



University of
St Andrews



Fife Health
& Social Care
Partnership



Supporting the people of Fife together

ERICA

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

Trainee Handbook



Funded by the Rights, Equality and
Citizenship Programme (REC) of
the European Union

OXFORD
BROOKES
UNIVERSITY

Tampereen yliopisto
Tampere University

GHU PARIS
PSYCHIATRIE &
NEUROSCIENCES
Maison Blanche

The Maria Grzegorzewska
UNIVERSITY
established 1922



UNIVERSITÄT
DUISBURG
ESSEN

Offen im Denken

SYNERGIA

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

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.

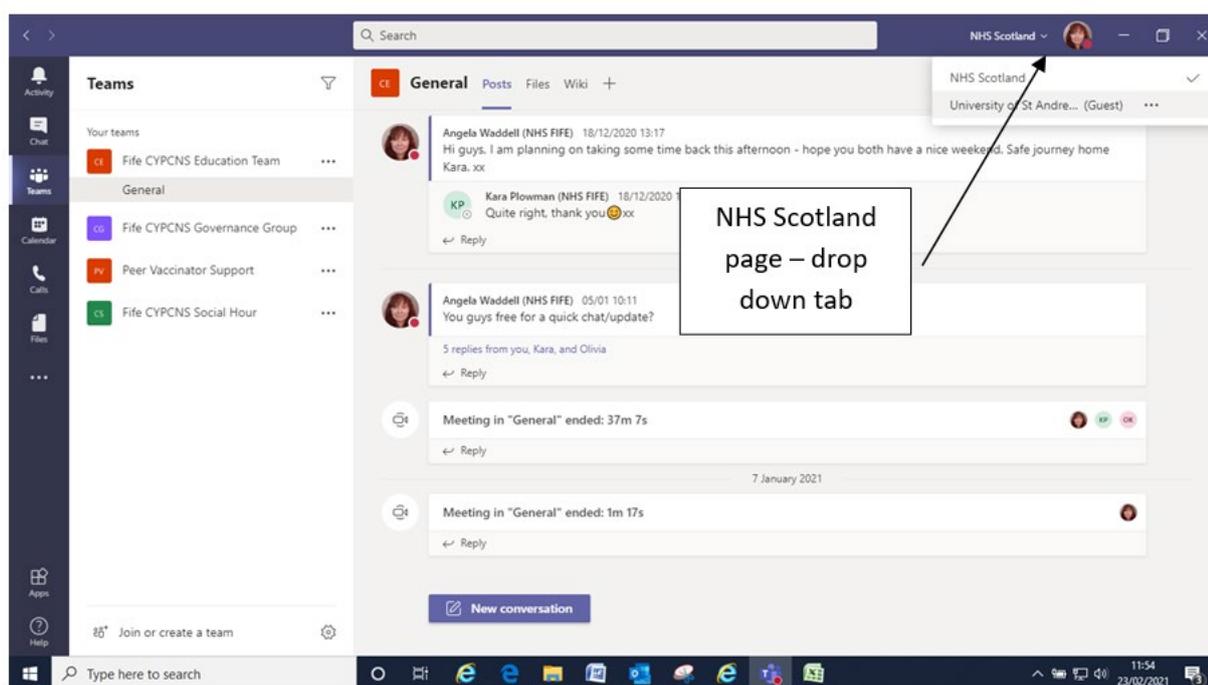
The limitations raised by Covid-19 have affected everyone, and vulnerable children and adolescents especially.

