users, refer only to the SDM list. If you are training a group of CAT users, refer only to the CAT list. If your group includes both SDM and CAT users, highlight several items from each list.
- Content related to specific legal and policy requirements for case planning is designated with the icon below. Emphasize this content.
DAY 1, SEGMENT 1

Overview and Child Maltreatment Statistics

Total Segment Time: 15 min

TRAINING ACTIVITY 1A

ACTIVITY: Welcome, Overview and Introductions

Activity Time: 5 min

Materials:
- Trainee Content: Suggested Agenda for the day
- Trainee Content: Competencies and Learning Objectives tab in the trainee manual
- Large strips of paper at each table
- Markers
- Masking tape
- PowerPoint Slides: 1-2
  (Trainers: Make sure all trainees have 1 copy of the entire 128-slide PowerPoint presentation, printed 3 slides per page)

Training Tips and Discussion Points:
- **Step #1. Before the training starts:** Put the “Competencies and Learning Objectives” for this curriculum on the walls of the training room.

- **Step #2.** Explain the purpose of the training, go over the agenda, ground rules, logistics, and trainee manuals/packets.

- **Step #3.** Then, have trainees read through the “Competencies and Learning Objectives” on the walls, and have them place post-its on the ones they feel are most important to them.

- **Step #4.** Point out the varying selections, and how this affects outcomes of their cases because they’re looking for different things.

- **Step #5.** Tie in F&E factors into this discussion.

- **Step #6: Processing this activity:** Explain to the class that you will revisit their choices at the close of the training.
PowerPoint Slide, Activity 1A: Slides 1-2
TRAINING ACTIVITY 1B

ACTIVITY: Child Maltreatment Statistics
Activity Time: 10 min

Materials:
- Trainee Content: Child Maltreatment Statistics (page 5 in the Trainee’s Guide)
- PowerPoint Slides: 3-4

Training Tips and Discussion Points:
- **Step #1.** Introduce subject of child maltreatment by sharing statistics (refer to Trainee Content).
- **Step #2.** Point out the breakdown of numbers related to different types of abuse.
- **Step #3.** Point out the prevalence of child neglect as a segue into the first part of the training day.
- **Step #4.** Processing this activity: Statistical orientation:
  - Present data on prevalence of child maltreatment, pointing out the increased numbers relating to child neglect.
  - Also, as a lead-in to the next segment, present data relating to disproportionality in California.
  - The trainer can elect to also include data relating to the specific counties being trained as the disproportionality may look somewhat different from county to county. For example, in Imperial County, where the demographics show a majority of Latinos, this influences the placement statistics compared to a county where Latinos are a smaller percentage of the whole population.

End of Activity

PowerPoint Slide, Activity 1A: Slides 3-4
Day 1, SEGMENT 2

Defining Child Abuse and Neglect

Total Segment Time: 30 min

TRAINING ACTIVITY 2A

ACTIVITY: What is Child Abuse and Neglect?

Activity Time: 30 min

Materials:

- Trainee Content: California Welfare & Institutions Code, Section 300 (a-j) (pages 6-9 in the Trainee’s Guide)
- Trainee Content: California Penal Code, Sections 11164 and 11165 (pages 10-13 in the Trainee’s Guide)
- Trainee Content: California Health & Safety Code, Section 1255.7 (pages 14-17 in the Trainee’s Guide)
- PowerPoint Slides: 5 & 6

Training Activity:

- Trainer elicits responses from trainees regarding the following questions:
  - What are the elements of the definition of child neglect?
  - What are the elements of the definition of child physical abuse?
  - Does there need to be intent?
  - How do the trainees’ own definitions of neglect and physical abuse compare to the legal definitions?
  - Trainer will divide relevant W&I and Penal Codes among the tables instructing trainees to read their assigned code and highlight what they consider the most pertinent elements.
  - Trainer will then go to each group to report out and discuss these elements as they relate to child maltreatment identification.

Trainer Reviews:

- California W&I Code, Section 300 (a-j)
- California Penal Code, Sections 11164 and 11165
- California Health & Safety Code, Section 1255.7
- Refer to Guide to CA W&I Code and CA Penal Code (a type of ‘cheat sheet’)
- Weave in statistics from slides for this segment
Trainer Discusses:

- Remind trainees that neglect cases are the most difficult to discern
- Remind trainees to consult with their supervisors if there are questions re: does what they see meet the definitions of abuse or neglect?
- Remind trainees that CA Penal Code laws can change annually in July of each year (when new laws go into effect); trainees can go on website to confirm changes, but county personnel should provide updated information.
- Discuss relationship between W&I Code and Penal Code
- Discuss the fact that some terms are subjective, e.g. “severe”, and they need to acquaint themselves with the parameters their county uses in applying definitions. If they have questions, they should discuss it with their supervisor and/or county counsel.
- Special Note to trainers: Do not cover content on sexual abuse, as this content is covered in a separate curriculum.

End of Activity

PowerPoint Slide, Activity 2A: Slide 5-6
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Trainee Content

Page 6–18
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Day 1, SEGMENT 3

Child Maltreatment in a Cultural Context

Total Segment Time: 35 min

TRAINING ACTIVITY 3A

ACTIVITY: Child Maltreatment in a Cultural Context

Activity Time: 35 min

Materials:
- Trainee Content: Related Sections of the NASW Code of Ethics (page 23 in the Trainee’s Guide)
- PowerPoint Slides: 7 & 8

Training Activity:
- Review content in Risk Factors and Determinants of Child Maltreatment.
- Review related content from the NASW Code of Ethics.
- Trainer refer trainees back to 300(b) and discuss possible case examples affiliated with “serious physical harm” as it relates to spiritual beliefs and practices.

