

Mandatory Reporting and Keeping Youth Safe Webinar
May 3, 2013

SPEAKER: The broadcast is now starting. All attendees are in listen-only mode.

MS. JAE'MIE HUGHES: Good afternoon, everyone. I'm Jae'Mie Hughes and I'd like to welcome all of you to the "Implementation and Evaluation Mandatory Reporting and Keeping Youth Safe" webinar. Before we begin the presentation, I want to review just a few administrative items and let you know how you can participate in today's web event. All participants should be able to hear the audio and view the presentation slides today.

And really quickly, I'd like for everyone to please turn your attention to the Go To Webinar attendees' interface which is made up of two parts. The viewer window on the left which allows for you to see everything the presenter will share on their screen and you'll see the control panel on the right. Within the control panel is how you can participate in today's web event.

Really quickly, by clicking on the orange arrow that is found in the top right corner of your screen, you can open and close your control panel. And to keep your control panel open or visible from the view menu, ensure that "auto-hide control panel" option is not selected.

Questions may be typed in the question box at any time during this webinar presentation. Simply type in your question and click send. And at certain points, there will be points where you may participate and ask questions audibly. You can utilize the "raise your hand" feature during the question and answer portion of the presentation. You simply click on the raised hand icon that is found next to your attendee name. And when questions are answered, the presenter will unmute your line so that you may participate audibly. But during the webinar presentation, your lines will be muted in order for you to participate and hear the presentation.

We don't anticipate any issues with today's event. But if for any reason technical difficulties arise during this event and the audio and/or screen views maybe lost, please attempt to dial in and log back into this webinar through the original webinar invite that

you received in your email inbox. And if access is still unable to be regained, please check your email inbox for updates regarding rescheduling this webinar event.

But for now, we would like to begin the webinar presentation and thank you everyone for attending today's webinar.

MS. NAHAMA BRONER: Good afternoon or good morning depending on where you're located. Thank you, Jae'Mie, for that introduction. My name is Nahama Broner. And we are welcoming you to the Family and Youth Services Bureau, Adolescent Pregnancy Prevention Program's webinar for today on Mandatory Reporting and Keeping Youth Safe.

You will see at the back of the webinar once we've completed, there are going to be a number of resources for you. You received by email, many of you, the PowerPoint yesterday. This will also be posted through FYSB as well as for the PREP grantees on the Community of Practice website. So we'll make sure that you have these materials.

Today myself, Nahama Broner, and Venita Embry, and Merissa Gremminger, who are part of the training and TA team from RTI International, will be presenting. The learning objectives which you have received, will be for today to describe the rates of child abuse and neglect, rates of imminent harm, meaning suicide, sexual coercion, teen dating violence. It will also be to identify resources to help you determine whether reporting is mandatory, who is required to report and how reporting should occur; and identify strategies to aid in speaking with your youth and their families about mandatory reporting.

We're going to begin with in framing the problem, we're going to talk a little bit about the rates and risks, some common myths and facts as well as a discussion of recognizing the signs.

The second section we're going to talk about mandatory reporting and briefly give you an overview of state laws and tribal community guidelines, talk a little bit about who is a

mandated reporter and it really depends on the behavior of focus and emphasize the importance of developing proper guidelines and talk through some of the resources. And the final part of the webinar, we'll discuss steps for reporting as well as resources, for you, for the youth you serve and their families.

So I'm going to now turn this over to Jae'Mie who's going to talk a little bit about the webinar interactive options. We're going to try to engage you as much as possible during today's webinar. Jae'Mie.

MS. JAE'MIE HUGHES: Thank you. I just really quickly am going to reiterate sort of what I gave at the beginning of the introduction. There will be a few polls during certain points of the webinar to allow us to be as interactive as possible. You'll see the poll will be launched with the questions. The poll will pop up on your screen and you'll have the opportunity to participate and answer the questions with a poll.

So just as you're viewing the screen as you are right now, it will allow you to participate in the poll and click on it and the poll will also be shared by the presenters at certain points. If you have any questions, there is the chat and question feature that you see that I mentioned earlier.

And just as I mentioned previously, you can type in your question, click send. And throughout the webinar, we are tracking questions that come in. So if there's anything pertinent that comes up that needs to be answered at certain points, there will be a question and answer portion for anyone to participate, where the presenters or FYSB facts can answer questions if they need to interject. And feel free to utilize those options throughout the course of this webinar.

And from there, if everyone would like to get started, we can move into the next portion of the presentation.

MS. NAHAMA BRONER: Terrific. And we're going to talk about Framing the Problem. And we're going to begin with prevalence. But first, sort of why focus on this? Many

children and youth experience traumatic and other life events. And those experiences influence both their safety and their ability to participate in many aspects of their lives, including your program.

Those who work with children and youth have an obligation under their state or Tribal community laws to report incidents. And it's useful to have systems in place and to be very clear on what these legal requirements are because they bring various rules, civil, criminal and licensure liability with them.

And although there are clear laws about responsibility to report some types of situations, there are really many challenges that require training and some behaviors that we'll talk about that are much less clear in terms of what your obligations are.

So, we hope to provide during this Webinar will provide information and resources as well as the opportunity to discuss with you the challenges.

So I'm going to turn this over to Merissa to first take a poll.

MS. MERISSA GREMMINGER: Good morning and afternoon to all those who are attending. So we're going to start using one of our first interactive features which is polling. And we're going to pose a question. And then I'm going to launch a poll so that you are able to answer what you believe to be the correct answer.

So the first question is, "Which factors increase risk for harming a dating partner?" And the options include spending time with violent peers, having multiple sexual partners, having learning difficulties, being exposed to inconsistent discipline or all of the above.

So I'll launch the poll and everybody can have an opportunity to go ahead and answer. I'll give you about thirty seconds. Okay. About ten more seconds. I see a lot of pollsters starting to respond. Okay, great. I'm going to go ahead and close the poll. And I'm going to share the results.