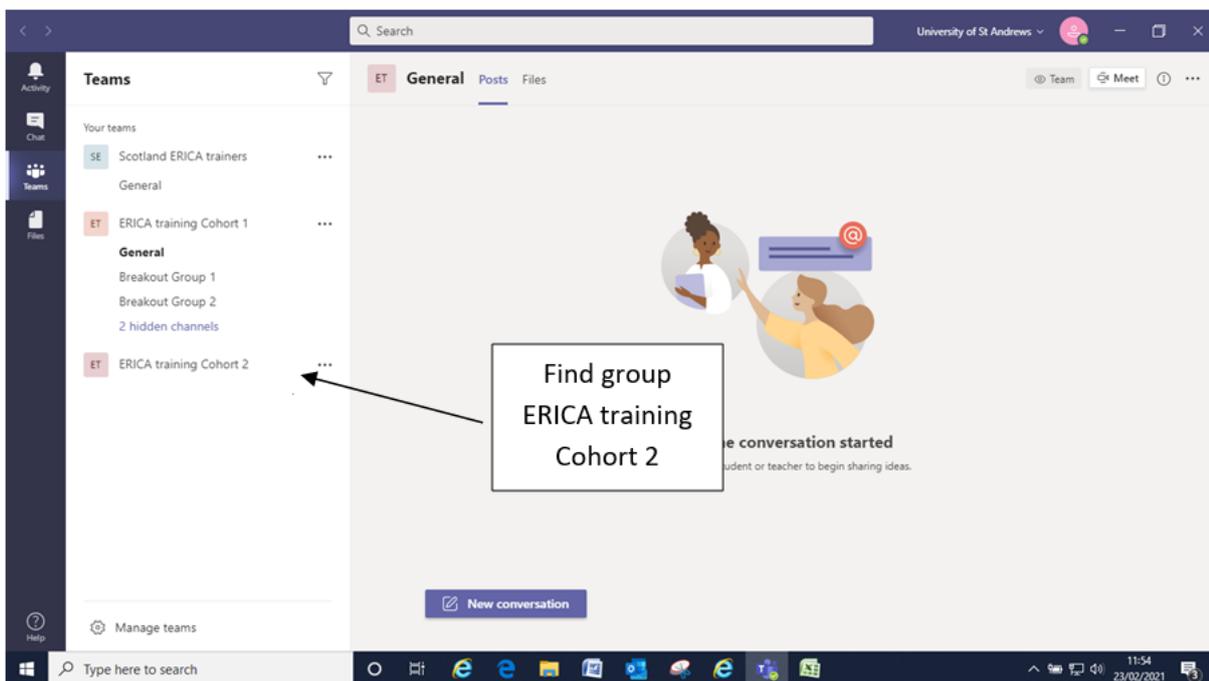
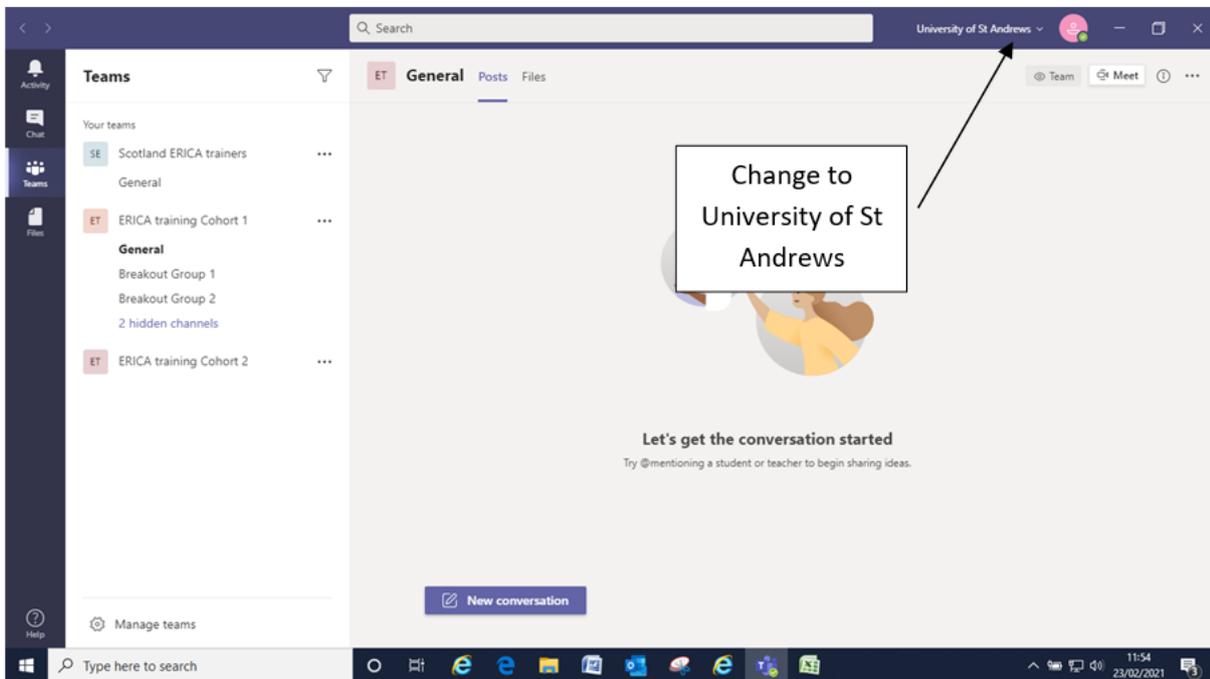
Using Microsoft Teams

Before attending the training Day 1 please make sure to familiarise yourself with Microsoft Teams platform.

