REPORT CHILD ABUSE IN ALASKA

It’s everyone’s job to keep children safe

1-800-478-4444
www.reportchildabuse.alaska.gov
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Brought to you by the Alaska Children’s Justice Act Task Force in collaboration with the Alaska Department of Health & Social Services
MANDATORY REPORTER TRAINING

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Training

This training is directed at those professionals who are legally required to report child abuse in Alaska and who are required to participate in training as a part of their obligation as “Mandatory Reporters”. This training includes “Test your Knowledge” quizzes, and the option of obtaining a certificate to show that you have successfully completed the “Mandatory Reporter Training”. To access this on the web visit: www.reportchildabuse.alaska.gov and click on the “Mandatory Reporter Training”.

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Welcome

Welcome to this easy-to-use training for reporters of child maltreatment and for Alaskan’s who want to know more about how to recognize and respond to child abuse and neglect. This course includes five major sections:

- Why it is important to report
- Who must report
- The signs of maltreatment
- How to report
- What happens after a report is made

In addition to the information provided in the training links are provided throughout which you can access for additional information if desired. Resources, References and Law Links listed at the back of the book will provide you access to additional information from a variety of sources.

If you would like a flash drive copy of this training, please contact: Richard.Bloomquist@alaska.gov

Why Report? You make a difference

Reporters make a difference

Everyday across our state children are vulnerable to harm from abuse and neglect. People that care about a child are often the first to notice this danger; people like a family member, a neighbor, a teacher, a nurse — or that person might be you. We are all responsible for the safety of children in our communities.

If you believe a child was harmed or is at risk of harm due to abuse or neglect, you should report it. Children who get help as soon as possible have a much better chance to have a safe home, a strong family, an all-around improved chance at a great life.

The Office of Children’s Services responds to thousands of allegations of child abuse and neglect each year. We hope these children can be safe, are able to strengthen connections to healthy families, and receive the opportunities and support they deserve.

OCS can’t do this work without help from everyone. None of this work can begin without that first phone call from a person who cares.

**You may be the only person who can begin to make life better for an abused or neglected child.**

Reporters make a difference.

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You make a difference

Impact on development

Children learn to think, speak, and reason when they are very young. The human relationships that children form make a big difference in their social and emotional development. Children who have secure, trusting relationships with their parents or guardians when they are young grow up much differently than children who learn at a young age that they can’t trust anyone.

The toll of child abuse and neglect can resonate throughout a child’s life. According to the National Survey of Child and Adolescent Well-Being, half of infants who have been abused or neglected exhibit some form of cognitive delay.

They are more likely to have deficits in IQ scores, language ability, and school performance than other children. Infants and toddlers who are victims of abuse and neglect are also more likely to have physical health difficulties such as greater neonatal problems, higher rates of failure to thrive, and dental disease. Disproportionate exposure to early trauma and other developmental risk factors can result in a variety of mental health disorders. Physical abuse impairs a young child’s social adjustment, including elevated levels of aggression that are apparent even in toddlers (American Humane Association, 2011).

Impact on brain

Abuse can slow brain development

When children are mistreated, it can stop or slow their brain development. Witnessing frequent parental fights and growing up with alcohol or drug abuse, mental illness, physical violence, or crime in the home can make the child have difficulty paying attention, controlling his or her behavior, trusting others, showing compassion, or making friends.

The picture on the left shows a healthy, emotionally developed brain. The picture on the right shows the result of abuse and neglect. The dark areas show where the brain is inactive or undeveloped.

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You make a difference

Impact into adulthood

The impact of abuse and neglect can last into adulthood and through the lifespan. Research shows that children who experience abuse and neglect often become adults who experience:

- Increased behavioral problems in childhood, adolescence, and adulthood.
- Increased rate of teen pregnancy.
- Increased rate of re-victimization.
- Increased rate of abusive behaviors toward own partners and children.
- Increased criminal activity, aggression, alienation, withdrawal, and isolation.
- Increased medical and mental health problems in children and adults.
- Learning and emotional disabilities.
- Lack of parenting skills and bonding capacity.
- Poor relationship skills.

*(Adverse Childhood Experiences: ACE study, Dr. Vincent Felitti)*

You make a difference

Impact of trauma

“The research is clear that the experience of abuse or neglect leaves a particular traumatic fingerprint on the development of children that cannot be ignored if the child welfare system is to meaningfully improve the life trajectories of maltreated children, not merely keep them safe from harm.” — Bryan Samuels, Commissioner for the Administration on Children, Youth and Families, 2011.

Child trauma is...

Witnessing or experiencing an event that poses a real or perceived threat to the life or well-being of the child or someone close to the child. The event overwhelms the child’s ability to cope and causes feelings of fear, helplessness, or horror, which may be expressed by disorganized or agitated behavior.

Complex trauma describes both exposure to chronic trauma — usually caused by adults entrusted with the child’s care — and the impact of such exposure on the child. Children who have experienced complex trauma have endured multiple interpersonal traumatic events from a very young age. Complex trauma has profound effects on nearly every aspect of a child’s development and functioning.
Children who have experienced complex trauma have endured multiple interpersonal traumatic events from a very young age (The National Child Traumatic Stress Network, 2013).

Adults who experienced multiple adverse childhood experiences (ACEs), including child abuse and neglect, are more likely to develop health risk behaviors such as alcoholism, drug abuse, depression, suicide attempts, smoking, physical inactivity, severe obesity, and high numbers of sexual intercourse partners. Adults with higher numbers of adverse childhood experiences are also more likely to encounter heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease later in life (Felitti et al., 1998). More recent analyses of the ACEs data has suggested that ACEs may be an indicator of a chaotic family environment that results in an increased risk of premature death among family members (Anda et al., 2009).

Additional information at [Adverse Child Experiences Study](#).

Long-Term Trauma Impact–ACE Pyramid: CDC
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Who must report?

All of us

In Alaska there are people who are legally required to report (see definition of mandatory reporters in next section). However, even if you are not one of those mandatory reporters, you can and should report child abuse and neglect. As you will learn in this training, the impacts of child abuse and neglect can be serious and lifelong. When Alaskans take the time to recognize and report abuse and neglect they are making a significant difference in a child’s life and in contributing to the health of our communities. The safety of children is everyone’s responsibility.

Mandatory Reporting

While it is everyone’s responsibility to report child abuse and neglect, there are many in Alaska who are required to report by law. These mandatory reporters are defined in state and federal statutes.

State law (A.S. 47.17.020) requires that the following people report child maltreatment:

- Practitioners of the healing arts, including emergency medical technicians, chiropractors, mental health counselors, social workers, dentists, dental hygienists, health aides, nurses, nurse practitioners, certified nurse aides, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician assistants, psychiatrists, psychologists, psychological associates, audiologists, speech-language pathologists, hearing aid dealers, marital and family therapists, religious healing practitioners, acupuncturists, and surgeons
- Administrative officers of institutions, including public and private hospitals or other facilities for medical diagnosis, treatment or care
- Paid employees of domestic violence and sexual assault prevention programs, and crisis intervention and prevention programs
- Paid employees of an organization that provides counseling or treatment to individuals seeking to control their use of drugs or alcohol
- School teachers and school administrative staff members (public and private schools)
- Athletic coaches of both public and private schools
- Peace officers and officers of the state Department of Corrections
- Child care providers, including foster parents, day care providers and paid staff
- Members of child fatality review teams, and multidisciplinary child protection teams

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Additional Requirements Relating to Those Working With Alaska Native and American Indian Children

In addition to those under state law, federal law (25 U.S.C. 3202, 18 U.S.C. 1169) requires that Tribes and Tribal organizations that receive federal funding and individuals who provide services to children in Tribal communities include some additional categories of mandatory reporters:

- physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider,
- teacher, school counselor, instructional aide, teacher’s aide, teacher’s assistant, or bus driver employed by any tribal, Federal, public or private school,
- administrative officer, supervisor of child welfare and attendance, or truancy officer of any tribal, Federal, public or private school,
- child day care worker, Head Start teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker,
- psychiatrist, psychologist, or psychological assistant,
- licensed or unlicensed marriage, family, or child counselor,
- person employed in the mental health profession, or
- law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders;

In addition, under federal law anyone who supervises a mandatory reporter is also considered a mandatory reporter. The federal law regarding child abuse reporting can be accessed at this link 18 U.S.C. 1169 “title “Federal Mandatory Reporter Statute”

Federal law states generally that individuals who have a legal or other responsibility for an Indian child’s welfare* through an Indian Tribe or organization, Tribal consortium, or on Tribal lands, including village corporations, lands held by incorporated Native groups, or regional corporations, and reservations, are mandated reporters. Non-Tribal community members who provide services to Native children should also check with the local Tribal Council to see if they have established additional laws relating to mandatory reporting.

*Some Tribes have interpreted this to mean that adults “with authority or responsibility for an Indian child’s welfare” includes Tribal leaders, religious leaders and other adults that children would likely turn to, were responsible for their welfare and safety. Tribes may establish Tribal law that is more inclusive than these minimum standards under federal law.
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New category of Mandatory Reporter

On June 30, 2017 a new category of Mandatory Reporters will come into effect. Volunteers who interact with children in a public or private school for 4 or more hours a week will also become Mandated Reporters.

When am I required to report suspected abuse or neglect?

State law (A.S. 47.17.020) requires that persons who are mandatory reporters who, in the performance of their occupational duties have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect, shall immediately report the harm. A.S. 47.17.290 defines “reasonable cause to suspect” as “based on all the facts and circumstances known to the person, that would lead a reasonable person to believe that something might be the case.” It is not your responsibility to determine if the information you receive is accurate or whether the child is a reliable source. It does not matter how long ago the act happened, where it happened, or whether or not you believe it happened.

Mandated reporters must report suspected abuse or neglect immediately, which means as soon as reasonably possible and no later than within 24 hours.

State law (A.S. 47.17.068) and federal law (18 U.S.C. 1169) provide for criminal penalties for failing to comply with the obligation to report suspected abuse or neglect. State law (A.S. 47.17.050) and federal law (18 U.S.C. 1169) also provide that a person who complies with their obligations and makes a report in good faith is immune from civil or criminal liability.

Additional Requirements Relating to Those Working with Alaska Native and American Indian Children

In addition to state law, for Tribes and Tribal organizations that receive federal funding and individuals who provide services to children in Tribal communities, federal law provides that you must report situations in which actions are going to be taken that would be expected to result in abuse of a child. In other words, federal law requires that you report situations where you believe abuse is likely to occur, not just situations where you believe abuse has occurred (See 25 U.S.C. 3202 and 18 U.S.C. 1169).
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Know the signs

The Big Picture
To help a child who experiences abuse and neglect, a person should have a general understanding of the signs and symptoms. Sometimes you might notice signs in children, sometimes in the parents, and sometimes in family relationships in general. In the navigation bar to the right, you can explore definitions, signs, and symptoms of the different types of maltreatment.

It is important to remember that the presence of one sign or symptom does not mean abuse or neglect is occurring in a family. Educating yourself about types of harm and typical signs of abuse and neglect will help you identify what to report. Remember that if you do suspect a child is being harmed, reporting is not an accusation but a request for Office of Children’s Services to follow up and look into the situation.

