



Webinar: Foundations of Mandatory Reporting for Refugee Service Providers

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Transcript

Introduction

Today's Speaker

Maya Wahrman: Hi, everyone. My name is Maya Wahrman. I am going to be today's speaker on The Foundations of Mandatory Reporting for Refugee Service Providers. So we're so glad you joined. I am a licensed social worker in the state of New Jersey, Training Officer for Client-Centered Services at Switchboard IRC.

MW: Can everyone hear me? Okay, I got a notification for a moment, but I'm sure my behind-the-scenes folks will let me know if the audio isn't working.

Patricia Pineda: Yeah, Maya. Yeah, it was in and out for a little bit, but you're better now.

MW: Okay. Thanks so much, Patricia. As you can see, I'm joined by some wonderful behind-the-scenes folks from Switchboard, Patricia, Tigest, and Jenna. I'm very grateful for their support.

MW: I bring to this role at Switchboard as a Client-Centered Services, a license in social work, many years of experience in case management with refugees in New Jersey, in Refugee School Impact, in Reception and Placement, Refugee Support Services, Medical Case Management. I also have some telehealth counseling experience, non-crisis counseling, and refugee health administration experience that I bring to this role. So I'm really excited to be with you all today.

Learning Objectives

MW: So, this session—we're going to review our learning objectives now. By the end of this session, you will be able to: describe the key principles of mandatory reporting and reportable situations such as abuse and neglect of children and vulnerable adults; identify who may be a mandatory reporter and possible steps of the reporting process; integrate cultural sensitivity and special considerations for working with newcomers in the mandatory reporting context; and apply client-centered and trauma-informed principles to maintain client confidentiality and trust while upholding mandatory reporting responsibilities.



1. Abuse, Neglect, and Mandatory Reporting: Defining Basic Terms and Principles

MW: We're going to start out... I know this is a tough topic. I know there's a lot of interest, and these can evoke a lot of feelings and difficult experiences that both case managers and clients have had. We're going to try to face them here together. I hope this webinar will help ease some tensions and think about how to engage in mandatory reporting in the kindest, most sensitive way that we can.

Abuse and Neglect Do Not Discriminate

MW: So I want to start here with a qualifier. Abuse and neglect do not discriminate. We will be using some case scenarios today based on different refugee populations that we have in this country, but all clients and all people are susceptible to abuse and neglect. Violence truly exists in all communities and social sectors. This really applies to everyone. These rules and these skills can be used with anyone.

MW: Also, we're talking largely about how we report with clients or people who are taking care, for example, of children or vulnerable adults, but abuse can be inflicted by anyone. We just wanted to set that ground rule so that we're all on the same page, that we're not picking on any community in particular. This applies to everyone, and violence exists everywhere, unfortunately.

MW: There's a quote to start us off. "Mandated reporters have an individual duty to report known or suspected abuse or neglect relating to children, elders, or dependent adults." So this is a definition to get us started on who or what is a mandated reporter. Mandatory reporting is often used in reference to children, child abuse and neglect, but it does also refer, depending on the laws where you're at, to the abuse of adults, vulnerable adults, dependent adults, and elderly adults or adults with disabilities.

Whom might you be reporting about?

MW: So who might we be reporting about? It really depends on your state laws. Today's training is an overall guide. We can't delve into all 50 states here. But some general guidelines, it generally applies to children under 18, vulnerable adults of any age—so those with emotional or physical impairment to self-protection and self-determination—or sometimes elderly adults, which is usually over the age of 65. If you're a mandatory reporter, it's about any child or vulnerable adult, not just our clients. And going back to that first disclaimer, any person can report, even if they're not a state-mandated reporter.

Why Report?

MW: So why should we report? Why should we care about this? We, as refugee service providers, have a duty to "do no harm." We have an imperative to serve and protect the most vulnerable. That's really an important parcel of our role. And we know that there are really harmful impacts of abuse, neglect, and abandonment on our clients if left unreported, if left untreated. And it also really impacts our communities, and that's our communities at large, the refugee communities we serve. It impacts them negatively if we don't do anything. So that's why we're here, to try to do something.



Abuse

MW: So what are we reporting about? We're going to go through some definitions. Abuse is any physical, sexual, or emotional injury inflicted on another person other than by accidental means. I was talking with a friend about my training today, and she got very worried that any accident could be construed as abuse, and we're really talking about non-accidental injury. Even if the person didn't intend to harm the child or the vulnerable adult, as much as it actually harms them if it's non-accidental, it's construed as abuse.