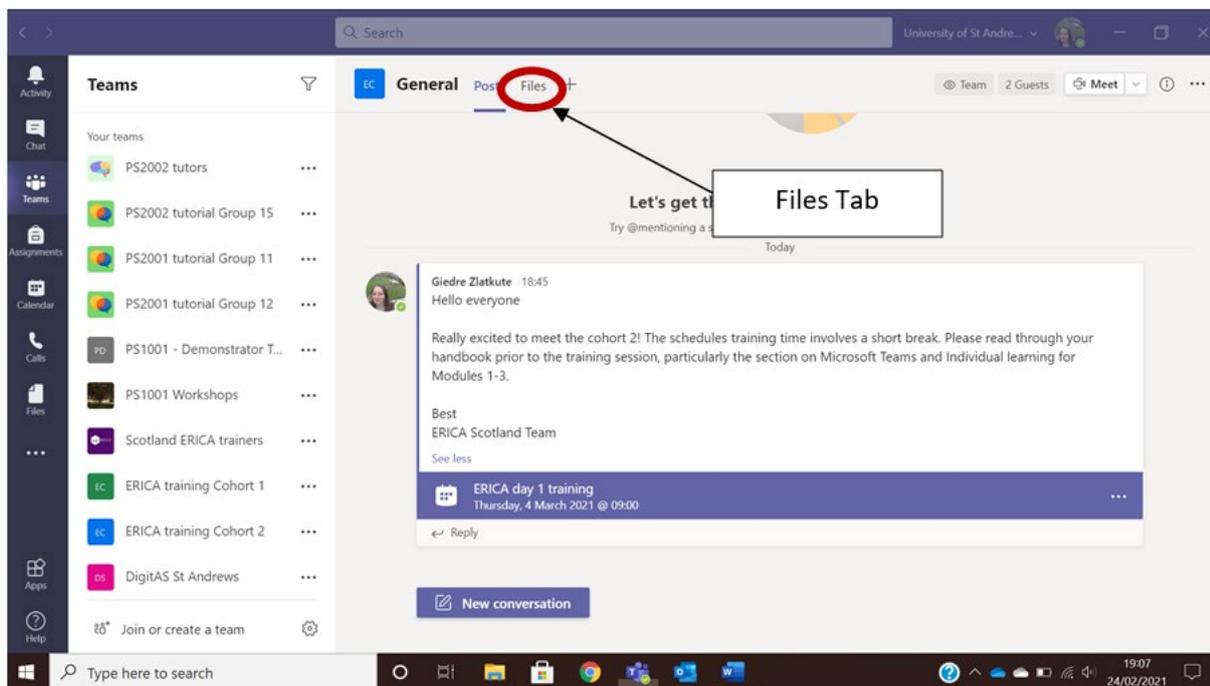
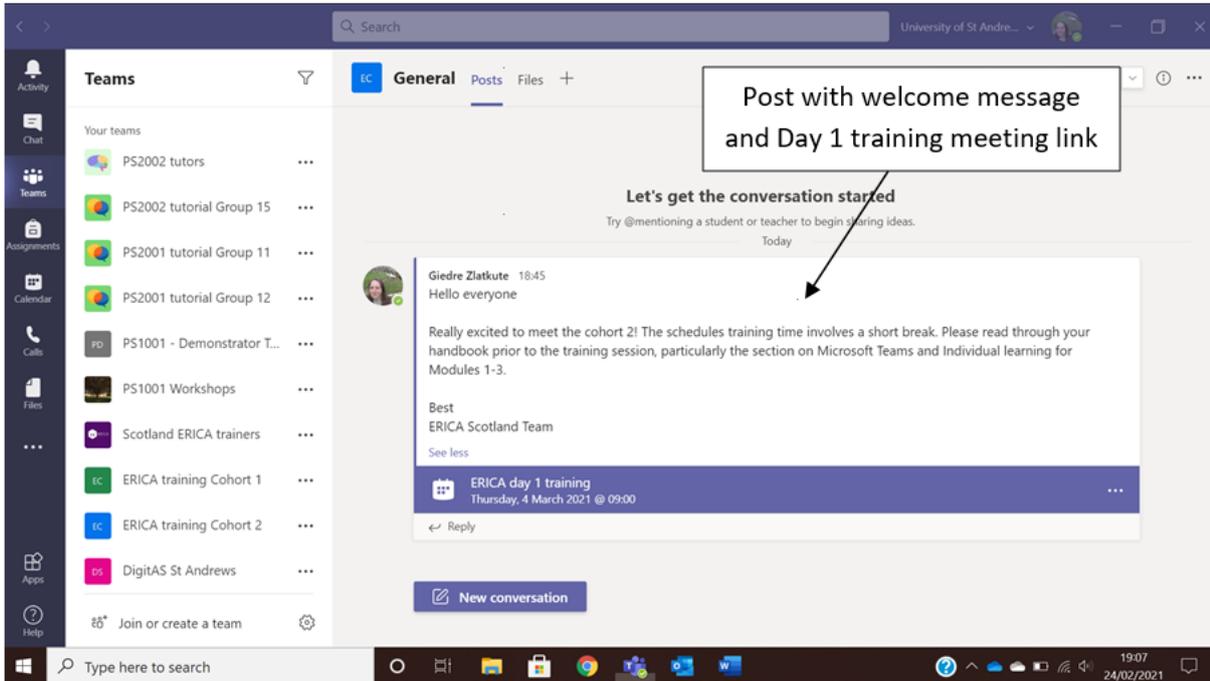
Step 1: make sure to log in with the email you provided when registering for the training programme.

