



FROM PAIN TO PARENTING

Child Safety Forward: Reducing Child Fatalities and Recurring Child Injuries Caused by Crime Victimization



SEPTEMBER 31, 2022
PARENT ENGAGEMENT WORK GROUP

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Project Background

This Educational Guide was developed by the Parent Engagement Work Group of the Child Safety Forward Project in Hartford, CT. The Hartford site was one of five national demonstration sites funded by the Department of Justice - Office for Victims of Crime, to develop methods to decrease preventable child injuries and death. After questioning current child welfare and prevention practices, parents envisioned a comprehensive educational experience among peers as an effective method of increasing child safety and well-being.

During a focus group of parents in year two of this three-year DOJ-OVC funded project, parents asked and discussed the following:

- **Why are communities not made aware of the data collected about them and the implications of such data?** This came out of a discussion about the rates of child abuse, neglect and fatality. They were angered that some people sat in meetings to discuss these things but those most affected were not made aware. They felt that as the ones closest to the problem, they should be a part of the inquiry and at the table to develop solutions.
- **Parents asked if there was a comprehensive child-safety curriculum and if so, was there a charge to participate?** Parents are most likely to receive child safety and well-being education and other services such as therapy, in response to a suspicion of neglect and/or abuse. That education is likely to be centered on the one topic from which the suspicion arose.
- **Parents drafted the following list of topics as priorities to increase child safety topics.** They then received educational presentations and literature on each of these topics. Finally, they drafted the content of this Educational Guide that they will facilitate to their peers in all neighborhoods of Hartford, CT.
 1. Child Death/Maltreatment/Related Data
 2. Safe and Unsafe Sleep
 3. Domestic Violence
 4. Sexual Abuse/Assault/ Sex Trafficking
 5. Mental Health
 6. Effective Parenting
 7. Injury Prevention & Response
 8. Firearm Safety/ Gun Violence
 9. Disability

Known as Child Safety Forward during the three-year federal grant period, parents have renamed the project, “**The Power of Pain.**” This name is representative of the motivation that flames in these parents, resulting from losing children to systems and institutions, death and watching their children suffer physical, emotional and mental injuries. Rooted in pain, they are determined to create joyful change.

Introductions: Meet the Parents and Grandparents

This dedicated group of tireless parents/grandparents deserve a standing ovation!

- Delmarys Serrano
- Larissa Rhone
- Antoine Fleming
- Milagros Vega
- Georgina Fuentes
- Kayla Waters



<https://vimeo.com/682066367>

Session 1. Overview of Child Death, Maltreatment and Related Data

A presentation, study, and discussion of the data about all child deaths and life-threatening incidents in CT with a focus on Hartford, CT. Data may be compared to national data and that of geographic areas with similar demographics.

Session Set up:

Articles/Data Checklist	
Fatality Data in Hartford and the State of CT- Office of the Child Advocate	
DCF Child Maltreatment Data in Hartford compared to surrounding towns in the region.	
Different types of crimes in Hartford, then compared to surrounding towns in the region.	
Data reported by community-based organizations such as: Institute for Community Research, Hartford Communities that Care, Hartford Parent University, Hartford Board of Education, and others.	
Articles about Participatory Action Research, Community Ownership of Data, and similar topics.	
Video about community ownership of data/Participatory Action Research.	

Supplies Checklist			
Glossary		Recording Device	

Index Cards		Recording Session Release Forms	
Whiteboard/Large Note Pads		Water, Snacks	
Dry Erase Markers and Eraser		Projector & Screen with Audio Capabilities	
Pads, Pencils, Pens		Name Tags and Markers	
Welcome Signs		Raffle Or Door Prizes	
Power of Pain Poster		Protective Factors Poster	

Staffing:

- 2 Facilitators
- 1 Assistant for Note Taking and Supply/Material Management
- 1 ASL and Spoken Language Interpreters (as needed)
- 1 Crisis Intervention Support
- 2 Child Care Providers (1 CPR Certified)
- 1 Researcher- To Present and Answer Questions About Data Reports

Instructions:

Staff should arrive 30 minutes before the session starts.
 Facilitators/Assistants should confirm that projector and audio are working.
 Facilitators/Assistants should write down suggested questions for index cards.

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Start of Session:

Welcome and Introductions:

(10 minutes)

(Instructions)

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- Parent Engagement Video (7 minutes)
- Video of Parent Introducing the Topic (2 minutes)

Objectives/Goals /Rules:

(2 minutes)

By the end of this session, participants will:

1. Have knowledge of the rates and reasons for child death in Hartford, CT; how these compare with other parts of the state, country and other relevant nations with similar populations.
2. Understand how data can be presented in different ways, leading to different assumptions and conclusions.
3. Understand how data is collected, analyzed, summarized to develop reports.
4. Understand why there are limitations on data reports.

Ice Breaker - Two Truths and a Lie:

(15-20 minutes)

Each participant introduces themselves and makes three statements, two of which are true and one of which is a lie. Participants quickly try to guess which is a lie.

Exercise – “Just the Facts?”

1. Facilitator(s) should distribute 1 card to each participant.
2. Take turns reading the statement on their card and give their opinion on if it is a fact or a myth.
3. Why do participants believe statement to be true or not?
4. Facilitator(s) will verify if the statement is true or not and explain why.

(These statements do not have to be the same for each group and should vary depending upon the circumstances, environment, trends, culture, etc., of the participants in a particular group. They should relate to child and family well-being.)

Suggested questions for cards:

- Infants should be put to sleep on their sides, using pillows or blankets to keep them from rolling onto their backs or stomachs.
- The most frequent case of adolescent death is suicide.

- Black children in Hartford die at twice the rate of white children in the surrounding suburbs.
- It's against the law to spank your child.
- The main purpose of DCF is to take away custody of children from their parents.
- Picking up an infant every time it cries will spoil the child.
- Men who sexually abuse boys are homosexuals.
- Fat babies are healthy babies.
- Children do most of their growing when they are asleep.
- You should put cereal in an infant's bottle to help them sleep.

(Have answers, with a research-based citation, to each of the questions on the cards).

After everyone has spoken, the facilitator(s) will talk about the importance of research as a collection of facts about a situation at any given time. Brief discussion about the benefits of knowing facts and the vulnerability of individuals and communities in basing their beliefs on things that are not true.