Trainer Discusses:
- Remind trainees that disproportionality has been discussed in Framework.
- Discuss with trainees how cultural context can affect the process of identification of abuse. For example: how one’s biases impact our assessments.
- Remind trainees that even though something might be a cultural practice, a given cultural practice may still be considered abuse particularly when the perpetrator goes beyond the cultural norm.
- Discuss with trainees that, on the whole, our society does not offer a lot of opportunities for new immigrants to find out the “rules of the road”. For example, there is little written in a language other than English describing our cultural norms for child rearing practices.
• Remind trainees to refer to “Partners in Identifying & Assessing Child Maltreatment” document, which outlines with whom child welfare workers should partner in the process of identifying child maltreatment (includes families & community).

End of Activity

PowerPoint Slide, Activity 3A: Slides 7-8

- Context for Child Maltreatment
  - Cultural context
  - Child rearing standards
  - Environmental factors

- Collaboration
  - Who is on your team?
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Trainee Content

Pages 19–25
DAY 1, SEGMENT 4

Introduction to Neglect
Total Segment Time: 40 min

TRAINING ACTIVITY 4A

ACTIVITY: Introduction to Neglect
Activity Time: 5 min

Materials:
• Trainee Content: Child Neglect (pages 26-27 in the Trainee’s Guide)
• PowerPoint Slides: 9-23

Training Activity:
■ Step #1. Trainer discusses with trainees:
  • Why neglect is important:
    • Child neglect continues to be the largest single category of child maltreatment, representing over 58% of the 2.97 million reports of child maltreatment nationwide (Chalk, Gibbons, & Scarupa, 2002). Among children confirmed by child protective service agencies as being maltreated, 61% experienced neglect (DHHS, 2005). If medical neglect is added, this number goes up to 63.2% (U.S. DHHS, Administration of Children, Youth & Families, 2003).
    • Mortality- Maltreatment deaths were more associated with neglect (35.5%) than with any other type of abuse. There were 1,500 identified fatalities nationwide due to child maltreatment in 2004. Fatalities resulting from multiple maltreatment types account for another 30.2%. Children under the age of four account for 80% of all child abuse deaths, while children under one year old account for 44% of all child abuse fatalities. By and large, children who die as a result of child maltreatment are the youngest and most vulnerable who are unable to 1) fend for themselves, 2) identify situations which place them at risk of harm, or 3) report neglect situations to individuals who can effectively intervene.
    • Child neglect can affect all facets of a child's development: emotional health, social development, cognitive development, as well as physical health.

■ Step #2. Trainers, refer back to:
The California W&I Code Section 300 (b), (e), (f), and (j) definitions of neglect as well as the California Penal Code Sections 11165.2, 11165.5 and 11165.6 covered in the earlier section, emphasizing SEVERE NEGLECT (b) or (e):

- Withholding of food and/or water on a prolonged willful basis
- Severe malnutrition
- Non-organic failure to thrive
- Failure to provide medical treatment which will result in permanent and/or severe illness or death.

End of Activity

PowerPoint Slide, Activity 4A: Slides 9-23

- **CHILD NEGLECT**

- **Why Child Neglect is Important**
  - It’s common in child welfare
  - Morality
  - Our opportunity to intervene
  - Our responsibility to intervene
  - The law

- **Child neglect affects**
  - Emotional health
  - Social development
  - Cognitive development
  - Physical health

- **Neglect is #1**
  - 62.8% of all child abuse cases are neglect.
  - If we add medical neglect, the number jumps up to 84.4%. In other words, almost 85% of all child maltreatment cases nationwide are a result of neglect.

- **General Neglect**

- **SEVERE NEGLECT**
  - 300 (a) Welfare & Institutions Code

- **New Forms of Neglect**

- **How we define child neglect**
  - Shapes our response to the problem

- **Advantages of a Child-focused, Broad Definition**
  - Moves us beyond the narrow focus on parents to consider other contributors
  - Leads us to consider a wider array of services, responses
  - A more constructive, less blaming approach
  - Fits with our broad interest in the health, safety, and well-being of children

- **Contributors to Neglect**

- What is it?

  - Act of omission or commission which results in minimal sufficient standards of care or supervision, protection, education, nurturance, love, & home.

- How do we know what children need?

  - Scientific evidence
  - Epidemiological studies
  - Infant care
  - Community standards, values, norms, & practices
  - Experience (eg, history of severe asthma)
  - Common sense (eg, hunger)

- Fatalities due to Child Maltreatment

  - ~1,460 a year

  - Maltreatment deaths were more associated with neglect (42.2%) than any other type of abuse.
  - Fatalities resulting from multiple maltreatment types account for another 27.2%.
  - Children under age 4 account for 76.8% of all child abuse deaths.
  - Children under 1 account for 42% of all child abuse fatalities.

- How do we define child neglect?

- To protect children & improve their well-being

- Why do we want to define child neglect?

  - To protect parents
  - Not to blame parents
  - Not to criminalize parents

- General Neglect

- PENAL CODE
  - 300 (b) Welfare & Institutions Code

- New Forms of Neglect
  - Exposure to 2nd hand smoke
  - Inadequate treatment of HIV/AIDS
  - Not using car seat/seat belts
  - Access to a gun
  - Exposure to domestic violence
  - Unsupervised internet access

- SEVERE NEGLECT
  - Withholding food/water on a prolonged willful basis
  - Severe malnutrition
  - Non-organic failure to thrive
  - Failure to provide medical treatment which will result in permanent and/or severe illness or death.