So as you can see, the majority of you chose “all of the above” and that is correct. All of these factors do increase the risk for a partner to harm their dating partner. And additional risk factors include alcohol use, lack of parental supervision and depression and anxiety.

The next question from the poll is about suicide. The question is, “Over the past year, what percentage of high school students seriously considered suicide?” The options include one percent, five percent, 12 percent or 16 percent. And I’ll go ahead and launch that poll and have you respond. I’ll give you about twenty seconds.

I’m going to go ahead and close the poll and share the results. So, the majority of you chose 16 percent, but it was followed pretty closely behind by 12 percent. In fact, the answer is 16 percent of high school students have seriously considered suicide over the past year.

So if you were to think about those numbers with respect to a classroom, but slightly less than five students in a class of thirty students, which is a staggering number. So this is particularly important for front line staff to be aware of as you may have frequent contacts with your students and could possibly detect signs of suicidal ideation among your youth.

The next polling question is about statutory rape. And the question is, “True or false: Sexual intercourse with someone younger than the age of consent is always illegal, no matter how old the perpetrator is.” And I’ll go ahead and launch that poll and give you about twenty seconds to answer it.

Okay. I’m going to go ahead and close the poll and share the results. So, the majority of you determined that it was true that sex with a minor, no matter the age of the perpetrator is statutory rape. But in fact, it’s false.

So, for example, in North Carolina, the age of consent is sixteen. However, sexual intercourse with someone who’s under the age of consent is only illegal if (1) the

perpetrator is at least four years older than the victim and two the victim is at least twelve years of age.

So that's fascinating. And it's also a good indication that state laws and regulations and statutes and Tribal posts all vary. So we're going to discuss later in the presentation the definition of statutory rape and the reporting requirements and how they vary from state-to-state. And this is a good indicator that everybody should be very familiar with their specific state or tribe statutes around statutory rape.

So I have one last polling question and it's about sexual coercion. "True or false: Internet sex crimes involving adult offenders and teens most often involve an adult lying about their age, i.e., telling the youth that they are the same age, and concealing their intention to engage in sexual activity."

So basically, what this is saying that predators on the Internet are pretending to be youth and tricking the youth into engaging in a relationship with them. And I'll go ahead and launch that poll and see what your responses are. You've got about twenty seconds.

I'm going to go ahead and close the poll and share the results. So, 77 percent of attendees said that this is true and only 23 percent said it was false. This is really interesting. In fact, it's false. More commonly, adult offenders who meet juveniles online are explicit about their age and their intention to engage in sexual activity.

So what happens is the offenders develops a relationship with and openly seduces underage teenagers. Most Internet sex crimes involving adults and youth fit a statutory rape model. So there are misconceived beliefs that the Internet is teeming with predators that disguise themselves as another teen and trick the victim. But as we can see it's actually more common for predators to be very open with the truth about their age.

So this is important to recognize because it offers all of you particularly front line staff an opportunity to have discussions with your team about appropriate Internet friendship, age discrepancies about how they can remain safe and continue to use the Internet.

I'll go ahead and close that poll. And I'm going to hand it off to Anita.

MS. VENITA EMBRY: Thank you, Merissa. There are many types of events where a youth worker might be in danger. In this slide and throughout the webinar, we will focus on a few of these types of events such as maltreatment, teen dating violence, suicide attempts, statutory rape and sexual coercion. Unfortunately, many of these events are quite common. In this slide, we want to identify the common events as well as try to translate the national estimate from data into real life numbers.

So, for instance, based on national estimates in 2011 for every 1,000 youth, nine children were victims of maltreatment which most commonly include neglect, physical abuse and sexual abuse. Therefore, by the time students enter your program or your school, you may have many students who have or unfortunately will be maltreated during their childhood.

Additionally, approximately ninety[?] students experienced physical teen dating violence during the past year. Please note that this number does not include emotional or verbal abuse.

As mentioned in the upcoming slide, suicide is the third leading cause of death for those ten to twenty-four years of age.

In addition to asking the victim, we want to make sure we also draw attention to facilitators that suicide, both attempts and just intent, is high among youth. For example, in a school of 1,000 students within the past year, it's estimated that 160 students will have considered attempting suicide and eighty students will have actually attempted suicide.

So again, throughout this webinar, we will try to provide signs, risk factors and recourses for youth with suicide ideation. Facilitators with frequent interaction with youth like yourself might be in situations where intervention is possible.

We also want to talk about statutory rape and sexual coercion. Statutory rape data are a little more complicated as the counts are underreported. And the definition for statutory rape varies in definition and terminology for each case.

Nevertheless, statutory rape and sexual coercion occur in youth and may endanger the physical and mental wellbeing of the youth. So facilitators should be aware of the warning signs and reporting requirements if there are suspicions.

For the next few slides, we'll cover more in-depth some of the events discussed in the previous slide with some extra focus on youth who are at increased risk.

So, children of all race, ethnicity, gender, socioeconomic status, et cetera, experience child maltreatment. In 2011, there were over 600,000 unduplicated[?] victims of child maltreatment. And these were substantiated cases that were identified by child protective services.

Although child maltreatment is commonly thought of as physical or sexual abuse, neglect is actually the most prevalent form of maltreatment, followed by physical abuse, sexual abuse and psychological maltreatment. And when we look at those who were sexually abused, almost half, 48.1 percent, were twelve to seventeen years old.

Maltreatment is also high among youth with disabilities with issues such as intellectual disability, visual or hearing impairment, or behavioral problems. Additionally, 11.2% of all victims of sexual abuse had a reported disability.

It's important for staff to understand the high risk of maltreatment among youth with disabilities as staff may have difficulty identifying common warning signs among

children. For instance, those with behavioral problems, chronic illnesses or physical disabilities.

So this chart further illustrates the differences between certain groups. So overall, the rate of victimization is 9.1 children per 100,000 youth will experience victimization in 2011. And we see that for African Americans, American Indians, Alaskan Natives and children of multiple races that they have a substantially higher rate of victimization.