Glossary for Overview of Child Death:

(10 minutes)

(Overview quickly, encouraging participants to read more carefully between sessions)

1. Research - The National Center for Fatality Review and Prevention (NCFRP) is a primary source for research on critical incident reviews and child death. <https://ncfrp.org>.
2. Child Death Review - Child Death Review (CDR) is the multidisciplinary review of child deaths to help communities understand why children die and equip them to effectively prevent future fatalities.
3. Fetal & Infant Mortality Review - Fetal & Infant Mortality Review (FIMR) is the community-based, action-oriented process of reviewing fetal and infant death cases to improve maternal and infant health outcomes.
4. Data - The National Center for Fatality Review-Case Reporting System (NFR-CRS) is the data system supporting CDR and FIMR teams across the country.
5. Qualitative Data Analysis - The qualitative data analysis approach refers to the process of systematizing, organizing, analyzing, and interpreting non-numeric data, including conceptual data and user feedback, to capture themes and patterns and identify research.
6. Quantitative Data Analysis - The quantitative data analysis approach refers to the process of gathering, synthesizing and interpreting numerical data.

7. Data Dictionary - A glossary of standard definitions to guide decision-making and the quantification of child death review data.
8. Data Terms - Percentage (per one hundred), frequency (number of times of occurrences), average (the central value of a dataset gleaned by adding all numbers and dividing by 2), median (the middle value of a dataset), range (the difference between the highest and lowest value of a dataset).

Data Overview:

(30 minutes)

Researcher to present power-point presentations, along with handouts, explaining data results from the following sources. Leave ample time for questions and answers after presenting data from each source. Compare and discuss the differences and similarities in how data is presented, interpreted, categorized, etc., and the implications for differences in understanding. Can data from one source help us understand the data from another?

- Fatality Data from Office of the Child Advocate.
- DCF Child Maltreatment Data for Hartford compared to surrounding towns in the region.
- Police Department Data re: types of crimes in Hartford compared to surrounding towns in the region.
- Data reported by community-based organizations such as the Institute for Community Research, Hartford Communities that Care, others.

Brainstorm:

(20 minutes)

1. What are the best ways to inform your community about data/research about them?
2. What are the best ways to make the data understandable and accessible to everyday people, including people with disabilities, people who speak languages other than English, all members of our community?
3. How should people be involved in studies about their communities?

Video:

(8 minutes)

Affirmations:

(1 minutes)

Facilitator to write affirmation on white board or newsprint and ask everyone to say it out loud
Brainstorm: What can I do in the next week to reduce child injury and death?

Evaluation:

(5 minutes)

Fill out session evaluation form (to be developed).

Session 2. Safe and Unsafe Sleep

An interactive presentation about how to most safely put infants to sleep.



Photo by Leah Kelley from Pexels: <https://www.pexels.com/photo/close-up-photo-of-baby-wearing-gray-pants-2790347/>

Session Set up:

Articles/Data Checklist	
<i>Printed and digital versions of the following handouts</i>	
Charts/Pictograms Re: Data on Child Death in Hartford and Statewide in CT.	
Excerpts From Studies on Safe & Unsafe Sleep (Different Perspectives).	
Videos Of Parent Testimonials (From Indiana Site).	
Safe And Unsafe Sleep Brochures from Office of Victims of Crime (OVC) Or Other Resources.	

Supplies Checklist			
Water, Snacks		Crib, Bassinet or Pack & Play, Blankets, Bumpers, Stuffed Animals, Pillows	
Recording Session Release Forms		Anatomically Correct Dolls Representing Different Races/Ethnicities	
Recording Device		Glossary	

Whiteboard/Large Note Pads		Projector & Screen with Audio Capabilities	
Dry Erase Markers and Eraser		Name Tags and Markers	
Welcome Signs		Raffle Or Door Prizes	
Power of Pain Poster		Protective Factors Poster	

Staffing:

- 2 Facilitators
- 1 ASL and Spoken Language Interpreters (as needed)
- 1 Assistant for Note Taking and Supply/Material Management
- 1 Crisis Intervention Support
- 2 Child Care Providers (1 CPR Certified)

Instructions:

Staff should arrive 30 minutes before the session starts.

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Start of Session:

Welcome and Introductions:

(10 minutes)

- 2- Minute Video of Parent Introducing Topic.

Learning Objectives/Goals/Rules:

(2 minutes)

By the end of the session, participants will:

1. Have increased awareness of the vulnerabilities of infants who die in their sleep.
2. Understand risk factors for infants dying in their sleep.
3. Have knowledge of American Academy of Pediatrics recommendations.
4. Understand and be able to explain how to safely put an infant to sleep.
5. Have knowledge of resources for getting safe sleeping equipment.
6. Understand the importance of self-care in taking care of children.

Ice Breaker:

(10 minutes)

Share the Best and Worst Day of the Past Week

(One sentence for best and one for worst)

Glossary:

(10 minutes)

1. *Fatality*- an occurrence of death by accident, in war, or from disease or unexplained cause.
2. *Mortality*- the state or condition of being subject to death; mortal character, nature, or existence.
3. *Sudden Infant Death Syndrome (SIDS)*- death from the sudden cessation of breathing (apnea) of a seemingly healthy infant, almost always during sleep, sometimes traceable to a chronic oxygen deficiency.
4. *Unsafe Sleep*- soft bedding, such as blankets, pillows, and stuffed animals » sleeping on an inappropriate sleep surface, such as a couch; » co-sleeping/bed-sharing » second-hand smoke.
5. *Asphyxia*- a lack of oxygen and excess of carbon dioxide in the blood, caused by impaired respiration or insufficient oxygen in the air, suffocation.

Safe/Unsafe Sleep Demonstration:

(25 minutes)

Take unsafe items out of sleeping area-parents to discuss why item is a danger-facilitator should fill in any missing information. Present crib/bassinet with blankets, pretty pillows, stuffed animals, bottle, pacifier, baby monitor.

Role play-

(Volunteers)

New mother is working, grandmother comes in to say that the baby is cold and needs blankets. Also, that the baby should be on her stomach or side in case she vomits. Grandmother emphasizes that the baby will swallow her vomit and die if she sleeps on her back.

Have the group take turns being the mother and respectfully communicate with her grandmother.

Video(s):

(5 minutes)

- Show video of mother who lost child to unsafe sleep.

American Academy of Pediatrics:

(20 minutes)

Review 2022 recommendations.

