Recognizing and Reporting Child Abuse

TRAINING FOR MANDATED REPORTERS

Trainer's Guide

Produced by Pennsylvania Family Support Alliance www.pafsa.org

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The Trainer's Guide provides all the information needed to make the program a successful learning experience for the participants. The guide should be referred to before the training, during the training, and after the training. Before training, the guide is an organizational tool for arranging facilities, people, time, and materials for training. The guide also presents some information in "About Training..." to improve general training skills. During training, the guide provides a script for presenting information and guiding the learners. Finally, after the training, the guide will help to evaluate the effectiveness of the instruction.

This training program is designed specifically for mandated reporters of child abuse, but may be beneficial for any participant who desires more knowledge about the Child Protective Services Law (CPSL), including college students and those earning advanced degrees. There are no prerequisite requirements for this training, although most participants currently work with children or plan to do so in the future.

The recommended number of participants for this training is no less than 15 and no more than 50, although a total around 30 or 35 is preferable. Having at least 15 participants ensures some opportunity for individuals to share their personal experiences during training. However, groups as large as 50 will make it difficult to provide much opportunity for interaction and discussion because of time constraints.

Ideally, the training was designed to be delivered over six hours. However, many organizations have limited time during which to provide training, so the program has also been designed to be delivered in three hours. As a trainer, the core components of the training program will still need to be covered. However, the trainer will need to provide more of an overview of some of the training material and limit the depth in which each topic is discussed. Adjustments will also need to be made to how many activities are conducted and/or the manner in which they are used. For example, in order to save time, an activity can be done as a large group instead of taking time to allow participants to complete each component of an activity individually.

Trainers should have an extensive background in human services, preferably working with children and/or the child protective services system. Trainers must have extensive knowledge of the Child Protective Services Law, its interpretation, and how it is implemented. Trainers should also have demonstrated training skills, including the ability to present to small and large groups, conduct activities, field questions professionally, and handle problematic groups or individuals.

The job of the trainer is to teach the objectives and course content and to help participants complete the activities as they are outlined in the Trainer's Guide. Room has been left in the margins of the Trainer's Guide so that the trainer may add notes. Although trainers are encouraged to add examples and share personal experiences, the intent and content of the training may not be altered.

Overview of the Topics

There are four main sections to the classroom training. Some sections include supporting activities. There is also a video, which has been developed to supplement the training.

The Child Protective Services System: The body of this section provides an overview of the Child Protective Services Law (CPSL), including the purposes of the law. How the law is implemented at the state and county levels is also covered, including a review of the child welfare system, ChildLine and the child abuse registry, and safety and risk assessment. An overview of General Protective Services is included.

Defining Child Abuse: This section outlines the three key components of child abuse under the CPSL and explains the standard for reporting child abuse. It provides definitions for a child, perpetrator, and abuse in the eyes of the law. Legal definitions and indicators for the child abuse are covered in detail. Exclusions to the law are also covered.

The Reporting Process: Once abuse is suspected, the CPSL specifically outlines the duties of mandated reporters. The process of filing a report, including contacting ChildLine, dealing with county Children and Youth services, and submitting the necessary paperwork, i.e. a Report of Suspected Child Abuse or CY-47, is discussed. Protections for those who report and the liability for failing to report are discussed.

The System's Response to Child Abuse: This section focuses on what occurs once a report of suspected child abuse is filed. It defines the various status determinations: unfounded, indicated, and founded. It covers what a mandated reporter is entitled to know regarding a status determination. This section also discusses what situations would be reportable to law enforcement.

INSTRUCTIONAL METHODS:

Activities: The training includes several activities designed to promote the understanding of the principles and components of the CPSL, general protective services, and the reporting process. They provide participants with opportunities to practice the skills identified in the learning objectives. Activities may be completed alone, in pairs, or in small groups. To save time, they may also be done as a large group activity with the entire class. Discussions following the activities support the points made in the activity and offer opportunities for structured feedback to the participants. In situations where there is insufficient time to do an activity, be sure to point out to participants that the activities can be done as a self-study activity and that the correct responses are available at the end of the Participant's Guide.

Presentation and Group Discussion: You will need to lead group discussions throughout the training, keeping the participants actively involved. For each section, discuss the lesson objectives, the main points to be covered, a review of the main points, and how the information and activities personally relate to the participants. The Instructional Outline suggests questions and discussion points that will promote an interactive learning environment. It is important to create an atmosphere in which participants feel comfortable asking questions of you and other participants and feel free to discuss their own experiences. Make the experience enjoyable for everyone.

PowerPoint Slides: Whenever a slide is needed, the slide appears in the Trainer's Guide. Slides are used to present main points during discussions and activities. They are also used for motivational purposes or to illustrate a point. A PowerPoint presentation has been prepared for you. A duplicate of each slide appears in the Participant's Guide to enable participants to follow along and to provide a visual reinforcement of the material that is discussed.

Flipcharts: There are three types of flipcharts that can be used for training: blank flipcharts, lesson flipcharts, and prepared flipcharts.

Blank flipcharts are sometimes needed during the training. The flipcharts created during the training also serve to keep a record of the ideas and responses of participants during discussions and activities.

Although the overheads support the lesson, all information for the training may also be created on **lesson flipcharts.** This type of flipchart contains the same information as the overheads. The trainer may choose which method of media presentation to use for the training based on what they are most comfortable with, space and equipment availability, etc. Lesson flipcharts are different from prepared flipcharts, but correspond exactly with all the overheads (or slides).

The third type of flipchart – **prepared flipchart** – is created prior to training and contains the course overview, the three components required for child abuse, and other material to which you will refer several times during the lessons. This provides a more permanent visual reference than an overhead or slide. The trainer may choose to either show the overhead or refer to the prepared flipchart, if utilized.

Tips on how to use flipcharts and overheads are included in the section "About Training..." You will need at least one flipchart stand for a **blank flipchart** and to accommodate any other flipcharts you choose to use.

Participant's Guide: The Participant's Guide is required for each participant and contains the course agenda, an introduction to the course, the materials needed for classroom activities, the information in the PowerPoint, and a resource list. Participants should use this guide to follow along during training.

"Your Guide to Pennsylvania's Child Protective Services System": A copy of this guide can be provided for each participant. It is intended for use as a resource and provides a comprehensive overview of the process of mandated reporting and guidelines for identifying child abuse. Although the guide is not used regularly during the training, you should point it out to participants and emphasize the importance of reading the information contained in it at a future time. This is particularly important to participants who attend a three-hour overview of "Recognizing and Reporting Child Abuse" training session, since there is significantly less time in that session for covering details.

"Annual Child Abuse Report": Every participant will not receive a copy of the annual report issued by the state of Pennsylvania, but several copies could be provided for participants to share and use as reference tools at their place of employment. If desired, participants may obtain copies by visiting PFSA's website at pafsa.org. The report provides statistical data on abuse and neglect across the state of Pennsylvania, including a breakdown by each county and the categories of abuse.

"What happened? A Guide for Professionals – Responding to Disclosures of Child Abuse": This brochure provides a general overview of the do's and don'ts on responding to disclosures of child abuse. Tips are offered on how to respond in a sensitive and legally defensible manner. It can be provided as a resource for participants.

"Now what? A Guide for Professionals – Working with Families and the Child Protective Services System": This brochure was designed as a handy reference tool for professionals on how to identify child abuse and neglect, how to report it, and how to work cooperatively with county Children and Youth service personnel. It provides information on what family members can expect once a report has been filed and how to assist a family to remedy the circumstances that placed their child at risk. It is provided as a resource for participants.

Other Resource and Reference Materials: Pennsylvania Family Support Alliance (PFSA) has a wide variety of resource materials for mandated reporters, parents, and professionals working with parents. These resources can be purchased through PFSA's website www.pafsa.org.

AGENDA

General Guidelines: This training program can be offered in either a three-hour or six-hour version. In addition to actual instructional time, you will need time for breaks, lunch, and a Pre-Training Survey, Post-Training Survey, and Training Evaluation. It is important to begin on time and to keep participants focused, especially when presenting the three-hour version, as there is a lot of information to cover, even with adjustments made for the shorter program. When presenting the three-hour version, be sure to let participants know that this is a **condensed** version developed to accommodate a three-hour time frame and that because of time constraints, some information will not be covered in detail. It is essential to let participants know that reference materials, including their Participant's Guide, are provided to ensure that they have access to additional information. When providing the six-hour version, a lunch break should be provided after three hours of instruction. It is important to allow participants to refresh, stretch, and take a break from the material.

Classroom Training: The times indicated are approximate running times for each lesson, so that you may tailor your daily agenda to the scheduling needs of each group. The time indicated in bold refers to presentation time and discussion time. Time dedicated for practice activities is indicated separately. Before training begins, determine what the time will be when you address each subject, so that you may keep yourself and the group on track.

AGENDA

Introductions and Course Overview

30 minutes

Introductions

Expectations

Pre-Training Survey

Lesson One: The Child Protective Services System

1 hr., 40 min.

A Balanced Approach

The Child Welfare System

Purposes of the Child Protective Services Law

Risk Assessment

General Protective Services

Activity: CPS vs. GPS – What Would You Do?

(15 minutes)

Lesson Two: The Reporting Process

1 hr., 10 min.

Reporting Obligations

Making a Report

Protections for Those Who Report

Liability for Failing to Report

Activity: Recognizing and Reporting Child Abuse (15 minutes)

Lesson Three: Defining Child Abuse 1 hr., 40 min.

The Elements of Child Abuse

Perpetrators

Exclusions

Activity: Is This Suspected Abuse? (20 minutes)

Lesson Four: The System's Response to Child Abuse 30 minutes

The Child Protective Services Investigation

Status Determinations

Reports to Law Enforcement Officials

Activity: Case Scenarios (15 minutes)

Conclusion 30 minutes

Post-Training Survey, Evaluation

Note to Trainer: This agenda's time frames are based on the six-hour training. You will need to make adaptations when delivering the three-hour version while still covering key points.

RESOURCE LIST

Prepared Training Materials:

- Trainer's Guide
- One Participant's Guide for each participant (required)
- Copy of "Now what?" and "What happened?" brochures for each participant (optional)
- PowerPoint slide presentation
- Set of prepared flipcharts, if desired
- Copy of most recent "Annual Child Abuse Report"

Other Materials and Equipment Needed:

Materials:

- 1 to 2 flipchart stands
- Blank flipchart pad
- Thick, dark markers for writing on flipcharts
- Paper or large (5" x 8") index cards for making name tents
- Sentence strips or 3" x 24" strips of flipchart paper (optional)
- Banner headings (WIIFM and Parking Lot)
- Masking tape or poster putty
- Sign-in sheet(s)

Equipment:

- LCD projector or screen for PowerPoint display
- Extra bulb for projector
- Extension cord for projector
- Projection screen or blank wall for PowerPoint
- Tables and chairs to accommodate each participant

ABOUT TRAINING...

Adult Learning Characteristics:

Most of our teaching experiences involve children or our memories of our own childhood learning experiences. Teaching adults is a totally different process. When you are in training sessions, remember these points about adult students:

- Adults are self-directed. Do not dominate the class. Try to involve the participants as much as possible.
- Adults are experienced. Draw on their experience. Do not discount it. They will accept the new information you are offering much more readily if you take their opinions into consideration.
- Adults are practical. Let them know how training will benefit them in their daily/on-the-job activities. Relate points to individual people and real situations whenever you can.
- Adults are problem-solvers. Emphasize the practice activities and try to involve participants in working out the problems presented in each section.

How to Use the Trainer's Guide:

Read the Training Overview and the agenda. They will give you a good general introduction to the material to be covered. The Training Overview is designed to help you organize and determine the flow and sequence of training by:

- Breaking the program into timed segments,
- Identifying the key points to be made, and
- Indicating all necessary materials and equipment.

Read through the Instructional Outline. It is a "script" for you to follow throughout the training. It contains objectives, lecture notes, content points to make, and tips on organizing activities.

Review the corresponding material in the Participant's Guide. Go through the activities. You must be familiar with the material and the activities in each section.

Highlight key points in the Trainer's Guide. Make notes in the margins. These notes could include:

- Additional questions
- Times to start and end activities
- Anecdotes you many want to use

Do not hold the Trainer's Guide while presenting training. Open it to one section at a time and lay the book flat on the table.

Presenting Information:

The principles of good public speaking hold true when training. Remember, your participants are your audience, so maintaining their attention affects learning.

- Speak clearly, defining terms that may not be understood.
- Speak at a moderate rate, not too fast and not too slow. Pause for questions or comments.
- Vary your pitch, volume, and inflection to emphasize points and maintain attention.
- Look directly at participants as you speak. Every participant should feel as if you are talking to them personally. You can create this feeling by maintaining eye contact with each person for 3 to 5 seconds.
- Move about the room as you speak. Sitting or standing in one place can be monotonous. Moving around the room and among the participants will keep their interest.

- Be aware of your hand and arm movements, so that you are gesturing for emphasis but not overdoing it. Avoid holding on to something like a pen or marker that could be distracting.
- Smile. Enthusiasm is contagious.

Flipcharts:

Flipcharts are used to keep a record of participants' input during the training. Some general principles for using flipcharts are:

- Write letters at least one and one-half to two inches tall, so that participants can see them.
- Use color for emphasis. Avoid yellow; it must be outlined with a dark color to be visible.
- Turn to a blank page of the flipchart when you are no longer referring to the information.
- When recording participant responses, use the participants' actual words rather than your interpretation. This gives them a sense of ownership and reinforces their active participation. If you edit at all, verify with the participant that you have captured the essence of their response.
- When writing on a flipchart, use key words rather than complete sentences.

PowerPoint Presentations:

General Principles:

- "Drain and explain" each slide. Summarize the entire visual and then explain each detail.
- A laser pointer will enable you to point out a specific detail.
- LCD projectors have a stand-by mode that can be implemented when the PowerPoint presentation is not being used.
- Avoid blocking the projected image. You can block the image in two ways, by standing in the path of the light so that the image does not reach the screen or by standing in someone's line of vision so that the person cannot see the whole screen.

Facilitating Group Discussion:

One of the best teaching techniques is group discussion. During discussions, misunderstandings or questions can be cleared up before going on to the next section. When the Program Outline says "Discuss," this means you should ask questions to prompt the participants to participate in the presentation. Questioning may be used for a variety of reasons:

- Motivation. Use a question to stimulate participants' interest.
- **Information about participants.** Ask about their prior experiences, so that you can use examples that are relevant to them. For example, "How many of you have had the experience of making a report of suspected child abuse?"
- **Application.** Ask questions to help participants apply general information to specific instances. For example, "Which category of child abuse might this situation fall under?"
- **Relevance.** Ask questions to find out how the participants can use the skills. For example, "If you observe injuries on a child that you suspect may be a result of child abuse, what would you be required to do as a mandated reporter?"
- **Discussion.** Initiate discussion by asking a question. For example, "What are some possible behavioral indicators of sexual abuse?"
- **Reinforcement.** Ask questions to reinforce key points. For example, "What are three components that must be present for child abuse to be substantiated?"

Responding to Questions

No matter what the purpose, a good question is clear, concise, short enough to remember, and open-ended in order to promote discussion. The way you respond to questions will often determine whether a discussion will begin. Remember the following points when the participants ask questions:

- **Be honest.** If you do not know the answer, say so. Offer to find the answer.
- **Provide support.** Encourage your trainees' participation. Use phrases like, "That is an interesting point." Or "I am glad you asked that question."
- **Be clear.** Present your responses as clearly as possible. Do not stray from the subject.
- **Be open to challenge.** Answer questions in a positive manner, even when participants do not understand or agree.
- **Use participants' words.** Avoid reinterpreting their questions.

Conducting Small Group Activities

Small group activities are used when participants need to practice a skill. You play an important role in the success in this part of the training. You must not be too critical, and you must help the participants stay on track.

Before a small group activity:

- Review the directions and take notes until you have a clear picture of how the activity will run.
- Make sure you have all the materials ready.
- Make sure you understand the training objectives that the activity is working toward. Keeping these in mind will help you avoid getting off track.
- Plan ahead on how you will organize and group participants (e.g. counting off, etc.)
- During small group activities, ensure different participants are given the opportunity to lead the activities.

During a small group activity:

- Introduce the activity:
 - Give participants a brief description of the tasks, objectives, directions, and time restrictions.
 - Allow time for questions.
- Monitor the activity:
 - Circulate among the participants.
 - After the activity has begun, do not interrupt with more information.
 - Let the participants know how much time they have left for an activity.
- Debrief the activity:
 - Summarize the activity and the objective being practiced.
 - Give positive and constructive feedback.
 - Ask questions and respond to them.
 - Provide a transition to the next section.

Suggested Responses

Suggested responses are included for the trainer throughout the training, indicating expected answers. If participants do not respond with these answers, the trainer should offer them or use techniques to elicit them from the group.

Suggested responses are not intended to be all-inclusive, but rather are provided as a guideline for trainers to use in ensuring that the participants understand the salient points. Often, there is no "right" or "wrong" answer, but rather the objective is to have the participants go through a process, incorporate information they have learned, and come up with a decision or answer they can support based on the information provided. If participants' responses indicate they do not fully understand the concept(s) or the responses do not fall under the scope of the "suggested responses," the trainer should use facilitation techniques to guide them to a more correct response.



Closing

Closing a lesson successfully requires techniques similar to those a good salesperson uses to close a sale. The salesperson gets a commitment from the buyer just as you must get commitments from your participants. The trainer elicits a commitment or motivation to use the newly learned skills and knowledge. A salesperson summarizes the points of the sale just as an effective trainer reviews the major points of the lesson.

A successful closing to a lesson should involve the following points:

- A review of lesson objectives, benefit statements, activities, and major content points.
- Examples of how the new skills or behaviors can be applied to the job.
- A linking of participants' personal objectives to lesson material.

The trainer can close the lesson or ask participants to provide the necessary review information. There are times when one technique is more appropriate than the other. Your Trainer's Guide outlines this for you.

Adapting the Training

This course may be used with a variety of participants in a variety of settings. The program has been designed so that it may be adapted to meeting individual needs and work well under a variety of conditions. This section lists some variations you might encounter and offers suggestions for making the most effective and efficient use of the program.

Keep in mind that this training is offered in both a three-hour and a six-hour version. Obviously, the six-hour version allows for a lot more information to be conveyed, and the trainer must make some adaptations in order to cover the relevant content in the three-hour version. Such adaptations will include making references to material that will not be covered in-depth, changing small group activities into large group activities, and limiting the number of examples and references made during training. It is critical to cover all key points addressed in the pre- and post-tests thoroughly.

Smaller Sections

Many people or organizations are unable to provide for the six-hour version of the training. When faced with this situation, most organizations will opt to schedule the three-hour version. However, it is also possible for this training to be provided in segments by looking at the time allotments for individual topics on the agenda and finding time periods that will correspond to the length of the topics. Some organizations will opt to deliver two three-hour segments on different days or even different weeks.

The advantages to breaking class periods into smaller time frames include less fatigue, more chances for practice between sessions, and the ability to accommodate people's schedules. The disadvantages are loss of momentum and the additional time to gear up for each session. Because people may want to discuss what they have learned and practiced since the last session, and because time must be added for review/introduction and a summary for each session, the total instructional time will be longer. How much longer depends on the number of sessions and the amount of time between them.

Not Enough Time

Not Enough Total Time Course designers and instructors are often under a great deal of pressure to squeeze instruction into a smaller amount of time. Consumers of the training might ask for a "two-hour version" or say they only have one hour to do it, and "it is that or nothing." When faced with this dilemma, there are several options.

Advocate for Making the Time This is the best choice. Show the consumer the skills taught in the class and say that although the topics could be addressed, there is no way to ensure a skill level in less time. In addition, the Department of Human Services has approved the training program to be delivered in no less than three hours. You can offer to present the course in segments. Emphasize that the most important thing is for the participants to leave training with new abilities to improve their skills in recognizing and reporting child abuse and that these skills can only be achieved with adequate time for practice and feedback.

Offer to teach the three-hour version versus the six-hour version. While the three-hour version still requires a substantial chunk of time, you can emphasize that the key points are still covered and that there is less time for discussion and interactions. Activities may be adjusted and/or adapted in a way that allows the key points to be discussed in the least amount of time possible. However, trainers must be vigilant that they are not eliminating pertinent information and that all topic areas are still covered during the training.

Do not agree to provide brief overviews of all the topics. Because the practice activities are the most time-consuming parts of the program, it is often tempting to remove them to save time. What remains then is a presentation of the program content. This may be interesting, and it may offer information, but it is not skill building. A definite distinction should be made between presentations and training. Presentations offer the views of experts and impart information; training is aimed at the mastery of learning objectives. Learning objectives cannot be mastered without practice and feedback. If mastery is desired, then practice is essential. If mastery is not important, then a presentation might

suffice. However, this is a training program and would need to be adapted significantly to make an effective presentation.

Distance Problems

Participants Dispersed Geographically One benefit of group training is the ability of participants to share information and experiences. Another benefit is that many training activities involve trying out techniques and building communication skills, things that cannot be done in isolation.

As effective as group training is, it is only complete when balanced with individualized one-on-one practice and feedback. This enables the instructor to observe skills being performed in the actual setting. However, given that Pennsylvania Family Support Alliance must attempt to provide training to as many individuals as possible, the consumer should be encouraged to see the value of group training, particularly in this subject matter, even if several participants must travel some distance to attend the session.

Inexperienced Participants

Participants Who Have Very Little Experience With the Subject Matter

The training is designed for staff and professionals who may have little to no experience in recognizing and reporting child abuse. In fact, it is not unusual to have some participants who did not realize they were mandated reporters of child abuse. However, within each group, it is likely there will be those individuals who have more knowledge than others. If the target group has very little knowledge or experience, then they will need many examples and chances to practice. In situations where the participants are more skilled, you may choose to move quickly through some of the instruction, using it as a review.

Self-Study is Not the Best Option You may have a request for a copy of the materials so that someone may use it as a self-study module. This course is best as an instructor-led course, because the trainer then has the opportunity to provide guidance throughout the training. In addition, participants learn a lot from each other, especially when different experience levels are present.

Pennsylvania Family Support Alliance has an online training program on Recognizing and Reporting Child Abuse. Although it is an excellent training module and provides interactive opportunities throughout the program, including scenarios and a post-test, using it in isolation is not the best option. Individuals and organizations may utilize this program through PFSA's website. However, it is strongly recommended that there be someone available within the organization who is well-versed in child abuse and neglect and the Child Protective Services Law and is able to answer questions and provide technical assistance to anyone using the online training program.