- Contributors to Neglect

- Child
- Parent
- Family
- Community
- Society
Remove this page and insert

Trainee Content

Pages 26–27
TRAINING ACTIVITY 4B

ACTIVITY: Poverty and Neglect
Activity Time: 5 min

Materials:
• Trainee Content: Poverty and Child Neglect (page 28 in the Trainee’s Guide)
• PowerPoint Slides: 24 & 25

Training Activity:
■ Step #1. The trainer discusses the research regarding the relationship between poverty and neglect:
• 3rd National Incidence Study which states that the rate of neglect is 44 times higher for families earning less than $15,000 per year (Sedlack & Broadhurst, 1996)
• Emphasize that poverty is a contributing factor to neglect (Besharov, 1990) – see trainee content for actual statistics.
• Emphasize that poverty is stressful and that such stress may increase one’s propensity to anger, hopelessness/indifference, violence, and substance abuse (Danziger & Danziger, 1993).
• It should be stressed, however, that poverty itself does not constitute neglect. The following may also be present in families where neglect occurs: Chaos, Lack of interpersonal and job skills, Disorganization, Apathy, and Drug addiction (also in trainee content).
• Remind trainees of the child maltreatment statistic re: neglect and to consider/think about the percentage of this number that is connected to poverty: Between Jan 1, 2005 and Dec 31, 2005, the percentage of children who entered child welfare-supervised foster care with neglect as the removal reason was 80% (Needell, et al., 2006).

End of Activity

PowerPoint Slide, Activity 4B: Slides 24-26
TRAINING ACTIVITY 4C

ACTIVITY: Indicators of Child Neglect
Activity Time: 30 min

Materials:
• Trainee Content: Further Elements of Neglect: Possible Behavioral Indicators (page 29 in the Trainee’s Guide)
• Trainee Content: Possible Indicators of Child Neglect (page 30 in the Trainee’s Guide)
• Trainee Content: Possible Manifestations of Neglect (pages 31-34 in the Trainee’s Guide)
• Trainee Content: Failure to Thrive (pages 35-36 in the Trainee’s Guide)
• Trainee Content: Positive Toxicology (page 37 in the Trainee’s Guide)
• PowerPoint Slides: 26-30
• Flip chart paper
• Markers
• Masking tape

Training Activity:

■ Step #1. Activity
• Trainer divides trainees into four groups.
• Trainer distributes flip chart paper between the four groups of trainees.
• Trainee groups should identify all INDICATORS OF CHILD NEGLECT by listing them on the paper.
• Trainer asks trainee groups to be ready to discuss how they are indicators of neglect.

■ Step #2. Processing/Debriefing the Training Activity:
• When each group is done writing on their flip chart paper, ask each group to appoint a spokesperson.
• Ask each spokesperson to report out one at a time (and the other groups cross them out if they have the same). Ensure that a given spokesperson reports out only a couple answers at a time (not their group’s entire list), and rotate answer-giving from group to group.
• Have each reporter or group describe how what they have written is an indicator of child neglect.
• Trainer goes into depth on each indicator, offering case examples to illustrate the point.
• Refer trainees at the end of this exercise to content in their manuals labeled: “Further Elements of Neglect: Possible Behavioral Indicators”; “Possible Indicators of Child Neglect”; “Possible Manifestations of Neglect”; “Failure to Thrive”; and, “Positive Toxicology”. 
Tips:

- Many of the items the trainees list may or may not be an indicator of child neglect, but could be a possible indicator. (Some will be a question of degree.)
- When discussing various issues, weave in scenarios and case examples.
- Ask class what they think to keep it as interactive as possible.
- Pay careful attention to fairness & equity issues as they arise. Many issues of perceived neglect may relate to culturally specific practices. Example: leaving children “unsupervised.” In many cultures, young children are given more responsibility and left alone at a younger age than in Western culture. The child welfare worker should be aware of their bias in this area when investigating these situations. They need to look at safety and risk while respecting the cultural context of the presenting situation.

Trainer discusses:

- Discuss with trainees that neglect is a culturally constructed phenomenon.
- Discuss with trainees that parental/caregiver mental illness/substance abuse is a factor to consider in neglect cases (refer trainees to Critical Thinking in Child Welfare: Safety, Risk & Protective Capacity module)

End of Activity

PowerPoint Slide, Activity 4C: Slides 27-31
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Trainee Content

Page 29–37
DAY 1, SEGMENT 5

Challenges and Dilemmas of Neglect

Total Segment Time: 15 min

TRAINING ACTIVITY 5A

ACTIVITY: Challenges and Dilemmas of Neglect
Activity Time: 15 min

Materials:
- Trainee Content: Perceptions and Dilemmas in Identifying and Intervening in Neglect (pages 38-39 in the Trainee’s Guide)
- PowerPoint Slide: 32-34

Training Activity:
- Review Trainee Content noted above.
- Highlight information from Rose & Meezan study.

Processing/Debriefing the Training Activity:
- Trainer should point out the difference between perceptions and the findings in the study.
- Trainer should also point out the challenges of neglect investigations for the child welfare worker.

End of Activity

PowerPoint Slide, Activity 5A: Slide 32-34

Challenges & dilemmas of neglect

- Different standards, values, and norms regarding child rearing in different cultural groups
- Marginal child rearing issues

Intervention/Treatment Can Work!

- At age 4, excellent catch up in growth & dev. for children who arrived < 6 mos.
- For those who arrived > 6 mos., good catch up in development
- McCarthy General Cognitive Index = 92 (vs. 109 for UK adoptees)

Severe Neglect & Resilience

- McCarthy General Cognitive Index = 92
Remove this page and insert

Trainee Content

Pages 38–39
DAY 1, SEGMENT 6

Challenges in Identifying Emotional Abuse

Total Segment Time: 25 min

TRAINING ACTIVITY 6A

ACTIVITY: What is Child Emotional Abuse?