So now let's talk about teen dating violence which is also known as teen dating violence which is also known as teen intimate partner violence or adolescent relationship abuse. And that's best defined as pattern of repeated acts in which a person physically, sexually, emotionally abuses another person of the same or opposite sex in the context of dating or a similarly defined relationship in which one or both partners is a similarly defined relationship, in which one or both partners is a minor.

So how big of a concern is this? Well, about 72 percent of eighth and ninth graders are dating or the equivalent of what we think of as dating. So interestingly, the Center for Youth [inaud.] Prevention states that between the ages of 16 and 24 experience the highest rates of intimate partner violence—almost triple the national average. So a note to facilitators: Only 33% of teens who were in a violent relationship ever told anyone about the abuse.

So some reason maybe that the youth lack awareness on what constitutes dating violence or relationship abuse.

Additionally, sexual and physical assaults 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. So this may include things such as monitoring cell phone or telling a partner what she or he can wear.

Facilitators have a great opportunity to identify and discuss with teens what are negative relationship behaviors as well as try to encourage healthy behaviors.

So as we mentioned previously, suicide is the third leading cause of death for a ten to twenty-four year old. The pie chart illustrates that of suicide fatalities. Most are males. Males often use more lethal means of suicide attempts and are more successful at completing suicides.

When we look further, Native Americans and Alaska Native youth also have the highest rates of suicide related fatalities. Though the total number of suicide fatalities mostly are male, girls are actually more likely than boys to report attempted suicide.

Additionally, Hispanic youth are more likely to report suicide attempts than their black and white non-Hispanic peers. A concern with reporting is that the 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.

So, what are these risk factors? Well, one of the strongest predictors of suicide is a prior attempt. Also, some other factors and increased risk for suicide are environmental, family or adverse events such as access to weapons or "lethal means", stressors like bullying, teacher-student conflict, childhood maltreatment and a family crisis. Other risks maybe risky behaviors such as violence, extreme risk taking, alcohol or other drug use. As well as behavioral health and family history.

Since schools and programs may have to take more preventative steps such as creating an open and safe environment for talking with youth and understanding their family histories and kind of where the students are at, as well as be aware of risk factors and knowing when and how to take the appropriate steps.

So we have included some resources and tools for addressing suicide and maltreatment that were developed by Substance Abuse and Mental Health Services Administration. And these will be included in the PDF and the PowerPoint provided at the end of the webinar.

MS. NAHAMA BRONER: Thank you, Venita. One thing before we get into Myths and Facts is just to mention in terms of the resources on the previous slide that we pulled out two of these that are published by SAMHSA. But we included several other resources for you under Resources at the very end of the PowerPoint that include on suicide additional resources for American Indians and Alaska Native youth, for LGBT youth, other kinds of toolkits for program prevention and screening and checklists and reporting. And we've done this for each of these, maltreatment as well. We are just giving you some examples as we move through. But we try to give you places to begin looking up this information and making sure that you have resources available at the end of the webinar.

So, now Myths and Facts. You all engaged well in the polling. You heard the numbers that Venita had synthesized from the literature. So a typical fact or myth which not only some of you, but colleagues but also the youth may think is that maltreatment is only maltreatment if it's violent. And what we saw was that actually one of the leading forms of maltreatment and neglect which does have serious consequences followed by emotional abuse, sexual coercion, as well as statutory rape may not be viewed as physically violent. It may not have the legal definition of violence or it may not leave marks.

Another myth, the most common form of maltreatment suffered is sexual abuse. And as we mentioned, it's actually neglect followed by physical abuse and then sexual abuse.

Also, most children who are maltreated experience more than one type of abuse and more than one type of abuse event. And those that have experienced multiple types of abuse and events are most at-risk for developing serious disorders, mental health disorders, co-occurring substance use disorders as well as other medical problems.

Another myth is that most abuse is carried out by men, especially fathers. But as you see in the maltreatment definition, we're talking about, as it is in most states, neglect,

emotional abuse, physical abuse and sexual violence, that maltreatment is more likely to be carried out by mothers as opposed to fathers.

A few more myths and facts. Child maltreatment only happens in lower income and rural families. It happens across settings, rural and urban, and across all socioeconomic and racial/ethnic groups, as well as gender.

Myth: Dating violence is always males hurting their girlfriends. The fact is that females can also be perpetrators to their male partners, and dating violence can occur in same-sex relationships. And there are a number of issues around shame that can occur when it feels like certain gender roles are reversed.

Myth: Youth usually tell someone that they are being abused or thinking about suicide. Unfortunately, the fact is that most youth do not tell. Shame or fear that others will blame the victim, blame them, that they won't believe their report. Other issues maybe worry about where they would live or what would happen to their family.

In terms of suicide, it turns out that most youth also do not tell adults about suicidal thoughts or plans. Some will tell peers. And there are programs that encourage peer support and give peers tools for being able to handle these disclosures and talk to an adult.

So I'm going to now hand this over to Merissa for talking through some cases, as well as the signs and symptoms.

MS. MERISSA GREMMINGER: Thank you, Nahama. So, I'm going to take an opportunity and read an example that might actually look similar to something that you would encounter as frontline staff or as youth workers. So we're going to start with Kendra who's a student in ninth grade. And she began lingering around the classroom after school each day. Her teacher had noted that over the past few weeks, Kendra was turning in homework 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. And when asked about the bruise that appeared on her face one day, she insisted it was a result of bumping into a door. The teacher suspected otherwise because of the locating 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. And it was discovered at that time 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'd received from her mother.

So abuse situations similar to Kendra's happen to adolescents for a variety of reasons. And in Kendra's home, adolescents with her emerging sexuality started to cause problems within her home. Her mom started to seek control using physical force and was perhaps fearful that Kendra would become pregnant before marriage just like her sister had done in the past.

Fear of losing a child can also sometimes paradoxically drive parents to abuse. So in other homes, there might be a long history of physical punishment that then increases and escalates into actual physical abuse as the child gets older and starts to mature.

