Mandatory Reporting and Keeping Youth Safe

Webinar
May 3, 2013
3:00 p.m.–4:30 p.m. EST

U.S. Department of Health and Human Services
Administration for Children, Youth and Families
Family and Youth Services Bureau
Adolescent Pregnancy Prevention Program

RTI International is a trade name of Research Triangle Institute.

Suggested Citation

- Broner, N., Embry, V. V., Gremminger, M. G., Batts, K., & Ashley, O. S. (2013, May). *Mandatory reporting and keeping youth safe*. Washington, DC: Administration on Children, Youth and Families, Family and Youth Services Bureau.

RTI International Presenters

- Nahama Broner, PhD
- Venita Embry, MPH
- Merissa Gremminger, MSW

Learning Objectives

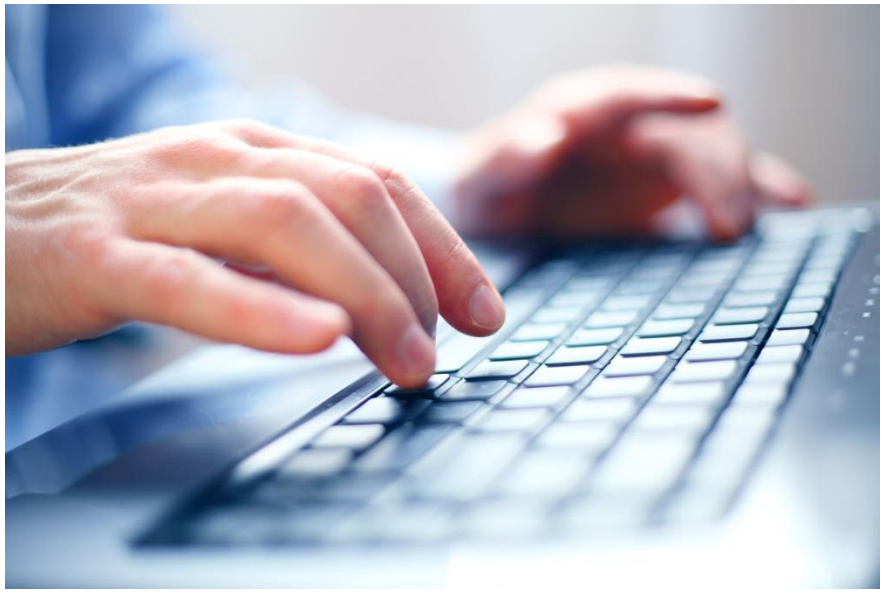
- By the end of this Webinar, participants will be able to
  - describe the prevalence of child abuse and neglect, imminent harm, sexual coercion, teen dating violence, and statutory rape and recognize the signs of incidents that may require mandatory reporting;
  - identify resources to help determine whether reporting is mandatory, who is required to report, and how reporting should occur; and
  - identify strategies to aid in speaking with youth and their families about mandatory reporting and resources for youth and their families.

Webinar Agenda

- Framing the Problem
  - Rates and Risks
  - Myths and Facts
  - Recognizing the Signs
- Mandatory Reporting
  - Overview of State Laws and Tribal Community Guidelines
  - Mandatory Reporters
  - Developing Proper Guidelines
- Reporting Steps
  - Resources

Webinar Interactive Options

- Polling
- Chat (questions, answers, ideas, and comments)
- Questions and comments by phone



Framing the Problem

Introduction

- Many children and youth experience traumatic and other life events that influence their safety and participation in your programs.
- Those who work with children and youth may have an obligation under their state or Tribal community laws to officially report incidents.
- Although there are clear laws about responsibility to report some types of situations, there are many challenges that require training.
- This Webinar will provide information and resources as well as the opportunity to discuss these challenges.

Poll: Teen Dating Violence

- Which factors increase risk for harming a dating partner?
  - Spending time with violent peers
  - Having multiple sexual partners
  - Having learning difficulties
  - Being exposed to inconsistent discipline
  - All of the above

(Foshee & Matthew, 2007)

Poll: Suicidal Ideation

- Over the past year, what percentage of high school students seriously considered suicide?
  - 1%
  - 5%
  - 12%
  - 16%

(CDC, 2012)

Poll: Statutory Rape

- True or false: Sexual intercourse with someone younger than the age of consent is always illegal, no matter how old the perpetrator is.
  - True
  - False

Poll: Sexual Coercion

- True or false: Internet sex crimes involving adult offenders and teens most often involve an adult lying about their age (telling the youth that they are the same age) and concealing their intention to engage in sexual activity.
  - True
  - False

(Wolak, Finkelhor, & Mitchell, 2007)

How Common Are These Events?

	National Estimates	In a School of 1,000 Students…
Maltreatment: Neglect, Physical abuse, Sexual abuse	9.1 per 1,000 youth were unique victims of maltreatment (2011)	Many students have or will be maltreated
Teen Dating Violence: Reports of being purposefully hit, slapped, or physically hurt by a boyfriend or girlfriend	9% of high school students during the past year (2011)	90 students have experienced physical teen dating violence victimization during the past year
Suicide: Had considered attempting suicide	16% of high school students during the past year (2011)	160 students had considered attempting suicide in the past year
Suicide: Had attempted suicide	8% of high school students (2011)	80 students had attempted suicide in the past year
Statutory Rape and Sexual Coercion	Unknown	Unknown

(DHHS, 2012; CDC, 2012a; Glosser, Gardiner & Fishman, 2004; Love is Respect, 2013)