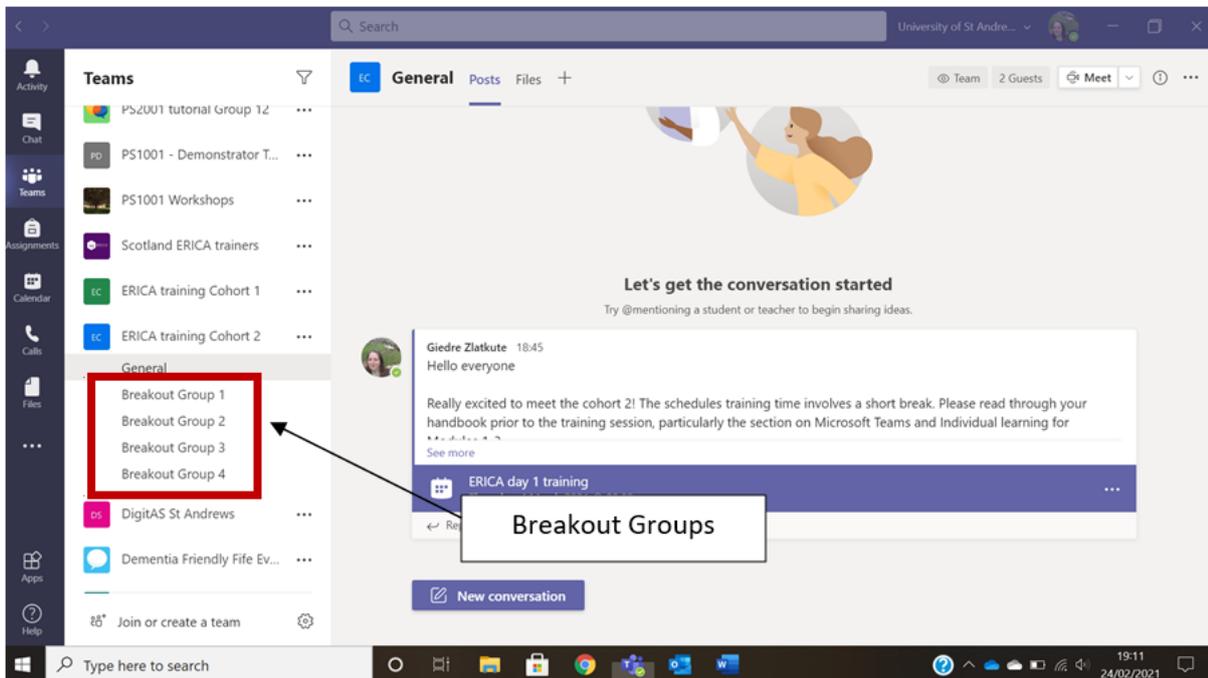
Step 2: Check that you have access to the ERICA training Cohort 2 group. For this you need to change the platform to the University of St Andrews page, please see the images below.





Step 3: explore the group and the materials provided in the Files tab.





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. Videos for maltreatment personal experience accounts
3. Additional video resources on the topic (for further knowledge)

Individual learning

Suggested individual learning activities prior Day 1

Watch these 2 videos and think about what maltreatment of children means to you

Non-verbal video on neglect

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

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

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

Maltreatment testimonies

Video for personal accounts – will be shown during the training

Breaking the Silence about Childhood Trauma | Dani Bostick | TEDxGreenville

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

Additional video resources

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)

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.