So what's important about this example is that the teacher saw some of the signs of abuse. And even though the teacher suspected something was wrong, she didn't do anything. So this put Kendra in danger. And in this particular case, Kendra's behavior, such as talking back to the teacher and turning schoolwork in late, could easily be misinterpreted as a student acting out. But, in fact, Kendra's behavior was yet another sign of the abuse.

So we are never given the full back story. But it's really important for us to be aware of the signs and to act if we're concerned of the safety of our participants and youth.

Another example. This is Derek who is age 15. And he is attending TOP® or Teen Outreach Program (TOP®) which is held at an 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 because he was spending most of his free time caring for his four younger siblings. The facilitator would call the parents, but that didn't remedy the problem. And Derrick began sleeping at his friends' houses. And when the facilitator was able to finally get in touch with mom, she hadn't seen Derrick for several days. Finally, the boy just disappeared, and only rumors from some of the other participants gave an indication about his whereabouts.

So because this example provides quite a bit of detail, it is apparent that Derek was experiencing neglect. However, in many cases, it's more difficult to detect because it doesn't leave any scars or marks. But as Nahama mentioned, neglect is the most common form of maltreatment. And neglect includes the inability of a caregiver to provide children with the most basic needs, including food, clothing, shelter, medical care and supervision.

Interestingly, in a study in New York City of 87 educators, researchers found that educators were less likely to report neglect than any other type of maltreatment. Even though it is the most common form of maltreatment.

So 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'll work with the family to improve their situation. It's important to note that in most cases, a report to CBS does not result in a child being removed from the home.

So here are some signs, common signs, of physical, emotional, sexual abuse and neglect. So as you can see, for physical abuse, if you see bruises of varying colors, for example, you saw a yellowing bruise and then you have a fresh blue bruise all on the same person, this indicates that the child has sustained injuries over a span of time and

that these aren't bruises from one single incident which could actually be an accident. They fall down the stairs or they fall off the swing.

And like all forms of abuse, signs of emotional abuse, can vary widely and can seem almost contradictory at times. So, for example, a student maybe extremely passive and overly compliant and then just turn on a dime and suddenly become demanding or aggressive. The important thing to remember is these kinds of behaviors are easily misinterpreted as a student "acting out".

One sign of sexual abuse facilitators, particularly front line staff, are the discussions you're having in your teen pregnancy prevention program may be able to detect. If a participant displays an overly sophisticated understanding and knowledge of sex and sexual behavior.

And as we discussed earlier, signs of neglect are much less obvious. You may have a teen who starts to miss sessions. And this could be a result of a teen disengaging or losing interest in the group. But it could also be a good indicator that something else is going on at home. Or they may not even be at home. And they may lack transportation or something like that.

Here's the last example. And it's with Josh who is a junior. He had been on the school basketball team until about two months before. And when 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 was unwashed and his clothes unclean. He just went from looking good and not himself. Josh's health teacher suspected he was drinking alcohol and possibly using other drugs.

Until recently, Josh had been a good student. He had a high GPA, but his grades were starting to slip. 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.

So Josh's initial behavior of quitting the basketball team, isolating himself from his friends and deteriorating grades are all warning signs that something is wrong. But, of course, this could be from a variety of reasons and causes, including depression or violence or teen dating violence or abuse or any other reason. But it was Josh's journal entry that offered a signal that Josh may be in imminent danger and action should be taken immediately.

So if you went into a counter situation like this, you'd want to talk with Josh and bring him to a designated mental health specialist such as this school counselor or the psychologist or the social worker. And it's also critical that you let Josh know that you're worried about him and worried about his safety.

So here's another part of some of the common signs for suicidal ideation, partner violence and other imminent harm.

So an obvious sign of suicidal ideation is if you learn that a teen has actually started to make plans to attempt suicide. And that would include obtaining a weapon.

Also, [inaud.] teen pregnancy prevention programs, it will not be uncommon for you to have youth in your program who are experiencing intimate partner violence. And one common sign that you might see in discussions with your participants is participants making excuses for their partner's behavior.

So those signs are more common and more obvious. But here are some less obvious and more subtle signs. So as we mentioned, some youth who experience abuse may be passive or even frightened of their parent or their caregiver when they come to pick them up. But there's also the sign that youth might be overly clingy to their parents, which is not necessarily intuitive and folks may misinterpret that.

In regards to suicide, if a teen expresses that they want to die, this is obviously a more obvious sign of potential suicidal ideation. But sometimes it's a little bit more nuanced than that. And they may express that there's just no purpose to life which is a concept

that even healthy teens may explore. But teens may also be doing things that appear more risky or reckless or begin using alcohol and other drugs. And so, it's important that you recognize that it's not just one sign that indicates that a teen is suicidal and that's why we need to be observant of trends and overall teen behavior.

With respect to teen dating violence, in their discussion, either in the group settings or you might overhear it amongst peers that the teen is dating someone who's regularly checking email or regularly checking their girlfriend or boyfriend's phone calls or text messages. This is a sign that the teen could possibly be experiencing intimate partner violence.

Or you may learn that the teen partner is dissuading him or her from spending time with friends and family. So as facilitators, this is a great opportunity for you to have some discussions about what are healthy relationships? What are healthy behaviors? And what is and is not appropriate for a relationship

And I'm going to turn it over to Nahama.

MS. NAHAMA BRONER: Thank you, Merissa. So now we're going to talk a little bit about mandatory reporting. And I think a piece of the lesson, we're going to try to give you tools and open some discussion around this. But I think the overall message for this section is that you're going to need to become familiar or your program become familiar with state law, with agency rules and resources.

So there are regulations in terms of mandatory reporting for maltreatment, but they really vary from state-to-state. And there are general guidelines that typically apply. A report must be made when the reporter, in your official capacity, suspects that there's a 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 his or her harm.

So if you suspect, as well as if you have knowledge. And when we talk here about reporting, it's not just a moral obligation. It's a legal obligation. So it's important for you to be aware of how to report, who's to report, within which timeframe to report. Because again, there may be legal, civil or licensing problems that could arise otherwise.

