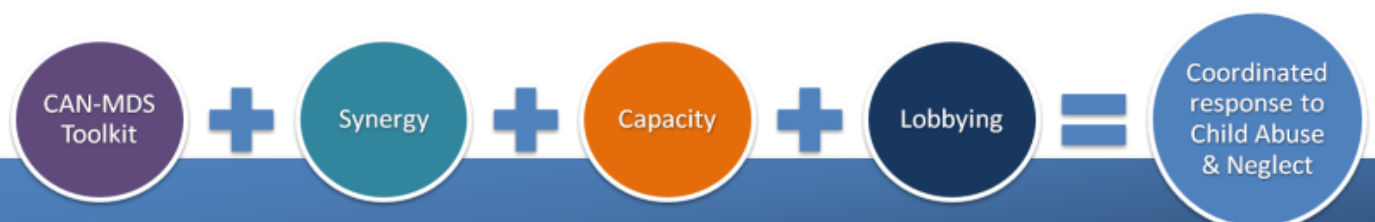


D4.2 Evaluation Methodology & Tools for Training

Coordinated Response to CAN via MDS

The current document was prepared on the basis of Annex I “Project Description and Implementation of the Project JUST/2012/DAP/AG/3250 (2011-2012)” submitted and approved under the Priority “Rights of Victims (RoV)” of the DAPHNE III Programme of the European Union

Addressing Partnership





Project's Information

| | |
|---------------------|--|
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Deliverable's Information

| | |
|-------------------|---|
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| Activity | 2. Designing of methodology & tools for effectiveness evaluation of training |
| Deliverable No. | Deliverable D4.2 |
| Deliverable title | Evaluation Methodology & Tools for Training |
| Target group | Partnership |
| Drafted | A. Ntinapogias, Project Coordinator |

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Coordinated Response to Child Abuse & Neglect (CAN) via Minimum Data Set (MDS)

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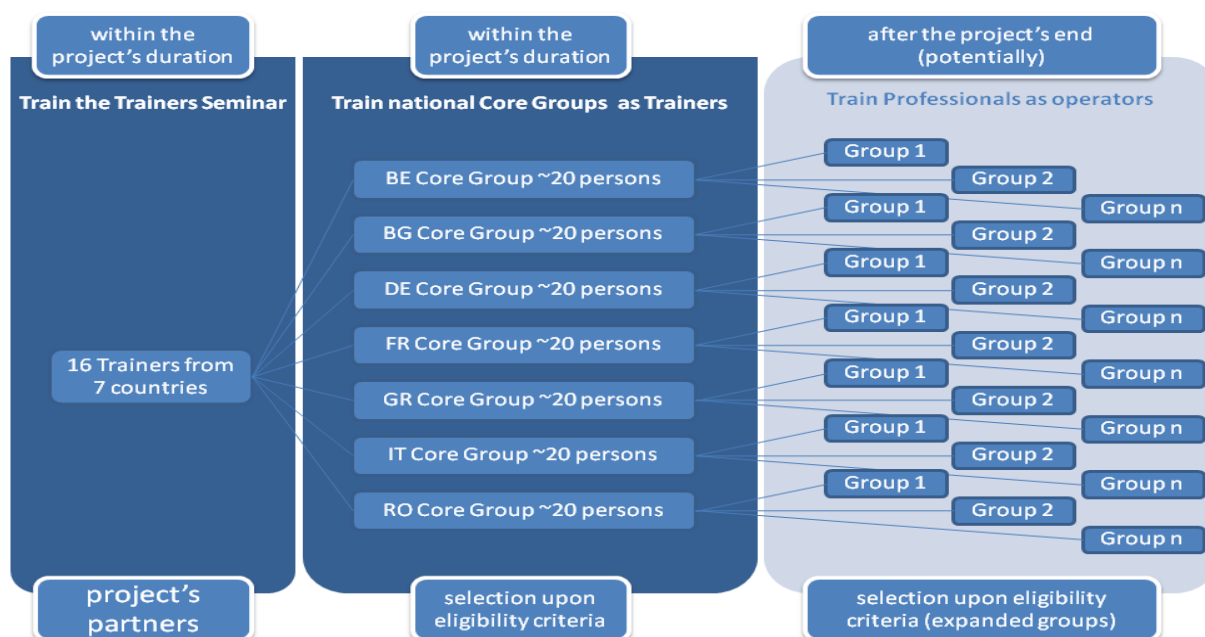
Evaluation Methodology & Tools for Training

Building the Capacity of National Focal Points, Core and Expanded Groups of CAN-MDS potential Operators

The objectives of Work Stream 4 of the project "Coordinated Response to CAN via MDS" are:

- To develop a module for a short-training for professionals-potential operators of the CAN-MDS
- To train the trainers, namely the project's partners who will act as "national focal points" on the CAN-MDS
- To conduct National Core Groups of CAN-MDS Operators' Workshops in the 7 participating countries and
- To evaluate both trainings, for trainers and national core groups

In order to achieve the objectives related to WS4, a "cascade-like" methodology is provisioned to be followed, as depicted in the figure below.



Content of Train-of-Trainers Seminar

- ▶ Introduction to the Project
- ▶ The role of **Trainers as national "focal points"**
- ▶ Exploring the CAN-MDS: a variable by variable review
- ▶ Ensuring understanding of CAN-MDS (working with mock cases)
- ▶ Key Ethical Issues related to CAN Surveillance
- ▶ Building the National **Core Groups** of Operators
- ▶ Planning the training workshops of core groups CAN-MDS operators
- ▶ Questions & Answers on building national **core groups** & planning national workshops

Content of National Workshops

- ▶ Introduction to the Project
- ▶ The role of **trainees as members of Core-Groups**
- ▶ Exploring the CAN-MDS: a variable by variable review
- ▶ Ensuring understanding of CAN-MDS (working with mock cases)
- ▶ Key Ethical Issues related to CAN Surveillance
- ▶ Building the National **Expanded Groups** of Operators
- ▶ Planning the training workshops of expanded groups CAN-MDS operators
- ▶ Questions & Answers on building national **expanded groups** & planning national workshops

Content of National Trainings

- ▶ Introduction to the Project
- ▶ The role of **trainees as members of Expanded-Groups**
- ▶ Exploring the CAN-MDS: a variable by variable review
- ▶ Ensuring understanding of CAN-MDS (working with mock cases)
- ▶ Key Ethical Issues related to CAN Surveillance

First, a small group of professionals working on the project (namely local coordinators and researchers) will participate in the train-of-trainers seminar in order to act as national focal points for the project at a later phase in the project (see *Content of Train-of-Trainers Seminar*). The trained professionals will proceed to form national core-groups of operators in their countries (~20 professionals per country) and will conduct training workshops (see *Content of National Workshops*). The members of the core groups, in their turn, will also be trained in order to proceed to form expanded groups of CAN-MDS operators (potentially –if and when a national CAN-MDS surveillance system is implemented) and implement trainings for the professionals of the expanded groups (see *Content of National Trainings*).

Training expectations, objectives and goals

Train-of-Trainers Seminar

Local Coordinators and Researchers who are going to act as trainers of national core groups of operators

- to understand
 - what the CAN-MDS surveillance system is and what the purpose and necessity are of using such a system
 - which are the agencies and the operators who are eligible to be involved in the CAN-MDS surveillance system
 - which are the cases that are eligible to be recorded in the CAN-MDS surveillance system
 - the ethical issues that govern CAN data collection (the importance of data confidentiality, legislative provisions, professionals' codes of ethics)
- get acquainted with the technical characteristics of CAN-MDS and to understand how to use it (via mock-completions of the tool/form on the basis of case studies)

Having the above information, trained partners are expected to be able:

- to inform the members of National Core Groups of the CAN-MDS
 - on the project and its aims
 - on what is expected of them in the future [they will act as multipliers by training other eligible professionals (in cases where a National CAN-MDS will be built) and therefore they should be familiarized with the specific training process]

and moreover

- to ensure a common understanding (among professionals of core groups in different countries) of the aim and content of the training & that a common methodology will be used in national trainings
- to "pilot" the training module and improve it (for the national context) via the evaluation by identifying potential omissions and suggesting modifications (eliminations/ additions)

Identity of Training of Trainers Seminar

Work stream 4: Capacity Building: Train of Trainers and of National Core Groups of CAN-MDS Operators

Activity 4.3: Conduction of a train-of-trainers seminar

Output 4.1: 1day Train of Trainers Seminar (Activity 3)

Output 4.2: Evaluation of the Seminar (Activity 4)

Timeline: M18

Duration: 1-day (8 hours)

Trainers: Project's Coordinating Team, External Evaluator & Expert on Ethics

Trainees: Project's Local Coordinators and Researchers

The aim of the seminar was to train partners as national "focal points" who will undertake to train national Core Groups of CAN-MDS Operators and evaluate it. The aim of the evaluation is to assess the effectiveness of trainers' training and to proceed to improvements of the prototype module (EN) (if needed)

National Workshops of Core Groups of CAN-MDS Operators

Professionals/Trainees, members of core group of CAN-MDS Operators

- to understand
 - what is CAN-MDS surveillance system and what is the purpose and the necessity of using such a system
 - which are the agencies and the operators who are eligible to be involved in the CAN-MDS surveillance system
 - which are the cases that are eligible to be recorded in the CAN-MDS surveillance system
 - the ethical issues that are governing CAN data collection (the importance of data confidentiality, legislative provisions, professionals' codes of ethics)
- get acquainted with the technical characteristics of CAN-MDS and understand how to use it (via mock-completions of the tool/form on the basis of case studies)

Having the above information, trained professionals of the core groups of CAN-MDS operators are expected to be able:

- to inform the members of Extended Groups of CAN-MDS potential operators
 - on the project and its aims
 - on what it is expected by them in the future [they will act as multipliers by training other eligible professionals, i.e. *expanded groups of operators* (in case that a National CAN-MDS will be built) and therefore they should being familiarized with the specific training process]
 - to ensure a common understanding (among professionals of extended groups in their countries) of the aim and the content of the training & that a common methodology will be used in national trainings

Identity of National Workshops

Work stream 4: Capacity Building: Train of Trainers and of National Core Groups of CAN-MDS Operators

Activity 4.5: Conduction of training of national core groups of CAN-MDS operators at a country level

Output 4.3: Seven 1day CAN-MDS trainings at a national level (7 countries x 20 professionals/trainees, Act. 5)

Output 4.2: Evaluation of Professionals trainings at a national level (in the 7 participating countries (Activity 6)

Timeline: M20

Duration: 1-day (8 hours) per workshop

Trainers: Participants in the Train of Trainers Seminar

Trainees: 20 professionals per country that will be selected in each country according to the results of the respective process (see WS.3_D1_Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups).

Note: The same professionals could be also invited to participate in the focus groups (that will be implemented before the trainings, during the adaptation of the material).

The aim of the national workshops is to build the capacity of national core groups of CAN-MDS future operators in order for the CAN-MDS to be ready for piloting in the 7 countries (BG, BE, DE, GR, FR, IT, RO) (Activity 5). The aim of the evaluation of professionals workshops is to assess the effectiveness of professionals-potential CAN-MDS operators' training and to proceed to improvements of the modules (if needed).