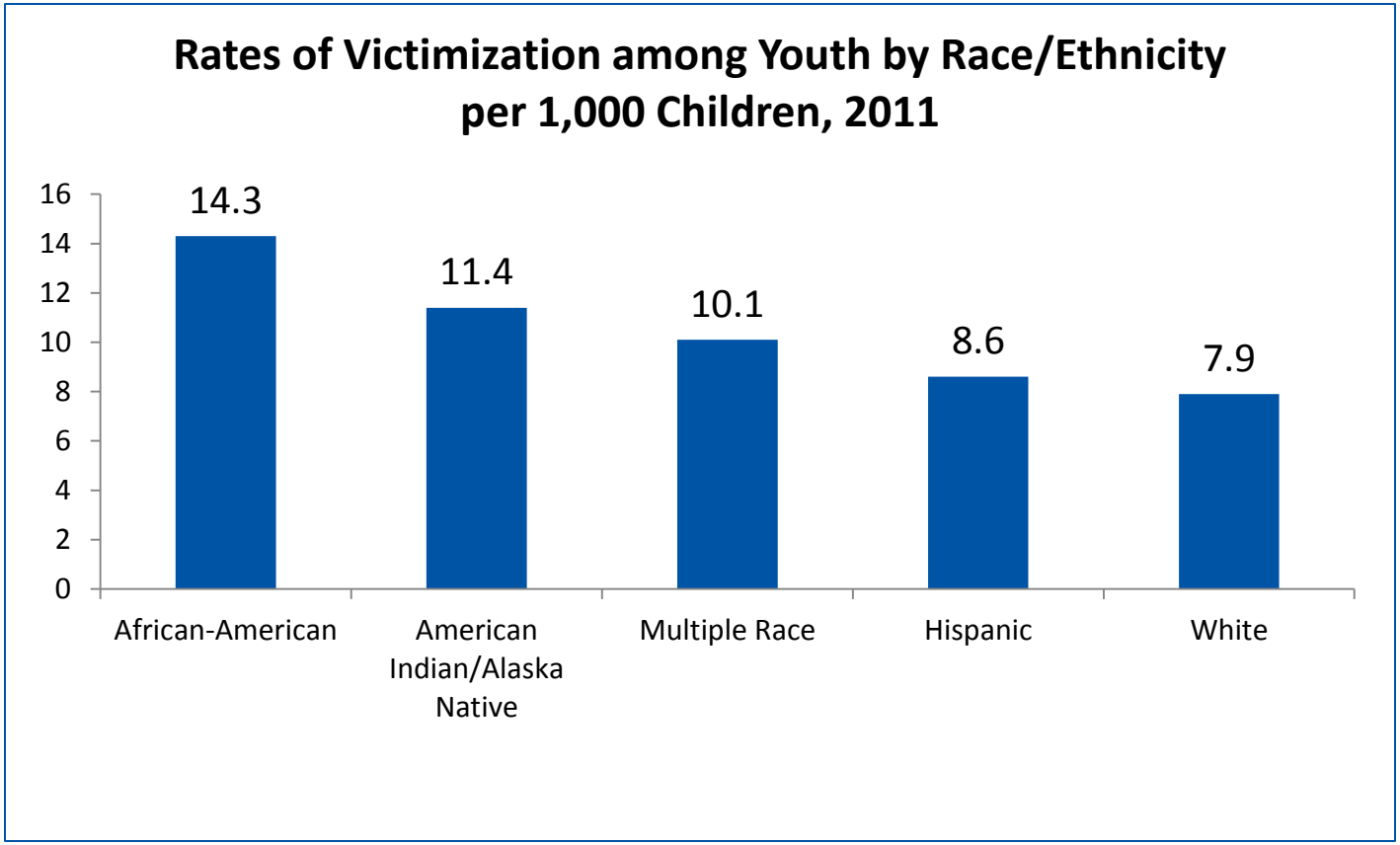
Child Maltreatment : Who is Most At Risk?

- In 2011, there were 676,569 unduplicated victims of child maltreatment identified by Child Protective Services
  - 78.5% of victims were neglected, 17.6% were physically abused, 9.1% were sexually abused, and 8.9% experience psychological maltreatment.
  - Of those sexually abused, almost half (48.1%) were 12 to 17 years old.

- Maltreatment is high among youth with disabilities (intellectual disability, emotional disturbances, visual or hearing impairment, learning disability, physical disability, behavioral problems, or other medical problems).
  - 11.2% of all victims of sexual abuse had a reported disability (n = 58,548).

(DHHS, 2012)

Child Maltreatment: Who Is Most at Risk?



(DHHS, 2012)

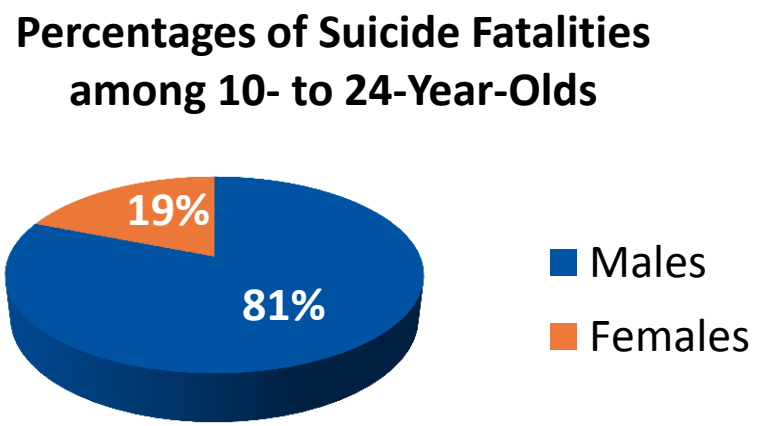
Teen Dating Violence

- About 72% of 8th and 9th graders are “dating.”
- Females between the ages of 16 and 24 experience the highest rates of intimate partner violence—almost triple the national average.
- Note to facilitators: Only 33% of teens who were in a violent relationship ever told anyone about the abuse.

(CDC, 2012; Love is Respect, 2013)

Suicide: Who is Most at Risk?

- Suicide is the third leading cause of death for 10- to 24-year-olds



- Native American and Alaska Native youth have the highest rates of suicide-related fatalities
- Girls are more likely than boys to report attempting suicide.
- Hispanic youth are more likely to report suicide attempts than their black and white, non-Hispanic peers.

(CDC, 2012a; CDC, 2012c; SAMHSA, 2012)

Suicide: Who is Most at Risk? (cont.)

