

# Mandated Reporter Training Handbook

Rose Jergens

Ph: (970)565-8155

Email: [rose@nestcac.org](mailto:rose@nestcac.org)

140 N. Linden, Cortez



---

## Table of Contents

---

Prevalence of Child Sexual Abuse	3-6
Consequences of Child Sexual Abuse	7-12
Health and/or Behavioral Problems	8
Drug and/or Alcohol Problems	9
Teenage Pregnancy and Promiscuity	10
Crime	11
Types of Child Abuse and Neglect	13-18
Definition of Child Abuse and Neglect	13
Physical Abuse	14
Physical and Behavioral Indicators	14
Neglect	15
Physical and Behavioral Indicators	15
Emotional Maltreatment	16
Physical and Behavioral Indicators	16
Sexual Abuse	17
Physical and Behavioral Indicators	17
Mandatory Reporting of Child Abuse and Neglect	19-23
Professionals Required to Report	19
Standards for Making a Report	20
Privileged Communications	21
Inclusion of Reporter's Name in Report	22
Disclosure of Reporter Identity	22
Penalties for Failure to Report	23
False Reporting of Child Abuse and Neglect	23
When a Child Discloses Abuse	24-26
DO	24
DO NOT	25
Making a Child Abuse Report	27-28
Information about Reporter	28



---

## Prevalence of Child Sexual Abuse

---

The statistics are shocking

- 1 in 4 girls is sexually abused before the age of 18.
- 1 in 6 boys is sexually abused before the age of 18.
- 1 in 5 children are solicited sexually while on the internet.
- Nearly 70% of all reported sexual assaults (including assaults on adults) occur to children ages 17 and under.
- An estimated 39 million survivors of childhood sexual abuse exist in America today.



---

## Prevalence of Child Sexual Abuse

---

Even within the walls of their own homes, children are at risk for sexual abuse

- 30-40% of victims are abused by a family member.
- Another 50% are abused by someone outside of the family whom they know and trust.
- Approximately 40% are abused by older or larger children whom they know.
- Therefore, only 10% are abused by strangers.



---

## Prevalence of Child Sexual Abuse

---

Sexual abuse can occur at all ages, probably younger than you think

- The median age for reported abuse is 9 years old.
- More than 20% of children are sexually abused before the age of 8.
- Nearly 50% of all victims of forcible sodomy, sexual assault with an object, and forcible fondling are children under 12.



---

## Prevalence of Child Sexual Abuse

---

### Most children don't tell even if they have been asked

- Evidence that a child has been sexually abused is not always obvious, and many children do not report that they have been abused.
- Over 30% of victims never disclose the experience to ANYONE.
- Young victims may not recognize their victimization as sexual abuse.
- Almost 80% initially deny abuse or are tentative in disclosing. Of those who do disclose, approximately 75% disclose accidentally. Additionally, of those who do disclose, more than 20% eventually recant even though the abuse occurred.
- Fabricated sexual abuse reports constitute only 1% to 4% of all reported cases. Of these reports, 75% are falsely reported by adults and 25% are reported by children. Children only fabricate ½% of the time.



---

## Consequences of Child Sexual Abuse

---

Consequences of child sexual abuse begin affecting children and families immediately.

They also affect society in innumerable and negative ways.

These effects can continue throughout the life of the survivor so the impact on society for just one survivor continues over multiple decades.

Try to imagine the impact of 39 million survivors.



---

## Consequences of Child Sexual Abuse

---

### Health and/or Behavioral Problems:

- The way a victim's family responds to abuse plays an important role in how the incident affects the victim.
- Sexually abused children who keep it a secret or who "tell" and are not believed are at greater risk than the general population for psychological, emotional, social, and physical problems often lasting into adulthood.
- Children who have been victims of sexual abuse are more likely to experience physical health problems (e.g., headaches).
- Victims of child sexual abuse report more symptoms of PTSD, more sadness, and more school problems than non-victims.
- Victims of child sexual abuse are more likely to experience major depressive disorder as adults.
- Young girls who are sexually abused are more likely to develop eating disorders as adolescents.
- Adolescent victims of violent crime have difficulty in the transition to adulthood, are more likely to suffer financial failure and physical injury, and are at risk to fail in other areas due to problem behaviors and outcomes of the victimization.



---

## Consequences of Child Sexual Abuse

---

### Drug and/or Alcohol Problems:

- Victims of child sexual abuse report more substance abuse problems. 70-80% of sexual abuse survivors report excessive drug and alcohol use.
- Young girls who are sexually abused are 3 times more likely to develop psychiatric disorders or alcohol and drug abuse in adulthood, than girls who are not sexually abused.
- Among male survivors, more than 70% seek psychological treatment for issues such as substance abuse, suicidal thoughts and attempted suicide. Males who have been sexually abused are more likely to violently victimize others.