Activity Time: 25 min

Materials:
- Trainee Content: Child Emotional Abuse (page 40 in the Trainee’s Guide)
- Trainee Content: Indicators of Emotional Abuse (page 41-43 in the Trainee’s Guide)
- PowerPoint Slides: 35-39

Training Activity:

■ Step #1. Trainer elicits responses from trainees regarding the following questions:
- What are the elements of the definition of child emotional abuse?
- Does there need to be intent?
- How does the trainees’ own definition of emotional abuse compare to the legal definitions?
- Include discussion on thresholds for emotional abuse (discuss different standards/consult with supervisor and county counsel)
- Include discussion re: the need for mental health evaluation
- Include discussion re: need of documentation of all 3, as evidenced by severe anxiety, depression, or aggressive behavior in child/adolescent as a result of parents’ behavior

■ Step #2. Trainer reviews and discusses:
- Trainee Content: Child Emotional Abuse
- Trainee Content: Indicators of Emotional Abuse

End of Activity

PowerPoint Slide, Activity 6A: Slides 35-39
Impact of Emotional Abuse on Development

- Research findings!
Remove this page and insert

Trainee Content

Pages 40–43
DAY 1, SEGMENT 7

Introduction to Physical Abuse

Total Segment Time: 40 min

TRAINING ACTIVITY 7A

ACTIVITY: Defining Physical Abuse

Activity Time: 15 min

Materials:
- Trainee Content: Child Maltreatment Statistics (page 5 in the Trainee’s Guide)
- Trainee Content: CA W&I Code, Section 300 (page 6-9 in the Trainee’s Guide)
- Trainee Content: CA Penal Code, Sections 11164 and 11165 (page 10 in the Trainee’s Guide)
- Trainee Content: Child Physical Abuse (page 44 in the Trainee’s Guide)
- PowerPoint Slide: 40-42

Training Activity:

■ Step #1. As an introduction, cite data on physical abuse in California (from Day 1, Segment 1, Activity 1B). Compare to numbers throughout the USA. Point out trends and factors that are present in these statistics.

Refer trainees back to:
- California W&I Code, Section 300, subsections (a), (e), (f), (i), and (j).
- California Penal Code, Sections: 11165.3, 11165.4, 11165.5, and 11165.6

■ Step #2. Processing this Activity:
Discuss:
- Elements of the definition of physical abuse
- Culturally specific examples that could be misinterpreted as abusive
- Cultural context (will be discussed further in next activity)

End of Activity

PowerPoint Slide, Activity 7A: Slide 40-42
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Trainee Content

Pages 5–10, 44
TRAINING ACTIVITY 7B

ACTIVITY: Values Clarification Activity

Activity Time: 25 min

Materials:
- Trainee Content: Values Clarification: Personal Definitions of Abuse and Neglect (page 45 in the Trainee’s Guide)
- Trainee Content: Values Clarification Exercise, Groups 1-6 (page 46–51 in the Trainee’s Guide) (Trainer should make 1 additional copy of each of 1-6 to distribute to group tables.)
- Paper at tables to record trainee responses
- Markers
- PowerPoint Slides: none

Training Activity:

- **Step #1. Brief Lecture**
  - Discuss how our personal values and biases can influence our decisions.
  - Point trainees to the following “values clarification” box in their manuals.
  - Have a trainee read this aloud.

- **Step #2. Small group exercise**
  - Then have groups respond to the information on the prepared cards.
  - Ask trainees to record their various responses on the chart paper at their tables.

Processing this activity:

Discuss:
- Cognitive versus impulsive responses
- Volatility
- Stress factors
- Parent’s history
- Cultural aspects around these issues, etc.
- Poverty and abuse

Ask trainees, if they are comfortable doing so:
- Share how they were raised and how this may influence their evaluating abuse?
- How do we guard against our own bias based on our personal history or experience?

Add examples of cultural practices that may present as abusive by Western standards but that fit in specific cultural contexts.
Ask trainees:
• How to intervene in a respectful manner?
• Trainees can suggest those areas that may evoke an emotional or value laden reaction.
• Possible areas may include: discipline, LGBTQ, age, religion, gender, sexual abuse, and severe injuries.)
Remove this page and insert

Trainee Content

Pages 45–51
DAY 1, SEGMENT 8

Information Gathering and Physical Abuse

Total Segment Time: 30 min

TRAINING ACTIVITY 8A

ACTIVITY: Age and Injury

Activity Time: 30 min

Materials:
- Trainee Content: Elements to Consider in Identifying Physical Abuse, Short Version (page 52 in the Trainee’s Guide)
- Trainee Content: Elements to Consider in Identifying Physical Abuse, Extended Version (pages 53-58 in the Trainee’s Guide)
- Trainer Content: Supplemental Scenarios for Age/Injury Activity (pages 67-68 in the Trainee’s Guide)
- 3 x 5 cards
- PowerPoint Slides: 43-48

Trainer notes:
- Introduce the following exercise by discussing how we all have experienced, directly or indirectly, physical injuries. Physical injuries may be a personal experience, that of a friend or family member, or it may be through a previous job experience.
- Introduce the concept of self-care, that is, no one has to put down an example of an injury that is too personal to discuss openly or that may bring back very unpleasant memories.
- Also, mention that the discussion of physical abuse, in and of itself, may provoke strong feelings.
- Suggest “reasonable alternative hypotheses” to injuries, and note use of this language.
- If class does not come up with an adequate variety of examples, go to Trainer Supplement.

Training Activity:
- Pass out blank index cards.
• Ask trainees to think of a child (can be a child of theirs, themselves as a child, or a real case situation they know about) and write the age of the child and an injury the child sustained, but don’t write how it happened.
• Trainer collects the cards and uses them as scenarios child welfare workers may receive from the hotline to investigate.