Co-sleeping research

1. Traditional American perspective vs Alternative perspective worldwide norm.
2. Rates of death are lower with alternative perspective vs US because in other countries children sleep on a flat and hard surface, such as a pallet.

Discussion:

(20 minutes)

- What are the cultural challenges to implementing safe sleep practices in your community?
- What cultural beliefs and practices in your community can act as strengths to support safe sleep practices?

Self-Care in Caring for Infants and Children:

(20 minutes)

- Getting Sleep/Rest Without Your Infant in The Bed.
- Ways To Release Stress/Tension (Can Bring in Guest Presenters).

Closing/Affirmation:

(1 minute)

Facilitator to write affirmation on white board or newsprint and ask everyone to say it out loud.

Brainstorm:

(10 minutes)

- How parents and other caregivers can sleep/rest without having their infant in the bed with them.

Importance of Self-Care in Caring for Infants and Children:

(10 minutes)

Each participant to say how they will care for themselves over the next week.

Evaluation:
(5 minutes)

Fill out session evaluation form (to be developed).

Session 3: Domestic Violence



An overview of healthy and unhealthy relationships to help participants understand the dynamics of control, abuse, and many forms of violence and to understand the effects of domestic violence on children. Emphasis on how it affects undocumented immigrants and people with disabilities.

Session Set up:

Articles/Data Checklist	
Charts/Pictograms Data on Domestic Violence in Hartford and CT. (Look on Interval House Website If We Feel We Need More).	
“Run And Go Bag” (Interval House Website CT Coalition Against Domestic Violence CCADV).	
Legal Rights and Protections Literature/Brochure.	

Supplies Checklist			
Water, Snacks		Participants’ Phones- <i>(To Show App)</i>	
Glossary		Anatomically Correct Dolls Representing Different Races/Ethnicities (Red Cross Sells)	
Recording Device		Recording Session Release Forms and Waiver/Consent for Children to Participate	
Whiteboard/Large Note Pads		Projector & Screen with Audio Capabilities	

Supplies Checklist Continued			
Dry Erase Markers and Eraser		Name Tags and Markers	
Welcome Signs		Raffle Or Door Prizes	
Power of Pain Poster		Protective Factors Poster	
Journals		Ball Of Yarn	

Staffing:

- 2 Facilitators
- 1 Assistant for Note Taking and Supply/Material Management
- 1 Crisis Support
- Survivors of Domestic/IP Violence (adults/youth)
- Healthy Relationship(s) Speakers
- Clinicians/Subject Experts (Interval House, Greater Hartford Family Advocacy (FAC))
- 2 Child Care Providers (1 CPR certified)
- Interpreters Spoken and Sign Language, as needed

Instructions:

Staff should arrive 30 minutes before the session starts.

Start of Session:

Welcome and Introductions:

(10 minutes)

- 2-minute video of parent introducing topic.

Learning Objectives/Goals/Rules:

(2 minutes)

By the end of the session, participants will:

1. Understand the components of a healthy relationship, compared to unhealthy relationships and the escalating, controlling behaviors associated with domestic violence.
2. Understand victim rights and victim services.
3. Understand safety planning.
4. Understand how domestic violence affects children.

Ice Breaker:

(10-minutes)

Yarn Web Affirmations

Means of Connecting-

1. Prepare the room by writing the affirmations below on the white board or newsprint:
 - I am safe in this space.
 - I am protected in this space.
 - Whatever I say, stays in this space.
 - Come up with additional phrases.
2. Be sure to read the short list.
3. Participants should stand or sit in a circle.
4. Facilitator holds a yarn and says, "I am safe in this place" and tosses the ball of yarn to another participant, instructing them to repeat the phrase or choose another affirming phrase.
5. Pass the yarn in this way until all participants have made an affirmation.

Glossary:

(10 minutes)

1. Strangulation- the compression of blood or air-filled structures which impedes circulation or function.
2. Asphyxiation- a lack of oxygen and excess of carbon dioxide in the blood, caused by impaired respiration or insufficient oxygen in the air, suffocation.

3. Gaslighting- psychological manipulation that makes the recipient question their feelings, instincts, and even their sanity. It is one of the worst forms of dirty fighting, and it is used by both men and women. Gaslighting includes a variety of techniques, such as:
 - a. Pretending not to understand when you do.
 - b. Labeling your partner's thoughts as crazy or imagined.
 - c. Questioning the other person's memory of events when they remember correctly.
 - d. Pretending to forget what occurred when you remember.
 - e. Denying promises that you know you made.
 - f. Trivializing the other person's feelings as being too sensitive when their reaction is somewhat normal.
4. Stalking- the act of harassing another in an aggressive, often threatening, and illegal manner.
5. Narcissism- inordinate fascination with oneself; excessive self-love; vanity.
6. Grooming- Being groomed is what it's called when a younger child under the age of 18 is sexually exploited by an adult or someone way older than them.
7. Restraining Order- a judicial order to forbid a particular act until a decision is reached on an application for an injunction.
8. Order of Protection- A protective order is ordered by a judge in criminal court, usually after someone has been arrested. *(If someone has been arrested for hurting, threatening, or stalking you, the criminal court may give you a protective order to keep that person away from you. But a protective order only lasts until the criminal case ends, and it may not protect other people in your family, including any children).*
9. Polyvictimization- refers to the experience of multiple types of victimization such as sexual abuse, physical abuse, neglect, bullying, and exposure to family violence versus multiple episodes of the same kind of victimization.

Toxic Traditional Beliefs:

(25 minutes)

1. Write the following statements on index cards.
 - "His/Her jealousy and possessiveness are signs of love."
 - "You should stay with them because they take care of you (pays bills, etc.)."
 - "What did you do to make them so angry? You should be a better wife/partner."
 - "Stay together for the children."
 - "It's because he's drinking. Leave him alone when he drinks."
 - "No one else wants you but me."

- “You are the reason for my behavior. You drive me to this because you won’t back down/shut up.”
 - “I love you so much that when I don’t know where you are, who you are with, what you are doing, it drives me crazy.”
 - “You are so beautiful; I have to protect you from all the creeps out there.”
 - “A man is made for the streets. They can’t help themselves; you must be patient and pray for them.”
 - “Just fix yourself up and be sexier and he/she will stay home and stop all that nonsense.”
2. “Deal” cards to participants sitting around a table.
 3. Talk about our handed down beliefs as part of the “cards we are dealt” by our families and cultures.
 4. Ask each participant to discuss the statement and decide to play the card or “fold” by slamming the card down on the table.
 5. After all participants have spoken, shred the cards or otherwise destroy. Season/weather and safety conditions permitting, you may burn the cards.
 6. The facilitator should be prepared to offer facts, research as appropriate or have a guest subject expert to co-facilitate this exercise.