Presentation time: 30 minutes

Show Slide: Recognizing and Reporting Child Abuse



Recognizing & Reporting Child Abuse



Training for Mandated Reporters

Welcome participants to the training.

Introduction: Briefly introduce yourself and give an overview of the qualifications that led to you presenting this training.

Present a brief overview of Pennsylvania Family Support Alliance (PFSA). PFSA has been strengthening families in Pennsylvania for more than 40 years and is a vital community partner in the prevention, intervention, and treatment of child abuse, including:

- Program services that provide parenting skills education and support services for families through PFSA's work with affiliates agencies.
- Training programs for professional in child abuse and neglect

 Education for communities through PFSA's Front Porch Project Training community-based primary prevention initiative based on the belief that everyone can — and should — become more aware of how to help protect children in their own community. It provides ordinary citizens with the knowledge, training and encouragement they need to become involved.

Continue: PFSA was selected by the Department of Human Services as the state's training provider of mandated reporters for education, community service, early education, and religious professionals. For more information, you may visit PFSA's website, which can be found on your training materials.

Present: Before we get started, please find the handout page titled "Pre-Training Survey." Please complete the top of the page and be assured that the information is kept for outcome measures only and is confidential. You will have five minutes to complete the Pre-Training Survey. It is not expected that you will know most of the information at this point in the training, so you can relax. The survey will be used to measure against your knowledge after you have gone through the entire training.

Note to Trainer: Give participants 5 to 7 minutes to complete the survey. Since many individuals have limited knowledge of the information to be covered in training, it is not expected that most participants will do very well. Assure participants that not knowing the answers is okay at this stage. Once they are done, ask them to leave it in the back of their guide. Spanish versions of the pre- and post-surveys are available for your use, as appropriate.

Introduce the training: This training has been designed specifically for individuals who are mandated by the Child Protective Services Law (CPSL) to report suspected child abuse. It is designed to provide an overview of the law and its components and to provide an understanding of your role as a mandated reporter of child abuse. The course will also describe the steps to take when you suspect child abuse, how the Child Protective Services system assists children and their families, and what the outcome of an investigation of child abuse may be.

Course Expectations:

Ask the participants to introduce themselves to the group and to share a little about their background and experience, including their current position. Ask each participant to write their first name on a large index card (or piece of letter-size paper) in large letters and fold it, so that it is visible to you.

Ask participants to share their expectations of the course. Write them on a blank flipchart. Explain that you will revisit the expectations at the end of the course.

Alternative Ways to Obtain Expectations:

When it is necessary to save time, you may not be able to ask each individual what their expectations are. However, you should still ask participants as a group whether anyone has any specific expectations and record them on a flipchart.

Activity: What's In It For Me

Use this alternative for groups of 30 or fewer and in situations where there is ample time.

- 1. Instruct participants to turn over their name tent (created at the very beginning of training). On the back of the name tent, participants should list what is it that they most want or need to know about child abuse to help them do their jobs better. Ask participants to respond to the question while keeping the training objectives and agenda in mind.
- 2. Ask each small group to introduce themselves to those at their table and discuss the needs they have listed on the back of their name tents. Each group should then decide which needs they would like to put forth to the large group. Each of the identified needs may be written on an individual sentence strip or all of each table's needs may be posted on one sheet of flipchart paper. Each group may also be asked to jot down their needs on a sheet of notepaper for the trainer to transcribe on a flipchart sheet.
- 3. Reconvene the large group and circulate among the tables to determine the needs of participants. If flipchart paper was used, each small group should hang their sheet on the wall and briefly tell the large group about the needs listed. The trainer may wish to tell each group to monitor their list throughout the training and put a check mark next to needs as they are addressed.

If sentence strips or flipchart strips were used, the trainer can rotate among the small groups to collect them and ask for any clarification on the items noted. The strips can be hung under a banner heading for What's In It For Me? for items that the trainer will make a good faith effort to address, or Parking Lot for items that are beyond the scope of the training. The trainer should attempt to tell participants about other resources that address Parking Lot issues.

Note: Use these expectations to modify your presentation by emphasizing throughout the course those points or skills that participants have identified as concerns or needs.

Show Slide: Goal of Course

Goal of Course

You will gain an understanding of your role as mandated reporters in meeting your legal obligations in the area of child protection as per the Child Protective Services Law (CPSL). You will describe and apply current information on the CPSL, recognize elements and indicators of child abuse and neglect, and demonstrate reporting procedures.

Present: The course goal is a general statement of what participants should be able to do by the end of the course.

Achieving this goal will help mandated reporters understand the importance of their role in the prevention of child abuse and neglect in Pennsylvania and the negative consequences maltreatment has on children and families.

Present benefits of the course: By gaining a better understanding of the CPSL and the obligations of being a mandated reporter, professionals will be better prepared to:

- Identify potential child abuse and neglect,
- Be more alert to warning signs, and
- Increase the likelihood that cases of child abuse will be reported accurately and in a timely manner.

Show Slide: Objectives of the Course

Course Objectives

- Describe and apply current information on the PA Child Protective Services Law
- Review the role and responsibilities of the Child Protective Services System
- Identify elements and indicators of child abuse
- Review child abuse reporting procedures
- Describe the actions that will be taken by the county agency in response to reports of child abuse
- List the status determinations that are assigned to child abuse reports

Discuss the course objectives.

It is important to understand that this training will focus on what the CPSL defines as child abuse and neglect in the Commonwealth of Pennsylvania. Keep in mind that what we might think is a bad situation or abuse may not meet the standards of the law in terms of child abuse. This training is designed to help you understand the letter of the law and your personal and professional obligations. In addition, you will gain an understanding of how the Child Protective Services System is designed to address issues that arise in each county.

Discuss personal values. In addition, it is important to understand that we each bring with us a set of personal values and experiences that may influence how we perceive things, particularly when it comes to topics like child abuse. As professionals and mandated reporters, it is important to understand that, at times, we may need to remove our personal filters and examine a situation more objectively. Although the circumstance in question may not seem right to you, you will see that that does not necessarily mean it meets the standard for child abuse as per the CPSL.

For example, name-calling and speaking to a child in a degrading and demeaning manner, while certainly an unpleasant situation, would not, in and of itself, meet the criteria for child abuse. You may be vehemently opposed to corporal punishment or spanking a child. However, in most cases such actions would not be deemed child abuse and would not be reportable in Pennsylvania. As we go through this training, we will discuss information that will help you make decisions as a mandated reporter.

Introduction

Show Slide: Components of Child Abuse

Components of Child Abuse

- Child
- Perpetrator
- Act or failure to act

Discuss: Although we will not go into any detail at this point, it is important to mention that when it comes to the law, it is very specific on what qualifies as child abuse.

- Child This is by far the easiest category to define. Under the law, a child is a person who has not reached their 18th birthday.
- Perpetrator There are several categories defined under the CPSL. An
 alleged abuser must fall into one of those categories to be a perpetrator
 under the CPSL. This does not mean that their actions could not be
 addressed as a criminal act, but if the abuser does not meet the criteria
 for a perpetrator under the CPSL, which is a civil mandate, it would not be
 considered child abuse.
- Act or failure to act The CPSL defines different types of child abuse. For an act or failure to act to be considered child abuse, it must fall under the standards that are defined in the CPSL for child abuse.

Present: As we go through the training, we need to keep in mind that we are discussing child abuse and neglect as defined by the law. This is one of the reasons why harm that comes to a child is not always substantiated. It did not meet the standards set forth by the CPSL.

Introduction

Show Slide: Agenda

Agenda

- I. Introduction
- II. The Child Protective Services System
- **III. The Reporting Process**
- IV. Defining Child Abuse
- VI. The System's Response to Child Abuse
- VII. Conclusion

Discuss the slide, mentioning key points that will be covered in the various sections.

Review the training timetable, which will vary depending on whether the training is a three-hour or six-hour version, including a notation about breaks and lunch, as appropriate. Discuss any other rules of the training (e.g. smoking policy) as well as key areas of the facility such as restrooms, refreshments, etc.

Refer participants to their Participant's Guides and accompanying reference and resource materials.

Present: Child abuse is a difficult topic to discuss. Many of us have been affected directly or indirectly by child abuse. We will be looking at some drawings of injuries to children in Lesson 3. If at any point you need to leave the room to take care of yourself, please feel free to do so.

The Child Protective Services System

Presentation Time: One hour 30 minutes

Introduce the lesson. Before we begin talking about the specifics and definitions of child abuse as outlined in the Child Protective Services Law, it is important to build a foundation regarding protective services and the child welfare system. This will provide a philosophical base for the training and a point of reference for the remainder of the training.

Objectives of Lesson One

Participants will:

- Determine their role in the child protective services system
- Describe the system established for child protection
- Explain how the desire to protect children must be balanced with the need for careful reporting
- Apply the purposes of the CPSL to the operation of county Children and Youth agencies

Review objectives of the lesson.

Refer participants to page 7 of the Participant's Guide.

Present: It is helpful to begin by discussing the need for protective action on behalf of children. When a parent or caretaker seriously injures or kills a child, it is an individual tragedy. Tens of thousands of similar situations make child maltreatment a societal as well as an individual tragedy of great magnitude.

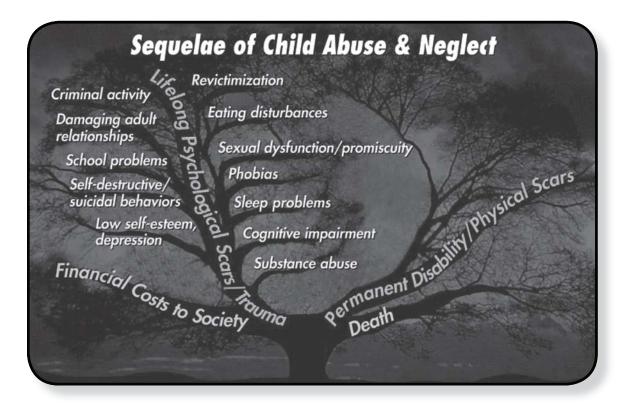
Refer to the Pennsylvania Department of Human Services's Annual Child Abuse Report.

Present: Each year, the Department of Human Services (DHS) prepares an annual report regarding child abuse in the Commonwealth of Pennsylvania. Copies may be found on PFSA's website at pafsa.org. The report provides statistical data and information about child abuse and neglect across the state in addition to information on each county.

Although statistics must be approached with care, the best estimate is that approximately one million children are abused or neglected by their parents in the United States each year. In Pennsylvania alone 3,000-5,000 reports of child abuse are substantiated annually.

Each year, almost 1,500 children die in this country as the result of maltreatment, and it is believed that this statistic is largely underreported. This statistic makes death by maltreatment the sixth largest cause of death for children under the age of 14.

Show Slide: Sequelae



Note: Sequelae (pronounced se-quel-ae (sî-kwêl'ē), is a Latin term meaning a secondary consequence or result. The slide illustrates the profound consequences of child abuse and neglect.

Present: Child maltreatment can have long-term consequences. Children who live through years of assault, degradation, and neglect bear scars that can last for years. Some maltreated children grow up to vent their rage on their own children, parents, spouses, and society in general. They are often seen in prison. Studies show that being abused as a child doubles the likelihood that a juvenile will commit a criminal act. Others may have emotional deficits and learning challenges that burden the community's social service and public welfare systems.

Review: As we take a look at this overhead, we see a number of ways in which child abuse and neglect can impact the lives of children and society in general. As we look down the center of the tree, it is no surprise to see that victims of child maltreatment are likely to suffer lifelong psychological scars and trauma. When someone who is supposed to care for a child and love them harms them instead, it is difficult for a child to deal with this. The scars can be long and deep, particularly if the abuse is severe and ongoing. Even more tragic is that about 60 percent of substantiated abuse is at the hands of someone who has a parental relationship to the abused child.

People often want to believe that those who abuse children are monsters and cannot be anyone they know, but child maltreatment travels across all boundaries. People who abuse children may be just as likely to be a family physician as they are the guy who cuts lawns in the neighborhood or the woman next door. It is important for us as professionals to recognize that our own biases and perceptions may blind us to signs and symptoms of child maltreatment, simply because we do not want to believe that anyone could be a potential abuser. For example, when it comes to sexual abuse of children, less than 20 percent of the perpetrators are strangers to the victim.

In some situations, permanent disabilities and/or scars and even death occur. In Pennsylvania, 58 deaths were attributed to child abuse in 2021.

Present: Prolonged, severe, or unpredictable stress, including abuse and neglect, during a child's early years can result in negative impacts on the abused child's physical, cognitive, emotional, and social growth. A number of issues are associated with child abuse and neglect, including:

- Criminal activity As indicated earlier, child abuse significantly increases the likelihood of engaging in criminal activity as a child gets older. Prisons contain a high percentage of individuals who were abused and neglected as children.
- Damaging adult relationships With the relationship between a caregiver and
 a child being one of the most important of a child's life, an abusive parental
 relationship has the potential to severely impair an individual's ability to
 engage in healthy relationships as an adult. The lack of opportunity to form
 an attachment with a nurturing caregiver during infancy may result in some
 children always having difficulties forming relationships with others.
- School problems Children who are maltreated frequently demonstrate difficulties in school, both academically and socially. More than 50 percent of abused children have difficulty in school, including poor attendance and misconduct. Children who are abused and neglected are rarely able to experience a state of "attentive calm," which is necessary to learn and incorporate new information.
- Self-destructive and/or suicidal behaviors Abuse, particularly long-term maltreatment, can have detrimental effects on the mental health of children. Unable to deal with what is happening to them, approximately 14 percent of abused children engage in self-destructive behaviors.
- Low self-esteem and/or depression Maltreatment at the hands of people who should love and nurture them can have damaging effects on how children perceive their value as individuals. Studies show that more than 50 percent of abused children have socioemotional problems.

- Revictimization Studies demonstrate that being victimized as a child significantly increases the likelihood that an individual will victimize others.
 Fortunately, studies also show that this cycle can be broken with appropriate interventions.
- Eating disturbances Eating disturbances, like other self-destructive behaviors, are often linked to self-esteem and mental health issues.
- Sexual dysfunction and/or promiscuity Being sexually abused as a child can result in a wide range of negative outcomes, including dysfunctional sexual behavior and promiscuity.
- Phobias and other mental health disorders A wide variety of mental health disorders can arise in the aftermath of abuse, including phobias, post-traumatic stress disorder, anxiety, etc.
- Sleep problems Often connected to fear and anxiety and the resulting hyper-vigilance, problems with sleep are not uncommon in individuals who were abused. Maltreatment during infancy or early childhood can cause important regions of the brain to form improperly, leading to physical, mental, and emotional problems such as sleep disturbances, panic disorder, and attention deficit/hyperactivity disorder (DHHS 2001).
- Cognitive impairment Injuries from physical abuse, long-term neglect, and other abusive actions can significantly impair a child's ability to develop normally. Babies who survive Shaken Baby Syndrome frequently suffer from visual impairments such as blindness, motor impairments such as cerebral palsy, and cognitive impairments. Approximately 30 percent of abused children will have some type of language or cognitive impairment. One in four children from abusive households is likely to receive some type of special education services between kindergarten and 12th grade.
- Substance abuse The psychological effects of maltreatment often lead victims of child abuse to abuse substances like alcohol or drugs in an effort to deal with the pain and trauma caused by the abuse.

Ask: What would you guess is the total annual cost in the United States to deal with child abuse and neglect and related issues? (Note to Trainer: Encourage participants to make a wild guess.)

Suggested Response: In the United States, it is estimated that approximately \$124 billion are spent annually to address the direct and indirect costs of child abuse and neglect. Direct costs include services in place to investigate child abuse and providing foster homes and other placements for children who are not safe living with their parents. Indirect costs include productivity losses and special education costs. As indicated earlier, child maltreatment is not just an individual tragedy; it is a costly problem for society, both financially and in the negative impact that it makes on people's lives.

Trainer's Note: A report on these findings is available by visiting the Center for Disease Control and Prevention at:

http://www.cdc.gov/media/releases/2012/p0201_child_abuse.html.

Show Slide: Addressing Child Abuse

What Can Be Done

- Learn about child abuse
- Be alert to warning signs
- Be prepared to report

Present: Each person can help protect endangered children by recognizing signs of abuse and neglect and reporting them to the proper agency. In order to do so, three things must be done.

- Learn about child abuse Victims of child abuse are usually too young or too frightened to obtain help for themselves. Helpless children can be protected only if a concerned individual recognizes the danger and reports it.
- Be alert to warning signs All professionals serving children should learn about the signs of child abuse and neglect. Few people fail to report because they do not care about endangered children. Most simply do not recognize the danger the child faces.
- Be prepared to report Reporting begins the process of protection.

 Everyone has a moral duty to report suspected child abuse. If someone like you does not report, who will? And if no one reports, how will the child protective services professionals know that the child and family need help? In addition to a moral duty, some people are legally mandated to report.

Present: Nonetheless, abused children are dying or continuing to suffer because they are not being reported to child protective services. This is coupled with the concern that some children who should not be reported are being reported, which diverts limited child protective resources from appropriate reports. Therefore, efforts to encourage more complete reporting must be balanced with efforts to reduce the high rate of unfounded reports.

Show Slide: Reporting of Child Abuse

Reporting of Child Abuse

- 3.5 million children reported as alleged victims annually in the United States
- Substantiated reports make up about 17 percent of the reports
- In Pennsylvania, substantiation rate is 10-13% annually

Discuss:

- Each year in the United States, 3.5 million children are reported as victims of suspected child abuse or neglect are made. Just under 17 percent of the reports are substantiated.
- In Pennsylvania 3,000 5,000 reports of child abuse are substantiated each year. However, 30,000 44,000 reports of child abuse are investigated annually. The substantiation rate in Pennsylvania has been 10-13 percent in recent years.

Present: Reporting child abuse is not only the right thing to do, but it may also make the difference in a child's life. The earlier that prevention and/or interventions can be provided, the greater the likelihood that damage to the child can be averted or, at the very least, minimized. Efforts to prevent child maltreatment allow children to grow up healthier. Prevention also reduces the burdens on systems and services such as education, law enforcement, corrections, and mental health. The money saved can certainly be used in many better ways to enhance the lives of America's children.

Present: Despite the large number of reports, laws on reporting, and increased public and professional awareness, it is believed that a large number of endangered children are still not reported to child protective services. A study conducted by PFSA and Franklin and Marshall College's Center for Opinion Research found that only 17% of citizens felt that child abuse was a problem. This is a confounding percentage given the number of Pennsylvania kids reported as victims of suspected child abuse. If people do not see child abuse as a problem they are less likely to report.

Show Slide: Many Cases Unreported

Many Cases Unreported

- Confusion or uncertainty about reporting responsibilities
- Ignorance of the warning signs
- Fear of an inadequate response
- Do not want to become involved
- Fearful of repercussions
- Concerned that reporting may violate professional obligations

Present: Let us take a look at this slide to examine the reasons cases go unreported.

- Confusion about what should be reported is a major reason why many cases are not reported. Many people simply misunderstand reporting requirements and procedures. Participants should be encouraged to seek training and guidance to meet their responsibility as mandated reporters and assist children in need.
- Ignorance of the warning signs is another reason for failure to report. Many studies have documented limited knowledge for detecting symptoms of child abuse and neglect among professionals who serve children. Again, professionals should be encouraged to seek training and guidance to meet their legal responsibilities.
- Some professionals hesitate because they think that the authorities will not respond adequately. As mandated reporters, professionals cannot allow fears and previous frustrations with the system to prevent them from meeting their legal obligation to report. Children and Youth Services agencies are not perfect, but they are there to assist the child and the family and are most likely in a better position to do so than you are. The system is not flawless, but it does have as its foundation the desire to do the best by

- each child. Professionals are encouraged to maintain contact with the child and family, if possible, to ensure they are getting the assistance they need.
- Others may not report, because they do not want to get involved. As
 mandated reporters who suspect a child has been abused, they are already
 involved. The law requires professionals to seek appropriate intervention for
 the child by reporting suspicions.
- The reporter may have to testify in court. Personal convenience should never override concerns for the safety of a child.
- Some are concerned that parents may react violently. This is an understandable concern, but a possible negative reaction from the parents cannot supersede the safety concerns for a child. You have organizational policies and procedures to protect you; the child may only have you.
- A few professionals, like psychologists and psychiatrists, are concerned that reporting violates their professional obligations to their clients or it will cause their clients to flee therapy.

Transition: Although there are certainly a lot of reasons one could come up with for failing to report child abuse and neglect, the bottom line is that not only is it the right thing to do, but the law mandates or requires reporting of many individuals. The legal mandate overrides all concerns mentioned.

Present: At the same time that many seriously abused children go unreported, child protective agencies are inundated by unfounded reports. Unfounded reports are to be expected, because reporters only need to suspect abuse, while the protective service agencies complete the actual investigations.

Many families undergo investigations of reports that eventually are deemed unfounded. The determination that such a report is unfounded comes only after an unavoidably traumatic investigation that is inherently a breach of parental and family privacy. Caseworkers must inquire into the most intimate personal and family matters. They often need to question friends, neighbors, and others who know the family.

As a result, child abuse reporting is a necessary means of protecting children that can also have serious side effects. Laws against child abuse are an implicit recognition that family privacy must give way to the need to protect children. In seeking to protect children, though, it sometimes becomes too easy to ignore the legitimate rights of parents.

A flood of unfounded reports can also overwhelm the limited resources of the child protective services agencies. Forced to allocate a portion of their resources to unfounded reports, child protective agencies may be less able to respond effectively to children in serious danger.

Again, some portion of unfounded reports is an inherent and legitimate aspect of reporting. However, current rates of unfounded reports in Pennsylvania are quite high, and achieving more appropriate reporting is one of the goals of this training.

To call for more careful reporting of child abuse is not to be indifferent to the plight of endangered children. Rather, it is to be realistic about the operations and capabilities of child protective systems. The challenge is to achieve a balance between the need to protect children and the need for careful reporting and to apply that understanding to the children and families that we encounter.

Refer participants to page 12 in Participant's Guide.

Show Slide: The Child Welfare System

The Child Welfare System

Develops Law & Provides Funding to States Federal Government/Congress

Develops State Laws in Accordance with Federal Legislation & Provides Funding **State Legislature**

Develops Regulations to Implement State Law, Distribute Funds, Establish Registry

PA Department of Human Services

Child Abuse Hotline & Registry,
Provides Clearances
ChildLine

Monitors All County Agencies **DHS Regional Offices**

Hires County C & Y Director & Provides Additional Funding County Government/Commissioners

Provides Protective Services for Children County Children and Youth Services Agencies

Services Agencies

Discuss: The authority for the child welfare system has many layers.