Trainer gives the following setup for reading the cards:
“You are the worker who is new on the job. You will be gathering the referral information for your new case, which may be scanty, from the hotline, as well as your clipboard of forms and your new plastic ID card. After driving directly to Starbucks for a cup of energy, then you are on your way to investigate this referral. Read the first card, and elicit from group: what kinds of things are you thinking about as you prepare to investigate this report? After reading each card and discussing, ask the author of the card to identify themselves and tell what really happened in that situation.”

Processing/Debriefing the Training Activity:
Trainer should refer trainees to content for this activity labeled “Elements to Consider in Identifying Physical Abuse, Short Version,” “Elements to Consider in Identifying Physical Abuse, Extended Version,” “Information Gathering and the Identification of Physical Abuse: Explanation of Injuries (Extended Version),” and “Information Gathering and the Identification of Physical Abuse: Obtaining Medical Opinions (Extended Version).”

Trainer should train to and emphasize the 13 elements listed in the handout “Elements to Consider in Identifying Physical Abuse, Extended Version,” and should explain the definition of each of the 13 elements listed, in order to ensure that the trainees are better prepared for the embedded evaluation on Day 2.

Trainer should also weave the following discussion points into the following exercise, while referring to content noted above:
• Accidental versus non-accidental
• Abuse versus discipline
• Cognitive versus impulsive
• Factors contributing to abuse
• Child welfare worker bias (refer back to values exercise and discussion)
• Self-care
• Critical thinking: elements of? Brief discussion, refer to discussion in Safety, Risk, & Protective Capacity class where subject to be discussed fully.

Weave into the discussion some of the ensuing information about “Elements to Consider in Evaluating Abuse” as well ensuing information about “Types of Injuries.”
• **Mention and reinforce** when people bring up how they think an injury might have happened, i.e., “what is the mechanism that caused the injury” and that, for example, injuries to the back of the torso are more suspicious than to the front and why, and considering elements of age, developmental abilities of the child, description of injury, location of injury, etc.

• **Ask the same question with each example.** Use several cards in the same scenario for at least one week or more (each card a new day to go out and investigate), until class understands the concepts—is this abuse, or an accident? Class will come up with the fact that more information is needed before the determination can be made that it is either accidental or abuse. Class will reach the understanding that certain themes are important—such as location of injury, getting a good description of the injury, and thinking about the mechanism that causes the injury.

• Generally there will be a mix of accidental, more personal stories of themselves or their children, and client situations of non-accidental injury. Weave in appropriate commentary on those situations and respond to questions/comments as they arise.

• Weave in humor as well—this exercise gets people involved; ask people, for example, if they are okay now? Some may share stories of non-accidental issues that are personal; be very respectful with those, and thank them for disclosing that information.

• Reinforce that this is a difficult job and we are going to practice and talk about these issues today in training so that they can reflect back on these discussions when in the field—(secures buy-in for the class and acknowledges the anxiety often felt by new staff in tackling this job).

• Weave in elements: location of injury, explanation, location of incident/scene; age of child; severity of injury; frequency; history of abuse/CWS priors; child’s overall appearance; developmental abilities of child; parental history of child maltreatment; parental substance abuse.

• **TRAINER NOTE:** It is important for the trainer to emphasize that the trainees should always check their county’s protocol to see if the “Location/Scene of Incident” element (taking measurements, making photographs, checking water temperature, etc.), is a function of the law enforcement investigator working the case or for the CWS child welfare worker. The trainer should emphasize that a complete viewing of the location where the injury allegedly occurred is essential for the CWS worker.
Supplemental Scenarios to Use in Age/Injury Activity

The following scenarios should be used if the class does not come up with enough scenarios or scenarios of a broad enough range to elicit discussion on child maltreatment indicators/investigation.

Instructions:
- Read description of injury aloud,
- Elicit input from class on possible causes, and
- Provide real outcome after discussion.

Example 1: Possible Physical Abuse
Female, 4 years old. Child was brought to the emergency department at 8:00 pm with a large bump on head above right eye.

Cause: Child was bouncing on living room couch, slipped, and hit her head on the edge of the coffee table. Parents verified and the child told doctor what had happened outside the presence of her parents.

Example 2: Possible Supervisory Neglect
Female, 1 year old. Drowning, EMT called to the home.

Cause: Father was asleep. The 1-year-old got out through sliding glass door and fell into the pool. The 13-year-old sibling was at home at the time as well.

Example 3: Possible Supervisory Neglect
Male, 7 years old. Died in an apartment fire

Cause: Mother left child alone in apartment for 5 hours while she went to work. Blaze started in child’s bedroom, possibly by cigarette lighter.

Example 4: 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.

Cause: Baby had old and new subdural hematomas and a fractured skull. Father finally admitted to shaking the baby twice. He was charged with criminal attempted homicide, simple assault, aggravated assault.
**Example 5: Physical Injury**
Female, age 9 years. Fractured elbow, presenting at the Emergency Room at 8:30 pm.

Cause: Went down metal slide standing up in socks. At bottom of slide, child’s feet went out from under her and her right elbow slammed against the edge of slide. Child did not disclose injury to parent for 9 hours because she had disobeyed mother’s injunction to “play safely” on the swing set.

