

ASSESSING CHILD SAFETY IN THE VIRTUAL ENVIRONMENT



PARTICIPANT'S GUIDE



Training Curriculum for Educators

**ASSESSING CHILD SAFETY IN THE VIRTUAL ENVIRONMENT
TRAINING FOR EDUCATORS
PARTICIPANT GUIDE**

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Training Curriculum for Educators

This training was made possible by the Child Welfare Training Academy.
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This guide and curricula were developed for use in conjunction with Adult Mental Health Disorders. The following individuals contributed to the development of this course:

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TABLE OF CONTENTS

CHILD WELFARE TRAINING ACADEMY INTRODUCTION	6
AGENDA AND LEARNING OBJECTIVES	7
THE PANDEMIC: IMPACT.....	8
CURRENT TIMES, VIRTUAL MEASURES	8
MANDATED REPORTER REFRESHER – TYPES OF ABUSE	9
CHILD MALTREATMENT.....	9
CHILD PHYSICAL ABUSE	10
CHILD NEGLECT.....	11
NEGLECT OF BASIC NEEDS	12
EDUCATIONAL NEGLECT	13
MEDICAL NEGLECT	14
LACK OF SUPERVISION.....	15
EXPOSURE TO SUBSTANCE USE	16
CHILD SEXUAL ABUSE	17
EXPOSURE TO DOMESTIC VIOLENCE.....	18
WORK AIDE: WARNING SIGNS OF EXPOSURE TO VIOLENCE (OJJDP)	19
RECOGNIZING HIGHER RISK CHILDREN	20
WORK AIDE: RECOGNIZING SIGNS OF ABUSE OF HIGHER RISK CHILDREN	21
CFSA AND NON-INTERVENING ACTIVITIES	23
MANDATED REPORTING DUTIES	24
WHO ARE MANDATED REPORTERS?.....	24
RESPONDING TO DISCLOSURE	25
WORK AIDE: RESPONDING TO DISCLOSURES	26
ONLY FIVE QUESTIONS	28
WORK AIDE: I'VE ASKED THE FIVE QUESTIONS, NOW WHAT?	29
WHEN TO REPORT.....	30
WHAT TO REPORT	31
CONFIDENTIALITY	32
FAILURE TO REPORT	33
DC CHILD ABUSE AND NEGLECT HOTLINE INFORMATION	34
MANDATED REPORTER VIRTUAL READINESS.....	35
SET THE STAGE TO ENGAGE	35

ASSESSING CHILD SAFETY IN THE VIRTUAL ENVIRONMENT
TRAINING FOR EDUCATORS
PARTICIPANT GUIDE

PREPARE TO OBSERVE..... 36

CRAFT WAYS TO TEAM 37

ASSESS DANGER VS RISK 38

IMMEDIATE AND ONGOING CONCERNS – MAKE THE CALL 39

PLAN AND CONNECT 40

FOLLOW SCHOOL PROTOCOL 41

INCONSISTENT ATTENDANCE, LACK OF OR UNRELIABLE TECHNOLOGY 41

IF NO CONTACT 42

SUMMARY AND CLOSING 45

CHILD WELFARE TRAINING ACADEMY INTRODUCTION

ABOUT CHILD AND FAMILY SERVICES AGENCY

The DC Child and Family Services Agency (CFSA) is the public child welfare agency in the District of Columbia responsible for protecting child victims and those at risk of abuse and neglect and assisting their families.

The DC Child and Family Services Agency (CFSA) protects children from abuse and neglect in the District of Columbia. Along with our community partners, CFSA works to ensure that children involved in the public child welfare system grow up in safe, permanent homes with strong families.

ABOUT CHILD WELFARE TRAINING ACADEMY

The Child Welfare Training Academy (CWTa) provides the District of Columbia's social workers, resource parents and community partners with the knowledge, skills, support and mentorship that effectively promote the safety, permanence and well-being of children and families in the District of Columbia. The key objective of the CWTa is to actualize the Agency's Practice Model into all training and employee development activities. Accordingly, every element of the CWTa's curriculum supports the Practice Model's commitment to comprehensive case planning strategies that emphasize a social worker's teaming relationship with families, various administrations, caretakers, school staff, mentor, therapist, other District and contract agency social workers, and an array of community service providers.

The CFSA Practice Model requires all CFSA and contracted social workers and supervisors/managers as well as non-case carrying personnel to consistently affirm the following attributes of excellence as part of their professional CFSA practice standards:

- **EFFECTIVE CHILD WELFARE PRACTICE**
- **CHILD-CENTERED PRACTICE**
- **FAMILY-FOCUSED PRACTICE**
- **STRENGTH-BASED, SOLUTION-FOCUSED PRACTICE**
- **COMMUNITY-CONNECTED PRACTICE**
- **CULTURALLY COMPETENT & RESPONSIVE PRACTICE**
- **CONTINUOUS QUALITY IMPROVEMENT**

ASSESSING FOR SAFETY IN THE VIRTUAL ENVIRONMENT

LEARNING OBJECTIVES


BY THE END OF THIS WEBINAR, PARTICIPANTS WILL:

- **IDENTIFY** the physical and behavioral indicators commonly associated with child abuse;
- **UNDERSTAND** the implications of being a mandated reporter;
- **EXPLORE** virtual reporting recommendations; and
- **ASSESS** reporting considerations using case scenarios.

- MANDATED REPORTER REFRESHER
- MANDATED REPORTER DUTIES
- MANDATED REPORTER VIRTUAL READINESS
- RECAP OF SIGNS OF ABUSE
- POST COURSE KNOWLEDGE CHECK



By the end of this webinar, participants will be able to:

- **IDENTIFY** the physical and behavioral indicators commonly associated with child abuse;
 - **UNDERSTAND** the implications of being a mandated reporter;
 - **EXPLORE** virtual reporting recommendations; and
 - **ASSESS** reporting considerations using case scenarios.
- 



PARTICIPANT NOTES

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THE PANDEMIC: IMPACT

CURRENT TIMES, VIRTUAL MEASURES



- Can I recall the signs and symptoms of child abuse and neglect?
- Have I ever made a child abuse report and if so, what did I share?
- What concerns did I have about reporting child abuse before the pandemic occurred?
- Do I have those same concerns, or can I identify different concerns I have about reporting child abuse since the pandemic?
- Do observations in the virtual environment create circumstances that make reporting more or less difficult for me?

PARTICIPANT NOTES:



WHAT YOU NEED TO KNOW: With limited in-person and face-to-face contact of a student in the classroom, current times call for enhanced assessment through the virtual environment.