---

## Consequences of Child Sexual Abuse

---

### Teenage Pregnancy and Promiscuity:

- Children who have been victims of sexual abuse exhibit long-term and more frequent behavioral problems, particularly inappropriate sexual behaviors.
- Women who report childhood rape are 3 times more likely to become pregnant before age 18.
- An estimated 60% of teen first pregnancies are preceded by experiences of molestation, rape, or attempted rape. The average age of their offenders is 27 years.
- Victims of child sexual abuse are more likely to be sexually promiscuous. More than 75% of teenage prostitutes have been sexually abused.



---

## Consequences of Child Sexual Abuse

---

### Crime:

- Adolescents who suffer violent victimization are at risk for being victims or perpetrators of felony assault, domestic violence, and property offense as adults.
- Nearly 50% of women in prison state that they were abused as children.
- Over 75% of serial rapists report they were sexually abused as youngsters.



---

## Consequences of Child Sexual Abuse

---

Most perpetrators don't molest only one child if they are not reported and stopped.

- Nearly 70% of child sex offenders have between 1 and 9 victims; at least 20% have 10 to 40 victims.
- An average serial child molester may have as many as 400 victims in his lifetime.



---

## Types of Child Abuse and Neglect

---

### Definition of Child Abuse and Neglect

Abuse and neglect means a threat to a child's health or welfare by:

- Physical, mental or emotional injury or impairment.
- Sexual abuse or exploitation.
- Deprivation of essential needs.
- Lack of protection from these, by a person responsible for the child.

**Let's take a closer look at each type of abuse mentioned in this definition.**

## Types of Child Abuse and Neglect

### Physical Abuse

**Definition:** Physical injuries inflicted by a parent/caretaker; also called non-accidental trauma. These could be rated as mild, moderate or severe.

#### Physical Indicators:

##### Unexplained bruises and welts:

- \* On face, lips, mouth
- \* Torso, back, buttocks, thigh
- \* In various stages of healing
- \* Clustered, forming rectangular patterns, reflecting shape of article used to inflict (e.g., electric cord, belt buckle)

##### Unexplained burns:

- \* Cigar, cigarette burns, especially on soles, palms, back or bottoms
- \* Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia)
- \* Patterns like electric burner, iron, etc.
- \* Rope burns on arms, legs, neck or torso
- \* Infected burns, indicating delay in seeking treatment

##### Unexplained fractures or dislocations:

- \* To skull, nose, facial structure
- \* In various stages of healing
- \* Multiple or spiral fractures

##### Unexplained lacerations or abrasions

- \* To mouth, lips, gums or eyes
- \* To external genitalia
- \* In various stages of healing

##### Unexplained bald patches on scalp

#### Behavioral Indicators:

- \* Feels deserving of punishment
- \* Wary of adult contact
- \* Apprehensive when other children cry
- \* Behavioral extremes
- \* Aggressiveness
- \* Withdrawal
- \* Frightened of parents
- \* Afraid to go home
- \* Reports injury by parents
- \* Vacant or frozen stare
- \* Lies very still while surveying surroundings (infant)
- \* Responds to questions in monosyllables
- \* Inappropriate or precocious maturity
- \* Manipulative behavior to get attention
- \* Indiscriminately seeks affection
- \* Poor self- concept



---

## Types of Child Abuse and Neglect

---

### Neglect

**Definition:** Non-accidental failure or failure of a caretaker to provide a child physical, medical, or emotional necessities for normal life, growth, and development.

#### Physical Indicators:

- \* Underweight, poor growth pattern; e.g., small in stature, failure to thrive
- \* Consistent hunger, poor hygiene, inappropriate dress
- \* Wasting of subcutaneous tissue
- \* Unattended physical problems or medical needs
- \* Abandonment
- \* Abdominal distention
- \* Bald patches on scalp

#### Behavioral Indicators:

- \* Begging or stealing food
- \* Extended stays at school
- \* Rare attendance at school
- \* Constant fatigue, listlessness or falling asleep in class
- \* Delayed speech
- \* Inappropriate seeking of affection
- \* Does not change expression
- \* Assuming adult responsibilities and concerns
- \* Alcohol or drug use
- \* Talks in whisper or whine
- \* Delinquency (e.g., thefts)
- \* States that there is no caretaker at home



---

## Types of Child Abuse and Neglect

---

### Emotional Maltreatment

**Definition:** Using words or behaviors that threaten, harshly criticize, ridicule, or harass the child; withholding affection; holding unrealistic expectations; associated with all forms of child abuse.