**Example 6: Possible Medical Neglect**
Female, 18 months. Infant diagnosed with meningitis. Infant died.

Cause: Parents said they believed child only had a cold or the flu and did not seek medical attention because they believe strongly in faith healing and chose to pray for the child. Parents charged for manslaughter and willful cruelty to a child.
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Trainee Content

Pages 52–68
DAY 1, SEGMENT 9

Introduction to Types of Injuries- Part 1
Total Segment Time: 30 min

TRAINING ACTIVITY 9A

ACTIVITY: Bruises, Bites and Cultural Practices that may be Construed as Abuse
Activity Time: 30 min

Materials:
• Trainee Content: Types of Injuries: Accidental and Non-Accidental, Part 1- Bruises, Bites and Cultural Practices that may be Construed as Abuse (pages 69-71 in the Trainee’s Guide)
• Trainee Content: Folk Medicine Practices (pages 72-76 in the Trainee’s Guide)
• PowerPoint Slides: 49-63

Processing/Debriefing the Training Activity:
• Trainer should attempt to weave in examples from their case practice experience.

Training Activity:
Introduction and self-awareness alert for trainees:
• Emphasize the need for viewing these photographs, acknowledging that many are difficult to look at because some of the pictures are more graphic and display examples of abuse of a more severe nature along the continuum of child abuse cases.

• Reinforce that these may rarely be seen out in the field and so it is very important to be exposed to them in training so that they don’t miss something when they are in the field working with clients and children who may be at risk.

• At this point or some time during the class, participants may ask how to manage their own feelings about some of the very difficult issues, trauma, and emotions they are exposed to in this role. (This may already have come up in the Feelings/Behaviors Exercise.) It is advisable to acknowledge the challenges but support that it is good for the profession to have caring, empathetic people in these roles.
Again this leads to reinforcing the need to be well prepared for the job through education, training, consultation, and supervision as well as maintaining balance and obtaining support both professionally and personally.

Trainer begins going through slides:

Explain that you will now be going through a number of power point pictures depicting the variety of ways that children are maltreated: “This afternoon, we will be looking at slides of bruises, welts, pettichiae, abrasions, bites, fractures, burns, and cultural practices that may be construed as abusive. Abusive head trauma, chest and internal injuries will be covered in the next segment in the morning.”

Inform trainees that these are medical slides, from the American Academy of Pediatrics (AAP) as well as from the presentations of Dr. Seth Asser at the APSAC (American Professional Society for the Abuse of Children) Colloquium of June 2006. Every effort will be made to be explicit and brief in this presentation so as not to affect anyone adversely.

When possible, during the slide presentation, elicit input from the class as to how they think the injury may have occurred (the mechanism of the injury). While doing so, note that there may be a variety of possibilities, some abusive, some not, and reinforcing the importance of having a medical professional make the determination rather than a child welfare worker guess or make an assumption.

Lecture on the importance of documentation when working with families (throughout the life of a case).

Emphasize that documentation is especially important during the phase of identifying child maltreatment. The courts will be reviewing this information with a high level of scrutiny to determine if the evidence (information that trainees will be gathering) meets the threshold for continued involvement by the child welfare system.

For two slides of your choosing, ask the class how to document the injury. Emphasize neutral, descriptive language. Provide language for them if the trainees cannot come up with it.

End of Activity

PowerPoint Slide, Activity 9A: Slide 49-63
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Trainee Content

Pages 69–76
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DAY 1, SEGMENT 10

Empathy
Total Segment Time: 30 min

TRAINING ACTIVITY 10A

ACTIVITY: Empathy Exercise
Activity Time: 30 min

Materials:
- Large cards or labels (one set for each table)
  - PARENT (2)
  - CHILD
  - MEDICAL PERSONNEL
  - CHILD WELFARE WORKER
- Chart paper for brainstorming activity-optional
- PowerPoint Slides: 64

**Trainer Note:**
It is important to reduce the tension and stress which may be present in the classroom as a result of the graphic nature of the slides and discussion before concluding class. There may also be a feeling of hostility towards parent(s) / caregiver(s) who may be perpetrators of child maltreatment. One way to encourage a distancing of the trainees from the slides, as well as a reminder of the importance of strength-based engagement with the parent(s) / caregiver(s), is to conduct the following training activity:

**Training Activity:**
- Trainer will present the situation of a verbal-aged child brought to the Emergency Room by the police with an injury that raises suspicion for child abuse.
- Ask trainees to visualize a child coming into the emergency room with a broken arm with his/her parents.
- Break class into four small groups with the roles of: parents, child, hospital personnel, and child welfare worker or have each table select 4 of their tablemates to respond in the roles listed above. The person selected as the “child” can choose to portray the injury as inflicted or accidental.
- Have small groups brainstorm or act out the various reactions each of these individuals could have to the investigation including cultural, socio-economic, education, and other possible factors. Ask groups to consider how perceptions may affect how the situation is handled based on socioeconomic status (high- and low-income), race, English as a second language, age of the parents, etc.
• Refer to supplemental handouts and wall posters on strength-based practice.

**Processing/Debriefing:**

• Have each group report out the major points of their brainstorming experience. If the trainees have role-played the perspectives, the trainer can have all trainees who assumed the role of the “child” come to the front of the room and describe their feelings. The same can then be done for the parents, medical personnel, and child welfare worker. The trainer can wrap up the exercise by reinforcing learning points as they relate to information gathering, collaboration, and identification of risk factors for maltreatment. It is also appropriate to discuss the emotions of the child as he/she is asked to disclose the cause of the injury.

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**End of Activity**

PowerPoint Slide, Activity 10A: *Slide 64*

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**Empathy Exercise**

• How would you feel...
  - Child
  - Parent
  - Social Worker
  - Medical Professional
DAY 1, SEGMENT 11

Introduction to Types of Injuries- Part 2 & 3

Total Segment Time: 35 min

TRAINING ACTIVITY 11A

ACTIVITY: Part 2- Fractures and Burns

Activity Time: 20 min

Approximate time: 35 minutes during Day 1. Trainers should attempt to get through as many parts as possible prior to the end of Day 1. During Day 2, pick up where you left off.