***Time permitting, offer a few blank cards and ask participants to write and share other toxic traditional messages. ***

Speaker/Presentation (or video):
(20 minutes)

Legal Rights and Protections of Domestic/ Intimate Partner Violence (including those of undocumented immigrants)-CT Coalition on Domestic Violence.

Panel of Survivors w/Q&A-40 minutes-suggest no more than 4 speakers + moderator. Try to have an adolescent survivor of either IPV or violence by parents that is now resolved. (Youth participation requires written permission of parent/guardian).

How relationships start well, escalates from control to violence:

- Effect of culture/religion.
- Why we stay.
- How victim got away.
- How we survived and thrived.

- How they felt while violence occurred.
- How they felt when peace returned to the home.

Panel of Healthy Relationships w/ Q &A- 40 minutes -suggest no more than 4 speakers + moderator. Try to have an adolescent survivor of either IPV or violence by parents that is now resolved. (*Youth participation requires written permission of parent/guardian*).

- How they met and got started.
- Challenges in their relationship.
- How they deal with differences, challenges.
- Where/how did they learn to have healthy relationships.

Brainstorm:

(10 minutes)

- What can I do over the next week to have healthy relationships with the people in my life? How can this benefit my child(ren)?

Closing/Affirmations:

(1 minute)

- Facilitator to write affirmation on white board or newsprint and ask everyone to say it out loud.

Session 4. Sexual Abuse, Assault and Sex Trafficking



An overview of the dynamics of child and adult sexual abuse and assault, including sex trafficking, including cultural perspectives on these subjects. Emphasis on how these crimes affect undocumented immigrants and people with disabilities.

Session Set up:

Articles/Data Checklist	
Resources for Help-SACS, Alliance to End Sexual Violence.	
Info About Training/Certification Programs to Increase Community Member Capacity to Support and Educate (<i>Love 146 facilitator, SACS-sexual assault counselor training</i>).	
Charts and Pictograms Young Teens Being Exploited, Images of Young Children Being Silenced.	
Videos- (Anna Salter, Very Young Girls)	
Picture Image About Naming Private Parts.	
Books/Booklets for Parents and Children on The Topic; Including Comic Books And Coloring Books.	

Supplies Checklist			
Water, Snacks		Pads, Pencils, Pens	
Glossary		Anatomically Correct Dolls Representing Different Races/Ethnicities (Red Cross Sells)	
Dry Erase Markers and Eraser		Name Tags and Markers	

Welcome Signs		Raffle Or Door Prizes	
Supplies Checklist Continued			
Power of Pain Poster		Protective Factors Poster	
Recording Device		Recording Session Release Forms and Waiver/Consent for Children to Participate	
Whiteboard/Large Note Pads		Projector & Screen with Audio Capabilities	

Staffing:

- 2 Facilitators
- 1 Crisis Support
- 1 Assistant for Note Taking and Supply/Material Management
- Panel of Survivors (Trafficking, Sexual Abuse/Assault and Parents Of Sexual Violence Victims, Adults, And Youth) Or Video Addressing The Topic.
- 2 Topic Expert(s)
- 2 Child Care providers
- 1 Interpreters (Spoken and ASL, as Needed)

Instructions:

Staff should arrive 30 minutes before the session starts.

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Start of Session:

Welcome and Introductions:

(10 minutes)

- 2-minute video of parent introducing topic.

Learning Objectives/Goals/Rules:

(2 minutes)

By the end of this session, participants will:

1. Understand signs, symptoms, dynamics and effects of sexual abuse and trafficking.
2. Know how to respond to child's disclosure.
3. Understand the investigative and court process.
4. Understand victim rights and have knowledge of victim services.
5. Know how to support victims.

Ice Breaker:

(10 minutes)

"Name one of the things you love most about being a parent/grandparent/caregiver". Why?

Glossary:

(10-minutes)

1. *Grooming* - Befriending and establishing an emotional connection with a minor under the age of consent, and sometimes with the child's family, to lower the child's inhibitions sometimes with the intent of sexual abuse.
2. *Sexual Assault* - The term "sexual assault" means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.
3. *Sexual Abuse*- Rape, sexual assault, or sexual molestation. Molestation-sexual assault or abuse of a person, especially a woman or child. Rape-unlawful sexual activity and usually sexual intercourse carried out forcibly or under threat of injury against a person's will or with a person who is beneath a certain age or incapable of valid consent because of mental illness, mental deficiency, intoxication, unconsciousness, or deception.
4. *Restraining Order*- A preliminary legal order sometimes issued to keep a situation unchanged pending decision upon an application for an injunction.
5. *Order of Protection*- A document issued by a judge and signed by a court to help protect an individual from harassment or abuse.
6. *Stalking*- The act of harassing or persecuting someone with unwanted and obsessive attention.
7. *Predator*- One who injures or exploits others for personal gain or profit.

8. Pedophile- A person who is sexually attracted to children.
9. Sexting- The action or practice of sending sexually explicit photographs or messages via mobile phone.
10. Trauma Bonding- Trauma bonding is a type of attachment toward someone who's causing them trauma.
11. Trauma Informed Care Services- An approach in the human service field that assumes that an individual is more likely than not to have a history of trauma.
12. Trauma- Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including service staff.
13. Polyvictimization- Refers to the experience of multiple types of victimization such as sexual abuse, physical abuse, neglect, bullying and exposure to family violence.

Videos and Discussion:

(60 minutes)

Very Young Girls or other film- (get length)

- Response, Q&A w/family advocate from Family Advocacy Center or SACS.
- Anna Salter video, "Predators."
- Response, Q&A w/Forensic Interviewer or clinician from Family Advocacy Center or SACS.
- Family Advocate to provide overview of Non-Offending Caregiver Group-re: how to support child victims, understanding the effects of abuse and assault on child and non-offending caregivers.

Facilitator to share information about related training/certification programs.

Self-Care:

(20 minutes)

Write down on index card: What is a safe space you either recall from your past or in the present?

- Have each person read their card.
- Remind them to keep this card and read in when needed.

(Facilitator can emphasize how parents/caregivers can be and create safe spaces for children).

Action/Practice: What will you do over the next week to heal from sexual violence and/or other trauma?