- One of the strongest predictors of suicide is a prior attempt
- Some other factors that increase risk for suicide are:
  - Environmental/Family/Adverse Events: Access to weapons/"lethal means", stressors like bullying, teacher-student conflict, **childhood maltreatment** and family crisis (e.g., divorce, death, becoming homeless).
  - Risk behaviors: Violence, extreme risk taking, alcohol and other drug use.
  - Behavioral health and family history: Mental health problems, low self-esteem, poor problem-solving/coping behaviors, and history of family mental illness and suicide.

(SAMHSA, 2012)

Suicide: Who is Most at Risk? (cont.)

- For an example of youth suicide prevention resources see the toolkit and guide developed by Substance Abuse and Mental Health Services Administration (SAMHSA)
  - Preventing Suicide: A Toolkit for High Schools (curriculum, checklists and other resources)
  - Guide to suicide prevention for American Indian & Alaska Native Youth

(SAMHSA, 2010a; SAMHSA, 2010b)

Myths and Facts

- Myth: It is only maltreatment if it is violent
  - Fact: Neglect, emotional abuse, sexual coercion, and statutory rape often occur without physical violence or leaving marks.
- Myth: The most common form of maltreatment suffered by youth at home is sexual abuse.
  - Fact: The most common form of abuse is neglect, followed by physical abuse, *then* sexual abuse.
  - Fact: Most children who are maltreated experience more than one type of abuse and more than one abuse event.
- Myth: Most abuse is carried out by men, especially fathers.
  - Fact: Maltreatment is more likely to be carried out by mothers, not fathers.

(DHHS, 2012; Child Matters, 2012)

Myths and Facts about Disclosures

- Myth: Child maltreatment only happens in lower-income or rural families.
  - Fact: Child maltreatment happens across all socioeconomic groups, and it happens in urban and rural environments.
- Myth: Dating violence is always males hurting their girlfriends.
  - Fact: Females can be perpetrators to their male partners, and dating violence occurs in same-sex relationships.
- Myth: Youth usually tell someone that they are being abused or thinking about suicide.
  - Fact: Most youth do not tell. Shame or fear that others will blame the victim or will not believe reports of abuse prevent many from speaking out.
  - Fact: Most youth do not tell an adult about suicidal thoughts or plans; some youth will tell their peers.

(DHHS, 2012; Child Matters, 2012)

Recognizing the Signs: An Example

- Kendra, a student in 9th grade, began lingering around the classroom after school each day. Her teacher had noted that over the past few weeks, Kendra was turning homework in late or not at all. She was also more disruptive during class, talking out of turn, and arguing with the teacher. Kendra began complaining to her teacher about how her parents argue all the time. When asked about the bruise that appeared on her face one day, she insisted that it was the result of "bumping into a door." The teacher suspected otherwise because of the location of the bruise and Kendra's troublesome behavior, but chose not to act. It was not until Kendra began vomiting several months later and was doubled over in pain that the situation came to anyone's attention. It was discovered that Kendra had internal injuries from a severe blow to the abdomen. The girl finally admitted to the teacher the months of physical abuse she received from her mother.

(Reyome & Gaeddert, 1998)

Recognizing the Signs: Another Example

- Derrick, age 15, started attending the Teen Outreach Program (TOP®) held after school at the onsite school health center. Several months into the program, the facilitator learned that Derrick lived with his parents who were alcoholic. Derrick's attendance started suffering as he began spending most of his free time caring for his four younger siblings. Repeated calls to his parents did not remedy the problem. Derrick began sleeping at friends' houses. Often, when the facilitator called to find out why Derrick was not there, his mother had not seen him for several days. Finally, the boy disappeared, and only rumors from some of the other participants in his TOP® club gave any indication about his whereabouts.

(Reyome & Gaeddert, 1998)

Recognizing the Signs

	Common Signs
Physical Abuse	• Has unexplained bruises, burns, bites, broken bones, or black eyes • Has fading bruises or other marks after extended absence from program/school • Reports injury by parent or another adult caregiver
Emotional Abuse	• Shows extremes in behavior, such as overly compliant or demanding behavior, extreme passivity, or aggression • Is delayed in physical, emotional, or intellectual development • Has attempted suicide
Sexual Abuse	• Demonstrates bizarre, sophisticated, or unusual sexual knowledge or behavior • Suddenly refuses to change for gym or to participate in physical activities • Reports sexual abuse by parent or another adult caregiver
Neglect	• Is frequently absent from school • Abuses alcohol or drugs • Is consistently dirty and has severe body odor

Recognizing the Signs: Another Example

- Josh, a junior, had been on the school basketball team until 2 months ago. After he quit the team, Josh started isolating himself from his regular group of friends. Josh started coming to school with dark circles under his eyes, his hair unwashed and his clothes unclean. Josh's health teacher suspected he was drinking alcohol and possibly using other drugs. Until recently, Josh had maintained a high GPA, but his grades were slipping. On a Friday afternoon, during a journaling activity for his health class, Josh wrote about how meaningless life is and that it would be easier to just simply end it than to continue living.

(Reyome & Gaeddert, 1998)

Recognizing the Signs

	Common Signs
Suicidal Ideation	• Talking and writing about wanting to die, to kill oneself, feeling hopeless or having no reason to live • Exhibiting obvious behavior change (e.g., withdrawing, acting anxious, displaying extreme mood swings) • Making plans or preparations for a potentially serious attempt
Intimate Partner Violence	• Making excuses for dating partner's behavior • Dating partner insisting on escorting youth to and from class • Exhibiting changes in behavior such as becoming passive or quieter than usual
Other Imminent Harm	• Getting in serious physical fights with peers or family members • Threatening violence • Possessing and/or using a weapon

Not All Signs Are Obvious: Be Aware of Subtle Signs

- Maltreatment and dating violence may not have visible signs of injury; suicide intent may not be communicated. Pay attention to changes in the youth's behavior and appearance.
  - **Abuse/Neglect:** Youth appears frightened of caregiver, overly clinging to caregiver or does not want to go home.
  - **Abuse/Neglect:** Youth is frequently absent from school or is consistently dirty and has noticeable body odor.
  - **Suicide:** Youth expresses hopelessness (no reason for living, no sense of purpose in life).
  - **Suicide:** Youth shows recklessness or increase in risky behavior.
  - **Suicide/Maltreatment:** Youth increases alcohol or other drug use.
  - **Teen Dating Violence:** Partner checks youth's cell phone or e-mail without permission.
  - **Teen Dating Violence:** Partner shows extreme jealousy or insecurity.
  - **Teen Dating Violence:** Partner isolates youth from family or friends.

