

DCFS Illinois Mandated Reporter Training

Course Topic & Resource Outline

Course Completion Time: 45 minutes

Overall Course Objectives

- Identify who are mandated reporters
- Determine when reporting is required
- Execute the necessary steps required to make a report

Introduction to Mandated Reporting

- A mandate is a legal requirement
- Mandated reporters are legally required to report child abuse or neglect to the Illinois Department of Children and Family Services (DCFS) hotline
- Mandated reporting aims to enable early detection of cases of harm to children which might otherwise escape the attention of relevant authorities
- Mandated reporters are required to complete training within 3 months of appointment to their role
- Additional training must be completed every 3 years for all mandated reporters (except medical personnel)
- Current mandated reporters fail to report more than half their suspicions of child maltreatment; this training and the frequency of training aims to ensure we work to prevent these gaps in recording
- Mandated reporters are individuals who work with children who often see the first signs of child abuse or neglect
- The following are examples of mandated reporters:
 - Medical personnel
 - Examples include physicians, interns, psychiatrists, EMTs, dentists, nurses, physical therapists, etc.
 - School personnel
 - Examples include school board members, administrators, teachers, school psychologists, secretaries, cafeteria help, bus drivers, athletic personnel
 - Social service/mental health personnel
 - Examples include counselors, social workers, psychologists, therapists, DCFS field personnel, substance abuse treatment personnel, domestic violence personnel, crisis hotline personnel
 - Staff or state agencies dealing with children
 - Examples include employees of DCFS, Healthcare and Family Services, Public Health, Corrections, and Children and Family Services
 - Law enforcement personnel

- Examples include employees of the court, parole or probation officers, emergency services staff, police, state's attorney and staff, or juvenile officers
- Child care personnel
 - Examples include all staff at overnight, daycare, preschool, or nursery care facilities; recreation or athletic program or facility personnel; early intervention providers; and foster parents
- Athletic trainers
 - Examples include any athletic trainers that work in public or private institutions and provide programming to youth
- Member of clergy
 - Examples include any member of the clergy who has reason to believe a child known to him/her in a professional capacity may be an abused child
- Coroner/medical examiner personnel
 - Examples included licensed coroners or medical examiners
- It is a law that all mandated reporters must sign a statement on the CANTS 22 Acknowledgement of Mandated Reporter Status form that they understand their mandated reporting requirements. The law is called the Abused and Neglected Child Reporting Act, or ANCRA. It is a legal requirement that this form be in your personnel file if you serve in one of these positions.
- Your role as a mandated reporter is to call the DCFS hotline if you have reasonable cause to believe a child known to you in a professional or official capacity may be abused or neglected. It is NOT your role to investigate.
- DCFS's role is to provide a Child Abuse Hotline to screen reports and investigate to determine whether the child has been abused or neglected and, if so, to determine how the child is to be protected.
- Mandated reporters may report non-emergency suspected child abuse using the online reporting system. To access, go to the DCFS website and select the "Safe Kids" tab; then select the "Reporting Child Abuse and Neglect" link before selecting "click here."
- When you call the DCFS Child Abuse Hotline, you are fulfilling your legal obligation as a mandated reporter. (1-800-25-ABUSE; 1-217-524-2606; TTY: 1-800-358-5117) The hotline will ask you to notify the police if it is a criminal matter outside DCFS jurisdiction.