Closing/Affirmations:
(2 minutes)

Facilitator to write affirmation on white board or newsprint and ask everyone to read aloud.

Session 5. Mental Health



An overview of brain functioning and mental/emotional development in children and adolescents to include education about common diagnoses made in children, suicide prevention and addiction. To be presented within the context of systemic racism and how this affects the environments and other factors that impact mental health.

Session Set up:

Articles/Data Checklist	
Model or Pictures of Parts of the Brain.	
Video/Powerpoint/Handouts: Brain Functioning and Development in Children and Adolescents).	

Supplies Checklist	
Water, Snacks	Pads, Pencils, Pens
Glossary	Anatomically Correct Dolls Representing Different Races/Ethnicities (Red Cross Sells)
Dry Erase Markers and Eraser	Name Tags and Markers
Welcome Signs	Raffle or Door Prizes
List of Questions to Ask Potential Therapists	Crayons, Drawing Materials

Power of Pain Poster		Protective Factors Poster	
Recording Device		Recording Session Release Forms and Waiver/Consent for Children to Participate	
Whiteboard/Large Note Pads		Projector & Screen with Audio Capabilities	

Staffing:

- 2 Facilitators
- 1 Crisis Support Person
- 1 Clinician Presenter
- 2 Child Care Providers
- Interpreters (Spoken and Asl, as Needed)

Instructions:

Staff should arrive 30 minutes before the session starts.

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Start of Session:

Welcome and Introductions:

(10 minutes)

- 2-minute video of parent introducing topic.

Learning Objectives/Goals/Rules:

(5 minutes)

By the end of this session, participants will:

1. Have a basic understanding of brain functioning/development in children and adolescents.

2. Have a basic understanding of common mental health disorders and how they affect children.
3. Have dispelled many myths about mental health.
4. Understand how to select and work with mental health professionals.

Ice Breaker:

(10 minutes)

Each participant will “draw” their emotions re: how are you feeling at this moment? Facilitator affirms and emphasizes that we should accept/validate all of our feelings; that they are all OK and that our feelings change moment to moment.

Glossary:

(10 minutes)

1. Trauma- a deeply distressing or disturbing experience.
2. Obsessive Compulsive disorder (OCD) - A disorder in which people have recurring, unwanted thoughts, ideas, or sensations (obsessions) that lead to compulsive behaviors.
3. Post-Traumatic Stress Disorder (PTSD)- A mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares, and severe anxiety, as well as uncontrollable thoughts about the event.
4. Oppositional Defiance Disorder (ODD)- Oppositional defiant disorder (ODD) is a condition in which your child displays a pattern of uncooperative, defiant, and angry behavior toward people in authority.
5. Attention Deficit Disorder (ADD)- The term commonly used to describe symptoms of inattention, distractibility, and poor working memory.
6. Attention Deficit Hyperactivity Disorder (ADHD)- Term used to describe additional symptoms of hyperactivity and impulsivity.
7. Autism- A serious developmental disorder that impairs the ability to communicate and interact. Disorder impacts the nervous system.
8. Depression- A common and serious medical illness that negatively affects how you feel, the way you think and how you are.
9. Bipolar Disorder- A disorder associated with episodes of mood swings ranging from depressive lows to manic highs.
10. Attachment Disorder- A type of mood or behavioral disorder that affects a person's ability to form and maintain relationships. These disorders typically develop in childhood.

11. Schizophrenia- A serious mental disorder in which people interpret reality abnormally, resulting in delusions, hallucinations and extreme disordered thinking.
12. Anxiety Disorder- A persistent feeling of anxiety or dread which can interfere with daily life.
13. Body Dysmorphia- A mental health condition where a person spends a lot of time worrying about flaws in their appearance.
14. Addictions- The fact or condition of being addicted to a particular substance, thing or activity.
15. Dementia- A general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities.
16. Delusional- A condition characterized by holding false beliefs or judgments about external reality despite incontrovertible evidence to the contrary.
17. Suicidal Ideation- Often called suicidal thoughts or ideas, this is a broad term used to describe a range of contemplations and wishes associated with death and suicide.
18. Trauma Informed Services- An approach in the human services field that assumes a person is more likely than not to have experienced trauma.
19. Dual-Diagnosis- A person with a dual diagnosis has both a mental disorder and a drug or alcohol problem which are co-occurring.
20. Comorbidity- The simultaneous presence of two or more medical conditions in a patient.
21. Problem Sexual Behaviors (in children)- Inappropriate or harmful use of sexual body parts by children, often linked with sexual abuse.
22. Psychologist- A professional who practices psychology and studies mental states, perceptual, cognitive, emotional and social processes and behaviors.
23. Psychiatrist- A medical doctor who specializes in mental health and substance use disorders.
24. Social Worker/Clinician- A person whose job is to help people in a particular area who have social disadvantages or personal problems.
25. Therapist- A person skilled in a particular kind of therapy.
26. Case Manager- A health care professional who serves as a patient advocate to support, guide and coordinate care for an individual or a family.

Brain Development and Functioning:

(30 minutes)

Presentation w/ Q&A on infant, child and adolescent brain development and factors that affect development and functioning. Based upon brain development, help participants understand reasonable expectations of children at various stages of development. Include information on brain injuries.

Mental Health and Illness:

(30minutes)

- Presentation w/Q&A-Definition of mental health/mental illness as relative, depending upon cultural and other factors. Definition/understanding changes with time and trends.
- Causes of mental illness.
- Introduce DSM and common diagnosis made in children.
- Common medications prescribed to children, pros and cons, how to make the decision about giving medications to children.
- How to support and be an ally to people with mental illness.

Discussion:

(20 minutes)

1. Facilitator to pass out cards.
2. Each card names a protective factor for good mental health in children and/or adults.
3. Participants to share how they do or can implement these factors in their lives

Self -Care:

(10 minutes)

Wrap Up-Chair Yoga, Mindfulness/Meditation-find someone to facilitate .

Action/Practice: Practice/Action-What protective factors can you practice over the week to support your mental health?

Closing/Affirmations:

(2 minutes)

Facilitator to write affirmation on whiteboard or newsprint. Participants to read aloud.

Session 6. Effective Parenting



An overview of protective and risk factors for childhood outcomes with introductions to parent training models to enhance protective factors.

Session Set up:

Articles/Data Checklist	
Triple P and Circle of Security Handbooks or Outline.	
Literature on Protective and Risk Factors.	
Video and posters of fathers.	
List of resources for parents' support.	

Supplies Checklist			
Water, Snacks		Pads, Pencils, Pens	
Glossary		Name Tags and Markers	
Dry Erase Markers and Eraser		Raffle or Door Prizes	
Whiteboard/Large Note Pads		Protective Factors Poster	
Welcome Signs		Recording Session Release Forms and Waiver/Consent for Children to Participate	
Power of Pain Poster		Projector & Screen with Audio Capabilities	
Recording Device			

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Staffing:

- 2 Facilitators
- 1 Crisis Support Person
- 2 Child Care Providers
- Interpreters (Spoken and Asl, As Needed)
- Presenter(s) certified in Triple P/ Circle of Security (*Delmarys is PPP trainer and Angie, Family Advocate at FAC, is Circle of Security facilitator*)

Instructions:

Staff should arrive 30 minutes before the session starts.

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Start of Session:

Welcome and Introductions:

(10 minutes)

- 2-minute video of parent introducing topic.

Learning Objectives/Goals/Rules:

(10-15 minutes)

By the end of this session, participants will:

1. Have a basic understanding of child and adolescent development.
2. Understand risk and protective factors.
3. Understand basics of effective parenting.
4. Be knowledgeable of support/resources available to parents and families.

Ice Breaker:

(10 minutes)

Speed meetings - 15 second meetings per each parent couple, asking questions about the children in their lives and about their childhoods:

- How many children do you have? This includes biological and non-biological.
- What other children are in your life?
- How do you feel about children?
- What is your favorite childhood memory?
- What was your favorite childhood game?
- What did you love to do as a child that you still do today?

Report back on practices and actions during previous week: What did you do to support your mental health?

Glossary:

(10 minutes)

1. Corporal Punishment - A form of physical punishment that involves beating or whipping.
2. Discipline - The practice of training people to obey rules or a code of behavior using punishment to correct disobedience.
3. Abuse - To treat repeatedly and consistently with cruelty or violence.
4. Neglect - The state or fact of not being cared for properly.
5. Bonding - The establishment of a relationship or close connection or link with another individual.
6. Positive Rewards - The use of a positive incentive to reward specific behavior.
7. Validation - Recognition or affirmation that a person or their feelings are valid and worthwhile.
8. Supportive/Effective Communication - The support given, both verbal and nonverbal, in times of stress, difficulty and heartbreak.
9. Structure - Providing clear and consistent guidelines as a parent to a child.
10. Predictability/Consistency - Providing a predictable action or outcome.
11. Hovering/Helicopter Parent - A style of parenting in which parents are overly focused on their children.
12. Parentification - Role reversal in which children are expected to act as parents to their parents or siblings.

13. Risk and Protective Factors - Characteristics at the biological, psychological, family, community and cultural level that are associated either with a higher likelihood of negative outcomes (risk) or positive outcomes (protective).
14. Positive Parenting Program (Triple- P) - A parenting and family support system designed to prevent, as well as treat, behavioral and emotional problems in children and teenagers.
15. Self-Control - The ability to control oneself, particularly one's emotions and desires, or the expression of such in behaviors, particularly during difficult times.

Pride and Problems:

(20-25 minutes)

1. Ask each participant to pick a partner. The partner pairs are to discuss what they are most proud of about their parenting and what is the most problematic part of being a parent, grandparent, or caregiver.
2. Each participant should share for two minutes.
3. The facilitator should keep time.
4. The facilitator will call the group together.
5. Each person in the pair should report on what their partner said.
6. The facilitator will note and record similarities and differences on the whiteboard/newsprint.

Protective and Risk Factors:

(15 minutes)

Give examples of protective and risk factors.

Parenting Education Models

Circle of Security and Triple P:

(40 minutes)

Triple P and Circle of Security facilitators will overview the curricula and offer a sample of a training session. They will then inform parents of how they may become a facilitator/trainer in these models.

Parents as Protectors:

(30-40 minutes)

Live panel or video recording of Parent Engagement Work Group members and their children giving real life examples of how to fill their children's lives with protective factors.

Closing:

(7 minutes)

Have the problems been addressed in today's presentations? If not, what other information or support can we provide soon?

Practice/Action: How will you implement protective factors into your parenting this week.

Affirmations:

(2 minutes)

The Facilitator will write an affirmation on the whiteboard or newsprint. Participants will read it aloud.

Session 7. Injury Prevention & Response



An overview of various injury prevention means and methods including seat belt and car seat safety, stop the bleed), fire prevention and response, CPR, poison prevention and response.

Session Set up:

Articles/Data Checklist	
Chart of Height and Weight for Type of Car Seats.	
Stop the Bleed Video.	

Supplies Checklist			
Stop the Bleed Certification cards and Certificates of Completion		Stop the Bleed Packages for Each Participant (Gauze, Tourniquet, Gloves, Masks, Emergency Trauma Dressing, Marker)	
Car seats for various weight and height/types and booster(s)		Child Safety Cabinet Locks (try to get a company to donate-or get from Children's Hospital)	
Smoke Detectors (donation or from Children's Hospital)		Carbon Monoxide Detectors (Donation or from Children's Hospital)	
Adult sized models of limbs for stop the bleed demonstration		Anatomically Correct Dolls Representing Different Races/Ethnicities/Abilities	

Various life-sized dolls and/or real children		Lock boxes, examples of (perhaps gift cards) to get containers for poisonous cleaning materials and medications.	
Water, Snacks		Pads, Pencils, Pens	
Glossary		Six-inch rulers (one for each participant)	
Dry Erase Markers and Eraser		Name Tags and Markers	
Welcome Signs		Raffle or Door Prizes	
List of Questions to Ask Potential Therapists		Crayons, Drawing Materials	
Power of Pain Poster		Protective Factors Poster	
Whiteboard/Large Note Pads		Projector & Screen with Audio Capabilities	

Staffing:

- 2 Facilitators
- 1 Representative from Hartford Fire Department
- 2 Childcare Providers (1 CPR Certified)

Instructions:

Staff should arrive 30 minutes before the session starts.

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Start of Session:

Welcome and Introductions:

(10 minutes)

- 2-minute video of parent introducing topic.

Learning Goals/Objectives/Rules:

(2 minutes)

By the end of the session, participants will:

1. Understand Laws Regarding Child Safety in Vehicles.
2. Know How to Properly Install Child Safety Seats and The Types of Seats Appropriate for Age/Weight.
3. Know How to Control/Manage Severe Bleeding.
4. Know How to Administer Basic First Aid.
5. Know How to Prevent Fires and Respond to Fires.
6. Know How to Prevent and Respond to Poisoning.

Ice Breaker:

(10 minutes)

Yarn Web – Please share a time when someone prevented you from being hurt and who helped you.

Glossary:

(10 minutes)

1. Hemorrhage - Profuse bleeding that is difficult to stop.
2. Bleeding Disorder - A group of conditions marked by difficulty in blood clotting.
3. Hemophilia - A medical condition which limits the blood's ability to clot.
4. Artery - Tubes which convey blood from the heart to the body.
5. Vein - Tubes which convey blood from the body to the heart.

6. Superficial Cut - Cuts which do not involve fat or muscle tissue.
7. Laceration - A deep cut or tear in skin or flesh.
8. Contusion - A region of injured tissue or skin marked by deep bruising.
9. Abrasion - An area of skin tissue damaged by scraping or wearing away.
10. Tourniquet - A device for stopping the flow of blood, typically by compressing the limb with a cord or bandage.
11. Hematoma - A pool of mostly clotted blood that forms in an organ, tissue or body space.
12. Internal/External Bleeding - The condition of extreme bleeding either within the body or within organs (internal) or outside the skin (external).
13. Blood borne infections - Viruses that are carried in the blood, such as hepatitis B or HIV.
14. Concussion - Temporary unconsciousness or confusion caused by a blow to the head.
15. Whiplash - A jerk or jolt that causes injury.
16. Rear and Front facing - Rear facing references car seats that are meant to be attached with the child facing the rear of the car; front facing has the child facing the front of the car.
17. Clot - Coagulation of the blood that results in reduced blood flow.

Demonstration of How to Install a Car Seat:

(20 minutes)

Need to do this session outdoors or in a garage with an actual car.

Include instructions on weight and height requirements for car seats (online information); proper use of car seats (example-don't let babies nap in car seats).

Information about car accidents (close to home, pulling out of driveways), injury and death data.

Safe driving with children-attention to the road, not looking back, yelling, etc.

Safety rules for kids in cars.

Stop the Bleed:

(40 minutes)

Compression demonstration and video. Participants to practice on dolls.

Self-Care:

(10 minutes)

Gentle stretch/exercise for injuries .

First Aid, Fire, Poison:

(60 minutes)

PLEASE SEPARATE THESE QUESTIONS BY CATEGORY (FIRST AID, FIRE OR POISON) TO HELP ASSOCIATE EACH WITH A SEPARATE ACTIVITY).

Use the following list of questions as a pre-post test for participants. At the end, ask them what they have learned.

1. What Is the Good Samaritan Law?
2. What 3 Safety Devices Should Be in Everyone's Kitchen?
3. How Far Should the Smoke Detector Be from Your Stove to Prevent the Detector from Going Off Unnecessarily?
4. How Can You Tell If There Is a Carbon Monoxide Leak in Your Home?
5. What Are Some Ways to Prevent Poisoning of Children?
6. Why Is It Dangerous to Smoke Around Children?
7. Do You Have an Exit Plan for Your Family in Case of a Fire? -Fire Presenter to Address.
8. How Should You Provide CPR For an Infant as Opposed to An Adult? **-Presenter**
9. What Does CPR Stand For? **-Presenter**
10. What Should You Do If Your Clothing Is on Fire? **-Fire**
11. How Many Chest Compressions Per Minute Are Required for CPR For an Adult? -
Presenter
12. How Long Is It Safe to Leave Unrefrigerated Food Out? **-Poisoning Presenter**

First Aid: Presentation by certified First Aid Trainer (CPR, Defibrillator use).

Fire Safety: Presentation by Fire Department-including fire starting as a trauma response. Smoke and Carbon Monoxide detectors-proper use, prevention, and response.

Poisoning: Poisoning Prevention and Response presentation by Fire Department and/or CCMC.

Administer post-test as group activity, asking participants to name what they learned. Give away lock boxes, child safety locks, smoke, and carbon monoxide detectors.

Self-Care:

(10-15 minutes)

Gentle stretch/exercise for injuries.

Action/Practice: How can you improve the safety of your home in the coming week?

Closing/Affirmation:

(2 minutes)

Facilitator to write affirmation on white board or newsprint. Participants to read aloud.

Participants to start planning the self-care retreat at this session. Dedicate a little time to planning the retreat in this and the following sessions. Use this as an opportunity to learn to plan events, using an event planning template. Involve participants in developing the budget, explaining the total amount available for the retreat.

Session 8. Firearm Safety



An overview of data about injuries and death of children by unsafe gun storage and gun violence. Instruction on how to properly secure and use firearms.

Session Set up:

Articles/Data Checklist	
Look for appropriate videos (parent testimony, legislative/advocacy efforts, etc).	

Supplies Checklist			
Water, Snacks		Pads, Pencils, Pens	
Glossary		Target Boards/Bulls Eye with Velcro Darts or Balls	
Dry Erase Markers and Eraser		Name Tags and Markers	
Welcome Signs		Raffle or Door Prizes	
Power of Pain Poster		Protective Factors Poster	
Whiteboard/Large Note Pads		Projector & Screen with Audio Capabilities	

Staffing:

- 2 Facilitators
- 1 Crisis Support Person
- Police Department Representative

Representative From Hartford Communities That Care
Panel Of Parents Affected by Gun Injury and Death of Their Children

Glossary:

(10 minutes)

1. Gun Control - The regulation of the sale and use of firearms.
2. Trigger - A small device that releases a spring or catch, and so sets off a mechanism, often refers to the firing of a gun.
3. Parts of a Gun (Barrel, Gauge, Handle, Etc.) - Refers to the various mechanical parts of a gun - the barrel is the straight firing tube, the gauge is the inner diameter of the gun barrel, the handle is the butt of the pistol.
4. Semi-Automatic/Handguns/Types of Weapons/Rifle/Pistol/Shotguns - A semi-automatic will fire once for each pull of the trigger, an automatic will fire repeatedly with a single pull of the trigger.
5. 3-D Printer - 3-D printers have been used in the production of guns made of plastic parts that are not detectible by magnetometers and other screening devices.
6. Ghost Guns - Ghost guns are unserialized and untraceable firearms that can be bought online and assembled at home.
7. Gun Safe - A secure storage container for firearms that is intended to be child proof.
8. NRA/National Rifle Association - A gun rights advocacy group founded in 1871 that advocates against the passage of laws limiting access to guns.
9. Waiting Period - State laws that establish a set period of time after the purchase of a firearm for the seller and law enforcement to perform a background check on the buyer.