National Trainings of Expanded Groups of CAN-MDS Operators (potentially, after the project's end)

Professionals/Trainees, members of expanded groups of CAN-MDS Operators

- to understand
 - what is CAN-MDS surveillance system and what is the purpose and the necessity of using such a system
 - which are the cases that are eligible to be recorded in the CAN-MDS surveillance system
 - the ethical issues that are governing CAN data collection (the importance of data confidentiality, legislative provisions, professionals' codes of ethics)
- get acquainted with the technical characteristics of CAN-MDS and understand how to use it (via mock-completions of the tool/form on the basis of case studies)

Having the above information, trained professionals of the expanded groups of CAN-MDS operators are expected to be informed:

- on the CAN-MDS SS and its aims
- on what it is expected by them (in case that a National CAN-MDS will be built) as systems' operators
- to have a common understanding (regardless their professional background and field they are working) of the methodology of using the CAN-MDS

Identity of National Trainings

Timeline: (potentially) after the project's end
Duration: 1-day (8 hours) per training
Trainers: Members of national Core Groups of CAN-MDS operators
Trainees: eligible professionals that will be selected in each country according to the results of the respective process (see WS.3_D1_Eligibility criteria for CAN-MDS Operators' Core Groups and Expanded Groups).

The aim of the national trainings would be to build the capacity of national expanded groups of CAN-MDS operators (in case that a National CAN-MDS will be built). The aim of the evaluation of national trainings is to assess the effectiveness of professionals-potential CAN-MDS operators' training and to proceed to improvements of the modules (when needed).

Aim of Evaluation

-to assess the effectiveness of trainers' training and to proceed to improvements of the module (if needed)

and

-to assess the effectiveness of national core groups of CAN-MDS operators' workshops and to proceed to improvements of national training modules (if needed)

Evaluation Methodology

What is going to be measured?

For evaluating the effectiveness of trainings, namely the extent to which the goals and objectives of the training are fulfilled, the following aspects of the training are going to be measured (via formal and informal evaluations):

- **Expectations of trainees**
- **Self-assessment of trainees concerning**
 - *their knowledge*
 - *their awareness*
 - *their self-confidence concerning their expected role*
- **Appropriateness of the training module**
 - *Adequacy of information (content of training)*
 - *Appropriateness of means and material used during the training*
 - *Effectiveness of tools (through practicing the CAN-MDS via mock cases)*
 - *Duration, facilities, etc.*

Formal evaluation

The formal evaluation will be done via questionnaires, on the basis of which the trainees will be asked to assess various aspects of the trainings (seminars and workshops) by providing ratings on a number of items related to a. their expectations from the training; b. self-assessment of their knowledge on CAN surveillance issues, of their awareness on issues related to the project and the CAN-MDS and c. their self-confidence regarding issues related to the role they are expected to undertake in the context of the project (national focal points and national trainers, members of core groups of CAN-MDS operators and trainers of the expanded groups and members of the expanded groups of CAN-MDS operators and final users of the system).

Two measures are provisioned to be used, one before the training and the second after the end of the training (with the completion of pre- and post- questionnaires respectively). A more detailed presentation of the issues included in the evaluation questionnaire is depicted below:

| Train-of-Trainers Seminar | National Workshops of Core Groups | National Trainings of Expanded Groups |
|---|--|---|
| <ul style="list-style-type: none"> ▶ Learning expectations of trainees from the seminar on issues such as <ul style="list-style-type: none"> - <i>the project CAN-MDS and its objectives</i> - <i>ethical issues related to CAN surveillance</i> - <i>their role as national trainer</i> - <i>how to build their national Core Group of Operators for a potential CAN-MDS</i> - <i>how to plan their national training of Core Group of Operators for a potential CAN-MDS ss</i> - <i>how to implement their national training of Core Group of Operators for a potential CAN-MDS ss</i> - <i>how to evaluate their national training of Core Group of Operators for a potential CAN-MDS ss</i> ▶ Self-assessment of trainees concerning ▶ their knowledge on issues such as <ul style="list-style-type: none"> - <i>why child abuse and neglect (CAN) surveillance is necessary</i> - <i>what the main problems related to CAN surveillance are</i> - <i>what the main ethical issues related to</i> | <ul style="list-style-type: none"> ▶ Learning expectations of trainees from the workshop on issues such as <ul style="list-style-type: none"> - <i>the project CAN-MDS and its objectives</i> - <i>ethical issues related to CAN surveillance</i> - <i>their role as members of core group</i> - <i>how to build national Expanded Group of Operators for a potential CAN-MDS</i> - <i>how to plan their national trainings of Expanded Group of Operators for a potential CAN-MDS ss</i> - <i>how to implement their national training of Expanded Group of Operators for a potential CAN-MDS ss</i> - <i>how to evaluate their national training of Expanded Group of Operators for a potential CAN-MDS ss</i> ▶ Self-assessment of trainees concerning ▶ their knowledge on issues such as <ul style="list-style-type: none"> - <i>why child abuse and neglect (CAN) surveillance is necessary</i> - <i>what the main problems related to CAN surveillance are</i> - <i>what the main ethical issues related to</i> | <ul style="list-style-type: none"> ▶ Learning expectations of trainees from the training on issues such as <ul style="list-style-type: none"> - <i>the CAN-MDS SS and its objectives</i> - <i>ethical issues related to CAN surveillance</i> - <i>their role as members of the expanded group of operators of a CAN-MDS SS</i> ▶ Self-assessment of trainees concerning ▶ their knowledge on issues such as <ul style="list-style-type: none"> - <i>why child abuse and neglect (CAN) surveillance is necessary</i> - <i>what the main problems related to CAN surveillance are</i> - <i>what the main ethical issues related to CAN surveillance are</i> ▶ their awareness on issues |

| | | |
|--|--|---|
| <p><i>CAN surveillance are</i></p> <ul style="list-style-type: none"> ▶ their awareness on issues related to <ul style="list-style-type: none"> - the project "Coordinated response to CAN via MDS" and its objectives - the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) - what their role as national Trainers will be - how to build their National Core group of Operators for a potential CAN-MDS - how to plan the training for the National Core Group of Operators for a potential CAN-MDS ss - how to evaluate the training of National Core Group of Operators for a potential CAN-MDS ss ▶ Self-confidence concerning their role as "national focal points", namely <ul style="list-style-type: none"> - to act as national trainers - to build their National Core group of Operators for a potential CAN-MDS ss - to plan the training of their National Core Group of Operators for a potential CAN-MDS ss - to train their National Core Group of Operators for a potential CAN-MDS ss ▶ Appropriateness of the training module <ul style="list-style-type: none"> - Duration, facilities, most/least valuable elements of the training - Adequacy of information (content of the training) - Appropriateness of means & material used during the training such as <ul style="list-style-type: none"> - Training Programme - PowerPoint presentations - Working papers (forms & mock cases) | <p><i>CAN surveillance are</i></p> <ul style="list-style-type: none"> ▶ their awareness on issues related to <ul style="list-style-type: none"> - the project "Coordinated response to CAN via MDS" and its objectives - the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) - what their role as members of the national Core Group will be - how to build their expanded group of Operators for a potential CAN-MDS - how to plan the training for the expanded Group of Operators for a potential CAN-MDS ss - how to evaluate the training of the Expanded Group of Operators for a potential CAN-MDS ss ▶ Self-confidence concerning their role as members of the core group, namely <ul style="list-style-type: none"> - to act as trainers for expanded groups - to build their expanded group of Operators for a potential CAN-MDS ss - to plan the training of their Expanded Group of Operators for a potential CAN-MDS ss - to train their Expanded Group of Operators for a potential CAN-MDS ss ▶ Appropriateness of the training module <ul style="list-style-type: none"> - Duration, facilities, most/least valuable elements of the training - Adequacy of information (content of training) - Appropriateness of means & material used during the training such as <ul style="list-style-type: none"> - Training Programme - PowerPoint presentations - Working papers (forms & mock cases) | <p>related to</p> <ul style="list-style-type: none"> - the objectives of the CAN-MDS Surveillance System - what their role as members of the Expanded Group of CAN-MDS operators will be ▶ Self-confidence concerning their role as members of the core group, namely <ul style="list-style-type: none"> - to act as CAN-MDS operators ▶ Appropriateness of the training module <ul style="list-style-type: none"> - Duration, facilities, most/least valuable elements of the training - Adequacy of information (content of training) - Appropriateness of means & material used during the training such as <ul style="list-style-type: none"> - Training Programme - PowerPoint presentations - Working papers (forms & mock cases) |
|--|--|---|

Pre- and Post- questionnaires

Evaluation questionnaires are brief in order for their completion to not be time consuming. The assessment in the pre questionnaire and the first part of the post questionnaire is made via rating on a 11-degree scale ranging from 0 to 10. The remaining part of the post questionnaire concerns the organization of the training and provides trainees with space to write their comments and suggestions in all cases where they may consider that further improvement is necessary. The first part of the post-questionnaire, which is identical with the pre questionnaire, aims to measure the trainees' expectations as well as their self-assessment in regards to their knowledge, awareness and self-confidence pertaining to issues related to CAN surveillance in general and to the CAN-MDS project in particular. The second part of the post questionnaire was added for further evaluation of the training (concerning duration, content completeness, suggestions for improvements, least and most valuable aspects of the Seminar and the accommodation).

On the following pages, suggested pre- and post- questionnaires are available for the evaluation of

- Train-of-Trainers seminar
- National Workshops of Core Groups of CAN-MDS Operators
- National Trainings of Expanded Groups of CAN-MDS Operators

The last two questionnaires should be adapted by project partners according to country specifics and translated.

Train-of-Trainers Seminar
Pre-questionnaire

Training of Trainers Seminar

Location: _____
Date: _____

Dear Participant,

Please rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Your feedback is sincerely appreciated. Thank you in advance!

Name/Country/ Specialty:



| I think I know | | Rate |
|----------------|--|------|
| 1 | why child abuse and neglect (CAN) surveillance is necessary | |
| 2 | what the main problems related to CAN surveillance are | |
| 3 | what the main ethical issues related to CAN surveillance are | |

| I am aware | | Rate |
|------------|--|------|
| 1 | of the project "Coordinated response to CAN via MDS" and its objectives | |
| 2 | of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) | |
| 3 | what will be my role as national Trainer in general | |
| 4 | on how to build our National Core group of Operators for a potential CAN-MDS ss | |
| 5 | on how to plan the training of our National Core Group of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate the training of our National Core Group of Operators for a potential CAN-MDS ss | |

| I feel confident | | Rate |
|------------------|---|------|
| 1 | to act as a national trainer in general | |
| 2 | to build our National Core group of Operators for a potential CAN-MDS ss | |
| 3 | to plan the training of our National Core Group of Operators for a potential CAN-MDS ss | |
| 4 | to train our National Core Group of Operators for a potential CAN-MDS ss | |

| I expect this training to provide me with adequate information | | Rate |
|--|---|------|
| 1 | on the project CAN-MDS and its objectives | |
| 2 | on ethical issues related to CAN surveillance | |
| 3 | on my role as national trainer in general | |
| 3 | on how to build our national Core Group of Operators for a potential CAN-MDS ss | |
| 4 | on how to plan our national training of Core Group of Operators for a potential CAN-MDS ss | |
| 5 | on how to implement our national training of Core Group of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate our national training of Core Group of Operators for a potential CAN-MDS ss | |

Train-of-Trainers Seminar
Post-questionnaire

Training of Trainers Seminar

Location: _____
Date: _____

Dear Participant,

After the attendance of the 8-hour seminar please, rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Thank you again!