CHILD PHYSICAL ABUSE

CHILD PHYSICAL ABUSE

NON-ACCIDENTAL TRAUMA OR PHYSICAL INJURY CAUSED BY PUNCHING, BEATING, KICKING, BITING, BURNING OR OTHERWISE HARMING A CHILD, PHYSICAL ABUSE IS THE MOST VISIBLE FORM OF CHILD MALTREATMENT

Many times, physical abuse results from **INAPPROPRIATE OR EXCESSIVE PHYSICAL DISCIPLINE**.

Other factors that can contribute to child abuse include **PARENTS' IMMATURITY, LACK OF PARENTING SKILLS, POOR CHILDHOOD EXPERIENCES AND SOCIAL ISOLATION, AS WELL AS FREQUENT CRISIS SITUATIONS, DRUG OR ALCOHOL PROBLEMS AND DOMESTIC VIOLENCE**.

In the virtual environment, you are looking for **UNUSUAL BITE MARKS, BLACK EYES, SLAP MARKS ON THE FACE, WELTS IN THE ARMS AND POSSIBLE BEHAVIORIAL DIFFERENCES THAT COULD BE INDICATIVE OF ABUSE LIKE FLINCHING WHEN PARENTS ENTER THE ROOM, COMPLAINTS OF SORENESS WHEN SITTING**.



The term “abused”, when used with reference to a child, does not include discipline administered by a parent, guardian or custodian to his or her child; provided, that the discipline is reasonable in manner and moderate in degree and otherwise does not constitute cruelty. For the purposes of this paragraph, the term “discipline” does not include:

- (I) burning, biting, or cutting a child;
- (II) striking a child with a closed fist;
- (III) inflicting injury to a child by shaking, kicking, or throwing the child;
- (IV) nonaccidental injury to a child under the age of 18 months;
- (V) interfering with a child's breathing; and
- (VI) threatening a child with a dangerous weapon or using such a weapon on a child. For purposes of this provision, the term “dangerous weapon” means a firearm, a knife, or any of the prohibited weapons.



WHAT YOU NEED TO KNOW: *In the virtual environment, you are looking for the same red flags such as VISIBLE MARKINGS, BRUISES, AND INJURIES THAT ALIGN WITH THE DEFINITION OF CHILD ABUSE. Unusual bite marks, black eyes, slap marks on the face, welts on the arms and possible behavioral differences that could be indicative of abuse i.e. flinching when parents enter the room, complaints of soreness when sitting, etc.*

PARTICIPANT NOTES:

CHILD NEGLECT

CHILD NEGLECT

A type of maltreatment that refers to a child who does not get the basic, proper, age appropriate care needed and not getting proper care is not due to lack financial means.

- Neglect is usually typified by an ongoing pattern of inadequate care and is readily observed by individuals in close contact with the child.

NEGLECT OF
BASIC NEEDS

EDUCATIONAL
NEGLECT

MEDICAL
NEGLECT

LACK OF
SUPERVISION



WHAT YOU NEED TO KNOW:

"Neglected Child" means a child:

- whose parent, guardian, or custodian has failed to make reasonable efforts to prevent the infliction of abuse upon the child
- who is without proper parental care or control, subsistence, education, or other care or control necessary for his or her physical, mental, or emotional health
- whose parent, guardian, or other custodian is unable to discharge his or her responsibilities to and for the child because of incarceration, hospitalization, or other physical or mental incapacity
- whose parent, guardian, or custodian refuses or is unable to assume responsibility for the child's care, control, or subsistence and the person or institution providing for the child states an intention to discontinue such care
- who is in imminent danger of being abused and another child living in the same household has been abused
- who has received negligent treatment or maltreatment
- who has resided in a hospital located in the District of Columbia for at least 10 calendar days following the its birth, despite a medical determination that the child is ready for discharge from the hospital, and the parent has not taken any action or made any effort to maintain a parental, guardianship, or custodial relationship or contact with the child
- who is born addicted or dependent on a controlled substance or has a significant presence of a controlled substance in his or her system at birth
- in whose body there is a controlled substance as a direct and foreseeable consequence of the acts or omissions of the child's parent
- who is regularly exposed to illegal drug-related activity in the home

"Negligent treatment" or "maltreatment" means failure to provide adequate food, clothing, shelter, or medical care that includes medical neglect, and the deprivation is not due to the lack of financial means of his or her parent, guardian, or other custodian.

NEGLECT OF BASIC NEEDS

NEGLECT OF BASIC NEEDS

INADEQUATE PHYSICAL CARE, CLOTHING, FOOD (May also be observed virtually)

- Are the children frequently dirty in terms of hygiene or clothing?
- Are the children frequently without appropriate clothing?
- Are the children frequently hungry or do they appear malnourished?

INADEQUATE SHELTER (May also be observed virtually)

- Housing that is dirty/deplorable or unsafe
- Lack of necessary utilities
- Homelessness is not neglect, but a report is still necessary if the children are not receiving their basic needs



What are ways that you can assess the basic needs of children while in the virtual environment?



WHAT YOU NEED TO KNOW: Scheduling a joint virtual lunch time with your students requiring them to be on camera while you all eat lunch could be a way to assess if children are eating or have food to eat. This could be done with both younger and older children using small groups, large groups, or even a planned one-to-one session with a student.

EDUCATIONAL NEGLECT

EDUCATIONAL NEGLECT

School attendance is mandatory for children 5 to 17.

THE FAILURE OF A PARENT OR CAREGIVER TO ENROLL A CHILD OF MANDATORY SCHOOL AGE IN SCHOOL OR PROVIDE APPROPRIATE HOME SCHOOLING OR NEEDED SPECIAL EDUCATIONAL TRAINING RESULTING IN THE CHILD OR YOUTH BEING CHRONICALLY TRUANT

FOLLOW SCHOOL POLICY TO LOCATE STUDENTS WHO HAVE NOT BEEN PRESENT FOR VIRTUAL CLASSES.

REPORTING OF NO CONTACT AFTER 10 DAYS IS REQUIRED TO THE DC CHILD ABUSE AND NEGLECT HOTLINE.



- Am I familiar with the attendance policy or unexcused absence procedures at my school?
- What are the residual activities that I need to follow after attendance vetting has occurred?