- Federal Government/Congress: At the top level, Congress and the federal government develop laws and provide funding to the states. Those mandates are then sent to the legislature in each state. An example of such a law would be CAPTA, the Child Abuse Prevention and Treatment Act.
- State Legislature: The chain of authority begins with the Commonwealth of Pennsylvania. Through its legislators, laws dealing with children and families are enacted. The laws might be based on federal mandates, federal guidelines, and/or processes that the legislature chooses to establish. The

legislature also makes decisions on the sources and amounts of funding available for the services. In Pennsylvania, the Child Protective Services Law, or CPSL, is such a law. Compliance with federal mandates often determines the amount of resources made available at the state level. For example, when the Commonwealth of Pennsylvania came into full compliance with CAPTA through legislative amendments in 2006, Pennsylvania became eligible to receive additional funds through the act.

- PA Department of Human Services (DHS): DHS is an arm of the Commonwealth. It determines regulations that outline the rules for carrying out the laws. Regulations set the minimum standards for the functions of a child welfare agency. Pennsylvania has a county-based child protection system. Each of the 67 counties is mandated to set up a Children and Youth agency that operates under all the applicable laws and regulations.
- ChildLine: DHS also operates ChildLine, the toll-free, 24-hour registry for all cases of child abuse in Pennsylvania. While ChildLine is a function of DHS, it does not have authority over the county children and youth agencies.
- DHS Regional Offices: DHS considers budget requests from each county agency and decides on the allocations available to fund services. DHS monitors and licenses each county agency based on the minimum standards set forth in regulation and statute. The Regional Offices also investigate suspected child abuse when the alleged perpetrator has a connection to the county children and youth agency. Four regional offices handle those responsibilities. The Annual Report on Child Abuse issued by DHS delineates the four regions and provides contact information for each.
- County Government/Commissioners: The County hires an administrator of its Children and Youth agency and hires and pays other necessary staff. Each county also funds a portion of its local services.
- County Children and Youth Services Agencies: The Children and Youth agency provides services either directly or through the purchase of services from private agencies. Each agency answers to the County as its employer and to DHS, who is monitoring and licensing it.

Present: Other entities that serve children fit into the system as part of the broader child welfare community, which must work together to protect children and help families. Their obligation is to report abuse and work in cooperation with the county agency in their investigation and recommendations, including treatment.

Present: The child protective services system certainly is not flawless. If the community has unresolved issues, the first step is to determine what the real problem is. Following that, the community will be better able to determine the best path to get the issue resolved.

At the county level, there is a caseworker as well as a supervisor and then an administrator, who can discuss local issues. Personnel, some funding, and advocacy lie with the County Commissioners. If the community feels a minimum standard is not being met and attempts to resolve the issue at the county level have been unsuccessful, then the regional office of DHS may be contacted.

However, when the community disagrees with the law or feels that the Commonwealth is not providing sufficient funds to the county agencies, that information must be relayed to the governor and the legislature. Changes to the law happen at the state level.

Transition: The law notes that abused children are in urgent need of an effective child protective service to prevent them from suffering further injury or impairment. Let us take a look at how the CPSL does that.

Show Slide: Purposes of the CPSL

Purposes of the CPSL

- Establish protective services in each county for the purpose of investigating reports swiftly and competently
- Provide protection for children from further abuse
- Provide rehabilitative services for children and parents involved to:
 - Ensure the child's well-being, and
 - Preserve, stabilize, and protect the integrity of family life wherever appropriate, OR
 - Provide an alternative permanent family when the unity of the family cannot be maintained
- Encourage more complete reporting of child abuse
- Involve law enforcement agencies in responding to child abuse
- Establish procedures to assess risk of harm to a child in order to:
 - Respond adequately to meet the needs of the family and child who may be at risk
 - Prioritize the response and services to children at most risk

Discuss:

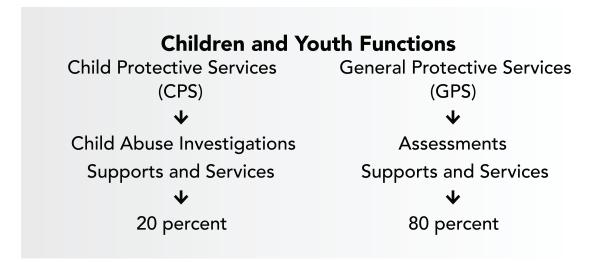
- Establish protective services in each county for the purpose of investigating reports <u>swiftly</u> and <u>competently</u> – Services are provided on a county basis by Children and Youth agencies. It is the sole civil agency responsible for receiving and investigating reports of child abuse.
 - Swiftly refers to various references in the law that dictate time frames for action. For example, the county agency provides 24-hour a day, seven days a week telephone access for people to report suspected abuse.

The county agency begins its investigation and sees the child within 24 hours of receiving a report of abuse. The investigation begins, and the child is seen immediately if emergency protective custody has been taken or if it cannot be determined from the report whether emergency custody is needed.

- Competently is outlined in requirements for staff orientation, training, and certification. Direct service caseworkers participate in a minimum of 120 hours of standardized training within the first 18 months of employment. Supervisors must participate in an additional minimum of 60 hours of standardized training beyond their initial certification. Staff must complete a minimum of 20 hours of training annually.
- Provide protection for children from further abuse When they begin an investigation, the county agency must ensure the immediate safety of the child and other children in the same home.
- Provide rehabilitative services for children and parents involved One of the
 primary purposes of the law is to ensure the child's well-being. It is also the
 goal of the agency to keep the family intact, whenever possible. However,
 in some situations, this is not possible and an alternative placement, such as
 living with a family member or foster care, must be put into place.
- Encourage more complete reporting of child abuse The better professionals become at reporting child abuse accurately, the greater the chances are for timely intervention as well as for the better use of resources and funding dollars.

- Involve law enforcement agencies in responding to child abuse The CPSL is a civil statute that was established to protect children from further harm.
 The agencies that carry out the law are service agencies. However, law enforcement will sometimes become involved, because they are responsible for investigating individuals whose abuse of a child meets the criteria for criminal prosecution.
- Establish procedures to assess risk of harm to a child Procedures are needed to ensure that the needs of the child and the child's family are adequately addressed. Procedures are also established to ensure that children who are at the most risk are given the highest priority.

Show Slide: Children and Youth Agency Functions



Present: Children and Youth agencies have two major subdivisions in terms of how they support children in the community. These categories are referred to as Child Protective Services or CPS and General Protective Services or GPS. Although Children and Youth sometimes are viewed as ogres who remove children from their families, the reality is that most of what Children and Youth caseworkers do actually falls under GPS. CPS deals with issues of child abuse. However, 80 percent of what Children and Youth addresses are concerns that fall under the General Protective Services or GPS arm of protective services. GPS assesses family functioning to determine what if any services or supports are needed to reduce the risk of harm to the children.

It is important to know that, while CPS handles investigations, the provision of services and supports are also part of the process for caseworkers handling CPS investigations. Caseworkers use the same strategies to evaluate the situation and determine the best way to support the child and his or her family. Based on the investigation and its outcomes, interventions may be more urgent and comprehensive in CPS cases.

Trainer's Note: The objectives of General Protective Services are

- 1. Keep children in their own homes, whenever possible.
- 2. Prevent abuse, neglect and exploitation.
- 3. Overcome problems that result in dependency.
- 4. Provide temporary, substitute placement in a foster family home or residential child-care facility for a child in need of care.
- 5. Reunite children and their families whenever possible when children are in temporary, substitute placement.
- 6. Provide a permanent, legally assured family for a child in temporary, substitute care who cannot be returned to their own home.
- 7. Provide services and care ordered by the court for children who have been adjudicated dependent.

Present: Once a report of suspected child abuse is made, the wheels are set in motion for an investigation to begin. Remember, a report only requires that you reach a level of reasonable suspicion that child abuse has occurred. As a reporter, you are not required to investigate, collect evidence, or be certain before you make the call to ChildLine.

Show Slide: Safety Assessment



Discuss: Within 24 hours or immediately after a child abuse report is made, a worker from Children and Youth must visit the child and begin the process of safety and risk assessment. Safety assessment and risk assessment is a systematic process approved by the Commonwealth that assesses a need for protection or services based on the risk of harm to the child.

Safety and risk assessments are conducted on cases of both abuse and neglect.

Present: Safety Assessment and Management Process is a systematic process that examines safety threats to a child as well as parental protective capacities

- Threats are conditions or actions present in the child's current living situation that represent a likelihood of imminent serious harm to the child.
- Parental or caregiver protective capacities are the ways people think, act and feel that help keep children safe.

Ask: What are some qualities that help keep children safe?

Suggested responses: Impulse control, physically able to protect the child, can meet child's basic needs, focused on the child's needs, ability to adapt to changes, able to use resources, emotionally connected to the child.

Present: Information covered as part of the safety assessment covers six domains.

- Type of Maltreatment: What is the extent of maltreatment?
- Nature of Maltreatment: What circumstances surround the maltreatment?
- Child Functioning: How does the child(ren) function, including their condition?
- Adult Functioning: How do the adults within the household function, including substance use & behavioral health?
- General Parenting: How do caregivers generally parent (i.e. knowledge, skills, protectiveness, history)?
- Parenting Discipline: How do caregivers discipline the children?

All the information gathered is analyzed to determine if any safety threats exist and if they do can they be controlled by any protective capacities the caregiver has. If not, a safety plan must be put into place. If supports cannot be arranged to keep the child or children safe in the home then emergency protective custody must be sought from the judge.

- Risk assessment thoroughly evaluates future harm through a comprehensive evaluation of the family to determine the presence or absence of risk variables. The evaluation will include all children in the family.
- It organizes facts and impressions of the family in order to formulate an objective assessment.

• It helps staff to facilitate the delivery of services by focusing resources and efforts on moderate and high-risk factors. This helps to alleviate the conditions that might lead to continued or escalating child abuse or neglect.

Ask: What are the key areas on the Risk Assessment Form that a caseworker would look at?

Suggested responses:

- Child factors
- Caretaker, household member, perpetrator factors
- Family environment

Ask: What do these three areas include?

Suggested Responses:

- Child factors include:
 - Vulnerability based on chronological age, physical abilities and/or limitations, and mental abilities and/or limitations
 - Severity, frequency, and/or how recent the abuse and/or neglect is
 - Child's prior history of abuse and/or neglect
 - Extent of emotional or psychological injury or harm
- Caretaker, household member, and perpetrator factors include:
 - Age, physical, intellectual, and emotional status
 - Cooperation with the investigation
 - Parenting skills and knowledge
 - History of alcohol and/or substance abuse
 - Access to the child and other children
 - Prior abuse and/or neglect as perpetrators or victims
 - Relationship to the child/children

- Family environment issues include:
 - History of family violence
 - Condition of the home
 - Family supports such as other adults who can provide assistance
 - Stressors such as single parenting, financial struggles, unemployment, etc.

Present: Each factor is rated No Risk, Low Risk, Moderate Risk, or High Risk. The factors are used to assess the risk of all the children living in the home, regardless of whether specific allegations have been received.

Safety and Risk assessment is not a once and done situation. An assessment will be done at the time of the referral and at the end of the investigation. A variety of events could trigger reassessments at any time.

Ask: What does this mean to you as a professional? What does this information help you to understand?

Suggested Responses: Reviewing the Safety and Risk Assessments with mandated reporters helps them to gain an understanding of:

- What the Children and Youth agency or caseworker is looking for
- What is reportable
- Why the agency responded in the way that it did
- How to frame comments when making a report, and
- How to assist a family who may be working with county child protective services to address risk factors in their home

Show Slide: General Protective Services

General Protective Services

- Protect the safety, rights, and welfare of children so that they have an opportunity for healthy growth and development
- Assist parents in both recognizing and correcting conditions that are harmful to their children and in fulfilling their parental duties more adequately in a manner that does not put their children at risk

Discuss: More children are served under GPS or General Protective Services. GPS includes services and activities for non-abuse cases requiring protective services and intervention.

Present: The purposes of General Protective Services are to:

- Protect the safety, rights, and welfare of children, so that they have an
 opportunity for healthy growth and development Prevention of child
 abuse has been shown to be effective through interventions. Children
 and Youth can assist by protecting children's rights and their welfare, thus
 increasing the likelihood that they will experience healthy growth and
 development.
- Assist parents in recognizing and correcting conditions that are harmful to their children and in fulfilling their parental duties more adequately in a manner that does not put their children at risk Through intervention, Children and Youth can assist parents in correcting situations, which, if left unaddressed, can put a child at risk for harm. There are many reasons that parents may not be adequately addressing the needs of their child, including lack of knowledge, environmental stressors, and limited parenting skills. However, with support, parents can improve their skills and knowledge, reduce stress factors, and provide a home environment that is more conducive to healthy growth and development.

Transition: GPS encompasses services to prevent the potential for harm to a child. Potential for harm is something that is likely, if permitted to continue, to have a detrimental effect on the child's health, development, or functioning. In these situations, the child must be without at least one of the following conditions:

- Proper parental care or control
- Subsistence
- Education as required by law
- Other care or control necessary for their physical, mental, or emotional health or morals

Show Slide: Essentials of Life

Essentials of Life

- Food
- Shelter
- Clothing
- Supervision

- Medical Care
- Education
 (as required by law)
- Protection from harm

Discuss: In further defining "proper care and control," the courts have concluded that children have a right to proper food, shelter, clothing, supervision, medical care, education, and to live in an environment free from abuse and exploitation. Parents who are unable or unwilling to provide these essentials of life for their children may receive assistance from General Protective Services (GPS).

When we take a look at the essentials of life, it is important to be very aware of our own biases and values, especially when it comes to what we would deem as "appropriate" living conditions. In addition, it is important to note that it is only when there is cause for concern about the health, safety, or welfare of a child that these essentials of life become an issue.

Ask: Ask participants to think about what each of the essentials of life mean in terms of what children need. In other words, what is the minimum standard of care for each essential? Discuss responses for each essential of life as a large group.

 Food – Parents are responsible for ensuring that their children have adequate nutrition to meet their basic needs. However, even though nutritionists would certainly frown at a diet of fast food and sweets, unless there is a health condition or some other serious concern caused by the diet a child is provided, this would not likely be a concern for Children and Youth. Malnutrition and a diet that puts a child into diabetic shock are examples of things that would be of concern.

- Shelter Believe it or not, everyone does not live in a home with insulated windows, a bedroom for each person, or a backyard play area. In addition, it is important to realize that many folks live in homes without running water, heat and/or air conditioning, and other comforts to which many of us are accustomed.
- Clothing Parents are responsible for ensuring that children have adequate clothing that is reasonably clean, fits reasonably well, and is appropriate for the weather. It does not mean that children must have designer labels or whatever the popular jeans or sneakers are.
- Supervision Supervision can be very subjective and must be based on a number of factors.

Ask: What is the age at which it is permissible to leave a child alone in the state of Pennsylvania?

Suggested Response: Actually, there is no specific age set by the state. Whether a child can stay alone safely needs to take several factors into account, including, but not limited to:

- Age
- Maturity level
- Cognitive skills, including whether a disability exists
- Length of time the child will be left alone
- Whether another responsible adult is nearby and accessible to the child
- How well the child is capable of dealing with an emergency, including calling 911
- How many other children the child will be responsible for
- Whether the child is fearful of being alone
- Special medication needs or conditions of the child
- Potential access to dangers or unsafe conditions (e.g. weapons, balconies, a pool, poisons, medications, chemicals, etc.)
- How responsible and trustworthy the child is

Continue: Parents and other caretakers need to look at the entire set of circumstances and conditions to determine whether a child is capable of remaining alone safely. A mother might feel better about leaving her 12-year-old daughter at home alone for a few hours than her 16-year-old son because of trouble the older child has gotten himself into.

- Medical care Although some families have the resources to take their children to regularly scheduled doctor and dental visits whether there is an issue or not, other families are unable to do so. However, parents are responsible for ensuring that their child's health issues are addressed, so that harm does not come to the child, including the proper administration of any medications or treatments that a child must receive.
- Education (as required by law) The law requires that children attend school on a regular basis. It is important to also recognize that issues of truancy may be signs and symptoms of other problems, including abuse and/or neglect. The Public School Code requires that children be enrolled in school no later than age 6 until age 18 (or certificate of graduation). If a child is enrolled prior to age 6, they must stay enrolled.
- Protection from harm It is the responsibility of parents to provide reasonable
 protection from harmful factors, which are within the control of the parent. This
 could range from ensuring a safety gate is in place so that a child does not fall
 down the steps or not allowing children to play out on a busy, traffic-filled street.

Present: There are some specific circumstances under which General Protective Services would become involved in a child's life, including:

- Has been placed for care or adoption in violation of the law;
- Has been abandoned by their parents, guardian, or other custodian;
- Is without a parent, guardian, or legal custodian;
- Is habitually and without justification truant from school while subject to compulsory school attendance;
- Has committed a specific act of habitual disobedience of the reasonable and lawful command of their parent, guardian, or other custodian, and who is ungovernable and found to be in need of care, treatment, and supervision;
- Is under 10 years of age and has committed a delinquent act;
- Has been formally adjudicated dependent under the Juvenile Act and is under the jurisdiction of the court and who commits an act which is defined as ungovernable;
- Has been referred under the Juvenile Act relating to informal adjustment and who commits an act that is defined as ungovernable; or
- Is born to a parent whose parental rights with regard to another child have been involuntarily terminated under 23 Pa.C.S. 2511 within three years immediately preceding the date of the birth of the child and conduct of the parent poses a risk to the health, safety or welfare of the child.

These reasons are also grounds for dependency. Dependency is an adjudication or in other words a decision of the court. When a child is declared to be dependent, services for the child and family become court ordered. Children who are declared to be dependent can remain in their own homes while services are provided or can be placed in out-of-home care if they cannot safely remain in their own homes. Not all children receiving services are dependent. Some families voluntarily receive services with the children remaining in the home.

Discuss: Regulations denote the functions of the county agency in terms of General Protective Services. Those functions are intended to:

- Keep children safe in their own homes, whenever possible
- Prevent abuse, neglect, and other exploitation of children
- Overcome problems that could result in dependency
- Provide temporary, substitute placement for children in need of this care
- Reunite children safely with their families when they are in placement
- If not, provide a permanent family for children who cannot be reunited
- Provide services ordered by the court for dependent children

Summarize: In summary, this provides an understanding of the county agency's mandates for serving children and families:

- Keep children at home, when possible
- If not, consider temporary placement
- After placement, work to reunite families
- If this is not possible, work on another permanent situation for the child

Present: There is no mandate for the reporting of cases of General Protective Services. However, anyone may make a GPS referral, and the county Children and Youth agency provides 24-hour a day, seven days a week telephone access to receive reports alleging a need for General Protective Services.

In addition to making a GPS referral to Children and Youth for a child in need, the county agency is available as a resource to professionals. If you encounter a situation where you may be concerned about whether a child is receiving the basic essentials of life or some other issue, Children and Youth caseworkers can be contacted so that you can describe the specific situation and obtain advice on what the appropriate action should be. Protection for person who report will be discussed in more detail in Lesson 3. These protections extend to persons making a GPS report.

Show Slide: Making a GPS Referral

Making a GPS Referral

- Present your information in a professional manner, without being emotional
- Frame your concerns in the facts
- Describe and emphasize the risk of harm or maltreatment to the child
- Present any efforts you have made to address and/or remediate the situation
- Obtain contact information of the person you spoke with
- Request clarification
- Document your referral
- If the referral was made to C&Y and is not accepted:
 - Request the reason(s)
 - Consult with your supervisor and/or administrator
 - If you still believe GPS are essential, resubmit the referral by calling it into ChildLine

Discuss:

- Present your information in a professional manner, without being emotional
 - When making a referral, it is important that you provide them with as much factual information as possible. It is important to convey your concerns without becoming angry or upset.
- Frame your concerns in the facts Keep your report to the facts that you are aware of concerning the child and the situation at hand.
- Describe and emphasize the risk of harm or maltreatment to the child
 - Using CPSL and risk assessment language will convey that you are

knowledgeable about the laws concerning maltreatment of children. It also helps Children and Youth workers to determine the seriousness of the concerns.

- Present any efforts you have made to address and/or remediate the situation
 If you have already made attempts to assist the child and/or their family,
 you should include this information in your referral.
- Get the name of the staff person you spoke with If the referral was made to C&Y obtaining the contact information: will allow you to follow up on the situation or provide additional information directly to the staff person(s) who are most familiar with the circumstances and the referral.
- Request clarification Be sure to ask questions about anything that you do not understand so that misunderstandings may be clarified, if necessary.
- Document your referral Be sure to document your referral in the event that you will need to follow up or that the child's situation continues or worsens. Record the response you received from the Children and Youth staff.
- If the referral was made to C&Y and is not accepted: In some circumstances, Children and Youth staff may not feel the situation warrants services or supports. If you disagree with the decision, do not hesitate to pursue the situation on behalf of the child. Calling it into ChildLine will ensure there is a written report of the concerns that will require a documented response from C&Y. In addition to several levels within each county office, keep in mind there are four regional offices. Remember, your efforts may make the difference in the life of a child.

Transition: Now that we have taken a look at the Child Protective Services System, let us take a look at the reporting process.

Lesson One

GPS vs. CPS - What Would You Do?

- Refer to the Participant's Guide
- Read each case scenario and decide as a group whether the situation would require a GPS referral or a CPS report
- Provide a rationale for your decision

Introduce the Activity: We will now take a look at some scenarios to determine what would be the most appropriate action.

Refer participants to the Participant's Guide.

Instruct participants:

- You will work in small groups to do this activity.
- Read each scenario and discuss as a group to determine whether it would warrant a GPS referral or a CPS report. Provide a rationale for your decision.
- Provide participants with 10 minutes to complete this activity.

Note to Trainer: If time is short, you may do this activity as a large group or assign only one or two scenarios to each group.

Debrief the activity by discussing the scenario and the correct response for each.

Scenarios:

1. Lori has six children, ages 16, 14, 13, 11, and a set of twins, who are 4 years old. Lori and the children live in a home with broken windows, which is often without heat. The younger children are always begging for food, and the older children are hardly ever around. The older children all have truancy issues. It is rumored that the 13-year-old is drinking and smoking.