Materials:
- Trainee Content: Folk Medicine Practices (pages 72-76 in the Trainee’s Guide)
- Optional Handout: The Skeletal System (not included in curriculum)
- PowerPoint Slides: Fractures 65-75; Burns 76-103

Training Activity:
Introduction and self-awareness alert for trainees:
- Emphasize the need for viewing these photographs, acknowledging that many are difficult to look at because some of the pictures are more graphic and display examples of abuse of a more severe nature along the continuum of child abuse cases.
- Reinforce that these may rarely be seen out in the field and so it is very important to be exposed to them in training so that they don’t miss something when they are in the field working with clients and children who may be at risk. Again, this leads to reinforcing the need to be well prepared for the job through education, training, consultation, and supervision, as well as maintaining balance and obtaining support both professionally and personally.

Trainer begins going through slides:
- This morning, we will be looking at slides of fractures and burns.
- As before, when possible, elicit input from the class as to how they think the injury may have occurred (the mechanism of the injury).
- The Trainer can refer the trainees to the Skeletal System Handout to acquaint the trainee with bones being discussed. This allows the trainee to see not only the bone being discussed but its relative length and relation to other bones. These
drawings may be ordered from Bruce Algra’s Anatomy Series at [www.algra.com](http://www.algra.com). Please note there is a cost.

- Repeat self-care warning about the nature of slides about to be shown. Pictures of burns are often the most difficult to look at.
- During discussion of burns, acknowledge that they are very painful, even when accidental, and difficult to view and talk about. However, it is important to understand about burns enough to sort out some of the ways we can tell if burns are accidental or non-accidental.
- Remind trainees of the natural reaction to getting burned is to get away from the heat as quickly as possible, whether you were being burned by a hot object or hot liquid. Emphasize that this is a significant factor when listening to caregiver’s explanation of how the burn occurred and the child’s reaction.
- Review PowerPoint slides and explain each slide using the notes accompanying each slide. (Give possible scenarios and explanations of mechanism of injury for each slide.)
76-103 Burns

**Self care**
- Be prepared, burns are difficult to look at.
- Likewise, this is parallel to your need to take care of yourself as a child welfare worker.
- High burnout if you don’t!

**Burn Types**
- Thermal
  - Visible
  - 1st degree (painful sensation, dry skin)
  - 2nd degree (swelling, pain, blisters)
  - 3rd degree (flesh charred, brown-black)
  - Contact
    - Scalding water
    - Steam
    - Radiant
    - Flame

**Severity Factors**
- Burns represent 10% of all physical abuse cases.
- The peak age of burn victims is 13 to 24 months.

**Burn Profile Checklist**
- Bathroom layout
- Other basins
- Explanation of injury: Does it fit?
- Temperature of heat source
- Heat emission from surface of source
- Heat content/specific heat of source
- Heights/depths/volume
- How fast/hot as tub
- Other injuries

**Multiple similar burns**

**Burn Types**
- Thermal
- Contact

**Severity Factors**
- Exposures time
- Temperature of heat source
- Thickness of skin
- Types of exposure
- Heat content/specific heat of source
- Heat emission from surface of source

**Reference Temperatures, degrees F**
- Comfortable Infant Bathing
- Hot tub

**Other hot fluids**
- Oil splatter

**Localized to**
- Buttocks
- Other injuries

**Explanation of injury: Does it fit?**
- Burns fit history.
- No other injuries.
- High burnout if you don’t!

**Cultural Folk Treatments**
- Mud therapy
- Concoction - indigenous practice
- Cal-Glo - SS with inst河s of fuchsins
- Bowen’s — burn area is cauterized with open flame, very unhygienic

**Other hot fluids**
- Oil splatter (Heat content greater than water; fluid more viscous)

**Stocking & gloves injury**
- Foot immersion
- Pull down too high
- Covering water runs down

**Close to Abuse; Explanation of injury**
- History
- Not consistent with age, ability

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Trainee Content

Pages 72–83
TRAINING ACTIVITY 11B

ACTIVITY: Part 3 - Injuries to Face, Ears, Mouth and Neck

Activity Time: 15 min

Approximate time: 35 minutes during Day 1. Trainers should attempt to get through as many parts as possible prior to the end of Day 1. During Day 2, pick up where you left off.

Materials:
- Trainee Content: Types of Injuries: Accidental and Non-Accidental, Part 3 - Injuries to the Face, Ears, Mouth and Neck (pages 84 in the Trainee’s Guide)
- PowerPoint Slides: 104-109

Training Activity:
- Slideshow

End of Activity
PowerPoint Slide, Activity 11B: Slide 104-109
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Trainee Content

Page 84
DAY 1, SEGMENT 12

Review of the Day
Total Segment Time: 15 min

TRAINING ACTIVITY 12A

ACTIVITY: End of Day 1
Activity Time: 15 min

Materials:
• PowerPoint Slides: none

Training Activity:
• Process questions and comments
• Remind trainees re: self-care tonight
• Brief preparation for tomorrow’s material

End of Activity
DAY 2, SEGMENT 13

Welcome Back
Total Segment Time: 15 min

TRAINING ACTIVITY 13A

ACTIVITY: Review of Day 1 and Agenda for Today
Activity Time: 15 min

Materials:
• PowerPoint Slide: 110

Training Activity:
• Review learning from Day 1
• Process questions
• Review today’s agenda
• Remind trainees re: self-care

End of Activity

PowerPoint Slide, Activity 13A: Slide 110
DAY 2, SEGMENT 14

Continued Introduction to Types of Injuries- Parts 4 & 5

Total Segment Time: 45 min

TRAINING ACTIVITY 14A

ACTIVITY: Part 4: Abusive Head Trauma

Activity Time: 25 min

Materials:
• Trainee Content: Types of Injuries: Accidental and Non-Accidental, Part 4 - Abusive Head Trauma (pages 85-86 in the Trainee's Guide)
• PowerPoint Slides: 111-118

Training Activity: Slideshow

End of Activity

PowerPoint Slide, Activity 14B: Slide 111-118

Abusive Head Trauma

- Head injuries are the primary cause of death in infant child abuse cases.
- Head injury is the leading cause of death in child abuse cases.