PARTICIPANT NOTES

MEDICAL NEGLECT

MEDICAL NEGLECT

NEEDED MEDICAL TREATMENT IS
REFUSED IN AN ACUTE
EMERGENCY

(E.G. A CHILD NEEDS A BLOOD
TRANSFUSION TO TREAT SHOCK)

A CHILD WITH A LIFE-
THREATENING CHRONIC
DISEASE IS NOT RECEIVING
NEEDED MEDICAL TREATMENT

(E.G. A CHILD WITH DIABETES IS NOT
RECEIVING MEDICATION)

A CHILD HAS A CHRONIC
DISEASE THAT CAN CAUSE
DISABILITY OR DISFIGUREMENT IF
LEFT UNTREATED

(E.G. A CHILD WITH CONGENITAL
CATARACTS NEEDS SURGERY TO
PREVENT BLINDNESS).

FAILURE TO THRIVE –
VERY LOW WEIGHT,
LOSS OF
SIGNIFICANT
WEIGHT.



WHAT YOU NEED TO KNOW: Although medical neglect is highly correlated with poverty, there is a distinction between a caregiver's inability to provide the needed care based on cultural norms or the lack of financial resources and a caregiver's knowing reluctance or refusal to provide care. Children and their families may need services even though the parent may not be intentionally neglectful. When poverty limits a parent's resources to adequately provide necessities for the child, services may be offered to help families provide for their children.

Medical neglect is dangerous because it puts the life of the child in danger, especially since there have been cases where children are discovered when they are already suffering. A child reaches this degree of danger only when a parent or care-giver minimizes or deny a child's illness or health needs. Medical care is especially important to vulnerable children that require special help; therefore, medical neglect also includes failing to care for dental care, optical care, speech and language therapy, and physiotherapy.

PARTICIPANT NOTES

LACK OF SUPERVISION

LACK OF SUPERVISION

Factors to Consider:

AGE OF THE CHILD

NEEDS OF THE CHILD

LENGTH OF TIME

SAFETY



District law says a child is anyone 17 and younger. The law does not give a specific age at which a child can be alone at home. There are certain factors that should be looked at when determining if a child is able to be home alone:

- Age of the child
 - *The younger the child, the higher the risk*
- Needs of the child
 - *This includes the maturity level, medical needs and cognitive functioning of the child.*
- Length of time
 - *The shorter the time, the lower the risk*
- Safety
 - *Has the caregiver set ground rules for the child while home alone?*
 - *Does the child know how to reach the caregiver?*
 - *Does the child know what to do in the case of an emergency?*
 - *Does the caregiver have a backup plan in case he or she cannot get home on time?*

In general, planning and preparation lowers the risk?



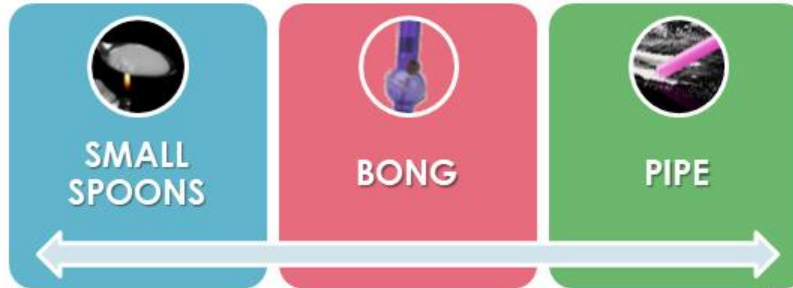
WHAT YOU SHOULD KNOW: During the zoom sessions, speak often about family time and who supports your students as they are preparing for school. Be inquisitive about answers that reveal how children could be caring for younger siblings when their parents are working. Listen for responses that might indicate that it has been several hours or maybe days since your student has seen their parent or caregiver. Have a one-to-one discussion with your student and then their parent to discuss the concerns. If based on the factors above you feel that there is a potential safety concern, don't delay, report!

EXPOSURE TO SUBSTANCE USE

EXPOSURE TO SUBSTANCE USE

PRENATAL DRUG EXPOSURE

EXPOSURE TO ILLEGAL DRUG ACTIVITY IN THE HOME



WHAT YOU NEED TO KNOW:

BE OBSERVANT

- Do you see paraphernalia such as bongs, roach clips, miniature spoons, rolling papers, and various pipes?
- Does your student reference the nicknames of certain drugs?

SUBSTANCE	STREET NAME
CRACK COCAINE	CRACK/SMACK
COCANE WITH HEROIN	SPEEDBALL
ECSTASY	BEANS, DANCING SHOES
METH	COTTON CANDY
SYNTHETIC MARIJUANA	K2
PCP	DIPPERS

If you hear these things being spoken of in code, see references to usage of or exposure to these substances in chat messages, or see paraphernalia during your zoom, call the hotline as the student may be in danger of ingesting these illegal substances or in cases of older students, they may be using these potent substances and the parent is totally aware. The parent's failure to halt such activities warrants a call to the Hotline.

CHILD SEXUAL ABUSE

CHILD SEXUAL ABUSE

TOUCHING SEXUAL OFFENSES INCLUDE

- Fondling;
- Making a child touch an adult's sexual organs; and
- Penetrating a child's vagina or anus no matter how slight with a penis or any object that doesn't have a valid medical purpose.

NON-TOUCHING SEXUAL OFFENSES INCLUDE

- Engaging in indecent exposure or exhibitionism;
- Exposing children to pornographic material;
- Deliberately exposing a child to the act of sexual intercourse; and
- Masturbating in front of a child.

SEXUAL EXPLOITATION CAN INCLUDE

- Engaging a child or soliciting a child for the purposes of sexual exploitation; and
- Using a child to film, photograph or model pornography.



WHAT YOU NEED TO KNOW: Remember, "...reporters are not expected to determine the truth of a child's statements. As a general rule, all doubts should be resolved in favor of making a report. A child who describes being sexually abused should [ALWAYS] be reported unless there is clear reason to disbelieve the statement." - Douglas Besharov

PARTICIPANT NOTES

EXPOSURE TO DOMESTIC VIOLENCE

EXPOSURE TO DOMESTIC VIOLENCE

Children's exposure to domestic violence typically falls into three primary categories:

HEARING A VIOLENT EVENT;

BEING DIRECTLY INVOLVED
AS AN EYEWITNESS,
INTERVENING, OR BEING
USED AS A PART OF A
VIOLENT EVENT LIKE BEING
USED AS A SHIELD AGAINST
ABUSIVE ACTIONS;

EXPERIENCING THE
AFTERMATH OF A VIOLENT
EVENT.



WHAT YOU NEED TO KNOW: When you have a suspicion of exposure to domestic violence, contact the Hotline. If a child discloses, believe them and call the Hotline without delay.