(Child Welfare Information Gateway, 2007)

Mandatory Reporting

Overview: General Guidelines

- Although regulations regarding mandatory reporting vary from state to state, there are general guidelines that typically apply.
  - A report must be made when the reporter, in his or her official capacity, suspects or has reason to believe that a child has been abused or neglected.
  - A report must be made in cases in which the reporter has knowledge of or observes a child being subjected to conditions that would reasonably result in harm to the child.
- The Administration for Children and Families maintains a list of state agencies designated to receive and investigate reports of suspected child abuse and neglect. https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082

(Child Welfare Information Gateway, 2013a)

Overview: State Laws

- Most states have laws requiring mandatory reporting of child abuse or neglect.
  - Different states have different requirements about what must be reported. The Child Welfare Information Gateway provides a list of mandatory reporters for each state and their individual statutes in the guide, Mandatory Reporters of Child Abuse and Neglect
  - For example, in Vermont, a report must be made when the reporter suspects that (1) a person responsible for a child's welfare has harmed or is harming the child by physical injury, neglect, medical neglect, emotional maltreatment, or abandonment; (2) a person responsible for a child's welfare has placed the child at significant risk of serious physical harm; (3) anyone has placed a child at significant risk of sexual abuse; or (4) anyone has sexually abused a child.

(Vermont Department for Children and Families, 2013)

Overview: State Laws (cont.)

- There is also some variation between states in terms of what constitutes sexual assault or statutory rape. You can learn about reporting regulations in your state by using the Department of Health and Human Services link to their Guide to State Laws and Reporting Requirements.
  - California: Youth < 18 unable to consent to sex unless he or she is married to the defendant; mandatory reporting for "reasonable suspicion", however, reporting is complicated by differing age caveats for consensual sexual activity.
  - Florida: Mandated reporters are only required to report suspected abuse by parent, legal guardian, or caregiver.
  - Some states' definitions of child abuse are broad enough to include dating abuse by similar-aged partners.

(DHHS, n.d.)

Overview: Tribal Communities

- There is also some variability between Tribal communities' guidance concerning what must be reported.
  - For example, the Coquille Indian Tribal Code states:

    "Although any person may report suspected abuse or neglect, a public or private official who has reason to believe that a child with whom the official comes in contact has suffered abuse or observes the child being subjected to conditions or circumstances which reasonably would result in abuse, or that any person with whom the official comes in contact has abused a child shall report, no later than within 24 hours, the conditions or circumstances to local law enforcement or Social Services."
- If you are working with youths from a Tribal community, learn what the mandatory reporting guidelines are for that Tribe.

(Coquille Indian Tribal Code, 2009)

Overview: State Laws and Tribal Guidelines for Suicide Risk

- There is no Federal law that mandates reporting for suicide risk and thus each state has their own laws with regard to whether reporting is required, who is required to report and what the process is for reporting.
  - Some professions may have rules that govern their licenses and thus are required to report—again this varies by state—but may include medical professionals, mental health professionals, teachers/schools, law enforcement, among others.
  - Confidentiality laws also vary by state in terms of when parental consent must be attained; imminent risk waves parental consent in most states.
  - Some states like Washington and Texas are mandating suicide prevention programs in schools.
- Given high rates of suicide among Tribal communities, there are a number of initiatives that are focusing on suicide prevention, but reporting requirements vary by Tribal community.

Overview: Other Behaviors of Concern

- Some behaviors of concern may not be reportable:
  - alcohol or other drug use,
  - bullying, or
  - intimate partner violence/teen dating violence/ARA.
- What can/should be done in these cases?
  - A private conversation should be arranged with the youth.
    - Learn the guidelines of your agency regarding steps
  - Various resources can be offered/referrals can be made:
    - local treatment resources,
    - advocacy organizations (e.g., National Alliance for Mental Illness, NAMI),
    - hotlines,
    - public health services, and
    - printed materials.

Who Is a Mandatory Reporter? State Laws (cont.)

- Different states have different requirements concerning who is a mandatory reporter.
- For example, in Arizona, the following people are mandatory reporters: physicians, physician's assistants, optometrists, dentists, behavioral health professionals, nurses, psychologists, counselors, social workers, peace officers, members of the clergy, priests, Christian Science practitioners, parents, stepparents, guardians, school personnel, domestic violence victim advocates, and any other person who has responsibility for the care or treatment of minors

- You can learn about who are mandated reporters in your state by visiting Mandatory Reporters of Child Abuse and Neglect, included in the Resources list at the end of this Webinar.

(Child Welfare Information Gateway, 2013a)

Who Is a Mandatory Reporter? Tribal Community Guidelines

- Tribal guidelines also vary with regard to who is a mandatory reporter.
- For example, the Coquille Indian Tribal Code states that public and private officials who believe a child they work with has been abused or is in circumstances that will lead to harm must report; however, a psychiatrist, psychologist, clergyman, or attorney shall not be required to report if such information was obtained under privilege.
- If you are working with youths from a Tribal community, learn what the guidelines in that Tribe are for who is a mandatory reporter.

(Coquille Indian Tribal Code, 2009)

Training

- Train all levels of staff
  - Frontline, supervisory, and administrative
- Available trainings
  - State governments
  - Universities
  - Nonprofit organizations
  - Tribal entities

Purpose of Training

- Teach frontline staff, supervisors, and administrators *when* to report.
- Teach what *types* of information will be required to make a report.
- Teach proper responses to youth during a disclosure.

Let's Hear from You

- Who among you has had the experience of needing to report to your state or other authority about a youth with whom you are working or teaching?
  - What types of information did you need to report?
  - To whom did you need to make the report?
  - What challenges did you face in the process?