What is abuse and neglect?
In Alaska, the definitions of child abuse and neglect are aligned with federal legislation that lays the groundwork for our state laws. The Federal Child Abuse Prevention and Treatment Act (CAPTA, 42 U.S.C.A. § 5101) provides the federal minimum definition of child abuse and neglect:

“the term ‘child abuse and neglect’ means, at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm”

While there are multiple state civil and criminal statutes as well as additional federal law that further define child abuse and neglect from a legal perspective, it is not the reporter’s responsibility to try to interpret state or federal law. This training provides definitions in layman’s terms for abuse and neglect which will serve as a better guide for most mandatory reporters for helping to identify child maltreatment. Most important to remember is that when in doubt it is your duty to report. It is the job of OCS to make the determination of whether abuse has occurred.

There are the four major types of abuse and neglect:

1. Physical Abuse
2. Neglect
3. Sexual Abuse
4. Mental Injury

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When children don’t disclose

We must understand that children often find it very difficult, if not impossible, to discuss abuse and neglect. It is the responsibility of adults to understand abuse, recognize the signs, and make it possible for children to disclose abuse.

How do I respond

Children may only tell about abuse after they feel safe. In young children, it is more likely to be an accidental disclosure where the child “blurs” something out or the child’s behaviors raise concerns. In older children, there is usually a purposeful decision to tell. This may be out of anger, or maybe a feeling of protection for another sibling or friend. Older children often tell their friends about abuse first.

Whatever way you learn about a child’s abuse, it is important to know how to respond.

FIVE CRITICAL COMPONENTS ARE:

1. Believe the Child!
2. Report!
3. Empower!
4. Follow Up!
5. Support!

Things you can do to help a child talk

Although a child trusts us enough to tell about abuse and has the courage to want it to change, it is stressful for the child to tell us. Remember — it is NOT your job to investigate the abuse or to determine the truthfulness of what the child has told you. At the same time there are some things you can do to help a child talk openly so you can make a report that is helpful to them.

Some more ideas for helping a child talk about abuse are:

• Establish a trust relationship by first showing your interest in them as a person, show you are concerned with what they think and feel.
• Regardless of how shocking a child’s statements might be, maintain your openness and composure. Never appear shocked at what the child says.
• Don’t stifle a child’s trust by expressing disbelief or outrage.
• Be careful not to express a negative or discrediting attitude toward a child’s parents.
• Let the child go at his/her own pace. Listen and pick up on the clues that the child gives.

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- Do not talk too much
- You may wish to use drawing materials to provide diversion and lessen the tension.
- Don’t convey anger or impatience if the child is not ready to discuss troubling issues.
- Talk with the child in a quiet place where you will be relatively alone, if you have control over the setting. Do not ask “Why?” questions. More effective would be “How did that happen?” or “What happened before (or after)...?”
- Try to arrange to talk with adolescents in a recreational setting. They may be more ready to talk while shooting a few baskets or taking a walk.
- If the child begins to feel discomfort and wants to break off the conversation, allow him/her to do so. Be alert for the child’s readiness to discuss the situation at a later date.
- Listen for conflicting statements, which may be the child attempting to cover up the incident at direction of a parent, or from loyalty or fear of retaliation from the abuser.
- Use the child’s own words (especially in cases of sexual abuse) but check to make sure you both understand their meaning.
- Remember that a child may feel some anxiety after telling you about his/her situation.
- You can help the child most by believing the child throughout the process.
- Explain carefully to the child, if you feel you should report abuse or neglect, that you care about both the youngster and his/her parents and you need to tell someone who has helped other children and who will be able to help his/her family.
- Do not assure a child that he/she will not have to leave home. If the youngster asks, only assure that a police officer or social worker will talk with the family members and try to help them.

Avoid making promises to the child (for example, “It will be all better!”)

Always remember: You are responsible for reporting, OCS and law enforcement are responsible for investigating. Establishing and investigating abuse and neglect is the responsibility of the Office of Children’s Services and/or the law enforcement agency in your area. You need only have a reason to suspect that abuse or neglect has occurred to report. Your role will be to serve the child as a supportive resource throughout any investigation that might occur.
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Physical Abuse

Physical abuse is nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, inflicted by a parent, caregiver, or other person who has responsibility for the child. Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

Along with this definition it is important to note that:

Although physical abuse is nonaccidental in this definition, the parent may have injured a child when they did not intend to. Physical abuse may result from over disciplining or disciplining that gets out of control. For example, when a spanking or paddling leaves a mark.

In Alaska, although physical discipline is not against the law, when it leaves marks or bruises, it may be a sign of physical abuse.

Signs in Children

Some physical signs in children can be observed as:

• Unexplained bruises and welts (often found on face, torso, buttocks, back or thighs)
• Unexplained fractures; dislocations and skeletal injuries often involve facial structure, skull and bones around joints; may include multiple or spiral fractures, or subdural hematoma
• Unexplained burns often on the palms, soles, buttocks and back
• Physical abuse may also result in behavior that seems out of the ordinary.

A child may:

• Be self-destructive, aggressive, or withdrawn
• Run away frequently
• Explain their injuries in strange or inconsistent ways
• Seem afraid of adults, including parents or guardians
• Intentionally hurt animals
• Report that an adult is hurting them
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Also with physical abuse, consider signs in the parent as well.

A parent may:

- Perceive the child as being bad or difficult or consistently talk about the child negatively
- Use harsh discipline or instruct teachers or caregivers to use harsh punishment for misbehavior
- Have been disciplined severely or physically abused as a child themselves.
- Demand an unrealistic level of performance from the child for his/her age and/or ability
- Use extreme forms of physical punishment
- Offer no explanation, or a conflicting or unconvincing explanation, for the child’s injury
- Have abused animals or pets

Neglect

Definition

Neglect is the failure of a parent, guardian, or other caregiver to provide for a child’s basic needs. Neglect may be:

- Physical (e.g., failure to provide necessary food or shelter, or lack of appropriate supervision)
- Medical (e.g., failure to provide necessary medical or mental health treatment)
- Educational (e.g., failure to educate a child or attend to special education needs)
- Emotional (e.g., inattention to a child’s emotional needs, failure to provide psychological care, or permitting the child to use alcohol or other drugs)
- Or, more often, a combination of above.

Remember not to confuse poverty with neglect. For example, a family who lacks access to housing, utilities, food, or other necessities may be in need of information or assistance.

Also in Alaska, be aware of community standards. For example, in some communities running water or electricity is an expensive option beyond many people’s means. High cost of housing materials can result in unfinished homes or homes in disrepair. Alaska has a large, diverse population where community standards, customs, and cultural conventions can differ dramatically from one home, town, or village to the next.
Inadequate Supervision

One typical sign of neglect is inadequate supervision. Alaska does not have a law that outlines when it is safe to leave a child unsupervised. At the same time, parents and people who care for children should use sound judgment. Depending on their age and their development, a child who is left home alone too long or too often may be in danger. Children who care for younger children too long and too often may be in danger. Circumstances can vary wildly, so a person should use good judgment when reporting. Remember, reporting is not an accusation, but a request to OCS to follow up to find out more.

Abandonment

Abandonment may exist when the parent or guardian of the child fails to make appropriate childcare arrangements with a responsible substitute caregiver during the parent or guardian’s extended absence.

**Appropriate childcare arrangements satisfy the following criteria:**

- The substitute caregiver is a responsible person.
- The substitute caregiver knows the parent or guardian’s whereabouts and the anticipated length of the substitute caregiving arrangement.
- The parent or guardian returns at the designated time — or the substitute caregiver has indicated both willingness and ability to continue caring for the child longer than planned.
- The parent or guardian and the substitute caregiver make appropriate arrangements for emergency situations.

**Abandonment may exist when:**

- The parent or guardian has relinquished caregiving.
- The parent or guardian has been absent for several days and his or her whereabouts are not known.
- The substitute caregiver is not being financially supported for the care of the child.

*(North Dakota Mandatory Reporter Training, 2015)*

Signs of Neglect in Children

Signs and symptoms of neglect can be hard to detect by professionals and others outside the home. Many parents struggle with caring for their children for many different reasons. For example, poverty, job stress, grief and loss issues, and mental health are all issues many families struggle with. Struggle and adversity are part of many families’ lives. These challenges don’t always result in neglect. Remember that the signs and symptoms of neglect are sometimes signs that a family needs information or assistance.

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At the same time, be aware that children who are neglected may:

- Always be sleepy or tired
- Steal food or money, or beg from classmates
- Report that no caretaker is at home
- Have frequent absences from school
- Show extreme loneliness and need for affection
- Show an obvious lack of needed medical, dental, or vision care
- Be physically dirty and have body odor
- Wear clothing that isn’t appropriate for the weather
- Use alcohol or drugs.

(North Dakota Mandatory Reporter Training, 2015)

Signs of Neglect in Parent

When parents neglect children there is often an associated behavior that has gotten out of control. For example, the addictive use of drugs and alcohol, severe and untreated mental health challenges, or an unresolved history of trauma can all interfere with a person’s ability to parent.

Neglectful parents may:

- Seem depressed or not interested in anything
- Behave irrationally or strangely
- Abuse alcohol or drugs
- Deny that the child has problems, or blame the child for problems at school or home
- Consistently talk about the child negatively
- Expect the child to do too much or to be perfect
- Use the child to fulfill their own emotional needs rather than being attuned to the emotional needs of the child
- Seem not to care about the child

(North Dakota Mandatory Reporter Training, 2015)

Mental Injury

Definition

In Alaska, what is sometimes called emotional abuse, exposure to family violence, and/or psychological maltreatment falls under the category of mental injury.

Mental injury (or psychological/emotional abuse) is a pattern of behavior that
impairs a child’s emotional development or sense of self-worth. This may include constant criticism, threats, or rejection, as well as withholding love, support, or guidance. Mental injury is often difficult to prove, and therefore, child protective services may not be able to intervene without evidence of harm or mental injury to the child. Emotional abuse is almost always present when other types of maltreatment are identified. *(Child Welfare Information Gateway, 2015)*.

The term mental injury is associated with parental behavior that is so frightening, overwhelming, or threatening that it can damage a child’s developing brain.

**Family Violence**

All parents lose their temper. Even reasonable adults can disagree and find themselves yelling, name calling, shutting down or engaging in other behaviors that challenge healthy family functioning. Family violence, on the other hand, happens when a family member’s behavior, actual or threatened, causes another to fear for their personal safety or well-being. When a child witnesses an incident of family violence, and especially if family violence occurs as a part of a pattern of family behavior, family violence harms a child. Family violence can not only impact the safety and well-being of a child, it can damage a child’s developing brain, and interfere with healthy development.

**Psychological Maltreatment**

Psychological maltreatment usually means that the child receives, sees, or hears repeated inappropriate emotional displays or language by the parent or guardian. This may include fighting, yelling, name-calling, and threats to either the child or another family member. On the other hand, there may be no overt abuse — no yelling, no name-calling — but also no warmth or concern for the child. Children who have all of their physical needs met but are emotionally neglected may fail to develop the ability to form a trusting, loving bond with anyone. *(North Dakota Mandatory Reporter Training, 2015)*.

**Signs of Mental Injury in Children**

Children may be considered mentally injured if:

- They show emotional or behavioral problems related to the parent’s behavior
- They are placed in the middle of disputes between their parents
- They are subjected to extreme discipline
- They are subjected to extreme confinement, such as being locked in a closet
- The parent excessively controls their actions, which inhibits their growth and development

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- They are exposed to domestic violence, drugs, or criminal activity
- The parent’s ability to provide protection or supervision is limited (by substance abuse, mental illness, or other factors)

Mentally injured children may:

- Have habits such as sucking, rocking, head-banging, or biting
- Not like to be around people, even parents or guardians
- Break things on purpose
- Be too passive or too aggressive with others
- Engage in criminal behavior such as stealing
- Intentionally hurt animals
- Attempt suicide
- Seem cold or distant to other children or to adults
- Become violently angry without warning
- Choose to be alone
- Be uncomfortable when someone shows them care or concerns

Signs of Mental Injury by Parent(s)

When one person in an intimate relationship uses violence or the threat of violence to dominate or control the other person, family violence is sometimes referred to as domestic abuse or spousal abuse. Perpetrators of domestic abuse can also use guilt, shame, threats, and/or intimidation to control another family member.