Defining Child Abuse

- Four key criteria must exist for the DCFS Hotline to accept a report:
 - The alleged victim is under the age of 18
 - The alleged perpetrator is any individual residing in the child's home, a person responsible for the child's welfare, or who came to know the child through a position of trust
 - A specific incident or set of circumstances raises suspicion of neglect or abuse
 - The child was harmed or at substantial risk of physical or sexual injury

- There are different definitions of an “alleged perpetrator,” even though the general definition is the individual who causes the abuse/neglect or allows it to happen. This person, as mentioned before, is residing in the child’s home, a person responsible for the child’s welfare, or came to know the child through a position of trust. If the alleged perpetrator does not fit the criteria, then it may be a crime, but not considered “child abuse.” If you are unsure, call the Hotline anyway. It is DCFS’s job to assess the report.
- There are three main kinds of abuse or neglect:
 - Physical abuse
 - Inflicts or allows non-accidental injury to a child
 - Creates risk of physical harm
 - Violates a court order that prohibits the perpetrator from having access to the child
 - Deliberately inflicts or allows cruel or unusual treatment
 - Inflicts or allows excessive corporal punishment
 - Gives or allows a controlled substance to a child under 18 years old
 - Exposes the child to manufacture of methamphetamine
 - Signs include: unexplained marks on the body, bruises/welts in various stages of healing or in patterns/shape of an object, pattern burns (cigarette burns, iron burns, scald burns in an immersion pattern), marks hidden from typically exposed areas of skin
 - Behavioral symptoms include: extreme vigilance or watchfulness, bullying smaller children, poor social interactions with peers, extreme fear of parents or caregivers, harming animals
 - Sexual Abuse
 - When a parent or person responsible for the child’s welfare commits sexual penetration, sexual molestation, or sexual exploitation
 - Penetration includes contact between the sex organ of one individual and the sex organ, mouth, or anus of another person. Acts include vaginal, anal, and oral sex
 - Molestation includes the perpetrator touching the child or asking the child to touch them for the sexual gratification or arousal of the perpetrator or child. Examples include fondling the child or asking the child to fondle the perpetrator
 - Exploitation is the sexual use of a child for arousal, gratification, advantage, or profit and includes child pornography, forcing a child to watch sex acts, or exposing genitals to a child
 - Signs include: sexual knowledge beyond what is age appropriate, recurring pain or itching in genital or anal areas, sexually transmitted diseases, frequent bladder or urinary tract infections, genital injury, unexplained regression or fear, and sexual acting out behavior
 - Neglect

- Occurs when a parent or responsible caretaker fails to provide adequate supervision, medical care/attention, food, clothing, or shelter
- May also include significantly delaying the provision of these necessities, taking illegal drugs during pregnancy, placing a child at risk of harm, or exposing a child to hazardous living conditions. Children present during manufacture of methamphetamine are considered abused/neglected
- Signs include often hungry in the morning, poor hygiene, evidence of no or poor supervision, underweight, poor growth, failure to thrive, dressed inappropriately for the weather, erratic attendance at school
- Human trafficking is also a form of child abuse and occurs when commercial sex acts are induced by force, fraud, or coercion; when the person induced to perform a sex act has not reached 18 years of age; when the recruitment, transportation, harborage, provision, or obtaining a person for labor services through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery
 - Signs include a youth that has recent signs of physical abuse or sexually transmitted infections, suspicious branding or tattoos on the neck or lower back, small children serving in a family restaurant and appearing malnourished, avoiding eye contact or social interaction, avoiding authority figures or law enforcement, adhering to scripted responses in social interactions, lacking official identification documents, lacking personal possessions, checking into hotels with older males, referring to those males as boyfriend or “daddy,” working excessively long hours, living at place of employment
- Psychological can be just as serious as any other form of abuse or neglect. Mental or emotional abuse is known as “mental injury” and may only be reported by licensed medical and mental health professionals, including psychiatrists, registered psychologists, medical doctors, registered nurses, certified social workers, school teachers, therapists/counselors employed in a community health agency or social service agency. If you suspect mental injury but are not a licensed professional, you may refer the child to a qualified reporter for assessment
- ALL children are at risk for child abuse, but groups that tend to be more vulnerable are preschool children, children with disabilities, and gay/lesbian/bisexual/transgender/questioning youth
- Certain sexual behaviors in children are normal and age appropriate, and include curiosity about their own bodies, preschool children who giggle when touching their bodies in an exploratory manner, and children of the same age who are curious about and explore each other’s bodies. This is NOT considered child abuse.
- Certain family circumstances are not considered abusive or neglectful, and include: spanking that is not “excessive corporal punishment,” a dirty home that is not hazardous, an older child who is left alone who is capable of caring for themselves, a

child left in the care of an adult relative who has often cared for the child in the past, even if the parent has not made arrangements for child care, a child who a licensed physician reasonably believes a child 30 days old or less at the time the child is relinquished to a safe haven

