



**CHARTING THE COURSE TOWARDS
PERMANENCY FOR CHILDREN IN
PENNSYLVANIA:
A Knowledge and Skills-Based Curriculum**

**MODULE TWO (2)
IDENTIFYING CHILD ABUSE AND NEGLECT**

Instructor's Guide

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**Agenda for the Two-Day Workshop on
Module 2, Identifying Child Abuse and Neglect**

Day One

Estimated Time	Content	Page
1 hour, 25 minutes	Section I: Welcome and Introduction	1
3 hours, 50 minutes	Section II: Legal Definitions: Why we do what we do when we do	7
1 hour (of 2 hours, 5 minutes)	Section III: Indicators of Abuse and Neglect	33

**Agenda for the Two-Day Workshop on
Module 2, Identifying Child Abuse and Neglect**

Day Two

Estimated Time	Content	Page
1 hour, 5 minutes (of 2 hours, 5 minutes) (continued)	Section III: Indicators of Abuse and Neglect (continued)	33
2 hours, 30 minutes	Section IV: Interacting with Medical Professionals	42
55 minutes	Section V: The Six Domains	52
55 minutes	Section VI: Traumatic Stress and Self-care	58
20 minutes	Section VII: Summary	63

Section I: Welcome and Introduction

Estimated Length of Time: 1 hour, 25 minutes

Corresponding Learning Objectives:

- List the nine phases of casework practice.

Section/Task Objectives:

Upon completing this section, participants will be able to:

- Describe key actions of a child welfare professional at specific phases in casework practice
- Identify a personal objective for this course

Section I: Introduction

	Instructor	Materials	Time	Trainer Notes
Step 1 <ul style="list-style-type: none"> Display Slide 1 and 2 	Introduce Section Say: Hello, and welcome to Charting the Course Towards Permanency for Children in Pennsylvania: Module 2: Identifying Child Abuse and Neglect		1	
Step 2 <ul style="list-style-type: none"> Display Slide 3 	Share Training Agenda Say: Here is the agenda for the next two days of training.		2	
Step 3 <ul style="list-style-type: none"> Display Slide 4 	Share Course LOs Say: Here are our learning objectives for this training. Ask: Any questions before we get into the material?		2	
Step 4 <ul style="list-style-type: none"> Display Slide 5 	Activity: Introductions Say: Let's start with introductions. Do: Introduce yourself, and share some information about yourself and your background first. Say: Introduce yourself, and give a bit of your background, experience, and a personal learning objective for this course. In a smaller group, or a group where most participants know each other, have each participant introduce him/herself, providing the requested information. Give participants a minute or two to organize their information and think of an individual objective for the day before beginning. In a larger group, get participants up and moving. Have participants pair with someone at a different table who they do not work with often or know well, interview each other, and then introduce each other, providing the requested information.		30	
Step 5 <ul style="list-style-type: none"> Display Slide 6 	Link to Practice Model Say: The way a child welfare professional implements the law and other aspects of his/her job can enhance the outcomes for children and families. You may recall hearing about the Pennsylvania Child Welfare Practice Model from CTC Module 1. Ask: What do you remember about the	Participant Guide page 32: PA Child Welfare Practice Model	10	

	Instructor	Materials	Time	Trainer Notes
	<p>Pennsylvania Child Welfare Practice Model?</p> <p>Say: You may recall that Pennsylvania’s Child Welfare Practice Model guides children, youth, families, child welfare representatives and other child and family service partners in working together, providing a consistent basis for decision making; clear expectations of outcomes, shared values and ethics; and a principled way to evaluate our skills and performance. It helps us to benchmark our achievement, and clearly links the abstract ideals of mission, vision and strategic plans to day-to-day practice.</p> <p>Say: Pennsylvania’s Child Welfare Practice Model promotes a team approach, and emphasizes modeling the values and principles of child welfare practice at every level and across all partnerships.</p> <p>Do: Direct participants to the Participant Guide Page 32: PA Child Welfare Practice Model and give them a few minutes to refresh their memory.</p>			
Step 6	<p>Phases of Casework Practice</p> <p>Say: Turn to page 36 in your Participant Guide. You will see a flow chart section showing the beginning phases of casework practice in rectangles.</p> <p>Ask: What do you know about screening/intake?</p> <p>Ask: Tell me something you know about assessment.</p> <p>Ask: What is one thing you know about investigation?</p>	Participant Guide page 36: Navigational Guide	15	
Step 7	<p>Activity: Think/Pair/Share</p> <p>Say: Turn to page 37 in your Participant Guide. Write down some ideas of what you think a child welfare professional might do in each of the three phases. Also identify at least one of the skills from the Practice Model (Participant Guide pages 32 - 35) that a child welfare professional needs to use in each phase. After you have identified at least one idea for each phase, turn to a partner and share your thoughts.</p>	Participant Guide page 37: Phases of Casework Practice and Related Tasks (revisit Participant	20	

	Instructor	Materials	Time	Trainer Notes
	<p>Do: Circulate, assist, and monitor to keep discussion productive and on track. Call time after ten minutes.</p> <p>Ask: Who will share their thoughts about Screening/Intake? Assessment? Investigation? What about skills from the Practice Model?</p> <p>Do: Thank participants for sharing.</p>	<p>Guide pages 32 – 35: PA Child Welfare Practice Model)</p>		

Instructions for the Trainer: Section 1, Step 7	
Type of Activity/ Purpose	<p>“Think-Pair-Share”</p> <p>Think-Pair-Share is a discussion strategy. It incorporates reflection before sharing, and gives learners the opportunity to access knowledge, organize thoughts, and practice articulating their opinions and comments before sharing with a larger group.</p>
Set-up and Alternatives	<p>Set-up: Use a grouping strategy to form pairs. Direct participants to page 37 in the Participant Guide.</p> <p>Alternative: Think-Pair-Square Once the think-pair-share sequence is complete, instead of a whole-class debrief, ask pairs to join with another pair to form quads for further sharing and discussion.</p>
Participant Tasks	<p>Think about what a child welfare professional might do in each of the three phases: screening, investigation and assessment. Then, look back at the skills from the Practice Model (Participant Guide pages 32-35) and identify at least one that a child welfare professional needs to use in each phase.</p> <p>After completing the individual task, participants will partner and share thoughts.</p>
Facilitation Tasks	<p>Introduce the activity to participants with a brief explanation of the steps. Review directions on page 37 of Participant Guide. Refer back to pages 32-35 of the Participant Guide (Practice Model)</p> <p>Encourage quiet during the thinking portion of this activity. Suggest that participants may wish to jot down their thoughts.</p> <p>After five minutes, ask participants to pair off or use a grouping strategy to divide the participants.</p>
Debrief	<p>Ask: Who will share their thoughts about Screening/Intake? Assessment? Investigation? What about related skills from the Practice Model? Thank participants for sharing.</p>
Additional Notes	

<p>Step 8</p> <ul style="list-style-type: none"> • Display Slide 8 	<p>Questions or Comments</p> <p>Say: That brings us to the end of section one. Before moving on to talk about why we do what we do when we do it, are there any questions about the information we just covered?</p>		<p>5</p>	
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Section II: Legal Definitions: Why we do what we do when we do

Estimated Length of Time: 3 hours, 50 minutes

Corresponding Learning Objectives:

- Reference state law to identify child abuse or neglect.

Section/Task Objectives:

Upon completing this section, participants will be able to:

- Identify state legislation that is relevant to the work of the child welfare professional.
- Review key definitions outlined in the CPSL.
- Describe CPSL mandates related to reporting child abuse.
- Describe CPSL mandates related to investigating child abuse.
- Explain the function of a MDIT (multidisciplinary investigative team) and the role of a child welfare professional.
- Review current Pennsylvania-specific statistics in regard to child abuse and neglect.

Section II: Legal Definitions: Why we do what we do when we do

	Instructor	Materials	Time	Trainer Notes
Step 1 <ul style="list-style-type: none"> Display Slide 9 	Introduce Section Ask: What governs the way we go about our jobs in public child welfare? Say: One component is the Child Protective Services Law (CPSL).		1	
Step 2 <ul style="list-style-type: none"> Display Slides 10 and 11 	Learning Objectives Say: We have several learning objectives for this section of the training. Ask: Are there any questions before we get into the material?		1	
Step 3	The Amended CPSL Say: High profile cases of child abuse increased public awareness and prompted a reexamination of the laws protecting children. In 2011, the Pennsylvania General Assembly convened the Pennsylvania Task Force on Child Protection to thoroughly review state laws and procedures governing child protection and reporting of child abuse. The Task Force submitted a final report with recommendations. A bipartisan group of legislators collaborated and drafted a series of bills to amend the CPSL. The legislature enacted over twenty bills. Trainer Note: When referring to “high profile cases” as above, refrain from mentioning Sandusky or the Catholic Church. If participants comment, encourage them to look at the changes from a macro-level perspective, considering how the changes will impact the system and children and families. Trainer Note: If participants raise questions about effective dates or former law vs. current law provide them this explanation. While some amendments had different effective dates, the complete amended CPSL went into effect December 31, 2014. Child abuse or general protective services reports dated AFTER 12/31/14 are subject to the amended CPSL. Child abuse or general protective services reports dated PRIOR to 12/31/14 are subject to prior law. Participants attending CTC Mod 2, who are responsible for conducting investigations or assessments, will likely be investigating reports that were made after		5	

	Instructor	Materials	Time	Trainer Notes
	<p>December 31, 2014 and therefore will apply the amended CPSL. However, encourage participants to check with their supervisors if they have questions about which law applies. Inform participants that resources and tools, including comparison charts, are available on the Child Welfare Resource Center's website to support them in implementing the changes to CPSL.</p> <p>Trainer Note: Participants may mention familiarity with this material because they have taken either "Recognizing and Reporting Child Abuse: Mandated and Permissive Reporting in Pennsylvania" or "Child Protective Services Law: An Update for Child Welfare Professionals." If participants mention this, acknowledge the familiarity and let them know these trainings will be discussed in greater detail in Step 10.</p>			
<p>Step 4</p> <ul style="list-style-type: none"> • Display Slide 12 	<p>Three Components of Child Abuse</p> <p>Say: Three components must exist for child abuse to occur. As we move through the definition and types of child abuse, keep these three components in mind.</p> <p>Say: The CPSL defines child as:</p> <p><u>Child:</u> an individual under 18 years of age (23 PA. CONS. STAT. § 6303. Definitions.)</p> <p><u>Act as a term</u> is not defined in the CPSL, but the following is considered when it comes to determining child abuse:</p> <p>Both an act of harm to a child and the failure to act to <i>prevent</i> harm to a child are considered when defining an act of child abuse.</p> <p>An Act is something that is done to harm or cause potential harm to a child</p> <p>A Failure to act is something that is not done to prevent harm or potential harm to a child.</p> <p>Perpetrator, which we will discuss next.</p>		10	
<p>Step 5</p> <ul style="list-style-type: none"> • Display Slide 13 	<p>Perpetrator</p> <p>Do: Refer participants to Participant Guide page 39 where they will find the definition of perpetrator.</p>	Participant Guide page 39: Who is a Perpetrator?	5	

	Instructor	Materials	Time	Trainer Notes
	<p>Say: When the person who committed the child abuse is known, a perpetrator is defined by the law as the following:</p> <p><u>Perpetrator:</u> A person who has committed child abuse. The term includes only the following:</p> <ul style="list-style-type: none"> • A parent of the child, <u>regardless of their age</u> • A spouse or former spouse of the child's parent • A paramour or former paramour of the child's parent • A person 14 years of age or older and responsible for the child's welfare • An individual 14 years of age or older who resides in the same home as the child • An individual 18 years of age or older who does not reside in the same home as the child but is related within <u>the third degree of consanguinity</u> or affinity by birth or adoption to the child • An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102). <p>Ask: What is the third degree of consanguinity?</p> <p>Say: Turn to page 40 in your Participant Guide where you will find a chart that helps you determine degrees of consanguinity.</p> <p>Ask: Who is in a child's third degree of consanguinity?</p> <p>Say: When the abuse involves a <i>failure</i> to act, the following may be considered a perpetrator:</p> <ul style="list-style-type: none"> • A parent of the child, regardless of their age (same as above) • A spouse or former spouse of the child's parent (same as above) • A paramour or former paramour of the child's parent (same as above) • A person 18 years of age or older and responsible for the child's welfare (different) • A person 18 years of age or older who resides in the same home as the child (different) 	Participant Guide page 40: Table of Consanguinity		

	Instructor	Materials	Time	Trainer Notes
	<p>(23 PA. CONS. STAT. § 6303. Definitions.)</p> <p>Ask: Why do you think a person needs to be 18 years or older to be responsible for a failure to act?</p> <p>Say: The reason for the increase in age for the last two bullets is that the legislature believes that a person under the age of 18 should not/cannot be held liable for the actions of an adult.</p> <p>Trainer Note: When defining perpetrator you will also need to define “person responsible for child’s welfare” as part of the definition. The definition of “person responsible for child’s welfare” is below and can also be found in the glossary in the Participant Guide (starting on page 77).</p> <p><i>Person responsible for child’s welfare: A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. The term includes any such person who has direct or regular contact with a child through any program, activity or service sponsored by a school, for-profit organization or religious or other not-for-profit organization.</i></p> <p>Say: The CPSL also allows for child abuse to be <u>indicated</u> when the identity of the perpetrator is unknown, if substantial evidence of abuse by a perpetrator exists, but the department or county agency is unable to identify the specific perpetrator.</p> <p>The CPSL also permits the identification of multiple perpetrators, when there is substantial evidence against each perpetrator named.</p> <p>In these instances, you should consult with your supervisor when making a recommendation for an indicated report.</p>			
<p>Step 6</p> <ul style="list-style-type: none"> • Display Slide 14 	<p>Intentionally, Knowingly, Recklessly</p> <p>Say: The legal definition of child abuse begins with terms adopted from the criminal code, “Intentionally, knowingly, or recklessly doing any of the following...”</p>		10	

	Instructor	Materials	Time	Trainer Notes
	<p>Ask: What do these terms mean? (Allow time for several responses)</p> <p>Ask: Why do you think they were included in the amended definition of child abuse and how might they impact the definition? (Allow time for several responses)</p> <p>Trainer Note: Participants may say things like: “Accidental behavior is not considered to be child abuse.” “Holds people accountable for their actions.”</p> <p>Say: The law uses these terms to establish a perpetrator’s culpability; the responsibility for the action and its consequences. These terms are not mutually exclusive. Only one of them needs to apply to any situation and type of alleged child abuse.</p>			
<p>Step 7</p> <ul style="list-style-type: none"> • Display Slide 15 	<p>Legal Definition of Child Abuse Activity</p> <p>Say: The CPSL defines nine categories of child abuse. You will see these in your Participant Guide on pages 41-45. You will learn about these categories by teaching each other.</p> <p>Do: Divide group into five (5) small groups and assign each group the following categories/definitions of child abuse:</p> <ol style="list-style-type: none"> 1. #1 & #5 (causing bodily injury and creating likelihood of bodily injury) 2. #2 (fabricating, feigning, etc. medical symptom) 3. #3 (causing/contributing to serious mental injury) 4. #4 & #6 (causing sexual abuse/exploitation and creating likelihood) 5. #7 (causing serious physical neglect) <p>Say: Please work in your small groups to become “experts” on your assigned category/definition. Use information in your Participant Guide, including the glossary found on page 81, as a resource.</p> <p>For your assigned category/definition identify its meaning, paying attention to terms highlighted on the Power Point slide. Once you have identified the definition, some examples that illustrate the definition. You will have 15 minutes to work as a small group.</p> <p>Do: Provide each table flip chart paper and markers for them to record their definitions and</p>	Participant Guide page 41-45: Legal Definition of Child Abuse	30	

	Instructor	Materials	Time	Trainer Notes
	<p>examples.</p> <p>Do: Circulate, assist, and monitor to keep discussion productive and on track. Encourage groups to utilize the glossary to precisely define terms. Call time after 15 minutes.</p>			

Instructions for the Trainer: Section 2, Step 7	
Type of Activity/ Purpose	<p>“Teach-back”</p> <p>Teach-back activities work well when a substantial amount of information needs to be introduced to the group at large. The material is sectioned and distributed to small groups. Each group reviews and prepares their assigned portion of the material to teach back to the class. Guidance regarding the structure of the teach-back is provided to ensure key points are covered appropriately. A summary can be done on flipchart paper to be posted and referenced during the teach-back. Groups then teach their portion of the information back to the class in sequence.</p>
Set-up and Alternatives	<p>Set-up: Divide participants into five equal groups. Assign each group one of the following categories of abuse:</p> <ul style="list-style-type: none"> • #1 & #5 (causing/creating likelihood of bodily injury) • #2 (fabricating, feigning, etc. medical symptom) • #3 (causing/contributing to serious mental injury) • #4 & #6 (causing/creating likelihood of sexual abuse/exploitation) • #7 (causing serious physical neglect) <p>Alternatives: If you have a larger class, assign a single category to each group. If you have a group under ten, assign categories to pairs or to individuals. You may elect to do the teach-back in a large circle rather than requiring presentation in front of the class.</p>
Participant Tasks	<p>The participants’ job is to learn, then teach what they learn back to the cohort at large. Participants will use the information in their Participant Guide, including the glossary found on page 81. For their assigned category, each group should:</p> <ul style="list-style-type: none"> • Define/describe the type of abuse in clear understandable language, paying attention to terms highlighted on the PowerPoint slide. • Provide one or two examples of this category of abuse. <p>Each group should record their definition and examples on a flipchart paper. If time, groups may practice teach-back.</p>
Facilitation Tasks	<p>Explain the activity to the groups, and inform them that they will have 15 minutes for the task.</p> <p>Provide each group flipchart paper and markers.</p> <p>Circulate and assist, keep groups on track. Encourage groups to utilize the glossary. Monitor time and progress.</p>
Debrief	<p>Each group will display their flip chart summaries and teach back to the cohort.</p> <p>During teach-back, encourage participants to record information in the space provided in their Participant Guide. Encourage each teach-back group to direct their presentation to the other participants rather than speaking to the trainer.</p>

	To facilitate this, you may wish to position yourself to the side or at the back of the training room. After each group presents, encourage questions and comments, and allow the 'expert group' the opportunity to answer. Assist or elaborate, if necessary.
Additional Notes	Participants may need to be reminded that these definitions of abuse are governed by the terms <i>intentionally, knowingly, or recklessly</i> . You may ask participants to begin their review of the definition with this phrase to emphasize the connection.

	Instructor	Materials	Time	Trainer Notes
Step 8	<p>Legal Definition of Child Abuse: Three remaining categories/definitions Say: There are three (3) remaining categories/definitions that the CPSL includes as part of the definition of child abuse. Look at #8 on page 44.</p> <p>Do: Review each of the acts included in #8.</p> <p>Say: These acts in #8 are also referred to as per se acts, which means they are child abuse regardless of whether the child experiences pain or injury. The conduct is considered so serious that it is equal to child abuse.</p> <p>Ask: Why do you think these particular acts were emphasized in the law?</p> <p>Ask: What makes per se acts different from other types of abuse?</p> <p>Trainer Note: Participants may struggle with the concept of acts without injury being identified as child abuse and may provide examples that are clearly not child abuse, such as gently biting a child or sending a child to her bedroom as a punishment. Encourage participants to critically think about the difference between acts that don't endanger the child and the serious acts these definitions are identifying.</p> <p>Say: The ninth category is causing the death of a child through any act or failure to act. Deaths can be investigated as abuse regardless of when the act or failure to act occurred.</p> <p>Ask: Are there any questions before we continue?</p> <p>Say: The final category is engaging a child in a severe form of trafficking in persons or sex trafficking. Turn to page 46 of your Participant Guide to review the definitions of human</p>	<p>Participant Guide pages 41-45: Legal Definition of Child Abuse</p> <p>Participant Guide pages 46-49: Human</p>	30	

	Instructor	Materials	Time	Trainer Notes
	<p>trafficking. Take a few minutes to read through the sections on human trafficking, sex trafficking, labor trafficking, children and youth at-risk populations, and identification and warning signs.</p> <p>Ask: Are there any questions about human trafficking?</p> <p>Ask: If a family friend provides housing to a homeless family, but in exchange requires the family's sixteen-year-old daughter to work long hours without pay for his cleaning service, is that an example of human trafficking?</p> <p>Trainer Note: Yes, this is an example of labor trafficking because it involves a minor child forced or coerced into providing labor.</p> <p>Ask: Is someone who purchases sex from a consenting minor a sex trafficker?</p> <p>Trainer Note: Yes, a purchaser of sex from a child is a trafficker regardless of whether the sex is "forced" or "pimp controlled" prostitution or if the child is engaging in "survival sex."</p> <p>Ask: What is the biggest risk factor for the sexual exploitation of minors?</p> <p>Trainer Note: The largest risk factor for commercial sexual exploitation of minors is homelessness.</p>	Trafficking, Sex Trafficking, Labor Trafficking, Children and Youth At-Risk Populations, and Identification and Warning Signs		
<p>Step 9</p> <ul style="list-style-type: none"> Display Slides 16 and 17 	<p>Exclusions to Child Abuse Activity: Think, Pair, Share</p> <p>Say: There are certain exclusions to child abuse that may apply in any given case. The categories of these exclusions are shown on slide #16. The full definitions from the CPSL are on pages 50-53 of your Participant Guide.</p> <p>Do: Review each of the exclusions and ask participants to identify examples of each exclusion. Emphasize when there are individuals exempted from an exclusion such as child care service cannot be excluded for environmental reasons; religious exclusions do not apply in the event of a child's death or apply to child care services; and child on child contact is not excluded if one of the children involved also meets the definition of perpetrator or certain sexual offenses are involved.</p> <p>Ask: What outcomes and values of the Practice</p>	<p>Participant Guide page 50-53: Exclusions to Child Abuse</p> <p>Participant Guide page 54: Exclusions Activity</p>	20	

	Instructor	Materials	Time	Trainer Notes
	<p>Model are reflected in these exclusions?</p> <p>Trainer Note: If participants do not identify the ones below, add them.</p> <ul style="list-style-type: none"> • Supporting families in their own homes • Enhancement of the family's ability to meet their child's needs • Families are experts on themselves • Culture awareness and responsiveness <p>Do: Advance to slide #17.</p> <p>Say: Turn to the next page (page 54) in your Participant Guide. Take five minutes to identify strength-based questions you could ask to gather information to determine whether or not an exclusion applies.</p> <p>After you have written down your questions turn to a neighbor and share your questions. Write down additional questions that you think might be useful.</p> <p>Do: Allow five minutes for participants to share in pairs.</p> <p>Ask: Who will share their question(s) for the first exclusion? The second? Etc.</p> <p>Do: Elicit one example to be shared with the large group for each exclusion.</p> <p>Do: Emphasize that these exclusions are used in substantiating a report of suspected abuse and should not be considered when deciding to make a report of suspected abuse.</p> <p>Ask: Are there any questions before we continue?</p>			

Instructions for the Trainer: Section 2, Step 9	
Type of Activity/ Purpose	<p>“Think-Pair-Share”</p> <p>Think-Pair-Share is a discussion strategy. It incorporates reflection before sharing, and gives learners the opportunity to access knowledge, organize thoughts, and practice articulating their opinions and comments before sharing with a larger group.</p>
Set-up and Alternatives	<p>Set-up: Use a grouping strategy to form pairs. Direct participants to page 54 in the Participant Guide.</p> <p>Alternative: Think-Pair-Share Once the think-pair-share sequence is complete, instead of a whole-class debrief, ask pairs to join with another pair to form quads for further sharing and discussion.</p>
Participant Tasks	<p>Participants have five minutes to identify strength-based questions they could ask to gather information to determine whether or not an exclusion applies.</p> <p>After participants have written down their questions, they will share their questions with a partner, writing down additional questions they think might be useful.</p>
Facilitation Tasks	<p>Introduce the activity to participants with a brief explanation of the steps. Provide the prompt: What questions could you ask a family to determine whether or not an exclusion applies?</p> <p>Encourage quiet during the thinking portion of this activity. Suggest that participants may wish to jot down their questions.</p> <p>After five minutes, ask participants to pair off or use a grouping strategy to divide the participants.</p>
Debrief	<p>After five minutes of sharing in pairs, ask for volunteers to share questions for the first exclusion, the second, etc. Elicit one example to be shared with the large group for each exclusion.</p>
Additional Notes	<p>Strengths-based questioning may be new for participants. Use participant examples to highlight the importance of strengths-based questioning in family engagement and identifying child abuse and neglect. Assist when necessary to reformulate questions in a strengths-based manner.</p>

	Instructor	Materials	Time	Trainer Notes
Step 10 <ul style="list-style-type: none"> Display Slide 18 	<p>Reporting: Review of Pre-work</p> <p>Do: Use slide #18 which outlines the main sections of the pre-work to lead a discussion by asking the following questions:</p> <p>Ask: What are the two types of reporters?</p> <p>Ask: According to the CPSL, who is a mandated reporter?</p> <p>Ask: Under what circumstances must a mandated reporter make a report of suspected child abuse?</p> <p>Ask: How are reports of suspected child abuse made?</p> <p>Ask: What are the protections for reporters who make reports in “good faith?”</p> <p>Ask: What are the penalties for a mandated reporter who fails to report?</p> <p>Ask: What is a child welfare professional’s role in educating others?</p>		15	

Instructions for the Trainer: Pre-work review, Section 2, Step 10	
Type of Activity/ Purpose	<p>“Q&A; Large Group Discussion”</p> <p>Q&A and Large Group Discussion provide an opportunity for quick and efficient review of material. In this case, the review focuses on the pre-work assignment for this module, which covers Reporting.</p>
Set-up and Alternatives	<p>Set-up:</p> <ul style="list-style-type: none"> No set-up required <p>Alternatives: None suggested. This is a flexible format for groups of any size.</p>
Participant Tasks	Participants will answer questions about the pre-work content from memory, in addition to commenting and asking related questions.
Facilitation Tasks	Explain the activity to the group, conduct the Q & A.
Debrief	<p>Encourage as well as respond to further questions and comments regarding Reporting.</p> <p>Point participants to additional relevant training and resources, referenced in this course.</p>
Additional Notes	<p>Q&A Questions and suggested responses: Ask: <u>What are the two types of reporters?</u> Mandated reporter and permissive reporter</p> <p>Ask: <u>According to the CPSL, who is a mandated reporter?</u></p> <ul style="list-style-type: none"> Licensed or certified to practice in any health-related field under the jurisdiction of the Department of State Medical examiner, coroner, funeral director Employee of a health care facility or provider licensed by the Department of Health, who is engaged in admission, examination, care, or treatment of individuals School employee Employee of a child-care service who has direct contact with children Spiritual leader of any regularly established church or other religious organization Paid or unpaid individual who, as an integral part of a regularly scheduled program, activity, or service, accepts responsibility for a child Employee of a social services agency who has direct contact with children Peace officer or law enforcement official Emergency medical service provider certified by the Department of Health Employee of a public library who has direct contact with children An individual supervised or managed by a person listed above who has direct contact with children Independent contractor Attorney affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance, or control of children Foster parent <p>(23 Pa. C.S. § 6311. Persons required to report suspected child abuse.)</p>

Ask: Under what circumstances must a mandated reporter make a report of suspected child abuse?

- When there is reasonable cause to suspect abuse, when they:
 - Come into contact with the child in the course of employment, etc.
 - Are directly responsible for the care, supervision, guidance or training of the child, or affiliated with an agency, school, church, etc.
 - A person makes a specific disclosure that an identifiable child is victim of abuse
 - An individual 14 years or older makes specific disclosure that the individual has committed child abuse
- The law does not require a child to “come before” a mandated reporter
- The law does not require the mandated reporter to identify the person responsible for the child abuse

(23 Pa. C.S. § 6311. Persons required to report suspected child abuse.)

Do: Remind participants that once a report is received, specially trained child welfare professionals will determine whether the child is a victim of abuse and what action is necessary to ensure a child’s safety and well-being.

Ask: How are reports of suspected child abuse made?

- To ChildLine: by phone (permissive reporters), electronically (mandated reporters)

(23 PA. C.S. § 6313. Reporting procedure.)

Ask: What are the protections for reporters who make reports in “good faith?”

- When a report is made in “good faith” a reporter is immune from civil or criminal liability.
- Mandated reporters who make reports of suspected child abuse or of a crime against a child are not in violation of the Mental Health Procedures Act by releasing information necessary to complete the report.
- The law imposes penalties if any person attempts to intimidate, retaliate, or obstruct an individual from reporting suspected child abuse.
- A reporter may also take action for appropriate relief if relieved of employment or discriminated against in any other way as a result of making a report of suspected child abuse.

(23 PA. CONS. STAT. § 6318. Immunity from liability.)

Ask: What are the penalties for a mandated reporter who fails to report?

- A person/official who fails to report or make a referral to the appropriate authorities commits a third degree felony if the person/official:
 - Willfully fails to report;
 - The child abuse constitutes a felony of the first degree or higher; and
 - Has direct knowledge of the nature of the abuse.
- Willful failure to report that continues while you know or have reasonable cause to suspect that child abuse is occurring is considered a misdemeanor of the first degree
 - Maximum penalty for a misdemeanor of the first degree is up to five years’ incarceration and no more than \$10,000 in fines
- If the child abuse is considered a felony of the first degree or higher, this continual failure to report becomes a felony of the 3rd degree
- If you fail to report suspected child abuse multiple times, the offense is considered a felony of the third degree.

	<ul style="list-style-type: none">• If the child abuse is considered a felony of the 1st degree or higher, the offense becomes a felony in the second degree.<ul style="list-style-type: none">○ Maximum penalty for a felony of second degree is not more than ten years in prison and up to \$25,000 in fines. <p>(23 Pa. C.S. § 6339. § 6319. Penalties.)</p> <p><u>Ask:</u> What is a child welfare professional's role in educating others?</p> <ul style="list-style-type: none">• As a child welfare professional you interact with colleagues, professionals, and community members both in and outside of your professional role.• In your interactions, you will have multiple opportunities to promote shared responsibility for the safety of children by educating others regarding reporting responsibilities, protections, and penalties.
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	Instructor	Materials	Time	Trainer Notes
Step 11 <ul style="list-style-type: none"> Display Slides 19 - 24 	<p>Screening/Investigation/Assessment/Child Protective Services (CPS) Do: Refer participants back to Participant Guide page 36 (the navigational guide) Phases Screening and Assessment/Investigation.</p> <p>Ask: What are some of the actions and Practice Model skills that you previously identified under screening? Investigation? Assessment?</p> <p>Say: In a later section, we will complete an activity related to gathering information during screening and/or assessment/investigation. In this section we are going to focus on actions/procedures the law mandates in these areas.</p> <p>Ask: What is the difference between an investigation and an assessment?</p> <p>Say: The difference between these two processes is that an allegation of child abuse is investigated, whereas an allegation of maltreatment that does not meet the criteria for child abuse is assessed. Let's first talk about investigations which are related to Child Protective Services (CPS). Often the initial decision as to whether a report requires a child abuse investigation or a GPS assessment is determined by ChildLine.</p> <p>Do: Advance to slide #19.</p> <p>Say: The CPSL defines The Department of Human Services' (the department) responsibility to establish procedures to address suspected child abuse. The county agency is responsible for investigating allegations of child abuse if it is committed by a perpetrator. If the suspected abuse is committed by a perpetrator and is also a violation of the law the county agency and law enforcement complete a joint investigation. If the suspected abuse is committed by a person who is not a perpetrator, yet it is a violation of the law, the allegation should be referred to law enforcement for an investigation. When the allegation does not meet the definition of child abuse and is not committed by a perpetrator or a violator, the county agency assesses the needs of the child for other services.</p> <p>(23 Pa. Cons. Stat. § 6334.1.Responsibility for investigation.)</p>		25	

	Instructor	Materials	Time	Trainer Notes
	<p>Do: Advance to slide #20 and review: Timeframes:</p> <ul style="list-style-type: none"> • <u>Immediately</u> if emergency protective custody is required or it cannot be determined from the report whether emergency protective custody is needed • <u>Within 24 hours</u> in all other cases <p>(23 Pa. Cons. Stat. § 6368. Investigation of reports.)</p> <p>Say: These timeframes are often the first ones encountered in the child welfare system and they promote one of the desired outcomes of the Practice Model: enduring and certain permanence and timely achievement of stability.</p> <p>Do: Advance to slide #21 and review.</p> <p>Say: If a subject of a report will have an attorney present during the interview, you should discuss this with your supervisor and inform the agency solicitor.</p> <p>Trainer Note: Participants may raise concerns about an alleged perpetrator enacting the right to have an attorney and to have the attorney present at the interview causing delay of interview and interfering with timeframes to complete the investigation. Inform them that the CPSL states "If a subject of the report is not able to be interviewed or cannot be located, the county agency shall document its reasonable efforts to interview the subject and the reasons for its inability to interview the subject." (23 Pa. C.S. § 6368. Investigation of reports.)</p> <p>Say: Prior to beginning any interviews as part of an investigation, oral notice must be given to any subject of the report, except for the alleged victim.</p> <p>Do: Advance to slide #22.</p> <p>Say: Written notice is also given; and the notification may be delayed under certain circumstances.</p> <p>Do: Prepare a flip chart by drawing a line down the middle, creating 2 columns. Label the left side "Components of an investigation." Label the right side "Investigative actions."</p>			

	Instructor	Materials	Time	Trainer Notes
	<p>Ask: What are components of an investigation?</p> <p>Do: Write answers given by participants under “Components of an investigation.”</p> <p>Ask: What are investigative actions?</p> <p>Do: Write answers given by participants under “Investigative actions.”</p> <p>Say: Now let’s compare these answers to what is mandated in the CPSL.</p> <p>Do: Advance to slide #23 and compare with list on flip chart.</p> <p>(23 Pa. C.S. § 6368. Investigation of reports.)</p> <p>Say: You will learn about safety assessment in Module 4 and about risk assessment in Module 5.</p> <p>Do: Advance to slide #24 and compare with list on flip chart.</p> <p>(23 Pa. C.S. § 6368. Investigation of reports.)</p>			
<p>Step 12</p> <ul style="list-style-type: none"> • Display Slide 25 	<p>Investigations that Cross State Lines</p> <p>Say: When alleged child abuse occurs in another state, a unique set of responses applies. Consider these three sets of circumstances (slide #25).</p> <p>Say: When the child and alleged perpetrator are Pennsylvania residents the Pennsylvania child welfare professional must communicate with the other state’s child protective services agency to see if they can or will investigate. If the other state’s agency cannot or will not investigate, the county children and youth agency (CCYA), where the child resides, will assume responsibility for the investigation.</p> <p>Say: When the alleged perpetrator is a resident of Pennsylvania but the child is not, the CCYA of the county in which the perpetrator resides must contact the child protective services agency of the state where the abuse occurred and, if requested, assist the other agency in the investigation.</p> <p>Say: When a report of suspected child abuse occurs in another state and only the victim child lives in Pennsylvania, it will be assigned as a</p>		5	

	Instructor	Materials	Time	Trainer Notes
	<p>GPS report to the CCYA where the child lives, if the other state's agency will not or cannot investigate.</p> <p>(23 Pa. C.S. § 6334. Disposition of complaints received)</p>			
<p>Step 13</p> <ul style="list-style-type: none"> • Display Slide 26 	<p>Multidisciplinary Investigative Teams (MDIT)</p> <p>Say: When the CPSL was amended it emphasized the mandate for the use of multidisciplinary investigative teams (MDIT) to coordinate child abuse investigations between county agencies and law enforcement when the offense meets the definition of child abuse and is also a criminal charge. The amended CPSL provided a dedicated funding stream to support the MDITs through Children's Advocacy Centers (CACs) where these types of investigations occur (as well as other services are provided).</p> <p>Ask: Does your county have a CAC?</p> <p>Ask: Has anyone observed or participated in any activities of a multidisciplinary investigative team?</p> <p>Trainer Note: If anyone answers yes, ask them to share their experience. If no one answers yes, inform participants they will get to hear from some MDIT participants in an upcoming video.</p> <p>Say: The Multidisciplinary Investigative Team (MDIT) is different than a Multidisciplinary Review Team which reviews cases on a scheduled basis. The MDIT is an investigative approach that is convened by the district attorney and the protocol is established by the district attorney and the county agency. The protocol should include standards and procedures for referring reports, coordinating investigations, sharing information, and procedures to avoid duplication of efforts so as to minimize additional trauma to the child. At a minimum, the MDIT must include a health care provider, county caseworker, and law enforcement official.</p> <p>Ask: Which value and skill of the Practice Model does the MDIT demonstrate?</p> <p>Do: If participants do not identify the value and skill of teaming, tell them the MDIT embraces the value and skill of teaming, which is part of</p>	<p>Video #1: MDIT</p> <p>Participant Guide Page 55: Reactions to MDIT Video</p>	15	

	Instructor	Materials	Time	Trainer Notes
	<p>the PA Child Welfare Practice Model to achieve positive outcomes for children and families.</p> <p>(23 Pa. Cons. Stat. § 6365. Services for prevention, investigation and treatment of child abuse.)</p> <p>Say: The definition of MDIT from the CPSL is included in the glossary in your Participant Guide.</p> <p>Say: We are going to watch a video about the MDIT. Think about the role of the child welfare professional in the MDIT.</p> <p>Do: Play video (5:25).</p> <p>Ask: What contributions will a child welfare professional make as a member of an MDIT?</p> <p>Ask: How is the role of the child welfare professional different than the other members of the MDIT?</p>			
<p>Step 14</p> <ul style="list-style-type: none"> Display Slides 27 - 28 	<p>Dispositions</p> <p>Say: After all the information is gathered and an investigation is completed the caseworker, often in consultation with his/her supervisor, will make a final case status determination. There are three types of final determination reports: Unfounded, Indicated, and Founded.</p> <p>Do: Review the definitions of the types of case status determinations on Power Point slide #27. Refer participants to the accompanying definitions in the glossary which come directly from the CPSL.</p> <p>Say: A final determination that a report of suspected child abuse is indicated must be approved by the county agency administrator or a designee and reviewed by a county agency solicitor. This practice supports the Practice Model value and skill of teaming.</p> <p>(23 Pa. C.S. § 6368. Investigation of reports.)</p> <p>Do: Advance to Slide #28.</p> <p>Say: Immediately upon the conclusion of the investigation (within 60 days), the county agency has to provide the results to the department. Three business days after receiving the results from the county, the department sends notice of the final determination to all</p>		10	

	Instructor	Materials	Time	Trainer Notes
	<p>subjects of the report except for the child. There are eight (8) components that must be included in the final determination:</p> <ol style="list-style-type: none"> 1. The status of the report 2. The perpetrator's right to request an amended or expunction of the report 3. The right of the subjects of the report to receive services from the county agency 4. The effect of the report upon future employment opportunities involving children 5. The fact that the name of the perpetrator, the nature of the abuse, and the final status of a founded or indicated report will be entered in the Statewide database 6. The perpetrator's right to file an appeal of an indicated finding within 90 days of notice 7. The perpetrator's right to a fair hearing on the merits on an appeal of an indicated report 8. The burden on the investigative agency to prove its case by substantial evidence in an appeal of an indicated report <p>(23 Pa. C.S. § 6368. Investigation of reports.)</p>			
<p>Step 15</p> <ul style="list-style-type: none"> • Display Slide 29 	<p>General Protective Services (GPS)</p> <p>Ask: What are General Protective Services (GPS)?</p> <p>Say: General protective services reports are those that do not meet the criteria for an allegation of child abuse under the CPSL.</p> <p>Do: Review slide #29 and request participants to turn to Page 56 of their Participant Guide.</p> <p>Ask: What are some ways agencies meet the primary purpose of GPS?</p> <p>Say: On page 57 of your Participant Guide you'll find a definition of general protective services which is from the regulations provided by the department.</p> <p>The definition for dependent child, under the Juvenile Act, provides a definition for those situations that may result in the child welfare professional's decision to provide general protective services. This is covered more in</p>	Participant Guide pages 56 and 57: General Protective Services Primary Purpose and General Protective Services Definition	10	

	Instructor	Materials	Time	Trainer Notes
	<p>Module 7.</p> <p>Say: The CPSL mandates that the county agency immediately notifies the department when an assessment for GPS is completed and whether or not the report was valid and the family was accepted or referred for services. The county agency must also notify the department upon the closure of services for a child and family.</p> <p>(23 Pa. C.S. § 6375. County agency requirements for general protective services.)</p> <p>Trainer Note: Other CPSL sections related to GPS are 6373, 6374, and 6375.</p>			
<p>Step 16</p> <ul style="list-style-type: none"> • Display Slide 30 	<p>GPS Assessment: Drug and Alcohol Exposed Infants</p> <p>Say: There are certain requirements of a county agency when they receive a referral from a health care provider of children under one year of age who are:</p> <ul style="list-style-type: none"> • Born with and affected by fetal alcohol spectrum disorder • Affected by illegal substance abuse by the child’s mother • Withdrawal symptoms resulting from prenatal drug exposure 		5	
<p>Step 17</p> <ul style="list-style-type: none"> • Display Slide 31 	<p>Activity: Situations</p> <p>Say: We are going to review by looking at some different situations.</p> <p>Do: Instruct the large group to count off by seven (7). This will be the situation to which they will be assigned.</p> <p>Say: Turn to pages 58-60 in your Participant Guide. This is going to be an individual activity. You are assigned to the situation for your given number during the count-off (1 – 7). Read the situation and answer the corresponding questions. Be prepared to share your answers with the large group.</p> <p>Say: If you complete your situation before the time is up, you may choose any of the other ones to work on.</p> <p>Do: Circulate, assist, and monitor to assist with any questions and keep participants on track. Help participants identify whether an act has occurred that meets one of the nine categories of child abuse, whether there is an identifiable</p>	Participant Guide pages 58-60: Identifying Child Abuse Situations	20	

	Instructor	Materials	Time	Trainer Notes
	<p>perpetrator, and if so did that perpetrator act intentionally, knowingly, or recklessly.</p> <p>Ask: Who will share their responses to situation #1?</p> <p>Do: Proceed with asking for volunteers to share their responses for each of the situations. Always ask anyone has a different answer not already provided. Engage participants in responding to each other's answers before providing any clarification. Refer to Trainer Resource, if needed.</p>			

Instructions for the Trainer: Section 2, Step 17	
Type of Activity/ Purpose	“Situations” Situations allow participants to apply what they have learned to a brief scenario.
Set-up and Alternatives	Set-up: Instruct the large group to count off by seven, or use another method to divide into seven small groups. Alternative: The number corresponds with the scenario number they are assigned.
Participant Tasks	Using pages 58-60 in the Participant Guide, participants work individually on their assigned situation, reading the situation and answering the corresponding questions.
Facilitation Tasks	Circulate, assist, and monitor to assist with any questions and keep participants on track. Help participants identify whether an act has occurred that meets one of the nine categories of child abuse, whether there is an identifiable perpetrator, and if so, whether that perpetrator act intentionally, knowingly, or recklessly.
Debrief	If there is time, a five minute small group discussion session for each situation can precede the full class debrief. Ask one of the number ones to share their responses. Proceed with asking for volunteers to share their responses for each of the situations. Always ask if anyone has a different answer not already provided. Engage participants in responding to and commenting on each other’s answers before providing any additional guidance.
Additional Notes	Use the answers below as a guide for discussion scenarios: Q1: a. Could this act be a type of child abuse? If so, what type? Yes. It is one of the per se acts in #8: Leaving a child unsupervised with an individual, other than the child’s parent, who the actor knows or reasonably should have known is required to register as a ...sexual offender. b. Who might be the perpetrator, if any? The child’s mother. c. What else might you need to know to help make a decision? Whether or not the child’s mother intentionally, knowingly or recklessly left her child with a convicted sex offender; if the man is a convicted sex offender; etc. Q2: a. Could this act be a type of child abuse? If so, what type? Yes. Could be considered causing sexual abuse or exploitation or creating a likelihood of sexual abuse or exploitation. Sexual exploitation is defined as: Looking at the sexual or other intimate parts of a child for the purpose of arousing or gratifying sexual desire in either person; Engaging or encouraging a child to look at the sexual or other intimate parts of another person for the purpose of arousing or gratifying sexual desire in any person involved; Engaging or encouraging a child to participate in sexually explicit conversation either in person, by telephone, by computer, or by computer aided device. b. Who might be the perpetrator, if any? Yes. The uncle because he is a

person 14 years of age or older and responsible for the child's welfare AND he is an individual 18 years of age or older who does not reside in the same home...but is related within the third degree of consanguinity or affinity...

- c. What else might you need to know to help make a decision? **Did the uncle intentionally, knowingly, or recklessly engage in this conduct? What else occurs when the uncle and boy are watching videos; what else occurs when the uncle and boy are together; What does "dirty" mean? Did the parents intentionally, knowingly, or recklessly leave the child in the uncle's care? etc.**

Q3:

- a. Could this act be a type of child abuse? If so, what type? **No. It could be considered creating a reasonable likelihood of bodily injury to a child but it does not meet the two year timeframe of "recent" which is part of the definition.**
- b. Who might be the perpetrator, if any? **If it met the timeframe of "recent" the potential perpetrator could be the father, as well as the mother (failure to act).**
- c. What else might you need to know to help make a decision? **Do any of the current concerns rise to a report for general protective services, should an assessment be conducted?**

Q4:

- a. Could this act be a type of child abuse? If so, what type? **Yes. It is one of the per se acts in #8: Interfering with the breathing of a child.**
- b. Who might be the perpetrator, if any and why? **Mr. Thomas. He is a person 14 years of age or older and responsible for the child's welfare.**
- c. What else might you need to know to help make a decision? **Whether Mr. Thomas intentionally, knowingly, or recklessly engaged in this conduct. Does an exclusion apply? Is there information to support a conclusion that Mr. Thomas was quelling a disturbance or using defensive force?**

Q5:

- a. Could this act be a type of child abuse? If so, what type? **Yes. Causing bodily injury.**
- b. Who might be the perpetrator, if any and why? **Both parents – both could be perpetrator for action if they both contributed to injury; one could be perpetrator for failing to act because they did not take any action.**
- c. What else might you need to know to help make a decision? **Explanation from physician about why the injury is not consistent with the parents' report and if there is any other possible causes for this injury. More information about the time frame in which the injury could have been caused. Information from parent as to whether anyone else was present during the timeframe.**

Q6:

- a. Could this act be a type of child abuse? If so, what type? **Yes. Fabricating, feigning or intentionally exaggerating or inducing medical symptom or disease which results in potentially harmful medical evaluation or treatment to the child...**
- b. Who might be the perpetrator, if any and why? **The mother.**
- c. What else might you need to know to help make a decision? **Did the mother intentionally, knowingly, or recklessly engage in this conduct? Reports from other caregivers of the baby, and their experience. Could the child's**

	<p>diet contribute to the problem? Does the mother have mental health diagnosis?</p> <p>Q7:</p> <ul style="list-style-type: none">a. Could this act be a type of child abuse? If so, what type? No. Truancy is part of the criteria for GPS as defined by regulations (on page 29 of the Participant Guide). If the child was missing school due to an act of child abuse as defined in CPSL it could be child abuse. However, this matter can be assessed for general protective services.b. Who might be the perpetrator, if any and why? There is no perpetrator.c. What else might you need to know to help make a decision? Why the child is not attending school; additional information about family dynamics, economic status, etc.
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	Instructor	Materials	Time	Trainer Notes
Step 18 <ul style="list-style-type: none"> • Display Slide 32 	Pennsylvania Statistics Do: Show slide #32 and review the statistics from the 2013 Annual Child Abuse Report from the Department of Public Welfare (DPW). Ask: What is your reaction to these statistics? Say: These statistics are based on the CPSL before it was amended in 2014. Ask: How do you think these statistics might change based on the amended law, which lowered thresholds and expanded definitions?		10	
Step 19 <ul style="list-style-type: none"> • Display Slide 33 	Questions or Comments Ask: Are there any questions or comments about the information we just covered?		5	

Section III: Indicators of Abuse and Neglect

Estimated Length of Time: 2 hours, 5 minutes

Corresponding Learning Objectives:

- Identify potential physical, emotional, and behavioral indicators of child abuse and neglect and their impact on child development and behavior.
- Describe the impact of abuse and neglect on child development and behavior.

Section/Task Objectives:

Upon completing this section, participants will be able to:

- Give at least two examples of indicators of potential abuse.
- Give an example of factors that may lead an individual to act in an abusive manner.
- Describe potential impacts of abuse and neglect on a child's behavior and development.
- Describe ways in which personal experience and cultural awareness may affect a child welfare professional's assessment of abuse and neglect.

Section III: Indicators of Abuse and Neglect

	Instructor	Materials	Time	Trainer Notes
Step 1 <ul style="list-style-type: none"> Display Slide 34 	Introduce Section Trainer Note: The day will end during this section, potentially following Step 9 where you will see an additional Trainer Note. Regardless of where the day ends, be sure to start Day 2 with a review (instructions in Step 10). Say: In this section we will identify some warning signs or red flags that indicate the possibility that child abuse or neglect is occurring. We will also talk about the impact that child abuse and neglect has on child development and behavior.		1	
Step 2 <ul style="list-style-type: none"> Display Slide 35 	Learning Objectives Say: Here are the learning objectives for this section. Ask: Are there any questions before we move on?		1	
Step 3 <ul style="list-style-type: none"> Display Slide 36 	Indicators of Potential Abuse Ask: How do you know if abuse has occurred? Say: Often there are signs that contribute to our reasonable cause to suspect abuse. Both adults and children display indicators of potential abuse. This slide portrays the two categories of indicators: physical and behavioral.		10	
Step 4	Physical Indicators and Behavioral Indicators Activity: Gallery Walk Do: Prepare two pieces of flip chart paper. Label one "Physical Indicators of Abuse" and label the other one "Behavioral Indicators of Abuse." Post them at opposite ends of the room. Say: On the walls are two flip charts that represent the two categories of indicators. Each person should approach each flip chart and write down an indicator that fits into each category. If someone has written the indicator that you had in mind, try to think of a different one. This activity is just to identify indicators of abuse that may appear in children. We will follow this with discussion about indicators displayed by adults.	Flip chart Markers	15	
Step 5	Activity Debrief Say: In your Participant Guide on page 62 is a list of potential physical indicators and a list of	Participant Guide Page	5	

	Instructor	Materials	Time	Trainer Notes
	potential behavioral indicators. Compare these lists to the lists we just created. There is room for you to write additional indicators on this page.	62: Child Indicators of Abuse and Neglect		

Instructions for the Trainer: Section 3, Steps 4 & 5	
Type of Activity/ Purpose	<p>“Gallery Walk” A Gallery Walk is a nice alternative to report-outs to the class done group by group.</p> <p>In addition, it gets participants up out of their seats and moving around the room.</p>
Set-up Alternatives	<p>Set-up: Prepare two pieces of flipchart paper.</p> <p>Label one “Physical Indicators of Abuse” and label the other “Behavioral Indicators of Abuse.”</p> <p>Post them at opposite ends of the room.</p> <p>Each participant will need a marker for this exercise.</p> <p>Alternative: Divide participants into two groups. Assign each group a station and provide markers. Suggest that each group select a scribe to record their contributions. Allow 5 minutes for the group to brainstorm and record their ideas. After five minutes, have the groups switch stations, bringing their marker with them, to distinguish feedback by color. Suggest that each group add any additional indicators they can come up with.</p>
Participant Tasks	<p>Participants must write something at each station.</p> <p>If someone has written the indicator they had in mind, they should try to think of another. Allow participants to add a check mark to already listed indicators they have thought of as well.</p>
Facilitation Tasks	<p>Make sure everyone is up and moving and remains focused on the task.</p>
Debrief	<p>Review the responses as a large group.</p> <p>Compare the list on page 62 of the Participant Guide to the list the participants generated.</p> <p>Encourage participants to record additional indicators in the Participant Guide.</p>
Additional Notes	<p>Participants may need guidance about normal, healthy child development.</p> <p>Remind participants of the Child and Adolescent Development Resource Book from their Module 1 Pre-Work.</p>

	Instructor	Materials	Time	Trainer Notes
Step 6 <ul style="list-style-type: none"> Display Slide 37 	<p>Factors that Contribute to Abusive Behavior Activity: Large group discussion/brainstorm Say: First we'll start by addressing factors that might contribute to abusive behavior.</p> <p>Ask: What do you think might lead to a person acting abusively toward a child?</p> <p>Trainer Note: If participants struggle, you may prompt them by providing some examples.</p> <p>Do: Write answers on a flip chart.</p>		10	
Step 7 <ul style="list-style-type: none"> Display Slide 38 	<p>Adult Indicators Say: Dr. Brandt Steele's (Steele, 1997) conditions of abuse: parent's predisposition to abuse, parent's abuse as a child, a crisis in the family, and no external support, are excellent indicators of current or future abuse. Child welfare professionals should be looking for these conditions when working with families. These are listed in your Participant Guide on page 63.</p> <p>Ask: What other indicators might be displayed by a potential perpetrator?</p> <p>Do: Write answers on flip chart then direct participants to the list on page 63 of the Participant Guide. Give them a few minutes to make note of any of the indicators that were just identified.</p>	Participant Guide page 63: Adult Indicators of Abuse Flip chart Markers	5	
Step 8	<p>Activity: Video Scared Silent Say: We are going to watch a 20-minute video in which three parents share their personal stories of child abuse.</p> <p>Note/Say: While the content of this video is relevant, you will notice that the video is old. Don't get caught up on the hairstyles or the dress, etc. Even though this was filmed years ago, these types of situations still occur today.</p> <p>Say: Look for indicators and factors that may have contributed to abusive behavior. Identify at least two (2) indicators/factors and write them down.</p>	Video #2: Scared Silent	21	
Step 9	<p>Activity: video debrief Ask: What indicators or contributing factors did you note?</p> <p>Do: Focus on what participants identified. Did they identify the same things? Did they miss</p>	Participant Guide page 64: Reactions to Scared Silent Video	5	

	Instructor	Materials	Time	Trainer Notes
	anything? Trainer Note: This is where day one potentially ends. Make note of key points covered during the day so you can begin the next day with a review.			
Step 10	<p>Review of Day 1 Ask: What are key points from yesterday that you remember?</p> <p>Do: Elicit answers from each table. If no one volunteers, ask individual participants specific questions leading to key review points you have identified.</p> <p>Do: Make sure to review the phases of case work practice, key definitions related to identifying child abuse and neglect, and indicators of abuse. Use the Participant Guide as a reference tool.</p>		10	
Step 11 <ul style="list-style-type: none"> • Display Slide 39 	<p>Indicators Warning Say: Remember, there are many behaviors that a child might demonstrate that could indicate that abuse has occurred, or is occurring. An indicator should not be considered in isolation since it may not be the result of abuse; however, some behaviors may provide helpful clues when determining reasonable cause to suspect that abuse has occurred.</p>		1	
Step 12	<p>Impact of Abuse and Neglect Ask: Has anyone directly observed any impacts of child abuse and neglect on an individual?</p> <p>If not, what do you think some of the impacts might be?</p> <p>Say: The experience of abuse and neglect will have an impact on both children’s behavior and development.</p> <p>Exposure to child maltreatment is known to have a long-term impact on the child’s quality of life into adulthood. Studies supported and conducted by the Center for Disease Control and Prevention have demonstrated that “adverse child experiences” such as childhood maltreatment and trauma have a significant negative impact on later adult functioning. The greater the number of exposures to trauma in childhood resulted in the greater likelihood of the adult having significant health risk behaviors, poor health status, and disease. (CDC, 2006)</p> <p>If you would like to learn more about the impact</p>	Participant Guide page 65: Impact of Abuse and Neglect on Children’s Behavior and Development	10	

	Instructor	Materials	Time	Trainer Notes
	<p>of child maltreatment there is a link to the CDC website on page 80 of your Participant Guide, titled "I Want to Know More."</p> <p>There are many variables that can affect a child's response. Let's turn to page 65 in the Participant Guide and review some of these variables.</p>			
Step 13	<p>Cultural Awareness and Personal Experience Ask: Why should we consider cultural perspectives and experiences when identifying child abuse or when providing services to families?</p> <p>Say: Child welfare professionals must consider cultural perspectives and experiences when identifying child sexual abuse or when providing services. A cross-cultural perspective can add clarity and complexity to an investigation. Remember that cultural awareness is one of the values of the Practice Model and contributes to achieving positive outcomes for children and families.</p> <p>Do: Draw a line across a sheet of flip chart paper. On one side write "sexual touch" and on the other side write "non-sexual touch."</p> <p>Say: In some cultures, there is very little distinction. Any touch can be seen as sexual touch. In other cultures, it's more of a spectrum. That's why you will see men holding hands in some cultures, and not in others. Because in some cultures there's a distinction between sexual touch and non-sexual touch.</p> <p>Do: Draw another line and write "dangerous conflict" on one side and "non-dangerous conflict" on the other.</p> <p>Say: It can be the same thing with conflict. If you grow up in a family that never raises their voice, never addresses problems, if you see a family yelling at each other, you might get nervous, because you don't know when it's a threat. If you come from a loud, assertive, family, you might have a better sense of where that tipping point is.</p> <p>Ask: What cultural differences could potentially be misinterpreted as abuse (or indicators of abuse)?</p>	Participant Guide page 66: Cultural Awareness and Personal Experience: A Reflection	15	

	Instructor	Materials	Time	Trainer Notes
	<p>Trainer Note: If participants struggle to provide examples you could talk about the following examples and how participants might interpret the behaviors based on their personal culture and values and what are the implications:</p> <ul style="list-style-type: none"> • Families/cultures that might speak loudly/yell/scream, etc. • Families/cultures who do not make eye contact • Deaf families and their communication and parenting styles (if participants are interested you can direct them to the 205: Ethical Engagement and Services for Children and Families with Hearing Loss and/or Vision Loss) <p>Say: Child welfare professionals also need to be aware of how their personal experiences, values, and biases can influence their interpretations of what is happening with a particular child and/or family. Relying upon personal values and bias can undermine the child welfare professional's credibility and effectiveness.</p> <p>Say: Turn to page 66 in your Participant Guide and take five minutes to reflect on how your culture, experiences and values might influence how you interpret situations you may encounter as a child welfare professional.</p>			
<p>Step 14</p> <ul style="list-style-type: none"> • Display Slides 40 and 41 	<p>Disproportionality</p> <p>Say: In child welfare, disproportionality is the over- or under-representation of certain populations of children in the child welfare system.</p> <p>Nationally, inconsistencies have been identified in:</p> <ul style="list-style-type: none"> • Identifying and reporting child abuse • Placement and length of time in out-of-home care • Delivery of supports and services • Disparity of outcomes <p>(Positioning Public Child Welfare Guidance, N.D.)</p> <p>Say: Look at the PA statistics on the slide.</p> <p>Ask: How might overrepresentation or underrepresentation impact children and families?</p>		10	

	Instructor	Materials	Time	Trainer Notes
	<p>Do: If participants struggle to answer this question you may provide answers such as: For underrepresented families children continue to be at risk. For overrepresented families it destroys family ties and cultural identity.</p> <p>Ask: What values and principles from the Practice Model might we consider and apply when we encounter instances of over- or under-representation?</p> <p>Trainer Note: Any or all of the values and principles might apply. Emphasize cultural awareness and responsiveness; community; children youth and families; honesty; and respect.</p>			
<p>Step 15</p> <ul style="list-style-type: none"> • Display Slide 42 	<p>Questions or Comments</p> <p>Say: We are getting ready to move on to discussing medical information as it relates to child abuse and neglect. Before we begin the next section, are there any questions or comments about indicators of child abuse and neglect?</p>		5	

Section IV: Interacting with Medical Professionals

Estimated Length of Time: 2 hours, 30 minutes

Corresponding Learning Objectives:

- Identify the medical information that is necessary to make a determination of abuse and methods of documenting this information.

Section/Task Objectives:

- List seven different types of physical abuse as classified by the medical model
- Understand the process physicians use to diagnose physical abuse
- Cite ways a child welfare professional may support a physician's ability to determine whether abuse has occurred

Section IV: Interacting with Medical Professionals

	Instructor	Materials	Time	Trainer Notes
Step 1 <ul style="list-style-type: none"> Display Slide 43 	Diagnosing Physical Abuse Say: Another area in which Practice Model values and skills, particularly teaming, can be applied is in relationship between child welfare professionals and medical professionals. Doctors or other health care providers go about making a diagnosis of child physical abuse which is independent of the CPSL definition of child abuse. We are going to look now at the medical perspective.		1	
Step 2 <ul style="list-style-type: none"> Display Slide 44 	Learning Objectives Say: Here are the learning objectives for this section.		2	
Step 3 <ul style="list-style-type: none"> Display Slides 45 - 46 	Collaboration and Sharing Information Say: The medical information in this section was developed by Dr. Rachel Berger from Children’s Hospital of Pittsburgh of UPMC. Dr. Berger has over 13 years of experience and is an expert in the topic of child abuse. Dr. Berger prepared this portion of the curriculum to support collaboration between child welfare professionals and medical practitioners. Ask: Does anyone remember what child welfare practice model value and skill is demonstrated by the sharing of information and collaboration with medical practitioners? Do: Encourage participants to identify the value and skill of teaming. Ask: Why is it important in particular that the child welfare professional team with medical practitioners? Say: The CPSL amendments reinforces the value and skill of teaming and promotes collaboration by requiring: Certified medical practitioners and county agencies to share information under circumstances that negatively affect the medical health of a child. When an assessment for GPS or a child abuse investigation is being conducted, or when the family has been accepted for services by a county agency, a		10	

	Instructor	Materials	Time	Trainer Notes
	<p>certified medical practitioner must promptly provide the county agency with information. Parental consent is NOT required for the certified medical practitioner to provide this information.</p> <p>(23 Pa. Cons.Stat. § 6340.1. Exchange of information.)</p> <p>Do: Advance to slide #46.</p> <p>Say: The county agency must notify the certified medical practitioner who is the child's primary care provider, if known, of certain information.</p> <p>As we review the following information think about how you as a child welfare professional can team with the medical practitioner in the identification of child abuse.</p>			
<p>Step 4</p> <ul style="list-style-type: none"> • Display Slide 47 	<p>The 7 B's of Physical Abuse</p> <p>Say: Turn to Page 68 in the Participant Guide. There is a chart at the top of the page for you to record the 7 B's. Below the chart is a list of questions. As we move through this material, you will be able to collect and record the answers to those questions.</p> <p>When physicians talk about physical abuse, they generally talk about The B's: one of seven different types of injuries. These injuries can be divided into external injuries, injuries you can see by looking at a child's skin, and internal injuries, injuries you can only detect if tests are done which allow physicians to look inside a patient's body.</p> <p>The external injuries are – bruises, burns and bites.</p> <p>The internal injuries are – bone injuries, brain injuries and injuries to the belly.</p> <p>The final category of physical abuse are injuries to the children who are living in the home in which another child has been physically abused.</p>	Participant Guide page 68: Medical Diagnosis of Physical Abuse Activity	10	
<p>Step 5</p> <ul style="list-style-type: none"> • Display Slide 48 	<p>External Injuries: Significance</p> <p>Say: External injuries – injuries which you can see simply by undressing a child – are typically not life-threatening.</p> <p>External injuries are important to physicians because they are a potential marker of violence, and they are the indication that additional testing needs to be done to determine whether</p>		5	

	Instructor	Materials	Time	Trainer Notes
	<p>there are internal injuries.</p> <p>Almost all mobile children have at least one external injury – whether it is a bruise, a burn or even a bite. Deciding which of these injuries are part of normal childhood and which are a signal of violence is one of the primary roles of medical professionals in the evaluation of children with possible abuse.</p>			
<p>Step 6</p> <ul style="list-style-type: none"> • Display Slide 49 	<p>Internal Injuries: Significance Say: Internal injuries can only be detected by doing additional tests which allow physicians to look inside a child’s body.</p>		3	
<p>Step 7</p> <ul style="list-style-type: none"> • Display Slide 50 	<p>Internal Injuries: Significance Say: Abusive head trauma – trauma to the brain – is the leading cause of death and disability from child abuse. It can only be detected by looking at the brain with either a head CT or brain MRI in a living child.</p>		3	
<p>Step 8</p> <ul style="list-style-type: none"> • Display Slide 51 	<p>Bruises and Fractures: Activity Do: Divide the room in half and assign one half the topic of bruises and the other half the topic of fractures.</p> <p>Say: Turn to pages 69 and 70 in your Participant Guide where you will find information about bruises and fractures. At your tables turn to your assigned topic, review the material, and complete the box in the lower right hand corner of the page. Be prepared to share with the rest of the class.</p> <p>Do: Circulate, assist, and monitor to keep discussion productive and on track. Call time after 15 minutes. Ask participants who were assigned bruises to share their key points. Do the same for participants who were assigned fractures. Remind participants to take notes from other group presentations.</p>	Participant Guide page 69: Learning About Bruises and page 70: Learning About Fractures	30	

Instructions for the Trainer: Section 4, Step 8	
Type of Activity/ Purpose	<p>“Jigsaw Reading” Jigsaw Reading is an efficient method for sharing written information across a group of participants in an engaging manner.</p> <p>Instead of reading all of the material silently and individually, groups are formed and assigned different sections of the material.</p> <p>Each group then develops expertise in that section, and shares it with the remainder of the cohort through a regrouping process.</p> <p>Using this method, participants both learn independently from text and learn cooperatively from their peers.</p>
Set-up and Alternatives	<p>Set-up: Divide the participants in half.</p> <p>Assign one half of the class the topic of bruises and the other half the topic of fractures. Review directions for the activity.</p> <p>Alternative: If you have a very large group, break into an even number of small groups, and assign half of the groups ‘bruises’ and the other half ‘fractures.’ Once groups have had time to review and prepare the information, form new larger groups by pairing each ‘bruises’ group with a ‘fracture’ group. Participants share what they learned across the new group.</p>
Participant Tasks	<p>Participants will be completing the box in the lower right hand corner of page 69 (bruises) or page 70 (fractures) of their Participant Guide.</p> <p>Participant should be prepared to share the information they’ve learned with the group.</p>
Facilitation Tasks	<p>Circulate, assist, and monitor groups to keep discussion productive and on track.</p>
Debrief	<p>Call time after 15 minutes.</p> <p>Regroup participants into new groups, each with equal numbers of ‘bruises’ and ‘fractures’ experts. Have participants share key points with each other.</p> <p>Remind participants to take notes in the Participant Guide.</p>
Additional Notes	

	Instructor	Materials	Time	Trainer Notes
Step 9 <ul style="list-style-type: none"> • Display Slide 52 	Physical Abuse: A Medical Diagnosis Say: Doctors evaluate a child for physical abuse in the same way that they evaluate a child for any medical issue. There are three principal components that contribute to a medical diagnosis: history, examination, and evaluations.		2	
Step 10	Physical Abuse: A Medical Diagnosis Say: The doctor will get information from the child and from the caretakers, examine the child, perform any evaluations necessary, such as X-rays or bloodwork, and then make a diagnosis based on all of the information gathered.		2	
Step 11 <ul style="list-style-type: none"> • Display Slide 53 	Patient History Say: Some of the questions a doctor asks when taking a patient's history could include: <ul style="list-style-type: none"> • Has the child had any previous injuries, and if so, what were the circumstances? • Was the baby full term? • What can the child do – roll over, crawl, walk, climb stairs, say 'mama'? • Are there any family members with an inherited condition, such as hemophilia or juvenile diabetes? • Are there siblings, and if so, what are their ages? • Is the baby fed formula? • Does the child take any medication regularly? What for, and what is the dosage? <p>Not every question will be asked in every situation. For example, a doctor is much more likely to ask about a baby's birth when treating a 5 month old than a 5 year old. Certain questions are more relevant in children with certain injuries. The doctor will use his/her expertise to determine what questions are relevant. If a parent is not present during the history, physicians sometimes will ask the child welfare professional to obtain the information from the parent, or to obtain medical records that can assist in determining whether a medical diagnosis of physical abuse is warranted.</p>		5	
Step 12 <ul style="list-style-type: none"> • Display Slide 54 	Diagnosis and Patient History Do: Have a participant read this brief situation aloud to the class.		3	
Step 13 <ul style="list-style-type: none"> • Display 	Diagnosis and Patient History Do: Have a participant read this continued situation aloud to the class.		3	

	Instructor	Materials	Time	Trainer Notes
Slide 55				
Step 14 • Display Slide 56	Patient History: Importance Ask: For which of these determinations might you, as a child welfare professional, have relevant information?		5	
Step 15 • Display Slide 57	Patient History: How You Can Help Say: If there is no caregiver for a physician to speak with, it may be much more difficult to draw a conclusion about whether a given injury is the result of abuse. In these cases, you may be called upon to obtain information from a parent or to provide previously gathered medical information.		1	
Step 16 • Display Slide 58	Physical Examination Say: Children who may be victims of physical abuse should ALWAYS get a complete physical examination in which every body part including the genitals is examined. The physician should look at every body part and the entire body surface area. The areas of the body on which bruising is most concerning for abuse, for example, are areas which would not be visible on a child with clothes on.		3	
Step 17 • Display Slide 59	Physical Examination: Injuries Diagnostic of Abuse Say: Sometimes children have injuries which, in and of themselves, are diagnostic of abuse. When doctors say that an injury is 'diagnostic of abuse' they mean that there is no non-abusive way a child could obtain the injuries, and that they are clearly the result of abuse. For example, a child with multiple loop cord marks on his back would have injuries which are diagnostic of abuse.		3	
Step 18 • Display Slide 60	Injuries Diagnostic of Abuse Say: Injuries diagnostic of abuse are the exception rather than the rule. Context and related data must always inform a diagnosis to the extent possible.		1	
Step 19 • Display Slide 61	Evaluations Say: After a physician completes the patient history and the physical exam, it is time to decide whether additional testing is needed. The decision about what tests may be needed is based upon the findings in the exam and, at times, on information from the history as well.		1	
Step 20 • Display Slide	Diagnosis: An Informed Conclusion Say: Let's take a look again at the components contributing to a diagnosis and the ways you may provide information and assistance at each		5	

	Instructor	Materials	Time	Trainer Notes
62	<p>step.</p> <p>Ask:</p> <ul style="list-style-type: none"> How might you contribute to a more comprehensive and accurate patient history? How might you support the completion of a full physical exam? How might you help to provide context for additional medical tests? 			
<p>Step 21</p> <ul style="list-style-type: none"> Display Slide 63 	<p>Is It or Is It Not Physical Abuse?</p> <p>Say: In the ideal world, doctors would always be able to say whether a child has been abused or not. Many times, it is not so easy to be sure.</p>		1	
<p>Step 21</p> <ul style="list-style-type: none"> Display Slide 64 	<p>Is It Child Abuse?</p> <p>Say: Additional information you may contribute in regard to the case may provide the context a doctor needs in order to draw an accurate conclusion.</p>		1	
<p>Step 22</p> <ul style="list-style-type: none"> Display Slide 65 	<p>Diagnosing Physical Abuse</p> <p>Say: Remember that a reaching a medical diagnosis of abuse is not the same thing as meeting the legal definition of abuse. Any investigation must employ the legal definition as a criterion for determining a disposition.</p>		1	
<p>Step 23</p> <ul style="list-style-type: none"> Display Slide 66 	<p>Activity/Discussion</p> <p>Say: Say the word “sex.”</p> <p>Do: Tell participants to repeat the word “sex.” After a few seconds tell them to say it again.</p> <p>Say: In our society sex is something you are taught to talk about in private. It certainly is not something you talk about in public or with strangers. It is essential to effective child welfare practice for child welfare professionals to overcome their reactions to the topic of sexual behavior whether normal, abnormal, or abusive. Overcoming feelings of discomfort, embarrassment, etc. aids a child welfare professional in building relationships with children and families that can lead to effectively identifying sexual abuse and providing services.</p>		5	
<p>Step 24</p>	<p>Activity/Discussion</p> <p>Say: Think of the most embarrassing uncomfortable experience you had with sexual intimacy.</p> <p>Do: Wait one minute.</p> <p>Ask: What are some feelings you would have if you were required to share this experience with a complete stranger?</p>	<p>Flip chart Markers</p>	10	

	Instructor	Materials	Time	Trainer Notes
	<p>Do: Write the feelings identified on a flip chart.</p> <p>Ask: How would you feel if the person with whom you shared the experience laughed? Cried? Chastised? Criticized?</p> <p>Do: Write the feelings identified on a flip chart.</p> <p>Say: Consider how a child/youth might feel if they were required to share information about a sexual experience.</p>			
Step 25	<p>Activity</p> <p>Say: Not only is it important to increase your level of comfort when talking about sex, you must have an awareness of different terms that children, youth, and families might use for body parts and sexual acts. You should be comfortable asking for clarification if you do not know what they mean. A child welfare professional should never assume a meaning of any word.</p> <p>Do: Give each table a sheet of flip chart paper.</p> <p>Trainer Note: You should have the sheets of paper torn off the chart in advance of this activity so they are ready to pass out to the tables when you reach this point.</p> <p>Say: You have five minutes to record all the words that you can think of that a child (of any age) might use to describe a private body part or a sexual act. When you are finished hang your sheet of paper on the wall.</p> <p>Do: Call time after five minutes and review/compare the lists. After the first group reports on their terms ask the following groups to report on the terms that have not been previously mentioned.</p> <p>Say: Child welfare professionals are required to have open and frank discussions about intimate behavior with parents, children, lawyers, and medical professionals. Now we are going to look at medical information related to sexual abuse.</p>	Flip chart Markers	15	
Step 23	<p>The Medical Evaluation for Sexual Abuse</p> <p>Say: Doctors also play a special role in the diagnosis of sexual abuse.</p> <p>Ask: Can anyone list the three principal components that contribute to a medical diagnosis?</p> <ul style="list-style-type: none"> • Display Slides 67 - 68 		5	

	Instructor	Materials	Time	Trainer Notes
	Say: Likewise, history, examination, and evaluation are part of diagnosing sexual abuse.			
Step 24 <ul style="list-style-type: none"> Display Slide 69 	What Does the Doctor Need to Know? Say: While you will look for indicators of sexual abuse through what people tell you, either in interviews or with their behaviors, a doctor is looking at what the body can tell them. For example, you may learn through the case history that a child has been fondled. A doctor will learn through a medical examination whether there was anal or vaginal penetration, or whether the patient has come into contact with bodily fluids. They will then look for any potential physical results, including pregnancy and STDs.		1	
Step 25 <ul style="list-style-type: none"> Display Slide 70 	Perform a Physical Examination Say: As with physical abuse, doctors should do a thorough, full body examination. Ask: What reaction to a physical examination might a child have? Ask: How can you help a child to prepare for such an examination?		5	
Step 26 <ul style="list-style-type: none"> Display Slide 71 	2 Types of Sexual Abuse Evaluations Say: The tests a doctor will order depend on how long after the act a child comes before them. If it has been more than 72 hours, the doctor will order a pregnancy test and testing and treatment for STDs. If it has been less than 72 hours, they may also order an evidence kit collection and a toxicology screen.		3	
Step 27 <ul style="list-style-type: none"> Display Slide 72 	Sexual Abuse Series Say: There is an entire training series on sexual abuse for child welfare professionals. Speak with your supervisor about when you should take the sexual abuse series.		1	
Step 28 <ul style="list-style-type: none"> Display Slide 73 	Questions or Comments Ask: Before we begin the next section, are there any questions or comments?		5	

Section V: The Six Domains

Estimated Length of Time: 55 minutes

Corresponding Learning Objectives:

- Use information gathered in the six domains to assist in identifying child abuse and neglect

Section/Task Objectives:

- Name the six domains.
- Generate questions to ask when gathering information in regard to each of the six domains.

Section V: The Six Domains

	Instructor	Materials	Time	Trainer Notes
Step 1 <ul style="list-style-type: none"> Display Slides 74 and 75 	Learning Objectives Say: Here are our objectives for this section. Any questions?		5	
Step 2 <ul style="list-style-type: none"> Display Slide 76 	The Six Domains Say: You get a call: the reporter says her neighbors abuse their kids. This module is about identifying child abuse and neglect and you've spent nearly two days learning how to identify child abuse and neglect. Ask: Is this call a case of child abuse or neglect? (Participants may say they do not have enough information). Say: A lot of this job is about asking the right questions. You know the law, now you need the case information to determine if this particular situation meets that legal definition. We have six domains, or categories of questions, to help us determine that. Say: To assist child welfare professionals in accomplishing the important task of identifying child maltreatment nationwide, Action for Child Protection (2010), has identified six assessment areas. Turn to page 72 in your Participant Guide to review the Six Domains. Ask: Referring back to the different phases of casework practice, at which phase should information regarding the six domains be collected? Say: Information from the six domains can, and should, be collected throughout all stages of casework practice. The six domains will be referred to and used in Module 4 and future modules in the Charting the Course series.	Participant Guide page 72: The Six Domains	10	
Step 3 <ul style="list-style-type: none"> Display Slide 77 	The Six Domains: Activity Say: For the sake of the next activity, we are going to imagine that we are working in a screening unit position, but remember that a child welfare professional can come across reports of suspected abuse at any phase and in any position.	Participant Guide pages 73 and 74: Six Domains Activity	25	

	Instructor	Materials	Time	Trainer Notes
	<p>Say: Turn to pages 73 and 74 in your Participant Guide. We are going to complete example 1 together as a large group before breaking into small groups to complete the other situations.</p> <p>Do: Read #1 and lead a large group discussion to identify at least one question that would inform each of the six domains. Write these questions on a flip chart.</p> <p>Ask: Does anyone have any questions about the six domains or the activity before we divide into small groups to complete the rest?</p> <p>Do: Assign each table one of the remaining four situations. Allow approximately 10 minutes to complete the remainder of this activity.</p>			

Instructions for the Trainer: Section 5, Step 3	
Type of Activity/ Purpose	<p>“Situations”</p> <p>Situations allow participants to apply what they have learned to a brief scenario.</p>
Set-up and Alternatives	<p>Set-up: Form four small groups.</p> <p>Participants should imagine they are working in a screening unit position for this activity, but acknowledge that a child welfare professional can come across reports of suspected abuse at any phase and in any position.</p> <p>Alternative: Using pages 73 and 74 in the Participant Guide, walk participants through example 1 together as a large group. Have them identify at least one question that would inform each of the six domains. Write the questions they generate on a flip chart.</p>
Participant Tasks	Identify what types of questions related to the six domains they would ask of the caller to gather relevant information to determine an appropriate response.
Facilitation Tasks	<p>Assign each group one of the remaining four situations.</p> <p>Allow approximately 10 minutes to complete the remainder of this activity.</p>
Debrief	<p>Have each group share the questions they came up with for their situation. Suggest that other participants take notes in the Participant Guide.</p> <p>Remind participants that the six domains are a framework for gathering information throughout the life of a case. The information gathered by asking questions related to these domains can assist a child welfare professional in identifying child abuse and neglect.</p>
Additional Notes	<p>Possible answers:</p> <p><i>Situation #1:</i></p> <ul style="list-style-type: none"> • “What convinced you to take action and call us now?” • “Has her condition worsened as a result of her not receiving her medication?” • “What is the parent or caretaker’s response to the child’s medical needs?” • “How pervasive is the asthma? Is it seasonal or does she require daily medication?” • “Has the child ever been hospitalized due to her asthma?” • “Has the parent been responsive to your concerns?” • “Is the child receiving routine medical care?” • “Are there any other children in the family? Any concerns with their care?” <p><i>Situation #2:</i></p> <ul style="list-style-type: none"> • “Were the children home alone today?” • “Did Gabe receive medical treatment?” • “How was the child burned?” • “Did you see the child?” • “How often are the children left home alone?” • “How old are the children?” • “Can you tell me anything about the parents, caregivers or any other household members?” • “What do you imagine us doing to make the child (ren) safer?” <p><i>Situation #3:</i></p> <ul style="list-style-type: none"> • “What do you mean by sexually assaulted?” • “Was Tom babysitting for his sister at the time?”

	<ul style="list-style-type: none"> • <i>“How did you receive this information?”</i> • <i>“What did Lisa say happened? Are those the exact words she used?”</i> • <i>“How long was mom out of the home?”</i> • <i>“Has an incident such as this happened in the past? If so, do you know if mom was aware?”</i> • <i>“Where are Tom and his sister now?”</i> • <i>“What can you tell me about how Tom and Lisa function?”</i> <p>Situation #4:</p> <ul style="list-style-type: none"> • <i>“How is John being abused by his mother?”</i> • <i>“How does John usually get punished?”</i> • <i>“Did John tell you how he received the black eyes?”</i> • <i>“Did you ask mom how John got the black eyes?”</i> • <i>“Was John medically treated?”</i> • <i>“Has John ever had any other types of injuries or bruises?”</i> • <i>“How does mother react to John when he misbehaves?”</i> <p>Situation #5:</p> <ul style="list-style-type: none"> • <i>“Can you give some example of ways Daniel is emotionally abused at home by his parents?”</i> • <i>“How does Daniel react toward his parents?”</i> • <i>“Does Daniel have any friends?”</i> • <i>“Is he involved in any afterschool activities (sports, clubs etc.)?”</i> • <i>“Has Daniel ever tried to hurt himself?”</i> • <i>“Is Daniel receiving any type of counseling or support to deal with his parent’s behavior?”</i> • <i>“How is Daniel doing in school academically, socially, and behaviorally?”</i> • <i>“Are there any other children in home?”</i>
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	Instructor	Materials	Time	Trainer Notes
Step 4 <ul style="list-style-type: none"> • Display Slide 78 	Questions or Comments Ask: Are there any questions or comments about the information we just covered?		5	

Section VI: Traumatic Stress and Self-Care

Estimated Length of Time: 55 minutes

Corresponding Learning Objectives:

- Describe at least one strategy for self-care that child welfare professionals can use to cope with stress and exposure to trauma.

Section/Task Objectives:

- Define primary and secondary traumatic stress
- Identify the symptoms of traumatic stress
- Cite at least one strategy for managing traumatic stress and promoting resilience

Section VI: Traumatic Stress and Self-Care

	Instructor	Materials	Time	Trainer Notes
Step 1 <ul style="list-style-type: none"> Display Slide 79 	Introduce Section 6 Say: How would you describe the material covered in CTC Module 2 to someone who was about to take the course and wanted to know what to expect? Since some of the material encountered throughout this course is difficult and potentially upsetting, and because the nature of child welfare work can sometimes be challenging in that regard, we are going to focus some time on traumatic stress and self-care. Ask: On a scale of one to ten, one being “not at all” and ten being “extremely,” how stressful do you think you will find this job? Do: Designate ends of the room as the continuum. Say: Get up and place yourself in a line of continuum where one end of the room is a “one” and the other end is a “ten.” Ask: Why did you place yourself where you did?		10	
Step 2 <ul style="list-style-type: none"> Display Slide 80 	Learning Objectives Say: Here are our learning objectives for Section 6. Ask: Any questions before we jump in?		4	
Step 3 <ul style="list-style-type: none"> Display Slide 81 	Primary and Secondary Traumatic Stress: Individual Activity Say: Turn to page 76 in your Participant Guide and reflect on the definitions of primary traumatic stress and secondary traumatic stress. In the blank spaces below each definition write down what part of today’s material may have been stressful/traumatic for you. We refer to this as tuning in to yourself. Also write down a personal and/or professional experience that you’ve had that falls into either one of these categories. Do: Allow a few minutes for participants to complete this exercise. Ask: Does anyone feel comfortable sharing what they wrote?	Participant Guide page 76: Primary and Secondary Traumatic Stress	10	
Step 4 <ul style="list-style-type: none"> Display Slide 	Symptoms of Traumatic Stress: Large group brainstorm	Flip chart Markers	5	

	Instructor	Materials	Time	Trainer Notes
82	<p>Ask: How do people respond to traumatic stress? (Either primary or secondary)</p> <p>Do: Write answers on a flip chart.</p>			
<p>Step 5</p> <ul style="list-style-type: none"> • Display Slide 83 	<p>Strategies for Managing Stress: Think, Pair, Share</p> <p>Ask: How do <u>you</u> manage stress?</p> <p>Say: Before sharing your answers take a moment to write down some ways you manage stress on page 77 of your Participant Guide.</p> <p>After you have written down your strategies, turn to a neighbor and share your strategies. If your neighbor shares a strategy that you might consider trying, write it down in the space provided.</p> <p>Do: Allow a few minutes for participants to complete this exercise.</p> <p>Say: Let's take some time to share with the large group. We will go around the room one time, with each participant sharing one of their strategies. If one of your strategies has already been offered, choose another. Remember there is space to write down new strategies if you hear one that you would like to try. Also remember that we need to be intentional about making the healthiest choices for ourselves, just like we ask of the parents and youth with whom we work.</p>	Participant Guide page 77: Strategies for Managing Stress	20	

Instructions for the Trainer: Instructions for the Trainer: Section 6, Step 5	
Type of Activity/ Purpose	<p>“Think, Write, Pair, Share”</p> <p>Think-Write-Pair-Share is a discussion strategy. It incorporates reflection before sharing, and gives learners the opportunity to access knowledge, organize thoughts, and practice articulating their opinions and comments before sharing with a larger group. This strategy begins with the facilitator posing a question to the entire group, next participants pair off to discuss, and finally they share their thoughts with the entire group.</p>
Set-up and Alternatives	<p>Set-up: Ask the group, as a whole: How do you manage stress? Allow participants a few minutes to think about and write a response. Use a grouping strategy to form pairs, or ask participants to find a partner and discuss and compare their strategies for managing stress.</p> <p>Alternative: This activity will work with groups of different sizes.</p>
Participant Tasks	<p>The participant’s job is to:</p> <ul style="list-style-type: none"> • Write down the ways they manage their own stress • Pair with a partner and share their strategies, and perhaps learn new ones from their partner • Learn from the group as a whole various types of strategies for managing stress.
Facilitation Tasks	<p>Explain the activity.</p> <p>Ask the group how they manage stress, and give them five minutes to write on the subject. Then ask them to pair and share their strategies with a partner.</p> <p>Circulate and assist and keep groups on track. Monitor time and progress.</p>
Debrief	<p>Volunteers will share one of their strategies for managing stress with the whole group. Call on participants, if necessary, to share one of their strategies. Remind participants that there is space in the Participant Guide to write down new strategies.</p> <p>Monitor suggestions for unhealthy strategies, such as drinking alcohol or smoking to relax. Remind participants that they need to be intentional about making the healthiest choices for themselves, just as they support the parents and youth with whom they work to do the same.</p>
Additional Notes	<p>Responses will most likely vary widely, since every individual manages stress differently. Some answers might include:</p> <ul style="list-style-type: none"> • Exercise • Spending time with a friend or family member • Talking with a co-worker • Reading a book • Journaling • Spending time outdoors • Watching television or a movie

	Instructor	Materials	Time	Trainer Notes
Step 6 <ul style="list-style-type: none"> • Display Slide 84 	Questions or Comments? Say: Primary and secondary traumatic stress and the importance of and strategies for self-care are covered in greater detail in Module 10. Say: This was the final section before our summary and evaluations. We will take a few moments to review the information we have covered over the last two days. Before we do that, are there any questions or comments about this section on traumatic stress?		5	

Section VII: Summary

Estimated Length of Time: 20 minutes

Corresponding Learning Objectives:

- ✓ List the nine phases of casework practice.
- ✓ Reference state law to identify child abuse or neglect.
- ✓ Identify potential physical, emotional, and behavioral indicators of child abuse and neglect and their impact on child development and behavior.
- ✓ Identify the medical information that is necessary to make a determination of abuse and methods of documenting this information.
- ✓ Use information gathered in the six domains to assist in identifying child abuse and neglect.
- ✓ Describe at least one strategy for self-care that child welfare professionals can use to cope with stress and exposure to trauma.

Section/Task Objectives:

Section/Task Objectives:

- ✓ Review course material and answer questions.

Section VII: Summary

	Instructor	Materials	Time	Trainer Notes
Step 1 <ul style="list-style-type: none"> Display Slides 85 and 86 	Introduce Section Say: Time to wrap things up. Ask: What questions or comments do you have about the information presented over the past two days? Trainer Note: If participants raise questions about effective dates or former law vs. current law provide them this explanation. While some amendments had different effective dates, the complete amended CPSL went into effect December 31, 2014. Child abuse or general protective services reports dated AFTER 12/31/14 are subject to the amended CPSL. Child abuse or general protective services reports dated PRIOR to 12/31/14 are subject to prior law. Participants attending CTC Mod 2, who are responsible for conducting investigations or assessments, will likely be investigating reports that were made after December 31, 2014 and therefore will apply the amended CPSL. However, encourage participants to check with their supervisors if they have questions about which law applies. Inform participants that resources and tools, including comparison charts, are available on the Child Welfare Resource Center's website to support them in implementing the changes to CPSL.		5	
Step 2	General Reminder Say: This module has been an introduction to identifying child abuse and neglect, and was designed to provide a foundation for the law and for beginning skills in identifying the various types of abuse. Advanced courses are available on child sexual abuse as well as investigation and assessment, after you complete the entire Charting the Course towards Permanency for Pennsylvania's Children. Also remember to seek the support of your supervisor or more experienced colleagues to continue to develop your skill and understanding.		2	
Step 3 <ul style="list-style-type: none"> Display Slide 87 	Review Objectives Say: Here are the objectives for this training. Ask: How did we do in meeting them? Ask: How did we do meeting your personal goal for this training?		5	
Step 4 <ul style="list-style-type: none"> Display 	Course Evaluations Do: Pass out the course evaluation forms.		5	

	Instructor	Materials	Time	Trainer Notes
Slide 88	Say: Please take these final minutes to complete the evaluation for this course. Thank you for your participation and feedback.			

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