Adults who mentally injure may:

- Constantly blame, make fun of, or yell at the child
- Reject offers of help for the child’s problems
- Openly reject the child
- Discipline inappropriately, such as locking the child in a closet
- Insist on being in total control of the child’s actions
- Abuse alcohol or drugs
- Use words to attack, bully, scare, or shame the child
- Make the child lie to protect the adult
- Put the child in the middle of arguments between parents, or ask the child to choose sides between parents
- Show lack of concern for the child
- Ignore the child’s physical or emotional needs

(North Dakota Mandatory Reporter Training, 2015)
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Sexual Abuse

Definition

Sexual abuse includes acts by any adult which include fondling a child’s genitals, penetration by objects, oral sex, incest, sexual assault, indecent exposure, and exploitation through prostitution or the production of pornographic materials. (Child Welfare Information Gateway, 2015)

Sexual abuse is defined by Child Abuse Prevention and Treatment Act as “the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children.” All sexual activity between an adult and a child is sexual abuse, even if it doesn’t involve penetration, force, pain, or touching.

Sexual touching between children can also be sexual abuse if there is a significant age difference between the children (usually 3 or more years) or the children are very different developmentally or in size. (North Dakota Mandated Reporters Training, 2015).

Examples of touching sexual acts

- Fondling a child’s genitals, breasts, or buttocks
- Making a child touch another person’s sexual organs
- Any penetration of a child’s vagina, anus, or mouth by a penis or any other object for no valid medical reason

Examples of non-touching sexual acts

- Indecent exposure or being naked in public
- Showing children pornographic material
- Masturbating in the presence of a child
- Making sexual comments to a child
- Harassing, encouraging, pressuring, or bargaining with a child to perform sexually
- Achieving sexual arousal by watching a child who is undressing or unclothed

Signs young children 0-3 years of age may exhibit

Physical signs

- Bleeding, cuts or unexplained burning, bruises, rash or swelling in genital area

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- Frequent urinary or yeast infections
- Painful urination or bowel movement
- Sore throats or trouble swallowing
- Has difficulty walking or sitting
- Feeding and bowel problems

Behavioral signs
- Excessive crying
- Fear
- Failure to thrive
- Sleeping problems including nightmares
- Exhibits violent behavior towards siblings and other children (biting, hitting, kicking)
- Regressive behavior such as thumb-sucking or bedwetting

Signs young children 2-9 years of age may exhibit

Physical signs
- Bleeding, cuts or unexplained burning, bruises, rash or swelling in genital area
- Frequent urinary or yeast infections
- Painful urination or bowel movement
- Sore throats or trouble swallowing
- Has difficulty walking or sitting
- Feeding and bowel problems
- Involuntary urination or bowel movement

Behavioral signs
- Exhibits adult-like sexual knowledge, behavior or language
- Engages in inappropriate sex play (for example act out sexual behavior on stuffed animals or other toys)
- Feeling shameful or guilty
- Excessive or public masturbation
- Reenacts sexual abuse or tries to initiate behavior with siblings or other children
- Shows great worry for siblings or assumes caretaking role
- Exhibits violent behavior towards siblings and other children (biting, hitting, kicking)

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• Trouble making friends
• Writes, draws, plays, or dreams of sexual or frightening images
• Regressive behavior such as thumb-sucking or bedwetting
• Feels threatened by physical contact
• Has nightmares or trouble sleeping
• Develops phobias
• Cruelty to animals

Signs young children 9 years and older may exhibit

Physical signs
• Bleeding, cuts or unexplained burning, bruises, rash or swelling in genital area
• Frequent urinary or yeast infections
• Painful urination or bowel movement
• Sore throats or trouble swallowing
• Has difficulty walking or sitting
• Feeding and bowel problems
• Self-harm
• Gain or lose a large amount of weight
• Become pregnant or contract a venereal disease(s)

Behavioral signs
• Depression or withdrawal
• Suicidal thoughts or gestures
• Nightmares or trouble sleeping
• Sudden changes in school performance (plummeting grades, skipping school)
• Drug and alcohol abuse
• Promiscuous activities
• Run away from home
• Secretive or isolated
• Trouble making friends
• Exhibits adult-like sexual knowledge, behavior or language
• Feeling shameful or guilty
• Excessive or public masturbation

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• Reenacts sexual abuse or tries to initiate behavior with siblings or other children
• Shows great worry for siblings or assumes caretaking role
• Extreme mood swings (crying, violence, fear, withdrawal, depression)
• Writes, draws, plays, or dreams of sexual or frightening images
• Regressive or clingy behavior
• Feels threatened by physical contact
• Develops phobias
• Fear of situations outside of their control
• Engage in fire-starting activities
• Cruelty to animals
• Complaints of physical ailments such as headaches, stomachaches or pain

Signs Sexual Predators may Exhibit

93% of victims under the age of 18 know the abuser. An adult who is sexually abusing a child may show the following signs:

• Be very protective of the child or limit the child’s contact with others, especially of the opposite sex
• Tend to keep to themselves
• Is jealous or controlling with family members
• Refuses to allow child to socialize with other children or speak to another adult outside of the home
• Secretive
• Exhibits hypersexual activity
• Exposes self to others
• Hesitates or brushes away need to seek medical help for child injuries
• Low self-esteem, depression, anxiety and personality problems
• Often offers to baby-sit or take care of other child on overnight trips
• Out of the ordinary interest in physical play with child (wrestling, tickling, kissing, hugging)
• Selects a “special child”
• Has secret interactions with teens or children (e.g., games; sharing drugs, alcohol, or sexual material)
• Frequently walks in on child/teen in the bathroom
• Allows child/teen to get away with inappropriate behavior.

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Sexual Exploitation

Sexual exploitation can take many forms including these examples:

- Sex Trafficking (also see definition of sex trafficking provided below)
- Using a child for prostitution
- Taking pictures of a child for pornographic use
- Denying age-appropriate privacy to a child who is dressing, undressing, or using the bathroom

Commercial sexual exploitation of children (CSEC) is increasingly being recognized as a serious international problem that often targets children who have been victims of abuse and neglect. CSEC comprises sexual abuse and payment in money, goods, or services — or the promise of money, goods, or services — to the child victim or a third person or persons for the sexual use of a child. CSEC includes sex trafficking and sex tourism.

Commercial Sexual Exploitation of Children (CSEC) Definitions

Child Pornography — Any visual or audio material of a child engaged in real or simulated sexual activities or any representation of the sexual parts of a child, the dominant characteristic of which is depiction for a sexual purpose.

Survival Sex — Individuals who have traded sex acts (including prostitution, stripping, pornography, etc.) to meet the basic needs for survival (i.e., food, shelter, safety, etc.) without the overt force, fraud or coercion of a trafficker, but who felt that their circumstances left little or no other option.

Child — Any person younger than age 18 is considered a child under U.S. law.

Pimp/Trafficker — Any person who benefits in cash or kind by pimping, trafficking, recruiting, restraining, advertising, recording, filming, coordinating, housing, transporting, selling or otherwise making a child available to a third person or persons for sexual purposes.

Sex Trafficking — The Trafficking Victims Protection Act (TVPA) of 2000 defines “sex trafficking” as the recruitment, harboring, transportation, provision, or obtaining of a person for a commercial sex act. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.

Sex Tourism — The commercial sexual exploitation of children by men or women who travel from one place to another for the purpose of engaging in sexual acts with children, younger than age 18. Sex tourism can occur between countries as well as within countries.
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Commercial Sexual Exploitation of Children (CSEC) Includes:

A child who is a victim of sexual exploitation

- Pornography
- Stripping
- Erotic/nude massage
- Escort services
- Phone sex lines
- Private parties
- Gang-based prostitution
- Interfamilial pimping (a relative who is sexually exploiting a child)
- “Survival Sex”
- Forms of Internet-based exploitation

Commercial Sexual Exploitation of Children (CSEC) in Alaska

In Anchorage Area:

- Not limited to any particular socio-economic class of kids
- Age of entry is 15 to 17 years old
- Alaska Native girls viewed by traffickers as “versatile” or exotic and vulnerable
- Youth recruited by other youth
- Very hard to quantify and come up with numbers

In Rural Areas:

- Usually through family/friends
- Promises or lures of better life
- Distance from family and other support structures
- Know the signs: Sexual Exploitation

Alaska Homeless Youth

- Covenant House Alaska reports:
- In 2008, Alaska had the 10th highest homeless teen population in the nation
- 1 out 5 individuals experiencing homelessness in Alaska is under 18 years old
- 1 in 7 children will be a runaway before the age of 18
- 33% of street teens are faced with sexual exploitation within 48 hours of leaving home

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Covenant House Alaska reports that their staff members are informed by their residents of minimally two cases of trafficking and or survival sex from their service population per month.

Possible signs of child victims

- An adult male is always present and the victim looks to him to answer questions and/or is protective of him
- Withdraw from family/friends
- Has new tattoos/brands - possibly with a pimp’s name
- Sudden increase in money
- Uses language or slang common that is common to prostitution or highly sexualized
- Talks about losing property
- Sexually transmitted disease(s)/pregnancy
- Is a chronic runaway
- Has new, frequent or unexplained physical injury
- Lies about age or identity

Child victims of sex trafficking may look like the children you help every day

- Children rarely disclose they have been sexually exploited.
- Children often do not realize they are victims of trafficking.
- Many view their exploiter as a boyfriend, and the process of breaking that bond is time- and resource-intensive.
- Children who are trafficked may still be under the control of a pimp/trafficker, even after they return to foster care or a family home, or are rescued.
- Children who are trafficked may have a history of repeated sexual exploitation or running away.
- Trafficked children often suffer from depression, hostility, stress, anxiety, post-traumatic stress disorder, and fear of authority, as well as fear of those who victimize them.
- Outward symptoms of depression, anxiety, or hostility may present as difficult behavior or resistance to assistance.
- Other physical symptoms such as pregnancy, sexually transmitted diseases, and drug addiction may mask the fact that they have been exploited.
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What should you do if you suspect?

As with other cases of disclosed or suspected child abuse...

1. Believe the Child!
2. Report!
3. Empower!
4. Follow up!
5. Support!

More Information on Sexual Exploitation of Children

More information on the topic of sexual exploitation of children can be found in the online training available at this site: www.learn.dhss.alaska.gov. Instructions on how to create an account can be accessed on the front page of the site or from this link.
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Reporting

Who do I call?

If you suspect a child was abused or neglected, immediately contact the Office of Children’s Services (OCS) hotline. You can call at any time, any day of the week.

**Care enough to call: 1-800-478-4444**
**Email:** reportchildabuse@alaska.gov
**or Fax:** 907-269-3939

If you are unable to reach OCS, you must contact the law enforcement agency responsible for your area. If you live in an urban area with municipal police department, the responsible agency would be the municipal police department. If you live in an area covered only by Alaska State Troopers, they would be the responsible agency. If you live in a village with Village Public Safety Officers (VPSOs) and Village Police Officers (VPOs), you should contact both the local law enforcement (VPSO and VPOs) and the Troopers covering your village.