Name/Country/ Specialty:



| I think I know | | Rate |
|----------------|--|------|
| 1 | why child abuse and neglect (CAN) surveillance is necessary | |
| 2 | what the main problems related to CAN surveillance are | |
| 3 | what the main ethical issues related to CAN surveillance are | |

| I am aware | | Rate |
|------------|--|------|
| 1 | of the project "Coordinated response to CAN via MDS" and its objectives | |
| 2 | of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) | |
| 3 | what will be my role as national Trainer in general | |
| 4 | on how to build our National Core group of Operators for a potential CAN-MDS ss | |
| 5 | on how to plan the training of our National Core Group of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate the training of our National Core Group of Operators for a potential CAN-MDS ss | |

| I feel confident | | Rate |
|------------------|---|------|
| 1 | to act as a national trainer in general | |
| 2 | to build our National Core group of Operators for a potential CAN-MDS ss | |
| 3 | to plan the training of our National Core Group of Operators for a potential CAN-MDS ss | |
| 4 | to train our National Core Group of Operators for a potential CAN-MDS ss | |

| This training provide me with adequate information | | Rate |
|--|---|------|
| 1 | on the project CAN-MDS and its objectives | |
| 2 | on ethical issues related to CAN surveillance | |
| 3 | on my role as national trainer in general | |
| 3 | on how to build our national Core Group of Operators for a potential CAN-MDS ss | |
| 4 | on how to plan our national training of Core Group of Operators for a potential CAN-MDS ss | |
| 5 | on how to implement our national training of Core Group of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate our national training of Core Group of Operators for a potential CAN-MDS ss | |

Organization of the Seminar

| | |
|---|--|
| <p>1 The duration of Seminar was:</p> | <p>0. As much as needed 1. More than needed, I would suggest to last _____ hours 2. Less than needed, I would suggest to last _____ hours</p> |
| <p>2 The information provided during the Seminar was:</p> | <p>0. As much as needed 1. More than needed 2. Less than needed If 1 or 2: <i>I would suggest to eliminate/add:</i> _____ _____ _____ _____</p> |
| <p>3 The means used for the training (presentations, mock cases, process):</p> | <p>0. Was appropriate 1. Needs improvement; <i>I would suggest to:</i> _____ _____ _____</p> |
| <p>3 The difficulty of the seminar was:</p> | <p>0. The expected 1. More difficult than expected 2. Less difficult than expected If 1 or 2: <i>I would suggest to:</i> _____ _____ _____</p> |
| <p>4 Are there other improvements would you recommend in this Seminar?</p> | <p>0. No 1. Yes: _____ _____ _____</p> |
| <p>5 What is least valuable about this seminar?</p> | <p>_____ _____ _____</p> |
| <p>6 What is most valuable about this seminar?</p> | <p>_____ _____ _____</p> |
| <p>7 Are there any personal expectations of yours that were not achieved?</p> | <p>0. No 1. Yes (<i>what and why</i>) _____ _____ _____</p> |
| <p>8 How would you rate the accommodation (e.g. seating comfort, facilities)</p> | <p>_____ (please provide a rate from 0=min to 10=max)</p> |

National Workshop for
Core Group of CAN-MDS Operators
Pre-questionnaire

Workshop for Core Group of CAN-MDS Operators

Location: _____
Date: _____

Dear Participant,

Please rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Your feedback is sincerely appreciated. Thank you in advance!

Name/Agency/ Specialty:



| I think I know | | Rate |
|----------------|--|------|
| 1 | why child abuse and neglect (CAN) surveillance is necessary | |
| 2 | what the main problems related to CAN surveillance are | |
| 3 | what the main ethical issues related to CAN surveillance are | |

| I am aware | | Rate |
|------------|--|------|
| 1 | of the project "Coordinated response to CAN via MDS" and its objectives | |
| 2 | of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) | |
| 3 | what will be my role as member of the national core group of CAN-MDS operators | |
| 4 | on how to build expanded groups of Operators for a potential CAN-MDS ss | |
| 5 | on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss | |

| I feel confident | | Rate |
|------------------|---|------|
| 1 | to act as a member of the core group of CAN-MDS and national trainer in general | |
| 2 | to build expanded groups of Operators for a potential CAN-MDS ss | |
| 3 | to plan the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 4 | to train expanded groups of Operators for a potential CAN-MDS ss | |

| I expect this training to provide me with adequate information | | Rate |
|--|---|------|
| 1 | on the project CAN-MDS and its objectives | |
| 2 | on ethical issues related to CAN surveillance | |
| 3 | on my role as member of the core group of CAN-MDS and national trainer in general | |
| 3 | on how to build expanded groups of Operators for a potential CAN-MDS ss | |
| 4 | on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 5 | on how to implement the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss | |

Workshop for Core Group of CAN-MDS Operators

National Workshop for
Core Group of CAN-MDS Operators
Post-questionnaire

Location: _____
Date: _____

Dear Participant,

After the attendance of the 8-hour seminar please, rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Thank you again!

Name/Agency/ Specialty: _____



| I think I know | | Rate |
|----------------|--|------|
| 1 | why child abuse and neglect (CAN) surveillance is necessary | |
| 2 | what the main problems related to CAN surveillance are | |
| 3 | what the main ethical issues related to CAN surveillance are | |

| I am aware | | Rate |
|------------|--|------|
| 1 | of the project "Coordinated response to CAN via MDS" and its objectives | |
| 2 | of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) | |
| 3 | what will be my role as member of the national core group of CAN-MDS operators | |
| 4 | on how to build expanded groups of Operators for a potential CAN-MDS ss | |
| 5 | on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss | |

| I feel confident | | Rate |
|------------------|---|------|
| 1 | to act as a member of the core group of CAN-MDS and national trainer in general | |
| 2 | to build expanded groups of Operators for a potential CAN-MDS ss | |
| 3 | to plan the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 4 | to train expanded groups of Operators for a potential CAN-MDS ss | |

| This training provide me with adequate information | | Rate |
|--|---|------|
| 1 | on the project CAN-MDS and its objectives | |
| 2 | on ethical issues related to CAN surveillance | |
| 3 | on my role as member of the core group of CAN-MDS and national trainer in general | |
| 3 | on how to build expanded groups of Operators for a potential CAN-MDS ss | |
| 4 | on how to plan the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 5 | on how to implement the training of expanded groups of Operators for a potential CAN-MDS ss | |
| 6 | on how to evaluate the training of expanded groups of Operators for a potential CAN-MDS ss | |

Organization of the Seminar

| | |
|---|--|
| <p>1 The duration of the Workshop was:</p> | <p>0. As much as needed 1. More than needed, I would suggest to last _____ hours 2. Less than needed, I would suggest to last _____ hours</p> |
| <p>2 The information provided during the Workshop was:</p> | <p>0. As much as needed 1. More than needed 2. Less than needed If 1 or 2: <i>I would suggest to eliminate/add:</i> _____ _____ _____ _____</p> |
| <p>3 The means used for the workshop (presentations, mock cases, process):</p> | <p>0. Was appropriate 1. Needs improvement; <i>I would suggest to:</i> _____ _____ _____</p> |
| <p>3 The difficulty of the workshop was:</p> | <p>0. The expected 1. More difficult than expected 2. Less difficult than expected If 1 or 2: <i>I would suggest to:</i> _____ _____ _____</p> |
| <p>4 Are there other improvements would you recommend in this workshop?</p> | <p>0. No 1. Yes: _____ _____ _____</p> |
| <p>5 What is least valuable about this workshop?</p> | <p>_____ _____ _____</p> |
| <p>6 What is most valuable about this workshop?</p> | <p>_____ _____ _____</p> |
| <p>7 Are there any personal expectations of yours that were not achieved?</p> | <p>0. No 1. Yes (<i>what and why</i>) _____ _____ _____</p> |
| <p>8 How would you rate the accommodation (e.g. comfort, facilities)</p> | <p>_____ (please provide a rate from 0=min to 10=max)</p> |

National Trainings for
Expanded Group of CAN-MDS Operators
Pre-questionnaire

Training for CAN-MDS Operators

Location: _____

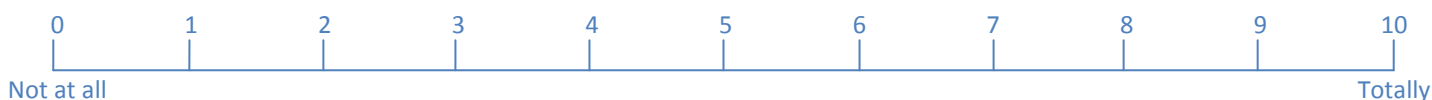
Date: _____

Dear Participant,

Please rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Your feedback is sincerely appreciated. Thank you in advance!

Name/Agency/ Specialty:



| I think I know | | Rate |
|----------------|--|------|
| 1 | why child abuse and neglect (CAN) surveillance is necessary | |
| 2 | what the main problems related to CAN surveillance are | |
| 3 | what the main ethical issues related to CAN surveillance are | |

| I am aware | | Rate |
|------------|---|------|
| 1 | of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) | |
| 2 | what will be my role as a CAN-MDS Surveillance System Operator | |

| I feel confident | | Rate |
|------------------|--------------------------------|------|
| 1 | to act as a CAN-MDS Operator | |
| 2 | to use the CAN-MDS effectively | |

| I expect this training to provide me with adequate information | | Rate |
|--|--|------|
| 1 | on ethical issues related to CAN surveillance | |
| 2 | on what exactly is the CAN-MDS Surveillance System | |
| 3 | on my role as a CAN-MDS Operator | |
| 4 | on how to use the CAN-MDS | |

| I also expect (please use the empty lines below to add further expectations): | | Rate |
|---|-------|------|
| 1 | _____ | |
| | _____ | |
| 2 | _____ | |
| | _____ | |
| 3 | _____ | |
| | _____ | |
| 4 | _____ | |
| | _____ | |

National Workshop for
Expanded Group of CAN-MDS Operators
Post-questionnaire

Training for CAN-MDS Operators

Location: _____
Date: _____

Dear Participant,

After the attendance of the 8-hour seminar please, rate each of the following statements on the basis of an 11-degree scale where 0=not at all (minimum evaluation) and 10=totally (maximum evaluation).

Thank you again!