Developing Proper Protocols

- Proper protocols must be in place for dealing with situations where information regarding possible harm of a youth is revealed or observed.
  - Develop a checklist for staff that enumerates indicators of neglect or physical, emotional, or sexual abuse.
    - An example of this type of checklist list is available in Appendix D of the publication, *The Role of Educators in Preventing and Responding to Child Abuse and Neglect*, included in the Resources list at the end of this Webinar.
    - Develop a checklist for suicide risks and reporting for example see Preventing Suicide: A Toolkit for High Schools
  - Establish a forum for discussing whether the situation meets criteria for being reported.

(Office on Child Abuse and Neglect, Children's Bureau, Caliber Associates, & Crosson-Tower, 2003)

Developing Proper Protocols: Reports

- Create a report template for documenting the necessary information.
  - Often both verbal and written reports are required.
  - Having the information organized will make the verbal report easier.
  - Most written reports require the same basic information: the youth's name, age, and address; the name(s) and address(es) of parent(s); the name and address of the alleged abuser; and an explanation of why it is believed that abuse has occurred.
  - A copy of a sample report template is available in Appendix F of the publication, *The Role of Educators in Preventing and Responding to Child Abuse and Neglect*.

(Office on Child Abuse and Neglect, Children's Bureau, Caliber Associates, & Crosson-Tower, 2003)

Developing Proper Protocols: Staff Supervision

- Establish a protocol for providing supervision of staff through the reporting process. This should include
  - providing clear documentation for youth and their parents or guardians at the beginning of program participation about the limits of confidentiality assurances;
  - training staff on the proper procedures for recognizing signs of neglect, abuse, suicidality, or homicidality, and reporting requirements;
  - establishing a working relationship with your local child protective service unit to understand the reporting process;
  - informing parents/guardians, when appropriate; and
  - documenting information for the report.

Develop a Checklist of Information for Staff

- The checklist should include
  - local numbers for child protective services and law enforcement;
  - national child abuse hotlines, such as the Childhelp National Abuse Hotline (1-800-422-4453 or http://www.childhelp.org);
  - school or agency reporting policy and procedures, including personnel (school counselors or social workers) who can support staff and youth; and
  - instructions to call 911 or other appropriate authorities if staff are concerned about immediate safety and a supervisor or designated, trained medical or mental health professional is unavailable.

Let's Hear from You

- What are some mandatory reporting trainings you have attended?
- Would you like to share any resources?

Reporting Steps

Program Participation Agreements and Confidentiality

- What agreements do you have with youth for their participation in your program?
  - Do youth sign an agreement regarding program rules?
  - Do their parents/guardians sign agreements on their behalf?
  - Do parents/guardians sign agreements permitting their children to be in the program?
  - Do parents/guardians receive program information about confidentiality?
  - Does your program give participants information about what *is* and *is not* confidential?

The Confidentiality Statement

- Confidentiality statements should be in writing and verbally reinforced.
- Confidentiality statements let program participants know what information will and will not be shared or reported.
  - Confidentiality statements say who will share the information and what the process is.
  - Confidentiality statements are fundamental to creating trust with participants.
- These are examples of verbally reinforcing the confidentiality statements:
  - "If you tell us how you feel about your family or friends, we will not share that with your parents or others."
  - "But there is always a risk that other group members may repeat what you say in a group meeting."
  - "If you tell us or we learn that you are in immediate danger of hurting yourself or another, we are obligated to inform authorities."

Limits to Confidentiality

- Clear rules about the limits of confidentiality—what information is and is not confidential—help guide staff and are an important part of training.
- Confidentiality guidelines help staff know what they can promise about confidentiality and go a long way to establishing trust.
- Since communication is not always clear in programs, well-defined confidentiality parameters and procedures are helpful to staff.
- Confidentiality guidelines also
  - protect youth, families, and your program; and
  - model clear boundaries and appropriate actions, something that is important to vulnerable youth and their families.

Establishing Confidentiality Guidelines

- Make sure your written confidentiality statement specifies the kinds of information and behaviors that will be reported.
- Ensure that youth and families receive the confidentiality statement upon entering your program.
  - The statement should describe what the process is if you are required to report (e.g., notifying your supervisor who determines the need to contact authorities or child welfare).
- Give occasional verbal reminders to youth about what is and is not confidential.
- Make sure youth have resources to contact about maltreatment, mental health, and strategies to handle teen dating violence and bullying
  - Have pamphlets or other materials available in case youth want to review information on their own before engaging in discussion.

Policy and Procedure for Reporting

- Be sure your program or institution has a written policy and procedure for reporting and that all staff are familiar with it.
- Your reporting policy and procedure should
  - identify what types of information and behaviors must be reported;
  - specify a timeline for reporting;
  - list who is in the reporting chain—*who you report to*—and what decisions each person has to make;
  - identify the authorities to receive the report, their contact information, and the type of information to be reported;
  - include protocols about notifying parents/guardians; and
  - include an incident report form for the reporter to complete.

Steps for Reporting

A youth tells you of, or alludes to, some maltreatment that they received, or that they are in immediate danger of hurting themself or another person.

- **1.** Refrain from asking probing questions
  - Instead, listen and give the youth the opportunity to talk.
  - If possible, be sure you are in a place that allows the youth to talk freely (e.g., a vacant office) and remain calm.
  - Take notes while the youth is speaking or immediately after.
- **2.** Always report to a supervisor
  - Refer to your program's policy and procedure for reporting.
  - Identify who you are to report to and report right away.
  - Discuss this matter only with people directly involved in the reporting process.
  - Do not tell coworkers or other program participants.

Steps for Reporting

- **3.** Take action based on the nature of what is reported and the laws of your state and procedures of your institution.
  - Maltreatment: You or your supervisor may be required to report to children's services within a specified timeframe or request a welfare check whereby police are authorized to enter the youth's residence.
  - Imminent risk to self or others: Call 911.
  - Drug and alcohol or teen dating violence: There may not be clear reporting requirements. The person at the appropriate level in the reporting chain should decide how to proceed.
- **4.** Have community resources materials, hotlines, and service referral sources available.