Lesson One

Is this a GPS or CPS referral? **GPS.** There are concerns that speak to a potential for harm and issues of truancy. It appears that some of the essentials of life are not being met, but none of the children appear to have experienced any abuse based on the information provided.

What would you do? The most appropriate action would be to call the county Children and Youth services to make a referral.

2. Linda is a 20-year-old mother, who lives alone with her daughter, Tara, age 2. You notice several serious bruises on Tara's buttocks, legs, and back and what appears to be a burn on her buttocks. In the past month, Tara has cried and fought when staff tried to take her to the toilet, and she crouches in a corner and hides when she wets or soils her pants. Prior to this, Tara was usually a loving and happy child, who interacted easily with both staff and other children.

Is this a GPS or CPS referral? **CPS.** There are indicators that serious abuse may have occurred. With both physical indicators and serious changes in Tara's behavior, there is enough to suspect that she has been the victim of abuse.

What would you do? This situation would warrant making a report of suspected child abuse. ChildLine should be called immediately.

3. Lisa is the 26-year-old mother of Nancy, age 3. Another family reports to you that Nancy was left home alone overnight when Lisa went out to search for drugs and that Lisa appeared to be frequently "high."

Is this a GPS or CPS referral? **GPS.** This would fall under GPS, because no actual harm has come to the child at this point. Issues of abandonment also fall under those circumstances under which a referral would be made to GPS.

What would you do? A referral to Children and Youth services should be made. You could also encourage the person who gave you this information to make the referral personally.

Lesson One

4. You accompany a mother and her two-year-old son to the local hospital at the mother's request. The mother claimed the child had fallen off his tricycle and bruised himself. The hospital took x-rays, and the doctor noted bruises in various stages of healing. The x-rays confirmed a spiral fracture and an old fracture on the boy's right leg. The mother became very angry and denied any abuse. You have never met the boy's father.

Is this a GPS or CPS referral? **CPS.** This child has been seriously injured, and the mother's story is not consistent with the injuries documented by the physician. In addition, two old fractures are evident, including a spiral fracture. Spiral fractures are very specific in that they are caused by the bone being twisted with such force and severity that the torque snaps the bone. With a spiral fracture, the bone has literally been twisted apart. Although this can happen accidentally in a scenario such as a skiing accident where the ski and the boot forces the bottom of the leg to remain in one place while the rest of the leg twists in the fall, the cause in young children is rarely accidental.

What would you do? This situation should be reported immediately to ChildLine. In fact, because physicians are mandated reporters as well, both you and the physician should file a report.

Summarize: In each situation, you need to examine the information you have and determine whether the situation warrants a referral to Children and Youth for General Protective Services or whether the facts you are aware of cause you to suspect that child abuse has occurred. In those situations, a report of suspected child abuse would be made to ChildLine and Child Protective Services.

The Reporting Process

Presentation time: One hour

Introduce the lesson. Earlier, we discussed the fact that some professionals fail to report because of the confusion over what the reporting requirements and procedures are. In this section, we will discuss the obligations under the law for reporting child abuse, including the procedures for doing so. We will discuss who is obligated to report suspected child abuse, the procedures for making a report, and the details regarding liability and responsibility as per the CPSL.

Objectives of Lesson Two

Participants will:

- Understand the difference between those encouraged to report and mandated reporters
- Learn how to make a report of suspected child abuse
- Understand the protections provided to mandated reporters
- Identify penalties for willful failure to report suspected child abuse

Review objectives of the lesson.

Show Slide: Reporters of Child Abuse

Reporters of Child Abuse

Permissive Reporters – those who can Mandated Reporters – those who must

Discuss: Pennsylvania has always had two types of reporters of child abuse:

- Permissive Reporters are those individuals who **can** report suspected child abuse, and that includes everyone. These reporters, however, are not required to report. Permissive reporters may contact ChildLine, the county children and youth agency or the police to make a report.
- Mandated Reporters are those individuals who are **obligated by law** to report suspected child abuse. Mandated reporters are those adults who come into direct contact with children in the course of their employment, occupation, or practice of their profession and those whose role as an integral part of a regularly scheduled program, activity or service, accepts responsibility for a child. In essence if a person has direct contact with children through work or a volunteer position they must report when they have reasonable cause to suspect that a child has been abused. The one job exception to having direct contact with children is attorneys that are affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance or control of children. Such attorneys are considered mandated reporter regardless of having direct contact with children. Mandated reporters submit over 75 percent of all child abuse reports. The enumerated list includes:
 - (1) A person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State.
 - (2) A medical examiner, coroner or funeral director.

- (3) An employee of a health care facility or provider licensed by the Department of Health, who is engaged in the admission, examination, care or treatment of individuals.
- (4) A school employee.
- (5) An employee of a child-care service who has direct contact with children in the course of employment.
- (6) A clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer or spiritual leader of any regularly established church or other religious organization.
- (7) An individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity or service, is a person responsible for the child's welfare or has direct contact with children.
- (8) An employee of a social services agency who has direct contact with children in the course of employment.
- (9) A peace officer or law enforcement official.
- (10) An emergency medical services provider certified by the Department of Health.
- (11) An employee of a public library who has direct contact with children in the course of employment.
- (12) An independent contractor.
- (13) An individual supervised or managed by a person who falls into any of the above categories, who has direct contact with children in the course of employment.
- (14) An attorney affiliated with an agency, institution, organization or other entity, including a school or regularly established religious organization that is responsible for the care, supervision, guidance or control of children.
- (15) Foster parent.
- (16) An adult family member who is a person responsible for the child's welfare and provides services to a child in a family living home, community home for individuals with an intellectual disability or host home for children which are subject to supervision or licensure by the department under Articles IX and X of the act of June 13, 1967 (P.L.31, No. 21), known as the Public Welfare Code.

Show Slide: When to Report

When to Report

- You come into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service.
- You are directly responsible for the care, supervision, guidance or training of the child through your work or where you volunteer or the child is under the care guidance supervision or training of where you work or volunteer.
- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.
- An individual 14 years of age or older makes a specific disclosure to you that the individual has abused a child.

Present: The trigger for reporting is reasonable cause to suspect. When the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

- You come into contact with the child in the course of employment, occupation and practice of a profession or through a regularly scheduled program, activity or service. When you have reasonable cause to suspect that a child you know through work or volunteer activities for children is a victim of abuse you must report.
- You are directly responsible for the care, supervision, guidance or training
 of the child through your work or where you volunteer or the child is under
 the care guidance supervision or training of where you work or volunteer.
 Any child involved with your place of work or volunteer service is your
 responsibility when it comes to reporting suspected child abuse.

- A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse. If someone tells you about suspected abuse of a child regardless of whether or not you know the child you must report if there is any way to identify the child. This includes situations where you are not in your work role or your volunteer role. You do not need to have all the identifying information for the child but some piece of information that could lead to locating the child. Some examples of information include: car license plate number, street name, school and relationship to another known person.
- An individual 14 years of age or older makes a specific disclosure to you that the individual has abused a child. If at any time someone tells you information that gives you reasonable cause to suspect that they has abused a child you must report. This includes situations where you are not in your work role or your volunteer role.

In no instance does the child need to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse. This means you do not need to see or talk to the child in order to make a report. Once you have reasonable cause to suspect, a report must be made.

You do not need to identify the person responsible for the child abuse to make a report of suspected child abuse. It will be up to the investigation to determine who abused the child. You do not need to know their name or their relationship to the child. Again, all you need is reasonable cause to suspect someone has abused the child.

In essence, any information coming to a mandated reporter through the course of their work or volunteering capacity that leads the mandated reporter to have reasonable cause that a child has been abused and disclosures of suspected child abuse during and outside of work or volunteering requires that a report be made.

Present: Whether a permissive or mandated reporter, we must always ask ourselves, "What is the right thing to do?" If we make the welfare of a child the top priority, then deciding to report becomes an easy decision. By law, all that an individual has to have is a reasonable suspicion that a child has been abused. This standard does not require that you obtain proof or that you become 100 percent positive before you decide to report. You only need to have a reasonable cause to suspect.

Show Slide: Making A Report

Making A Report

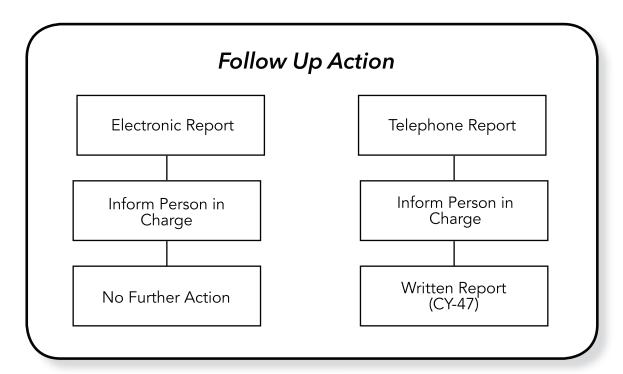
- Reports of suspected child abuse are made immediately
- Reports may be made orally via phone or electronically
- Oral reports are made ChildLine at (800) 932-0313, which is available 24/7
- Electronic reports are made via CWIS Self-Service portal www.compass.state.pa.us/cwis
- Inform the person in-charge that report was made
- Once a report to ChildLine is made, a courtesy call to C&Y is recommended

Discuss:

- Persons who suspect child abuse may call ChildLine, the statewide registry, at (800) 932-0313, which is available 24 hours a day, seven days a week. Although all reporters are encouraged to do so, mandated reporters must call ChildLine or file an electronic report immediately upon suspecting child abuse. Permissive reporters may make anonymous calls, but mandated reporters cannot.
- Mandated reporters may choose to make the report electronically instead
 of calling ChildLine. The electronic report is made using ChildLine's Child
 Welfare Information Solutions Self-Service Portal. The portal is available
 24-hours a day, seven days a week.
- After making the report to ChildLine either orally or electronically, the mandated reporter must inform the person in-charge or their designee that the report was made. The person in-charge will ensure the cooperation of the agency school or institution.

 Once the verbal or electronic report is made to ChildLine, it is recommended, but not mandatory, that a phone call be made to the Children and Youth office where the report will be filed. Reports are investigated in the county where the alleged abuse occurred, which may or not be the county of the child's residence. There are many reasons why a courtesy call is recommended, including the fact that it allows Children and Youth to receive a heads up that a report of suspected child abuse is coming their way. It also begins the development of a good relationship between other professionals and Children and Youth and ensures that the report does not fall through the cracks. If you believe the child is either in immediate danger or would be returning to a dangerous situation, it is imperative that a call be made to Children and Youth to inform them of this. Because they have 24 hours in which to see a child, if they are not given any information that indicates a child could be at risk for immediate harm, seeing that child may not be placed at the top of their priority list without someone clearly communicating a sense of urgency.

Show Slide: Follow-up



- Within 48 hours of making the call to ChildLine, mandated reporters must complete a form called a CY-47, which is a Report of Suspected Child Abuse. The CY-47 is sent to the Children and Youth office, and you should keep a copy for your own records in a separate confidential file. The form should be sent to the county agency where the alleged abuse will be investigated.
- The CY-47 is not required if an electronic report is made in lieu of a call to ChildLine. The electronic report serves as both the oral and written report.

Present: If you were to call Children and Youth first, instead of ChildLine, they will most likely tell you to call ChildLine after taking the information from you. Phone numbers for local Children and Youth offices are available in the resource guide you were given as well as the white pages of the telephone book or in the blue pages under County Government and the category of abuse.

Ask: What if you were unable to reach a live person at Children and Youth after making the report to ChildLine and you were very concerned about the child's safety?

Suggested Responses:

- Be persistent. All county Children and Youth offices have systems in place so that you can reach a Children and Youth worker 24 hours a day, seven days a week. If you reach a receptionist who places you into voice mail, leave a message, but also call right back and explain the situation, telling them that you must speak to an actual caseworker.
- Be resourceful. Sometimes phone systems and/or personnel are not as
 dependable as we need them to be, especially after hours and on weekends.
 If, after several attempts, you are unable to reach a live person at Children
 and Youth, call ChildLine back and explain to them that you have been
 unable to reach anyone at the local Children and Youth office and that you
 believe the child may be at risk for harm. ChildLine will be able to research its
 resource lists to obtain a way to reach someone that can speak to you live.
- Call the authorities. If all else fails and you fear for the safety of any child, or if the timing requires immediate action, you should call law enforcement authorities. In circumstances where you believe a child is in immediate danger, it is best to call law enforcement so that the child's safety can be protected.

Ask: Are you allowed to prevent a child from leaving your place of employment if you fear for their or her safety at home? Why or why not?

Suggested responses:

- You are **not** permitted to keep a child in your custody. While the CPSL does address protective custody, persons who are not authorized to do so cannot keep a child. Keeping a child who is returning home or to some other location would be unlawful and could be considered kidnapping.
- Although you cannot take a child into protective custody, there are some
 entities that have the authority to do so or to initiate the process of protective
 custody. These entities include law enforcement and a physician or medical
 director of a medical facility. Children and Youth staff may petition a judge
 for protective custody of a child, but without an order from a judge, even
 Children and Youth workers are not permitted to remove a child.

Ask: Would you be a permissive reporter or a mandated reporter if you observed child abuse while watching your daughter's dance recital or while out shopping at the mall? Why?

Suggested response:

• You would be a permissive reporter, because you are neither at work nor volunteering with children when you observed child abuse. When you are not working in a professional capacity or a volunteer capacity, you become a permissive reporter unless someone makes a specific disclosure to you about identifiable child or the alleged perpetrator discloses to you. However, you may still make a report on behalf of the child, and it is hoped that you will use your knowledge of child abuse and the reporting process to help a child.

Ask: What would you do in a situation where you were told by a parent of one of your little league players that the parent suspected that their child was abused because the child told them that the babysitter made the child play a secret game and they don't want the babysitter to babysit any more. The child then began to cry and refused to tell the parent anything else because the child was afraid their dog would be hurt.

Suggested response:

• Based on the information provided by the parent you have reasonable cause to suspect the child has been abused. The child is known to you through your volunteer capacity with little league. You must report the situation immediately.

Ask: What if the parent gave you the same information about a relative of theirs during the course of your work or volunteering activities?

Suggested response:

You would need to make a report of child abuse. Someone has given you
information that gives you reasonable cause to suspect child abuse. The
child is identifiable through the parent of your little league player.

Emphasize: Remember, mandated reporters need only have a reasonable cause to suspect child abuse to be obligated to make a report. A mandated reporter only needs to suspect that a child may fit into the legislative definition of an abused child. The county agency is the investigator and becomes responsible for sorting out all the facts and details, which eventually determines the outcome of the case. However, it is a team effort. Children and Youth cannot protect children and help families without the efforts of people in the community.

Ask: Are any of you aware of an in-house procedure at work for reporting abuse? What is it?

Suggested response:

• Some entities, such as schools, institutions, etc., have an in-house procedure for reporting abuse. Most institutions will have a policy because the CPSL states that someone in an institution, school, facility, or agency is to inform the person in charge or the designated agent of the person in charge that a report of suspected child report abuse was made. If you are unsure whether your organization has an in-house policy, check with your supervisor when you return to work. If your organization does not have one, but it should, a sample in-house policy is available from PFSA by visiting its website.

Trainer note: If a mandated reporter feels uncomfortable making the report by themselves, it is permissible to have the person in-charge sit with the mandated reporter while making the report. However, it is a crime if the person in-charge or anyone else attempts to intimidate or obstruct the mandated reporter from making the report. It is also a crime to retaliate against someone because they made a report of suspected child abuse.

If the incident occurred in another state, it should be reported to ChildLine. ChildLine will refer the reports to the county children and youth agency to assure safety of the child, refer information to the other states child protective services or investigate the suspected child abuse.

Child abuse occurring in another state:

- Child and alleged perpetrator reside in Pennsylvania if other state CPS cannot or will not investigate the law requires the PA county children and youth agency to investigate.
- Only alleged perpetrator resides in PA The county children and youth agency will refer to the other states CPS and assist in the investigation if requested. This type of assistance usually involves conducting interviews and reporting the results of the interviews to the other state.
- If only the child lives in this state and the other state will not or cannot investigate then the report will be referred to the county children and youth agency as a General Protective Services report.

Show Slide: Report of Suspected Child Abuse

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Review the form:

- After the oral report is made to ChildLine, the mandated reporter must submit a written report within 48 hours to the Department or county CYS agency assigned to the case by using the CY-47 form.
- The CY-47 asks for a lot of information, including identifying information about the family, the circumstances of the abuse, and any other risk factors the reporter may be aware of.
- Many reporters find it helpful to complete the CY-47 prior to making the call
 to ChildLine, because the folks at ChildLine will ask for the information that
 is on the form. It also helps you know in advance which pieces of information
 you may not have, so that you can also convey that to ChildLine clearly.

- All the fields on the form are important. Reporters should provide as many details as they can based on direct knowledge and observations, being as specific as possible. However, it is not uncommon for you to not have all the information that is requested. The information you provide helps the children and youth agency make a preliminary assessment about the safety of the child and any other children in the home.
- The names of other household members and their relationship to the abused child should be noted. This is especially important so that Children and Youth may know if there are other children who may be at risk for maltreatment. Siblings and other family members may be able to provide information critical to substantiating the abuse.
- It is important to be as specific as possible when describing the injuries or condition of the child. Exact quotes from the child should be provided when possible, and reporters should not make assumptions or elaborate on details. Any physical injuries should be illustrated on the figures located at the bottom of the form.
- Mandated reporters must sign the form and complete the contact information requested, including the date of the report.
- The information on the back of the form will help the caseworker make an assessment of safety. These safety domains were discussed in Lesson 1.

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Ask: Why do you think they require contact information for mandated reporters?

Suggested response:

• During the course of the investigation, Children and Youth may need to contact the reporter to gather more information or clarify details. However, it is important to understand that the identity of the mandated reporter is completely confidential. In cases of an investigation into a false report or cases required to be referred to law enforcement, the name of the reporter, if known, will be released to the police.

Present: The CY-47 must be sent within 48 hours to the appropriate Children and Youth office with any photos, x-rays, or test results, as appropriate, in the county in which the abuse was alleged to have occurred.

Even if a mandated reporter fails to submit a CY-47, Children and Youth will proceed with the investigation. However, mandated reporters have a legal obligation to complete and submit the form. In addition, it can provide very helpful information to the county agency.

Show Slide: Electronic Reporting



Present:

The Office of Children, Youth, and Families has developed a self-service portal for mandated reporters to submit child abuse reports electronically to ChildLine. First time users will need to establish an individual user account which will securely store saved and submitted reports for you to refer back to.

The self-service portal is designed in the same format as the enhanced CY-47 and will guide you through entering information in the same manner as the paper version. Should you have questions, the portal has help text, FAQ's, and other links to assist you. Once all your information is entered, you will be requested to electronically sign the report and submit it to ChildLine. You will receive a report ID and confirmation email that the report was submitted. If you only saved the report, the portal is designed to send reminder emails that you have a saved report that was not submitted to ChildLine. Submitting reports electronically eliminates the need to call and verbally report to ChildLine.

The self-service portal also allows individuals with an established user account to apply for a child abuse history clearance. The portal supports submitting an application, making a payment electronically, and receiving your results. The portal will securely store applications and results up to 30 months. The portal eliminates the need to send a paper application to ChildLine and waiting 4-6 weeks for results.

To submit a child abuse report or clearance application electronically, go to www.compass.state.pa.us/cwis.

Ask: Although mandated reporters are **not** investigators, under the law they are able to gather certain evidence. What is that evidence?

Suggested responses:

- Photographs Under the law, mandated reporters are able to take photographs of the child to show areas of trauma. Some agencies and schools' policies prohibit the photographing of children. Please check policy before taking a photograph. It is important to ensure the child's face is in the photographs whenever possible, to ensure that the child's identity can be verified during an investigation. It is best to take photographs with a Polariod or digital camera, and the photographs need to be carefully documented. Information that is important to document includes the child's name and age; date and time the photograph was taken; location at which the photograph was taken; names of witnesses who were present; and name of the photographer. Never use personal equipment to photograph an injury. The equipment could become evidence. Never ask a child to expose a body part to photograph an injury.
- X-rays and other medical tests In addition to taking photographs, medical personnel may also take x-rays. When clinically indicated, other medical tests may also be completed, even without the parents' consent.

Ask: What benefit could photographs and x-rays have to the investigation?

Suggested response:

Once an investigation begins, the alleged perpetrator may act in ways that
could impede the investigation, including keeping the child away from
Children and Youth investigators. Bruises and cuts fade and, with enough
time, some physical indicators of abuse will disappear. Documentation
provides Children and Youth with evidence that is time sensitive and could be
instrumental to the investigation.

Show Slide: Plan of Supervision

Plan of Supervision-Schools and Child Care Services

- Alleged abuse by school and child care services employees or contractors
- Plan approved by children and youth agency

Discuss: When an allegation of suspected abuse by school is made against a school or child care services employee, a plan of supervision or alternative arrangement for the individual under investigation must be developed to ensure the safety of the child and other children who are in the care of the school or child-care service.

The plan must be approved by the county children and youth agency. The agency will keep the plan on file until the investigation is concluded. The plan of supervision could include closely supervised contact reassignment of duties to avoid contact with children with children or suspension.

Child care services include day care services, foster and adoptive homes, juvenile detention, residential services, day care or programs offered by schools, mental health services, early intervention services, drug and alcohol services and any services provided by a contract with DHS or a county children and youth agency.

Trainer note: This requirement covers cases where the victim child is not served by the child care service or school. For example, a day care would need a plan of supervision when one of the staff is alleged to have abused their own child.

Plans of Safe Care

A health care provider shall immediately give notice or cause notice to be given to the Department if the provider is involved in the delivery or care of a child under one year of age and the health care provider has determined, based on standards of professional practice, the child was born affected by:

- Substance use or withdrawal symptoms resulting from prenatal drug exposure; or
- A Fetal Alcohol Spectrum Disorder.

Notification to the Department can be made to ChildLine, electronically through the Child Welfare Portal or at 1-800-932-0313.

Purpose is for a multidisciplinary team of professional to develop a Plan of Safe Care addressing the needs of the infant and family.

This notification is for the purpose of assessing a child and the child's family for a Plan of Safe Care and shall not constitute a child abuse report.

A health care provider shall immediately give notice or cause notice to be given to the Department if the provider is involved in the delivery or care of a child under one year of age and the health care provider has determined, based on standards of professional practice, the child was born affected by:

- Substance use or withdrawal symptoms resulting from prenatal drug exposure; or
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Notification to the Department can be made to ChildLine, electronically through the Child Welfare Portal or at 1-800-932-0313.