Name/Agency/ Specialty: _____



| I think I know | | Rate |
|----------------|--|------|
| 1 | why child abuse and neglect (CAN) surveillance is necessary | |
| 2 | what the main problems related to CAN surveillance are | |
| 3 | what the main ethical issues related to CAN surveillance are | |

| I am aware | | Rate |
|------------|---|------|
| 1 | of the objectives of the potential CAN-MDS Surveillance System (CAN-MDS ss) | |
| 2 | what will be my role as a CAN-MDS Surveillance System Operator | |

| I feel confident | | Rate |
|------------------|--------------------------------|------|
| 1 | to act as a CAN-MDS Operator | |
| 2 | to use the CAN-MDS effectively | |

| I expect this training to provide me with adequate information | | Rate |
|--|--|------|
| 1 | on ethical issues related to CAN surveillance | |
| 2 | on what exactly is the CAN-MDS Surveillance System | |
| 3 | on my role as a CAN-MDS Operator | |
| 4 | on how to use the CAN-MDS | |

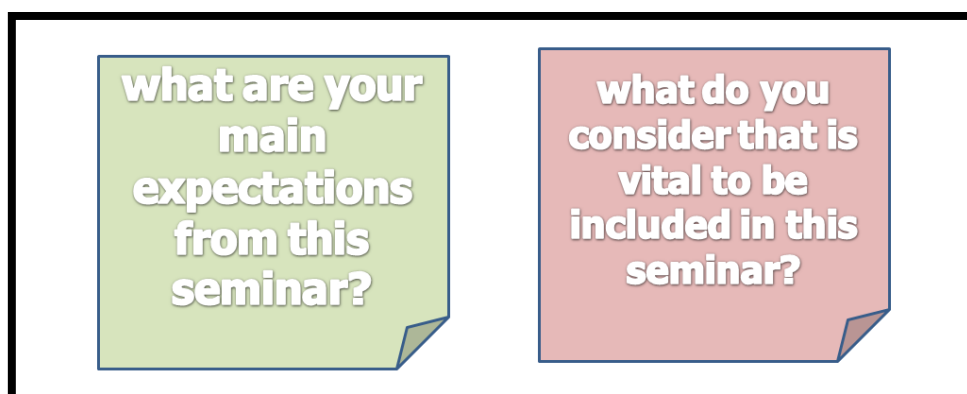
| I also expect (please use the empty lines below to add further expectations): | | Rate |
|---|-------|------|
| 1 | _____ | |
| | _____ | |
| 2 | _____ | |
| | _____ | |
| 3 | _____ | |
| | _____ | |
| 4 | _____ | |
| | _____ | |

| Organization of the Seminar | |
|---|---|
| 1 The duration of the training was: | 0. As much as needed 1. More than needed, I would suggest to last _____ hours 2. Less than needed, I would suggest to last _____ hours |
| 2 The information provided during the training was: | 0. As much as needed 1. More than needed 2. Less than needed If 1 or 2: I would suggest to eliminate/add: _____ _____ _____ _____ |
| 3 The means used for the training (presentations, mock cases, process): | 0. Was appropriate 1. Needs improvement; I would suggest to: _____ _____ _____ |
| 3 The difficulty of the training was: | 0. The expected 1. More difficult than expected 2. Less difficult than expected If 1 or 2: I would suggest to: _____ _____ _____ |
| 4 Are there other improvements would you recommend in this training? | 0. No 1. Yes: _____ _____ _____ |
| 5 What is least valuable about this training? | _____ _____ _____ |
| 6 What is most valuable about this training? | _____ _____ _____ |
| 7 Are there any personal expectations of yours that were not achieved? | 0. No 1. Yes (<i>what and why</i>) _____ _____ _____ |
| 8 How would you rate the accommodation (e.g. comfort, facilities) | _____ (please provide a rate from 0=min to 10=max) |

Informal Evaluation

An informal evaluation procedure has also been provisioned and consists of two processes.

- A. The first process, which would also operate as an ice-breaking activity is to provide trainees –even before the completion of the pre-questionnaire- with the opportunity to freely express their expectations as well as what they consider as vital to be included in the training by writing their responses on colored post-its (the instruction could be given in a slide as presented in the figure below). The trainees' responses could afterwards be placed on flipcharts and used by the trainer at the end of the training for guiding the discussion that reflects on the training (whether their expectations were similar with the pre-defined expectations of the training and to what extent they were eventually fulfilled and whether the points considered as *vital* by the trainees were included in the training).



- B. The second process of the informal evaluation is related to the practice during the training (using forms and mock cases). Specifically, the practicing consists of three phases:

Phase A: Recording of CAN cases without using tools ("blank sheet")

Aim: To provide a basis for comparisons of recording

- uniformity among trainees on the basis of practices they already use
- completeness between phases for the same researchers

Through the discussion of these records it is expected to become clear to trainees why more structured methodology and tools are needed for CAN surveillance

Time: This phase will take place after the introductory part (on the importance of CAN surveillance) but before any discussion on CAN-MDS.

Procedure: Trainees are asked to record eligible CAN cases by using a blank response sheet, according to what they already know and use in their everyday practice.

Phase B: Recording of CAN cases by using a broadly structured response sheet

Aim: To provide data for comparisons with A and C phases

- uniformity of recorded information among trainees
- completeness of the records compared with Phase A

Through the discussion of these records it is expected to become clear to trainees how a broadly structured tool supports the data collection for CAN surveillance (advantages in comparison with the condition with "no tools") and what the problems are of keeping records for CAN cases with semi-structured tools (disadvantages in comparison with the detailed CAN-MDS that follows in Phase 3)

Time: This phase will take place after the first part of the session ("Exploring the CAN-MDS") but before the detailed "variable by variable" review.

Procedure: Trainees are asked to record eligible CAN cases by using a semi-structured response sheet.

Phase C: Recording of CAN cases by using the CAN-MDS

- Aim:** To provide data for comparisons with A and B phases
- uniformity of recorded information among trainees
 - completeness of the records compared with Phases A and B

Through the discussion of these records it is expected to become clear to trainees how the usage of CAN-MDS supports the data collection for CAN surveillance. Moreover, trainees will have the opportunity to test whether they had the opportunity to learn the necessary information during the training. Barriers and difficulties can be discussed and requests for clarifications can be asked.

Time: This phase will take place after the second part of the session ("Exploring the CAN-MDS variable by variable"). The overall discussion can take place after the end of the Seminar.

Procedure: Trainees are asked to record eligible CAN cases by using the CAN-MDS.

As described above, data will be readily available for discussion during and between phases.

Alternatively, you may proceed ONLY with Phase C by using the e-application of the CAN-MDS

"Sources of Information" ("actors") can refer a case to the trainee-operator (based on the mock cases) either face to face or via phone.

Expected results during (within) phases

Phase A: Qualitative and quantitative characteristics of recorded information are expected to broadly differ among trainees (depending on their professional backgrounds and their everyday practice)

Phase B: Recorded information is expected to be more or less similar from all trainees, regardless of their professional backgrounds and the practices they use but the details in data collected are expected to be different among trainees

Phase C: Given that trainees have understood the CAN-MDS, the information recorded is expected to be similar among trainees as well as the detailed data collection.

Expected results between phases

Phase A is expected to result in less information than the other phases and mainly in non homogeneous records among trainees. Phase B is expected to result in more homogeneous records among trainees than Phase A, the details however could also be differentiated according to trainees' characteristics. Phase C is expected to result in more homogeneous records than the previous two phases and to have more similarities concerning the details of case recorded.

Below, the 4 mock cases are presented (material which can be modified according to country specifics to be used by "actors"-sources of information) along with the 3 different tools for case recording (to be used by trainees- future operators of a CAN-MDS surveillance system).

Material for “actors” – sources of information

Case 1: Tina (identity of referral: Pediatrician)

Case 2: Anton (identity of referral: Mother)

Case 3: Jack (identity of referral: Jack, the alleged victim)

Case 4: Tiffany (identity of referral: Mother, victim of IPV)

Note: Mock cases (vignettes) can be adapted or even replace by other more culturally appropriate cases

CASE 1

YOUR ROLE: Pediatrician

Settings: You are a Pediatrician working in a Children’s Hospital and you have serious suspicions for a case of child maltreatment. You decided to go to the Police Department in your area and submit a referral.

Instruction: Please provide to Police Officer **ONLY** the information in **GREEN FONT**.

Introduce the request: “Good afternoon. I am here to refer the case of a child that in my opinion suffers serious maltreatment”

Introduce the content of referral: “Almost five months ago, a young girl, Tina, was admitted to the hospital where I am working with multiple injuries; after physical examination, a black eye and bruises on her buttocks, back and the back of her thighs were discovered. She was severely beaten with an object, probably a stick. The parents –clearly overwhelmed- claimed she was attacked by an intruder. Today Tina was admitted in the hospital again with serious injuries. Her parents said that they found Tina beaten lying on a mattress”

Instruction: Please provide the following information in **BLUE FONT ONLY** if you are asked by the Officer

RECORD

Agency's ID → not known to you
Operator's ID → not known to you
Date → April 9 2014
Source of referral → “I am a medical doctor, pediatrician, and I am working in the Central Children’s Hospital in Sofia”

INCIDENT

ID → not known to you
Date → “based on the status of her injuries I can say that the incident happened at least two days before she came to the hospital”
Location → “in her home”
Form(s) of maltreatment → “she was probably beaten with a belt; moreover, she has a burn in the oral cavity, probably due to swallowing tabasco sauce or something similar; she was terrified; she was trembling and crying upon her arrival; I asked her what happened but she didn’t say a word –I am not sure if this happened due to her fear or because of the burn”

CHILD

ID → not known to you
Gender → “she is a girl”
Age → “almost 3,5 years old”.
 If you asked again for the birth date → “I have Tina’s date birth in her file –I can inform you via telephone by tomorrow”.

FAMILY

Composition → “As far as I remember there are no other children in the family-but I have to check it”
Primary Caregiver(s) relationship to child → “Her parents”
Primary Caregiver(s) gender → “male” & “female”
Primary Caregiver(s) age → “more or less 30 years old”.

-If you asked specifically for birth year → “I don’t know”.

-If you asked for more precise estimation of parents’ age → “mother is ~25-30 and father ~30-35”

SERVICES

Institutional response → "Yes, physical exams by the pediatrician and stomatologist. To my knowledge following Tina's first admission an investigation was made by the social services of our hospital with no findings. After her discharge note, she was returned home. And physical exams, of course"

Referral(s) to Services → "I have no knowledge of this"

Instruction: When the Officer informs you that s/he finished with the recording, then provide him/her with the "pending" information below:

Next day you call the police officer and inform him/her about

- **Child's Date of birth (27 November 2010)**
- **No other children in the family**

(case adapted by: Children's Alliance of Kansas http://www.childally.org/courses/CAN101/CAN_S3physabuseindic.html)

CASE 2

YOUR ROLE: Anton's Mother

Settings: You are the mother of Anton X. A social worker from Central Child Protection Services came to your house following an order from the District Attorney because of (as she informed you) some concerns raised about the care provided to Anton.

History: Your son Anton X is 6 years old and lives with you (you are a 24 year old single mother). One day Anton's teacher, Ms Mary X informed the District Attorney that Anton walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called the District Attorney because of repeated similar events; the same teacher had previously called Local social services to report possible neglect but it seems that the situation is the same". The District Attorney called the Central Child Protection Services and asked them to proceed an assessment of Anton's living conditions.

What really happens is that you are a single mother and do the best you can for Anton. It is obvious, however, that this is not enough given that usually Anton does not follow the rules you set and you do not know how to persuade him. Moreover, you have a lot of problems to solve on an everyday basis (related to household administration, money and your job) that it is difficult for you to devote more time to Anton's care.

Today you received a visit from a Social Worker following the order of the District Attorney.

Instruction: Please provide information in **BLUE FONT ONLY** if you are asked from the Social Worker

RECORD

Agency's ID → not known to you
 Operator's ID → not known to you
 Date → April 9 2014
 Source of referral → "I am Anton's mother"

INCIDENT

ID → not known to you
 Date → "I don't understand which day you are referring to"
 Location → -
 Form(s) of maltreatment → "Anton is a hyper-active child, argumentative and loud, and often I am not able to convince him to wear his clothes or to eat his food or even to bathe. Other times he does not return home immediately after school and I don't know where he is."
 If you are asked again for more details → "Anton does makes whatever he wants and totally ignores me. This makes me angry. Sometimes I try yelling at him and call him names (that afterwards I regret). Other times I try to be friendly by letting him decide what he wants to eat and when he totally opposes me, I tell him that I'm going to get sick and he would be responsible for it".

CHILD

ID → not known to you
 Gender →
 Age → "6 years old".
 If you asked again for the birth date → "Anton was born on February 15, 2008".

FAMILY

Composition → "Anton lives with me; I am a single mother; no other person lives in our home"
 Primary Caregiver(s) relationship to child → "Myself"
 Primary Caregiver(s) gender →
 Primary Caregiver(s) age → "24 years old; I delivered Anton when I was 18"
 -if you asked specifically for birth year → "1990".