MW: In some states, witnessing interpersonal violence in the family or in the home can be construed as abuse. In other states, it's not. So it is something to be aware of that a form of abuse can be witnessing domestic violence or other violence in the home, and that can be a little bit of a tricky area to navigate. It's useful for service providers to know and share that because interpersonal violence, especially if it's not affecting, say, the child directly, can be a pretty taboo matter for refugee populations, and it's already difficult to understand U.S. laws on these things. So it is something that we want to mention in that abuse category.

MW: Next, we have neglect. Neglect is when a caregiver consistently fails to meet the basic needs of a child or vulnerable adult, such as adequate food, shelter, clothing, medical care, or supervision. The absence of resources due to poverty does not constitute neglect, and we're going to come back to that and how we can tease out those differences.

Defining Disclosure

MW: I want to define disclosure. This is when a client tells you directly about abuse or neglect. They could tell you on accident or they could mean to tell you. It can be about themselves or another person. But likely, you're not necessarily receiving disclosure. You can witness abuse or neglect directly, which is different than disclosure when someone tells you, or you can identify by other indicators.

Potential Indicators of Abuse

MW: We're going to look a little bit at these indicators. This is not the bulk of the training. This could be its own training all on its own, but we want to mention what are some of the signs that someone could be undergoing abuse or neglect.

MW: So for physical abuse, if a child or vulnerable adult has unexplained burns, bites, bruises, broken bones, black eyes, fading bruises or marks that are noticeable after an absence from school or from services, frequently wearing clothing that is not seasonal to cover their bodies, like big hoodies in the heat of summer; if they're withdrawn or aggressive, they show extreme behaviors; if they seem frightened of their parents or of adults and protest or cry when it's time to go home; if they shrink when adults come near, or if they try to give strange explanations about their injuries.

MW: Possibilities of sexual abuse. Some indicators are if, especially with kids, nightmares or bed-wetting. If folks have difficulty walking or sitting, or pain or swelling in the genital area; sudden changes in appetite, sexual knowledge or behavior that's not age-appropriate or developmentally appropriate; sudden extreme behavioral changes, secretive behavior. If a young child especially becomes pregnant or contracts a sexually transmitted infection or disease; frequent urinary or yeast infections; or substance abuse, drug or alcohol abuse, and/or attempted suicide. So obviously these don't all have to mean that there's sexual abuse going on,



but if you're noticing a number of factors in one of these categories, it might be indicating that something is wrong and there is abuse and neglect.

MW: Emotional abuse is a pattern of behavior that denigrates an individual's emotional development and sense of self-worth. That could be constant criticism, threats or rejection or withholding of love, support, or guidance. It's often difficult to prove, but it is still something that happens that we should look out for. Again, extremes in behavior. If a child is inappropriately adult-like, parenting other children at a young age, or inappropriately childlike, infantile, like frequent head-rocking or head-banging; if a child is delayed in physical or emotional development; they're starting to show psychosomatic symptoms, like they're sick a lot and there's not an explained physiological source; if they report a lack of attachment to their parent or caregiver; or if they've attempted suicide, and that's more common in adolescents. Emotional abuse is generally co-occurring with physical abuse or sexual abuse, so it doesn't have to be on its own to be dangerous or harmful to the child.

MW: Neglect can be seen through abandonment—if a parent or caregiver abandons a child or vulnerable adult. Some indicators are if they are stealing or hoarding food; they're frequently absent from school; they have difficulty staying awake in school all of a sudden; if they're consistently inappropriately dressed for the weather and that hasn't been addressed with some other resources, for example; if a child or vulnerable adult exhibits poor hygiene or a severe body odor; they're lacking medical attention or dental care that's needed, immunizations or glasses; reports from the child or vulnerable adult that there's no one at home to provide care, or that other children or people in the family are showing similar behaviors as well. So those are some of those indicators.

MW: We'll touch briefly on online abuse, otherwise known as technology-facilitated abuse. Online child exploitation is most likely perpetrated by someone the child knows and cares about, but there is also anonymous exploitation of children on the Internet. Some indicators can be unexplained gifts, money, game subscriptions; the child presents themselves as older online; they send revealing photos or videos of themselves; or if the child suddenly becomes secretive and minimizes screens or starts hiding devices from a caregiver or a service provider.

MW: Finally, we'll touch really briefly on human trafficking. We're grateful at Switchboard [that] we work with Framework—that is another wonderful technical assistance provider on trafficking. So there's a lot of resources available. There's two types of human trafficking: labor trafficking and sex trafficking. Both involve coercion of people to either engage in sexual acts or commercial sexual acts or other labor acts. It can be both sex and labor trafficking. So enticing people, trapping them into providing services for economic gain that does not benefit them without their consent. And generally children under 18 cannot give consent for commercial sex acts. There's generally other trafficking hotlines as well if you're doing mandatory reporting, and other resources and legal protections available for victims of trafficking. That's a little bit about the indicators of abuse.