After Reporting

- 5. Document all encounters and information relating to your report after it is made.
  - Your records may become a valuable part of proceedings that result from the situation.
- 6. Be mindful of the impact of reporting.
  - If the abuser is in the home, the youth should be careful about what materials they bring home.
  - After reporting, the youth's safety needs to be ensured.

A list of state reporting requirements can be found at

https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082

Resources for Youth and Parents: Examples

- Teen dating violence
  - National Dating Abuse Helpline: 1-866-331-9474 or TTY 1-866-331-8453.
    - Online support at www.loveisrespect.org through the live chat feature.
    - Text "loveis" directly to 77054 to begin a text chat with an advocate.
- Suicide
  - Nat'l Suicide Prevention Hotline: 1-800-273-TALK (8255) or http://www.suicidepreventionlifeline.org
  - 1-800-SUICIDE
- Sexual coercion or sexual assault
  - http://www.rainn.org/
- Maltreatment
  - Recognizing abusive behavior in yourself http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm
  - Hotline: 1-800-422-4453; www.childhelp.org

Resources for Youth and Parents: Examples (cont.)

- Mental health
  - Navigating the Teen Years: A Parent's Handbook for Raising Healthy Teens http://store.samhsa.gov/shin/content//SMA10-4547/SMA10-4547.pdf
  - Teens Health, a Website designed for both teens and parents to learn about mental health, sexual health, drugs and alcohol and staying safe http://teenshealth.org/teen/
- Substance abuse
  - How to Prevent Drug Use at Every Age http://theparenttoolkit.org/topic/age-by-age-advice
  - Addiction hotline was created to help Parents, Teens, Husbands and Wives, Friends or Family get help anytime day or night with one easy to use phone number (855) 937-7342
- National Parent Helpline
  - 24 hour hotline for parents to receive emotional support from a trained advocate http://www.nationalparenthelpline.org/; 1-855-4A-PARENT

Potential Difficulties Staff May Face

- You fear that the report will anger the parent.
  - Sensitively present your desire to help the child, not punish the parent.
  - Use as an opportunity to connect the parent with additional resources.
  - Remind the parent of the process.
- The perpetrator is someone you know well or respect.
  - All children are protected by the law, no matter the circumstances.
- You are concerned the youth will no longer trust you.
  - Let the youth know the project will continue to be available to him or her.
- You worry about the negative media attention after reporting.
  - Make sure there is a documented crisis plan, training plan, reporting plan, and parental consent in place and paperwork is documented.
- You worry about your colleagues' reactions.
  - Importance that all staff are trained, buy-in attained, and there is open communication between front-line and supervisory/management staff.

Let's Hear from You

- Scenario 1
  - You are delivering an after-school teen pregnancy prevention program at a local community based organization to 7th and 8th grade students. A participant asks to talk with you after the session and starts to talk about a friend having some sexual contact with someone who is older.
  - How do you respond?

Let's Hear from You

- Scenario 2
  - You deliver a teen pregnancy prevention program to high school students. While coming to work one day you notice one of your 15-year-old students getting out of a teacher's car about a block from the school. When you mention it to the student, he gets a little flustered and struggles to find an appropriate answer. After a few moments, he says that he is in love with the teacher. You suspect the student and teacher are having an intimate relationship.
  - How do you respond?

Let's Hear from You

- Scenario 3
  - Shanna is a 13-year-old participant in your teen pregnancy prevention program. After a session during which you discuss healthy relationships, she asks to talk with you. She tells you that her boyfriend, another participant in your program, had been pressuring her to have sex, even though she didn't want to. Last week he told her he was getting tired of waiting, and he went ahead and had sex with her even though she didn't want to.
  - How do you respond?

Conclusions

- **Rates**
  - Maltreatment, teen dating violence, sexual coercion, and suicide risk may be more common than expected. Be prepared!
- **Recognize the signs**
  - *Train all levels of staff* to identify verbal and nonverbal behaviors.
  - *Seek out resources* that identify signs and symptoms of violence, neglect, or imbalance in power in relationships, and risks for suicide.
  - *Take disclosures seriously*, including disclosures of suicidal thoughts, bullying, intentions to harm others, dating violence, abuse by a caretaker, or neglect.
- **Mandatory Reporting**
  - Learn your state's reporting laws or Tribal community guidelines.
  - Know what events and behaviors have to be reported, to which agencies, and by whom.
  - Develop checklists and protocols to document incidents and ensure staff oversight and training.

Conclusions (cont.)

- **Reporting**
  - Develop confidentiality protocols and agreements with youth and their families.
  - Make sure the written protocols, supervisory structure, and agency, child welfare, police, and mental health resources are in place.
  - Make sure you have the resources for youth and family identified and available.
  - Make sure staff training is in place and training schedule and protocols are documented.
  - Plan out the steps: recognizing a problem, contacting your supervisor, speaking with youth and their family, reporting or contacting emergency services, and following reporting.

Questions and Comments

Resources

- Break the Cycle & the National Dating Abuse Helpline. (n.d.). *If you don't want to, you don't have to: Info about sexual coercion*. Available at http://www.loveisrespect.org/if-you-dont-want-to-you-dont-have-to-sexual-coercion
- Centers for Disease Control and Prevention. (2010). Youth risk behavior surveillance—United States, 2009. *MMWR, Surveillance Summaries 2010; 59*(5), 1–148. Available online at http://www.cdc.gov/mmwr/pdf/ss/ss5905.pdf
- Centers for Disease Control and Prevention. (2012a). Youth risk behavior surveillance—United States, 2011. *MMWR, Surveillance Summaries 2012; 61*(4), 1–162. Available at www.cdc.gov/mmwr/pdf/ss/ss6104.pdf
- Centers for Disease Control and Prevention. (2012b). Understanding teen dating violence. *Fact Sheet.* Available at *www.cdc.gov/violenceprevention/pdf/teendatingviolence2012-a.pdf*
- Centers for Disease Control and Prevention. (2012c). Suicide Prevention: Youth Suicide. Available at http://www.cdc.gov/violenceprevention/pub/youth_suicide.html
- Child Matters. (2012). Learn about child abuse: Myths and realities. Available at http://www.childmatters.org.nz/58/learn-about-child-abuse/myths-and-realities
- Child Welfare Information Gateway. (2007). *Recognizing child abuse and neglect: Signs and symptoms*. Fact Sheet. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Available at https://www.childwelfare.gov/pubs/factsheets/signs.cfm