Dealing with Disclosure

- When a child reports abuse it can be stressful or emotional, and it is important to keep in mind the following:
 - Use words the child can understand
 - Never promise you will keep the disclosure a secret, and don't tell people who don't need to know
 - Remember it may be hard for the child to talk about the abuse; someone may have threatened the child/child's family, made them feel like it was their fault, or the child may feel embarrassed
 - Reassure the child that you still care about them and the disclosure doesn't change how you feel about them
 - The child may be testing you to see if they can trust you; they may have attempted to tell someone else in the past and changed their mind
 - Don't act shocked about the disclosure; remain calm as it could make the child feel bad
 - Reinforce that the child is brave and doing the right thing
 - Inform the child you don't want to see them hurt and let them know what will happen next; don't ignore them just because they are a child
 - If the child has questions, don't make up answers. It's okay to tell them you don't know but will try to find out
- Remember body language and tone when speaking to the child:
 - Try to be on the same eye level with them and respect their space. Do not lean in too close
 - Be aware of your facial expressions—try to keep your face calm
 - **Do not** ask leading questions. Keep any questions in an open-ended manner and ask the child to explain, unprompted
 - Keep questioning limited as multiple interviews can traumatize the child and should be avoided at all costs. Multiple interviews can also damage the DCFS/criminal investigation and should be left to a trained professional investigator
 - Remember, you only need reasonable cause to call the Hotline
 - Children may later say what they disclosed didn't happen. This is not abnormal and may be the result of fear, parent pressure, or perpetrator threats

Calling the Hotline

- There is a flow chart to guide you through the process of calling the Hotline

- When two or more mandated reporters work within the same workplace and are required to make a report, one person may be designated to make a single report; the report should include the names and contact information of the other mandated reporters sharing the reasonable cause. The designated reporter should provide written confirmation of the report to the other mandated reporters on the report within 48 hours
- If confirmation is not provided, it is the responsibility of the mandated reporters to immediately ensure a report is made
- Refer to the course for the flow chart on reporting to the Hotline and the steps involved
- Less than 5% of children are removed from their homes and it is usually not long-term. For those who are removed, the families may be provided with services to ensure the safety of the child.
- Frequently asked questions:
 - If I call the Hotline, are you sure the family will not be told my name? A: Yes, confidentiality and anonymity of reporters is the law. DCFS cannot disclose the name of the reporter without a court order.
 - What if the family can tell I'm the one who made a report? Who is going to protect me from the parents? A: The parent may be hoping you will confirm you made the call after an accusation. You can choose to disclose to the parent you are a mandated reporter and are there to help and support in any way you can. If you do not feel comfortable, you have no obligation to disclose that information and if you feel threatened, call the police.
 - What happens if my report turns out to NOT be child abuse/neglect? Will I be protected from a lawsuit? A: Yes. If you made the report in good faith, you are protected by the law.
 - If I know other professionals involved with a family who may have already reported an abuse/neglect situation, do I still need to call the Child Abuse Hotline to make a report? A: You should never assume another reporter has already reported the situation; it is your responsibility to ensure a report has been made.
 - Have I fulfilled my obligation as mandated reporter if I tell my supervisor about my suspicions? A: No. It is your individual responsibility to file a report with the Child Abuse Hotline; you must ensure a report was made.
 - Does my supervisor have authority to decide whether I call the hotline? A: Every organization has its own internal policies, but under the law, no person in charge of an institution should control, restrain, or modify a child abuse/neglect report.
 - What happens if I have reason to believe a child is being abused or neglected and I don't call the Hotline? A: Mandated reporters who intentionally fail to report suspected abuse can be charged with a misdemeanor or Class 4 felony. You may also lose your license to practice at a profession.
 - If an investigator comes to my work and wants to speak to the child, should I be allowed in the room during the interview? A: Usually no; the investigator will want to interview the child away from any influence. If the child insists on

having you present, you will be asked to sign a statement that you will not disclose anything from the interview.