This notification is for the purpose of assessing a child and the child's family for a Plan of Safe Care and shall not constitute a child abuse report.

More information about Pennsylvania's Plan of Safe Care can be found at: http://www.keepkidssafe.pa.gov/resources/PlansSafeCare/index.htm. What follows below is for your reference to answer any additional questions participants may have. This information is also provided in the handout participants receive.

The federal Child Abuse Prevention and Treatment Act (CAPTA) authorizes funding for state grants when a state has "policies and procedures" ensuring that health care providers refer infants that are identified as affected by substance abuse, experience withdrawal symptoms or have Fetal Alcohol Spectrum Disorders in order for a multidisciplinary team of professionals to develop a Plan of Safe Care addressing "the health and substance use disorder treatment needs of the infant and affected family or caregiver". Act 54 of 2018 updates Pennsylvania law (23 Pa. C.S. § 6386), consistent with CAPTA, to require health care professionals, including those involved in the delivery or care of an infant or encountering an infant up to age one outside a hospital setting, to notify the Pennsylvania DHS so that a Plan of Safe Care can be developed. State law stipulates that this notification by health care providers "shall not constitute a child abuse report".

Supplementary Definitions:

Health care provider – a licensed hospital or health care facility or person who is licensed, certified or otherwise regulated to provide health care services under the laws of this Commonwealth, including a physician, podiatrist, optometrist, psychologist, physical therapist, certified nurse practitioner, registered nurse, nurse midwife, physician's assistant, chiropractor, dentist, pharmacist or an individual accredited or certified to provide behavioral health services.

Department - The Department of Human Services of the Commonwealth

Plan of Safe Care

After notification of a child born affected by substance use or withdrawal symptoms resulting from prenatal drug exposure or a fetal alcohol spectrum disorder:

- A multidisciplinary team meeting must be held prior to the child's discharge from the health care facility.
- The meeting will inform an assessment of the needs of the child and the child's parents and immediate caregivers to determine the most appropriate lead agency for developing, implementing, and monitoring a Plan of Safe Care.
- The child's parents and immediate caregivers must be engaged to identify the need for access to treatment for any substance use disorder or other physical or behavioral health condition that may impact the safety, early childhood development and well-being of the child.
- Depending upon the needs of the child and parent(s)/caregiver(s), ongoing involvement of the county agency may not be required.

Supplementary Definition:

Multidisciplinary Team- for the purpose of informing the Plan of Safe Care may include:

Public health agencies;

Maternal and child health agencies;

Home visitation programs;

Substance use disorder prevention and treatment providers;

Mental Health providers;

Public and private children and youth agencies:

Early intervention and developmental services;

Courts;

Local education agencies

Managed care organizations and private insurers; and

Hospitals and medical providers.

Show Slide: Protections for Mandated Reporters

Protections for Mandated Reporters

- Immunity from civil or criminal liability, if you
 - Make a report
 - Cooperate with investigation
 - Testify in proceedings, if necessary
 - Take photographs
 - Remove a child in accordance with the law
- Confidentiality

Discuss: Several protections are in place to safeguard individuals who report child abuse. The law presumes that a reporter is acting in good faith.

- Immunity from civil or criminal liability Anyone who reports suspected child abuse and who does so in good faith is protected from civil or criminal liability. Even if the report is unfounded, an alleged perpetrator will not be able to successfully sue you because of the protections that the law provides. As long as you make the report and cooperate with the investigation, you will be protected.
- Confidentiality The name of the referral source is kept confidential and is not released to family or most other people. Obviously, the Children and Youth worker will have your name from the CY-47 or your electronic report, but they will not share that information with anyone, with the exception of law enforcement. If a report meets the criteria for referral to law enforcement officials, then the name of the mandated reporter along with other case details will be shared. However, the mandated reporter is treated as a confidential informant. The CPSL prohibits the release of information that would identify the mandated reporter by DHS, the county children and

youth agency, the mandated reporter's organization or the designee. This also applies to releasing identifying information of anyone who cooperates with the investigation. Even in situations where you are required to testify, your identity as the mandated reporter is not revealed. Information that is shared with a defense attorney, such as a copy of the CY-47, would have all details pertaining to the mandated reporter's identity redacted.

Continue: Anyone who is mandated to report child abuse and who does so in good faith is also protected from discrimination in regard to discharge from employment, compensation, hire, tenure, terms, conditions, or privileges of employment. If such discrimination occurs, the person may start an action in the county court of common pleas for appropriate relief. If the court finds that discharge or discrimination occurred, it may issue an order granting appropriate relief, including, but not limited to, reinstatement with back pay. The protections do not apply if the perpetrator makes the report of suspected child abuse or if the mandated reporter fails to make a report.

Privileged Communications

Privileged communications between a mandated reporter and a patient or client of the mandated report does not:

- Apply to a situation involving child abuse
- Relieve the mandated reporter of the duty to make a report of suspected child abuse.

Confidential Communications

- Confidential Communications made to a member of the clergy are protected under 42 Pa.C.S. § 5943 (relating to confidential communications to clergymen).
- Confidential communications made to an attorney are protected so long as they are within the scope of 42 Pa.C.S. §§ 5916 (relating to confidential communications to attorney) and 5928 (relating to confidential communications to attorney), the attorney work product doctrine or the rules of professional conduct for attorneys.

The only privileged communications which are exceptions to being mandated to report child abuse are the confidential communications made to members of the clergy and to an attorney, as those confidential communications are defined in 42 Pa.C.S. § 5943 (relating to confidential communications to clergymen), §§ 5916 (relating to confidential communications to attorney) and 5928 (relating to confidential communications to attorney), or the attorney work product doctrine or the rules of professional conduct for attorneys.

42 Pa.C.S. § 5943. Confidential communications to clergymen.

No clergyman, priest, rabbi or minister of the gospel of any regularly established church or religious organization, except clergymen or ministers, who are self-ordained or who are members of religious organizations in which members other than the leader thereof are deemed clergymen or ministers, who while in the course of his duties has acquired information from any person secretly and in confidence shall be compelled, or allowed without consent of such person, to disclose that information in any legal proceeding, trial or investigation before any government unit.

§ 42 Pa.C.S. § 5916. Confidential communications to attorney.

In a criminal proceeding counsel shall not be competent or permitted to testify to confidential communications made to him by his client, nor shall the client be compelled to disclose the same, unless in either case this privilege is waived upon the trial by the client.

42 Pa.C.S. § 5928 Confidential communications to attorney.

§ In a civil matter counsel shall not be competent or permitted to testify to confidential communications made to him by his client, nor shall the client be compelled to disclose the same, unless in either case this privilege is waived upon the trial by the client.

Show Slide: Failing To Report

Failing to Report

A person who is required to report abuse who willfully fails to do so commits:

2nd degree misdemeanor	First violation
3rd degree felony	Suspected continued abuse of child or contact with other children
3rd degree felony	Abuse is a 1st degree felony or higher and direct knowledge
3rd degree felony	Subsequent Failures
2nd degree felony	Continued abuse of child and the abuse is a 1st degree felony
2nd degree felony	Subsequent failures is a 1st degree felony or higher

Discuss: A mandated reporter who willfully fails to report child abuse is subject to liability under the law.

- A second degree misdemeanor carries a penalty of up to two years in jail and a fine up to \$5,000.
- Felony of the third degree carries a penalty of up to seven years in prison and a fine up to \$15,000.

Additional penalties for failure to report

- Felony of the third degree if the child abuse is a first degree felony or higher and the person has direct knowledge of the abuse. Examples of first degree felony crimes are rape, involuntary deviate sexual assault and aggravated assault of a child under age 13 by an adult.
- Third degree felony if the person has a reasonable cause to suspect a child is being subjected to child abuse by the same individual, or while knowing or suspecting that same individual has direct contact with children through employment, program, activity, or service.
- Multiple offenses where the child abuse is a first degree felony or higher are graded as a felony of the second degree (10 years and \$25,000 fine).
- More severe or ongoing abuse for the child results in a higher penalty for a willful failure to report abuse.
- Such charges also apply when a person fails to cooperate with the county Children and Youth agency investigating a report of suspected child abuse, or when assessing safety or risk.

Present: In addition to fines and imprisonment, a mandated reporter who fails to report also puts their job, reputation, and, where applicable, their license, at risk. The worst consequence, however, is that a child continues to be at risk for harm.

In addition to penalties for willful failure to report, knowingly making a false report of child abuse is also graded as a second degree misdemeanor. A false report is one in which the reporter knows that the information they are providing is not truthful. This is not same as the reporter receiving inaccurate information.

Transition: Now that we have taken a look at the reporting process, let us test our knowledge by doing a short activity.

Activity: Recognizing and Reporting Child Abuse

Recognizing and Reporting Child Abuse

Instructions:

Read each item and circle the correct answer

Trainer Instructions:

Refer participants to the Participant's Guide.

Instruct participants:

- 1. Read each item and circle the correct answer.
- 2. Provide a rationale for your response.
- 3. You will have five minutes to complete this activity.

Monitor the participants during the activity. Provide them with notice when there is one minute remaining.

Debrief the activity by discussing each statement and the correct response for each.

1. Anyone can make a report of suspected child abuse.

True. Anyone can be a reporter.

2. A mandated reporter who is told that a neighbor is abusing their child must make a report to ChildLine immediately.

True. Someone has disclosed abuse about a child who is identifiable. The mandated reporter must report this suspected abuse immediately.

3. Mandated reporters are required to take photographs.

False. The law protects mandated reporters from civil and criminal liability if they photograph a child's injury but the law does not require a photograph to be taken by the mandated reporter.

4. If the report is made to ChildLine and the mandated reporter has informed the person in charge via telephone there are no other actions for the mandated reporter to take.

False. A report made to ChildLine via the telephone requires that a written report be made using a CY-47.

5. A CY-47 only needs to be submitted if you are able to complete the entire form.

False. The CY-47 should be completed as much as possible and then submitted within 48 hours.

6. An eight-year-old girl in your class is sitting off to the side during play time. When you ask her why she is not playing with the other children, she replies, "It hurts." You ask her to explain, and she turns around. There are several small areas where blood has soaked through the back of her shirt, and it appears that several parts of her shirt are stuck to her skin. As she begins to lift the back of her shirt a few inches, you see many rectangular bruises and several areas where the skin has been broken and is seeping or bloody. As a mandated reporter, you must report to ChildLine immediately.

True. This is a case of suspected bodily injury and must be reported immediately.

7. If the report of suspected child abuse is made electronically, the mandated reporter informs the person in charge and then takes no further action.

True. If the child abuse report is made via telephone to ChildLine then it must be followed up with a written report. If the report is made using the self-service portal then no other action is required from the mandated reporter.

8. A mandated reporter must be absolutely sure abuse has occurred before making a report to ChildLine.

False. A mandated reporter must only have reasonable suspicion that abuse has occurred in order to report. Once a level of reasonable suspicion has been reached, it is not necessary or recommended for the mandated reporter to examine the situation any further.

9. Penalties for willful failure to report child abuse could include fines and/or imprisonment.

True. The first offense for willful failure to report is punishable by up to \$5,000 in fines and/or up to two years in jail. Penalties are increased for second and subsequent offenses, if the abuse to the child continues and if the abuse to the child constitutes a felony offense.

10. As a mandated reporter, you may keep a child at your place of employment if you believe the child will be in danger if they returns home.

False. Only law enforcement, physicians, and medical directors are permitted to take immediate protective custody of a child. If you feel this is necessary, you should contact law enforcement. Children and Youth workers must obtain a court order if they feel protective custody of a child is necessary for the child's safety. Keeping a child without proper authorization is illegal.

Transition: Remember, to report child abuse, you need only suspect that abuse has occurred. Absolute certainty is not necessary. Now that we have talked about what it means to be a mandated reporter, let us take a look at how the law defines child abuse. By understanding the details of the law and the standards that it sets, professionals can better understand why circumstances evolve the way that they do and why, sometimes, the end result is not what they expected.

Defining Child Abuse

Presentation time: One hour 30 minutes

Introduce the lesson. This lesson will provide you with information about all the elements of child abuse as defined by the CPSL.

Present: One of the critical components to better reporting of child maltreatment is knowledge about how the law defines child abuse. Understanding the definition of child abuse and its categories also helps professionals filter out those situations that would be more appropriate as a GPS referral.

Objectives of Lesson Three

Participants will:

- Identify the elements of child abuse
- Identify the categories of perpetrators
- Describe exclusions to child abuse
- Name the categories of child abuse
- Recognize indicators of child abuse

Review objectives of the lesson.

Transition: It is important once again to emphasize that you are not being given the responsibility of being an investigator. Although this lesson will help you better understand the standards by which child abuse is defined in the Commonwealth, it is not necessary for you to be 100 percent sure that abuse has occurred. You only need to reach a reasonable level of suspicion to report.

Show Slide: Elements of Child Abuse

Elements of Child Abuse

- Child
- Perpetrator
- Act or Failure to Act

Discuss: As we discussed earlier, three elements must be present in order for child abuse to be substantiated. While the words on the slide are common words, how they are defined under the CPSL is quite specific.

- Child Any individual who has not yet reached his or her 18th birthday is considered a child and protected under the CPSL. However, reports may be conveyed to the county Children and Youth and ChildLine until the age of 20 for situations of abuse that occurred prior to the child reaching age 18. After that, a referral to law enforcement may be an option.
- Perpetrator There are two types of perpetrators defined under the CPSL
 those who commit the abuse and those who fail to act. The categories specifically outline who is and who is not a perpetrator under the CPSL.
- Act or Failure to Act The law considers both commissions and omissions that would harm or potentially harm a child.

Transition: As far as the elements of abuse are concerned, the "child" category is the easiest to define and most clear-cut. Now, let us take a look at the next element, the perpetrator.

Show Slide: Perpetrators

Perpetrators - Acts of Abuse

- Parent of a child
- Persons responsible for a child's welfare
- Individuals residing in the same home as the child
- Paramour (and former) of a child's parent
- Spouse (and former) of a child's parent
- Relatives
- Individuals engaging a child in severe forms of trafficking in persons or sex trafficking

Discuss: There are seven categories outlined in the CPSL that define who perpetrators of child abuse can be.

- Parent of a child A parent may be a biological parent, adoptive parent, stepparent, or legal guardian. The most frequent abusers of children are from this category, making up more than 60 percent of substantiated abuse cases.
- Persons responsible for a child's welfare This category includes individuals 14 years of age or older who provide permanent or temporary care, supervision, mental health diagnosis or treatment, training, or control of a child in lieu of parental care, supervision, and control. The term also includes individuals who have direct contact with children as an employee of child care services, a school, or through a program, activity or service sponsored by a school or public/private organization in which children participant. Included in this category are babysitters, daycare providers, residential care staff, foster parents and school employees, coaches, youth group leaders and scout leaders.
- Individuals residing in the same home as the child Household members in the child's home must be at least 14 years of age to be considered a perpetrator.

- Paramour of a child's parent This category refers to an individual who is engaged in an ongoing intimate relationship with a parent of the child, but is not married to the parent. It is not necessary for this significant other to live with the parent to qualify as a perpetrator. This category also includes former paramour.
- Spouse of the parent This includes former spouses.
- Relatives Persons 18 years of age or older related to child within the third degree by blood, marriage or adoption. Relatives to the third degree include parents, siblings, grandparents, great grandparents, aunts, uncles, nephews and nieces.
- Individuals engaging a child in severe forms of trafficking in persons or sex trafficking – Persons 18 years of age or older who engage a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000.

Show Slide: Failure to Act

Perpetrators - Failure to Act

- Parent
- Paramour (former) of a child's parent
- Spouse (former) of a child's parent
- Person responsible for the child's welfare 18+
- Household Member 18+

Discuss: The Child Protective Services Law provides that only adults are accountable for failing to protect children from abuse. The one exception is if the child's parent is a minor. A sixteen year-old parent could be considered a perpetrator by omission for failing to protect. The Law makes a distinction between those who are responsible to protect children and those who may be providing supervision. In other words, children should not be responsible for protecting other children from abuse. A fifteen year-old sibling may be considered a perpetrator by committing abuse. However, the 15 year-old sibling will not be held to the same level as a parent when it comes to protecting a child from abuse.

Ask: As you look at the different categories, which perpetrators do you think make up the vast majority of child abusers?

Suggested responses:

- Individuals who have a parental relationship with a child make up the largest category of child abusers, with nearly 60 percent of injuries being caused by someone who had a parental relationship with the child.
- The next largest category is those persons responsible for a child's welfare, such as babysitters, followed by paramours of the parent. Other family members, however, is the next largest subset of abusers after parents.

Present: Overall, three-quarters of substantiated child abuse is committed by individuals who have a parental relationship with the child or are a family member.

Discuss the responses. When we think about the statistics and the horrors of child abuse, many of us want to believe that evil monsters who are strangers to us must make up the majority of the perpetrators of child abuse. As the hard and cold facts demonstrate, that is not the case at all. People who abuse children most often are individuals who the child must trust in most for their care and well-being. They are family members, the coach, the favorite babysitter, and, possibly, your family physician. Child abuse knows no borders.

Present: It is important to understand that you are not responsible for determining which category an alleged abuser fits into. In fact, if you suspect that a child has been abused, you must report it regardless of whether the abuser fits the CPSL's definition of a perpetrator. Investigators from Children and Youth will sort out the details during the investigation.

Trainer note: As noted in Lesson 2 the Child Protective Services Law expressly states that the mandated reporter does not need to be able to identify the perpetrator of the alleged abuse. It is not necessary to know if the perpetrator fits the definition under the Child Protective Services Law. If the mandated reporter or volunteer obtains knowledge that gives them reasonable cause to suspect that a child has been abused, the report must be made.

Show Slide: Exclusions to Child Abuse

Exclusions to Child Abuse

- Culpability
- Environmental factors
- Religious beliefs
- Ensuring safety

Discuss: There are some situations where, as an investigation proceeds, an incident of suspected abuse would be determined to be an exclusion to child abuse. Once again, it is not your responsibility to determine what is and is not an exclusion. This information is provided so that you can gain a better understanding of why a report of suspected child abuse might not be determined to be abuse.

- Culpability The Child Protective Services Law states that the person who harmed or created a risk of harm to the child must have acted intentionally, knowingly or recklessly. In other words the person should have known the risk, was aware a risk existed or set out to harm or put the child at risk of harm. This would not include injuries sustained by playing sports and extracurricular activities. Serious harm caused to children or putting children in situations where it is likely that serious harm could have occurred could be considered abuse when the actions of the perpetrator were committed knowingly, recklessly or intentionally.
- Environmental factors Environmental factors that are beyond the control of the caretaker are the second exclusion. This would include conditions such as inadequate housing, furnishings, income, clothing, and medical care. This exclusion does not apply to child care staff such as foster parents and residential facility staff.

- Religious beliefs If, during the investigation, the county agency finds that a child has not been provided with necessary medical or surgical care because of the family's religious beliefs, the child would not be considered physically or mentally abused. However, the beliefs must be seriously held beliefs that are consistent with bona fide tenets of a bona fide religion. This concept does not refer to "spare the rod, spoil the child." Even in these circumstances, the county agency must closely monitor the situation and petition the court for medical intervention if the child's life or long-term health is threatened. The exclusion includes adoptive parents and relatives within the third degree provided the child resides with the relative. The religious belief exclusion does not apply if the child dies from lack of medical or surgical care.
- Ensuring Safety The use of force is permitted provided the force was reasonable and was used to protect the child or others. Also excluded are fights between children where both the children are willing participants. Child on child contact which includes harm or injury to a child that results from the act of another child is not considered child abuse and does not need to be reported unless the child that caused the injury meets the definition of perpetrator or the harm involves sexual acts that would constitute a crime. However, if there is any indication that there is an imbalance of power a report should be made.

Present: There are many different definitions of child abuse, including legal, institutional, and individual definitions. If we were to ask everyone in the room what their definition of abuse was, it is likely we would have almost as many definitions as we have participants. In fact, some folks would certainly disagree on what they would consider neglectful or abusive. Personal experiences, upbringing, religious background, and our personal values all influence the way in which we think about child rearing.

Transition: However, when it comes to being a mandated reporter, we must put aside our personal beliefs and recognize that the law clearly defines what constitutes child abuse. To be practical when it comes to determining what we should do, it may be useful to ask:

• Do I think that the child has been harmed by actions or failures to act by someone?

If the answer to the question is yes, you have reached the threshold for reporting suspected child abuse.

Show Slide: Categories of Child Abuse

Categories of Child Abuse

- Bodily injury
- Serious mental injury
- Sexual abuse or exploitation
- Serious physical neglect
- Likelihood of serious bodily injury or sexual abuse
- Medical child abuse
- Per se Definitions
- Causing the death of a child
- Engaging a child in a severe form of trafficking in persons or sex trafficking

Discuss: These are the categories of child abuse as defined by the CPSL. We will discuss each of these in detail. Please note the language used for each category, since we need to remember that we are talking about language that is reflective of the law itself. For example, while emotional abuse such as name calling, belittling, and teasing is certainly an unpleasant experience and would be considered "abusive," it does not meet the law's definition of a category of abuse. It is something that certainly could contribute to serious mental injury, which is a specific category.

Ask: As we take a look at the nine categories, which one would you guess is the most commonly substantiated category of abuse? Which would you guess is the least commonly substantiated?

Suggested responses:

- The most common category is sexual abuse. Approximately **half** of substantiated reports fall into this category in Pennsylvania.
- The least substantiated category is factitious disorder (previously called Munchausen syndrome by proxy)/medical abuse".

Present: After sexual abuse and exploitation, bodily injury comes in second with almost **30 percent** of substantiated reports. Serious physical neglect makes up about **10 percent**.

These percentages have stayed relatively consistent over the past years.

For more statistical information, you may refer to the Annual Child Abuse Report created by the state each year that was mentioned at the beginning of the training. The report is available on PFSA's website – pafsa.org.

Transition: Let's take a look at each of these categories more closely.

Show Slide: Bodily Injury

Bodily Injury

- Recent
- Causes substantial pain, or
- Impairs physical functioning, temporarily or permanently

Discuss: Several criteria must be met for an incident of child abuse to fit the definition of bodily injury.

