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ERICA

SPECIFIC PROGRAMME
RIGHTS EQUALITY AND CITIZENSHIP
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ERICA

Stopping Child Maltreatment through a 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

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 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 and young people. It provides 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 has been co-constructed with around fifty professionals from each country. This has strengthened 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
Module 8	Evaluation

Material adaptability

Please note that materials and the module order can be adapted. Not all modules need to be included. Please use the resources to best serve your training needs.

Preparation materials:

Trainer handbook

a list of local/national organisations/support resources for any safeguarding or malpractice concerns that come up during discussion

a register: who is expected to attend, and their contact details

access to the ERICA resources

training resources as needed (computer/AV equipment, wifi, whiteboard etc)

Covid-19 situation awareness

The questions facilitating discussion of or providing information about child maltreatment during the Covid-19 pandemic have been included throughout the modules. Be prepared to address and communicate the topic beyond these facilitations if you feel it is relevant or being raised by trainees. Be mindful of the limitations the day to day challenges that Covid-19 may bring to the training, trainee availability and their personal lives.

Training modules

Module 1: Introduction

Learning Objectives

- To define what child maltreatment is, covering all forms of abuse and neglect, including rape and sexual abuse and bearing in mind that countries use different terminology
- To define children as between the ages of 0-17
- To understand of the main purpose of the training, who is being trained, who are the final beneficiaries and how it is funded
- To understand the structure of the course, individual modules, and how participants can use the material
- To understand how to contribute to the sessions ie: give feedback, 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.)
- To make clear how we will support with difficult ethical situations during the training (face to face and online)

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 Module 1

1. Trainer/s introduce themselves. Describe how trainees can make contact after the training, with any questions or if they require signposting information, or personal support through any issues raised. (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).
2. Ice-breaker exercise. Ie: ask each participant to introduce themselves and to describe their work with children and their expectations for this training.
3. Group set groundrules (Ie: listen to each other, mutual respect, discretion with telephones, punctuality etc).
4. Outline structure of day; timings/breaks etc.
5. Introduce the premise of the ERICA project. Ie: funding, non-specialist professionals, increase knowledge and skills to prevent/mitigate child maltreatment
6. Guide the trainees through 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.
7. Testimony discussion: what thoughts and feelings did this video evoke?
8. Discuss key objectives: focusing on maltreatment within the family, define maltreatment, define child, building on experience (present and discuss testimony either video or user trainer)
9. Discuss the legal and moral obligations to act if the trainees suspect or discover maltreatment in their work.
10. Give an overview of the aims and objectives of all 8 modules

links to videos:

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)

Suggested timing of Introduction module

Activity	**Time**
Welcome, introduction, ice breakers	10 minutes
ERICA overview, programme, housekeeping, ethical concerns and important contact information	10 minutes
Module aims, personal video accounts and brief discussion	25 minutes
Definition of maltreatment, project focus and intended audience	10 minutes
Course breakdown and time for questions	5 minutes

Total time = 60 minutes

Module 2: Child development and consequences of maltreatment

Learning Objectives

- to give an overview of developmental (intellectual, emotional, psychological, physical) milestones/ sensitive periods for each stage in childhood
- to have an understanding of how different types of maltreatment can influence development at each stage
- to relate this knowledge and understanding to professional experience

Materials

1. PowerPoint presentation
2. Internet link for videos

Guidelines

NB: This module can be delivered flexibly according to the needs of the group. For example, all developmental stages could be covered, either as an overview or developing discussion and application for all. Another option would be to focus on one or two developmental stages and consider these in detail.

Guidelines for teaching 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 the aim and objectives from slide. Highlight that begins in-utero, but that we will focus from birth. Consider brief brainstorm/discussion on what might negatively affect in-utero development of baby i.e. substance use, domestic violence (stress + actual physical harm).