Resources

- Child Welfare Information Gateway. (2013a). *Mandatory reporters of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Available at https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.pdf
- Child Welfare Information Gateway. (2013b). *State child abuse reporting numbers*. Available at https://www.childwelfare.gov/pubs/reslist/rl_dsp.cfm?rs_id=5&rate_chno=W-00082
- Coquille Indian Tribal Code. Ch. 640, § part 6 (2009). Public safety and justice: Children generally. Available at http://www.coquilletribe.org/documents/640ChildrenGenerally_000.pdf
- Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2012). *Child Maltreatment 2011*. Available at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment
- Department of Health and Human Services (n.d.). Statutory rape: A guide to state laws and reporting requirements. Available at http://aspe.hhs.gov/hsp/08/sr/statelaws/statelaws.shtml
- Department of Health and Human Services (n.d.). *Stop bullying*. Available at http://www.stopbullying.gov/index.html
- Foshee, V. A., & Matthew, R. A. (2007). Adolescent dating abuse perpetration: A review of findings, methodological limitations, and suggestions for future research. In: Flannery, D. J., Vazjoni, A. T., Waldman, I. D., editors. *The Cambridge handbook of violent behavior and aggression*. New York: Cambridge; 431-449.

Resources

- Glosser, A., Gardiner, K., Fishman, M. (2004). *Statutory rape: A guide to state laws and reporting requirements*. Prepared for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services.
- HelpGuide.org – Child Abuse and Neglect: Recognizing, Preventing, and Reporting Child Abuse. Available at http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm
- Love is Respect. (2013). Available at http://www.loveisrespect.org/if-you-dont-want-to-you-dont-have-to-sexual-coercion
- National Association of School Psychologists. (n.d.). *Preventing youth suicide—Tips for parents and educators.* Available online at http://www.nasponline.org/resources/crisis_safety/suicideprevention.aspx
- National Parent Hotline. Available at http://www.nationalparenthelpline.org/
- National Suicide Prevention Lifeline. Available at http://www.suicidepreventionlifeline.org
- Office on Child Abuse and Neglect, Children's Bureau, Caliber Associates, & Crosson-Tower, C. (2003). *The role of educators in preventing and responding to child abuse and neglect.* Available at *https://www.childwelfare.gov/pubs/usermanuals/educator/index.cfm*
- The Partnership at Drugfree.org. (2013). The Parent Toolkit: A drug and alcohol prevention resource for parents. Available at http://theparenttoolkit.org/topic/age-by-age-advice

Resources

- Rape, Abuse & Incest National Network. (2013). Available at http://www.rainn.org/
- Reyome, N. D., Gaeddert, W. (1998). Teachers' awareness of child and adolescent maltreatment. *Child Study Journal, 28*(2), 111-122.
- Serna, P. (2011). Adolescent Suicide Prevention Program Manual. Suicide Prevention Resource Center, Education Development Center, Inc., Newton, MA. Avalable at http://www.sprc.org/sites/sprc.org/files/library/AdolescentSP_ProgramManuaPH_ModelNA_Communities.pdf
- Smith, M. & Segal, J. (2013). *Child abuse and neglect: Recognizing, preventing, and reporting child abuse*. Available online at http://www.helpguide.org/mental/child_abuse_physical_emotional_sexual_neglect.htm
- Substance Abuse and Mental Health Services Administration. (2010). *Innovative State Responses to Parental Substance Use Disorders and Child Maltreatment. Available at http://content.govdelivery.com/bulletins/gd/USSAMHSA-7641ef*
- Substance Abuse and Mental Health Services Administration. (2012). *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available at http://store.samhsa.gov/shin/content//SMA12-4669/SMA12-4669.pdf
- Suicide Prevention Resource Center. (2012). *The role of high school teachers in preventing suicide.* Washington, DC: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services. Administration. Available online at http://www.sprc.org/sites/sprc.org/files/Teachers.pdf

Resources

- Suicide Prevention Resource Center (2008). *Suicide Risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth*. Newton, MA: author. Available at http://www.sprc.org/sites/sprc.org/files/library/SPRC_LGBT_Youth.pdf
- TeensHealth. (2013). Available at http://teenshealth.org/teen/
- U.S. Department of Health and Human Services. (2010). *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults*. DHHS Publication SMA (10)-4480, CMHS-NSPL-0196, Printed 2010. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. Available at http://www.sprc.org/sites/sprc.org/files/library/Suicide_Prevention_Guide.pdf
- U.S. Department of Health and Human Services. (2010). Addressing the Mental Health Needs of Young Children and Their Families. DHHS Publication No. (SMA)-10-4547. Substance Abuse and Mental Health Services Administration. Available at http://store.samhsa.gov/shin/content/SMA10-4547/SMA10-4547.pdf
- Vermont Department for Children and Families. (2013). *Mandated reporters of child abuse/neglect*. Available at http://dcf.vermont.gov/fsd/reporting_child_abuse/mandated_reporters
- Wolak, J., Finkelhor, D., & Mitchell, K. (2007) Internet-initiated sex crimes against minors; implications for prevention based on findings from a national study. *Journal of Adolescent Health*. *35*(5), 424.e11-20.

Contact Information

- **Nahama Broner**
  nbroner@rti.org

- **Venita Embry**
  vembry@rti.org

- **Merissa Gremminger**
  gremminger@rti.org

Notes

Slide 9: Answer: All of these factors increase the risk for harming a dating partner. Additional risk factors include alcohol use, lack of parental supervision, and suffering from depression or anxiety.

Slide 10: Answer: 16% of high school students seriously considered suicide over the past year. That is slightly less than 5 students in a class of 30 students.