PARTICIPANT NOTES

WORK AIDE: WARNING SIGNS OF EXPOSURE TO VIOLENCE (OJJDP)

Elementary School-Age Children (6–12 years)

Elementary and middle school children exposed to violence may show problems at school and at home. They may:

- Have difficulty paying attention
- Become quiet, upset, and withdrawn
- Be tearful and sad and talk about scary feelings and ideas
- Fight with peers or adults
- Show changes in school performance
- Want to be left alone
- Eat more or less than usual
- Get into trouble at home or school

Teenagers (13–18 years)

Older children may exhibit the most behavioral changes as a result of exposure to violence. Depending on their circumstances, teenagers may:

- Talk about the event all the time or deny that it happened
- Refuse to follow rules or talk back with greater frequency
- Complain of being tired all the time
- Engage in risky behaviors
- Sleep more or less than usual
- Increase aggressive behaviors
- Want to be alone, not even wanting to spend time with friends
- Experience frequent nightmares
- Use drugs or alcohol, run away from home, or get into trouble with the law

KNOWING AND WATCHING FOR SIGNS OF POSSIBLE EXPOSURE TO VIOLENCE

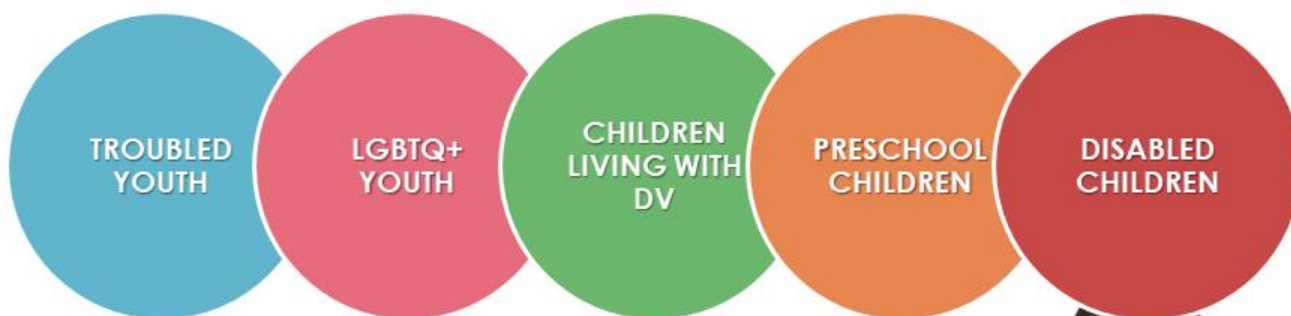
According to ODDJP, no single behavior proves that a child has been exposed to violence, but teachers can watch for the following signs in the virtual environment:

- Physical signs such as bruises
- Unexplained changes in behavior
- Emotional signs such as depression, mood swings, and fearful or anxious behavior

PARTICIPANT NOTES

RECOGNIZING HIGHER RISK CHILDREN

RECOGNIZING HIGHER RISK CHILDREN



WHAT YOU NEED TO KNOW: You may overhear a parent berating your student during a zoom session because they identify as LGBTQ or are having challenges due their disability or development delayed. Schedule time to check with the child to determine if they are okay, however if the treatment is persistent and especially if your student is developmentally vulnerable, don't delay – call the hotline to report your concern.

PARTICIPANT NOTES

WORK AIDE: RECOGNIZING SIGNS OF ABUSE OF HIGHER RISK CHILDREN

How Does Maltreatment Affect Subconscious Behaviors?

Children can exhibit difficulties or problems resulting from maltreatment in a variety of ways, including their behavior. Children may focus their negative feelings internally or externally. Maltreatment may cause internalized behaviors, such as:

- Agitation
- Nightmares
- Avoidance of certain activities or people
- Difficulty falling asleep or staying asleep
- Sleeping too much
- Difficulty concentrating
- Hyper vigilance
- Irritability
- Becoming easily fatigued
- Poor appetite or overeating
- Low self-esteem
- Feelings of hopelessness
- The above symptoms, if experienced persistently or if many of them are experienced all at once, should be cause for concern.

How Does Maltreatment Affect Outward Behaviors?

Maltreatment also may cause externalized behaviors, including:

- Difficulty paying attention
- Not listening when spoken to
- Difficulty organizing tasks and activities
- Being easily distracted
- Being forgetful
- Bedwetting
- Excessive talking
- Experiencing unusual eating or sleeping behaviors
- Having fewer interactions with peers than non-neglected children
- Displaying self-abusive behavior (e.g., suicide attempts or cutting themselves)
- Exhibiting panic or dissociative disorders, attention-deficit/hyperactivity disorder, or post-traumatic stress disorder
- Suffering from depression, anxiety, or low self-esteem
- Attempting to provoke fights or solicit sexual interactions
- Acting socially or emotionally inappropriate for their age
- Being unresponsive to affection
- Displaying apathy
- Being less flexible, persistent, and enthusiastic than non-neglected children
- Demonstrating helplessness under stress
- Exhibiting juvenile delinquent behavior or engaging in adult criminal activities
- Difficulty awaiting their turn
- Bullying or threatening others

**ASSESSING CHILD SAFETY IN THE VIRTUAL ENVIRONMENT
TRAINING FOR EDUCATORS
PARTICIPANT GUIDE**

- Being physically cruel to people or animals
- Playing with or starting fires
- Stealing
- Destroying property

It is important to keep the child's age and developmental level in mind when assessing a child for these symptoms. For example, bedwetting by a 13-year old would cause more concern than bedwetting by a 2-year old. If a child's internalized or externalized behaviors interfere with his normal functioning or if his behavior changes dramatically, then the child should be referred for further assessment.

What Are Parental/Caregiver Indicators of Possible Neglect?

- The parent/caregiver...
- Is unable to meet child's basic needs and provide a safe environment
- Reports homicidal thoughts/feelings toward child
- Is unable to describe the child's positive characteristics
- Has unrealistic expectations for the child
- Uses out-of-control discipline
- Is unduly harsh or rigid about child rearing
- Singles out one child as "bad," "evil," or "beyond control"
- Berates, humiliates, or belittles the child frequently
- Turns to child to have his/her own needs met
- Is impulsive and unable to use internal controls
- Cannot see child realistically, attributes badness to child, or misinterprets child's normal behavior
- Is indifferent to the child

PARTICIPANT NOTES

CFSA AND NON-INTERVENING ACTIVITIES

CFSA DOES NOT INTERVENE IN THE FOLLOWING:

WITNESS TO COMMUNITY VIOLENCE

TEEN DATING VIOLENCE

BULLYING



WHAT YOU NEED TO KNOW: *Although these matters are typically addressed via MPD involvement, if a parent encourages a child to participate in community violence, supports dating violence, or encourages bullying, then this may be a form of child maltreatment which should be reported.*

PARTICIPANT NOTES

MANDATED REPORTING DUTIES

WHO ARE MANDATED REPORTERS?