	Emphasise that children's behaviour could be different at different ages. Highlight how it is important to be aware of the milestones for each stage of the developmental process, 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'. **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: i.e. 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 examples 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) which 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 i.e. 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 two videos regarding object permanence, they are very funny. Only the first 30-60 seconds of each video are needed to demonstrate the point. https://www.youtube.com/watch?v=-gWJrZ7MHpY https://www.youtube.com/watch?v=kV0o6RK54-M
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** Run through slide: **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 Development of secure attachment parent as a secure base parental mirroring Individuation processes development of a sense of identity Self directed study prior to session or time out to do this now: The strange situation – early study https://bit.ly/3hK8p7w Secure attachment theory video: https://bit.ly/3b9HWOh • Attachement styles: https://www.simplypsychology.org/attachment-styles.html#infant Discuss these resources i.e. any thoughts on the videos, do the participants have examples from practice regarding attachment generally and the differing attachment styles presented? Group work: Watch cultural variations and attachment – discuss; What are the groups thoughts on this? Have they noticed differences with the families with whom they work?

	Pause here to encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage.
Slide 8	**0-3 years: potential influence of maltreatment on development** Interactive moment: 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 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) Watch the short video (79 second) about the importance of symbolic play – ask the group what is the role of symbolic play for young children? (i.e. social skills, turn taking, communication, practicing skills, modelling…)
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) Pause here to encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage.
Slide 13	**4-7 years: potential influence of maltreatment on development** Interactive moment: 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 i.e. sport

	• Fine motor skills are refined i.e. 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 In summary: Thinking bound by concrete experiences. Inductive and deductive reasoning begin to develop. Optional: consider watching Samuel video https://bit.ly/3gQ7H7y to illustrate concrete operational thinking in a child (2 minutes), discuss – there is some variation in ability in relation to age, what might contribute to this? (emphasis on schooling/social class? Etc.)
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/also known as the latent period (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 Pause here to encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage.
Slide 18	**7-12 years: potential influence of maltreatment on development** Interactive moment:

	Go through slide/linking to suggestions from group
Slide 19	**Key characteristics: 13-18 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 Signpost to 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 - Adjustment to reality/participating in 'adult' roles within society Optional: See Enzo video for more information https://bit.ly/3hK4yY2 (2 minutes). Encourage the group to think about how this age group can be quite advanced in some areas and not in others – specifically where they have no previous experience of a situation. Check our expectations for this age group.
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 Can result in Identify crisis – results in strong sense of identity or identity crisis, if disordered. Pause here to encourage group to brainstorm a few ideas of how maltreatment in the family might affect development at this stage.
Slide 23	**13-18 years: potential influence of maltreatment on development** Go through slide/linking to suggestions from group
Slide 24-26	General aspects for positive development: Slide 24: Food – discuss eatwell plate what can negatively affect nutritional status for children i.e. knowledge, finances, lack of routine, parents unable to provide regular nutritious meals due to health issues etc. Signpost to further resources @ https://www.nhs.uk/change4life Slide 25: Sleep - discuss sleep hours/what can negatively affect sleep ie routine, devices, hunger, anxiety etc Signpost to further resources @ Harrogate and District NHS Foundation Trust: https://www.hdft.nhs.uk/services/childrens-services/growing-healthy-north-yorkshire/sleep-guide-for-parents-of-5-11-year-olds/ (there are two good videos here for younger and older children in relation to the importance of sleep)

	Slide 26: Exercise – discuss exercise – 60 mins once walking/30 minutes for under 1s crawling etc/what can negatively affect ability to exercise – caring commitments/facilities/concerns regarding safety/disability etc Signpost to further resources @https://www.nhs.uk/change4life
Slide 27-30	**Animations** Optional as may have seen these as preparation work: 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 31	**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

- To be able to identify typical/ classical observable signs that children may be suffering maltreatment
- To be able to distinguish between what might be considered ‘normal’ development (drawing on knowledge from module 2) and what might be a result of maltreatment
- To have an understanding that various forms of maltreatment may intersect and may be difficult to identify

Materials

1. PowerPoint Presentation
2. Case studies

Guidelines

How to use the Case Studies

Case studies should be used as material to facilitate discussion. Choose a couple that are likely to stimulate the most discussion in your group. The participants should be encouraged to talk about their own experience with child abuse in their professional lives.