The Administration for Children and Families maintains a really terrific list on the Internet of state agencies designated to receive and investigate reports. So that you can click on this link and find your state and it actually gives you all of that information.

Different states have different requirements about what must be reported. So the Child Welfare Information Gateway provides a list of all of the mandatory reporters for each state and their individual statutes in the guide. So, we've listed both links for you. And we're bringing this up because again there's some variation by state that gets pretty nuanced. And so it's useful for all of you to be aware, but then to become knowledgeable about your own state.

So, Vermont, for instance, a report has to be made when the reporter suspects that (1) a person responsible for a child's welfare has been harmed or is harming the child by physical injury, neglect, medical neglect for not taking them to doctors if they're ill, emotional maltreatment, or abandonment; (2) if 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; and finally (4) anyone who has sexually abused a child.

So this is a state specific description of maltreatment. There's also variation between the states in terms of what constitutes sexual assault or statutory rape. And you can again learn about the reporting regulations in your state by using the Department of Health and Human Services in which they give an explicit guide by every state to both laws and reporting requirements around sexual assault and statutory rape.

So, we just pulled out a few kinds of examples for you. But California, for instance, it's defined as youth under the age of eighteen. And I should say when it comes to statutory

assault or statutory rape, what you find is they locate the law within how old the victim is as well as how old the perpetrator is and who is required to report and what becomes a legal offense.

So in California, mandated reporters are only required to report consensual sexual activity involving minors under specific circumstances. Such as when a victim is under the age of sixteen and a perpetrator is at least twenty-one.

Here we note that you must report if there's reasonable suspicion. So you may not necessarily have direct knowledge, but that you have reasonable suspicion.

For Florida, mandated reporters are only required to report if the abuse is occurring, or the suspected abuse is occurring, by a parent, a legal guardian, or caregiver. So it's not as broad.

Washington State, for instance, they don't have up here, but it's another example, is that you must report all instances that a child has suffered harm in. And they don't limit it to caregivers. They really include anyone. But this sexual abuse definition is ambiguous as to whether or not statutory rape is included. So again, we encourage you to use these resources to look at your own state laws.

For Tribal communities, there is also variability between Tribal communities. And so, it's the same kind of guidance. You need to look up each tribal community and what those rules are.

So, for example, in the Coquille Indian Tribal Code it says: "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 direct knowledge, 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."

So, we've included Tribal and Native Alaskan specific resources at the end of the PowerPoint. But it's really the exact same guidance as to the states which is sort of know your local laws. And those laws will both give you a sense of how is maltreatment defined? How broad is it? When does it encompass sexual assault, coercion and statutory rape? Who needs to report? And usually what timeframe you have. Some states, it's 72 hours. Some it's 48. We just read an example in the Tribal Code in which it's twenty-four.

In terms of suicide, and this could be its own separate webinar. And we're just mentioning it really through this presentation in the context of mandatory reporting. But it is more complex. There's no federal law that guides reporting for sexual risk. And every state has their own laws and whether or not there is a need to report, who is required to report and what the process is.

Some professions also have their own rules that govern their likenesses. And so even if it's not a mandatory reporting and you are a doctor or psychiatrist, social worker, any mental health professional, any medical professional, nurse, teacher, school administrator, law enforcement among others, often have an obligation under their job title or their state licensure to report concern about suicide risk.

Confidentiality laws also vary by state in terms of when parental consent has to be gotten. However, if there is the feeling of imminent risk, it in most states weighs parental consent so that one can bring somebody to a counselor, call 911, et cetera.

Some states, like Washington and Texas, and there are many others, including a number of tribes, are now mandating suicide prevention programs in school and some community after school programs in which there are then a whole set of reporting rules and laws that go way back.

Given high rates of suicide among tribal communities, and we mentioned that in the previous section. You saw that for the nation, suicide is the third leading cause of death

among youth. In tribal and Native Alaskan communities, it's actually the second leading cause of death. So there have been a number of federal, state, local and tribal initiatives on suicide prevention. Actually reporting whether or not you're required and at what point to report, again, varies and varies to such an extent that we really could summarize it in a meaningful way for you without going state-by-state or tribal community by tribal community.

The other thing is there are again additional resources that we put in the back that really lay out checklists, reporting criteria, training opportunities. Part of the reason that we also included mentioning suicide risk in this presentation is because there's such a strong link between maltreatment and risk for suicide as mentioned in the earlier slide.

In terms of an overview of other behaviors of concern, and again, we would be remiss not mentioning it. But in the length of this webinar, there isn't time to go into these kinds of behaviors. But, of course, you may see things like alcohol, drug use, serious bullying, intimate partner violence, dating violence also called ARA, as Venita mentioned earlier.

And these are not specifically mandated by law for reporting. That does not mean that your agency or school doesn't actually have requirements around removal or reporting students or calling the police. But in terms of safe guidance, that is not these behaviors are exempt.

So what can be done? Certainly Merissa mentioned a private conversation should be arranged with the youth. You need to learn the guidelines of your program or for those of you who are joining who are program managers and administrators, these are the kinds of things that are very helpful in putting together protocols and resources for frontline staff, including facilitators to be able to share resources, call hotlines, know when to contact parents. Your local treatment, private and public, centers often have free resources, toolkits as well as come in for training as the law enforcement to give a presentation in training for staff, as well as for youth. Advocacy organizations like NAMI does a tremendous amount of training and support. And there are hotlines. Again, these resources are later on in the webinar.

So who is a mandatory reporter? And I've sort of been mentioning this throughout. But again, different states have different requirements concerning who is mandated to report.

An example, Arizona. You have a whole group of medical professions: physicians, optometrists, dentists, et cetera. You have behavioral health professionals like psychologists and social workers and counselors. Also, peace officers. In Arizona, members of the clergy and priests and Christian Science practitioners are also required to report. Whereas, in other states, privilege is used and they can't report. Domestic victim advocates and other persons who are responsible for the care and/or treatment of minors.