- Recent In legal terms, recent refers to the time frame of two years set by the CPSL. If the injury occurred outside that time frame, it would no longer be considered child abuse.
- Causes the child substantial pain For a physical injury to qualify as abuse, the law qualifies the injury in one of two ways, the first of which is pain severity. When a child's injuries reach the limit of causing them substantial pain, then it has crossed the threshold for abuse.
- Impairs physical functioning, temporarily or permanently The second qualifier is impairment of functioning. If a child's injuries are such that they lose the ability to do something, even if the loss is temporary loses a tooth, breaks a limb, etc. this would meet the criteria for impaired functioning.

Ask: Does this mean that corporal punishment is against the law?

Suggested response:

• Corporal or physical punishment is not against the law, per se. However, if the method or actions of the person inflicting the punishment cause substantial pain or an injury that impairs functioning, it has crossed the line from discipline to abuse and is a reportable incident.

Trainer's Note: The subsequent information regarding indicators of child abuse are offered in this guide as a reference to the trainer. Trainers should attempt to illustrate the material by using case examples from their experiences. However, there is not enough time in either the three- or six-hour training formats to cover the material in detail. The trainer should address highlights of the material.

Present: Recognizing abuse is not always easy. Abuse usually occurs in the privacy of a home without witnesses. Therefore, recognizing abuse often becomes a matter of assembling a series of clues and deductions about a child and their environment. The clues are not conclusive proof of abuse. They are circumstantial evidence that leads one to suspect that abuse may have occurred. Professionals who work with children must combine these clues to determine whether there is a reasonable cause to suspect that the child may have been abused. It is critical to take a look at the totality of circumstances before you, including indicators presented by the child as well as the behavior of the suspected abuser.

Ask: What kinds of clues might you see to indicate that child abuse that falls into the category of bodily injury has occurred?

Suggested responses:

- Bruises, welts, and swelling Bumps and bruises are a fact of growing up.
 However, there are a number of factors that can make bumps and bruises
 suspicious, including things such as location, severity, patterns, frequency,
 multiple injuries, and/or behavioral indicators. Certain areas are particularly
 suspect, including:
 - The face, lips, mouth, neck, wrists, and ankles
 - Torso, back, buttocks, and thighs
 - Injuries to both eyes or cheeks
 - Clustered injuries or those that form a pattern that reflects the shape of an article
 - Grab marks or handprints, particularly on the arms or shoulders

- Unexplained swelling or tenderness, even without bruising, may indicate an internal injury of some sort, such as a broken bone
- Bite marks Bite marks leave a distinctive pattern. Marks that are larger than the child could make and that are on areas that a child could not reach are suspect. Animal bites tend to tear, while human bites tend to compress the skin.
- Lacerations or abrasions Cuts, tears, and scrapes, especially in certain
 areas are suspect. These areas include the mouth, lips, gums, eyes, external
 genitalia, and the back of the arms, legs, or torso. Dragging a child on
 carpet, for example, could result in a very raw area on a child's back,
 especially along the spine, if the child's skin becomes exposed as they are
 being dragged.
- Burns Burns from certain items, like a cigarette or a lighter in a car, are
 cylindrical in appearance. Other patterned burns can include an iron, burner,
 heater coils, or curling iron. Immersion burns from scalding water tend to
 leave a distinct line between the injured and uninjured areas in a sock-like or
 glove-like manner. Scalding water burns on the buttocks or genitalia may be
 indicative of the child being placed into the water.
- Fractures Fractures to the skull, nose, or facial structure, especially skeletal trauma accompanied by other injuries are suspect. Multiple or spiral fractures and bones in various stages of healing should raise a red flag.
- Head injuries The absence of hair and/or hemorrhaging beneath the scalp, subdural hematomas, retinal hemorrhages or detachment, eye injuries, jaw and nasal fractures, and tooth or frenulum injuries are often the result of severe physical force or shaking. (Note: The frenulum is the connective tissue in the mouth that joins the tongue to the floor of the mouth, the inside of the upper lip to the upper jaw, and the cheeks to the mouth. The frenulum can tear when blunt force occurs.)

Present: Although indicators may be used as a guide to help determine if there is reasonable suspicion that abuse has occurred, these indicators can also exist in situations where a child has not been abused or neglected. The presence of the above indicators may have a valid explanation, such as an accidental fall. In cases of suspected bodily injury, special attention should be paid to injuries that are unexplained or inconsistent with the parent's or caretaker's explanation and developmental stage of the child. On the other hand, physical indicators of abuse are not always evident.

Ask: When it comes to accidental bumps and bruises, what parts of the body are typically injured?

Suggested responses:

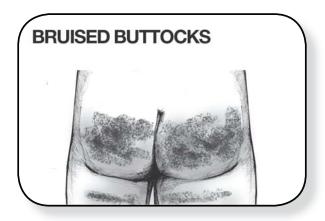
- Knees
- Elbows
- Shins

Discuss responses. Most accidental bumps and bruises suffered by children tend to be on areas that are bony and/or protruding, such as the extremities. In fact, when it comes to very young children who are not yet walking, bruises and other injuries are even more suspect, since they are not likely to be self-inflicted or the result of bumping into things.

Refer participants to **page 32** in the Participant's Guide.

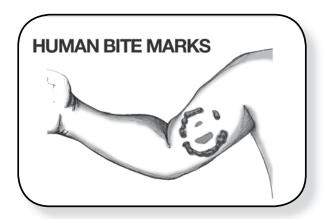
Present: Your Participant's Guide has several depictions of the more common types of abuse. While we will not spend a lot of time reviewing these in training, there is important information in your Participant's Guide that you should review on your own, including a list of indicators.

Show Slide: Bruised Buttocks



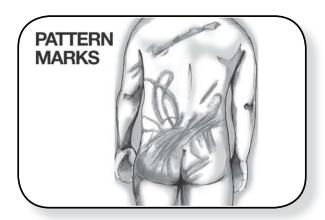
Briefly discuss: Spanking or physical punishment that leaves marks, especially serious bruises, may indicate abuse.

Show Slide: Human Bite Marks



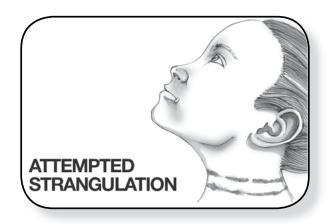
Briefly discuss: Human bite marks generally leave a somewhat distinctive image. It is also pretty much impossible for a human bite to leave marks accidentally. Marks left from a bite would be cause for suspicion of abuse.

Show Slide: Pattern Marks



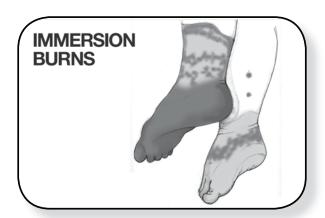
Briefly discuss: Unusual or distinctive marks, especially marks that look like an imprint of an object such as a belt, buckle, a cord, etc. can be an indicator of abuse.

Show Slide: Strangulation Marks



Briefly discuss: Bruising around the neck and throat area can be the result of an attempted strangulation. Physical signs of strangulation may be hidden by clothing and hair.

Show Slide: Immersion Burns



Briefly discuss: Immersion burns are the most common burns caused by child abuse. "Glove" and "stocking" burns are caused by holding the child's hands or feet in hot water. The burns leave a distinctive separation between the injured and uninjured areas. A child who is lowered into a tub of scalding water may have doughnut-shaped burns on their buttocks or genitalia.

Ask: When you burn yourself, on what part of the body does it most often occur?

Suggested response: The tips of the fingers are probably the most frequently accidentally burned part of the body from touching something that is hot.

Ask: What usually happens when you come in contact with something hot, whether it is a burner on the stove, a hot plate, or hot bath water?

Suggested response:

- It is an automatic reflex to withdraw the affected body part (i.e. hand, fingers, toes) from something that our nerve sensors determine is hot.
- The pain sensors send a signal to the brain that tells the body to withdraw immediately. That is why burns like immersion burns and severe burns across a large surface are rarely accidental. For example, as soon as the tips of your toes enter scalding water, your body will withdraw your foot. It is unlikely that you would leave much of your foot in the tub and certainly not for very long.

Show Slide: Cigarette Burns



Briefly discuss: Other burns that are rarely accidental are cigarette or cigar burns or burns from a cigarette lighter in a car. Cigarette and lighter burns have a distinctive shape to them and often have clear edges where the burn ends due to the shape of the item. Cigarette burns are especially suspect when seen on the soles of the feet, palms, back, buttocks, or any other area where it is unlikely a child could have inflicted it themselves.

Transition: Keep in mind that physical indicators may not always be evident at the time of the reporter's suspicion. For that reason, it is important to be cognizant of other indicators of abuse. Children who are being abused frequently display characteristic behaviors. A child's emotional and behavioral responses to typical situations can provide clues to the presence of abuse in a family even when there are no clear physical indicators.

Ask: What are some behavioral indicators you may observe in a child that you suspect of being physically abused?

Suggested responses:

- Withdrawn from others The child may be remote, withdrawn, lacking in curiosity, and detached and may not relate well to others.
- No expectation of comfort The child may whine, whimper, or cry without any expectation of being comforted by others. The child may not turn to adults for help.
- "Frozen watchfulness" or hyper-vigilance The abused child may remain emotionally withdrawn and uninvolved, but they constantly and closely observe all that is going on around them. They behave as though they are always on alert.
- Fear of physical contact Abused children may exhibit discomfort with or a fear of physical contact. They may flinch or cringe when someone makes a sudden move near them.
- Clings to adults An abused child may display a forlorn clinging dependency while lacking in healthy attachments to any adult.
- Appears depressed or lacks emotion An abused child may appear depressed or display a flat affect and lack any emotion. They may not cry or respond to pain or injury, and they may not show enjoyment. The child may not smile or play with others.
- Timid and easily frightened Abused children may hide, duck, cringe, withdraw, flinch, attempt to get out of the way, or exhibit other signs of fear when the parent or abuser comes near.

- Eager to please Children who are abused may be very eager to please, may crave affection, and may show indiscriminate attachment by becoming affectionate with anyone, including strangers. They may also be very compliant.
- Role reversal Early signs of role reversal may be seen. The child may try
 to behave in ways that meet the parent's needs. In addition to a clingy
 attachment, the child may repeatedly verbalize love and concern for the
 abusing parent.
- And others
 - Wary of contact with parents or other adults
 - Apprehension when other children cry
 - Exhibits behavioral extremes, such as aggressiveness or withdrawal, or drastic mood changes
 - Shows fear of going home or repeatedly running away
 - Reports injuries inflicted by parents but blame self, such as "I was bad."
 - Demonstrates habit disorders such as self-injurious behaviors or psychoneurotic reactions, including phobias, compulsions, obsessions, or hypochondria
 - Wears clothing inappropriate for the season to hide physical signs of abuse
 - Exhibits low self-esteem
 - Makes suicide attempts

Show Slide: Behavioral Indicators of Abuse

Behavioral Indicators of Abuse

- Withdrawn from others
- No expectation of comfort
- "Frozen watchfulness"
- Fear of physical contact
- Clings to adults
- Appears depressed or lacks emotion
- Timid and easily frightened
- Eager to please
- Role reversal

Briefly discuss: Let us take a look at the slide to see if there are any behavioral indicators that we may not have already listed.

Transition: There are many behavioral indicators that may indicate abuse. As with physical signs, behavioral indicators can help you decide whether you suspect a child is an abused child. Keep in mind, however, that there are circumstances where a child may display behavior that is not linked to abuse. However, as a mandated reporter, you do not need to discern this. Now, let us take a look at the second category, which is serious mental injury.

Emphasize: Understanding that the behavioral indicators mentioned may be seen with other forms of abuse also is important. In addition, a child who is being abused may be experiencing more than one form of maltreatment. Physical and behavioral indicators for all types of abuse need to be viewed in terms of the totality of circumstances, including what you know about the child and the observations you make.

Show Slide: Serious Mental Injury

Serious Mental Injury

A psychological condition that is diagnosed by a physician or licensed psychologist that:

- Renders the child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic, or in reasonable fear that his/her safety is threatened; OR
- Seriously interferes with the child's ability to accomplish age-appropriate developmental and social tasks

Discuss: The definition for serious mental injury is fairly rigid and requires a formal psychological diagnosis from a licensed professional. Although it is arguable that any child that has been abused has suffered emotionally and mentally, under the CPSL, this category is one of the least substantiated types of abuse. The actions of the perpetrator would have had to cause or significantly contribute to the psychological condition.

Present: Remember, mandated reporters of child abuse are not responsible for obtaining a diagnosis. The criteria for reporting is that the referral source has reason to suspect that one of these conditions exists solely because of the acts or omissions of another person. In other words, if you have reasonable cause to suspect that the child has a condition to which the actions of the perpetrator contributed, a report of suspected child abuse must be made. This includes withholding or refusing appropriate treatment to the child. In this category, the suspected abuse does not have to be recent.

Ask: What are some behavioral indicators that might lead you to suspect serious mental injury?

Suggested responses:

- Depression
- Mental or emotional developmental delays
- Self-mutilation or other self-injurious behaviors
- Suicide attempts
- Compulsive disorders
- Antisocial behavior, including cruelty to other children or animals
- Delinquent behavior
- Alcohol or drug abuse
- Neurotic traits such as extreme fearfulness

Show Slide: Indicators of Serious Mental Injury

Indicators of Serious Mental Injury

- Depression or absence of affect
- Mental or emotional developmental delays
- Self-mutilation or other self-injurious behaviors
- Suicide attempts
- Compulsive disorders
- Antisocial behavior, including cruelty to other children or animals
- Delinquent behavior
- Alcohol or drug abuse
- Neurotic traits such as extreme fearfulness

Discuss: Let us see if there are any indicators listed on the slide that were not already mentioned.

Transition: Now let us take a look at the third category of child abuse, which is sexual abuse or exploitation.

Present: Sexual abuse or exploitation is the largest category of substantiated abuse in Pennsylvania. The definition of sexual abuse is also the only category that mirrors the definitions used in the criminal code. The definition is quite comprehensive, so let us take a look at it.

Show Slide: Sexual Abuse or Exploitation

Sexual Abuse or Exploitation

The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes, but is not limited to, the following:

- Looking at the sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
- Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
- Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
- Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.
- Rape, Statutory Sexual Assault, Sexual Assault, Institutional Sexual Assault, Aggravated indecent assault, Indecent Assault, Incest, Prostitution, Sexual Abuse, Unlawful Contact with a Minor, Sexual Exploitation.

Discuss: The definition on the overhead is the definition as per the CPSL. In addition, protective services regulations address exploitation, which includes any of the following:

• Looking at the sexual or other intimate parts of a child for the purpose of arousing or gratifying sexual desire in either person;

- Engaging or encouraging a child to look at the sexual or other intimate parts of another person for the purpose of arousing or gratifying sexual desire in any person involved; and
- Engaging or encouraging a child to participate in sexually explicit conversation either in person, by telephone, by computer, or by a computer aided device.

Present: As with every category of abuse, it is not the mandated reporter's responsibility to wade through the complex definitions of sexual abuse or exploitation. This will be done as part of the investigation. A disclosure of abuse is not required for a report to be made but, in many cases, it will be part of the investigation process. The mandated reporter should ask as few questions as possible to establish reasonable suspicion and then allow the specially trained professional investigators with the county agency to follow up with the child and family.

The consensual activity between two children who are at least 14 years of age or older is not considered sexual abuse. If there is any indication of an imbalance of power or that a crime has occurred then a report must be made. A report must also be made if the one of the children meets the definition of perpetrator.

Transition: In a few cases where a child has been sexually assaulted, there may be physical indicators or injury. These may be validated through a medical examination by a physician.

Ask: What are some physical indicators that you might see in a child who has been sexually abused?

Suggested responses:

- Physical injury to the genitals including bruising, cuts, lacerations, bite marks, stretched rectum or vagina, fissures in the rectum, or swelling and redness of genital tissues. These kinds of injuries may have been caused by penetration of the vagina or rectum with fingers, a penis, or other objects. Injuries to the genitals in older infants and toddlers may also be the result of physical punishment for toileting accidents.
- The presence of sexually transmitted diseases, including herpes on the genitals, gonorrhea, syphilis, venereal warts, chlamydia, or human papilloma virus (HPV), strongly suggests sexual exposure. The presence of a yeast infection (i.e. monilia) in a female child or adolescent may not necessarily be the result of sexual abuse. Yeast infections in a child may occur from having taken antibiotics. A yeast infection in a preadolescent child, however, warrants a medical examination and further investigation.
- Suspicious stains, blood, or semen on the child's underwear, clothing, or body.
- Bladder or urinary tract infections, including pain when urinating, blood and
 pus in the urine, and high frequency of urination. Urinary tract infections
 are uncommon in children, unless a child has a physical abnormality of the
 urinary tract system.
- Painful bowel movements or retention of feces may indicate that the rectum has been penetrated.
- Early, unexplained pregnancy, particularly in a child whose history and behaviors would not suggest sexual activity with peers.

Show Slide: Physical Indicators of Sexual Abuse

Physical Indicators of Sexual Abuse

- Injury to the genitals
- Sexually transmitted diseases
- Suspicious stains
- Bladder or urinary tract infections
- Painful bowel movements
- Pregnancy

Briefly review: Let us take a look at whether there are any physical indicators of sexual abuse that we did not already mention.

Present: Keep in mind, depending on how recent and extensive the sexual activity was, there may be no clear physical evidence that a child has been molested. In addition, many of the physical indicators may not be immediately visible to you.

Ask: In addition to possible physical indicators, what are some of the behavioral indicators you might observe that could be a result of sexual abuse?

Suggested responses:

- Verbal disclosure When a child states that they have engaged in sexual activity or states that an adult has done "bad things" to them, such disclosures should always be taken seriously. If a child's disclosure is not handled properly, the child may be unwilling to talk about the abuse again. Often, the child is ambivalent to disclose because of threatened consequences imposed by the perpetrator. Because of this, the disclosure may only be hinted at, such as "I do not want to go home" or "I do not like my dad anymore."
- Precocious sexual knowledge and inappropriate sexual behavior.
 Professionals needs to have a basic knowledge of appropriate sexual knowledge and behavior in children of different ages in order to recognize when a child possesses sexual knowledge or engages in sexual behavior that is not typical for their age. However, there are some behaviors that often indicate unusual sexual involvement, including:
 - Seductive behavior toward adults
 - Sexual acting out in pre-adolescent children, including promiscuity or blatantly provocative dress
 - Excessive masturbation
 - Enticing other children into sexual play
 - Involving other children in more extensive sexual behavior
 - Creating and playing out sexual scenarios with toys or dolls
 - Specific fears of males or females
 - Adolescent fear of sex
- Wearing extra layers of clothing or clothing that is inappropriate for the weather may be a symbolic attempt to hide or protect their bodies.

- Lack of interest or difficulty participating in normal physical activities. Indicators may include having difficulty sitting in a chair, sitting awkwardly or squirming, having difficulty staying seated and choosing not to become involved in sports or games. These may be the result of pain or discomfort in the genitals.
- Hiding clothing that is torn, stained, bloodied, or otherwise soiled as a result of sexual activity.
- Displays emotional distress Generalized indicators of emotional distress are prevalent in sexually abused children. However, because they are also common in other abused children, they are not necessarily direct indicators of sexual abuse. They include fear and phobias, aggressive behavior, tantrums, acting out, running away from home, fighting, withdrawal from social relationships, low self-esteem, poor body image, and a negative perception of self with a distorted sense of one's own body. In young children, regression is also seen and includes enuresis (i.e. urine soiling), encopresis (i.e. fecal soiling), thumb sucking, baby talk, and clinging behaviors.

Show Slide: Behavioral Indicators of Sexual Abuse

Behavioral Indicators of Sexual Abuse

- Verbal disclosure
- Precocious sexual knowledge
- Inappropriate sexual behavior
- Layered or inappropriate clothing
- Lack of interest or involvement in activities
- Hiding clothing
- Generalized emotional distress

Briefly review: Let us take a look at whether there are any behavioral indicators of sexual abuse that we did not already mention.

Present: Although handling disclosures is covered in another training program, it is important to recognize that your response to a child's disclosure of sexual abuse can be critical as to whether it makes the situation even more traumatic for the child. As difficult as they may be to hear, disclosures of abuse, particularly sexual abuse, can be horrific and personally upsetting to you. How you manage your emotions and respond to the child can make a huge difference to that child who has found the courage to tell someone the horrible secret they have been keeping. It is not uncommon for a child to recant their story of abuse, and this can happen for many reasons, including threats made by the abuser. As a mandated reporter, you must report the initial disclosure and allow the investigators to sort out the facts and the full story. Remember, it is not your job to ask a lot of questions to "get to the bottom of things."

Transition: Let us take a look at the next category, which is serious physical neglect. This is a difficult category to call at times and often involves a situation that has gone from bad to worse.

Show Slide: Serious Physical Neglect

Serious Physical Neglect

When a perpetrator endangers a child's life or health, threatens a child's well-being, causes bodily injury or impairs a child's health, development or functioning due to:

- A repeated, prolonged or egregious failure to supervise, OR
- Failure to provide adequate essentials of life, including food, shelter or medical care

Discuss: For serious physical neglect to be substantiated, there must be a physical condition that is caused by the act or failure to act that either endangers the child's life or development, threatens the child's well-being, causes bodily injury or impairs the child's health, development or functioning. Serious physical neglect must arise from repeated prolonged or egregious lack of supervision or the failure to provide a child with the essentials of life, including adequate medical care. An egregious act would be one that another reasonable person would find to be well below the minimum standard of care. It does not need to be a recent act. In fact, the nature of this category is usually the result of a long-term problem that has been ongoing for some time and has worsened. The severity of the situation has then crossed the line from being a concern to being abuse.

Trainer note: The essentials of life are covered in Lesson One.

Ask: What are some physical signs you could observe that might indicate that a child may be suffering from neglect?

Suggested responses:

- Failure to thrive Failure to thrive is the decelerated or arrested physical growth in terms of height and weight associated with poor developmental or emotional functioning in children younger than two or three years old. If allowed to continue, the undernourished child may develop problems, including failure to reach significant developmental milestones like sitting up, walking, and talking. Common symptoms of failure to thrive may include lack of appropriate weight gain, irritability, easily fatigued, excessive sleepiness, lack of age-appropriate social responses such as smiling, avoiding eye contact, lack of molding to the mother's body, does not make vocal sounds, and delayed motor development.
- Delays in physical development Children who do not keep up with their peers may not be receiving adequate nutrition or may have a condition that is unaddressed. In addition, children who lack in physical development may not be receiving the stimulation necessary to develop properly.
- Stealing or hiding food This can be a sign that the child is not being fed. This behavior can also be a sign of emotional or developmental disorders.
- Unattended physical problems or medical needs Physical problems or medical needs that are obvious, yet go unaddressed, are indicative of neglect.