SERVICES

- Institutional response** → "Over the past few months, I have met with a social worker from local social services 4-5 times, when the teacher –as I told you- informed social services regarding some concerns about Anton. That was all"
- Referral(s) to Services** → "Following the suggestion of the other social worker, I participated in a parent support program for 3 months; she considered that it would be of help for me because I am a single mother and I have some difficulties in raising Anton".

(case adapted by: Children's Alliance of Kansas http://www.childally.org/courses/CAN101/CAN_S3physabuseindic.html)

CASE 3

YOUR ROLE: 11 YEAR OLD BOY

Settings: You are an 11 year old boy, Jack X. You are in the office of a child psychiatrist where your parents decided to ask for help because of your unexpected change from a quiet boy to an argumentative, loud, and always opposing child against your parents. At some time, you tolds to your mother that you feel sad sometimes and angry at other times. Your mother suggested to you to visit an expert (the psychiatrist) and reassured you that you can discuss with her/him whatever might be happening to make you feel this way.

History: Jack (11 year old) used to spend a lot of time with a neighbor who goes to the same church. Jack's parents are happy that he has a friend to provide guidance because Jack has always been somewhat of a loner. The man seems to relate very well to young boys, and Jack is very attached to him, even calling him "Uncle Dave." Uncle Dave becomes a bigger part of Jack's life over time, taking him on trips, fishing, and camping. Unexpectedly, Jack changes from a quiet boy to being argumentative, loud, and always opposing his parents. He gets into fights at school and acts like he doesn't want to spend time with Uncle Dave anymore. Jack's behavior grows increasingly worse. Finally, in a calm moment, Jack's mother is able to talk to Jack about his feelings. He tells her that he feels sad sometimes and angry at other times.

She suggested to Jack to visit an expert (a child psychiatrist) and reassured him that he can discuss with him/her whatever might be happening to make him feel this way.

Previous session: In your previous session, you (Jack) had already discussed with the professional the reason leading you in his/her office:

"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"

Current session:

During the discussion between you and the professional aiming to identify the reason of the sudden changes in your feelings, s/he asked if any specific person makes you feel bad. Then you (Jack) decided to disclose the reason, namely the abuse suffered by the neighbor:

Jack (YOU) start first:

Instruction: Please provide to the psychiatrist **ONLY** the information in **GREEN FONT**.

"Last year I used to spend a lot of time with a neighbor who goes to the same church with me, Mr Dave. I was happy that I had a friend because I had always been somewhat of a loner. I felt very attached to Mr Dave, and this is why I called him "Uncle Dave." He takes me on trips, fishing, and camping. Anyway, Mr Dave did something that makes me feel very ashamed and I don't want to spend time with him anymore."

Instruction: Please provide information in **BLUE FONT ONLY** if you are asked from the Professional

RECORD

Agency's ID → not known to you
Operator's ID → not known to you
Date → April 9 2014
Source of referral → "Jack"

INCIDENT

ID → not known to you
Date → "It has happened many times during the previous year; the last time was the last day of summer holidays, when we went fishing at lake X."
Location → "Usually in his home; some times during the trips"
Form(s) of maltreatment → "Dave touched my private parts. I felt very ashamed"
If you asked again for more details → "For many months Dave asked me to "play" some

games with him by touching each-other's private parts. I didn't like at all but I was afraid to tell because Dave used to tell me that this is a secret I had to keep and moreover that I wouldn't be believed and, if I told he would say that it is my fantasy."

CHILD

- ID** → not known to you
- Gender** →
- Age** →
- If you asked again for the birth date → "I was born on May 5, 2003".

FAMILY

- Composition** → "I live with my mother and father"
- Primary Caregiver(s) relationship to child** →
- Primary Caregiver(s) gender** →
- Primary Caregiver(s) age** → "I know; My mother is 35 years old and my father 39, his birthday was last week".
- If you asked specifically for birth year → "I think my mom was born in 1979 and my dad in 1975".

SERVICES

- Institutional response** → None
- Referral(s) to Services** → None

(case adapted by: Children's Alliance of Kansas http://www.childally.org/courses/CAN101/CAN_S3sexabusecases.html)

CASE 4

YOUR ROLE: Kathy (Victim of IPV), Tiffany's Mother

Settings: Your name is Kathy and you are talking with a psychologist working in a shelter for abused women, where you arrived last night.

History: Your name is Kathy and you are 44 years old. Your boyfriend, Ray, is a very violent person and sleeps with a .357 under his pillow. Last night he came home, announced he lost his job at the motorcycle factory and began drinking heavily. He forced you to have sex with him. He continued to drink and then he smacked you around and then tied you up for about 2 hours. Your teenage daughter, Tiffany who was in her bedroom in the back of the house entered the room because she was worried about your safety and asked Ray to stop. He said he would kill her if she didn't get out of the house and he aimed at her with his gun. Afterwards, when he fell asleep you were able to leave the house along with your daughter. You called an SOS line and you went to the shelter for abused women, where you are now.

Instruction: Please provide the psychologist ONLY with the information in **GREEN FONT**.

"I do not want my boyfriend, Ray, to know I am talking about this. Ray is a very violent person and sleeps with a .357 under his pillow. Last night he came home, announced he lost his job at the motorcycle factory and began drinking heavily. He forced me to have sex with him. He continued to drink and then he smacked me around and then tied me up for about 2 hours. My teenage daughter, Tiffany who was in her bedroom entered the room because she was worried about my safety (the argument was worst than usual) and asked Ray to stop. He said he would kill her if she didn't get out of the house and he aimed his gun at her. Afterwards, when he fell asleep I was able to wiggle out of the restraints he had me in and leave the home along with my daughter because this time the situation was worse than any previous time. I called the SOS line and this is how I came to be here now".

Instruction: Please provide information in **BLUE FONT ONLY** if you are asked from the Professional

RECORD

Agency's ID → not known to you
 Operator's ID → not known to you
 Date → April 9 2014
 Source of referral → "Kathy (mother)"

INCIDENT

ID → not known to you
 Date → "Last night"
 Location → "at home"
 Form(s) of maltreatment → "Ray threatened Tiffany that he was going to kill her"
 If you are asked again for more details → "He aimed his gun at her!"

CHILD

ID → not known to you
 Gender →
 Age → "She is 16 years old"
 If you are asked again for the birth date → "She was born on October 23, 1998".

FAMILY

Composition → "Tiffany, Ray and myself"
 Primary Caregiver(s) relationship to child → (mother, mother's partner)
 Primary Caregiver(s) gender →
 Primary Caregiver(s) age → "I'm 44 years old; Ray is 48 years old"
 If you asked specifically → "I was born in 1970; Ray was born in 1964".

for birth year

SERVICES

- Institutional response** → "One year ago, after a big fight, I called the police; they came into the home and took Ray away. Afterwards I submitted a complaint and restrictive measures were imposed on Ray prohibiting him from coming into the house".
If you are asked for further details → "After six months, before the trial, Ray asked to meet me; he apologized and he was ready to do whatever was necessary to get back together"
- Referral(s) to Services** → "I took back the complaint and Ray, following a court order, attended a program for anger management in the context of domestic violence counseling". Eventually, he started being violent again.

(case adapted by: TRAINING SCENARIOS "DOMESTIC VIOLENCE"
<http://www.scr911.org/training/downloads/Scenarios/Domestic%20Violence.doc>)

Phase A: Recording of CAN cases without using tools ("blank sheet")

Material for trainees – future CAN-MDS Operators

- Case 1: Tina (identity of trainee: Police Officer dedicated CAN-MDS Operator in your Department)
- Case 2: Anton (identity of trainee: Social Worker dedicated CAN-MDS Operator in Central Child Protection Services)
- Case 3: Jack (identity of trainee: Child Psychiatrist dedicated CAN-MDS Operator in Health Care Service)
- Case 4: Tiffany (identity of trainee: Psychologist dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO))

CASE 1 – OPERATOR

A' Phase

Trainees' ROLE: Professional: Police Officer, dedicated CAN-MDS Operator in your Department

SETTINGS: Place/Time: Police Department, during regular working hours

Conditions: A person asks to make a referral for a suspected case of child maltreatment

When: During the intake phase

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form "*Incident record_CASE 1_Phase A*"
You have 15 min available.

CASE 2 – OPERATOR

A' Phase

History: The District Attorney, following a referral from a primary school teacher about a child she suspected is being maltreated, asked you (the Social Worker) to proceed with an assessment of the child's living conditions.

The content of the phone call you received from the District Attorney was the following:

"Good morning. I am [Name] and I am calling you concerning a referral we received from a school teacher about a 6-year boy that potentially suffers neglect from his family". I would like to ask your services to proceed to an assessment of the living conditions of the child.

"The child's name is Anton X. and lives at (address). His teacher, Ms Mary X informed me earlier today that the boy walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called us because of repeated similar events; she had previously called Local social services to report possible neglect but it seems that the situation is the same". Please send your report after you conduct the assessment.

Trainees' ROLE: Professional: Social Worker, dedicated CAN-MDS Operator in Central Child Protection Services

SETTINGS: Place: Family's Home

Conditions: Following a referral submitted by a teacher to the District Attorney, he asked you to conduct an assessment of the living conditions of the child. **You are interviewing the child's mother.**

When: During a site visit you conducted to assess the child's living conditions.

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form "*Incident record_CASE 2_Phase A*"
You have 15 min available.

CASE 3 – OPERATOR

A' Phase

Trainees' ROLE: Professional, Child Psychiatrist, dedicated CAN-MDS Operator in Health Care Service where you work

History: Ms and Mr X are the parents of an 11 year old boy, Jack. They addressed you because of Jack's unexpected behavioral changes: from a quiet boy he became argumentative, loud, and always opposing them. Moreover, he gets into fights at school and his behavior is generally becoming increasingly worse. They are concerned about him and believe that he needs professional help.

SETTINGS: **Place:** Your office in the Health Care Service where you work
Conditions: Jack came to your office following a request from his parents to assess his behavioural changes
When: During the **second session** with Jack

Previous session:

In your previous session, Jack had already discussed with you the reason why where he was in your office: *"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"*

Current Session:

In your effort to explore the reason for the sudden changes in Jack's feelings & behavior, you asked him if any specific person makes him feel bad.

⇒ *Jack starts first the discussion*

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form *"Incident record_CASE 3_Phase A"*
You have 15 min available.

Note:

Already available information from the 1st session

- Jack's date of birth (May 5, 2003)
- School attendance (Regular attendance, fifth grade in elementary school)
- Family composition (Jack, mother, father)
- Primary care givers (biological mother and father, born in 1979 & 1975 respectively)

CASE 4 – OPERATOR

A' Phase

Trainees' ROLE: Professional, Psychologist, dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO) where you are working

History: Ms Kathy X. comes along with her teenage daughter Tiffany to the Shelter where you are working after a violent episode with Kathy's boyfriend, Ray.

SETTINGS: **Place:** Your office in the Shelter
Conditions: Kathy came to the shelter after a violent episode in her house with her boyfriend.
When: During the intake

Kathy starts to describe what happened

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Ask your source of referral whatever you think is important.
Keep your notes in the form "*Incident record_CASE 4_Phase A*"
You have 15 min available.



"Incident record_Case X_Phase A"

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Phase B: Recording of CAN cases by using a broadly structured response sheet

Material for trainees – future CAN-MDS Operators

- Case 1: Tina (identity of trainee: Police Officer dedicated CAN-MDS Operator in your Department)
- Case 2: Anton (identity of trainee: Social Worker dedicated CAN-MDS Operator in Central Child Protection Services)
- Case 3: Jack (identity of trainee: Child Psychiatrist dedicated CAN-MDS Operator in Health Care Service)
- Case 4: Tiffany (identity of trainee: Psychologist dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO))

CASE 1 – OPERATOR

B' Phase

Trainees' ROLE: Professional: Police Officer, dedicated CAN-MDS Operator in your Department

SETTINGS: Place/Time: Police Department, during regular working hours

Conditions: A person asks to make a referral for a suspected case of child maltreatment

When: During the intake phase

Exercise: Please record the incident.
The record should be made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 1_Phase B" by asking questions you think is better in the series you think is more convenient.
You have 15 min available.