- Does DCFS always remove children from the home? A: Not unless it is absolutely necessary; children are removed when there is an immediate risk to their safety.
- Where do children go when they are removed from the home? A: DCFS tries to place children with responsible relatives, but if that is not possible, they may go into foster care. Placement is temporary until a judge hears the case. When children are placed into temporary custody, DCFS has 48 hours (excluding weekends) to bring the case to the attention of a judge. The judge then determines if the children return home, are placed in DCFS custody, or are placed in the care of a relative.
- Wow— There's a lot to know about DCFS and being a Mandated Reporter. A: The main thing you need to remember is to make the call if you have any reasonable suspicion of abuse or neglect. If you're not sure, make the call anyway.
- Is there a place where I can find all this information in writing? A: You can always access the Mandated Reporter Manual through DCFS.
- You can make anonymous calls to DCFS, but know that the investigator cannot contact you to verify your information or gather any additional information you may have. You also cannot be notified of the results of the investigation as no one will know how to reach you, and if something happens to the child, you have no legal proof that you fulfilled your role as a mandated reporter
- There is growing evidence that those who abuse animals abuse other people; it is one of the four indicators the FBI uses to assess future violent behavior, and 88% of homes where children were abused, pets were mistreated, too
- Animal control officers, humane society investigators, and Department of Agriculture investigators are now mandated reporters
- DCFS investigators, Intact Family Specialists, and Placement Specialists who reasonably believe an animal is being abused or neglected must immediately make a written or oral report to the Department of Agriculture's Bureau of Animal Health and Welfare
- Animal Abuse Hotline: 217-782-6657

Understanding Bias

- We must deepen our self-awareness to reveal unconscious and hidden beliefs so that assessments are fair and objective
- We all have bias because it is through our bias that we see the world
- Being aware of how past experiences influence how we see the world can greatly reduce their impact on you when interacting with families
- Practicing self-care or examining our beliefs and behaviors can lessen our bias
- Two myths about bias in communities of people of color are that people of color do not have bias, and that we can't be biased when working with our own people

- All people have bias, including people of color
- Remember that just because we feel or think something to be true doesn't necessarily mean that it is; when doing assessments, we need to rely on evidence
- The impact of bias on child welfare has led to an over-representation of Indian children in out-of-home placement, often with non-native families
- Bias can be explicit or implicit, short cut thinking or a knee jerk reaction, positive or negative, a distraction from our own beliefs or values, illogical or irrational, the reason for making inaccurate judgement, caused by a lack of information about groups or individuals, or the result of stereotypes
- Bias is expressed by preferring people who agree with our opinions, feeling more loving/forgiving towards those who are like us and suspicious/fearful of those who aren't, going along with what other influential people think, dwelling on risk factors and past negative behavior and ignoring families' strengths, being judgmental of those who do not believe as we do, and overvaluing our first impressions
- Unbiased strategy involves taking a neutral perspective, looking at situations objectively and relying on facts, understanding the context of the current case, improving decisions by asking a colleague for input, using a trauma-informed lens to understand the family's perspective
- Increasing informed decision making involves staffing cases as a group or getting another colleague's input, seeking training that involves strategies for making unbiased decisions based on fact, and reviewing case decisions and outcomes to learn about ways to improve your work families

Post Assessment

- After completing the assessment, Council will be informed of your completion and you do NOT need to print or submit a CANTS 22 form or any other form of documentation