WHO ARE MANDATED REPORTERS?

CHILD AND FAMILY SERVICES AGENCY
EMPLOYEES, AGENTS, AND CONTRACTORS

ANY HEALTH PROFESSIONAL LICENSED
BY THE DC DEPARTMENT OF HEALTH

LAW ENFORCEMENT OFFICERS OR HUMANE OFFICER OF ANY AGENCY
CHARGED WITH THE ENFORCEMENT OF ANIMAL CRUELTY LAWS

DEPARTMENT OF PARKS AND RECREATION EMPLOYEES, PUBLIC HOUSING
RESIDENT MANAGERS, SOCIAL SERVICE WORKERS, OR DAYCARE WORKERS

SCHOOL OFFICIALS, TEACHERS,
OR ATHLETIC COACHES

HUMAN TRAFFICKING
COUNSELORS

DOMESTIC VIOLENCE, HUMAN TRAFFICKING, AND
MENTAL HEALTH PROFESSIONALS/COUNSELORS



What you need to know:

- If a child/youth discloses to you, you are responsible for making a report to CFSA.
 - This is true even when school, hospital, organization, or agency policy states you must report to a superior.
 - Even if the superior makes the report, you must make a report as well.
- You have not fulfilled your obligation as a Mandated Reporter if you tell your supervisor (i.e., principal, manager, or administrator) about your suspicion of child abuse or neglect.
 - It is your individual responsibility as a Mandated Reporter to ENSURE that a child abuse report is made to the hotline.
 - Telling your supervisor or anyone else does not fulfill your legal obligation. You must ensure that the child maltreatment report is made.
 - You may want to suggest that you and your supervisor make the Hotline call together, especially if both have first-hand information regarding the child.

PARTICIPANT NOTES

RESPONDING TO DISCLOSURE

RESPONDING TO DISCLOSURE

AVOID DENIAL

PROVIDE A SAFE ENVIRONMENT

REASSURE THE CHILD/YOUTH

LISTEN AND DON'T MAKE ASSUMPTIONS

DO NOT INTERROGATE



WHAT YOU NEED TO KNOW:

WAYS TO MAKE A CHILD FEEL SAFE AND SUPPORTED:

- Find a private space or 1:1 virtual meeting with no distractions if possible.
- Allow the child to share in their time, not yours.
- Explain to the child that it is not his or her fault that the abuse or neglect occurred.
- Reinforce that they did the right thing by disclosing.
- Let the child know that he or she does not have to disclose more than he or she feels comfortable talking about to you.
- Talk to the child using their language instead of professional jargon.
- Share that CPS' role is to ensure their safety.

PARTICIPANT NOTES

WORK AIDE: RESPONDING TO DISCLOSURES

- **Avoid denial.** A common reaction to a child's disclosure is denial. Respect your child by listening to what he/she has to say and taking what your child says seriously. Believe what your child is telling you.
- **Provide a safe environment.** Make sure the setting is confidential and comfortable. Avoid communicating with shock, horror, or fear about anything said, even though what you are hearing is likely shocking and horrifying. Your student may interpret your reaction as you being shocked and horrified by him or her and shut down. The student needs you to be confident and supportive. Speak slowly and maintain a calm demeanor. Tell your student he/she is doing the right thing and that you will do what you can to help them.
- **Reassure your student.** Reassure your student that he/she did nothing wrong and that you believe him/her.
- **Listen and don't make assumptions.** Listen more than you talk, and avoid advice giving or problem solving. Don't put words in your student's mouth or assume you know what he/she means or are going to say. Let your student use language they are comfortable with. Let your student set the pace, don't rush them.
- **Do not interrogate.** Don't ask the student a lot of questions, especially leading questions, which means a question in which you provide a possible answer (examples: Did this or that happen? Were you at school? Did your uncle hit you on the leg?). This can be confusing for your student and he/she might shut down. Don't ask your student for details. This can make it harder for your student to tell you about the abuse.
- Listen to the student, letting them explain what happened in his or her own words. Don't stop your student in the middle of the story to go get someone or do something else.
- **Limit questioning to only the following four questions if the student has not already provided you with the information:**
 - What happened?
 - When did it happen?
 - Where did it happen?
 - Who did it?
 - How do you know them? (If the relationship of the abuser is unclear.)
- **Make no promises.** Don't tell your student that you won't tell anyone what they tell you. Your student will have fears about what will happen next, so tell your student what you are going to do, what is going to happen next, and who else they will need to talk to. This will help your student feel some control over what happens next within the boundaries of the law.
- **Document exact quotes.** It may be helpful to write down exact quotes of what your student said in case of the involvement of other parties, such as school or student protective services.
- **Be supportive, not judgmental.** Don't talk negatively. Even though your student may be disclosing terrible things that may have happened at the hands of a family member or friend, the student may still love that person and may only just be beginning to recognize that he/she was being abused. Reassure the student that he/she is not at fault and have done nothing wrong.

ASSESSING CHILD SAFETY IN THE VIRTUAL ENVIRONMENT TRAINING FOR EDUCATORS PARTICIPANT GUIDE

- **Don't ask questions that imply the student was at fault –**
 - Why didn't you tell me before?
 - What were you doing there?
 - Why didn't you stop it?
 - What did you do to make this happen?
 - Are you telling the truth?
- **Have an understanding about abuse and neglect.** Know the four kinds of child abuse: physical, emotional, sexual, and neglect.
- **Report any suspicion of child abuse and neglect.** If you suspect that your student or another student is being abused, report it to the proper authorities. When reporting student abuse to the appropriate authorities, it is important to have the following information: what happened, when it happened, where it happened, who did it and their relationship to the student. You will be asked for some identifying information such as your name, address, where you work, and how the student disclosed. All of your identifying information will be kept confidential.
- **Remember, it is the responsibility of adults to act and keep children safe.**

Reference

Smith, M. C. (2008). Pre-professional mandated reporters' understanding of young children's eyewitness testimony: Implications for training. *Children and Youth Services Review*, 30(12), 1355-1365. doi:DOI: 10.1016/j.childyouth.2008.04.004

PARTICIPANT NOTES

[illegible]

ONLY FIVE QUESTIONS

ONLY FIVE QUESTIONS

WHAT
HAPPENED?

WHEN DID IT
HAPPEN?

WHERE DID
IT HAPPEN?

WHO DID IT?

HOW DO
YOU KNOW
THEM?