⇒ Before starting the recording, explain to the person making the referral that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

CASE 2 – OPERATOR

B' Phase

History: The District Attorney, following a referral from a primary school teacher about a child she suspected is being maltreated, asked you (the Social Worker) to proceed with an assessment of the child's living conditions.

The content of the phone call you received from the District Attorney was the following:

"Good morning. I am [Name] and I am calling you concerning a referral we received from a school teacher about a 6-year boy that potentially suffers neglect from his family". I would like to ask your services to proceed to an assessment of the living conditions of the child.

"The child's name is Anton X. and lives at (address). His teacher, Ms Mary X informed me earlier today that the boy walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called us because of repeated similar events; she had previously called Local social services to report possible neglect but it seems that the situation is the same". Please send your report after you conduct the assessment.

Trainees' ROLE: Professional: Social Worker, dedicated CAN-MDS Operator in Central Child Protection Services

SETTINGS: Place: Family's Home

Conditions: Following a referral submitted by a teacher to the District Attorney, he asked you to conduct an assessment of the living conditions of the child. **You are interviewing the child's mother.**

When: During a site visit you conducted to assess the child's living conditions.

Exercise: Please record the incident.
The record is made in the context of a national surveillance system for child abuse and neglect

Instruction: Try to collect the information for the data elements included in the *"Incident Record_Case 2_Phase B"* by asking questions you think is better in the series you think is more convenient.
You have 15 min available.

- ⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

CASE 3 – OPERATOR

B' Phase

Trainees' ROLE: Professional, Child Psychiatrist, dedicated CAN-MDS Operator in Health Care Service where you work

History: Ms and Mr X are the parents of an 11 year old boy, Jack. They addressed you because of Jack's unexpected behavioral changes: from a quiet boy he became argumentative, loud, and always opposing them. Moreover, he gets into fights at school and his behavior is generally becoming increasingly worse. They are concerned about him and believe that he needs professional help.

SETTINGS: **Place:** Your office in the Health Care Service where you work
Conditions: Jack came to your office following a request from his parents to assess his behavioural changes
When: During the **second session** with Jack

Previous session:

In your previous session, Jack had already discussed with you the reason why where he was in your office: *"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"*

Current Session:

In your effort to explore the reason for the sudden changes in Jack's feelings & behavior, you asked him if any specific person makes him feel bad.

⇒ *Jack starts first the discussion*

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the *"Incident Record_Case 3_Phase B"* by asking questions you think is better in the series you think is more convenient.
You have 15 min available.

Note:

Already available information from the 1st session

- Jack's date of birth (May 5, 2003)
- School attendance (Regular attendance, fifth grade in elementary school)
- Family composition (Jack, mother, father)
- Primary care givers (biological mother and father, born in 1979 & 1975 respectively)

⇒ **Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case**

CASE 4 – OPERATOR

B' Phase

Trainees' ROLE: Professional, Psychologist, dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO) where you are working

History: Ms Kathy X. comes along with her teenage daughter Tiffany to the Shelter where you are working after a violent episode with Kathy's boyfriend, Ray.

SETTINGS: **Place:** Your office in the Shelter
Conditions: Kathy came to the shelter after a violent episode in her house with her boyfriend.
When: During the intake

Kathy starts to describe what happened

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 4_Phase B" by asking questions you think is better in the series you think is more convenient.
You have 15 min available.

⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

"Incident Record_Case X_Phase B"

| RECORD | |
|--------------------|------------------|
| Agency's ID | [auto-completed] |
| Operator's ID | [auto-completed] |
| Date | |
| Source of referral | |

| INCIDENT | |
|-------------------------|---|
| ID | XXXXXXXXX1- [auto-completed CHILD ID + date of record] |
| Date | |
| Location | |
| Form(s) of maltreatment | |

| CHILD | |
|-------------------|--|
| ID | XXXXXXXXX1 [Code provided by the Surveillance System Administrator] |
| Gender | |
| Age | |
| School attendance | |
| History of CAN | |

| Family | |
|---|--|
| Composition | |
| Primary Caregiver(s) relationship to child | |
| Primary Caregiver(s) gender | |
| Primary Caregiver(s) age | |
| Other type(s) of violence | |

| Services | |
|-------------------------|--|
| Institutional response | |
| Referral(s) to Services | |

Phase C: Recording of CAN cases by using the CAN-MDS

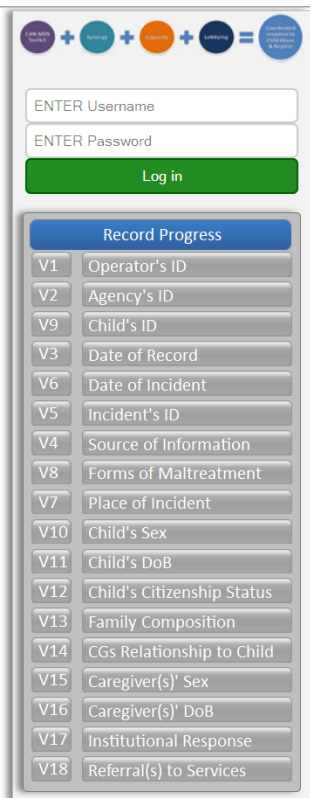
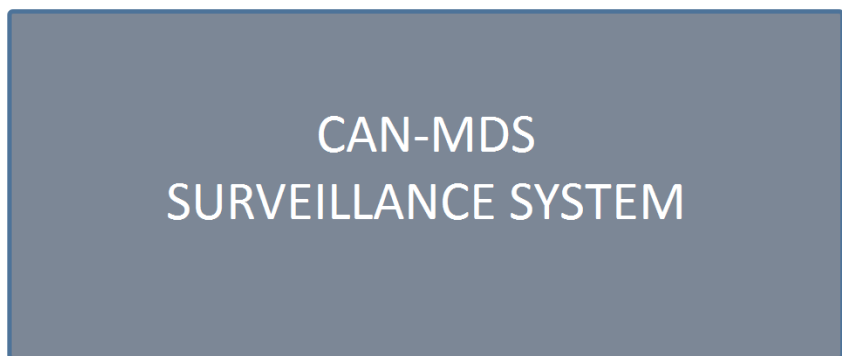
Material for trainees – future CAN-MDS Operators

- Case 1: Tina (identity of trainee: Police Officer dedicated CAN-MDS Operator in your Department)
- Case 2: Anton (identity of trainee: Social Worker dedicated CAN-MDS Operator in Central Child Protection Services)
- Case 3: Jack (identity of trainee: Child Psychiatrist dedicated CAN-MDS Operator in Health Care Service)
- Case 4: Tiffany (identity of trainee: Psychologist dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO))

➔ **Note for the response form**

"Incident Record_Case X_Phase C"

Go to: <http://85.10.197.38/can-mds/>; www.can-via-mds.eu and the USB/DVD/CD

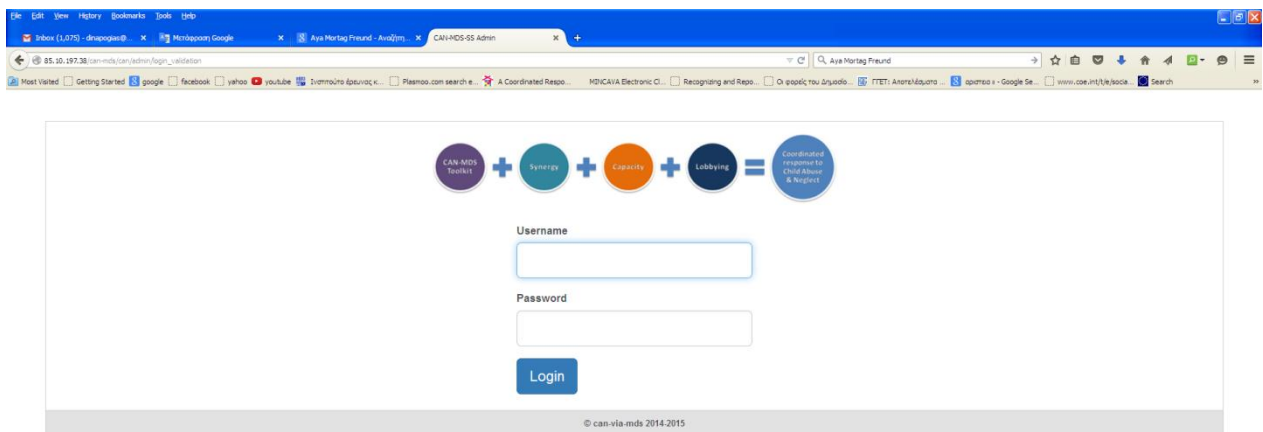


ENTER Username
ENTER Password
Log in

Record Progress

- V1 Operator's ID
- V2 Agency's ID
- V9 Child's ID
- V3 Date of Record
- V6 Date of Incident
- V5 Incident's ID
- V4 Source of Information
- V8 Forms of Maltreatment
- V7 Place of Incident
- V10 Child's Sex
- V11 Child's DoB
- V12 Child's Citizenship Status
- V13 Family Composition
- V14 CGs Relationship to Child
- V15 Caregiver(s)' Sex
- V16 Caregiver(s)' DoB
- V17 Institutional Response
- V18 Referral(s) to Services

For creating new agencies and users IDs, go to administrative page
Available at: http://85.10.197.38/can-mds/can/admin/login_validation ; www.can-via-mds.eu and the USB/DVD/CD



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CASE 1 – OPERATOR

Phase C

Trainees' ROLE: Professional: Police Officer, dedicated CAN-MDS Operator in your Department

SETTINGS: Place/Time: Police Department, during regular working hours

Conditions: A person asks to make a referral for a suspected case of child maltreatment

When: During the intake phase

Exercise: Please record the incident.
The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 1_Phase C" by following the template below.
You have 15 min available.

⇒ Before starting the recording, explain to person making the referral that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

CASE 2 – OPERATOR

C' Phase

History: The District Attorney, following a referral from a primary school teacher about a child she suspected is being maltreated, asked you (the Social Worker) to proceed with an assessment of the child's living conditions.

The content of the phone call you received from the District Attorney was the following:

"Good morning. I am [Name] and I am calling you concerning a referral we received from a school teacher about a 6-year boy that potentially suffers neglect from his family". I would like to ask your services to proceed to an assessment of the living conditions of the child.

"The child's name is Anton X. and lives at (address). His teacher, Ms Mary X informed me earlier today that the boy walked to school in below-freezing weather wearing only a long-sleeved shirt, long pants and tennis shoes. His feet were wet from the snow, and he was obviously cold. Ms Mary X called us because of repeated similar events; she had previously called Local social services to report possible neglect but it seems that the situation is the same". Please send your report after you conduct the assessment.

Trainees' ROLE: Professional: Social Worker, dedicated CAN-MDS Operator in Central Child Protection Services

SETTINGS: Place: Family's Home

Conditions: Following a referral submitted by a teacher to the District Attorney, he asked you to conduct an assessment of the living conditions of the child. **You are interviewing the child's mother.**

When: During a site visit you conducted to assess the child's living conditions.