Abusive Head Trauma

- Head trauma means injury to the face, scalp, skull, meninges, and/or brain as a result of mechanical force.

May be a result of direct impact, asphyxiation, or shaking.

- Convulsion is the most common brain injury associated with minor brain injury and memory loss for the event.
- Diffuse axonal injury is the term for minor head trauma followed by unconsciousness in immediate and lasts more than 6 hours.

- Skull fractures may be simple or complex.
- Approximately 1/3 of skull fractures in children under 3 are nonaccidental.
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Trainee Content

Page 85–86
TRAINEE ACTIVITY 14B

ACTIVITY: Part 5: Chest Injuries & Abusive Abdominal Trauma

Activity Time: 20 min

Materials:
- PowerPoint Slides: 119-125

Training Activity: Slideshow

PowerPoint Slide, Activity 14C: Slide 119-125
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Trainee Content

Pages 87-88
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DAY 2, SEGMENT 15

Skill Practice/Embedded Evaluation
Total Segment Time: 90 min

TRAINING ACTIVITY 15A

ACTIVITY: Embedded Evaluation
Activity Time: 15 min

General Tips:
Trainers should read the content contained within the Evaluation Protocols Tab of the Trainer’s Guide prior to proceeding with any type of evaluation. More specifically, trainers should be very familiar with the sections of content labeled “Coding & Confidentiality” and “Maintaining Security of the Knowledge and Skill Evaluations.”

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 fidelity of the curriculum.

Materials:
- Pen/pencils for filling out assessment forms (Please use ballpoint blue or black ink pens or other types of dark-ink pens that will not bleed through to the back of the answer sheet. Please avoid the use of felt-tip pens for the answer sheets.)
- Evaluation Protocols Tab: Letter to Participants, Informed Consent, ID Code Assignment instructions, Demographic Survey
- Evaluation Protocols Tab: Ramon Sample Case Scenario
- Evaluation Protocols Tab: Embedded Evaluation Answer Sheet (for Ramon scenario)
- Evaluation Protocols Tab: Four Test Scenarios
- Evaluation Protocols Tab: Embedded Evaluation Answer Sheets for test scenarios
- Evaluation Protocols Tab: Answer Key for sample and test scenarios
- PowerPoint Slides: 126

Training Activity:
Note to Trainers: As new versions of curricula are edited and released, CalSWEC will remove the following evaluation-related documents from within the curriculum sections of a given Trainer’s or Trainee’s Guide:
▪ **Trainer Content/Tips:** remove instructions for facilitating the embedded evaluation process (both for the sample scenario and for the test scenarios) and instructions for facilitating the knowledge test process for applicable curricula and place such instructions solely in the Evaluation Protocols Tab *(and/or on the secure section of the CalSWEC website).*

▪ **Trainee Content:** Remove any sample scenarios and/or test answer sheets from within the Trainee’s Guide and place them solely in the Evaluation Protocols Tab within the Trainer’s Guide *(and/or on the secure section of the CalSWEC website).*

The rationale for removing evaluation-related content from the respective sections of the Trainers’ and Trainees’ Guides is that when changes are made to the sample scenario, or to instructions for the evaluations, or to the sample/test answer sheets, then we can avoid re-numbering the entire curriculum and just re-number the evaluation documents.

Please refer to the Evaluation Protocols Tab in your Trainer’s Guide for a full copy of the instructions for facilitating the sample embedded evaluation process.

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**End of Activity**

**PowerPoint Slide, Activity 15A: Slide 126**

![Embedded Evaluation Slide](slide126.png)
For security purposes, the embedded evaluation scenarios and answer keys are not posted in the same area as the curriculum on the CalSWEC website.

Scenarios and test answer sheets (and answer keys, including for Ramon) for Toby, Miko, Crystal and D’Shan can be found in the Evaluation Protocols Tab of the Trainer’s Binder. If you don’t have these documents in your binder, please contact:

1. California-based trainers: Please contact your RTA/IUC training evaluation personnel for copies of the scenarios and answer keys.

2. Outside of California: Please contact Leslie Zeitler lzeitler@berkeley.edu at CalSWEC for copies of the scenarios and answer keys.

Please do not distribute any of the answer keys once you receive them.
DAY 2, SEGMENT 16

Wrap-Up and Closure

Total Segment Time: 15 min

TRAINING ACTIVITY 16A

ACTIVITY: Wrap-up and Closure

Activity Time: 15 min

Materials:
- PowerPoint Slides: 127-128

Training Activity:
- Field any last questions trainees may have about the content.
- Review/revisit competencies and learning objectives chosen from Day 1, Segment 1.
- Thanks and good wishes.

End of Activity

PowerPoint Slide, Activity 16A: Slides 127-128

We rarely hear about county social workers until they make a mistake.

Unfortunately, we can’t pass laws demanding they make no mistakes. All we can do is demand the highest training, and impress upon child protection officials that the decisions they make are among the most critically important in our society.

THANK YOU AND GOOD LUCK TO YOU IN YOUR CHILD WELFARE WORK WITH CHILDREN AND THEIR FAMILIES