In an emergency situation where the child is facing an immediate danger, you should call 911, and take whatever actions you can without putting yourself at risk of harm to make the child safe until authorities take over.

Who do I call?

Additional Requirements Relating to Those Working with Alaska Native and American Indian Children

In addition to state law, federal law (25 U.S.C. 3202, 18 U.S.C. 1169) requires mandatory reporters in Tribal communities and those who work for Tribal organizations to report to ) requires mandatory reporters in Tribal communities and those who work for Tribal organizations to report to local law enforcement or child protection.

Mandatory reporters may also need to report to Tribal authorities where such a protocol has been established between your organization and the Tribe involved. You should follow your organization’s internal policies regarding contacting Tribal authorities.

Follow the protocols or policies of your own organization regarding reporting child abuse or neglect internally within your organization. Whether or not this is addressed in your agency, please keep in mind:

- The information regarding suspected abuse or neglect is considered confidential information, and should only be disclosed to those who are entitled to know the information in accordance with your organization’s own internal policies.

- State law (A.S. 47.17.020 (g)) and federal law (25 U.S.C. 3202, 18 U.S.C. 1169)

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provides that a person who makes the report to their supervisor or another person working for their organization is not relieved of the obligation to make the report to the OCS or law enforcement.

- Follow your organization’s internal policies regarding documenting the abuse or neglect. In general, you should keep a written record of what happened for you to refer to if you are required to testify, as your testimony may not occur until long after your initial report.

What information will I need?

When you call to report a suspected case of child abuse or neglect, the OCS worker will want to know all of the information listed below. Please be prepared to give as much information as possible to OCS.

- Name, age, date of birth, gender, ethnic heritage/race and current address of the child
- Where the child is at the time of report
- Names, addresses and phone numbers of parents and siblings (if the street address is not known or there is no house number, provide a description of the house and where it is located)
- Names, addresses and phone numbers of other significant relatives (if the street address is not known or there is no house number, provide a description of the house and where it is located)
- If the child has Alaska Native or American Indian heritage, their Tribal affiliation
- What type of abuse has happened, how often it is happening and how serious it is
- What happened that made you decide to report now? Was there an incident or situation that led to the report?
- Current condition of the child
- Names, addresses and phone number of person(s) suspected of abuse or neglect of a child.
- Any action taken by reporter (or others)
- The name, address and phone number of the person making this report.
- Names of individuals who might have more information
- Anonymous reports are also acceptable (mandatory reporters must provide their name and contact information so it can be verified that they reported)
- Whether the reporter witnessed the abuse or neglect, the dates of occurrence
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- The names, addresses and phone numbers of others who have knowledge of the incident or situation (if the street address is not known or there is no house number, provide a description of the house and where it is located)
- Whether you have a concern for the immediate safety of this child or other children in the home
- Whether the reporter told the family of plans to file this report
- Whether you want the family and others to be given your name.

Please also provide to OCS any documents that support the facts of the report.

What NOT to do

It is important to provide OCS and law enforcement accurate information. At the same time there are some things that mandatory reporters and anyone reporting neglect or abuse should not do:

- Do not investigate the situation yourself
- Do not question the child about the abuse
- If the child has made a statement do not paraphrase or change it — use exactly the words the child has said
- Do not bargain with the child
- Do not report only to your supervisor (that does not relieve you of your reporting duties)
- You are not required to notify the parent that you are reporting to OCS
- Do not make the report in a public place where others can overhear you
- Do not share the information in the report with others in the community
- If a child discloses to you or gives you information, do not promise to keep it secret

What can I expect when I call OCS?

OCS receives your information and screens the case to evaluate the situation and prioritize the case. The OCS assessment may include face-to-face contact with the child, parent(s), caretaker(s), sibling(s) and others residing in the household or others who have relevant information. The OCS worker may not be able to tell you what action will be taken or how quickly because information about the case is confidential. A report to OCS may result in services for the family, without the need for long-term intervention.

Sometimes the situation may require that children are removed from the parent’s care, placed into state custody, and placed with temporary caregivers to protect them from further harm. If this step is required, OCS will initiate a Child in Need of Aid case in state court. The first priority is to work with families to help reunify...
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children with parents once the situation is no longer harmful to the children. If that is not possible, OCS’s priority becomes finding a permanent home for the children. In extreme cases, this may require termination of the parent’s rights and adoption of the children.

In the event of an emergency involving an imminent danger or imminent risk of harm, OCS may coordinate a joint response with law enforcement. Law enforcement investigates potential criminal violations. Some abuse or neglect may involve both OCS through a Child in Need of Aid case, and law enforcement through a criminal investigation for a criminal prosecution.

Information about OCS intake

The Intake Unit screens reports of alleged child abuse and neglect and reports of children at risk of harm due to child abuse and neglect. The reported information is documented in a Protective Services Report (PSR) within the agency’s automated case management system, ORCA.

Intake screens the information and determines if a safety assessment is needed to determine if a child is safe in his or her home. (See page 30 for OCS Intake form).

Is the report confidential?

OCS cannot reveal the name of a person who reports suspected child abuse and neglect. The reporter’s name remains confidential — unless a court determines that the information is necessary to decide an issue. However, the court almost never requires this information, and in most cases the reporter’s information is kept confidential and protected by OCS.

Anonymous reports are accepted from anyone. At the same time, it can be helpful for OCS to have your name and contact information in case they need to call you back for more information about the family or if there are new concerns to follow up on.

Mandated reporters should provide OCS with their name in order to document that they have met their legal mandate.
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After I report

Reporters’ Concerns about Reporting

Reporters are sometimes reluctant to report abuse or neglect for a number of reasons. Here are some typical concerns of reporters with some clarifications.

Not enough information:

Many potential reporters are concerned that they do not have enough information to know for certain if a child was abused or neglected. Always remember: You are responsible for reporting; OCS and/or law enforcement are responsible for investigating. Investigating abuse and neglect is the responsibility of the Office of Children’s Services and the law enforcement agency in your area. You need only have a reason to suspect that abuse or neglect has occurred to report.

No follow up:

Reporters wonder if there will be any follow up or if their report makes a difference. While it is true that OCS needs to determine if a report meets criteria before it is assigned for follow up, all reports are documented. This documented information is often very valuable when another person makes a report either at the same time or later on. With multiple reports the intake worker has more of a chance to put the pieces of a puzzle together and intervene if necessary. Please don’t be discouraged from reporting even if you feel that in the past OCS has not responded the way you hoped. Every report makes a difference, and all reports help OCS gather important information.

Liability:

If you make a good faith report, you cannot be held liable for any damages or charged with any crime for reporting.

False reports:

A false report is a report that is intentionally dishonest or is not made “in good faith.” A report that is made out of genuine concern for a child’s safety is not considered a false report, even if the facts gathered during the assessment don’t confirm that the child was neglected or abused. OCS has no authority to take action when false reporting is suspected. Instead, false reports are sent to law enforcement or the State’s Attorney. A person who intentionally makes a false report may be liable in a civil action.

Screen in/Screen out

After the intake worker gathers information from the reporter regarding the concern, background checks, and follow-up contacts are conducted as needed. Once all possible information regarding the family and the reported concerns are

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collected, the report is then analyzed to make a determination of whether the report meets investigation criteria and will be screened in for an initial assessment or screened out with no intervention by OCS.

Once the report is screened in for initial assessment, the next decision involves how quickly OCS needs to respond to the reported concerns. There are several considerations involved: does the reported information indicate the child’s safety is threatened or the child is at high risk of maltreatment?; does the perpetrator have access to the child?; is the child’s primary caregiver protective?; and/or are there any caregivers who will act to protect the child? If it is determined that the child is in immediate danger, OCS will respond as quickly as possible. If OCS is unable to physically respond, OCS will request assistance from law enforcement. After receiving and accepting a report for initial assessment, there are three response-time decisions that can be made which determine how quickly OCS begins its initial assessment; these response times are called priorities. When a report is determined to be a priority 1, a face-to-face contact must be made with the alleged child victim within 24 hours. A priority 2 requires a 72 hour response and a priority 3 must be initiated within 7 days of receiving the Protective Services Report.

**Office of Children’s Services (OCS) is obligated to immediately notify law enforcement in some situations:**

Law enforcement investigates potential criminal violations. Some abuse or neglect may involve both OCS through a Child in Need of Aid case, and law enforcement through a criminal investigation for a criminal prosecution.

In the event of an emergency involving an imminent danger or imminent risk of harm, OCS may coordinate a joint response with law enforcement when:

- The abuse was caused by a person NOT responsible for the child’s welfare
- OCS is unable to determine who harmed the child
- OCS is unable to determine if the person who harmed the child is responsible for the child’s welfare
- The abuse or neglect results in the need for medical treatment
- The abuse or neglect was caused by a teacher or other person employed by the school district in which the child is enrolled as a student.
- The situation involves child sexual abuse or exploitation

**Initial Assessment and Interviews**

Once OCS has screened in the report, an Initial Assessment worker is assigned to conduct a series of interviews to determine the safety of the child, the risk to the child of maltreatment, the protective abilities of the caregivers, and whether or
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not there are safety or risk concerns that warrant an intervention. The OCS initial assessment may include face to face contact with the child, parent(s), caretaker(s), sibling(s) and others residing in the household or who have information relevant to the assessment. If OCS concludes the child is safe, they may close the case without further intervention. The OCS worker may not be able to tell you what action will be taken or how quickly because information about the case is confidential.

Will the child be taken from the home?

Alternatively, a report to OCS may result in services provided to the family to work with them to avoid further state intervention in their lives. This is called a family services in-home case. Or, the situation may require that the children are removed from the parents’ care and into state custody, and placed with temporary caregivers to protect them from further harm. If this type of intervention is required, OCS may initiate a Child in Need of Aid case in state court. If the parents concur with a temporary out-of-home placement with a relative or family friend, then OCS can work without legal intervention as long as the child can return home within 60 days. OCS’s first priority is to work with families to help reunify children with parents once the situation is no longer harmful to the children. If that is not possible, OCS’s priority becomes finding a permanent home for the children. This may require termination of the parent’s rights, and adoption of the children in the most extreme cases.

Will OCS contact me again?

Following the completion of an initial assessment, OCS provides additional information to mandatory reporters (see A.S. 47.17.020 for full legal definition of a mandatory reporter). This information is not shared with other reporters.

OCS policy states that upon conclusion of an initial assessment, the OCS worker will inform the mandatory reporter that the initial assessment was completed and of the action taken to protect the child. Feedback is provided regardless of whether it has been requested by the reporter. It must be provided within seven days of completion of the initial assessment, and may be provided orally.

Reporters who are not mandatory reporters will not be contacted. The laws requires that the decisions and follow up with the parents remain confidential to that family. At the same time, if a child is unsafe, or a family needs assistance, OCS will typically contact family, relatives, and family friends.
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Intake Program Statement

Intake is the front door into the Office of Children’s Services (OCS), in that Intake is the point at which reports of alleged child maltreatment are received. The receipt of a report begins the course of action for determining if the child is safe in his or her own home. The reported information is documented into a Protective Services Report (PSR) within the agency’s automated case management system, ORCA.

Intake marks the beginning of the safety assessment process. That process may result in identifying caregivers who are unable or unwilling to protect their children from danger, or it may result in identifying a family that requires no Child Protective Services intervention.

Intake is a critical function within the OCS, as it determines whether there will be a state intervention in the family’s lives. Most initial contact made to OCS Intake is to either: 1) report concerns of child maltreatment or 2) obtain information and referral to other resources within OCS or in the community. Intake requires exemplary customer service.