- Chronic truancy Without adequate encouragement and assistance, neglected children may not have the skills or resources to get to school.
- Abandonment Child abandonment is a serious form of neglect.
- Inappropriate caregivers Leaving the child in the care of caregivers, including other children, who are not capable of meeting the child's needs.
- Positive toxicology tests Toxicology tests indicating that a child has ingested drugs or other toxic substances could be a sign of lack of supervision.

Present: In addition to a health care provider's legal obligation to report suspect child abuse, suspected illegal substance abuse by the mother, withdrawal symptoms from prenatal drug exposure and fetal alcohol spectrum disorder must be reported for all children under 1 year of age. These types of reports are handled as General Protective Services. The Children and Youth Agency will assess the child safety and the family's need for services.

Show Slide: Physical Signs of Neglect

Physical Signs of Neglect

- Failure to thrive
- Delays in physical development
- Unattended physical problems or medical needs
- Chronic truancy
- Abandonment
- Inappropriate caregivers
- Positive toxicology screen

Briefly review: Let us take a look at whether there are any physical indicators of serious physical neglect that we did not already mention.

Transition: Behavioral and emotional indicators can alert someone to the presence of neglect in a family when there are no clear physical signs of an illness or other condition.

Ask: What are some behavioral and emotional indicators that you might observe in a child who is suffering from serious physical neglect?

Suggested responses:

- Developmentally delayed A large percentage of neglected children are developmentally delayed and cannot keep up with the milestones reached by their peers. Neglected children may display mild to serious delays in physical and motor development, cognitive ability and school achievement, social skills and interpersonal relationships, and emotional development. Severely neglected children may develop mental retardation as a result.
- Unresponsiveness Neglected children are often characterized as unresponsive, placid, apathetic, lacking in curiosity, and uninterested in their surroundings. They do not approach others, nor do they display a normal degree of enthusiasm in their interactions.
- Hungry or always tired Neglected children often appear to be hungry or very tired. Older children may scrounge, beg, or steal food.
- Behavioral problems Some neglected children may display behavioral problems, anxiety, and other signs of emotional distress because of an absence of limits imposed on them by adult caretakers. At times, a false bravado may be present.
- Failure in school Poor performance in school, particularly when combined with an inability to concentrate, falling asleep in class, and a lack of interest in the school environment. School failure by itself cannot be considered the result of neglect, but it can support a finding of neglect when other indicators are present.
- Signs of stress and anxiety A neglected child may show signs of stress and anxiety, including physical illness and regressive behaviors. Neglect in early childhood can interfere with brain development, resulting in many problems, including mental and emotional problems.

- Assume adult role Children, particularly older children, may assume the adult relationship with the parent and become the caretaker. The child is frequently a "little helper" who cares for the parent, demonstrates excessive concern when the parent is distressed, and is unusually compliant.
- Lying or stealing Neglected children may resort to lying and stealing to get their needs met or even to cover for their parents.
- Drug and alcohol abuse Children who experience maltreatment are at increased risk for adverse health effects and high-risk behaviors, including drug and alcohol abuse.
- Truancy and running away Neglected children are at high risk for truancy and running away from home. A complication to this indicator is the fact that truancy and running away from home increase a child's likelihood of engaging in criminal behavior.

Refer to the Participant's Guide. There is a chart that outlines some physical and behavioral indicators of the various types of abuse.

Present: The behavioral indicators will vary based on a number of factors, including age, length and severity of abuse, other resources available to the child, and whether there are other forms of maltreatment present. Some indicators may be seen only in young children or preadolescents or teens, but others may be seen in all age groups.

Summarize: Neglect is often thought of as the failure to provide food, shelter, and safety. However, for children to develop and master developmental tasks in the physical, cognitive, emotional, or social domains, they need opportunities, encouragement, and interactions with others. Lack of stimulation in the early years of a child's development will result in underdeveloped brain functioning at the neurological level, putting these children at a serious disadvantage. In addition, there is research that identifies child neglect as the largest category of abuse in terms of child fatalities. This category is a good example of how intervention on the part of a third party can make a huge difference in the life of a child, including the possibility of saving them from death. Even in situations where neglect has not risen to a serious level, a General Protective Services referral should be made.

Transition: Let us now move on and review the last few categories of child abuse as defined by the CPSL. These last few categories cover situations that put a child at risk of likely harm.

Show Slide: Additional Categories

Additional Categories

- Medical child abuse
- Likelihood of bodily injury
- Likelihood of sexual abuse or exploitation
- Causing the death of a child
- Medical Child Abuse Sometimes this is referred to as Munchausen
 Syndrome by Proxy or Factitious Disorder. This term describes a mental
 condition. The parent or caregivers makes up symptoms or harms the child
 in a way that produces symptoms in order to receive special attention.
 Sometimes children are subjected to painful and invasive medical tests in an
 attempt to diagnose the child's alleged condition.
- Likelihood of bodily injury and likelihood of sexual abuse address circumstances where the child was not actually harmed, but the child was placed in a situation (either by an act or failure to act) where there was a reasonable likelihood that the child could have been harmed physically or sexually.
- Causing the death of a child is its own category of abuse. This can be caused by either an act or failure to act by the perpetrator.

Slide Per se Definitions

Per se definitions

- Physical violence that endangers the child
- Restraining or confining the child
- Shaking a child under one year old
- Striking a child under one year old
- Interfering with the breathing of a child
- Having child present at a meth lab
- Leaving the child in the care of a sexual offender

Discuss: This group of abuse definitions are referred to as the per se definitions. Per se is a Latin term meaning in itself. The actions described in this group are themselves abuse.

Ask: What does it mean that acts themselves are considered abuse?

Suggested responses: It means that there are no other qualifying criteria. The act alone would be considered abuse. For example, for serious bodily injury to be considered abuse the child would need to have suffered an injury causing substantial pain or impairment. Under imminent risk, if the parent hit the child on purpose with a baseball bat as punishment that act could have caused the child serious harm. The act itself could be considered abuse regardless of whether or not the child suffered injuries.

Present:

- Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child. Amount of force, vulnerability of the child and where on the child's body would need to be considered.
- Restraining or confining a child in a manner that is unreasonable. Consideration needs to be given to method location and duration.
- Shaking, forcefully slapping or striking a child under the age of one year.
- Actions by that alleged perpetrator that interfere with the child's ability to breathe.
- The children and youth agency would need to be able to show that a police investigation occurred regarding the meth lab. The mandated reporter does not need to know if a police investigation has been undertaken to make the report.
- Leaving the child in the care of a Tier II or III sexual offender who has sexually abused children, a sexually violent predator or delinquent. The mandated reporter does not need to ascertain if the alleged perpetrator is officially deemed a sexual offender of any type. (Note to trainer: the classifications of sexual offenders centers on the type of crime. The classifications have different registration time frames. For more information, visit pameganslaw. state.pa.us).

Engaging a child in a severe form of trafficking in persons or sex trafficking

- Includes both instances of sex trafficking and labor trafficking of children
- Terms in the definition of this category of abuse are defined under section 103 of the Trafficking Victims Protection Act of 2000

Discuss the slide. This newest category of child abuse brings the Pennsylvania Child Protective Services Law (CPSL) into compliance with the federal requirements under the Child Abuse Prevention and Treatment Act (CAPTA).

Present: The terms in the definition of this category of abuse are defined in the Trafficking Victims Protection Act of 2000.

"Severe form of trafficking in persons" is defined in the Trafficking Victims Protection Act of 2000 as:

- "Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- The recruitment, harboring, transportation, provision, or obtaining of a
 person for labor or services, through the use of force, fraud, or coercion for
 the purpose of subjection to involuntary servitude, peonage, debt bondage,
 or slavery."

The first part of this definition addresses Sex trafficking and the 2nd part of the definition addresses labor trafficking.

Sex Trafficking

- Any child under the age of 18 who is induced to engage in commercial sex is a victim of sex trafficking.
- Examples of sex trafficking of children includes prostitution, stripping, pornography, and sex tourism.

Indicators of Sex Trafficking – Child (Note: these indicators are not exclusionary of all other indicators):

- Sexual knowledge which is beyond what is normal for the child's age
- Sexually transmitted diseases
- Unexplained bruises and scars

- Withdrawn behaviors
- History of running away or current status as a runaway
- Inexplicable appearance of expensive gifts, clothing, cell phones, tattoos, or other costly items
- Presence of an older boyfriend or girlfriend who is controlling
- Drug addiction
- Gang involvement

Present: "Sex trafficking" is defined in the Trafficking Victims Protection Act of 2000 as:

 "The recruitments, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act."

"Commercial sex act" is defined as:

• any sex act on account of which anything of value is given to or received by any person

Labor Trafficking

- The use of force, fraud, or coercion for the purpose of subjection in involuntary servitude, peonage, debt bondage, or slavery.
- Examples of where labor trafficking can occur:
 - o Agricultural or domestic service workers
 - o Selling of items (e.g., magazines or illegal drugs)
 - o Businesses such as hair and nail salons & restaurants
 - o Beggars
 - o Au pairs & Nannies

Indicators of Labor Trafficking – Child (Note: these indicators are not exclusionary of all other indicators):

- Living with employer
- No freedom to leave or come and go as desired/high security measures
- Unpaid or paid very little
- Excessive and/or unusual work hours, often without breaks
- Answers appear to be scripted and rehearsed
- Employer is holding identity documents
- Signs of physical abuse
- Lack of knowledge of whereabouts and/or lost sense of time

Present: Labor trafficking is labor obtained by use of threat of serious harm, physical restraint, or abuse of legal process.

At risk youth populations for human trafficking

- Youth in the foster care system
- Youth who identify as LGBTQ
- Youth who are homeless or runaway
- Youth with disabilities
- Youth with mental health or substance abuse disorders
- Youth with a history of sexual abuse
- Youth with a history of being involved in the welfare system
- Youth who identify as native or aboriginal
- Youth with family dysfunction

Summarize: We have discussed the three primary components to child abuse as defined by the CPSL – a child, a perpetrator, and reasonable suspicion of an act or failure to act that fits one of the categories of child abuse. It is important to remember that, as a mandated reporter, it is not necessary to have all three elements in order for you to establish reasonable suspicion of child abuse, and it is not necessary to identify all three elements to make a report.

For example, you may encounter a very young child with a serious head injury, who has little or no verbal skills. In this scenario, the child cannot confirm, and the reporter cannot be sure who abused the child. Even if you know the abuser does not meet the CPSL's definition of a perpetrator, you must report. It will be the responsibility of the Children and Youth investigator to sort out all the details and determine who, if anyone, is the perpetrator. As a reporter, your responsibility is simply to report your suspicions.

Introduce the activity. Now that we have taken quite a bit of time to dissect the three components of child abuse, including the definitions of a child, perpetrator, and the categories of abuse, let us practice our skills while working through some scenarios.

Scenarios - What Would You Do?

- Refer to the Participant's Guide.
- You will work in small groups to complete this activity.
- Read each scenario and decide as a group if the scenario is child abuse and what action should be taken.
- You will have 15 minutes to complete this activity.

Trainer's Directions: If time is short, you may wish to assign only one or two scenarios to each group. Be sure to assign different scenarios to different groups, so that all situations are discussed. For circumstances where there is little time to complete the activity, you may even do the scenarios as a large group activity and ask for a response from the participants.

Monitor the activity. As participants discuss the scenarios, be sure to walk around the room to observe the process groups are using to come to their conclusions. Give the participants notification when only a few minutes remain.

Debrief the activity. You may face any number of scenarios in the course of your role as a mandated reporter. It is impossible to cover every possibility that you might encounter; however, if you approach each situation in a logical fashion and decide if you have cause to suspect child abuse, you will be on the right track. Remember, you need only have a suspicion to report. Children and Youth investigators will sort out the rest of the details and determine the outcome.

Activity: Scenarios –What Would You Do?

1. There is a strained relationship between a father and his 15-year-old daughter. The father has set 11:00 p.m. as the curfew for his daughter. The daughter returns home at 1:00 a.m., which is the third time in the past two weeks that she has missed the curfew. After each incident, the emotions between the father and daughter have been escalating. This time, the father has been drinking, and he is enraged by his daughter's late return. After a period of heated verbal exchange, the father chases his daughter, but cannot catch her. In desperation, he picks up a chair and hurls it at her, narrowly missing her head. The legs of the chair were implanted in the drywall.

Is this suspected child abuse? Yes.

If so, what type and why? Likelihood of bodily injury. The child would have been injured had the chair struck her.

If not, why? N/A

What would you do? Report to ChildLine immediately. It is recommended that the report to ChildLine be followed up with a courtesy call to Children and Youth. A CY-47 must be completed and submitted to Children and Youth or an electronic report filed.

Trainer's Notes: Even though the child was not injured by the chair, if the father's aim had been more accurate, it would have hit his daughter. The chair was thrown with such force that it was embedded in the wall. Therefore, it is logical to assume that had the chair hit the girl, it would have harmed her. The reporter must report to ChildLine.

2. Your brother who is in treatment for Methamphetamine addiction tells you that he used to buy his meth from the father of a girl in your program. Your brother reveals that the meth is made in the house.

Is this suspected child abuse? Yes.

If so, what type and why? Per se definitions – having a child present at a meth lab. The fact that the child was present where meth was being made in of itself would be considered child abuse.

If not, why? N/A

What would you do? This situation must be reported to ChildLine as a suspected child abuse report.

Trainer Note: In order for Children and Youth to be able to substantiate this type of case there must also be a law enforcement investigation occurring. Mandated reporters do not need to know whether or not a current investigation is happening. It will be up the Children and Youth Agency to coordinate with the police.

3. A parent tries to obtain drugs by offering her daughter for sex. However, there are no offers

Is this suspected child abuse? Yes.

If so, what type and why? Likelihood of sexual abuse or exploitation. Even though the mother had no one take her up on the opportunity to have sex with her daughter in exchange for drugs, the mother put her daughter in a situation that put her at risk for serious danger.

If not, why? N/A

What would you do? Report to ChildLine immediately. It is recommended that the report to ChildLine be followed up with a courtesy call to Children and Youth. A CY-47 must be completed and submitted to Children and Youth or an electronic report filed.

4. A 10-year-old boy in your program says he cannot play outside because his feet hurt. He is limping, but he does not want you to look at his feet. At your insistence, the boy removes his shoes and socks and reveals three distinct round burns on the soles of his feet. One of the burns appears to be infected. When you ask him how the burns happened, the boy's only comment is that, "My dad said I was bad."

Is this suspected child abuse? Yes.

If so, what type and why? Bodily Injury. The injuries are indicative of cigarette burns, which are serious. The boy's inability to walk properly indicates substantial and obvious temporary impairment. The location and number of burns would also indicate that they were not of an accidental nature.

If not, why? N/A

What would you do? Report to ChildLine immediately. It is recommended that the report to ChildLine be followed up with a courtesy call to Children and Youth. A CY-47 must be completed and submitted to Children and Youth or an electronic report filed.

5. A 12-year-old boy comes to your office asking for aspirin. He is wearing an oversized sweater on an unusually warm day. He reluctantly explains that his teammate's father "was angry with him for losing the game, grabbed him by the arm, and threw him into a fence." He pleads with you not to let his parents know. When the boy's sweater is removed, you find several cuts and scrapes, and it appears that his shoulder may have been dislocated.

Is this suspected child abuse? No

If so, what type and why? N/A

If not, why? The suspected perpetrator does not fit into one of the categories listed in the CPSL.

What would you do? Even though the abuser does not fit into one of the categories of perpetrator, the reporter must still call ChildLine. When the investigation begins, the staff at Children and Youth will sort out the details and involve the proper authorities, including law enforcement.

6. A child in your program comes to you complaining about a toothache. You call the mother, who agrees to take the child to a dentist. Several weeks later, the child again comes to your office, and this time, the tooth is obviously abscessed. You again call the mother who says she could not get a dental appointment. You make an appointment for the next day with a dentist who works with your program and let the mother know when she can take her child for free treatment. Three days later, the child still has not received treatment and is now presenting with a fever and severe swelling.

Is this suspected child abuse? Yes.

If so, what type and why? This would be a case of Serious Physical Neglect, because the condition was allowed to worsen to the point where there is now a serious physical condition that is causing severe pain.

If not, why? N/A

What would you do? Report to ChildLine immediately. It is recommended that the call to ChildLine be followed up with a courtesy call to Children and Youth. A CY-47 must be completed and submitted to Children and Youth or an electronic report filed.

7. A 12-year-old girl discloses to you that she was raped by her 14-year-old brother while he was babysitting her and their younger brother.

Is this suspected child abuse? Yes.

If so, what type and why? This would be a case of Sexual Abuse/Exploitation, because the brother is a household member over 14 years of age. He was also in a caretaking role and over 14 y.o.

If not, why? N/A

What would you do? Report to ChildLine immediately. It is recommended that the call to ChildLine be followed up with a courtesy call to Children and Youth. A CY-47 must be completed and submitted to Children and Youth or an electronic report filed.

8. You are the art teacher, and one of your seventh grade students is a gifted artist you have befriended. Over the last several months, you have noticed his work becoming very dark in nature, which is matched by his increasingly sullen and withdrawn behavior. One day, while reaching for his art supplies, his sleeves pull up to reveal cut marks on his arms. When confronted, he admits he cut himself intentionally. He explains that he is "evil" and that bad things happen to anyone with whom he associates, which is what his mother told him. A call to his mother confirms that she feels the boy is "evil." Your concerns that he may be suicidal are met with the statement: "Well, maybe that would be for the best."

Is this suspected child abuse? Yes.

If so, what type and why? This would be a case of Serious Mental Injury, because there is at least a reasonable suspicion that the actions of the boy's mother have led to the student harming himself and possibly becoming depressed.

If not, why? N/A

What would you do? Report to ChildLine immediately. You may also want to contact a crisis intervention service, depending on the specifics of the situation. It is recommended that the call to ChildLine be followed up with a courtesy call to Children and Youth. A CY-47 must be completed and submitted to Children and Youth or an electronic report filed. "

Transition: Now that we have discussed each component of child abuse and the process for determining whether an act or failure to act might fall under the CPSL's definition of child abuse, let us take a look at what happens once a report is made.

The System's Response To Child Abuse

Presentation time: 30 minutes

Introduce the lesson. This lesson will describe the actions taken by the county Children and Youth agency in response to reports of child abuse.

Objectives of Lesson Four

Participants will:

- Understand the process for investigating child abuse
- Identify types of abuse referred to law enforcement
- Define the status determinations
- Identify information mandated reporters are entitled to know

Present: On occasion, mandated reporters hesitate to report abuse, because they feel that the child protective services system will not respond adequately to their referral. Knowledge and understanding of how an investigation is conducted, how and when status determinations are made, and the level of involvement by law enforcement officials will provide a more comprehensive view of the system.

Show Slide: Responding to Reports of Child Abuse

Responding to Reports of Child Abuse

- Available 24/7 to receive reports of abuse
- Investigation Begins
- Risk and Safety Assessment
- Visit to Child's Home
- Emergency Protective Custody
- Interviews
- Photos
- Evidence Collection
- Services
- Referral to Law Enforcement

Discuss: Once a report of suspect child abuse is made to ChildLine, the investigation process begins. It was mentioned earlier that a courtesy call to Children and Youth is recommended, but even if you do not do so, ChildLine personnel will contact the county Children and Youth office to inform them of the report.

• Available 24/7 to receive reports of abuse – All 67 county agencies have mechanisms in place to ensure that a caseworker is available to accept reports and calls 24 hours a day, seven days a week. When relaying a report of child abuse, be sure to speak with a live person at the county agency, especially when you believe that a child is in immediate danger. Do not just leave a message on voice mail. If efforts to reach a live person during non-business hours are unsuccessful, call ChildLine back and let them know that it is urgent for you to speak to a caseworker. ChildLine has contact information that will enable them to reach someone from the Children and Youth office, who can contact you.

- Investigation Begins The start of the clock for the investigation begins when the report of suspected child abuse is made to ChildLine. Within 24 hours of the call or electronic report to ChildLine, a caseworker from Children and Youth must physically meet with the child. When it is communicated that the child may be in immediate danger or at risk for continued harm or there is insufficient information in the report to indicate that the child is safe, the caseworker will see the child immediately. Mandated reporters' responsibilities include cooperating with the investigation, which involves allowing an investigator from Children and Youth to interview the child privately.
- Safety and Risk Assessment When the investigator meets with the child, an assessment of safety and risk to the child using the forms we spoke about earlier will be done. The agency staff will also assess the threat of safety and risk to other children in the home and ensure their safety as well.
- Visit to Child's Home During the investigation, at least one visit must be made to the child's home. Such a visit helps the investigator determine key components related to the child's overall risk for maltreatment as outlined on the Risk Assessment form.
- Emergency Protective Custody In situations where the investigator has determined that the child's safety is at risk, the caseworker can set into motion the process for obtaining emergency protective custody. The county agency does not have the authority to remove the child from the home.
 Emergency custody can only be taken by the court, a physician or director of a medical institution, or by a law enforcement official. The criterion is that custody is immediately necessary to protect the child from further abuse. Typically, the child is removed from the caretaker and placed in an alternative setting, such as foster care or in the home of a relative. Children and Youth must obtain a court order from a judge to remove a child from their home. When the agency concludes that the child is in danger of further maltreatment, it must accept the case for services, provide direct case management, and monitor the provision of services.

- Interviews As part of the investigative process, the caseworker will conduct interviews with all subjects of the report and any persons who are known to have or may reasonably be expected to have information about the incident of alleged child abuse. These persons may include the child, the child's parents or other person responsible for the child's welfare, the alleged perpetrator, the reporter of suspected abuse, eyewitnesses to the abuse, neighbors and relatives who may have knowledge of the abuse, and daycare providers and/ or school personnel.
- Photos The caseworker will take photos of the child and all the children in the home for the purpose of identification.
- Evidence Collection Depending on the circumstances and the type of abuse, photographs would be taken. Photographs of visible injuries such as bruises, cuts, and abrasions would be some items that might be photographed.
 In some situations, a medical examination, medical tests, or other expert consultations will be required. Some counties in Pennsylvania have Child Advocacy Centers that specialize in interviewing, performing medical examinations, and evidence collection, so that further trauma to the child is minimized.
- Services The agency will provide services to keep the child and all of the children safe during the investigation.
- Referral to Law Enforcement In certain situations, the report of suspected child abuse is also referred to law enforcement officials by the county agency.