#### Physical Indicators:

- \* Speech disorder
- \* Lags in physical development
- \* Failure to thrive
- \* Hyperactive or disruptive behavior
- \* Empty facial appearance

#### Behavioral Indicators:

##### Habit disorders

- \* Sucking
- \* Biting
- \* Rocking

##### Conduct or learning disorder

- \* Antisocial behavior
- \* Destructive

##### Neurotic traits

- \* Sleep disorders
- \* Inhibition of play
- \* Unusual fearfulness

##### Behavioral extremes

- \* Child does not change expressions
- \* Compliant, passive
- \* Aggressive, demanding
- \* Threatening behavior (threats to kill or harm other people)



---

## Types of Child Abuse and Neglect

---

### Sexual Abuse

**Definition:** Child abuse which results in any act of a sexual nature upon or with a child; any sexual involvement of a parent or caretaker with a child as a sexual act. **Sexual exploitation** is involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, are unable to give informed consent to, and that violate social taboos of family roles.

#### Physical Indicators:

- \* Pain, swelling, or itching in genital areas
- \* Pain on urination
- \* Bruises, bleeding, or lacerations in external genitalia vaginal or anal areas
- \* Vaginal or penile discharge
- \* Venereal disease, especially in pre-teens
- \* Poor bowel control
- \* Pregnancy

#### Behavioral Indicators:

- \* Unwilling to change for gym or participate in physical education classes
- \* Withdrawn, fantasy, or infantile behavior
- \* Bizarre, sophisticated, or unusual sexual behavior or knowledge
- \* Poor peer relationships
- \* Delinquent or runaway
- \* Reports sexual assault by caretaker
- \* Change in performance at school



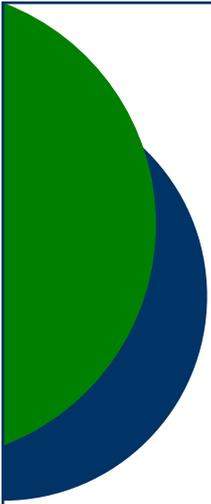
---

## Types of Child Abuse and Neglect

---

**IMPORTANT:**

On any given day, you could observe an indicator in anyone; it doesn't automatically mean they have been abused or neglected. You will need to apply your judgment based on a pattern of indicators, instinct, and what information is available to you at the time.



---

# Mandatory Reporting of Child Abuse and Neglect

---

## Professionals Required to Report

**Citation: Rev. Stat. § 19-3-304**

### Persons required to report include:

- \* Physicians, surgeons, physicians in training, child health associates, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, hospital personnel, dental hygienists, physical therapists, pharmacists, registered dieticians
- \* Public or private school officials or employees
- \* Social workers, Christian Science practitioners, mental health professionals, psychologists, professional counselors, marriage and family therapists
- \* Veterinarians, peace officers, firefighters, or victim's advocates
- \* Commercial film and photographic print processors
- \* Counselors, marriage and family therapists, or psychotherapists
- \* Clergy members, including priests, rabbis, duly ordained, commissioned, or licensed ministers of a church, members of religious orders, or recognized leaders of any religious bodies
- \* Workers in the State Department of Human Services
- \* Juvenile parole and probation officers
- \* Child and family investigators
- \* Officers and agents of the State Bureau of Animal Protection and animal control officers



---

# Mandatory Reporting of Child Abuse and Neglect

---

## Standards for Making a Report

**Citation: Rev. Stat. § 19-3-304**

### **A report is required when:**

- \* A mandated reporter has reasonable cause to know or suspect child abuse or neglect.
- \* A reporter has observed a child being subjected to circumstances or conditions that would reasonably result in abuse or neglect.
- \* Commercial film and photographic print processors have knowledge of or observe any film, photograph, videotape, negative, or slide depicting a child engaged in an act of sexual conduct.



---

# Mandatory Reporting of Child Abuse and Neglect

---

## Privileged Communications

**Citation:** Rev. Stat. §§ 19-3-304; 19-3-311

**Defined:** The statutory recognition of the right to maintain confidential communication between professionals and their clients, patients, or congregants.

- \* The clergy-penitent privilege is permitted.
- \* The physician-patient, psychologist-client, and husband-wife privileges are not allowed as grounds for failing to report.



---

# Mandatory Reporting of Child Abuse and Neglect

---

## **Inclusion of Reporter's Name in Report**

**Citation: Rev. Stat. § 19-3-307**

- \* The report shall include the name, address, and occupation of the person making the report.

## **Disclosure of Reporter Identity**

**Citation: Rev. Stat. § 19-1-307**

- \* The identity of the reporter shall be protected.