Reporting Concerns of Child Maltreatment

Upon receiving the information regarding the suspected child maltreatment, the intake worker needs to first allow the reporter to give an account of the concerns they have regarding a child and family. After the intake worker has listened carefully to the reporter’s description of the concerns, the worker begins the interview to gather all necessary information, including clarifications to the original account of the child maltreatment.

The essential information needed at the point of intake includes: demographic information about the family including the location of the child and the alleged maltreater, identification of all individuals who have access to the child, extent of alleged child maltreatment, circumstances surrounding the maltreatment, child and adult caregiver functioning, overall parenting and disciplinary behavior. Additionally, any other factors that could contribute to the family’s circumstances and may result in the child being unsafe or at high risk of maltreatment should also be determined.

The intake worker performs several tasks simultaneously. The worker must be responsive to and respectful of the caller’s concerns and needs while also gathering all information necessary to make an informed decision about whether the child is unsafe or at high risk of maltreatment. It is crucial for the intake worker to get as much detail as possible regarding the specific behaviors that are concerning to the reporter and whether those concerns indicate the child is in danger. After all necessary information is collected, the intake worker answers any questions the reporter may have about the decision making process OCS goes through with regard to the report.

There may be times when the original reporter does not have all the needed information about the family. However, it is the intake worker’s job to gather as much information as is attainable. In those instances, the worker must consider whether it is necessary to contact others (i.e. school teachers, medical personnel, etc.) who may have information about the family to make a fully informed decision about whether to intervene and if so how quickly a case worker needs to respond in order to assure the child is safe.

The intake worker completes a background check of the ORCA and PROBER databases for past interventions with the family and the outcomes of that work. Once all possible information regarding the family and the reported concerns are collected, the worker will assure all the gathered information is entered into a PSR within ORCA. All intakes will be entered into ORCA regardless of whether the reported information is duplicative or believed not to meet the criteria for intervention with the family. There are no exceptions to entering all intakes into a PSR within ORCA.

The information documented in the PSR is then analyzed to make a determination of whether the report meets intervention criteria and will be screened in for an initial assessment or screened out with no intervention by OCS. If the PSR does not meet the criteria for a protective services intervention, the report is forwarded to the Intake Supervisor for review and concurrence and the reason will be clearly documented within the screen out justification section of the PSR.

Once the report is determined to be screened in for initial assessment, the next decision involves how quickly OCS needs to
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respond to the reported concerns. There are several considerations to be made: does the reported information indicate the child's safety is threatened or the child is at high risk of maltreatment; does the maltreater have access to the child; is the child's primary caregiver protective; and/or are there any caregivers who will act to protect the child? If it is determined that the child is in immediate danger, OCS will respond as quickly as possible. If OCS is unable to physically respond, OCS will request assistance from law enforcement. After receiving and accepting a report for initial assessment, there are three response time decisions that can be made as to how quickly OCS begins its initial assessment; these response times are called priorities. When a report is determined to be a priority 1, a face-to-face contact must be made with the alleged child victim within 24 hours. A priority 2 requires a 72 hour response and a priority 3 must be initiated within 7 days of receiving the Protective Services Report.

Additionally, a criminal records check is completed to determine if there has been any history of physical violence or weapons used in the home, so OCS can properly plan to assure worker safety in responding to the situation.

The intake worker sends the completed report electronically through ORCA with the recommendation for the screening decision and priority recommendations. The intake supervisor reviews the information collected for thoroughness, prior history with the family, the proposed response time if the report is screened in, and ultimately makes the final screening and response time decisions.

There can be several different conclusions to a report made to OCS. The report may be screened in for initial assessment by an OCS caseworker, the report may be screened out as there are no child protective services issues reported and referred to another more appropriate agency for follow-up; or the report may be referred to law enforcement as the alleged maltreater is not a caregiver to the child.

Obtaining Information and Referral to Other Resources

When the public contacts OCS to request information, it is important for the intake worker to ascertain what specific information is being requested and assure the caller is only seeking information and referral rather than reporting suspected child maltreatment. Every effort will be made to assist the caller/inquirer with the request for information or make a referral to some other entity known to have the desired information.

All inquiries made at the point of intake will be entered into ORCA under the Information and Referral (I/R) tab along with the subject of the call. Data can then be gleaned to learn what percentage of the contacts made to OCS are for I/R or to report new concerns of child maltreatment.

In conclusion, it is important to note that the intake worker should provide as much information to the reporter, if applicable and appropriate, regarding what happens as a result of the report being made and assure the reporter they have done the right thing by reporting concerns to OCS. Customer service and engagement is critical both to ensure sufficient information is gathered as quickly as possible and demonstrate to members of the community that child safety is of paramount concern.
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Quiz

1. Child abuse and neglect can cause many problems for children throughout their important developmental years. Which of the following are problems that child victims of abuse and neglect may suffer?

- □ Slow or delayed brain development
- □ Health problems
- □ Mental health disorders
- □ Relationship challenges
- □ All of the above

2. Why is it important to report child abuse and neglect?

- □ Because child abuse and neglect can have life-long consequences
- □ Because we are all responsible for the safety of children in our community
- □ To meaningfully improve the lives of maltreated children
- □ All of the above

3. What is a possible lifelong consequence for children who experience maltreatment?

- □ Increased risk of alcoholism
- □ Increased risk of health problems
- □ Increased risk of obesity
- □ All of the above

4. Children who are subjected to repeated incidents of maltreatment or who have high numbers of adverse childhood experiences are much more likely to:

- □ Become a social worker or police officer
- □ Experience increased numbers of health problems and engage in more high risk behaviors later in life
- □ Blame others for their problems
- □ Achieve a college education
5. According Alaska’s Mandatory Reporter Statute mandated reporters must report suspected abuse or neglect immediately which means as soon as reasonably possible and no later than:

- Within twenty-four hours
- Within one week
- Within two weeks
- Within a month

6. Individuals employed by any agency who provides services or otherwise have authority or responsibility for children in Tribal communities are mandatory reporters.

- True
- False

7. Reporters who have authority or responsibility for children in tribal communities are required to report not only when they suspect abuse has occurred but also in situations which might be expected to result in the abuse of a child.

- True
- False

8. As a mandated reporter it is your responsibility to:

- Consider how long ago the incident happened, and whether it is still appropriate to report it.
- Notice and report circumstances that would lead any reasonable person to suspect maltreatment.
- Consider whether the report is believable
- Determine whether the child seems reliable

9. Who is responsible for the safety of children in their community?

- A teacher
- A family member
- Trained professionals
- Everyone

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10. In addition to the mandatory reporters defined in Alaska law, federal law requires a few other categories of mandatory reporters for Tribal organizations who receive federal funding and for individuals who provide services to Alaska Native and/or American Indian children in Tribal communities. These categories in federal law include which of the following professions?

- Licensed or unlicensed marriage, family or child counselors
- Child day care worker
- Head Start worker
- All of the above

11. Which of the following are true?

- There is typically more than one sign of maltreatment in an abuse and neglect situation
- Educating yourself about types of harm and signs of abuse and neglect will help you know how to recognize possible abuse and neglect
- Reporting is not an accusation but a request for OCS to follow-up and look into the situation
- All of the above

12. Which of the following are included in the five critical components in responding to a child who is disclosing abuse or neglect?

- Believe
- Empower
- Support
- Report
- All of the above

13. An individual’s perception of neglect:

- Typically is influenced by their culture
- Empower
- Support
- Report
- All of the above
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14. All parents lose their temper. At the same time, when should reporters be concerned enough to make a report?

☐ When a child is injured
☐ When a child is frightened about the “next time”
☐ When a child’s self-esteem or emotional development is compromised
☐ Anytime they are concerned about a child’s safety
☐ All of the above

15. After a report has been made, the reporter’s role is to:

☐ Investigate the report
☐ Talk to the family to find out the truth of what happened
☐ Establish that abuse or neglect occurred
☐ Be a supportive resource to the child

16. When you have information regarding suspected abuse or neglect, the procedure for reporting the information is to:

☐ Contact the Office of Children’s Services in your area and report the situation
☐ If the Office of Children’s Services is not available, contact law enforcement for your area and report the situation
☐ In an emergency call 911, and take whatever actions you can without putting yourself at risk of harm to make the child safe until the law enforcement or child
☐ All of the above

17. What is important NOT to do when reporting:

☐ Make the report in a public location where others might overhear you
☐ Report only to your supervisor (does not relieve you of your reporting duties)
☐ Promise the child that you will keep their disclosure a secret
☐ All of the above
18. The information about the reporter is kept confidential and protected by OCS in all situations except:
- A parent files a formal request for their records
- The information is requested by the attorney in a criminal case
- The court determines the information is necessary to decide an issue
- After the case has been closed for 5 years or more

19. Once all information is collected, the report is analyzed to make a determination of whether the report meets investigation criteria and be screened in for initial assessment or “screened out” with no immediate intervention by OCS. Once a report is screened in by OCS which of the following actions may occur?
- An OCS worker is assigned to complete an initial assessment information.
- OCS may coordinate with law enforcement
- OCS assigns a priority response level to the report of within 24 hours, within 72 hours, or within 7 days.
- All of the above

20. OCS must notify law enforcement when:
- The situation involves child sexual abuse or exploitation.
- The abuse or neglect results in the need for medical treatment.
- The abuse or neglect was caused by a teacher or other person employed by the school district in which the child is enrolled as a student.
- All of the above

21. When an assessment is assigned, which statement best summarizes all of the different people OCS interviews?
- Everyone that lives in the household, non-custodial parents, and collateral contacts.
- The alleged victim, alleged perpetrator, and friends of the child.
- The child, school staff, and neighbors.
- Depends on family composition and situation.
22. Upon conclusion on an initial assessment, the OCS worker must inform the mandatory reporter that the initial assessment was completed and of the action taken to protect the child.

☐ True
☐ False

23. Following an assessment, if it is determined that a child has been abused, OCS always takes custody of the child in order to prevent further harm.

☐ True
☐ False
Contact Information

Richard Bloomquist, Taskforce Coordinator
Child Advocacy Center/
Child Justice Act Task Force

DHSS Office of Children’s Services
907-465-3207
cjataskforcecoordinator@alaska.gov
www.dhss.alaska.gov/ocs/Pages/childrensjustice/

Report child abuse: 1-800-478-4444
Email: reportchildabuse@alaska.gov

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Resources

Alaska Center for Resource Families (ACRF)  This center provides support and training to all of Alaska’s resource families (foster, adoptive, relative caretakers and guardianship families) in order to strengthen them and enhance current skills, while developing new ones. The ACRF is dedicated to working in collaborative relationships with OCS, Tribes, and others involved in the foster care and adoptive systems.

Alaska Children’s Alliance (ACA)  A membership organization dedicated to helping communities respond to child abuse and neglect and which supports Alaska’s Child Advocacy Centers. The ACA provides training, support and technical assistance on a statewide level to communities that wish to develop a multidisciplinary response to child abuse.

Alaska Children’s Trust  The goal of the Alaska Children’s Trust is that every child grows up safe, happy, and able to achieve their dreams. They generate funds and commit resources for the prevention of child abuse and neglect, focusing on advocacy, collaboration and innovation.

Alaska Children’s Justice Act Task Force (CJATF)  The mission of the Alaska CJATF is to identify areas where improvement is needed in the statewide response to child maltreatment, make recommendations and take actions to improve the system.