Reading a case study takes about two minutes, try discussing it with the participants for about 8 minutes (flexible according to group need).

Prompt questions after reading the case studies:

- What signs did you recognise in the story you’ve just heard?
- Is there a moment in the story where you think the abuse could have been prevented?
- Have you ever observed in your professional or personal life examples of abuse such as the one discussed?

Brief description of the case studies:

- Mark: Emotional abuse and neglect. Things to notice: Physical, emotional and psychological abuse are frequently seen altogether and not as separate events.

- Sarah: Emotional abuse Things to notice: rarely are things discussed altogether.
- Jan: Emotional abuse. Things to notice: the difficulty in accepting the child's identity.
- Kate: 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 difficult. Attempting suicide can be an indicator of abuse.
- Jessica: Sexual abuse. Things to notice: Very hard finding proof of abuse. Behavioral changes are sometimes the main or only sign. Regression in neurodevelopment.
- John: Physical abuse and neglect. Things to notice: multiple fractures are typical signs of maltreatment. Brownish spots and anaemia could be markers of previous undetected violence.

Examples of Emotional Abuse (slide 15)

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. **Terrorising:** 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 expectations 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 (2yrs)

His mother decided to leave his father. The grandparents look after the grandson while his mother is at work. Mark's mother is in therapy to "get over some things from my past relationship". Although rules were set to regulate when and where Mark's father could see his son, the father believed the rules made no sense and felt that the boy needed to see him more often. Recently, while Mark was on a walk with his grandmother, Mark's father, despite the Mark's crying, snatched him from 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. 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 behaviour 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 (10yrs)

Sarah's 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 might be lying because she's having a hard time adapting to her 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. 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 resume contact 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.

Jan (12yrs)

Jan is musically gifted. He composes musical pieces and plays the guitar very well. Music is his great passion. The family is well off. His father runs his own construction company. Mum 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. He forces him to play soccer. He criticises when he tries to explain that he prefers to play the piano. He accuses his wife of raising her son as "a parasite". 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. When the teacher at Jan's school invited the parents to discuss this, Jan's father explained in tears: "I'm just afraid he won't make it, I just don't want him to be a failure."

Kate (15yrs)

Kate was referred to a psychologist by a teacher who found her unconscious in the school bathroom. After being brought to a hospital, urine tests showed high levels of benzodiazepines and among Kate's personal belongings an empty bottle of Xanax was found. After waking up the girl explained that she felt like her life was not worth living since she couldn't get anything right. As Kate opened up she told the doctors of the rules that her mother had set in their house, including a curfew, the prohibition of going out with friends, especially when they're boys. Kate keeps repeating of how she hates herself for being fat and ugly (although she is thin and has a normal BMI) and she asks the doctors to not tell her mother about what happened because of her feelings of shame. While crying she adds: "My poor mother, she works like a dog to put food on my table, and this is how I repay her."

Jessica (11yrs)

Jessica is 11 years old. She’s a bright student, although her teachers frequently reprimand her for chatting during lessons, and has a very good sense of humour which makes her quite popular in her class. She’s an only child and lives with her parents with whom she has a good 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 wet 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 arranged for Jessica to see 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, after falling from a swing. John did not pass out or appear affected by the fall. 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 also showed anaemia and multiple fractures on a skeletal survey. Investigation by a multidisciplinary team including police officers was performed but nobody was arrested or accused. After 2 years, he was living under the care of his mother and grandparents and had no more significant falls or fractures.