---

# Mandatory Reporting of Child Abuse and Neglect

---

## Penalties for Failure to Report and False Reporting of Child Abuse and Neglect

### Failure to Report

Rev. Stat. § 19-3-304(4)

Any mandatory reporter who willfully fails to report as required by § 19-3-304 (1):

- \* Commits a Class 3 misdemeanor and shall be punished as provided by law
- \* Shall be liable for damages proximately caused

### False Reporting

Rev. Stat. § 19-3-304(3.5), (4)

No person, including a mandatory reporter, shall knowingly make a false report of abuse or neglect to a county department or local law enforcement agency.

- \* Any person who violates this provision:
- \* Commits a Class 3 misdemeanor and shall be punished as provided by law
- \* Shall be liable for damages proximately caused



---

## When a Child Discloses Abuse

---

### DO...

- \* Find a private place to talk
- \* Listen to the child, without interrupting and position yourself at the child's eye level
- \* Begin with general, open-ended questions or statements such as, "Tell me what happened."
- \* Use language appropriate to the child's developmental level and the vocabulary they use
- \* Take the child seriously
- \* Reassure the child that he/she is brave to share something about a difficult subject
- \* Invite the child to listen as you state back what they said
- \* Write down, in the child's own words, what was said. Obtain only the information necessary to make the report
- \* Let the child know you must report to someone who can help him/her
- \* Tell the truth. Do not make promises to the child about what is going to happen
- \* Thank the child for confiding in you and though hard, telling is the right thing to do
- \* Keep the information confidential
- \* Report the incident immediately



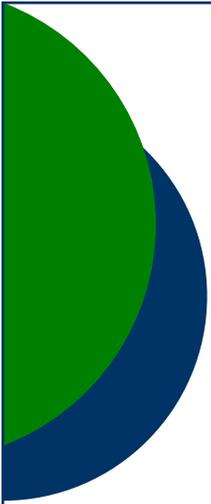
---

## When a Child Discloses Abuse

---

### DO NOT...

- \* Promise confidentiality
- \* Panic or express shock while the child is talking. The child may interpret this to mean you find the CHILD unacceptable rather than the ACT.
- \* Ask leading or suggestive questions, such as, “Did your mom hit you?” or “He’s done this before, hasn’t he?”
- \* Respond with information, or words, the child did not already use
- \* Ask “Why?” questions. Using WH questions like What, When, Where are more appropriate.
- \* Make negative comments about the perpetrator
- \* Duplicate interviews-do not ask the child to repeat his/her story
- \* Determine for yourself if the allegation is valid or not. This is the role of the Social Services and Law Enforcement.



---

## When a Child Discloses Abuse

---

Research shows the most important protective resource to enable a child to cope with exposure to violence is a strong relationship with a competent, caring, positive adult.



---

## Making a Child Abuse Report

---

When you suspect child abuse, the first thing to do is document what you know:

- \* Write down what was said to you, preferably in the child's words including all pertinent information available to you.
- \* When you have concerns, it is important to **keep notes** on each thing that comes up. One thing may not worry you. Even two things may not worry you. But when you look back at your notes, you may see an overall picture of the family that wasn't available to you during the first concern.

The **critical role of the mandated report** is providing a detailed description of what you observed. The reporter needs to create an accurate picture in the eyes of the Intake Worker of what the reporter saw. *General descriptions do not convey the severity of the child's experience.*



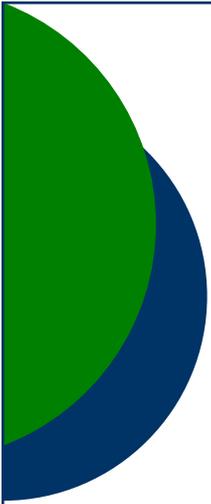
---

## Making a Child Abuse Report

---

### Information from the Reporter

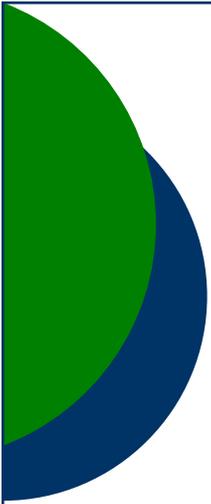
- \* Name, address, and phone number of the reporter
- \* How the reporter obtained knowledge of the allegations
- \* The relationship of the reporter to the alleged child victim
- \* The length of time the reporter has known of the alleged abuse or neglect
- \* Whether any action has already been taken; whether the child has received medical attention or has been removed from the home; whether law enforcement has been notified; or if other professionals are involved
- \* Reporter's willingness to participate further in the assessment process
- \* Names, address, and phone numbers of other persons with first-hand information about the allegation



---

Notes:

---



---

Notes:

---