And you can learn, there's actually a list by state, of who are the mandated reporters. If you click on this resource, a mandatory reporter of child abuse and neglect, you can scroll to your state and actually find out exactly who's required.

And overall, the thinking is that mandatory reporters typically are those that have frequent contact with children, such as teachers, facilitators, principals, physicians and others.

Who is a mandatory reporter? Tribal community guidelines. Tribal communities also vary with regard to who is a mandatory reporter. Using the code example we gave you before, with 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 the information was obtained under privilege. So within a session, et cetera.

So, if you're working with youths from a Tribal community, learn what the guidelines are. And again, we've included several toolkits in the back.

So importantly, this leads up to the need for staff training. And we want to emphasize that there's a lot of free training out there through multiple agencies that we've been mentioning and webinar, through FYSB, through SAMHSA, through other programs. You have in your local communities through your university and nonprofit organizations and tribal entities. And the state, usually the Departments of Health and Mental Health and substance abuse usually offer free training. And it's important to train all levels of staff. And as we'll see when we talk a little bit in the third part about reporting is that it's really important to get everyone's buy-in. And for everybody to know what the rules are in the state. It really decreases the concerns and the confusion that can occur when a youth presents a crisis.

The purpose of the training is really pretty much to review. But it's really to make sure that different types of information that are needed for reporting, for filling out forms, or being able to recognize the signs and the symptoms, for being able to know how to negotiate confidentiality, parental consent and so forth, are understood. How do you maintain that trusting relationship and also set these boundaries to ensure the safety? And the various kinds of things you can do during disclosure.

So I'm going to now turn it over to Merissa to ask you for your knowledge.

MS. MERISSA GREMMINGER: Thank you, Nahama. And I just want to point out that we've had several questions come through the question section. And I wanted an opportunity to ask Venita and Nahama to possibly respond to some of these questions. One of the questions is, "Am I obligated to report abuse if I were to hear about something from a third party or if the child is merely witnessing the abuse?"

For example, a child's grandmother tells me that the child's mother is being physically abused by the father in front of the child. I did not witness anything, but I've heard about it."

And my recommendation would be to check your particular state laws and fact sheets regarding mandatory reporting. But I'd love an opportunity to ask Nahama if she has a response.

MS. NAHAMA BRONER: Yes, I think your response is correct. A lot of what will happen is it won't be so clear if you get direct reports. It will be through this third party which begins to be part of fact.

One of the things that you'll see at the resource, if you think that somebody is at-risk and we'll go through this a little bit later. But there are welfare checks that police conduct in I believe every community and can check on the family. It may be an opportunity to, you know, if I were thinking about sort of frontline staff, this would absolutely be one of the things that I would bring to my supervisor. We would discuss this is something that perhaps a mental health resource or health resource wants to reach out to the family or the child and bring them in.

And so I would actually ... and I don't think of it as punting. I would often move this right into your supervisory chain, think about whether this needs to be an interaction first. Double check if it's family abuse versus child abuse that you need to report. But likely that might go under the general harm statute. Does that help to answer it?

MS. MERISSA GREMMINGER: Yes, thank you. And I have one more question. And this is in response to what you were saying, Nahama. Is the presenter indicating that suicide risk needs to be reported to see CYFC? Even if they have already called the parents or got a child/adolescent into a mental health center or hospital?

MS. NAHAMA BRONER: No, I believe ... and again, I know it sort of sounds like we're punting each time I say check with your state. But what folks will need, and we'll talk about this I think a little further on, is to make sure that there's a crisis plan in place that's documented. So, for instance, your plan may be that you have brought that person or have linked that person to a mental health source. It then becomes their responsibility. But your documentation of that is what's important. I think that's the first step.

However, there are some states that would consider an un-Tribal community code that would consider any potential harm as being part of maltreatment and therefore you would need indeed to report it.

So, as we start to talk about the complexity of this and making sure you have very clear forms so that you at least document this has gone to a supervisor. There's been a link to mental health. But to also know whether or not that raises to the instance where you have to report to child welfare additionally.

MS. MERISSA GREMMINGER: Thank you. So in the interest of time, I'm going to go ahead to my next section. And I note that there are questions continuing to come in. And I think what we'll end up doing is combining all of the questions and coming up with a format and being able to address the questions. And perhaps some of these questions might be answered with the materials that we're going to present.

So here's an opportunity for you guys to use the chat function. We want to hear from you. I would imagine that there are several frontline staff that have had to make mandated reports. And what we'd like to know is, what kinds of information that you had to report? Or what was the information that you documented for the report? To whom did you make the report? And what would be most interesting is what were some of the challenges that you faced when either completing the report or collecting the information? And I would go ahead and open up this checkbox so I can see this.

And by chat box, I meant that it might appear as a question box for you. And you can go ahead and just enter any of your responses to those different questions about mandated reporting that you've done.

Robert has reported on child abuse and neglect. Would anybody like to talk about some of the challenges that they face when making those reports? Okay. So sexual abuse and providing demographic information, reporting it to CPS, the name and the age of

school and home address. We've had some facilitators who have not had to make a report as PREP educators.

Violetta is saying the challenge she faces is losing her client and nothing happening. The Los Angeles County Department of Children and Family Services recently has been telling mandated reporters that they will call you back because they have an overload. Wow. That is a challenge and it's also very frustrating.

And Carol was saying they were a guest speaker in a school and the student had reported to them that they had been sexually abused in the form of a letter and they had to report it to the administrator of the school who took the note and the student's name. And the biggest challenge to the school, not providing any follow-up to them about what happened.

So that sounds somewhat of a theme is feeling like the reports are not leading to any results or at least not being informed of what the results are.

MS. NAHAMA BRONER: I think that these are really important questions. And there's a dynamic in the system in which you can also anonymously report or that they take reports and then due to confidentiality really protect the youth [break in recording around 1: 08] as an outcome [break in recording] probably more given. But that is one of the reasons why you may not know the result. It goes into various confidentiality laws, including HIPAA, depending on what the event is.