Alaska Council on Domestic Violence and Sexual Assault  The Council on Domestic Violence and Sexual Assault’s mission is to provide safety for Alaskans victimized or impacted by domestic violence and sexual assault.

Alaska Department of Health and Social Services (DHSS)  DHSS provides a continuum of services to support Alaska families in staying healthy and safe through agencies within the Department such as the Office of Children's Services and the Division of Behavioral Health as well as through grants and partnerships with community providers and Tribes across the state.

Alaska Division of Juvenile Justice (DJJ)  The mission of DJJ is to hold juvenile offenders accountable for their behavior and help them and their families develop the skills necessary to prevent crime. DJJ is a restorative justice agency.

Alaska Network on Domestic Violence and Sexual Assault (ANDVSA)  The mission of ANDVSA is to be a collective voice for victims and survivors and to support those agencies and communities working to prevent and eliminate domestic and sexual violence.

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Alaska Office of Children’s Services (OCS)  The Office of Children’s Services works in partnership with families and communities to support the well-being of Alaska’s children and youth. Services will enhance families’ capacities to give their children a healthy start, to provide them with safe and permanent homes, to maintain cultural connections and to help them realize their potential.

Centers for Disease Control and Prevention (CDC)  ACES Study  There is a lot of information on the CDC website about child abuse and child abuse and its impacts including information about the Adverse Childhood Experiences Study (ACES) which was discussed in this training.

Child Welfare Information Gateway  This site is a great resource for information on child abuse and neglect as well as information on prevention and community-based models for supporting safe families. There are also links to many additional resources.

Child Welfare Institute  Nationally focused, nonprofit organization dedicated to providing quality consultation and training services to state, local and private child welfare and human-service agencies.

Crimes Against Children Research Center  The mission of the Crimes Against Children Research Center (CCRC) is to combat crimes against children by providing high-quality research and statistics to the public, policy makers, law enforcement personnel, and other child welfare practitioners.

Enough Abuse Campaign  The Enough Abuse Campaign is a grassroots movement whose goal is to end the silence about child abuse and enlist communities in the effort to prevent child abuse.

Facing Foster Care in Alaska (FFCA)  is a youth-driven group that works to support foster youth and alumni and improve the foster care system in Alaska.

Kids Count Data Corner  A project of the Annie E. Casey Foundation, KIDS COUNT is the premier source for data on child and family well-being in the United States.

National Center for Missing and Exploited Children  The National Center for Missing & Exploited Children® opened in 1984 to serve as the nation’s clearinghouse on issues related to missing and sexually exploited children.

National Children’s Alliance  National Children’s Alliance is the national association and accrediting body for Children’s Advocacy Centers.

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National Citizen Review Panel Citizens Review Panels (CRP) are groups of citizen-volunteers who are federally mandated to conduct an evaluation of their state’s child protective services agency. This site contains information about each state’s CRP, including annual reports, training materials, and other useful information.

National Data Archive on Child Abuse and Neglect (NDACAN) A resource since 1988, the National Data Archive on Child Abuse and Neglect promotes scholarly exchange among researchers in the child maltreatment field.

Office of Juvenile Justice and Delinquency Prevention (OJJDP) The Office of Juvenile Justice and Delinquency Prevention (OJJDP) envisions a nation where our children are healthy, educated, and free from violence. If they come into contact with the juvenile justice system, the contact should be rare, fair, and beneficial to them.

The National Center on Child Fatality Review The mission of NCFR is to develop and promote a nationwide system of Child Fatality Review Teams to improve the health, safety and well being of children and reduce preventable child fatalities and severe injuries.

The National Child Traumatic Stress Network (NCTSN) The mission of the NCTSN is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

The National District Attorney’s Association (NDAA) The mission of the NDAA is to be a voice for prosecutors and to support their efforts to protect the rights and safety of people.

University of Alaska, Child Welfare Academy (CWA) The Child Welfare Academy trains and develops professional workers who work with Alaska children and families to assure children are safe and families are strong. There are many training resources for child welfare professionals available at this site.

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References


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Law Links

State of Alaska

Chapter 47.17 CHILD PROTECTION

Sec. 47.17.010. Purpose. To protect children whose health and well-being may be adversely affected through the infliction, by other than accidental means, of harm through physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment, the legislature requires the reporting of these cases by practitioners of the healing arts and others to the department. It is not the intent of the legislature that persons required to report suspected child abuse or neglect under this chapter investigate the suspected child abuse or neglect before they make the required report to the department. Reports must be made when there is a reasonable cause to suspect child abuse or neglect in order to make state investigative and social services available in a wider range of cases at an earlier point in time, to make sure that investigations regarding child abuse and neglect are conducted by trained investigators, and to avoid subjecting a child to duplicative interviews about the abuse or neglect. It is the intent of the legislature that, as a result of these reports, protective services will be made available in an effort to

(1) prevent further harm to the child;
(2) safeguard and enhance the general well-being of children in this state; and
(3) preserve family life unless that effort is likely to result in physical or emotional damage to the child.

Sec. 47.17.020. Persons required to report. (a) The following persons who, in the performance of their occupational duties, or with respect to (8) of this subsection, in the performance of their appointed duties, have reasonable cause to suspect that a child has suffered harm as a result of child abuse or neglect shall immediately report the harm to the nearest office of the department:

(1) practitioners of the healing arts;
(2) school teachers and school administrative staff members, including athletic coaches, of public and private schools;
(3) peace officers and officers of the Department of Corrections;
(4) administrative officers of institutions;
(5) child care providers;
(6) paid employees of domestic violence and sexual assault programs, and crisis intervention and prevention programs as defined in AS 18.66.990;
(7) paid employees of an organization that provides counseling or treatment to individuals seeking to control their use of drugs or alcohol;
(8) members of a child fatality review team established under AS 12.65.015(e) or 12.65.120 or the multidisciplinary child protection team created under AS 47.14.300.

(b) This section does not prohibit the named persons from reporting cases that have come to their attention in their nonoccupational capacities, nor does it prohibit any other person from reporting a child’s harm that the person has reasonable cause to suspect is a result of child abuse or neglect. These reports shall be made to the nearest office of the department.

(c) If the person making a report of harm under this section cannot reasonably contact the
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nearest office of the department and immediate action is necessary for the well-being of the child, the person shall make the report to a peace officer. The peace officer shall immediately take action to protect the child and shall, at the earliest opportunity, notify the nearest office of the department.

(d) This section does not require a religious healing practitioner to report as neglect of a child the failure to provide medical attention to the child if the child is provided treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination by an accredited practitioner of the church or denomination.

(e) The department shall immediately notify the nearest law enforcement agency if the department

(1) concludes that the harm was caused by a person who is not responsible for the child’s welfare;

(2) is unable to determine

(A) who caused the harm to the child; or

(B) whether the person who is believed to have caused the harm has responsibility for the child’s welfare; or

(3) concludes that the report involves

(A) possible criminal conduct under AS 11.41.410 - 11.41.458; or

(B) abuse or neglect that results in the need for medical treatment of the child.

(f) If a law enforcement agency determines that a child has been abused or neglected and that (1) the harm was caused by a teacher or other person employed by the school or school district in which the child is enrolled as a student, (2) the harm occurred during an activity sponsored by the school or school district in which the child is enrolled as a student, or (3) the harm occurred on the premises of the school in which the child is enrolled as a student or on the premises of a school within the district in which the child is enrolled as a student, the law enforcement agency shall notify the chief administrative officer of the school or district in which the child is enrolled immediately after the agency determines that a child has been abused or neglected under the circumstances set out in this section, except that if the person about whom the report has been made is the chief administrative officer or a member of the chief administrative officer’s immediate family, the law enforcement agency shall notify the commissioner of education and early development that the child has been abused or neglected under the circumstances set out in this section. The notification must set out the factual basis for the law enforcement agency’s determination. If the notification involves a person in the teaching profession, as defined in AS 14.20.370, the law enforcement agency shall send a copy of the notification to the Professional Teaching Practices Commission.

(g) A person required to report child abuse or neglect under (a) of this section who makes the report to the person’s job supervisor or to another individual working for the entity that employs the person is not relieved of the obligation to make the report to the department as required under (a) of this section.

(h) This section does not require a person required to report child abuse or neglect under (a) (6) of this section to report mental injury to a child as a result of exposure to domestic violence so long as the person has reasonable cause to believe that the child is in safe and appropriate care and not presently in danger of mental injury as a result of exposure to domestic violence.

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(i) This section does not require a person required to report child abuse or neglect under (a) (7) of this section to report the resumption of use of an intoxicant as described in AS 47.10.011(10) so long as the person does not have reasonable cause to suspect that a child has suffered harm as a result of the resumption.

Sec. 47.17.022. Training. (a) A person employed by the state or by a school district who is required under this chapter to report abuse or neglect of children shall receive training on the recognition and reporting of child abuse and neglect.

(b) Each department of the state and school district that employs persons required to report abuse or neglect of children shall provide

(1) initial training required by this section to each new employee during the employee’s first six months of employment, and to any existing employee who has not received equivalent training; and

(2) at least once every five years, appropriate in-service training required by this section as determined by the department or school district.

(c) Each department and school district that must comply with (b) of this section shall develop a training curriculum that acquaints its employees with

(1) laws relating to child abuse and neglect;

(2) techniques for recognition and detection of child abuse and neglect;

(3) agencies and organizations within the state that offer aid or shelter to victims and the families of victims of child abuse or neglect;

(4) procedures for required notification of suspected abuse or neglect;

(5) the role of a person required to report child abuse or neglect and the employing agency after the report has been made; and

(6) a brief description of the manner in which cases of child abuse or neglect are investigated by the department and law enforcement agencies after a report of suspected abuse or neglect.

(d) Each department and school district that must comply with (b) of this section shall file a current copy of its training curriculum and materials with the Council on Domestic Violence and Sexual Assault. A department or school district may seek the technical assistance of the council or the Department of Health and Social Services in the development of its training program.

Sec. 47.17.023. Reports from certain persons regarding child pornography. A person providing, either privately or commercially, film, photo, or visual or printed matter processing, production, or finishing services or computer installation, repair, or other services, or Internet or cellular telephone services who, in the process of providing those services, observes a film, photo, picture, computer file, image, or other matter and has reasonable cause to suspect that the film, photo, picture, computer file, image, or other matter visually depicts a child engaged in conduct described in AS 11.41.455(a) shall immediately report the observation to the nearest law enforcement agency and provide the law enforcement agency with all information known about the nature and origin of the film, photo, picture, computer file, image, or other matter.

Sec. 47.17.024. Duties of practitioners of the healing arts. (a) A practitioner of the healing arts involved in the delivery or care of an infant who the practitioner determines has been adversely affected by, or is withdrawing from exposure to, a controlled substance or alcohol shall immediately notify the nearest office of the department of the infant’s condition.

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WHY REPORT

WHO MUST REPORT

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(b) In this section,

(1) “controlled substance” has the meaning given in AS 11.71.900, but does not include a substance lawfully taken under a prescription from a health care provider who is authorized to prescribe the substance;

(2) “infant” means a child who is less than 12 months of age.

Sec. 47.17.025. Duties of public authorities. (a) A law enforcement agency shall immediately notify the department of the receipt of a report of harm to a child from abuse. Upon receipt from any source of a report of harm to a child from abuse, the department shall notify the Department of Law and investigate the report and, within 72 hours of the receipt of the report, shall provide a written report of its investigation of the harm to a child from abuse to the Department of Law for review.