WHAT YOU NEED TO KNOW: Listen to the student, letting them explain what happened in his or her own words. Don't stop your student in the middle of the story to go get someone or do something else.

PARTICIPANT NOTES

**ASSESSING CHILD SAFETY IN THE VIRTUAL ENVIRONMENT
TRAINING FOR EDUCATORS
PARTICIPANT GUIDE**

WORK AIDE: I'VE ASKED THE FIVE QUESTIONS, NOW WHAT?

- **LIMIT QUESTIONING TO ONLY THE FIVE QUESTIONS IF THE STUDENT HAS NOT ALREADY PROVIDED YOU WITH THE INFORMATION.**
 - What happened?
 - When did it happen?
 - Where did it happen?
 - Who did it?
 - How do you know them? (If the relationship of the abuser is unclear.)
- **MAKE NO PROMISES.**
 - Don't tell your student that you won't tell anyone what they tell you. Your student will have fears about what will happen next, so tell your student what you are going to do, what is going to happen next, and who else they will need to talk to. This will help your student feel some control over what happens next within the boundaries of the law.
- **DOCUMENT EXACT QUOTES.**
 - It may be helpful to write down exact quotes of what your student said in case of the involvement of other parties, such as school or child protective services.
- **BE SUPPORTIVE, NOT JUDGMENTAL.**
 - Don't talk negatively. Even though your student may be disclosing terrible things that may have happened at the hands of a family member or friend, the student may still love that person and may only just be beginning to recognize that he/she was being abused. Reassure the student that he/she is not at fault and have done nothing wrong.
- **DON'T ASK QUESTIONS THAT IMPLY THE STUDENT WAS AT FAULT LIKE –**
 - Why didn't you tell me before?
 - What were you doing there?
 - Why didn't you stop it?
 - What did you do to make this happen?
 - Are you telling the truth?
- **HAVE AN UNDERSTANDING ABOUT ABUSE AND NEGLECT.**
 - Know the four kinds of child abuse: physical, emotional, sexual, and neglect.
- **REPORT ANY SUSPICION OF CHILD ABUSE AND NEGLECT.**
 - If you suspect that your student or another student is being abused, report it to the proper authorities. When reporting child abuse to the appropriate authorities, it is important to have the following information: what happened, when it happened, where it happened, who did it and their relationship to the student. You will be asked for some identifying information such as your name, address, where you work, and how the student disclosed. All of your identifying information will be kept confidential.
- **REMEMBER, IT IS THE RESPONSIBILITY OF ADULTS TO ACT AND KEEP CHILDREN SAFE.**

References

Smith, M. C. (2008). *Pre-professional mandated reporters' understanding of young children's eyewitness testimony: Implications for training.* *Children and Youth Services Review*, 30(12), 1355-1365. doi:DOI: 10.1016/j.childyouth.2008.04.004

PARTICIPANT NOTES

WHEN TO REPORT

WHEN TO REPORT

REASONABLE CAUSE to suspect that a child known to him or her in his or her professional or official capacity **HAS BEEN OR IS IN IMMEDIATE DANGER OF BEING A MENTALLY OR PHYSICALLY ABUSED OR NEGLECTED** child.

REASONABLE CAUSE to believe that a child **IS NEGLECTED AS A RESULT OF INADEQUATE CARE, CONTROL, OR SUBSISTENCE IN THE HOME ENVIRONMENT DUE TO EXPOSURE TO DRUG-RELATED ACTIVITY.**

REASONABLE CAUSE to suspect that a child known to him or her in his or her professional or official capacity **HAS BEEN, OR IS IN IMMEDIATE DANGER OF BEING, THE VICTIM OF SEXUAL ABUSE OR ATTEMPTED SEXUAL ABUSE**



WHAT YOU NEED TO KNOW: As a mandated reporter, you may find it very difficult to report. It is very easy to come up with justifications not to report, but the law still requires that you report any suspected abuse or neglect.

Be prepared to provide, if known, the following information when making a report:

- Child's full name, date of birth and current address and the address where the alleged incident happened if different.
- Parent's or guardian's full name
- If the alleged perpetrators live with child
- Alleged perpetrators full name. If known, provide the relationship of the perpetrator to child
- Statements of the child's disclosure and context of the disclosure (if a disclosure was made)
- Why you think the child is being abused, neglected, maltreated
- Your identification/occupation and the actions taken by you and other staff concerning the child.

PARTICIPANT NOTES

THE IDENTITY AND OCCUPATION OF THE SOURCE/MANDATED REPORTER



PARTICIPANT NOTES

[illegible]

CONFIDENTIALITY

CONFIDENTIALITY

CFSA IS REQUIRED BY LAW NOT TO DISCLOSE
THE NAME OF REPORTER TO THE FAMILY.



WHAT YOU NEED TO KNOW: All documentation generated as a result of a child maltreatment investigation will be stored securely to maintain confidentiality.

PARTICIPANT NOTES

FAILURE TO REPORT

FAILURE TO REPORT

UP TO
\$1,000 FINE

UP TO 180
DAYS
IMPRISONED



WHAT YOU NEED TO KNOW: As a mandated reporter, you are required to report with a sense of urgency. Delays in reporting can leave a child in harm's way resulting in fines and imprisonment.

PARTICIPANT NOTES

DC CHILD ABUSE AND NEGLECT HOTLINE INFORMATION

EVERY CALL MATTERS!



202-671-SAFE

7 2 3 3



WHAT YOU NEED TO KNOW: *The DC Child Abuse and Neglect Hotline is open 24 hours a day, 7 days a week, including holidays.*

PARTICIPANT NOTES

MANDATED REPORTER VIRTUAL READINESS

SET THE STAGE TO ENGAGE

SET THE STAGE TO ENGAGE

SHARE CONTACT
INFORMATION

PROVIDE
COMMUNICATION
TIMEFRAMES

SET CHECK-IN
EXPECTATIONS

REMAIN
SUPPORTIVE AND
CONNECTED



WHAT YOU NEED TO KNOW:

SHARE YOUR CONTACT INFORMATION with families and age appropriate children

- Find out which visual platforms they can use to communicate with you like FaceTime, Google Duo, Google Hangout, WhatsApp
- Verify the student's and parent's phone numbers

PROVIDE COMMUNICATION TIMEFRAMES

- Let children and families know when you can be contacted
- Be specific with creating office hours for calls.
- Creating structure and predictability may be helpful for the family in planning their day.
- For emergent situations, determine what your process will be if the child or family needs to tell you something of an urgent nature.