Exercise: Please record the incident.
The record is made in the context of a national surveillance system for child abuse and neglect

Instruction: Try to collect the information for the data elements included in the "*Incident Record_Case 2_Phase C*" by following the template below.
You have 15 min available.

⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

CASE 3 – OPERATOR

C' Phase

Trainees' ROLE: Professional, Child Psychiatrist, dedicated CAN-MDS Operator in Health Care Service where you work

History: Ms and Mr X are the parents of an 11 year old boy, Jack. They addressed you because of Jack's unexpected behavioral changes: from a quiet boy he became argumentative, loud, and always opposing them. Moreover, he gets into fights at school and his behavior is generally becoming increasingly worse. They are concerned about him and believe that he needs professional help.

SETTINGS: **Place:** Your office in the Health Care Service where you work
Conditions: Jack came to your office following a request from his parents to assess his behavioural changes
When: During the **second session** with Jack

Previous session:

In your previous session, Jack had already discussed with you the reason why where he was in your office: *"My parents suggested to have a discussion with you because they are concerned about how I feel – I feel sad sometimes and angry at other times and I often get into fights at school. My parents considered that it would be better to discuss it with you"*

Current Session:

In your effort to explore the reason for the sudden changes in Jack's feelings & behavior, you asked him if **any specific person makes him feel bad**.

⇒ *Jack starts first the discussion*

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 3_Phase C" by following the template below.
You have 15 min available.

⇒ **Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case**

Note:

Already available information from the 1st session

- ⇒ Jack's date of birth (May 5, 2003)
- ⇒ School attendance (Regular attendance, fifth grade in elementary school)
- ⇒ Family composition (Jack, mother, father)
- ⇒ Primary care givers (biological mother and father, born in 1979 & 1975 respectively)

CASE 4 – OPERATOR

C' Phase

Trainees' ROLE: Professional, Psychologist, dedicated CAN-MDS Operator in the Shelter for Abused Women (accredited NGO) where you are working

History: Ms Kathy X. comes along with her teenage daughter Tiffany to the Shelter where you are working after a violent episode with Kathy's boyfriend, Ray.

SETTINGS: **Place:** Your office in the Shelter
Conditions: Kathy came to the shelter after a violent episode in her house with her boyfriend.
When: During the intake

Kathy starts to describe what happened

Exercise: Please record the incident. The record is made in the context of a national surveillance system for child abuse and neglect.

Instruction: Try to collect the information for the data elements included in the "Incident Record_Case 4_Phase C" by following the template below.
You have 15 min available.

⇒ Before starting the recording, explain to the person who you are interviewing that you will ask some questions in order to record the case in the system currently in place, which is a necessary step for further administration of the case

The screenshot displays the CAN-MDS SURVEILLANCE SYSTEM interface. The main content area is titled "MEMO: Meaning of Symbols & Colors" and contains several sections for data entry:

- Auto-Completed variable:** A dashed-line text area.
- Variable already recorded by the Operator:** A green checkmark icon.
- Single selection (mutually exclusive codes):** A radio button.
- Multiple selection (select as many as applicable):** A checkbox.
- Open list of sub-codes (drop-down menu):** A green arrow icon.
- Close list of sub-codes (drop-down menu):** A blue triangle icon.
- Instruction to Operator:** A blue header box.
- Recorded Variable's Name:** A green header box.
- Codes of Recorded variable:** A green text input field.
- Note to Operator for the recording:** A blue dashed-line text area.
- Note to Operator for system's operations:** A blue dashed-line text area.
- Automated process (filters etc.):** A blue dashed-line text area.
- ALREADY EXISTING ID (can appear in CHILD'S ID AND IN INCIDENT ID):** A red dashed-line text area.

At the bottom of the main area is a blue "Skip" button. On the right side, there is a sidebar with a "Record Progress" section containing a list of data elements and their codes:

- GR-A1-ROI-001
- GR-A1-ROI-001-2634-1-003
- C1 Child's ID
- R3 Date of Record
- I1 Incident's ID
- I2 Date of Incident
- R4 Source of Information
- I3 Forms of Maltreatment
- I4 Place of Incident
- C2 Child's Sex
- C3 Child's DoB
- C4 Child's Citizenship Status
- F1 Family Composition
- F2 CGs Relationship to Child
- F3 Caregiver(s) Sex
- F4 Caregiver(s) DoB
- S1 Institutional Response
- S2 Referral(s) to Services

Please, insert Child's ID provided to you by the Administrator

CHILD'S ID

< Continue with the record

Please record the referred Date of Incident

I2 Date of Incident

Unknown

A "distinct" event took place – Not continuous maltreatment

Unknown

Continuous maltreatment – including "distinct event(s)"

Unknown

During the last 12 months

Before the last 12 months

Lifelong

Unknown

Last known CM incident date

Continuous maltreatment - No "distinct event" took place

Unknown

During the last 12 months

Before the last 12 months

Lifelong

Unknown

GO -> R4

Click to close sub-list

Complete as precisely as possible YYYY-MM-DD

Click to close sub-list

Neglect/other abuse taking place over a longer period

Click to close sub-list

Check ONE in the sub-list

Please record the Source of Information

R4 Source of information

Unspecified

Identified (via routine screening)

Child (alleged) victim

Parent /foster parent/ parent's partner/ care provider

Relative (siblings, grandparents, etc.) living with the child

Relative (siblings, grandparents, etc.) not living with the child

Friend / Neighbor

Self-reported as (alleged) perpetrator

School /preschool /kindergarten personnel

Leisure activity staff (e.g., scout leader, clergy, sport coach)

Anonymous reporter

Personnel working in Child day care services

Personnel working in Social Services/ Public-Central/Local

Personnel working in Health services

Personnel working in Mental Health Services

Personnel working in Ordinary/Juvenile Court and related services

Personnel working in Police /law enforcement

Personnel working in Helpline

Personnel working in Community agency including agencies working against DV

Personnel working in Ombudsman

Personnel working in NGOs/associations

Personnel working in services for people with disabilities

Other

GO -> I2

Check ONE from the list

English

Welcome, demo!

Log out

Record Progress

| |
|----------------------------|
| GR-A1-ROI-001 |
| GR-A1-ROI-001-2634-1-003 |
| Child's ID |
| Date of Record |
| Incident's ID |
| Date of Incident |
| Source of Information |
| Forms of Maltreatment |
| Place of Incident |
| Child's Sex |
| Child's DoB |
| Child's Citizenship Status |
| Family Composition |
| CGs Relationship to Child |
| Caregiver(s)' Sex |
| Caregiver(s)' DoB |
| Institutional Response |
| Referral(s) to Services |

English

Welcome, demo!

Log out

Record Progress

| |
|----------------------------|
| GR-A1-ROI-001 |
| GR-A1-ROI-001-2634-1-003 |
| 121 |
| 2015-08-13 [14:47] |
| 121-20150813-144535 |
| Unknown |
| Source of Information |
| Forms of Maltreatment |
| Place of Incident |
| Child's Sex |
| Child's DoB |
| Child's Citizenship Status |
| Family Composition |
| CGs Relationship to Child |
| Caregiver(s)' Sex |
| Caregiver(s)' DoB |
| Institutional Response |
| Referral(s) to Services |

English

Welcome, demo!

Log out

Record Progress

| |
|----------------------------|
| GR-A1-ROI-001 |
| GR-A1-ROI-001-2634-1-003 |
| 121 |
| 2015-08-13 [14:47] |
| 121-20150813-144704 |
| Unknown |
| Source of Information |
| Forms of Maltreatment |
| Place of Incident |
| Child's Sex |
| Child's DoB |
| Child's Citizenship Status |
| Family Composition |
| CGs Relationship to Child |
| Caregiver(s)' Sex |
| Caregiver(s)' DoB |
| Institutional Response |
| Referral(s) to Services |

Please record the Form(s) of Maltreatment

13
Form(s) of Maltreatment
Expand/Collapse list

(Check as many as applicable. By selecting from child menu, broad categories are auto-selected. Please provide as detailed as possible information (by using sub-menus).)

Acts Committed

- Violent acts against self /Self-harm actions
 - Eating disorder
 - Substance use/ abuse
 - Runaway
 - Self-inflicted injuries
 - Suicidal thoughts
 - Suicide attempt
 - Actual suicide
 - Other self-harm action (unspecified)
- Physical violence acts committed (with or without injury)
 - Physical violent acts/ corporal punishment/ "disciplines"
 - Slapping
 - Smacking
 - Spanking
 - Pinching
 - Twisting ear(s)
 - Pulling hair
 - Hitting with an object
 - Beating
 - Tying up or tying to something /restraining to cloth sacks
 - Locking up
 - Leaving child to lie in their own excrement
 - Pushing
 - Throwing
 - Shaking
 - Grabbing
 - Choking
 - Squeezing neck
 - Kicking
 - Hitting on head (with hand or against the wall)
 - Boxing ear
 - Scratching
 - Biting
 - Burning
 - Scalding
- Violent acts known also as harmful practices
 - Hitting on the soles of the feet
 - Forcing to ingest spicy food
 - Forced feeding
 - Forcing children to stay in uncomfortable positions
 - Binding
 - Inflicting scars/ scarring
 - Teeth extraction as punishment
 - Branding
 - Fattening
 - "Retribution" acts of violence
 - Virginity testing (inspecting girls' genitalia)
 - Forced circumcision
- Female genital mutilation
- Uvulectomy
- Forced marriage and early marriage
- Violent and degrading initiation rites / "hazing"
- Practices as "exorcism" after accusations of "witchcraft"
- Forced sterilization, particularly girls
- Violence in the guise of treatment
- Deliberate infliction of disabilities for exploiting/begging

Omissions

- Omissions in child's care / Neglect
 - Emotional neglect related omissions
 - Persistent ignoring of the child's emotional needs/ Chronic inattention to the child
 - Psychologically "unavailable" caregivers
 - Inappropriately advanced expectations (def. According to child's characteristics)
 - No specific information for omissions related to emotional neglect
 - Physical neglect related omissions
 - Inadequate / inappropriate nutrition
 - Inadequate / inappropriate personal hygiene
 - Inadequate / inappropriate clothing
 - Inadequate / inappropriate shelter
 - No specific information for omissions related child's physical needs
 - Medical neglect related omissions
 - Refusal to provide preventive health care (vaccinations, vision, and dental care)
 - Refusal to allow /provide needed medical care for diagnosed health condition/ impairment
 - Unjustified delay to seek needed care
 - Failure to provide with basic medical care
 - Withholding essential medical care
 - No specific information for omissions related child's medical needs
 - Educational neglect related omissions
 - Persistent failure to register child at the school
 - Has not attended school at all
 - Dropped out
 - Persistent failure to enrol at the school resulting to irregular school attendance
 - compulsory school
 - non compulsory (ECEC)
 - Chronic truancy
 - Refusal to attend special educational needs
 - Refusal to allow needed attention to special educational needs
 - Refusal to provide needed attention to special educational needs
 - No specific information for omissions related child's educational needs
 - Risk exposure related omissions
 - Exposure to hazardous/ dangerous environments
 - Inside household
 - Outside home
 - Exposure to substances use/misuse by others
 - Alcohol
 - Drugs
 - Other substances
 - No specific information for reported/ suspected omissions for exposure to risks
 - Supervision related omissions
 - Inadequate/ lack of supervision resulting in physical harm
 - Persisted lack of supervision concerning substance use/misuse by the child
 - Alcohol
 - Drugs
 - Other substances
 - No specific information for omissions related to the child's supervision
- Refusal of custody/abandonment
 - Unstable custody arrangements
 - Illegal transfers of custody
 - Refusal of custody
 - Abandonment (primary caregiver(s) runaway / migrate and leave the children behind)
 - children out of wedlock
 - children with disabilities
 - No specific information for omissions related child's refusal of custody