Present: As discussed earlier, one of the purposes of the CPSL is to involve law enforcement in responding to abuse. The CPSL outlines specific circumstances under which the county agency must make a referral.

Show Slide: Referrals to Law Enforcement

Referrals to Law Enforcement

- Homicide
- Sexual Abuse and Exploitation
- Bodily Injury
- Serious Bodily Injury
- Non-CPSL perpetrator
- Crime against a child
- Severe forms of trafficking in persons or sex trafficking

Discuss: Since 1982, county agencies have been required to refer certain cases of child abuse to law enforcement officials. When the initial inquiry by the county agency provides evidence that one of the above types of offenses has occurred, the county agency ensures the safety of the child and then immediately contacts law enforcement.

- Homicide Any instances of child abuse that result in the death of a child are automatically referred to law enforcement.
- Sexual Abuse and Exploitation As discussed earlier, the definition of sexual abuse and exploitation under the CPSL mirrors the definition under the criminal code. Whenever sexual abuse or exploitation is suspected, law enforcement would become involved in a joint investigation with the county agency.
- Bodily Injury If the information suggests that the child suffered substantial pain or impairment then a law enforcement referral must be made.
- Serious Bodily Injury Any bodily injury that creates a substantial risk of death, serious physical disfigurement, or protracted loss or impairment of an organ or other bodily member would be referred to law enforcement officials.

- Non-CPSL Perpetrator Other than the instance previously discussed any child abuse that is committed by someone whose relationship with the child does not fit one of the types of perpetrator defined by the Child Protective Services Law.
- Crimes against a child When ChildLine receives information that would suggest a crime was committed against a child, ChildLine will refer the information to law enforcement.
- Severe forms of trafficking in persons or sex trafficking any instances
 of child abuse that meet this definition are automatically referred to law
 enforcement

Present: An emphasis on prompt reporting to law enforcement was implemented through Act 151. It allows for law enforcement to be involved from the beginning of a case. The Children and Youth caseworker must make the decision to involve law enforcement within the first 24 hours of the investigation. The county agency and law enforcement to work cooperatively and to coordinate their efforts.

Continue: The county agency and the district attorney must develop a protocol for convening multidisciplinary investigative teams for cases involving certain crimes against children. The protocol must outline certain standards and procedures, including receiving and referring reports, coordinating investigations, and sharing information obtained from interviews.

Ask: What benefits do the standards and procedures set forth for cooperative investigations between Children and Youth and law enforcement allow for?

Suggested Response: The protocol is designed to help avoid the duplication of fact-finding efforts, including interviews, so that further trauma to the abused child can be minimized.

Present: The investigative team must consist of individuals and agencies responsible for investigating the abuse or providing services to the child. At a minimum, the team must include a healthcare provider, county caseworker, and a law enforcement official. Child advocacy centers include an investigative team that also incorporates professionals who specialize in child abuse investigations, such as forensic interviewers. The facilities themselves are also designed to minimize trauma to a child so that multiple interviews and/or examinations are not necessary.

Transition: Keep in mind, not all referrals to law enforcement wind up being prosecuted. There are many reasons that a case might not be prosecuted, even though there is enough evidence to substantiate that abuse has occurred. In a court of law, the standard of proof is much higher. In court, abuse must be proven beyond a reasonable doubt. In addition, witnesses such as the child may be too unreliable or young to testify or a decision may be made that having the abused child go through a trial would only serve to further traumatize that child.

Present: Whenever a county agency determines that a child is in danger of further abuse, it must accept the case for service, provide direct case management, and monitor the provision of services. Under other circumstances, once an investigation is complete, the county agency decides whether to accept the case for service based on the needs and challenges of the family. Whenever a case is accepted for service, a family plan is completed. The plan includes objectives for the family that identify changes that are needed to protect the children from abuse and/or neglect. It also includes the services to be provided to achieve the objectives and the actions to be taken by everyone, including the parents, the county agency, and other agencies. Family members and service providers should be involved in the development of the plan, if it does not jeopardize the child's safety. Service providers should receive a copy of the plan and any subsequent reviews. Family plans require a review at least every six months. A case is closed when the children in the household are no longer at risk of abuse or neglect.

Transition: Now that we have reviewed the primary components to a child abuse investigation, let us discuss the last step. Status determinations are the final conclusions, based on the evidence available, as to whether child abuse did, in fact, occur.

Show Slide: Status Determinations

Status Determinations

- Unfounded
- Indicated
- Founded
- Pending Juvenile Court Action
- Pending Criminal Court Action

Discuss: In consideration of the county agency's investigation, available medical evidence, or an admission of the abuse by the perpetrator, a status determination of the report is made. A determination is made within 30 days of the report. However, the time frame can be extended up to 60 days with appropriate justification. The criteria used for making the decision is substantial evidence, which is evidence that outweighs inconsistent evidence and that a reasonable person would accept as adequate to support a conclusion. The county agency submits a written report to ChildLine, noting its decision regarding the report of child abuse. The final options are:

• Unfounded – An unfounded report means that the report could not be substantiated as child abuse under the CPSL. An unfounded report does not necessarily mean that the allegation was incorrect or that the child was not maltreated. It means that there was not enough evidence to support the allegation. In addition, if Children and Youth does not complete its investigation within 60 days, and it is not pending court action, the report would also be deemed unfounded. The report will be kept on file for one year from the date of the report. After a year, the report is expunged as soon as possible, but no longer than 120 days after the one year period. When the

- report is expunged, all information about the report is struck out completely, so the expunged information cannot be stored, identified, or later recovered by any means, including mechanical or electronic.
- Indicated When a report is indicated based on medical evidence, CPS investigation, or perpetrator admission, the county agency will determine that substantial evidence of the alleged abuse exists. The details in the report pertaining to the child will remain in the ChildLine Child Abuse Registry until the child reaches age 23 and are then expunged. However, the name of the perpetrator is retained on file indefinitely, if the individual's Social Security number or date of birth is known. All indicated reports must be approved by the agency administrator or designee and reviewed by the solicitor. If the investigation was conducted by the regional office, the Secretary of the Department of Human Services, or their designee must approve the indicated status and the Office of General Counsel must review the indicated status.
- Founded A founded report is one in which there has been a court determination that a child was abused. Founded reports are kept on file in that same way that indicated reports are.
- Pending Juvenile Court Action A status of pending juvenile court action
 is assigned to a report when the county agency cannot complete the
 investigation within 30 days because of court action that has been initiated. At
 a later time, a status of unfounded, indicated, or founded will be assigned.
- Pending Criminal Court Action A status of pending criminal court action is assigned to a report when the county agency cannot complete the investigation within 30 days because of court action that has been initiated. At a later time, a status of unfounded, indicated, or founded will be assigned.

Show Slide: Follow-Up Results

Follow-Up Results

- Child Abuse Certifications
- Mandated Reporter's Right to Know

Discuss: Once the investigation is completed, the information may be obtained, but access to the records is restricted. Two ways to obtain information about the results of the investigation are:

- Child Abuse Certifications Organizations that work with children are required to obtain both criminal background checks and Child Abuse Certifications for prospective employees. Child Abuse Cerifications are obtained through ChildLine's child abuse registry. Failure of the organization to submit clearances is punishable by law. Organizations may hire individuals on a provisional basis while the clearances are being processed; however, if the prospective employee was named as a perpetrator of a founded report, employment must be denied. The same prohibition does not exist for indicated reports. Certifications must be updated every 60 months.
- Mandated Reporter's Right to Know A mandated reporter who made a report of suspected child abuse will receive information on the report from the Department once the investigation is completed. The information is limited to the final status of the report and whether it is indicated, founded, or unfounded and any services provided or arranged for by the county agency to protect the child. ChildLine will send the information to the mandated reporter who made the report within three days of receiving the status determination from the county children and youth agency.

Present: One of the things that can help produce a timely outcome that is in the best interest of children is working effectively with the staff at county Children and Youth offices. Let us take a look at some helpful tips on working cooperatively with Children and Youth.

Show Slide: Teaming With Children and Youth

Teaming With Children and Youth

- Be open-minded and positive
- Avoid judgments and gossip
- Focus on building positive relationships
- Be proactive and communicate with others
- Acknowledge positive experiences
- Become part of the citizen review panel
- Find solutions to chronic problems together
- Cooperation with C&Y is part of legal obligation

Briefly discuss: Much of this information is common sense, but it merits mentioning. If everyone remembers to keep the child's best interest in mind, working cooperatively and collaboratively helps to ensure children are free from maltreatment. In both the long and short term, building positive relationships with Children and Youth workers and service providers has many benefits.

- Be open-minded and positive Having a positive outlook and expecting a positive outcome can go a long way when working with others, particularly in a situation that can be as traumatic as child abuse.
- Avoid judgments and gossip First, it is important to remember that the
 role of investigating child abuse is a difficult and heart-wrenching task, at
 the very least. In order to not interfere with the investigation, it is important
 to limit conversations about the situation to those who need to know.
 Gossip can be dangerous and counterproductive for the investigation, the
 child, and the child's family. Not all reports turn out to be child abuse, and
 the investigative process is intrusive enough without the situation becoming
 a regular topic of conversation around the office. Even in situations where

abuse has occurred, there may be several reasons beyond the control of the investigator that result in an unfounded determination.

- Focus on building positive relationships Both individually and organizationally, building positive relationships with the staff at Children and Youth goes a long way to building a foundation of cooperation.
- Be proactive and communicate with others Whenever there are shared responsibilities, be sure you are keeping the lines of communication open and be as proactive in your role as you possibly can.
- Acknowledge positive experiences The outcome will not always be what
 you think it should be, so it is important to recognize the positive aspects of a
 situation. Perhaps the family is receiving much needed support and services
 or the child was removed from the home and is now in a healthy, safe, and
 supportive environment.
- Become a member of a citizen review panel. –The panels are made up of volunteers who meet at least once a quarter to review PA's child welfare systems. Currently, three regional teams (northwest, south central and northeast) meet and make recommendations to DHS. The recommendations and DHS's responses can be found at the back of the Annual Child Abuse Report. Information on becoming a member can be found at pacwrc.pitt.edu.
- Find solutions to chronic problems together Having an ongoing dialogue with Children and Youth, particularly as part of a problem-solving team, can help to find solutions to chronic problems.
- Cooperation with C&Y is part of legal obligation Remember, cooperating with the Children and Youth staff is part of your legal obligation as a mandated reporter. Last, but not least, it is simply the right thing to do on behalf of the children, especially those who are being abused or neglected.

Transition: We have discussed a lot of information regarding the role and responsibilities of a mandated reporter in the child protective services system. Let us spend a few minutes reviewing the material we have covered.

Conclusion

Presentation time: 30 minutes

Many Cases Unreported

- Confusion or uncertainty about reporting responsibilities
- Ignorance of the warning signs
- Fear of an inadequate response
- Do not want to become involved
- Fearful of repercussions
- Concerned that reporting may violate professional obligations

Activity: Failing to Report

- Earlier we discussed reasons why do not report abuse
- Offer an argument to invalidate each of the five reasons listed

Trainer Instructions:

Preparation:

- 1 Ask participants to turn to ______ in the Participant's Guide.
- 2 Have participants work in small groups or as individuals. Ask participants to list five reasons why a professional would not report child abuse. Allow five minutes to complete this section.
- 3 Ask participants to offer arguments that invalidate each of the five reasons not to make a report on their list. Allow another five minutes to complete this section.
- 4 As a large group, ask the participants to share some of their reasons and arguments. List the reasons on the flipchart.

Trainer's Note: If time is an issue, this activity may be done as a large group activity. Participants may write shared responses in their Participant's Guide as the group discusses why a professional would fail to report and gives arguments to those reasons. One person may offer a reason, while another supplies an argument against it. Any items put into a "parking lot" for future review.

Review. Be sure to refer to any expectations that were recorded at the beginning of training or any questions that were tabled for later discussion.

Present: Be sure to keep the number for ChildLine handy. The number is 1-800-932-0313, and it is available on the cards that were given to you today (If cards were supplied), on the back cover of your Participant's Guide, in the Annual Child Abuse Report, or on DHS's Website. The phone numbers for local Children and Youth offices are also found in the Annual Child Abuse Report. You may also want to call your county's Children and Youth office to obtain information about how to contact caseworkers after hours.

Present: For anyone interested in more information regarding the CPSL and related laws, you can visit PFSA's website.

Note to Trainer: Prior to training, you may want to locate the phone numbers for the local Children and Youth office(s), so that you may provide it to the participants.

Distribute the Post-Training Survey and Training Evaluation to participants.

Transition: If there are no further questions, let us proceed to the Post-Training Survey and Training Evaluation. When you complete each of them, please turn them in. PFSA uses the data to compare participants' knowledge prior to the training to their knowledge at the end of the training.

Conclude the training. We covered a number of topics during this comprehensive training, which included how to:

- Describe and apply current information on the PA Child Protective Services Law
- Review the role and responsibilities of the Child Protective Services System
- Identify elements and indicators of child abuse
- Review child abuse reporting procedures
- Describe the actions that will be taken by the county agency in response to reports of child abuse

Remind participants that PFSA is available should they have any questions after they leave the training and that PFSA's contact information is available on all of the materials provided to them today.

Thank participants for their time and efforts in training today.

Please refer the participants to their participants workbook and clearly explain to the participants how they can get their needed CE's reported to the Department of State or Education by PFSA.

Present: Participants who need CEs for Act 31 health-related state license or for Act 48 Continuing Professional Education Requirements must go to training. pafsa.org and complete the corresponding webform. After confirming your attendance, PFSA will upload your information to either the Department of State or the Department of Education. You will not receive credit towards your health-related license licensure or renewal or maintaining your teaching certificate without completing the webform. If you need credits for both Act 31 and Act 48, you must complete both webforms.

Note to Trainer:

Be sure to collect all paperwork, including the sign-in sheets. Be sure that the top of sign-in sheets is completed, so that training materials can be identified easily and correctly. All paperwork should be mailed and/or dropped off at the office of Pennsylvania Family Support Alliance as soon as possible. If you have two sessions back to back, it is permissible to wait for the second session to send the paperwork to the office. However, if the training sessions are separated by more than a few business days, do not hold onto any paperwork. It is important that paperwork is processed by PFSA as soon as possible.

<u>All</u> extra Participant's Guides should be collected. Although you may get requests from participants to take extra Participant's Guides, do **not** give out extra guides. Individuals must attend a training session in order to obtain a guide. If anyone gives you a difficult time about this, do not hesitate to refer them to PFSA. Extra guides can either be returned to the PFSA office with the paperwork or kept on hand for future training sessions you are scheduled to train.

Resources

Child Welfare Information Gateway: 1-800-394-3366 childwelfare.gov US Department of Health and Human Services,

PO Box 1182, Washington, DC 20013

National Center for Missing and Exploited Children:

1-800-843-5678 missingkids.com 2101 Wilson Blvd, Suite 550, Arlington, VA 22201

Pennsylvania Family Support Alliance:

1-800-448-4906 www.pafsa.org

Support groups for parents who are feeling overwhelmed and want to find better ways of parenting

Community education resources available for purchase Training for mandated reporters of child abuse

Special Kids Network:

1-800-986-4550

Information about services for children with special healthcare needs

Single copies of the following are available at no cost by contacting:

The Pennsylvania Department of Human Services – Office of Children, Youth and Families: 717-787-3984 or www.dhs.state.pa.us

- The Child Protective Services Law, Title 23 Pa. C.S.A. Chapter 63
- Title 55, Pa. Code Chapter 3490 Protective Services Regulations
- Juvenile Act, Title 42 Pa. C.S.A. Chapter 63
- "Annual Report on Child Abuse"

Websites:

ABA Center on Children and the Law: www.abanet.org/child/home.html

ChildHelp USA: www.childhelp.org

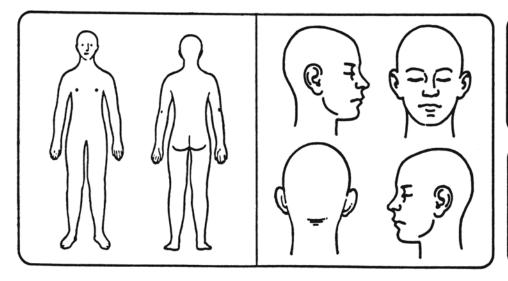
Prevent Child Abuse America: www.preventchildabuse.org

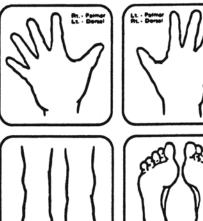
Stop It Now: www.stopitnow.org

REPORT OF SUSPECTED CHILD ABUSE (CHILD PROTECTIVE SERVICE LAW - TITLE 23 PA CSA CHAPTER 63)

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE. EXCEPT FOR SIGNATURE, PLEASE PRINT OR TYPE

1.	NAME OF CHILD (Last, First, Initial)				SSN	BIRTHDATE		SEX
ADDRESS (State State & 7th State)							0011117	MF
ADDRESS (State, City, State & ZIP Code)							COUNTY	
1A.	PRESENT LOCATION IF DIFFERENT THAN ABOVE						COUNTY	,
2.	BIOLOGICAL/ADOPTIVE MOTHER (Last, First, Initial)				SSN	BIRTHDATE	TELEPHONE NO.	
	ADDRESS (City, State & ZIP Code)						COUNTY	,
ADDITION (Oily, State & Ziii Godd)								
3.	BIOLOGICAL/ADOPTIVE FATHER (Last, First, Initial)				SSN	BIRTHDATE	TELEPH	ONE NO.
-	ADDRESS (City, State & ZIP Code)						COUNTY	,
4.	OTHER PERSON RESPONSIBLE FOR CHILD		SSN		BIRTHDATE	RELATIONSHIP	O CHILD	SEX
	ADDRESS (City, State & ZIP Code)					COUNTY	TELEPH	ONE NO
	ADDITESS (City, State & ZIF Code)					COONTT	ILLEEPIN	ONL NO.
5.	ALLEGED PERPETRATOR (Last, First, Initial)		SSN		BIRTHDATE	RELATIONSHIP 1	O CHILD	SEX
	ADDDESS (City State 9 71D Code)					COLINITY	TELEPH	M DF
	ADDRESS (City, State & ZIP Code)					COUNTY	TELEPH	ONE NO.
	NAME OF ALLEGED PERPETRATOR'S EMPLOYER A	ND EMPLOYER'S ADD	DRESS					
_								
6.	FAMILY HOUSEHOLD COMPOSITION (Excluding Above Names)	RELATIONSHIP	,				RELA	TIONSHIP
	NAME (Last, First, Initial)	TO CHILD		١	NAME (Last, First, Init	ial)		CHILD
A.				D.				
В.				E.				
C.				F.				
ADDF	RESS WHERE THE SUSPECTED ABUSE OCCURRED					COUNTY		
TO T	RIBE THE NATURE AND EXTENT OF THE SUSPECTE HE CHILD OR ANY SIBLING OF THE CHILD. ALSO INCL	LUDE ANY EVIDENCE	OF PR	IOR ABUSE BY	THE ALLEGED	DATE OF INCIDE	NT	
PERF	ETRATOR(S) TO OTHER CHILDREN. PLEASE NOTE E	XACT LOCATION OF	THE IN	JURY(S) ON M	ODEL BELOW.			





7. ACTIONS TAKEN OR ABOUT TO B	E TAKEN BY THE PERSON N	MAKING THE REPO	RT:		
NOTIFICATION OF CORONER POLICE NOTIFIED	OR MEDICAL EXAMINER MEDICAL TEST(S)	X-RAYS TAKEN INTO	PHOTOGRAPHS PROTECTIVE CUSTODY	HOSPITALIZA	
8. SAFETY CONCERNS AND RISK FA	CTORS:				
A. DESCRIBE THE CHILD(REN)'S PHY CHILD(REN)'S INTELLECTUAL FUN RELATIONS. INCLUDE WHETHER 1	CTIONING, COMMUNICATIO	ON AND SOCIAL SKI	LLS, SCHOOL PERFORMAN	ICE AND PEER	☐ INFORMATION UNKNOWN
B. DESCRIBE HOW THE ADULT CARE SOCIALLY, INCLUDE WHETHER TH HISTORY, DOCUMENT ANY PAST O INCOME AND WHETHER THERE AS CONCERNS REGARDING THE CONPRIMARY LANGUAGE OF THE HOL	E ADULTS HAVE ANY MENTA OR PRESENT DOMESTIC VIC RE ANY FINANCIAL STRESSI NDITIONS OF THE HOME AN	AL HEALTH, SUBST DLENCE. RECORD T ORS IN THE HOME.	ANCE USE ISSUES AND/OR THE EMPLOYMENT STATUS INCLUDE ANY SAFETY OR	CRIMINAL SOURCE OF SANITARY	INFORMATION UNKNOWN
C. DESCRIBE WHETHER THE CAREG THE CHILD(REN) ADEQUATELY. DO ABLE TO PROTECT THE CHILD(RE FOR THE CHILD(REN).	DES THE CAREGIVER ADEQ	UATELY SUPERVIS	E THE CHILD(REN)? ARE TH	HEY WILLING AND	INFORMATION UNKNOWN
D. DESCRIBE THE CAREGIVERS' APP OCCURS AND WHETHER DISCIPLI HOME THAT WOULD INFLUENCE T	NARY METHODS ARE AGE-A	APPROPRIATE? AR			INFORMATION UNKNOWN
E. PLEASE PROVIDE ANY ADDITIONA BEEN ENTERED IN THIS REFERRA ADDITIONAL RESOURCES FOR TH CONCERNS YOU MAY HAVE FOR	IL. THIS MAY INCLUDE ADDI' E CHILD, EMAIL ADDRESSE	TIONAL ADDRESSE S, INFORMATION A	S TO LOCATE THE CHILD O	OR PERPETRATOR,	INFORMATION UNKNOWN
NSTRUCTIONS TO MANDATED mandated reporter making an or 1313) must also make a written refere case by using this form. If nee 10TE: In the child has been taken into cur	ral report of suspected of eport, which may be sub ded, attach additional s	omitted electronionitted heet(s) of paper	cally, within 48 hours to to provide all of the red	the department quested informati	or county agency assigned to ion on this form.
REPORTING SOURCE: PRINTED NAME AND SIGNATURE:				DATE	OF REPORT:
ADDRESS:					
TITLE OR RELATIONSHIP TO CHILD:	FACILITY OR ORGANIZA	TION:	TELEPHONE NUMBER:	EMAII	L ADDRESS: