

# ***Mandated Child Abuse Reporting Law: Developing and Implementing Policies and Training Webinar Transcript***

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## ***Presenters:***

*Rebecca Gudeman, JD, MPA, National Center for Youth Law & Erica Monasterio, MN, FNP-BC, UCSF Adolescent Medicine*

## ***Moderator:***

*Johanna Rosenthal, MPH*

***Johanna Rosenthal:*** I'm happy to welcome you to *Mandated Child Abuse Reporting Law: Developing and Implementing Policies and Training*.

Today's webinar is presented by the Family Planning National Training Center for Service Delivery, funded by the Office of Population of Affairs U.S. Department of Health and Human Services.

The basis for this webinar is to introduce you to the new guide we've been developing for the past year and we're really excited to share it with you today.

This guide was one of the materials available through the link sent to you yesterday so hopefully you had time to download that.

Presenters will explain the purpose of the guide, what it covers and does not cover, and discuss some important issues that should be considered and included when developing and implementing policy and training on this very important subject of mandated child abuse reporting law.

Just to let you know and to further assist you in developing your policies, we will be developing a work sheet that will essentially parallel this guide and give you space to write down your own state as you do your research.

Upon completion of this webinar, participants should be able to identify the four components of mandated child abuse reporting law, identify three key elements with a policy, and describe at least three topics for staff training on mandatory child abuse reporting.

I'd like to now introduce our two presenters today: Rebecca Gudeman and Erica Monasterio.

Rebecca is a Senior Attorney at the National Center for Youth Law and directed Teen Health Initiative, providing information and resources for adolescent healthcare to promote access for critical services. She's an expert on confidentiality law and frequently writes and trains on these issues.

Erica Monasterio is a Clinical Professor in the division of Adolescent and Young Adult Medicine and the Director of the Family Nurse Practitioner program at the University of California, San Francisco. She has extensive clinical experience working with youth and families in primary care both at UCSF and is a Faculty Consultant Trainer as well as nationally recognized trainer for family planner on issues of adolescent healthcare.

I'd like to give a warm welcome to our presenters.

We'll begin with Rebecca Gudeman.

***Rebecca Gudeman:*** Thanks so much, Johanna and everyone for joining us today.

Let's talk quickly about who this training is for and what we will be covering both this is both an outline of what you'll find in the guide, but also an outline of the topics we'll be covering in today's presentation.

Both the guide and today's training are for persons in charge of developing and updating reporting policy, and reporting resources for their title ten sites.

Hopefully that's you if you're on the call.

You have been volunteers and now you'll be your local expert, yay! This core group may or may not include individual legal counsel but since I'm a lawyer I have to say as legal counsel is not part of your core group developing policy we strongly encourage you to consult counsel as part of the process and make sure you keep in mind the questions that may be appropriate to bring to legal counsel later on.

In the guide we have flagged in a few places issues and questions we think are particularly suitable to raise with legal counsel if it's difficult to find answers in your state law, but overall, we encourage general consultation.

To help you use this guide, both during today's presentation and later on we wanted to quickly review how the guide is set up and this also an outline for today's training.

The first section is helping you find your state law and explaining key components of state law.

What you should look for when you have sort of all of the legal components in front of you.

When you open up the guide in the first area you'll find pages that look a little like this.

The copy of page is up on your screen right now.

We introduce an issue, a component and we talk about what that legal - what you might be looking for - but you'll see there's always going to be - whenever we say find your state law there's a pull out box as the title has where to find the law and underneath that is both live links so if you're looking on-line at the guide you can click directly on it but you'll also find a site to location in our appendix to find the resource where to look up your state law.

So while we can't include every state law in the guide itself, we've provided you with resources to quickly find that information in other locations.

In addition, on many of the pages, you'll find a large box entitled state law examples.

Again while we've not been able to provide examples from every state we've tried to pull examples in many areas to give you a sense of the way the law is written and the range of laws and sort of diversity you may find from state to state, because there are differences and important differences in mandated reporting from state to state.

After we've covered main components of the law, we're going to come back and talk a little bit about how to turn that into policy and training and some of the legal issues you may want to delve into as your creating policy for your clinic, and then Erica our clinical expert will talk about how to turn some of this into clinically competent policy and training.

That's both overview of our guide but also of what we hope to cover in today's training.

Now I've said this before but just repeat again, because we're talking about national guidance, we won't be covering state specific rules in today's training and the guide doesn't cover state specific rules.

We have some examples and we give you resources so you can hopefully quickly find your own state's law, but that won't be part of our in depth conversation today.

The other important thing to say is while mandated child abuse reporting is really an important part of service provision, there are other mandating reported laws state by state, it may be of domestic violence or other issues and this guide does not address that and this training really isn't about that.

We will mention that and we've provide resources to help you find out what other mandated reporting laws you have in your state but this is - the focus of this will be child abuse reporting mandated law. We want to warm up with a few feedback questions.

Gracie introduced everyone to the feedback button and I'm going to put up a couple of questions and I'd like you to go to your feedback button and give us off the top of your head a yes or no answer and we'll give everyone a few seconds to answer and then see what we've golf.

Our first question is, how many of you have mandated child abuse reporting policies written down and available at your clinic today?

So, again, go to the button on the far right under panelist participant box, and click yes or no and we'll check what our results are in just a second. So, so far, it looks like we're still getting in answers but the great majority do, and some don't.

And remember, this is like Las Vegas, what you say here, stays here so no shame.

Okay, great.

It looks like great majority of folks are saying that they do currently have policies written down and in place, but not everyone.

Okay, I want you to clear your result and I'm going to ask you our next question.

Now for those of you that do have written policies, how many of you have reviewed and updated those policies in the last year?

Okay.

So we're getting some of our answers coming in.

It looks like, while most of you did have written policies, it's less common for them to have been reviewed or updated in the last year.

So this is going to be a great opportunity to take this training and materials and move forward on that annual update.

It looks like we're almost 50/50 in terms of folks able to update in the last year and those that have not.

Final question:

How many of you have been able to work with legal counsel with reviewing or updating or reviewing those policies? We knew this would be the tricky one because it's sometimes difficult to find that legal advice and this is the first question where the majority of folks have not been able to work with legal counsel, so you know, it's easy for me to say find legal counsel and talk to them.

I know it be a challenge but we can help work with you to help find those resources.

Okay thanks everyone.

Let's move forward.

So the law.

That's the first part of our presentation today.

Where do the legal rules come from?

As you'll see described the guide of course our mandated child abuse reporting laws come from state statutes and state regulations but many times that's not the only source of mandating reporting rules.

There may be case law where courts have interpreted statutes and maybe attorney general opinions or agency guidance or agency directives and too a really important preliminary step in trying to interpret and understand what mandating reporting obligations there are is to make sure you captured that full spectrum of resources and rules, sources for rules.

So not just statutes and regulations, but also those opinions and guidance.

In the guide we do give you a couple of different types of resources to both find your state statutes and regulations, but also capture some of the other directives that may be out there.

The case law - the opinions.

This is one of those places where we say, it can be very helpful to touch base with legal counsel where it's in the state agency or a private counsel or internal counsel if you're in a larger organization to make sure you have that full spectrum of resources in front of you when you're developing your materials.

Once you've got that spectrum of resources in front of you you'll see there's a lot of stuff.

They're written with a lot of words and lot of different language but in the end no matter what state you're in it boils down to four basic pieces of information you're going to be looking for and that you will find in every single state.

The mandated reporting rules will tell you who must report.

Who your mandated reporters are.

What to report.

When to report and how to report and we've divided up the guide into these four sub areas and we talk in depth about those so let's go ahead and look at that right now.

In terms of who must report.

In every state you'll find some set of rules that explain who is required to make reports when reporting duty is triggered.

But of course, the who differs very much state by state in some state everyone is a mandated reporter.

Whether a parent or professional in the healthcare center or a person walking down the street in other statesman dated reporters are defined by profession.

And so it's really important to have a good sense of who is and is not a mandated reporter in your state and just to track that down in your state law.

The other key thing to look for when you're looking at your list of mandated reporters is that in some states the law makes specific exemptions it may say healthcare clinicians are mandated reporters in most instances but when they're providing a certain type of services they're not obligated to this service obligation.

If this doesn't sound familiar your state may not have this exemption but it's something to keep an eye out for when you're looking at your state law in our guide we provide some state law examples that highlight the range of types of mandated reporters you may find in state law.

So here is our first polling question.

And so, you'll see the polling question has just popped up so we wanted to ask you if you work in a clinical setting, do you know, are front desk staff in your clinic mandated reporters of child abuse?

So go ahead and click yes, no, or I don't know.

We have a little bit of time to answer this and then we will check on our answers.

And of course, you know, this is the type of question that actually - this is why it's so important to have a really good sense of who is and is not on that list of mandated reporters.

Because if you are in a state where everyone is a mandated reporter you would assume everyone in your clinic is a mandated reporter.

If you're in a state where it's listed by profession you need to really take a good hard look who works in your clinic and see if anyone in your clinic is not on that list.

Is not a mandated reporter and if they're not maybe consider what that means in terms of your reporting policy.

What are you going to do if somebody comes to that front desk person and discloses to something that would trigger another child abuse report.

**Gracie Askew (Technical Host):** Poll is now closed and the results should pop up on your screen shortly.

**Rebecca Gudeman:** Okay.

So it looks like 32 folks said yes that person would be a reporter.

Nine said no.

And we have 13 who didn't know and 56 who didn't answer.

So just one example of the kind of question you might want to think about as part of your group that's developing these policies.

What kind of guidance would you provide that front desk staff and should they participate in mandated reporting training.

So we covered who.

That's our first component and the second component is what we report.

That means what is the definition of reportable child abuse and negligent?

This can be - it sounds relatively straight forward but this can be a little tricky.

There are different definitions of abuse sometimes for reporting purposes.

Law may define abuse for criminal convictions in a way that is a little different than it's defined for reporting.

They might define abuse a little differently for purposes of bringing children under state custody for part of dependency so it's really important that you and the folks you are training understand this is about a definition for reporting purposes.

And that it may not always coincide perfectly with definitions of abuse and other parts of law.

Now - so that said, that's what you're looking for.

Where are you going to see some important variation in state law?

One of the key differences is in approximately half the states.

State law makes an important differentiation between abuse at the hands of care givers and abuse at the hands of others.

In some states mandated reporters are only required to report abuse that occurs in the hands of a care giver.

A, parent or care giver in other states mandated reporters are required to report those at the hands of care givers and abuse at the hands of anyone also.

This really has very practical consequences in terms of reporting policy.

As just one example, if you consider the scenario of a forcible rape, forcible rapes by a stranger would be reportable as child abuse in some states but may not be reportable in every state and when I say that reportable under child abuse reporting law.

There may be other laws that require reporting of forcible rape or violence, sexual assaults but for purposes of child abuse reporting this is the kind of concrete example you'll see important differences state to state.

The guide does provide a lot more detailed information on how to figure out what your state law says in this.

Digging further, in some states the state statutes themselves will provide very specific information about what is considered abuse, so it will describe clinical symptoms and describe various physical scenarios and what to look for.

In other states it's much more general and you really need to look to state guidance or your own clinical interpretations to try to get a sense of what is report and what isn't.

Important to capture what's in your state law and move from there.

The third key area of - third key component is when is this duty to report triggered?

And by that, what I mean is that language about knowledge or reasonable suspicion or reason to believe.

In most states, they use a similar standard of reasonable cause to believe or knowledge.

But it's really important to make sure you know what your state specific language says.

Another really important thing to look for in your state law is whether there are any limitations on this trigger.

And by that, as one example, in some states, the trigger is information, "reasonable cause to believe" based on information that was known or observed in your professional capacity or in performance of your duties, meaning that if you see something outside of your scope of practice or outside of your work, you may report it but you're not required to report.

That can have actually practical implications in your clinic, as the next scenario explains.

So this is again a polling question.

Give your answer.

Gracie will put up the new question.

So our scenario is, a staff member from your clinic is on the sidewalk in front of the clinic returning from lunch break and sees a young mother, looks like perhaps a teen mom kick and berate a child in a stroller and later she enters the exam room and the new patient turns out in front of her the little child is there and it's the woman.

She says, "Hi, I'm Tracy and this is my daughter," and it's the same person they saw out on the street.

The question is under the understanding of your state law would this trigger reporting in your state?

What's the clinician observed on the street, did that trig another mandated child abuse report based on your understanding of your state law?

So go ahead and give us your answer, yes, no, or I don't know.

There are a couple of different levels of answering this but one of the key issues would be does your state require reporting of anything you see at any time?

Or is it limited to things that you see or observe in performance of your official duties?

And of course, what makes this more complicated for many folks is that we also when you're a clinician have to think about confidentiality law and what if any confidentiality law might apply in this context. So, it looks like at this point we have a few folks said they didn't know.

Nobody said no.

Some said yes and a lot of folks didn't answer so again, just something to think about how we translate some components into practical guidance and questions that staff may have.

The final component of all of reporting law and in every state is guidance about how to report and when we say how to report, we really mean the how, what, when and to whom.

Once you know a report is required who do you need to send it to and how much time do you have to send that.

The how to report.

Some states explicitly they have very explicit forms and give guidance on what you have to send, your duty to report has not been satisfied until you completed this work and in other states a phone call suffices so making sure you have clear in your policies and understanding what your state requires in order to satisfy your duty.

When to report.

Typically you'll find in there some time window you have once you know that your duty to report has been triggered, how much time you have to meet that duty.

I've just put a few examples up that you signed in different state laws immediately, 48 hours, 24, and as soon as practically possible.

You will find this somewhere in your law and make sure that you capture that.

To whom.

Typically child abuse reports go to child protection or law enforcement and in some states can go to either and some states reports of abuse by certain parties go to child protection and reports of others go to law enforcement such as making sure you understand which reports can go to whom or if there's a discretion to choose that reporters understand that and finally the what.

Often times the reporting law will tell you what information must be included in a report and will also let you know if there's information you're allowed to include but not required to include and this is actually important distinction particularly for folks that may be otherwise subject to confidentiality laws that would limit their ability to disclose personal and individually identifiable information.

Keeping track of what's mandated to be disclosed and what's authorized but not required.

Once you capture those four broad components of reporting law, you can then turn to figuring out how to develop policy and training and taking those basic legal concepts and turning them into practical, workable, understanding of reporting law.

Some of the common procedural questions to consider in our policy and training which staff questions are mandated to report as our first polling question highlighted.

Sometimes you can translate it down to clinic level guidance given who is on staff at your clinic.

Are there any parties who are not reporters?

Is it everyone who is a reporter, making sure people understand their role?

Often times there's question about whether your clinic can adopt a centralized reporting concept in some states.

State law lets you and sometimes it's prohibited and made clear this is supposed to be an individual duty, so keep an eye out for that and that's something to consider adding.

How do document reports.

In some states it's very clear that specific paperwork needs to be filled out in order to meet your reporting duty, but whether or not paperwork is mandated for your own clinic process, can be helpful to come up with guidance about how to document that a report has been made and that you've satisfied your duty.

Figure out where we house this information.

Is it in individual client file or someplace else?

This is one of the questions that is particularly helpful to work with legal counsel because there are various ramifications for how you do this.

And then finally, one of the things we recommend is looking at some of these.

Has the duty been triggered scenarios?

Like the polling question from earlier.

Would it be reportable if you saw something happening on the street in front of your clinic?

How do you handle that?

If it's not reportable what advice can you give your clinician that's worried about their patient or a patient's child that may need support?

Long the same line it can be helpful to put in examples that often - that there's often questions about, and we've listed a few in the guide and we talk about them in a lot more depth there but just to flag what you'll see in the guide, that difference between abuse at the hands of care givers and then at the hand of others if your state treats those differently for reporting purposes how do we make sure reporters understand the difference between the care giver and the other.

The difference between criminal and abusive behavior.

Sometimes it may not be reportable as child abuse given the way your state law is defined.

It doesn't mean that it's not something we don't worry about and Erica will talk about how to handle situation where's we're concerned about clients but it may not be reportable as abuse.

Those are the things you might want to get out in policy.

A different specific scenario.

I'm going to because of time go ahead and skip this question.

Some of the scenarios that you might want to consider addressing concretely is trafficking or commercial sexual exploitation reportable in your state under the law?

We provide guidance in the guide how to figure that out.

Intimate partner violence.

Is anything reportable when you know a client has been in a violent relationship and of course one of the areas that leads the most questions and concern, when is voluntary sexual activity reportable when it may be statutory rape in your state and what instances are statutory rape would be reportable under your state law?

We provide guidance to figuring those questions out and strongly encourage you to consider addressing them in some way when you're developing your policy.

Other issues to consider addressing in a broader sense, the intersection of child abuse reporting and confidentiality law.

There are often, can be a confusion about how child abuse reporting fits into the context of confidentiality law, particularly when you are subject not only to HIPAA and your state law but also title 10 confidentiality rule and we talk about that in the guide.

Then of course as I alluded to earlier, the intersection of child abuse reporting and other mandated reporting laws if your state does have reporting laws that require reporting certain violence there may be some overlap in such cases.

Where do you report?

How do you handle it?

Do you need to do two reports?

Does one supersede the other?

Make sure you know how that intersect and can provide appropriate guidance and your policy can be really helpful.

Okay so that is a quick overview of the legal and now I'd like to pass it over to Erica to provide some thoughts on how to frame this in a clinically competent sort of manner.

**Erica Monasterio:** Thank you so much. And thanks for the opportunity everyone to speak with you today about the clinical aspects of work that we're doing.

Now I, like many of you, am very concerned about the legal aspects and it's something that we need to be well grounded in and well informed about but policy needs to address not just the law.

It certainly needs to address the law but not just the law.

It also should provide practice guidelines for the individuals working in your clinical services.

So how do we develop clinically competent policies and trainings?

Well you want to start by identifying best practices for child abuse reporting in your specific clinical setting.

Of course start with the grounding in the law and remember that in states with more restrictive minor consent and confidentiality laws title ten regulations do provide some additional protection for adolescent clients so be very clear what is confidential within the service provisional environment you're working in or supervising and most importantly, recognize that there's lots of expertise and experience among your clinical staff.

But that said, there's also much confusion and many misconceptions so the best way to get started with this process is to get all of those ideas on the table and create an environment where everyone feels free to talk about what their understanding is and talk about cases or situation they've had to address and really draw on the expertise and know that people continue to do what they're used to doing so if you don't get the misperceptions on the table it's hard to correct or modify them.

So you're going to need a team to develop these policies.

Hopefully there's not just one poor person sitting in a brightly lit room trying to do the work on their own.

You need to figure who needs to be at the table.

Remember everyone in the organization plays apart both in assuring minor consent and confidentiality and participating in situations where confidentiality has to be breached and child abuse reporting needs to be engaged in so you really want participation from all levels of your organization.

Remember that the individual who maybe the least trained and may not have child abuse reporting obligations may be the person that a client chooses to confide in so everyone really needs to understand what their roles and responsibilities are as well as who they can go to for help, support or guidance when they're not sure what to do with information they've become the holder of because they were the friendly face or the accessible person or spoke the language or lived in the neighborhood or were the complete unknown to the client in the decision around disclosure.

Also remember making a beautiful policy manual is a great undertaking but without training it becomes a document sitting on a shelf so the best policy is useful when it's not put into practice and we know from many different areas of inquiry.

People in healthcare provision avoid doing things and asking questions that they don't know what to do with the answer if they're not sure what to do they'll avoid the topic so we want to make sure everyone is well-trained and knows what to do.

Now there are - is some content we suggest you address in your policy and training.

First of all, as Rebecca has stated couple of times, there are many situations that are concerning and may be abusive but may not be reportable because they don't meet the criteria for child abuse reporting in your state.

So for example, intimate partner violence among adolescent couples in a state where reporting is only applicable to parents and care givers or guardians would not be reportable but it certainly is intervene able.

You want to include examples of both those that are reportable and situations that are not reportable but are concerning and potentially abusive.

Acknowledge the grey area.

I think people outside of the legal world think the law is very cut and dry and everything is black and white, but the more training I do the more I understand how many areas really are grey.

What are the areas where one law contradicts another and how are you going to address those grey areas?

Make sure everyone knows and that there's a written documentation of how to access resources for consultation.

So that when there is a question, everyone who can refer to the policy and know where to go for additional information or consultation, as well as in training, really having those people be friendly face or a known entity is very helpful because we're more likely to seek help from those that we have some sense of who they are and how to talk with them.

You need to develop tools to help your staff understand the law and their responsibilities in your particular state and service environment.

So this next slideshow is a helpful tool.

This is on page 37 of the guide as well.

This is California state law so it is California specific and not applicable across other states. However, it's been useful for providers in California when they're trying figure out this age reporting.

This is volition or voluntary sexual activity.

Maybe one the minor and another an adult, but where the state law specifically outlines situations that are reportable as sexual abuse even if the youth says this my boyfriend and this is what i wanted to do and this who i want to be with.

Just to give you all a little idea of the process here, when we initially developed this we had the boxes that were white and n.

Yes, it's reportable or no, it's not.

Because of the acknowledge meant by the grey areas we put in "CJ" which is clinical judgment and then "M" that's mandated.

There are things that might be reportable due to your clinical judgment that you think is abusive or coercion.

It might be helpful in your policy development.

You need to make sure that the details, even though they're available in many different places are in your policy so this is sort of one-stop shopping.

Looking at what are the required timeframes for reporting and making sure they're in the policy including sample form and how to access those forms.

Are they paper forms or downloadable on the web or interactive forms on the internet?

Are they triple forms that you pull out a copy?

What are the forms you need to use?

What are the phone and fax numbers necessary for reporting?

What kind of charting or documentation should be done when a child abuse report is filed or the decision is made not to file a child abuse report?

And you'll see guidance in the guide about what should be included at a minimum in your documentation and then again, very importantly what are your resources for consultation?

In addition to having a place and a phone number, it's important to really identify who are the champions for adolescent health and well-being in law enforcement and child protective service who are you allies and who's willing to take the time to think through the case with you and help you make the best decision for best outcome for this young person while taking into account your legal indications are you want to make sure not only in the training, but in the policy that there is some clinical guidance.

So for example what are red flags someone might see in a family planning setting that make you want to take a second look and think again and ask again about abuse and that's on page 23.

You'll see the page numbers and these are in the guide you can find this information.

How do you talk with an adolescent and client about conditional confidentiality?

This is challenging if you have a concrete thinker.

How do you communicate we maintain your confidentiality and there's situation we'll breach it even if you wish we would not.

What is trauma informed reporting and how do we engage in it?

How do we assure that the traumatized individual that's just disclosed and experience in their life that's been a source of great pain and difficulty and how do we not re-traumatize them in the process of reporting?

We want to make sure there's not only written guidance but that you really spend time in your training focusing on trauma informed reporting and trauma informed care.

Remember mandating reporting is legally required but it is not an intervention and that area of how you really interact with this young person and with their family, how do you support them and how do you not make things worse if possible in the process of engaging in your legal responsibilities?

And finally make this a living document.

Policies need maintenance and there are legal changes and updates and the law is not a stable thing but changes.

So you need to have a process where you're checking annually for the legal updates and changes and also the concept of trauma is really evolving it's a relatively new concept that's evolving and there's more and more evidence about what's good approaches verses those that may be harmful so you want to update that clinical practice and approaches content as well.

Then, remember when you update a policy you need to retrain your staff.

So staff training is not a one-time thing where you check the box and are done but it's an on-going undertaking.

>> staff need to be brought to speed so you need a process where annually a training is offered to bring everyone up to the same level and establish staff's needed tune ups and the more they practice the more questions and concerns they could have.

These are important parts of your policy development. So, we're now ready for questions and I'm just going to pass this to Johanna so she can manage that.

**Johanna Rosenthal:** Great.

Thank you very much and thank you Rebecca.

We'd like to address some of the questions submitted through Q&A feature and I want to invite all of you again at this time to send any questions using Q&A window on the right side of your screen.

Go ahead and type it in and send it to all panelists.

So we do have a question here.

It says it does have an impact that not only did you see that person outside the clinic but then the woman became your patient by entering the clinic and requesting your help.

So it sounds like, let's see that's written, not quite as a question, but it was a comment it sounds like about the polling question.

I'll read it again.

It does have an impact not only did you see that person outside the clinic but the woman became your patient by entering your clinic and requesting your help.

That was inviting further discussion about that scenario in one of the polling questions.

Rebecca if you have any more comments about that scenario?

**Rebecca Gudeman:** No, I think that's the kind of process for you to think about so this person is right on the money and sort of trying to process it but it highlights that these are the kinds of things that when they come up in the moment it can be helpful to have sort of a sense of - have already thought this through a little bit.

**Johanna Rosenthal:** Okay.

Great we do have another question.

How often is it appropriate for providers another staff to have a tune up training on mandated reporting? Every other year? Or more often, or less often?

**Erica Monasterio:** My recommendation would be probably annually and this is not only for the opportunity to tune up, but really to go back and look at cases you've addressed over the past year.

Places where there were questions or discomfort.

Issues that may have risen in changes in who your resources are or how reporting obligations need to be met.

I think annual would be ideal.

**Johanna Rosenthal:** Okay. Thank you.

Here's another question.

Are there any good resources for helping those that are who are mandated to report to identify child abuse?

There are a lot of resources in the guide, but are you asking specifically on how to identify whether it's considered abusive?

I'm not sure about the nature of this question.

I think Rebecca if you want to speak to that?

**Rebecca Gudeman:** In the guide we do reference a document or database that was created by the federal government that provides length to guides and resources developed by state agencies and sometimes those have more specific concrete examples that you can use as a guide, but frankly, in our experience as often you all help develop that is a part of your policy.

It can be difficult to find and because there's so many different types of abuse and scenarios that may come up, it can be helpful to think about the kind of questions and the kinds of issues that you are seeing most frequently and how to develop guidance for your staff there.

Of course keeping in mind that ultimately child abuse reporting in every state is an individual obligation and the individual reporter will have to make decisions sort of based on what the general guidance is.

But bottom line is sometimes it's really going to be up to you all to help create that is a part of your policy.

**Erica Monasterio:** The other thing you can think of, I'm not sure this is what the question was, but professional organizations and conferences, particularly pediatric or adolescents, often will have workshops or sessions on child abuse reporting. Public health departments also offer workshops on child abuse reporting.

So if you're looking more at the soft skills of how to really identify when child abuse has occurred, those might be good resources as well.

**Johanna Rosenthal:** Okay thank you.

We have another question.

Is there evidence that there should be screening questions done in well child check-ups or with adolescents for abuse?

**Erica Monasterio:** There are professional organizations recommendations so the American Academy of Pediatrics as well as Society for Adolescent Health and Medicine both advocate that psychosocial screening be done and that questions be asked, certainly of older children and adolescents but that question should be asked both about sexual abuse, assault and coercion as well as feeling safe in their home, feeling supported, and whether there's adequate food and supervision of the adolescent or older child client.

**Johanna Rosenthal:** Okay thank you.

There are no other questions at this point.

If anyone would like to ask a question, go ahead and type it in.

One just showed up. Okay.

If a pregnant emancipated minor's partner is more than four years older should we always report or analyze case-by-case?

**Rebecca Gudeman:** This is a perfect example of something that absolutely depends on your state law.

In fact, a pregnant minor is not emancipated in every state.

In some states the state law would say that a pregnant minor is an emancipated minor and in other states, that's not the case.

Even that depends on your state law and what it say and that will impact child abuse reporting, but in some states, this would be reportable and in other states this would not be reportable and in others it would be case-by-case so there's really no way for us to answer this without knowing what state you're in and without going through your state law.

But it's a great example of the kind of thing that you could look at and answer as part of your policy because it is such a common question and we do provide some guidance in the guide about how to find the answer to this question in your state law.

**Johanna Rosenthal:** Okay.

Thank you very much, Rebecca.

It looks like the hour is almost up so we need to end our Q&A period.

I want to thank our presenters again and thanks also to our listeners for your participation and our great host, Gracie Askew, as well as the entire team at the National Training Center for Service Delivery.