Module 4: Understanding risk factors for child maltreatment

Learning Objectives

- To increase evidence based knowledge that identifies family and parent/guardian risk factors such as intergenerational issues, mental health, substance misuse and social contexts (housing, employment etc.) in child maltreatment
- To appreciate how this can manifest itself in parenting practices and the differences across contexts, including cultural differences in parenting practices, and how to use this knowledge in preventing child maltreatment
- To consider how the pandemic exacerbates existing risk in families

Materials

1. PowerPoint presentation

Guidelines

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)

Section 1

- Give a brief introduction to the module
- 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. There will be more discussion on protective factors in module 5.
- Clarify that no single risk factor or sign alone is necessarily indicative of maltreatment having taken place. It is very important to consider the situation of the child and family as a whole.

Section 2

- Regarding the risk factors it is essential for a trainer to take a closer look at the trainer's handbook of module 6 (Risk assessment tools) before the training: reasons for the risk factors are presented there. This gives a more profound understanding of the context of risk factors.
- Risk factors have been grouped according to three themes (with subthemes): risk factors related to parents (1) and to family (2), a child (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 embedded in the slide 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 small group discussion encourage the participants to talk together about their thoughts: e.g. What do they think about these risk factors? Do they recognise them in their own culture? Do they have any other risk factors in their mind, which appear in their own culture?
- There are some specific areas, which may need to be covered (e.g. professionals who abuse, single sex couples, religious influences on abuse, radicalization, forced marriage, 'honour killings'). The appearance of these areas may vary in different countries. Thus, it is essential that trainers view the situation of the country in question and discuss these areas according to that situation.

- ACE screening is an introduction to module 6, where the risk assessment tool will be presented. Emphasise 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

- The purpose of this section is to make the participants aware of how the pandemic affects 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

- To 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
- To increase awareness of the difficulties of generalising checklists across contexts and the need for specific tools for different kinds of maltreatment and children of different ages
- To increase awareness of the strengths and weaknesses of risk assessment tools and feel confident to use them with a critical and sensitive eye
- To increase confidence 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. Need for internet connection (Moodle platform)
3. Pens and papers for group sessions
4. Whiteboard and markers for the summaries and ideas if not done on computer.

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

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.
Approximate timing	50 min
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	
Slides 1-2	It important to go through the ILO's and ask if there are any questions.
slides 3-6	These slides are mostly declaratory and can be covered quite swiftly.
slides 7-17	**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 standardised 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. **An example of a need assessment tool : Family Needs Checklist** – group work – drawing out how to respond to each area (undergoing development)* **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.
Slide 18-19	**Brainstorm: what early interventions or inter-agency work ideas are there?** Free discussion

***Conversations with parents:**

- **My child is often disobedient, misbehaving, difficult or irritable→** Can you describe me the situation, when you experience disobedient, misbehaving, difficult or irritable child? How does child disobedience etc. show in your everyday life? In what ways have you tried to resolve these difficult situations? Have you received help for supportive parenting from outside sources/your family circle/inner circle?
- **I feel lonely and haven't had enough support from the community, relatives, friends or spouse→** Describe your loneliness in everyday life, Describe what kind of support you are lacking? What kind of things or support do you wish for in your life to end your loneliness? What do you wish for, how could your family's situation improve? What kinds of things would improve your life, and make it happier?
- **I have been maltreated as a child→** Would you like to describe what kind of maltreatment you have experienced?
- **I have experienced traumatic events as a child and cannot get over them→** Can you describe the events you cannot get over? Do you receive help from some source with this worry? Have you thought what kind of support would help you with this worry?
- **I am suffering from mental health problems for example depression or feeling of worthless→** Can you describe more of your suffering? Do you receive help from some source with this worry? Have you thought what kind of support would help you with this worry?
- **I am living stressful times→** Can you describe more about your stressful life or events? Who helps you or both parents in childcare and everyday tasks?
- **We have to use a lot of welfare systems services for example benefits, public assistance or social work→** Can you describe what kind of services you are receiving? Are you getting enough support? What kind of support you wish for?