Individual learning

Suggested individual learning activities prior Day 1

We appreciate that different professionals will have varying degrees of education regarding child development.

Watch these animated video which will give you a brief overview of the developmental stages of children from infant into early adulthood.

Think about how child maltreatment impacts these stages of development across each of the domains (Physical, Cognitive, Social and Emotional)

Videos are available in files section on teams or on the following links:

Animation 1 Video and physical and motor development (1:13 min)

<https://tuni.cloud.panopto.eu/Panopto/Pages/Viewer.aspx?id=5b512a10-a3f1-4334-97d6-ac6e012c134e>

Animation 2 Video on Piaget's cognitive development theory (1:06 min)

<https://tuni.cloud.panopto.eu/Panopto/Pages/Viewer.aspx?id=c35d5bb7-5edc-4200-a2db-ac6e012c1324>

Animation 3 Video on Erikson's Psycho-social development (1:35 min)

<https://tuni.cloud.panopto.eu/Panopto/Pages/Viewer.aspx?id=21bfa07f-d254-47b5-b9dc-ac6e012c1379>

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

Individual learning

Suggested individual learning activities prior Day 1

Think about the types and signs of child abuse you are aware of.

Would you be able to recognise early signs of maltreatment within the family?

Read over the case studies and think about how you would answer these 3 questions:

1. What signs of child abuse did you recognize in the story you've just read?
2. Is there a moment in the story where you think the abuse could have been prevented?
3. Have you ever observed in your professional or personal life examples of abuse such as the one discussed?

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

Individual learning

Suggested individual learning activities prior Day 2

Think about your previous child protection training.

Scotland has specific focus on ACEs (Adverse Childhood Experiences). Think what is your understanding of ACEs.

For further information watch the following video on ACEs (4:16 min):

https://www.youtube.com/watch?v=VMpli-4CZK0&feature=emb_logo

Other resources:

<http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>

<https://www.gov.scot/publications/adverse-childhood-experiences-aces/>

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.

Individual learning

Suggested individual learning activities prior Day 2

Within this module we will look in depth and the **Family Needs Checklist** (provided in the Files section on Teams)

Have a read over and see how this could be used within your own workplace.

Thinking within your own workplace, what assessment tools do you use?

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

Individual learning

Suggested individual learning activities prior Day 2

Think about Child protection guidelines within your work place. What child protection pathway do you use?

What would you do if you had a concern about a child?

Case studies

Child toddlers age (4y) Harry

Harry is four years of age. He lives with his mother, his father and his six year old sister. Harry's father is unemployed and his mother works part time in a grocery store. Harry 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. Harry'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. Harry 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) 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) Kassim

Kassim lives with his mother. His father died from cancer four years ago. After her husband's death, Kassim's mother suffers from a major depressive episode and survived a suicide attempt. At this time, Kassim moved temporarily to his grandparents. Recently, Kassim's mom's 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. Kassim's uncle and his family live next door and are very involved in daily life. His aunt cooks and supports with housekeeping since Kassim's mom got depressed again. His uncle has a very strict idea of parenting and Kassim 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 Kassim'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, Kassim 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) Heather

Heather lives with her mother, her father left the family when Heather was five. Before parents got divorced, domestic violence occurs towards Heather and her mother. Heather works as a nurse in a retirement home, money is always sparse. The flat is quite small, Heather's mom sleeps in the living room. Heather shares her room with her dog, "my dog Sammy is my reason to stay alive" Heather said. Some evenings a week, Heather's mother drinks a lot of alcohol after work, to cope with stress. If Heather "annoys" her mother while she is drunk, she screams and threatens Heather 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. Heather 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, Heather is in a relationship with Leon. He is very keen to spend as much time as possible with Heather. He does not like it, if



Heather meets her friends for a “girl’s night” or goes out without him. Every day, Heather and Leon go through Heather’s text messages and social media activities. Leon wants to know, if Heather chats with other guys. Some weeks ago, Leon heard a rumour that Heather 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”. Heather 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

Individual learning

Suggested individual learning activities prior Day 2.

Think about Preventative vs Protective factors.

Remember preventative factors can stop child maltreatment happening and protective factors can act as a buffer.

What could these be? And how can factors such as nurturing children during childhood affect their entire life course.

Video on isolation – will be shown during the training (3:57 min):

<https://tuni.cloud.panopto.eu/Panopto/Pages/Viewer.aspx?id=eb946e04-6b53-4831-9fc4-ac6f00919d4d>