(b) The report of harm to a child from abuse required from the department by this section must include:

(1) the names and addresses of the child and the child’s parent or other persons responsible for the child’s care, if known;

(2) the age and sex of the child;

(3) the nature and extent of the harm to the child from abuse;

(4) the name and age and address of the person known or believed to be responsible for the harm to the child from abuse, if known;

(5) information that the department believes may be helpful in establishing the identity of the person believed to have caused the harm to the child from abuse.

(c) Within 20 days after receiving a report of harm, whether or not the matter is referred to a local government agency, the department shall notify the person who made the report and who made a request to be notified about the status of the investigation, without disclosing any confidential information.

Sec. 47.17.027. Duties of school officials. (a) If the department or a law enforcement agency provides written certification to the child’s school officials that (1) there is reasonable cause to suspect that the child has been abused or neglected by a person responsible for the child’s welfare or as a result of conditions created by a person responsible for the child’s welfare; (2) an interview at school is a necessary part of an investigation to determine whether the child has been abused or neglected; and (3) the interview at school is in the best interests of the child, school officials shall permit the child to be interviewed at school by the department or a law enforcement agency before notification of, or receiving permission from, the child’s parent, guardian, or custodian. A school official shall be present during an interview at the school unless the child objects or the department or law enforcement agency determines that the presence of the school official will interfere with the investigation. The interview shall be conducted as required under AS 47.17.033. Immediately after conducting an interview authorized under this section, and after informing the child of the intention to notify the child’s parent, guardian, or custodian, the department or agency shall make every reasonable effort to notify the child’s parent, guardian, or custodian that the interview occurred unless it appears to the department or agency that notifying the child’s parent, guardian, or custodian would endanger the child.

(b) A school official who, with criminal negligence, discloses information learned during an interview conducted under (a) of this section is guilty of a class B misdemeanor.

Sec. 47.17.030. Action on reports; termination of parental rights. (a) If a child,
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concerning whom a report of harm is made, is believed to reside within the boundaries of a local government exercising health functions for the area in which the child is believed to reside, the department may, upon receipt of the report, refer the matter to the appropriate health or social services agency of that local government. For cases not referred to an agency of a local government, the department shall, for each report received, investigate and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child.

(b) A local government health or social services agency receiving a report of harm shall, for each report received, investigate and take action, in accordance with law, that may be necessary to prevent further harm to the child or to ensure the proper care and protection of the child. In addition, the agency receiving a report of harm shall forward a copy of its report of the investigation, including information the department requires by regulation, to the department.

(c) Action shall be taken regardless of whether the identity of the person making the report of harm is known.

(d) Before the department or a local government health or social services agency may seek the termination of parental rights under AS 47.10, it shall offer protective social services and pursue all other reasonable means of protecting the child.

(e) In all actions taken by the department or a health and social services agency of a local government under this chapter that result in a judicial proceeding, the child shall be represented by a guardian ad litem in that proceeding. Appointment of a guardian ad litem shall be made in accordance with AS 25.24.310.

(f) If an investigation under this section shows reasonable cause to believe that a certified nurse aide has committed abuse, neglect, or misappropriation of property, the department shall report the matter to the Board of Nursing.

Sec. 47.17.033. Investigations and interviews. (a) In investigating child abuse and neglect reports under this chapter, the department may make necessary inquiries about the criminal records of the parents or of the alleged abusive or neglectful person, including inquiries about the existence of a criminal history record involving a serious offense as defined in AS 12.62.900.

(b) For purposes of obtaining access to information needed to conduct the inquiries required by (a) of this section, the department is a criminal justice agency conducting a criminal justice activity.

(c) An investigation by the department or another investigating agency of child abuse or neglect reported under this chapter shall be conducted by a person trained to conduct a child abuse and neglect investigation and without subjecting a child to duplicative interviews about the abuse or neglect except when new information is obtained that requires further information from the child.

(d) An interview of a child conducted as a result of a report of harm may be audiotaped or videotaped. If an interview of a child concerns a report of sexual abuse of the child by a parent or caretaker of the child, the interview shall be videotaped, unless videotaping the interview is not feasible or will, in the opinion of the investigating agency, result in trauma to the child.

(e) An interview of a child that is audiotaped or videotaped under (d) of this section shall be conducted

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(1) by a person trained and competent to conduct the interview;
(2) if available, at a child advocacy center; and
(3) by a person who is a party to a memorandum of understanding with the department to conduct the interview or who is employed by an agency that is authorized to conduct investigations.

(f) An interview of a child may not be videotaped more than one time unless the interviewer or the investigating agency determines that one or more additional interviews are necessary to complete an investigation. If additional interviews are necessary, the additional interviews shall be conducted, to the extent possible, by the same interviewer who conducted the initial interview of the child.

(g) A recorded interview of a child shall be preserved in the manner and for a period provided by law for maintaining evidence and records of a public agency.

(h) A recorded interview of a child is subject to disclosure under the applicable court rules for discovery in a civil or criminal case.

(i) The training required under (c) of this section must address the constitutional and statutory rights of children and families that apply throughout the investigation and department intervention. The training must inform department representatives of the applicable legal duties to protect the rights and safety of a child and the child’s family.

(j) During a joint investigation by the department and a law enforcement agency, the department shall coordinate an investigation of child abuse or neglect with the law enforcement agency to ensure that the possibility of a criminal charge is not compromised.

(k) Unless a law enforcement official prohibits or restricts notification under (j) of this section, at the time of initial contact with a person alleged to have committed child abuse or neglect, the department shall notify the person of the specific complaint or allegation made against the person, except that the identity of the complainant may not be revealed.

(l) In this section, “child advocacy center” means a facility operated with a child-focused, community partnership committed to a multidisciplinary team approach that includes representatives from law enforcement, child protection, criminal prosecution, victim advocacy, and the medical and mental health fields who collaborate and assist in investigating allegations of sexual or other abuse and neglect of children.

Sec. 47.17.035. Duties of department in domestic violence cases. (a) In consultation with the Council on Domestic Violence and Sexual Assault, the department shall develop written procedures for screening reports of harm for abuse and neglect of a child to assess whether there is domestic violence occurring within the family. The procedures must include the following factors:

(1) inquiry concerning the criminal records of the parents or of the alleged abusive or neglectful person or the alleged perpetrator if not the parent of the child; and

(2) inquiry concerning the existence of protective orders issued or filed under AS 18.66.100 - 18.66.180 involving either parent as a petitioner or respondent.

(b) If the department determines in an investigation of abuse or neglect of a child that

(1) the child is in danger because of domestic violence or that the child needs protection as a result of the presence of domestic violence in the family, the department shall take appropriate steps for the protection of the child; in this paragraph, “appropriate steps” includes

(A) reasonable efforts to protect the child and prevent the removal of the child from
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the parent or guardian who is not a domestic violence offender;

(B) reasonable efforts to remove the alleged domestic violence offender from the child’s residence if it is determined that the child or another family or household member is in danger of domestic violence; and

(C) services to help protect the child from being placed or having unsupervised visitation with the domestic violence offender until the department determines that the offender has met conditions considered necessary by the department to protect the safety of the domestic violence victim and household members;

(2) a person is the victim of domestic violence, the department shall provide the victim with a written notice of the rights of and services available to victims of domestic violence that is substantially similar to the notice provided to victims of domestic violence under AS 18.65.520.

(c) For purposes of obtaining access to information needed to conduct the inquiries required by (a)(1) and (2) of this section, the department is a criminal justice agency conducting a criminal justice activity.

(d) A person may not bring a civil action for damages for a failure to comply with the provisions of this section.

(e) In this section,

(1) “criminal justice activity” has the meaning given in AS 12.62.900;

(2) “criminal justice agency” has the meaning given in AS 12.62.900;

(3) “domestic violence” has the meaning given in AS 18.66.990.

Sec. 47.17.040. Central registry; confidentiality. (a) The department shall maintain a central registry of all investigation reports but not of the reports of harm.

(b) Investigation reports and reports of harm filed under this chapter are considered confidential and are not subject to public inspection and copying under AS 40.25.110 and 40.25.120. However, in accordance with department regulations, investigation reports may be used by appropriate governmental agencies with child-protection functions, inside and outside the state, in connection with investigations or judicial proceedings involving child abuse, neglect, or custody. A person, not acting in accordance with department regulations, who with criminal negligence makes public information contained in confidential reports is guilty of a class B misdemeanor.

Sec. 47.17.050. Immunity. (a) Except as provided in (b) of this section, a person who, in good faith, makes a report under this chapter, permits an interview under AS 47.17.027, or participates in judicial proceedings related to the submission of reports under this chapter, is immune from civil or criminal liability that might otherwise be incurred or imposed for making the report or permitting the interview, except that a person who knowingly makes an untimely report is not immune from civil or criminal liability based on the delay in making the report.

(b) Notwithstanding (a) of this section, a person accused of committing the child abuse or neglect is not immune from civil or criminal liability for the child abuse or neglect as a result of reporting the child abuse or neglect.

Sec. 47.17.060. Evidence not privileged. Neither the physician-patient nor the husband-wife privilege is a ground for excluding evidence regarding a child’s harm, or its cause, in a judicial proceeding related to a report made under this chapter.

Sec. 47.17.064. Photographs and x-rays. (a) The department or a practitioner of the

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healing arts may, without the permission of the parents, guardian, or custodian, take the following actions with regard to a child who the department or practitioner has reasonable cause to suspect has suffered physical harm as a result of child abuse or neglect:

(1) take or have taken photographs of the areas of trauma visible on the child; and
(2) if medically indicated, have a medical or radiological examination of the child performed by a person who is licensed to administer the examination.

(b) The department or a practitioner of the healing arts shall notify the parents, guardian, or custodian of a child as soon as possible after taking action under (a) of this section with regard to the child.

Sec. 47.17.068. Penalty for failure to report. A person who fails to comply with the provisions of AS 47.17.020 or 47.17.023 and who knew or should have known that the circumstances gave rise to the need for a report, is guilty of a class A misdemeanor.

Sec. 47.17.069. Protective injunctions. (a) A court may enjoin or limit a person from contact with a child if the attorney general establishes by a preponderance of the evidence that the person

(1) has sexually abused a child;
(2) has physically abused a child; or
(3) has engaged in conduct that constitutes a clear and present danger to the mental, emotional, or physical welfare of a child.

(b) This section does not limit the authority of the attorney general or the court to act to protect a child.