Module 6: Interventions in child maltreatment

Learning Objectives

- To know what to do if you suspect maltreatment and the associated legal obligations
- To 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
- To consider and become confident in using some common intervention techniques tailored to children of different ages, and address particular types of abuse (sexual, emotional, etc.)
- To learn techniques to engage with families constructively on these issues, and how to deal with resistance in engagement
- To have an understanding of how engagement with children and families can be adapted, maintained and evolved through new means like technology development in a pandemic

Materials

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

Guidelines

- 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)?
- Give an overview about the most important agencies in the local child-protection network

Case Reports

- 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

Supervision and coping with challenging situation

- Schedule time at the end of the module to deal with challenging situations. Offer advice and brief supervision, not only for the case studies, but also for previous situations in the professional context.
- It is possible that participants who have experienced abuse themselves will come forward. Also, be prepared for how you will handle it in the workshop.

Training schedule

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
-

Groupwork I (20 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

Input basic communication skills for different dialogue situations (children, parents/cargiver, other professionals) and "good practice" role-plays

- Key points on a worksheet (slide on paper or download)
- Prepare a suitable case for brief role-plays, demonstrate "good practice" for each dialogue situation
- Helps also to reduce barriers to act in the following role-plays

Teamwork II (30-40 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.

Trainer can join (online) small-group sessions to support and give feedback.

Supervision and challenging situations (45 Min)

Case studies

Child toddlers age (4yrs)

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 usually picks him up. Damian's clothes are often too small and not suitable for 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 in his backpack. Damian often has "little accidents" while playing at home; resulting in bruises on his 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 (8yrs)

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 "stupid and far too expensive", he says that he 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. Her 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 (12yrs)

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 mother's mental health has worsened. 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 mother became 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 marijuana 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 has been ordered to "look after him". Arguments between the boys sometimes get violent and end up with his cousin beating him up. In addition, Mustafa shows aggressive behaviour in the classroom towards other boys. He has had to change class several times and after he threatened a teacher with a knife after school, he may be excluded from school.

Adolescent (17yrs)

Celina lives with her mother, her father left the family when Celina was five. Before her parents were divorced, domestic violence occurs towards Celina and her mother. Celina's works as a care worker in a retirement home, money is always sparse. The flat is quite small, Celina's mother 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 burns her skin with cigarettes. She tries to hide these scars with long-sleeved shirts. For six months, Celina has been 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 spat 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.

Module 7: Protective factors

Learning Objectives

- To have an awareness 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)
- To reflect on whether these protective characteristics are amenable to intervention, for example with regard to parenting practices and gender
- To consider how their practice can nurture protective factors

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:

- 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. Once these ideas are discussed indicate that this list is adapted from *Preventing and Responding to Violence Against Children and Adolescents. New York, UNICEF*. Provide this document as additional materials and encourage trainees to read Annex B in the document for the full list of protective factors extending being the family domain.
- Slide 14, we encourage trainees to come up with extra factors that fit within the five domains of nurturing care (the last bullet is for that). Discuss additional area/country specific information about available protective factors, resources and organisations. If trainers have vast information about this, they might consider adding a slide here to summarise area/country specific information supporting protective factors.
- Slide 16-19, take some time through these slides and allow trainees to comment, suggest extra ideas, clarify meanings.
- Maybe trainees have not come across the idea of life course at all, and you might need to spend some time explaining. 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, if you think this will help understanding) .
- 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.

- 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)
- 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).
- 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:
    - 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)
    - What are key signs of social isolation? How can we react sensitively to these?
    - 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
    - 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 questions 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 come 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 discussions 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 the online version of this training:

Encourage people to have their cameras on 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.

Final Sum up

At the end of the training: draw together the intended learning outcomes for the 7 training modules and gather feedback from the participants:

- How the learner used the material (dipped in and out, went through sequentially, etc.)
- What was useful and what was less useful
- What was missing or could have been developed futher
- 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 local focus

End