SET CHECK-IN EXPECTATIONS

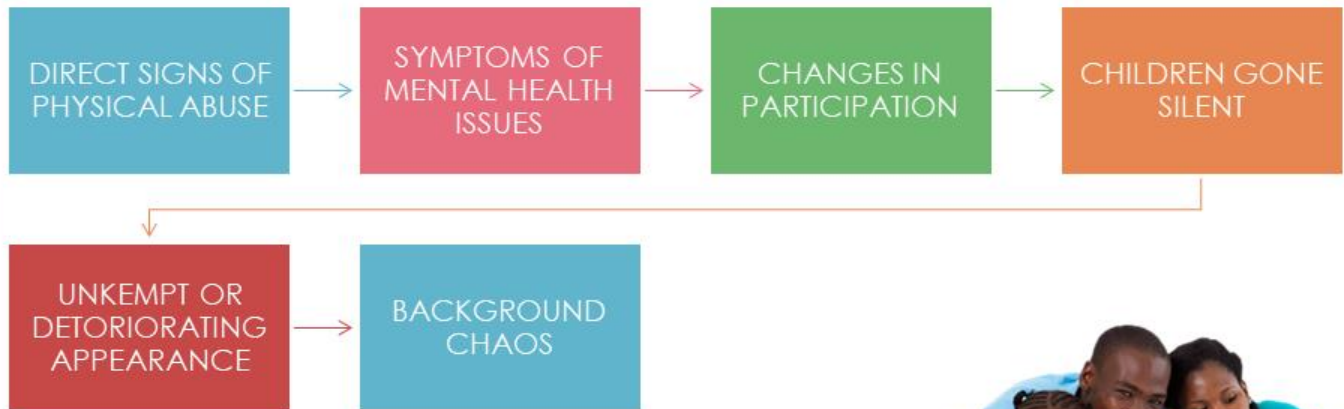
- Let students know that you will be contacting them (and their families) at home periodically to check in.
- Transparency is key.
- During this time, learn about the composition of the family.
- Be inquisitive about who they are, how they work as a family and what they may be experiencing due to the pandemic.

REMAIN SUPPORTIVE AND CONNECTED

- Follow-through with your students and their families to build trust
- Inquire about their well-being and have them share what they need from you as an educator.
- Let them know that you will remain as a support

PREPARE TO OBSERVE

PREPARE TO OBSERVE



CWTA CHILD WELFARE TRAINING ACADEMY



WHAT YOU NEED TO KNOW: Your observations are not limited to your student but for any child that you may see in the home.

DIRECT SIGNS OF PHYSICAL ABUSE

- bruising or other bodily marks,
- pained movement

SIGNS OR SYMPTOMS OF MENTAL HEALTH ISSUES LIKE

- **depression**, lethargy, anger, anxiety, changing moods PERSISTING over the course of a day or week, or over a longer period if you have a history with the child
- Link from the Anxiety and Depression Association of America: <https://adaa.org/living-with-anxiety/children/anxiety-and-depression>

CHANGES IN LEVELS OF PARTICIPATION,

- This is inclusive of those who are more hyperactive and especially children who have “gone silent”.
- These students almost shrink in the environment and no longer desire to communicate when their past participation activities were different.

UNKEMPT APPEARANCE OR CHANGES/DETERIORATION in appearance outside of the now more casual virtual dress code

CHAOTIC BACKGROUND ENVIRONMENT that is disruptive to the child whereby they are unable to fully participate in the zoom session

- Loud music or loud voices that cannot be lowered
- Inappropriate language or cursing that cannot be redirected

CRAFT WAYS TO TEAM

CRAFT WAYS TO TEAM

MAKE A VISUAL
CALL

ASK ABOUT
PHYSICAL AND
EMOTIONAL
STATUS

ASK FOR A 1:1

MAKE A DIRECT
CALL

INFORM AND
LINK



CWTA CHILD WELFARE TRAINING ACADEMY



WHAT YOU NEED TO KNOW:

If you observe any concerns

- Make a call to the or family/household. - Visual calling is strongly preferred so you can see what's going on in addition to hearing about it.
- Let the family member know that the child did not seem like his or her usual self today and inquire about how the child and other family members are managing in the pandemic.

Make it a common practice to check on:

- Their health
- Their food intake
- Whether they are spending time outside/getting exercise each day
- How much they are able to engage with others safely
- Their fears and worries
- The ability of everyone in the household to get along together under the circumstances.

Ask for a one-to-one with the child.

- Again, help parents to understand that this the way you are remaining connected to all your students with large group discussions and individual discussions
- If you run into resistance, make a direct call to the student to gain their perspective on how they are doing and to give them space to express without oversight

PARTICIPANT NOTES

ASSESS DANGER VS RISK

ASSESS DANGER VS RISK

DANGER

IMMINENT THREAT OF SERIOUS ACTIONS



RISK

CAUSE FOR CONCERN



WHAT YOU NEED TO KNOW: *Trust your suspicion and allow the Child and Family Services Agency determine if your report warrants a child welfare response.*

PARTICIPANT NOTES

IMMEDIATE AND ONGOING CONCERNS – MAKE THE CALL

MAKE THE CALL



202-671-SAFE

7 2 3 3



WHAT YOU NEED TO KNOW: *If something does not look safe, sound safe or feel safe – report.*

