Caring for Children Who are Maltreated:  
Trainer’s Guide  
version 1  
(Last updated 2/15/2013)

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Suggested Citation

The National Training Institute for Child Care Health Consultants.  

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NOTE TO TRAINER

This Trainer’s Guide is part of a Toolkit intended to accompany the *Caring for Children Who are Maltreated* Training Module. The Toolkit includes a Trainer’s Guide to leading training sessions, a Slide Presentation, and materials for participants’ packets.

For more information about using the NTI materials, please read “Guidelines for Using the NTI Curriculum Materials,” available in the “Curriculum” section of the NTI Resources Website (accessed by entering your NTI username and password at http://sakai.unc.edu).
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PREPARATION CHECKLIST

Curriculum Materials:
Download the following from the “Curriculum” section of the NTI Resources Website:
 Caring for Children Who are Maltreated Training Module
 Caring for Children Who are Maltreated Trainer’s Guide
 Caring for Children Who are Maltreated Slide Presentation
 Training Checklists

Preparation:
 Read the Caring for Children Who are Maltreated Training Module.
 Read the Caring for Children Who are Maltreated Trainer’s Guide.
 Review the Caring for Children Who are Maltreated Slide Presentation:
   Customize slide #2 to include your name, agency, and the date of your training.
   Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
   Create a participant’s packet (one per participant) per copyright guidelines:
     Copy activities, worksheets, and the evaluation form provided in this Trainer’s Guide under “Materials for Participant’s Packet”.
     Copy the Slide Presentation as a handout.
   On a flip chart sheet, write out the Overview of Training Session to display in the training room (you may prefer to leave off the estimated time and training technique).
   On a flip chart sheet, write out the Training Objectives to display in the training room.
   Copy each of the child maltreatment myths onto a separate index card to use during the “Mythbusters” activity.
   See “Training Implementation and Logistics Checklist” (located in the document titled Training Checklists) for set-up tasks to do the day of the training.

Equipment and Supplies:
 See “Equipment and Supplies Checklist” (located in the document titled Training Checklists) for general supplies
 Laptop, slide presentation, and LCD projector or overhead projector
 Flip chart sheet for posting Overview of Training Session
 Flip chart sheet for posting the Training Objectives
 Index cards with child maltreatment myths
 Colored markers
 A mix of small, colored objects (such as paper clips, pompoms, post-it notes, candy, stickers, etc.) equal to the number of trainees in attendance.
OVERVIEW OF TRAINING SESSION

Below is an overview of the topics covered in this session.

<table>
<thead>
<tr>
<th>Estimated Time</th>
<th>Topic</th>
<th>Training Technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-15 minutes prior to session&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Registration</td>
<td>-----</td>
</tr>
<tr>
<td>Optional&lt;sup&gt;2&lt;/sup&gt;</td>
<td>Introductions/Icebreaker</td>
<td>Large group</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Opening: Mythbusters</td>
<td>Large group</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Overview of Training Session and Objectives</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Activity: Why Get Involved in Preventing Child Maltreatment?</td>
<td>Small group</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Presentation: Defining and Identifying Child Maltreatment</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Activity: Risk and Protective Factors</td>
<td>Small group</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Presentation: Factors Associated with Child Maltreatment and Reporting Child Maltreatment</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Activity: Child Maltreatment Case Scenario</td>
<td>Small group</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Closing: The Role of the CCHC</td>
<td>Large group</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Learning Assessment: Next Steps</td>
<td>Partner work</td>
</tr>
<tr>
<td>5 minutes</td>
<td>Evaluation of Trainer</td>
<td>Individual</td>
</tr>
</tbody>
</table>

**Estimated Total Time:** Approx. 1 hour and 30 minutes<sup>3</sup>

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<sup>1</sup> Not included in total time.

<sup>2</sup> Not included in total time. Develop activity based on participants’ training needs.

<sup>3</sup> Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI’s *Building Curriculum Development and Training Skills* Training Module.

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## TRAINER’S OUTLINE

### Introductions

<table>
<thead>
<tr>
<th>Time</th>
<th>Optional</th>
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<tbody>
<tr>
<td>Training Technique</td>
<td>Large group</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
</tbody>
</table>

**Instructions**
- Show slides 1–3. (Slides 1-2, the title slide and customizable slide, are not printed here.)
- Ask each participant to introduce themselves by sharing their name, agency (if they are from different agencies), and number of years they have worked in the field of child care.

**Talking Points**
- Let’s take a minute to introduce ourselves to one another.
- I’d like to go around to room to give everyone a chance to share their name, their agency, and the number of years they have worked in child care.

**For More Information**
- See NTI’s *Building Curriculum Development and Training Skills* Training Module for ideas about introductions and icebreaker activities.

**Notes**
## Opening: Mythbusters

<table>
<thead>
<tr>
<th>Time</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>large group</td>
</tr>
<tr>
<td>Supplies</td>
<td>One index card with a child maltreatment myth for each participant</td>
</tr>
</tbody>
</table>
| Instructions  | Show slide 4.  
|               | Distribute a Child Maltreatment Mythbusters card to each participant. Go around the room, giving everyone a chance to read their statement aloud. After each participant reads the myth they were given, read aloud the statistic from the DHHS report. |
| Talking Points| Mythbusters  
|               | I’m going to hand out our Child Maltreatment Mythbusters cards. Please make sure everyone has one. I’m going to ask you to read aloud the statement on your card. Once you have read the myth, I’ll read the actual statistic.  
|               | These statistics were taken from the report, *Child Maltreatment 2006*, published by the Children’s Bureau of the US Department of Health and Human Services (DHHS, 2008). This report is available online. |
| Notes         |            |
### Overview of Training Session and Objectives

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training Technique</strong></td>
<td>Slides/overheads</td>
</tr>
</tbody>
</table>
| **Supplies** | • Flip chart sheet with Overview of Training Session written on it  
• Flip chart sheet with Training Objectives written on it |
| **Instructions** | • Show slide 5.  
• Direct participants’ attention to the posted Overview of Training Session. Review the plan for the session.  
• Review Training Objectives. |
| **Talking Points** | **Training Objectives**  
• There are several things that I want you to be able to do by the end of the training today. I planned the material and the activities we’ll be doing around four main training objectives. By the end of today’s training session, I’d like you to be able to:  
  o Name the four types of child maltreatment and give examples of each.  
  o Describe common indicators of child maltreatment.  
  o Discuss the role of child care staff in reporting child maltreatment.  
  o Understand the role of the CCHC in preventing and responding to child maltreatment. |
| **For More Information** | See NTI’s *Building Curriculum Development and Training Skills* Training Module to learn more about training objectives. |
| **Notes** | |
Activity: Why Get Involved in Preventing Child Maltreatment?

<table>
<thead>
<tr>
<th>Time</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Small group</td>
</tr>
<tr>
<td>Supplies</td>
<td>• One “Why Become Involved in Preventing and Reporting Child Abuse and Neglect?” worksheet for each participant (from their Participant’s Packets)</td>
</tr>
</tbody>
</table>
| Instructions | • Show slide 6.  
• Direct trainees to the “Why Become Involved in Preventing and Reporting Child Abuse and Neglect?” worksheet in their Participant’s Packets.  
• Ask the trainees to divide into small groups of 3 or 4 by counting off around the room. Once everyone has a number, ask them to move to sit by the other people with the same number.  
• Ask each group to choose a group leader (to lead the small group discussion) and a recorder/reporter (to write down the group’s ideas and share them with the large group).  
• Give the groups 5 minutes to discuss among themselves the answers to the questions on the worksheet.  
• Bring all participants back together to share their ideas. Use the Why Get Involved? Answer Key (in the Appendix) to lead the discussion. |
| Talking Points | Why get Involved?  
• We are going to take a few minutes to talk about the role of child care staff in preventing and responding to child maltreatment. Please find the “Why Become Involved in Preventing and Reporting Child Maltreatment?” worksheet in your participant’s packets.  
• Let’s go around the room and count off to divide into small groups. Please remember your number. Move to sit by the other people with the same number.  
• I’d like each group to choose a group leader to lead the small group discussion and a recorder/reporter to write down the group’s ideas and share them with the large group.  
• We’ll take 5 minutes to read the questions on the worksheet and discuss the answers to the questions with your small group. Then we’ll come back together to share ideas. |
| For More Information | Notes |
Presentation: Defining and Identifying Child Maltreatment

<table>
<thead>
<tr>
<th>Time</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Slides/overheads</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
<tr>
<td>Instructions</td>
<td>Show slides 7 to 29.</td>
</tr>
</tbody>
</table>

**Talking Points**

**Defining Child Maltreatment**

The Federal *Child Abuse Prevention and Treatment Act*, as amended by the *Keeping Children and Families Safe Act of 2003*, defines child abuse and neglect as:

- Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or
- An act or failure to act which presents an imminent risk of serious harm.

This definition applies to a child under the age of 18. In the case of child sexual abuse, the age is specified by the child protection laws in each state. The caretaker may be a child care teacher/caregiver, or anyone else who is responsible for the child’s welfare.

There are four main types of child maltreatment.

**Emotional Abuse**

Emotional abuse refers to acts that damage a child in psychological ways that do not fall into other categories of abuse. It is “a repeated pattern of caregiver behavior or extreme incidents that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs.” It might include:

- Blaming, belittling, or rejecting a child
- Threatening violence toward a child
- Placing a child in isolation by restricting movement or social interaction
- Exploiting or corrupting
- Failing to express affection
- Constantly treating siblings unequally, or
- A persistent lack of concern by the caretaker for the child’s welfare (Adapted from Child Welfare Information Gateway, 2008).
Physical Abuse
Physical abuse is any intentional injury to the child that causes tangible physical harm. It may result from hitting, pushing, burning, biting, shaking, or could be the result of physical punishment practices such as spanking.

Sexual Abuse
Sexual abuse is the use, persuasion, or coercion of any child to engage in any sexually explicit conduct. It may include touching such as fondling, penetration, or any type of inappropriate conduct with a child’s genitals, buttocks, or breasts. It might also include non-physical acts such as exposure to sexually explicit materials (Child Welfare Information Gateway, 2008).

Neglect
Neglect is the failure of a child’s caretaker to provide for the child’s basic needs. Abuse tends to be episodic, but neglect us usually chronic. There are three main types of neglect (Child Welfare Information Gateway, 2008):

- **Physical neglect** – includes refusal or delay of health care, abandonment, inadequate or unsafe supervision, and/or failure to provide for basic needs such as shelter, clothing, hygiene, and food

- **Educational neglect** – includes failure to follow state laws with regard to children’s education by allowing excessive absenteeism, failure to enroll a child in school, and/or failure to respond to special educational needs
• **Emotional neglect** – includes inattention to child’s emotional needs, exposure to domestic violence, permission of drug or alcohol abuse or other illegal/inappropriate behaviors, and/or a refusal or delay of needed psychological care.

**Incidence of Maltreatment**

A 2006 study by the U.S. Department of Health and Human Services found that, of those children who were abused or neglected:

- 64.1% experienced neglect
- 16% were physically abused
- 8.8% were sexually abused
- 6.6% were emotionally abused
- Just over 2% were medically neglected
- And, 15.1% of victims experienced other types of maltreatment such as abandonment, threats of harm to the child, and congenital drug addiction.

These percentages total more than 100% because children may be victims of more than one type of maltreatment.

**For More Information**

See the “Defining Child Maltreatment” section in NTI’s *Caring for Children Who are Maltreated* Training Module, 2008.

**Notes**
Talking Points

Indicators of Maltreatment

- Caregivers/teachers should receive initial and ongoing training to assist them in preventing child abuse and in recognizing the common behaviors, symptoms, and signs displayed by children who have been maltreated. 

- As we talk about the different signs of maltreatment, keep in mind that recognition of child maltreatment is based on the detection of a cluster of indicators rather than observation of one or two clues (Koralek, 1992). If indicators are observed, they should be explored further to determine their cause.

Physical Indicators of Physical Abuse

- Physical injuries are the most obvious and dramatic indicators of child maltreatment. Because children naturally explore their environment in a forward motion, accidental injuries commonly occur on the forehead, nose, chin, elbows, and knees (Stevenson, 2001). On the other hand, intentional injuries often appear on the face, lips, mouth, torso, back, buttocks, and thighs (Stevenson, 2001).

- Bruises may appear to be at various stages of healing. Abnormal bruising or other injuries on infants who are not yet mobile may also be cause for concern. Reasons for these types of injuries should be explored further.

Behavioral Indicators of Physical Abuse

Children who have experienced physical abuse may exhibit:

- Behavioral extremes – passive or aggressive
- Wariness of adult contact
- Inappropriate or precocious maturity
- Vacant or frozen stares
- Apprehension when other children cry
- Indiscriminant seeking of affection

Children who have been physically abused may wear clothing inappropriate for the weather in order to cover bruises or injuries on their bodies.
Physical Indicators of Sexual Abuse
Sexually transmitted diseases (STDs) can be an indicator of sexual abuse, but are uncommon. If a caregiver does suspect that a child may have an STD, they should make sure a health care provider sees the child and parents should be notified. Physical indicators of sexual abuse include:

- Pain, itching, bruises, swelling, or bleeding around the genital area
- Stained or bloody underclothing
- Demonstrated difficulty sitting or walking
- Bedwetting or nightmares

Behavioral Indicators of Sexual Abuse
Behavioral indicators of sexual abuse include:

- The report of sexual abuse
- Frequent touching/fondling of genitals or masturbation
- Inappropriate sexual expression with trusted adults
- “Clinginess”, fear of separation
- Excessive bathing
- Reenactment of abuse using dolls, drawings, or friends
- Neglected appearance
- Avoidance of certain staff, relatives, or friends
- Lack of involvement with peers

Physical Indicators of Emotional Abuse
Physical indicators of emotional abuse include:

- Delayed physical, emotional, or intellectual development
- Habits inappropriate for the child’s developmental stage, such as rocking, or sucking on fingers
- Displays signs of suicide attempts or physical harm to self
Behavioral Indicators of Emotional Abuse

- Withdrawal
- Apathy
- Low social interaction
- Fear of parent/caregiver/guardian
- Behavioral extremes – passive or aggressive
- Developmentally delayed

Physical Indicators of Neglect

Physical indicators of neglect include:

- Inappropriate dress
- Poor hygiene
- Consistent hunger
- Unattended medical needs
- Recurring cases of lice/scabies
- Fatigue or listlessness

Behavioral Indicators of Neglect

- Fatigue or listlessness
- Whispering speech
- Expressionless face
- Frequently absent or tardy
- Begging for or hoarding food
- Reports no caretaker at home

Pay Attention to the Child

Changes in behavior or attitude can be possible signs of abuse and should be investigated. Caregivers should pay careful attention to reports of maltreatment from the child or fearfulness of parents/guardians and/or fear of going home (Child Welfare Information Gateway, 2007).
Pay Attention to Parents/Caregivers/Guardians
- Common behaviors of parents/caregivers/guardians that should be investigated further include:
  - Aggressiveness and/or defensiveness when asked about problems concerning their child
  - Apathy
  - Little or no concern about the child
  - Overreaction to child’s behavior
  - Not forthcoming with events surrounding injury

Language Indicators
Caregivers might also listen carefully to the language that parents/caretakers/guardians use about their child. Concerns might be raised if the parents
  - Blame or belittle the child
  - Make negative comments about the child
  - Label the child as “bad” or “evil”

For More Information
See the “Indicators of Child Maltreatment” section in NTI’s *Caring for Children Who are Maltreated* Training Module, 2008.
**Activity: Risk and Protective Factors**

<table>
<thead>
<tr>
<th>Time</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Small group</td>
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</tbody>
</table>

**Supplies**
- 5 different “Overview of Risk and Protective Factors” handouts
- Two flip chart sheets for each group and two markers for each group

**Instructions**
- Show slide 30.
- Divide the trainees into 5 groups. Have a mix of small, colored objects (such as paper clips, pompoms, post-it notes, candy, stickers, etc) equal to the number of trainees in attendance. Go around the room and ask everyone to choose one of the objects. Then ask all the trainees with objects of the same color to move to work together.
- Ask each group to choose a group leader/reporter and two recorders.
- Give each group a different “Overview of Risk and Protective Factors” handout, two flip chart sheets, and two colored markers.
- Ask each group to read the handout and decide if the factors listed are risk factors or protective factors. The two recorders should write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet. Tell the group they will have 5 minutes to do this.
- After 5 minutes, ask each group leader/reporter to share the risk and protective factors for their group.

*(Trainers: If time is tight, you may want to have the supplies laid out in different corners of the room ahead of time so that you won’t need the groups to wait to get their supplies before starting.)*

**Talking Points**
- We’re going to divide into 5 groups. Please take an item from this basket as I come around, then move to work with the trainees that have an item that is the same color as yours.
- Once you are in your groups, please choose a group leader/reporter and two recorders.
- I’m going to hand out supplies. Please read the handout and decide if the factors listed are risk factors or protective factors. The two recorders should write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet. You will have 5 minutes to do this.
- What risk and protective factors did you identify?

**For More Information**
See the “Factors Associated with Child Maltreatment” section in NTI’s *Caring for Children Who are Maltreated* Training Module.
Presentation: Reporting Child Maltreatment

Time | 10 minutes
--- | ---
Training Technique | Slides/overheads

Instructions | Show slides 31 to 36.

Talking Points Reporting Child Maltreatment
- Anyone can report child maltreatment.
- Slightly more than half of initial reports come from health care providers, teachers, child care teachers/caregivers, social service providers, and law enforcement officers (DHHS, 2008).
- After a report has been made, Child Protective Services will investigate the report to determine whether maltreatment has actually taken place. This may lead to the child and family receiving treatment and services, and sometimes may cause referral to family or criminal court.

CFOC Standards for Reporting
- The facility should report to the child abuse reporting hotline, department of social services, child protective services, or police as required by state and local laws, in any instance where there is reasonable cause to believe that child abuse and neglect has occurred. 3.4.4.1
- Every staff member should be oriented to what and how to report. Phone numbers and reporting system as required by state or local agencies should be clearly posted by every phone. 3.4.4.1
- Caregivers/teachers who report suspected abuse and neglect in the settings where they work should be immune from discharge, retaliation, or other disciplinary action for that reason alone, unless it is proven that the report was malicious. 3.4.4.2
- Employees and volunteers in child care facilities should receive an instruction sheet about child abuse and neglect reporting that contains a summary of the state child abuse reporting statute and a statement that they will not be discharged/disciplined solely because they have made a child abuse report. 3.4.4.1
**Trainer:** It is recommended that you insert a section here on the reporting policies and procedures in your state. Include the Child Maltreatment Hotline Number, the steps for making a child maltreatment report, how a child maltreatment report is investigated, and a discussion of any barriers to reporting that child care staff might face.

| For More Information | See the “Reporting Child Maltreatment” section in NTI’s *Caring for Children Who are Maltreated* Training Module, 2008. |

### Notes

### Talking Points

#### Prevention Strategies

There are three different levels of prevention strategies.

- The primary level is aimed at educating the general public.
- The secondary level is aimed at providing preventive services to high-risk families.
- The tertiary level is aimed at preventing recurrence among families in which maltreatment has already occurred.

#### Prevention in Child Care Settings

*CFOC 1.7.0.5, 3.4.4.5* lists several steps that should be taken to help child care facilities prevent child maltreatment by their staff.

- Caregivers/teachers should be able to take breaks and find relief during stressful times.
- Written staff policies should allow caregivers/teachers who feel they may lose control to have a short, but relatively immediate break away from the children at times of high stress.
- The physical layout of child care facilities should be arranged so that there is a high level of visibility in the inside and outside areas as well as diaper changing areas and toileting areas used by children. All areas should be viewed by at least one other adult in addition to the caregiver/teacher at all times when children are in care.
For More Information

- See the “Child Maltreatment Prevention Strategies and Support for At-risk Families” section of NTI’s *Caring for Children Who are Maltreated* Training Module.

Notes
Activity: Child Maltreatment Case Scenario

<table>
<thead>
<tr>
<th>Time</th>
<th>10 minutes</th>
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</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Small group</td>
</tr>
</tbody>
</table>
| Supplies   | • One *Child Maltreatment Case Scenario* worksheet for each participant  
• Flip chart sheets  
• Markers |
| Instructions | • Show slide 37.  
• Instruct trainees to find the *Child Maltreatment Case Scenario* in their Participant’s Packets.  
• Divide the group into small groups of three or four. Ask each group to choose a group leader and a recorder/reporter.  
• Tell trainees that they have 5 minutes to read the case scenario and answer the questions on the worksheet.  
• After 5 minutes, pull everyone back together to discuss their ideas. |
| Talking Points | • Let’s take a look at a case scenario about how a CCHC might respond if a child care caregiver/teacher shares a concern about possible child maltreatment. Please find the *Child Maltreatment Case Scenario* in your Participant’s Packets.  
• Let’s divide into smaller groups. Once you are in your smaller group, please choose a group leader and a recorder/reporter.  
• We’ll take 5 minutes to read the case scenario. Then take a few minutes to answer the questions on the worksheet. After 5 minutes, we’ll come back together to share our ideas. |
| For More Information | Notes |
Closing: The Role of the CCHC

<table>
<thead>
<tr>
<th>Time</th>
<th>10 minutes</th>
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<tbody>
<tr>
<td>Training Technique</td>
<td>Large group</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
</tr>
</tbody>
</table>
| Instructions | • Show slides 38 - 42.  
               • When showing slide 42, allow time to review each Training Objective and ask trainees for feedback about if it has been attained. If necessary, review any material about which the trainees have questions. |

Talking Points

There are many ways that CCHCs can get involved in the prevention and response to child maltreatment.

Training and Referral

• Provide child care staff with training or training referrals on the topic of child maltreatment and establish a practice for documenting that training.
• Ensure that child care staff are aware of the common behaviors, symptoms, and signs displayed by children who have been abused or neglected.
• Assist the child care staff in connecting with medical professionals with expertise in child maltreatment and/or with Child Protective Services (CPS) for consultation and advice.

Policy Development

• Ensure that child care programs have written policies regarding the monitoring, confirming, and reporting of child maltreatment and assist with policy development in these areas if needed.
• Make certain that child care facilities provide required instructions about child abuse reporting to all staff and volunteers.

Staff Support

• Ensure that child care programs have policies in place that ensure staff receive proper supervision, training, and education, as well as consistent breaks.
• Help develop policies or provide suggestions on dealing with caregiver stress. Develop a list of resources for child care staff on stress management.
### Reporting
- Become familiar with mandated state reporting laws and the procedures for filing a maltreatment report.
- Support and work with the child care facility when making a report of child maltreatment.

CCHCs might also engage in public awareness campaigns that promote healthy families and information about child maltreatment. Are there other ways that you have become involved with prevention of child maltreatment?

### Training Objectives
Let’s briefly look back at our training objectives to see if there is anything we want to revisit.

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**For More Information**
See NTT’s *Caring for Children Who are Maltreated* Training Module, 2008.

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**Notes**
## Learning Assessment

<table>
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<tr>
<th>Time</th>
<th>10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Individual, partner work</td>
</tr>
<tr>
<td>Supplies</td>
<td>• One copy of the “Learning Assessment - Next Steps” worksheet for each trainee</td>
</tr>
</tbody>
</table>
| Instructions | • Show slide 43.  
• Ask trainees to find the “Learning Assessment - Next Steps” worksheet in their Participant Packets.  
• Have trainees work with a partner to complete the worksheet. |
| Talking Points | **Next Steps**  
• Please find the “Learning Assessment - Next Steps” worksheet in your Participant Packet.  
• I’d like you to find someone to work with that you haven’t already worked with today.  
• Working with your partner, take 5 minutes to complete the worksheet. After 5 minutes, we will come back together to share your ideas with the large group. |
| For More Information | |
| Notes | If you are running out of time at this point, consider having participant’s complete the worksheet with their partners but NOT sharing their ideas with the large group. |
## Evaluation

<table>
<thead>
<tr>
<th>Time</th>
<th>5 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Technique</td>
<td>Individual</td>
</tr>
<tr>
<td>Supplies</td>
<td>One copy of the “Evaluation of Trainer Form” for each trainee</td>
</tr>
<tr>
<td>Instructions</td>
<td>Show slide 44. (Placeholder slide not printed here.)</td>
</tr>
<tr>
<td></td>
<td>Ask participants to complete the “Evaluation of Trainer Form” at this time.</td>
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<tr>
<td></td>
<td>Inform participants that the evaluations are anonymous.</td>
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<tr>
<td></td>
<td>Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training.</td>
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<tr>
<td></td>
<td>Allow participants 5 minutes to complete the evaluation.</td>
</tr>
<tr>
<td></td>
<td>Collect forms.</td>
</tr>
</tbody>
</table>

### Talking Points

Please take 5 minutes to complete the evaluations. Thank you for coming today!

### For More Information

### Notes
MATERIALS FOR PARTICIPANT’S PACKET

Activities
Following are the materials you will use in the training activities. The Mythbusters Introduction Statements should be written on separate index cards before the training, and the true statements should be written on a flip chart sheet that can be revealed after the True and False Introduction activity. Make copies of the Why Get Involved in the Prevention of Child Maltreatment? worksheet, the Child Maltreatment Case Scenario, and the Next Steps learning assessment for each training participant and place them in the Participant’s Packets. You may wish to white out the existing page numbers and write in your own, or you may print each activity on different colors of paper for easy reference by your participants. Also, make one copy of each of the Risk and Protective Factors handouts and set them aside to be distributed during the training.

The remaining activities may be included in your training if you have additional time. Your audience analysis and training objectives will help you determine which of these activities are most appropriate for your group.

Evaluation of Trainer
The “Evaluation of Trainer Form” at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

Cover Page
The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a Participant’s Packet. If your participant’s packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.
**ACTIVITY: Mythbusters**

**Instructions:** Before the training, write each of the *Myths about Child Maltreatment* below on a separate index card. Make sure you have enough for each participant. Hand a card to each participant as they arrive. As participants introduce themselves, ask them to read the myth on the card they were given. After they read the myth, you read the true statement.

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of children who experience child maltreatment is small.</td>
<td>An estimated 905,000 children in the US were victims of maltreatment in 2006.</td>
</tr>
<tr>
<td>Considering how many children there are in the United States, child maltreatment is not that big a problem.</td>
<td>In 2006, the rate of victimization was 12.1 per 1,000 children in the population.</td>
</tr>
<tr>
<td>Child maltreatment is on the rise.</td>
<td>The rate of victimization decreased from 12.3 per 1,000 during 2002, to 12.1 per 1,000 children during FFY 2006, which is a 1.6% decrease.</td>
</tr>
<tr>
<td>Boys are more likely to be maltreated than girls.</td>
<td>Girls were more slightly more likely to be victims than boys (51.5% vs. 48.2%).</td>
</tr>
<tr>
<td>Older children are more likely to be maltreated than younger children.</td>
<td>The youngest children had the highest rate of victimization. For the age group of birth to 1 year: 24.4 per 1,000 children of the same age group; ages 1–3 years was 14.2 per 1,000 children; ages 4–7 years was 13.5 per 1,000 children.</td>
</tr>
<tr>
<td>The rate of child maltreatment is about the same for children of all races.</td>
<td>African-American children, American Indian or Alaska Native children, and children of multiple races had the highest rates of victimization at 19.8, 15.9, and 15.4 per 1,000 children of the same race or ethnicity, respectively. White children and Hispanic children had rates of approximately 10.7 and 10.8 per 1,000 children of the same race or ethnicity, respectively. Asian children had the lowest rate of 2.5 per 1,000 children of the same race or ethnicity.</td>
</tr>
<tr>
<td>Children with disabilities are no more likely than children without disabilities to be maltreated.</td>
<td>Nearly 8% of children who experienced maltreatment had a reported disability.</td>
</tr>
<tr>
<td>Once children experience maltreatment, they are unlikely to experience it again.</td>
<td>Children who had been prior victims of maltreatment were 96% more likely to experience maltreatment recurrence than those who were</td>
</tr>
<tr>
<td><strong>Children with disabilities who were maltreated were no more likely to experience a recurrence than children without a disability.</strong></td>
<td><strong>Child victims who were reported with a disability were 52% more likely to experience recurrence than children without a disability.</strong></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td><strong>It is rare for a child to die as a result of maltreatment.</strong></td>
<td><strong>An estimated 1,530 children died from maltreatment in 2006—at a rate of 2.04 deaths per 100,000 children.</strong></td>
</tr>
<tr>
<td><strong>Most children who were killed by a perpetrator of child maltreatment were school-aged.</strong></td>
<td><strong>More than three-quarters (78.0%) of children who were killed were younger than 4 years of age, 11.9% were 4–7 years of age, 4.8% were 8–11 years of age, and 5.4% were 12–17 years of age.</strong></td>
</tr>
<tr>
<td><strong>Most children who experience maltreatment are maltreated by a stranger.</strong></td>
<td><strong>Nearly 83% of victims were abused by a parent acting alone or with another person. Approximately, 40% of child victims were maltreated by their mothers acting alone; another 17.6% were maltreated by their fathers acting alone; and 17.8% were abused by both parents.</strong></td>
</tr>
<tr>
<td><strong>Many more children are maltreated by a caregiver who is not a parent, such as a foster parent, child care, staff, or unmarried partner of a parent.</strong></td>
<td><strong>Only 10% of victims were abused by nonparental perpetrators. A nonparental perpetrator is defined as a caregiver who is not a parent and can include foster parent, child care staff, unmarried partner of parent, legal guardian, and residential facility staff.</strong></td>
</tr>
<tr>
<td><strong>Men are more often perpetrators of child maltreatment than women.</strong></td>
<td><strong>57.9% of the perpetrators of child maltreatment in 2006 were women and 42.1% were men.</strong></td>
</tr>
<tr>
<td><strong>Racial distribution of perpetrators is different from the racial distribution of victims.</strong></td>
<td><strong>The racial distribution of perpetrators was similar to the race of their victims.</strong></td>
</tr>
</tbody>
</table>
ACTIVITY: Why Get Involved in Prevention of Child Maltreatment?

Instructions: Work with your small group to think of personal, professional, and legal reasons to get involved with preventing and reporting child maltreatment. Have the group recorder/reporter write down the ideas and prepare to share them during the large group discussion.

1. What are personal reasons that child care staff might get involved with preventing and reporting child maltreatment?

2. What are professional reasons that child care caregivers/teachers might get involved with preventing and reporting child maltreatment?

3. What are legal reasons that child care staff might get involved with preventing and reporting child maltreatment?
ACTIVITY ANSWER KEY: Why Get Involved in Preventing Child Maltreatment?

**Instructions:** Work with your small group to think of personal, professional, and legal reasons to get involved with preventing and reporting child maltreatment. Have the group recorder/reporter write down the ideas and prepare to share them during the large group discussion.

1. **What are personal reasons that child care staff might get involved with preventing and reporting child maltreatment?**
   - Strong commitment to the well-being of children and families they serve
   - Commitment to child welfare in general
   - Personal responsibility to and for children
   - Concern about health, safety, and happiness of children
   - Recognizing and supporting the health of families
   - Wanting to do the best for the children in their care

2. **What are professional reasons that child care caregivers/teachers might get involved with preventing and reporting child maltreatment?**
   - Required by CFOC, the NAEYC Code of Ethics, and Head Start Policy
   - Required by individual child care facilities

3. **What are legal reasons that child care staff might get involved with preventing and reporting child maltreatment?**
   - Child care teachers/caregivers are mandated reporters of child maltreatment.
   - In some states, there are penalties for failure to report (fines, prison sentences, or both).
ACTIVITY: Risk and Protective Factors (Handout 1)

Instructions: Read the handout and decide if the factors listed are risk factors or protective factors. Write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet.

INDIVIDUAL CHILD

- Unintended pregnancy
- Attractive personality
- Emotional/behavioral difficulties
- Premature birth
- Planned/wanted child
- Easy-going temperament
- Child with special needs
ACTIVITY: Risk and Protective Factors (Handout 2)

Instructions: Read the handout and decide if the factors listed are risk factors or protective factors. Write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet.

INDIVIDUAL PARENT

- History of maltreatment
- Teenage parent
- Depression/low self-esteem
- A supportive person available at birth of child
- Emotionally satisfying relationships with others
- Poor parenting skills and capacities
- High maternal educational achievement
- Limited child development knowledge
- Positive parenting skills and capacities
- Substance abuse
- Unrealistic expectation of child’s behavior
- Appropriate understanding of child development
- Mental illness
ACTIVITY: Risk and Protective Factors (Handout 3)

Instructions: Read the handout and decide if the factors listed are risk factors or protective factors. Write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet.

FAMILY

- Domestic harmony
- Negative child/parent interaction
- Isolated from extended family
- Unrelated adult figure in home
- Poverty
- Availability of caring and emotionally supportive family and siblings
- Social isolation
- Single parenthood
- Presence of adult role models
- Social support from significant other
- Parental stress
- Domestic violence
ACTIVITY: Risk and Protective Factors (Handout 4)

Instructions: Read the handout and decide if the factors listed are risk factors or protective factors. Write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet.

COMMUNITY

- Stable and cohesive neighborhoods
- Unemployment/financial problems
- Neighborhood crime
- Access to adequate health care, quality education and employment services
- Poverty
- Stable housing
- Availability of caring and emotionally supportive friends, teachers, and neighbors
ACTIVITY: Risk and Protective Factors (Handout 5)

Instructions: Read the handout and decide if the factors listed are risk factors or protective factors. Write the risk factors on one flip chart sheet and the protective factors on a different flip chart sheet.

CULTURAL/SOCIETAL

- Strong social network of relatives and friends
- Pro-social national/state/local family policies
- High level of acceptable violence
- Acceptance of corporal punishment
- Punitive national/state/local family policies
- Over-emphasis on family privacy
- Respect for children’s rights
ACTIVITY: Child Maltreatment Case Scenario

Instructions: Read the case scenario below and work with the other members of your group to answer the questions.

As a CCHC, you are visiting a family child care home and speaking with caregiver, Wenona Carden. She has been talking with you about one of the children in her care, Shawn Edwards. She is worried about severe bruises she has seen while changing his diapers. Ms. Carden says to you:

“There’s everything I’ve read and learned in training, I know that a child abuse report is not an accusation. But I really don’t want to be the one to file the report. Surely a neighbor or someone else who knows Shawn will see what I’ve seen and will file a report. What if I made a mistake? There may be a perfectly good explanation for his injuries. If I’m wrong, the rest of the parents will think I’m incompetent or an alarmist. And they’ll take their children out of my program. Besides, these parents are really nice and I really like Shawn. I don’t want to lose him. I think I’ll just wait to see what happens next” (Koralek, 1992, p.33).

- What are the main issues in this situation?

- How would you respond to Ms. Carden?

- How would you respond to this situation in terms of:
  - Advocacy?

    - Policy development?

    - Health education/training?

    - Resource and referral?
LEARNING ASSESSMENT – Next Steps Worksheet

Instructions: Thinking about your work as a Child Care Health Consultant, what are some action steps you can take to help child care facilities prevent and respond to child abuse and neglect? Consider the many roles of a CCHC and how you might be prepared to assist a child care facility that has asked for your help. Work with a partner to complete the worksheet.

<table>
<thead>
<tr>
<th>How would you respond to a child care facility that requests your help in addressing prevention of child maltreatment?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
</tr>
<tr>
<td>Advocacy</td>
</tr>
<tr>
<td>Policy Development</td>
</tr>
<tr>
<td>Health Education and Training</td>
</tr>
<tr>
<td>Resource and Referrals</td>
</tr>
</tbody>
</table>
OPTIONAL ACTIVITY: Comparing Your State Regulations with CFOC Standards

(1) Obtain a copy of your state laws pertaining to child maltreatment. Copies should be available from your State Department of Social Services or Human Resources, a district attorney’s office, or a law enforcement agency. You may also access your state information through the Internet at: Child Welfare Information Gateway, State-Specific Information. Available at: http://www.childwelfare.gov/systemwide/laws_policies/state/

(2) Read CFOC standards 3.4.4.1-3.4.4.5 (p. 123-126), 2.2.0.6-2.2.0.10 (p. 70-76), 2.3.2.3 (p. 80), and 10.4.2.4 (p. 410). Also read the definitions of different types of child abuse contained in the CFOC Appendix M (p. 445).

(3) Compare the two documents and consider how well your state regulations for child maltreatment compare with the CFOC Standards.
OPTIONAL ACTIVITY: Reporting Child Maltreatment

Instructions:
- Read CFOC standards 3.4.4.1 and 3.4.4.2.
- Complete questions #1-#5 on the following pages.

1. DEFINITION OF CHILD MALTREATMENT

My State ______________________________

- According to the statutes in this state, reportable child maltreatment is defined as:
- According to the statutes in this state, the types of child maltreatment that are not defined are:

2. HOW TO REPORT

- The mandated reporters in this state include:

- The following procedures are required:
  - An oral report Y N
  - A written report Y N
  - A written report must be made to the appropriate agency with in how many hours? _______
  - Are there any special requirements? Y N
  - These requirements are:

- A report in this state is made to:
  
  Name of agency:  
  Telephone:  
  Address:  
  Fax:  
  Email:

3. THE PROCESS OF THE REPORT

- These are the steps for how a child maltreatment report is investigated in this state:
  1.  
  2.  

3.

4.

5.

6.

7.

8.

9.

10.

4. STATE HOTLINE NUMBER FOR REPORTING CHILD MALTREATMENT
   - The Child Maltreatment Hotline Number in this state is:

5. BARRIERS TO REPORTING
   - Barriers to reporting abuse that child care staff might face include:
Trainer’s Name: _____________________________  Date: __________________________

National Training Institute for Child Care Health Consultants
Evaluation of Trainer Form

Using the rating scale below, please evaluate the Trainer’s presentation skills.
1= unsatisfactory  2= below average  3=average  4=above average  5=outstanding  NA=non-applicable

<table>
<thead>
<tr>
<th>Training Content</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate the Trainer on the quality of the following:</td>
<td></td>
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<tr>
<td>- Introduction and opening</td>
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<tr>
<td>- Accuracy of information</td>
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<td>- Usefulness of information</td>
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<tr>
<td>- Clear presentation of training objectives</td>
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<tr>
<td>- Fulfillment of training objectives</td>
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<tr>
<td>- Organization of training content</td>
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<tr>
<td>- Closing</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Training Techniques: Methods, Media, &amp; Materials</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please rate the effectiveness of the Trainer’s use of the following:</td>
<td></td>
<td></td>
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<tr>
<td>- Flip chart</td>
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<tr>
<td>- Handouts</td>
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<tr>
<td>- Overhead transparencies</td>
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<tr>
<td>- PowerPoint slides</td>
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<td>- Video</td>
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<tr>
<td>- Other (specify):</td>
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</table>

<table>
<thead>
<tr>
<th>Training Techniques: Activities</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Please rate the Trainer's use of training activities on the following characteristics:</td>
<td></td>
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<tr>
<td>- Clear instructions</td>
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<tr>
<td>- Usefulness</td>
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<td></td>
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<tr>
<td>- Opportunities for interaction among participants</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Delivery of Content</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Please rate the Trainer on the following training dynamics:</td>
<td></td>
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<tr>
<td>- Enthusiasm</td>
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<tr>
<td>- Voice projection</td>
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<tr>
<td>- Clarity and professionalism of voice</td>
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<tr>
<td>- Word choice</td>
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<tr>
<td>- Pace of presentation</td>
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<tr>
<td>- Eye contact</td>
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</tbody>
</table>
## Facilitation Skills

<table>
<thead>
<tr>
<th>Please rate the Trainer on the following skills:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Time management</td>
<td></td>
<td></td>
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<tr>
<td>• Manner of answering questions</td>
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<tr>
<td>• Manner of handling difficult behaviors of participants</td>
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<tr>
<td>• Ability to engage all participants</td>
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</tbody>
</table>

**Please take a moment to answer the following questions:**

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

Thank you.
Caring for Children Who are Maltreated

Participant’s Packet