Sec. 47.17.070. [Renumbered as AS 47.17.290. Repealed or Renumbered

Sec. 47.17.290. Definitions. In this chapter,

(1) “athletic coach” includes a paid leader or assistant of a sports team;
(2) “child” means a person under 18 years of age;
(3) “child abuse or neglect” means the physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by a person under circumstances that indicate that the child’s health or welfare is harmed or threatened thereby; in this paragraph, “mental injury” means an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child’s ability to function;

(4) “child care provider” means an adult individual, including a foster parent or an employee of an organization, who provides care and supervision to a child for compensation or reimbursement;

(5) “criminal negligence” has the meaning given in AS 11.81.900;
(6) “department means the Department of Health and Social Services;
(7) “immediately” means as soon as is reasonably possible, and no later than 24 hours;
(8) “institution” means a private or public hospital or other facility providing medical diagnosis, treatment, or care;

(9) “maltreatment” means an act or omission that results in circumstances in which there is reasonable cause to suspect that a child may be a child in need of aid, as described in AS 47.10.011, except that, for purposes of this chapter, the act or omission need not have been committed by the child’s parent, custodian, or guardian;

(10) “mental injury” means a serious injury to the child as evidenced by an observable and substantial impairment in the child’s ability to function in a developmentally appropriate
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manner and the existence of that impairment is supported by the opinion of a qualified expert witness;

(11) “neglect” means the failure by a person responsible for the child’s welfare to provide necessary food, care, clothing, shelter, or medical attention for a child;

(12) “organization” means a group or entity that provides care and supervision for compensation to a child not related to the caregiver, and includes a child care facility, pre-elementary school, head start center, child foster home, residential child care facility, recreation program, children’s camp, and children’s club;

(13) “person responsible for the child’s welfare” means the child’s parent, guardian, foster parent, a person responsible for the child’s care at the time of the alleged child abuse or neglect, or a person responsible for the child’s welfare in a public or private residential agency or institution;

(14) “practitioner of the healing arts” includes athletic trainers, chiropractors, mental health counselors, social workers, dental hygienists, dentists, health aides, nurses, nurse practitioners, certified nurse aides, occupational therapists, occupational therapy assistants, optometrists, osteopaths, naturopaths, physical therapists, physical therapy assistants, physicians, physician’s assistants, psychiatrists, psychologists, psychological associates, audiologists and speech-language pathologists licensed under AS 08.11, hearing aid dealers licensed under AS 08.55, marital and family therapists licensed under AS 08.63, behavior analysts, assistant behavior analysts, religious healing practitioners, acupuncturists, and surgeons;

(15) “reasonable cause to suspect” means cause, based on all the facts and circumstances known to the person, that would lead a reasonable person to believe that something might be the case;

(16) “school district” means a city or borough school district or regional educational attendance area;

(17) “sexual exploitation” includes

(A) allowing, permitting, or encouraging a child to engage in prostitution prohibited by AS 11.66.100 - 11.66.150, by a person responsible for the child’s welfare;

(B) allowing, permitting, encouraging, or engaging in activity prohibited by AS 11.41.455(a), by a person responsible for the child’s welfare.

Federal Statutes

The full text for each United States Statute cited in the training is provided below. This content was acquired from the U.S. Government Publishing Office www.gpo.gov.

Chapter 5, Section 1169 — Indians, Reporting of child abuse


18 U.S.C.

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Title 18 - CRIMES AND CRIMINAL PROCEDURE
PART I - CRIMES
CHAPTER 53 - INDIANS
Sec. 1169 - Reporting of child abuse

§1169. Reporting of child abuse

(a) Any person who—

(1) is a—

(A) physician, surgeon, dentist, podiatrist, chiropractor, nurse, dental hygienist, optometrist, medical examiner, emergency medical technician, paramedic, or health care provider,

(B) teacher, school counselor, instructional aide, teacher’s aide, teacher’s assistant, or bus driver employed by any tribal, Federal, public or private school,

(C) administrative officer, supervisor of child welfare and attendance, or truancy officer of any tribal, Federal, public or private school,

(D) child day care worker, headstart teacher, public assistance worker, worker in a group home or residential or day care facility, or social worker,

(E) psychiatrist, psychologist, or psychological assistant,

(F) licensed or unlicensed marriage, family, or child counselor,

(G) person employed in the mental health profession, or

(H) law enforcement officer, probation officer, worker in a juvenile rehabilitation or detention facility, or person employed in a public agency who is responsible for enforcing statutes and judicial orders;

(2) knows, or has reasonable suspicion, that—

(A) a child was abused in Indian country, or

(B) actions are being taken, or are going to be taken, that would reasonably be expected to result in abuse of a child in Indian country; and

(3) fails to immediately report such abuse or actions described in paragraph (2) to the local child protective services agency or local law enforcement agency,

shall be fined under this title or imprisoned for not more than 6 months or both.

(b) Any person who—

(1) supervises, or has authority over, a person described in subsection (a)(1), and

(2) inhibits or prevents that person from making the report described in subsection (a),

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shall be fined under this title or imprisoned for not more than 6 months or both.

(c) For purposes of this section, the term—

(1) “abuse” includes—

(A) any case in which—

(i) a child is dead or exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, and

(ii) such condition is not justifiably explained or may not be the product of an accidental occurrence; and

(B) any case in which a child is subjected to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution;

(2) “child” means an individual who—

(A) is not married, and

(B) has not attained 18 years of age;

(3) “local child protective services agency” means that agency of the Federal Government, of a State, or of an Indian tribe that has the primary responsibility for child protection on any Indian reservation or within any community in Indian country; and

(4) “local law enforcement agency” means that Federal, tribal, or State law enforcement agency that has the primary responsibility for the investigation of an instance of alleged child abuse within the portion of Indian country involved.

(d) Any person making a report described in subsection (a) which is based upon their reasonable belief and which is made in good faith shall be immune from civil or criminal liability for making that report.


Amendments


Effective Date of 1996 Amendment


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Effective Date of 1994 Amendment

Section 330011(d) of Pub. L. 103–322, as amended by Pub. L. 104–294, §604(b)(25), provided that the amendment made by that section is effective on the date section 404(a) of Pub. L. 101–630 took effect.

Chapter 34, Section 3202 — Indian Child Protection And Family Violence Prevention, Definitions


25 U.S.C.
Title 25 - INDIANS
CHAPTER 34 - INDIAN CHILD PROTECTION AND FAMILY VIOLENCE PREVENTION
Sec. 3202 - Definitions

§3202. Definitions
For the purposes of this chapter, the term—

(1) “Bureau” means the Bureau of Indian Affairs of the Department of the Interior;

(2) “child” means an individual who—

(A) is not married, and

(B) has not attained 18 years of age;

(3) “child abuse” includes but is not limited to—

(A) any case in which—

(i) a child is dead or exhibits evidence of skin bruising, bleeding, malnutrition, failure to thrive, burns, fracture of any bone, subdural hematoma, soft tissue swelling, and

(ii) such condition is not justifiably explained or may not be the product of an accidental occurrence; and

(B) any case in which a child is subjected to sexual assault, sexual molestation, sexual exploitation, sexual contact, or prostitution;

(4) “child neglect” includes but is not limited to, negligent treatment or maltreatment of a child by a person, including a person responsible for the child’s welfare, under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby;

(5) “family violence” means any act, or threatened act, of violence, including any forceful detention of an individual, which—

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(A) results, or threatens to result, in physical or mental injury, and

(B) is committed by an individual against another individual—

(i) to whom such person is, or was, related by blood or marriage or otherwise legally related, or

(ii) with whom such person is, or was, residing;

(6) “Indian” means any individual who is a member of an Indian tribe;

(7) “Indian child” has the meaning given to such term by section 1903(4) of this title;

(8) “Indian country” has the meaning given to such term by section 1151 of title 18;

(9) “Indian reservation” means any Indian reservation, public domain Indian allotment, former Indian reservation in Oklahoma, or lands held by incorporated Native groups, regional corporations, or village corporations under the provisions of the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.);

(10) “Indian tribe” and “tribal organization” have the respective meanings given to each of such terms under section 450b of this title;

(11) “inter-tribal consortium” means a partnership between—

(A) an Indian tribe or tribal organization of an Indian tribe, and

(B) one or more Indian tribes or tribal organizations of one or more other Indian tribes;

(12) “local child protective services agency” means that agency of the Federal Government, of a State, or of an Indian tribe that has the primary responsibility for child protection on any Indian reservation or within any community in Indian country;

(13) “local law enforcement agency” means that Federal, tribal, or State law enforcement agency that has the primary responsibility for the investigation of an instance of alleged child abuse within the portion of Indian country involved;

(14) “persons responsible for a child’s welfare” means any person who has legal or other recognized duty for the care and safety of a child, including—

(A) any employee or volunteer of a children’s residential facility, and

(B) any person providing out-of-home care, education, or services to children;

(15) “related assistance”—

(A) includes counseling and self-help services to abusers, victims, and dependents in family violence situations (which shall include counseling of all family members to the extent feasible) and referrals for appropriate health-care services (including alcohol and drug abuse treatment), and

(B) may include food, clothing, child care, transportation, and emergency services for victims of family violence and their dependents;

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of such conduct for the purpose of producing a visual depiction of such conduct; or

(B) the rape, and in cases of caretaker or inter-familial relationships, statutory rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children; and

(5) the term “withholding of medically indicated treatment” means the failure to respond to the infant’s life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician’s or physicians’ reasonable medical judgment, will be most likely to be effective in ameliorating or correcting all such conditions, except that the term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to an infant when, in the treating physician’s or physicians’ reasonable medical judgment—

(A) the infant is chronically and irreversibly comatose;

(B) the provision of such treatment would—

(i) merely prolong dying;

(ii) not be effective in ameliorating or correcting all of the infant’s life-threatening conditions; or

(iii) otherwise be futile in terms of the survival of the infant; or

(C) the provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself under such circumstances would be inhumane;


Prior Provisions

A prior section 111 of Pub. L. 93–247 was renumbered section 109 and is classified to section 5106e of this title.

Amendments

2010—

Pars. (1), (2). Pub. L. 111–320, §142(b)(1), (2), redesignated pars. (7) and (8) as (1) and (2), respectively, and struck out former pars. (1) and (2) which read as follows:

“(1) the term ‘child’ means a person who has not attained the lesser of—

(A) the age of 18; or

(B) except in the case of sexual abuse, the age specified by the child protection law of the State in which the child resides;

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“(2) the term ‘child abuse and neglect’ means, at a minimum, any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which presents an imminent risk of serious harm;”.

Par. (3). Pub. L. 111–320, §142(b)(1)–(3), redesignated par. (10) as (3), struck out “and” at end, and struck out former par. (3) which read as follows: “the term ‘Secretary’ means the Secretary of Health and Human Services;”.


Par. (5). Pub. L. 111–320, §142(b)(1), (5), redesignated par. (6) as (5) and struck out former par. (5) which read as follows: “except as provided in section 5106a(f) of this title, the term ‘State’ means each of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands;”.

Pub. L. 111–320, §119(1), inserted “except as provided in section 5106a(f) of this title,” after “(5)”, inserted “and” after “Samoa,”, and struck out “and the Trust Territory of the Pacific Islands” after “Northern Mariana Islands,”.


Pars. (7) to (11). Pub. L. 111–320, §142(b)(1), (2), redesignated pars. (7), (8), and (10) as (1), (2), and (3), respectively, and struck out pars. (9) and (11) which read as follows:

“(9) the terms ‘Indian’, ‘Indian tribe’, and ‘tribal organization’ have the meanings given the terms in section 450b of title 25;”

“(11) the term ‘unaccompanied homeless youth’ means an individual who is described in paragraphs (2) and (6) of section 11434a of this title.”


1996—Par. (1). Pub. L. 104–235, §110(1), (2)(A), redesignated par. (3) as (1) and struck out former par. (1) which read as follows: “the term ‘board’ means the Advisory Board on Child Abuse and Neglect established under section 5102 of this title;”.

Par. (2). Pub. L. 104–235, §110(2)(A), (3), redesignated par. (4) as (2) and amended it generally. Prior to amendment, par. (2) read as follows: “the term ‘child abuse and neglect’ means the physical or mental injury, sexual abuse or exploitation, negligent treatment, or maltreatment of a child by a person who is responsible for the child’s welfare, under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby, as determined in accordance with regulations prescribed by the Secretary;”.

Pub. L. 104–235, §110(1) struck out par. (2) which read as follows: “the term ‘Center’ means the National Center on Child Abuse and Neglect established under section 5101 of this title;”.

Par. (3). Pub. L. 104–235, §110(2)(A), redesignated par. (6) as (3). Former par. (3) redesig-
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