MS. MERISSA GREMMINGER: Nahama, speaking of training and protocols, I'm going to let you take it away.

MS. NAHAMA BRONER: So we've been talking sort of throughout about developing proper protocols. And so that includes a whole number of elements. So, for instance, developing a checklist for staff. And I saw in one of the questions that you can't during the webinar click on these links, but you will be able to do that in the PowerPoint that

was sent to you. But we've again given you some resources as examples that you can use of checklists.

And the same thing, there are the toolkits that I mentioned around preventing suicide as well and they have a number of checklists, both for educators and other schools, staff as well as afterschool programs and youth and families. And I think it becomes what I was alluding to before is it's important to be able to establish within your project a forum for discussing whether certain situations meet criteria. Because often, these really are things that you need to think through and consultation is useful and I think makes it less stressful in a stressful situation. Given a number of the comments that folks made that they are reporting, but it is an isolative and difficult process at times.

You want to create a report template. So you need to know again within your state what exactly you have to report and document. And we give you an example at the bottom of the slide of a report template.

Usually both verbal and written reports are required. Most written reports, you have to have the youth's name, age, address, names and contact information to the parents, to the alleged abuser, an explanation of why one suspects or knows, suspects or has knowledge of abuse. But again, there are other things that may have to go into that report.

You want to also make sure that as part of the protocol, that there's a protocol established for staff supervision. And again, it should provide clear documentation for the youth and their parents or guardians at the beginning of program participation the limits the confidentiality. You really want to make sure that your participants know what will happen if they, disclose, or they suspected maltreatment, imminent harm to self or others.

You want to train staff on being able to recognize these signs that we've reviewed of maltreatment, of potential violence and what the reporting requirement are for each. You want to develop through these kinds of training a relationship with your local child

protective service unit as well as actually, I'll mention it here, but law enforcement. So you also have contacts with them. They also can do pre-training and a relationship begins to develop and you get a clear sense of how to move through the process of figuring out when and the need to, of course, inform parents or guardians when appropriate and document, document, document. That's very important for you.

And again, we say it's important, not just because it's the right thing to do, that it is depending on these behaviors, you may have an obligation based on your job code, your specific license. You may be mandated under state law. So again, that can bring civil and criminal liability. And so having all these protocols in place and documented in the resources for staff there really does protect the project and the staff as well as the youth and parents.

So you want to make sure that the checklist for staff includes local numbers, law enforcement, child protective services, the National Child Abuse Hotline, agency reporting policies and procedures. So you'll also want numbers for tool counselors or consultants, health or mental health consultants, social workers, to your project. And clearly laid out instructions to call 911 or other appropriate authorities if you're concerned about immediate safety.

And obviously, you contact your supervisor always. But if somebody is unavailable and you're concerned, then it's erring on the side of 911.

So Merissa, I think it's to you.

MS. MERISSA GREMMINGER: Thank you. I'm going to exercise our last interactive opportunity which is a poll. And this is just to gather a good sense of what kind of system each grantee or agency has in place with respect to communicating participation agreements and confidentiality, what information is and is not confidential.

So I will release this poll. I just need to pull it up. I'll go ahead and launch it. And you should be able to go ahead and select if you have these systems in place. The first one

is, "Do youth sign an agreement regarding the program rule?" And the second is, "Do the parent or guardian sign agreements on their behalf?" Third is, "Do parents and guardians sign agreements permitting their children to be in the program?" And the fourth is, "Do the parents and guardians receive program information about confidentiality?" And the last one is, "Does your program give participants information about what is and is not confidential?"

And I'll give you guys about thirty seconds to go ahead and answer this. It looks as though this poll was designed not correctly. We should be able to answer one or all or any number of them. But it looks like this is a mutually exclusive answer which is not correct. So I'm not sure this is actually reflective of what you have in place. Although, I do see a large proportion had the parents sign an agreement that permit children to be in the program.

And I apologize that this is not designed quite like it was supposed to be. I'll share this. However, the information is not quite what we're looking for.

So one of the reasons we wanted to gather this information is that these are suggestions that we have for your project. By taking these steps, you're going to help ensure that the youth and the parents are fully aware of the program's components. What are the participant agreements? And then what is going to be confidential and what cannot be maintained as confidential? For example, if a facilitator or a frontline staff is concerned about the safety of a participant, it is their responsibility and obligation to file a report. Nahama.

MS. NAHAMA BRONER: So, let's talk a little bit about confidentiality. And even though the poll may not have been designed what the grade is, it looks like the majority of you are taking your projects, do do some work in terms of disclosing of having an agreement. And many of you may have this. But confidentiality statements should both be in writing and verbally reinforced. And at project entrance and then reinforced over time.

It really is letting participants know what information will and will not be shared. And I think sometimes people have issues around concerns about trust and other issues. But it is much better to be able to let people know the limits. And that there will still be a very caring and good relationship that's developed.

So the statement needs to say, who will share the information and what the process is? That it is again fundamental to creating trust. So, for instance, you may say things like in verbal reinforcement, "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, if you're doing this as a group, may repeat what you are saying in a group meeting."

Or, for instance, "If you tell us or we learn that you are in immediate danger of hurting yourself or another, we are obligated to inform authorities."

And many of you are aware teachers, examples of people who were teaching at a school, that there were also requirements for informing parents within the education code.

You need to make the limit of confidentiality clear -- what information is and is not confidential. Help guide staff is an important part of training.

And it also lets staff know what you can promise and what you can't. So it just gives that clarity is useful. So ultimately, it then protects the youth, the family and your program. And it models you creating clear boundaries and your interest in their safety as part of your work.

Make sure your written confidentiality statement specifies the kind of behavior that will be reported. So, for instance, in many states, it is child abuse or neglect, imminent harm to self or to others. And in some states, like New York State, it also includes elder abuse. And all of that needs to go into your statement and that you would then call the proper authorities, whether that's child services or police or inform your supervisor.