Ice Breaker:

(15 minutes)

Target- Velcro Darts Range:

Depending upon the number of participants, one or more targets are posted on the walls.

- Participants may be divided into teams.
- Each person gets a turn to take 3 shots at the bullseye.
- The "Target"/Bull's Eye is safety.

Panel Session:

(40 minutes)

Panel of parents who have lost children due to gun violence and unsafe storage.

Topics for panel discussion, moderated by facilitator, include:

- Access to guns in community by youth.
- Safety at home.
- Advocacy regarding safer communities.
- Safety Training Resources.

Presentation:

(20 minutes)

Discussion by law enforcement officer about proper gun storage.

Presentation:

(30 minutes)

Discussion by Hartford Communities that Care about organizing efforts to decrease gun violence in Hartford.

Action/Practice: With whom will you share what you learned about gun safety over the next week?

Closing/Affirmation:

(2 minutes)

Facilitator to write affirmation on white board or newsprint. Participants to read aloud.

Session 9. Disability



Awareness and knowledge increasing information and motivation regarding disability bias, how it affects children, education, employment and other civil rights of children and parents with disabilities, knowledge of disability rights resources.

Session Set up:

Articles/Data Checklist	
Copies of Disability Rights CT Resource Guide.	
Regina's Disability Bias PowerPoint Presentation (edit CDC project version for parents).	
Videos	

Supplies Checklist			
Water, Snacks		Pads, Pencils, Pens	
Glossary		Whiteboard/Large Note Pads	
Dry Erase Markers and Eraser		Name Tags and Markers	
Welcome Signs		Raffle or Door Prizes	
Power of Pain Poster		Protective Factors Poster	
Recording Device		Recording Session Release Forms and Waiver/Consent for Children to Participate	

Projector & Screen with Audio Capabilities			
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Staffing:

- 2 Facilitators
- 1 Crisis Support Person
- 1 Representative from Hartford Parent University
- 1 Representative from Hartford Public Schools
- 1 Disability Rights Ct Representative

Instructions:

Staff should arrive 30 minutes before the session starts.

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Start of Session:

Learning Objectives/Goals/Rules:

(2 minutes)

By the end of the session, participants will:

1. Have increased knowledge of how disability affects children in communities of color and the intersectionality of ableism and racism.
2. Be aware of the rights of children and adults with disabilities, including their educational rights.
3. Have re-examined societal assumptions about disability.
4. Be aware of advocacy and support resources for children and families.

Ice Breaker

(10 minutes)

Finding five things-

- Facilitator lists five things that each participant is asked to find on themselves.
- They get prizes for each thing found.
- “Triple Cripples” video one sentence response from each participant.

Glossary:

(10 minutes)

1. Disability/Disabled; not crippled or handicapped - A physical or mental condition that limits a person's movements, senses, or activities.
2. Visible/Apparent Disability - Visible disabilities are those that are apparent to the naked eye.
3. Lupus - A chronic disease that causes inflammation and pain in the body caused by the immune system attacking tissues and organs.
4. The Spectrum - Refers to the specific set of behavioral and developmental issues and challenges associated with autism spectrum disorder (ASD).
5. Autism/Autistic - A neurodevelopmental condition of variable severity with lifelong effects that can be recognized from early childhood, chiefly characterized by difficulties with social interaction and communication and by restricted or repetitive patterns of thought and behavior.
6. Cerebral Palsy - A condition marked by impaired muscle coordination (spastic paralysis) and/or other disabilities, typically caused by damage to the brain before or at birth.
7. Multiple Sclerosis - A chronic, typically progressive disease, involving damage to the sheaths of the nerve cells in the brain and spinal cord, whose symptoms may include numbness, impairment of speech and of muscular coordination, blurred vision, and severe fatigue.
8. “Challenged” - A person who is impaired or disabled in a specific respect.
9. Special Needs - With reference to school students, particular educational requirements arising from physical or intellectual disability or behavioral difficulties.
10. Americans with Disabilities Act (ADA) - A civil rights law that was enacted in 1990 that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation, and all public and private spaces that are open to the general public.
11. Sign Language - A system of communication using visible gestures and signs, as used by deaf and hearing-impaired individuals.
12. SSI-Disability - A legal Social Security Administration definition of disability that is defined as the inability to engage in any substantial gainful activity (SGA) by reason of

any medically determinable physical or mental impairment(s) that are 1) expected to result in death or 2) has lasted or is expected to last for a period of twelve months.

13. Medicare/Medicaid - Medicare is federal health insurance for anyone aged 65 and older, and some people under 65 with certain disabilities or conditions. Medicaid is a joint federal and state program that gives health coverage to some people with limited income or resources.
14. Mobility Devices - Mobility devices are support canes, walkers, crutches, wheelchairs, scooters, or other devices, which may be necessary for pedestrians with disabilities.
15. Intellectual Disability; not Retarded - A disability that affects the acquisition of knowledge or skills, in particular any of various neurodevelopmental conditions affecting intellectual processes, educational attainment, and the access of skills needed for independent living and social functioning.
16. Mute; not dumb - A person who doesn't use verbal speech, often referring to individuals who are deaf, hard of hearing, or those who have speech disabilities.

Discussion Session:

(60 minutes)

1. What are the words you heard in your culture regarding disability?
2. Discuss objectifying people.
3. Do label exercise.
4. Can you think of positive words to associate with disability?
5. Facilitator will suggest words like prosperous, independent, business owner, athlete? In other words, the same expectations that an able-bodied person should have for their life.

How Disability Affects our Communities

- Open discussion-ask participants if they identify as having a disability and to discuss how their own disabilities and those of loved ones affect their lives, why?
- Facilitator to share data about disproportionate frequency of disability in communities of color and queer communities, unemployment rate, poverty rate, rates of institutionalization, etc.
- Facilitator to emphasize societal bias and lack of accessibility as a problem, not the disabilities of people.

Action/Practice: What can you do this week to help you see people with disabilities as powerful and capable?

Closing/Affirmation:

(2 minutes)

Facilitator to write affirmation on white board or newsprint. Participants to read aloud.

Close out instruction.

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