Slide 11: Answer: False. For example, in North Carolina, the age of consent is 16. Sexual intercourse with someone who is under the age of consent is only illegal if the perpetrator is (1) at least 4 years older than the victim *and* (2) at least 12 years of age (the age at which a perpetrator can be prosecuted).

Notes

Slide 12: Answer: False, more commonly, adult offenders who meet juveniles online are explicit about their age and their intention to engage in sexual activity. The offender develops a relationship with and openly seduces the underage teenager. Most internet sex crimes involving adults and youth fit a statutory rape model.

There are misconceived beliefs that the Internet is teeming with predators who disguise themselves as another teen and trick their victims. However, it is much more common that teens are aware of the person's age and are persuaded to either engage in an Internet relationship or even meet in person. This is important to recognize because it offers you an opportunity to have discussions with your teens about appropriate Internet friendships, age discrepancies and how they can remain safe and continue to utilize the Internet.

Slide 13: Statutory rape data are a little complicated: 6,583 victims reported by 44% of law enforcement agencies participating in Uniform Crime Reporting Program, accounting for 26% of the national's crime (USDOJ, 2009).

The definition of statutory rape may vary in definition and by terminology for each state but is generally described as voluntary sexual activity involving minors. Sexual coercion is "the act of using pressure, alcohol or drugs, or force to have sexual contact with someone against his or her will…" This may range from unwanted kissing to rape using techniques such as blackmailing, yelling, or guilting.

Notes

Slide 16: Definition: A pattern of repeated acts in which a person physically, sexually, or emotionally abuses another person of the same or opposite sex in the context of a dating or similarly defined relationship, in which one or both partners is a minor.

Similar to adult intimate partner violence, the emphasis on repeated controlling and abusive behaviors distinguishes relationship abuse from isolated events (e.g. a single occurrence of sexual assault at a party with two people who did not know each other).

Sexual and physical assaults often occur in the context of relationship abuse, but the defining characteristic is a repetitive pattern of behaviors aiming to maintain power and control in a relationship. Such behaviors can include monitoring cell phone usage, telling a partner what she/he can wear, controlling whether the partner goes to school that day, and interfering with contraceptive use.

(Miller & Levenson, 2012)

Notes

Slide 17: Males are more likely than females to use fatal means and to successfully commit suicide—that is why having lethal means available to youth is a risk factor which we will discuss in the next slide. Males are however, less likely to volunteer information about past attempts than girls. Of concern with reporting is that past attempts are a strong predictor of eventually successfully committing suicide so reports should be taken very seriously and staff should be aware of who is least likely to report suicidal thoughts or past attempts.

Slide 19: Additional general toolkits and resource materials for suicide prevention and targeted materials for suicide prevention with American Indian and Alaska Native youth and LGBT youth are included in the Resources list.

Notes

Slide 22: Abuse situations similar to Kendra's happen to adolescents for various reasons. In Kendra's home, adolescence, with its emerging sexuality, created problems. Her mother sought to control her with force, perhaps fearful that she would become pregnant before marriage as her sister had done. The fear of losing a child can sometimes paradoxically drive parents to abuse. In other homes, there may be a long history of physical punishment that increases and escalate into abuse as the child matures.

What's most important about this example is that the teacher saw some of the signs of abuse and even though the teacher suspected something wrong, he didn't do anything. This put Kendra in danger. In this particular case, Kendra's behavior, her talking back the teacher and turning in homework late could easily be misinterpreted as a student behaving acting out. But in fact, Kendra's behavior was yet another sign of the abuse. We are not given the full back story and so it is important to be aware of the signs and to act if you are concerned about the safety and well-being of our participants.

(Reyome & Gaeddert, 1998)

Notes

Slide 23: This is a case of child neglect. Because this example provided quite a bit of detail, it is apparent that Derrick was experiencing neglect. However, in many cases neglect is more difficult to detect as it leaves no visible scars or marks. Yet, neglect is the most common form of maltreatment. Neglect includes the inability of a caregiver to provide a child with basic needs like food, clothing, shelter, medical care, education, or supervision.

If you suspect that one of your participants is experiencing neglect, it's important for you to file a report. In many cases, child protective services will help the parent identify resources and referrals to ensure that their children will receive basic needs and they will work with the families to improve the situation. In most cases, a report does not result in the child being removed from the home.

Slide 25: Josh's initial behavior, of quitting the basketball team, isolating himself from his regular group of friends, and his deteriorating grades are all warning signs that something is wrong. Of course, it could be from a variety of causes, including mental illness (depression), violence, teen dating violence, or abuse at home. It's Josh's journal entry that offers a signal that Josh may be in imminent danger and action should be taken immediately. If you were to encounter a situation like this, you would want to talk with Josh and bring him to a designated mental health specialist such as the school counselor, psychologist or social worker. It is critical that you let Josh know that you are worried about him and his safety.

(Reyome & Gaeddert, 1998)

Notes

Slide 31: California - Mandated reporters only required to report consensual sexual activity involving minors for specific circumstances, including when victim is less than 16 and defendant is at least 21. Some states' definitions of child abuse are broad enough to include dating abuse by similar-aged partners.

Washington State– Mandatory reporting for "all incidences that child has suffered harm" not limited to care givers; but definition for sexual abuse is ambiguous as to whether statutory rape is included.

Florida - child under 16 cannot consent to sexual activity, regardless of age of defendant.

(DHHS, n.d.)

Notes

Slide 37: Below are several resources for mandatory reporting trainings. Each community and state has unique resources available.

State governments
California Department of Social Services: http://generaltraining.mandatedreporterca.com/
Tennessee Department of Children's Services:
https://www.sworps.tennessee.edu/child_abuse_reporting/
Minnesota Department of Human Services:
http://www.dhs.state.mn.us/media/flash/Training%20modules%20on%20guidelines%20for%20mandated%20reporting/public9.htm

Universities
University of Wisconsin – Madison School of Social Work:
http://wcwpds.wisc.edu/mandatedreporter/

Nonprofits
Prevent Child Abuse America: each state has a chapter and can provide mandatory reporting training

Suicide Prevention Training
http://www.sprc.org/training-institute/amsr