Also make sure that your youth have resources so that they can also contact about mental health and other kinds of hotlines and programs with regard to maltreatment, mental health issues, strategies to handle teen dating, et cetera. And you can have a pamphlet in your program.

Be sure you have a written policy. Be sure that you identify what types of information and behaviors have to be reported. How long you have for reporting. It makes a big difference if you know it doesn't matter or it's 24 hours or 72 hours. And who needs to report. Is it that you need to tell a supervisor who then has to report or that they need to make the call to the police, et cetera?

Who are the authorities that receive the report? Is it the police? Is it the child protective services? Is it both? And when in this process do parents or guardians need to be notified? And you usually have to maintain an incident report?

So briefly, steps for reporting. For example, refrain from asking probing questions. Instead, listen and allow the youth to talk. It doesn't mean you need to have an answer. It doesn't mean that you need to be their mental health counselor. But then you can take that to your supervisor or someone else.

If possible, make sure that you're in a place where the youth can talk freely and remain calm. And always, always report to your supervisor.

Step3. Take action based on the nature of what is reported. So, for maltreatment, you and your supervisor may be required to report to children's services or will be required within a specified timeframe or request a welfare check. For imminent risk to self or others, that's an immediate call to 911. With drug and alcohol or teen dating violence, there may not be clear reporting guidelines. And so it may be having a discussion with the appropriate staff in your project and giving a referral. So having community on hand.

Five. Remember to document all encounters and information related to your report to protect you as well as your project. And be mindful of the impact of reporting. This is very important that many of you may worry about is if the abuser is home and that the youth needs to be careful about the materials that that they bring home.

After reporting, you need to make sure that there are policies in effect that will help with the youth's safety.

So we're going to just move through because we're getting close to time. But here are examples of resources for teen dating violence, for suicide, for sexual coercion or sexual assault, maltreatment, mental health, substance abuse, a national parent hotline.

So these are direct resources for youth and parents and we have a number of resources for you in the back. So Merissa, I'm going to hand this over to you.

MS. MERISSA GREMMINGER: Sure. And I think that in the interest of time, I'm just going to pull up one of the scenarios. And scenario number one. To let the attendees know we did provide three different scenarios. And while we may not be able to address all of them in this webinar, these will be great for you to bring to your team to discuss and to potentially brainstorm what your response would be and what are some of the protocols and policies that you may not have in place right now to be able to address some of the situations like that.

Scenario number one is that you're delivering an after-school teen pregnancy prevention program at your local community based organization to 7th and 8th grade students. And a participant asks to talk with you after the session and starts talking about a friend having sexual contact with someone who is older. So I'm going to open up the question box for you and see what potential responses that you could have to this scenario, this situation.

I can start to kind of get things moving. One of the first things that I would say is to not ask questions. You don't want to ask how old the teen is or how old the other person is.

That might put you in the position of having to make a mandated report. Also, it's not your responsibility to be investigator.

You are going to want to listen to concerns about safety of the friend. If you're concerned about imminent harm, that may necessitate a mandated report.

I see that Lindsey said, "You let the youth know you're a mandatory reporter and explain what that means." And that's a very good point. You want to talk to the youth about what information can remain confidential between the two of you and what information you have to report. And if you're concerned about the safety, if you're concerned that there's imminent harm to the youth, then you are a mandated reporter and you will have to make a report.

Also, you're going to want to listen and see if as the youth talks if you can hear what type of relationship is happening. Because you don't know necessarily what the child means by older. So, for example, you might have a sixth grader dating an eighth grader and that would be considered older. But that's not considered older in our reality.

But the relationship may be a caregiver. It might be the teen and a babysitter or a teen and an uncle. And that's a very different situation.

"You're going to want to listen. Identify the purpose of the conversation by listening," is what Robert said. That's great. And Lisa said listen as well.

"This is also an opportunity to empower the teen that came to you and ask them what they would like to see happen. She likely said do not ask any questions. Let the child talk. Listen. Try to ensure the child that you are there to help. And do they feel comfortable letting you know who it is?"

And after this discussion has taken place, you're going to want to talk to your supervisor immediately and you're going to want to document everything that you've been told.

With your supervisor, you should go over either your school or your agency policies and procedures and determine if a report is mandated.

Depending on the relationship with the teen that came to you, you may want to follow-up with them and see how they're doing, if they're okay, if they want to take any extra steps, and they may not want to discuss it further. And that's okay.

Trevina says I would give great body language, make sure the child feels comfortable to share. That's an excellent point. We definitely want to encourage youth to come to us if they're concerned. We want to empower them and express empathy. That's a great point. Thank you, Trevina.

And Omara says we should stress to the individual that you care about their safety and wellbeing. And that's exactly right.

So when I was working with youth, when explaining my role as a mandated reporter, I always said that it was my responsibility, obligation, to make sure that they were safe and taken care of. I didn't bring it into a legal perspective.

These are great responses. Thank you very much. And I apologize that we weren't able to go through the other scenarios, but it sounds as though everybody seems to be pretty well aware of appropriate responses to situations like this. And I'm going to give this to Nahama to wrap it up.

MS. NAHAMA BRONER: So we walked through quickly about recognizing the signs and the importance of training all levels of staff and seeking out resources, taking disclosure seriously. In mandatory reporting about learning your state's laws or tribal community guidelines or code, knowing the events and behaviors that need to be reported to which agencies and by whom, developing checklists and protocols, as well as reporting and developing within reporting your confidentiality protocols and agreements with your youth and families. I think it's the next slide. And making sure

that the written protocols, supervisory structures, agency, welfare, police and mental health resources are in place.

Make sure that you have resources for youth and family identified and available, pamphlets and others, hotline numbers. Make sure staff training is in place and training schedule and protocol to document it and plan out the steps for recognizing the problem, contacting your supervisors, speaking with youth and their families and reporting or contacting emergency services.

We have at the back a whole bunch of resources for you. And I'm mindful I think that our session is really at an end. I thank you so much for taking your time and joining us and for your responses and good questions throughout. Have a good rest of the day.

(END OF TRANSCRIPT)