PARTICIPANT NOTES

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graph LR; A[NON-SAFETY CONCERNS] --- B[ABILITY]; A --- C[CAPACITY]; A --- D[RESOURCES];
```

NON-SAFETY CONCERNS

- ABILITY**
- CAPACITY**
- RESOURCES**

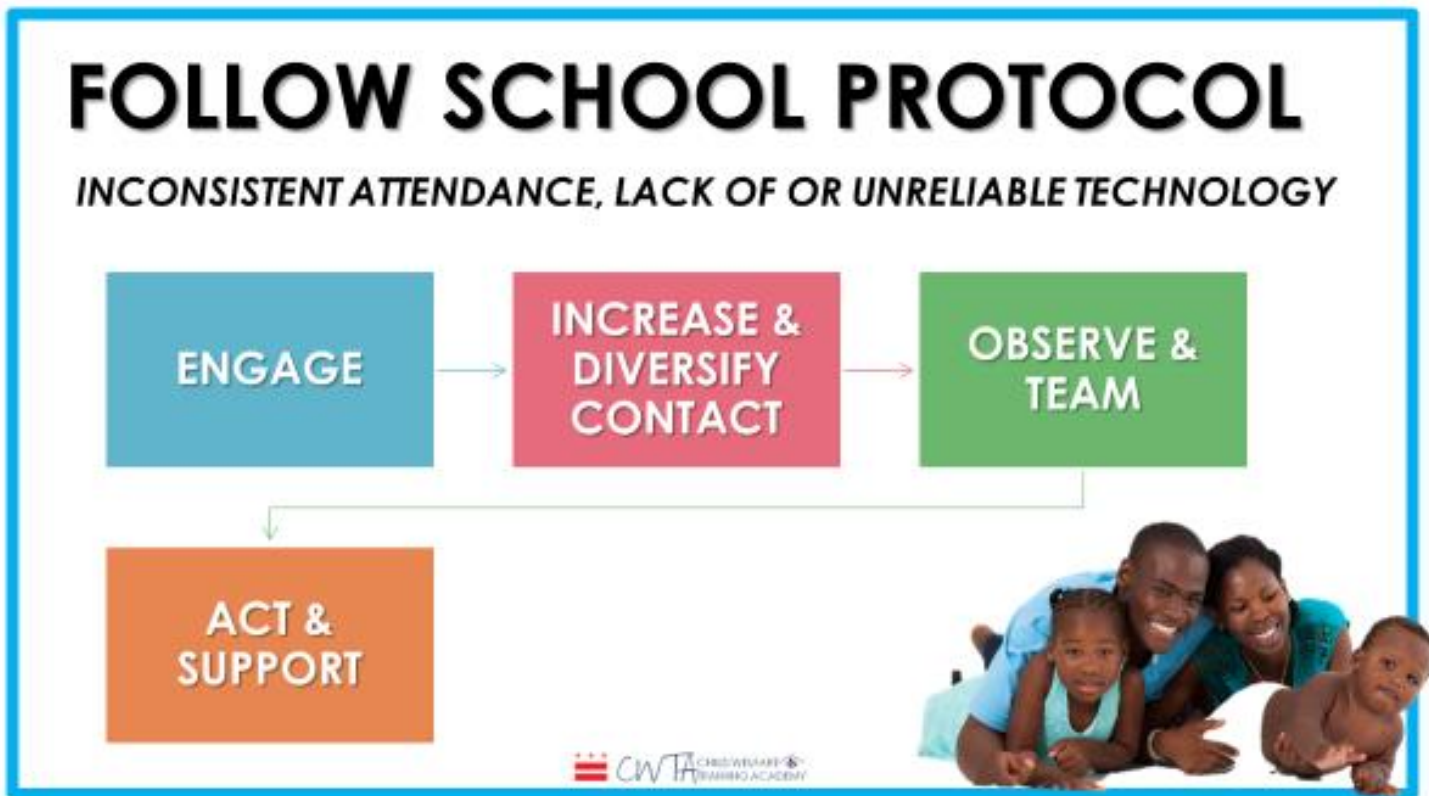


PARTICIPANT NOTES

[illegible]

FOLLOW SCHOOL PROTOCOL

INCONSISTENT ATTENDANCE, LACK OF OR UNRELIABLE TECHNOLOGY



YOU NEED TO KNOW: If you notice that a family does not have reliable phone access and there is spotty attendance, do the following:

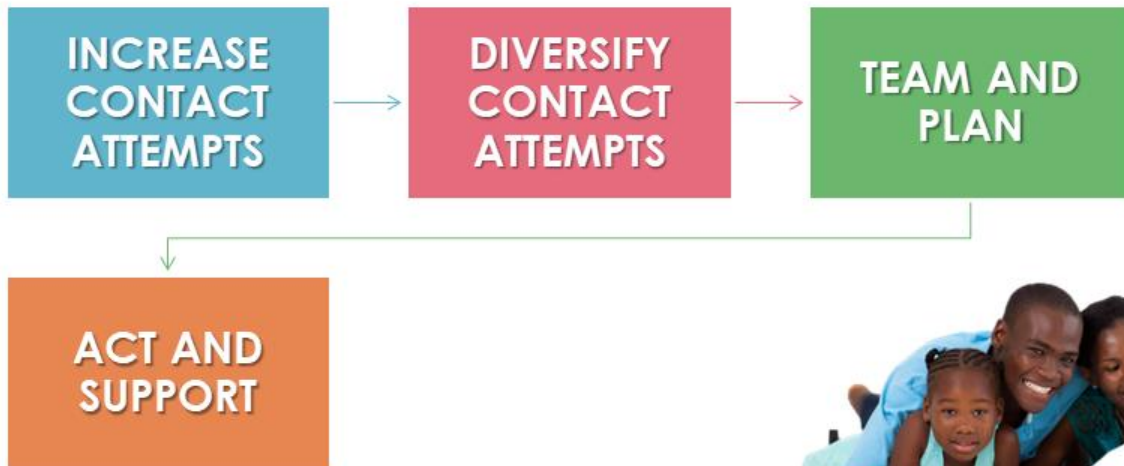
- Make an extra effort to engage the family regarding attendance or the needed resources to participate like access to adequate technology
- Increase AND diversify your contact with children who:
 - Have a history of emotional, sexual, physical abuse or neglect, drug use or discussed/attempted suicide.
 - Are responsible for the care of other children or live in a highly stressful family situation with limited support systems.
 - Require assistance due to physical, mental, behavioral or medical disabilities or delays.
- From your observations, team within your administration and follow the protocol for accesses the needed resources for children and in determining unexcused vs. excused absence tallies
- Move quickly to support the family and in making a report if the 10 unexcused absence threshold has occurred.

PARTICIPANT NOTES

IF NO CONTACT

FOLLOW SCHOOL PROTOCOL

IF NO CONTACT



WHAT YOU NEED TO KNOW:

If you have had no visual contact with a student:

- Increase your contact attempts and diversify how you contact
- Team and plan with the school administration regarding whether the absence is excused OR unexcused
- If the absence is unexcused, act by following your school protocols regarding attempts to contact the family prior to calling the hotline
- Again, follow the compulsory attendance and reporting guidelines as previously discussed.

PARTICIPANT NOTES

EVERY CALL MATTERS!



202-671-SAFE

7 2 3 3



WHAT YOU NEED TO KNOW:

After following your school's protocol exhausting all efforts to locate students when no visual contact has been made:

- Call the DC Child Abuse and Neglect Hotline to report your concerns.
- Remember that every call matters
- Call 202-671-SAFE or 202-671-7233 without delay
- Rely on the hotline being open 24 hours a day, 7 days a week, including holidays

PARTICIPANT NOTES

RECAP ON RECOGNIZING THE SIGNS - VIDEO



Take notes regarding recognizing the signs of child abuse. Although this video references day care providers, many of the signs could be visual in the virtual environment for school age children/youth.

PARTICIPANT NOTES

SUMMARY AND CLOSING



PARTICIPANT NOTES