Record Progress

| |
|--------------------------|
| GR-A1-RO1-001 |
| GR-A1-RO1-001-2634-1-003 |
| 121 |
| 2015-08-13(14:47) |
| 121-20150013-144704 |
| Unknown |
| Unspecified |

- 13 Forms of Maltreatment
- 14 Place of Incident
- 15 Child's Sex
- 16 Child's DoB
- 17 Child's Citizenship Status
- 18 Family Composition
- 19 CGs Relationship to Child
- 20 Caregiver(s) Sex
- 21 Caregiver(s) DoB
- 22 Institutional Response
- 23 Referral(s) to Services

- No specific information for reported/suspected physical violence
- Sexual violence acts committed [with or without injury]
 - Sexual violence acts
 - Acts involving penetration (intrusion)
 - Without force
 - anus
 - vulva
 - mouth
 - unspecified
 - Involving use of force
 - anus
 - vulva
 - mouth
 - unspecified
 - Attempted sexual abuse (not involving penetration)
 - with physical contact
 - without physical contact
 - Threatened sexual abuse
 - with physical contact
 - without physical contact
 - Touching/fondling genitals
 - Showing genitals to child
 - Sexual harassment
 - Voyeurism /spying on the children intimate behaviours
 - Providing sexually explicit materials
 - Forced exposure to pornography
 - Forcing to witness sexual violence against mother
 - Sexual "luring" (via ICT)
 - Online sexual stalking /harassment
 - Other Sexual violence acts
 - Sexual exploitation acts
 - Child prostitution
 - Use of children in commercial sexual exploitation
 - Sexual exploitation in travel and tourism
 - Sexual slavery
 - Sale of children for sexual purposes
 - Trafficking (within and between countries)
 - Involvement in pornography
 - Forced marriage and early marriage
 - Other sexual exploitation acts (unspecified)
- No specific information for reported/suspected sexual violence
- Psychological violence acts committed [with or without injury]
 - Violent acts with or without obvious consequences
 - Bullying/ Psychological bullying and hazing
 - by other children
 - by adults
 - Homophobic bullying /related to sexual orientation
 - by other children
 - by adults
 - Cyber bullying (via ICTs / mobile phones /Internet)
 - by other children
 - by adults
 - Ignoring and favoritism
 - Denying emotional responsiveness
 - Over protection
 - Isolation (social)
 - Close confinement (tying/binding)
 - Placement in solitary confinement
 - Degrading /inhuman conditions of detention
 - Humiliation /insults, name-calling, belittling, ridiculing
 - Humiliation via ICT
 - Rejection and Spurning
 - Verbal assaults
 - Terrorization / Scaring
 - Threats of sexual violence (with or without contact)
 - Threats of other maltreatment
 - Other related acts hurting child's feelings
 - Exploitation related psychological violent acts
 - Exploiting and corrupting
 - Labour/economic exploitation
 - Forcing to undertake adult's responsibilities/parent's role
 - Forcing to begging
 - Forcing to participate in religious ritual
 - Forcing to participate in a violent political event
 - No specific info for reported/suspected exploitation acts
 - Exposure related psychological violent acts
 - Exposure to any kind of violence in the family / DV
 - Exposure to violence against other children
 - Exposure to intimate partner violence
 - Exposure to violence against other adults
 - Exposition to the homicide of a significant person
 - Exposure to a violent environment outside the family
 - Exposure to violence via electronic means
 - information and communication technologies
 - in the mass media
 - No specific info for reported/suspected related exposure
 - No specific info for reported/suspected psych/l abuse violent acts



Please record the Place of Incident

I4 Place of Incident

- Unknown/ Unspecified place
- Home/ Family
- Home/ Relatives
- Home/ Friends
- Child care institution (residential care)
- Child care institution (day care)
- Detention or correctional institution
- Leisure/ Playground/ Recreational area
- Sports-athletics
- School
- Educational institution
- Medical Services
- Public transportation
- Public place/ street, commercial & surrounding area
- Other place

GO -> C2
Click as many as applicable

[Continue with the record](#)

Please record Child's Sex, Date of Birth and Citizenship Status

C2 Child's Sex

- Male
- Female
- Other
- Not known

C3 Child's Date of Birth

- YYYY - MM - DD
- <18 years old (if no year is known)
- >18 ("minor" according to legislation)
- Unborn
- Unknown

C4 Citizenship Status

- Not a citizen
- Citizen
 - with ID
 - without ID
- Unaccompanied foreign child or refugee
- Not known

Check ONE from the list below

Please record the full date of birth: YYYY-MM-DD
If DD is unknown: YYYY-MM
If MM-DD are unknown: YYYY
If YYYY-MM-DD are unknown AND the alleged victim is a child: <18

Check ONE from the list below. If the child is "Citizen", please define in sub-list

Please record Family Composition and indicate up to two Primary Caregivers

F1 Family Composition

A: Type of Family

- Boarder(s) (child lives in residential/institutional care)
- Child lives with his/her family (including biological/ adoptive)
- Child lives in a foster family
- Child lives in a re-composed family
- Child lives in a family other than its family/ foster family
- Not known

SKIP "B": GO -> F3
Check ONE from the list below
If you DON'T chose Boarder(s) -> B: Members of Family

B: Member(s) of Family

| Member(s) of Family | Number | Primary caregiver(s) |
|--|----------------------|--------------------------|
| <input type="checkbox"/> Parent(s) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Step Parent(s) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Parent(s)' partner(s) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Sibling(s) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Younger than the (alleged) victim | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Older than the (alleged) victim (<18) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Older than the (alleged) victim (>18) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Grandparent(s) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other relative(s) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Blood relatives | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <18 [child(ren)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> >18 [adult(s)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> By law relatives | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <18 [child(ren)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> >18 [adult(s)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Family friend(s) | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <18 [child(ren)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> >18 [adult(s)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other not-related household members | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <18 [child(ren)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> >18 [adult(s)] | <input type="text"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Not known | <input type="text"/> | <input type="checkbox"/> |

Please indicate up to 2 child's primary caregiver(s) (you can uncheck)

[Continue with the record](#)

English

Welcome, demo!

Log out

Record Progress

- GR-A1-ROI-001
- GR-A1-ROI-001-2634-1-003
- 121
- 2015-08-13 [14:47]
- 121-20150813-144704
- Unknown
- Unspecified
- Psychological violence acts committed

I4 Place of Incident

C2 Child's Sex

C3 Child's DoB

C4 Child's Citizenship Status

F1 Family Composition

F2 CGs Relationship to Child

F3 Caregiver(s) Sex

F4 Caregiver(s) DoB

S1 Institutional Response

S2 Referral(s) to Services

English

Welcome, demo!

Log out

Record Progress

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- GR-A1-ROI-001-2634-1-003
- 121
- 2015-08-13 [14:47]
- 121-20150813-144704
- Unknown
- Unspecified
- Psychological violence acts committed
- Other place

C2 Child's Sex

C3 Child's DoB

C4 Child's Citizenship Status

F1 Family Composition

F2 CGs Relationship to Child

F3 Caregiver(s) Sex

F4 Caregiver(s) DoB

S1 Institutional Response

S2 Referral(s) to Services

English

Welcome, demo!

Log out

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- GR-A1-ROI-001-2634-1-003
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- 121-20150813-144704
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- Unspecified
- Psychological violence acts committed
- Other place
- Not known
- Unknown
- Not known

F1 Family Composition

F2 CGs Relationship to Child

F3 Caregiver(s) Sex

F4 Caregiver(s) DoB

S1 Institutional Response

S2 Referral(s) to Services

Please record Caregiver(s) Relationship to Child, Sex and Date of Birth

F2 Relationship to Child

1st Caregiver: Parent(s), Temporary caregiver/Other, Unknown relationship

2nd Caregiver: Parent(s), Temporary caregiver/Other, Unknown relationship

F3 Caregiver(s) Sex

1st Caregiver: Male, Female, Other, Not known

2nd Caregiver: Male, Female, Other, Not known

F4 Caregiver(s) DoB

1st Caregiver: YYYY - MM - DD, YY's, Unknown

2nd Caregiver: YYYY - MM - DD, YY's, Unknown

Check ONE per Caregiver

Auto-completed based on F1
Check ONE per Caregiver

Please record the full date of birth: YY-MM-DD
if DD is unknown: YYYY-MM
if MM-DD are unknown: YYYY
if YYYY-MM-DD are unknown then record the decade: YY
if DECADE is unknown, then: Unknown

English

Welcome, demo!

Log out

Record Progress

- GR-A1-ROI-001
- GR-A1-ROI-001-2634-1-003
- 121
- 2015-08-13 (14-47)
- 121-20150813-144704
- Unknown
- Unspecified
- Psychological violence acts committed i...
- Other place
- Not known
- Unknown
- Not known
- 2 - member family Not known

CPS Relationship to Child

Caregiver(s) Sex

Caregiver(s) DoB

Institutional Response

Referral(s) to Services

Please record any Institutional Response

S1 Institutional Response

Unknown

No response was required DUE TO CHILD'S DEATH

No Response

Yes

Immediate intervention(s)

- Physical Medical exam(s)
- Mental Health exam(s)
- Forensic evaluation initiated
- Child protection /welfare services assessment
- Police intervention
- Unspecified

Action taken -NO COURT INVOLVEMENT

- Child remains in family with planned intervention
- Emergency placement
- Supportive intervention for current caregiver(s)
- Mother/child shelter with parent and child together
- Police emergency protection procedures
- CPS/welfare services emergency protection procedures
- Referral to child protection /welfare services
- Unspecified

Action taken -COURT or EQUIVALENT AUTHORITY TO THE COURT INVOLVEMENT

- Police emergency protection procedures
- CPS/welfare services emergency protection procedures
- (Family) Court measures initiated
- Referral to child protection /welfare services
- Action to protect victim by court order(s)
- Action to remove parent(s) rights
- Expulsion of (alleged) abuser from home
- Action to prosecute perpetrator(s)
- Unspecified

Out of home placement

- Kinship Care (relatives/extended family)
- Foster Care
- Children's Home Institution
- Adoption with parents' agreement
- Adoption by court order
- Unspecified

GO -> S2

GO -> S2

GO -> S2

Check below as many as applicable

English

Welcome, demo!

Log out

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- 2015-08-13 (14-47)
- 121-20150813-144704
- Unknown
- Unspecified
- Psychological violence acts committed i...
- Other place
- Not known
- Unknown
- Not known
- 2 - member family Not known
- Unknown relationship - Unknown relation
- Not known - Not known
- Unknown - Unknown

S1 Institutional Response

S2 Referral(s) to Services

Please record any Referral(s) made to Services by you/your agency

S2 Referral(s) to Services

Unknown

None

Yes

- Judicial Services
- Medical Services
- Mental Health Services
- Independent Authorities
- Social Welfare Services
- Law Enforcement related Services
- Community Organizations and NGOs
- Existing Registries and Research Organizations
- Educational Services
- Other related Services
- Unspecified

End of Record

End of Record

Check below as many as applicable

Continue with the record

English

Welcome, demo!

Log out

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- Unknown
- Unspecified
- Psychological violence acts committed i...
- Other place
- Not known
- Unknown
- Not known
- 2 - member family Not known
- Unknown relationship - Unknown relation
- Not known - Not known
- Unknown - Unknown
- Yes - Out of home placement - Unspecifi...

S2 Referral(s) to Services