2. General Mandatory Reporting Guidelines: Roles, Laws, and Process

MW: I want to go into our general mandatory reporting guidelines. As I mentioned, this is not going to give you the map for your state exactly what to do or your community, but we want to give a general overview as to what you might expect and where you can find more information.



Who is a mandated reporter?

MW: So who is a mandated reporter? If you're on this training and you're working with refugees and newcomers, you are most likely a mandated reporter. In most states, refugee resettlement direct service workers are mandated reporters. Some states also include staff or volunteers that provide organized activities for children. So that could be your volunteers doing your after-school programs and your summer camps.

MW: Other probable mandated reporters that you may interact with are any health care workers and doctors, social workers, mental health professionals, teachers and school personnel, camp counselors, foster parents, and sports or activity coaches. So it's a pretty broad range. Again, it varies some state by state, but you can err on the side of caution that if you're here, you're likely to be a mandated reporter.

Service Provider's Role

MW: So what's our role? Our role is to make that report as a mandated reporter to support the child or vulnerable adult and potentially the family, and to connect them to resources. Our role is not as an investigator. So we're not going to teach how to investigate if something happened or how severe it was because that's not our role. Our role is to report it to an investigating authority. As we can, we should provide non-judgmental care and support to the child, youth, vulnerable adult, and connect them to needed resources. We're not always looking just to get disclosure, but to be aware. That's why we went through some of those indicators, because a lot of these folks aren't going to disclose to us.

Case Scenario: Santiago and Karla

MW: I'm going to go into a little case scenario just to get our feet wet. We have Santiago and Karla. Santiago is seven; Karla is five. They're siblings in a Guatemalan family that resettled three months ago. The family has completed their initial Reception and Placement, R&P services, including their cultural orientation. You're running an after-school program at your agency, and you have enrolled Santiago and Karla. When they come to their first session, you notice each of them has a few visible bruises on their arms and legs. When you ask about the bruises, they shrug and say it was nothing, but they look uncomfortable and avoid your gaze.

Discussion Question

MW: So to answer some of these case scenarios, we're going to be using this tool called Slido, which you can scan the QR code or go to [slido.com](https://www.slido.com) and type in code 1496754. We'd like to take just a minute or two to hear what some of our audience participants think might be the next step in this case. How might you respond or try to navigate the situation with Santiago and Karla? We'll give folks a couple seconds to respond.

What would your next step be in this case?

MW: And we started strong with a report. Contact DSS, Department of Social Services; talk to parents about the bruises; report, asking further questions, talking to the parents, talking to the kids more; calling CPS, Child Protective Services. I'm seeing a lot of make a report, contact social services, and then maybe initiate a conversation with the parents, speaking to both parties, talking to the children for further details. These are great contributions. Talk to a supervisor. I would definitely plus one that. Continue to monitor and contact



parents. Ask the kids to have a better understanding. Inform supervisor. Great. I think people are getting some of the key points that we're going to cover today. So I'm really glad to see you all engaging.

Mandatory Reporting Process

MW: All right. So we're going to go to the next slide. So first in this process, we're going to determine if you have reasonable suspicion to make a report.

Step 1: Determine Reasonable Suspicion

MW: As you could see in that case scenario, there was very much reasonable suspicion: bruises, they were being avoidant about it. So that was step one. In step two, we'll make that report with the local or a state abuse and neglect agency depending on what's going on in your state, and we'll talk a little bit about where you can identify that protocol. And then when we're able, step three is to follow up with authorities and support the clients.

MW: So first, determining if we have the reasonable suspicion. Using those skills about receiving disclosure, those indicators of abuse, this is when we see if we have a reportable case.

When is a mandated reporter legally required to report?

MW: So when are we legally mandated to report? You have to have that reasonable cause to suspect. So again, reasonable suspicion like it wasn't an assumption you had or just a thought, but you have something that leads you to believe there's child abuse or vulnerable adult abuse or neglect. If you observe it directly, if you observe abuse or neglect, then you must make a report to the local hotline or agency. If there's immediate or imminent danger of life or limb, call 911 before making that report. But calling 911 doesn't replace the report because you still want to get child welfare services or Child Protective Services involved as soon as possible.

MW: I want to note that if you find yourself in a place to make a mandatory report, you don't need all of the facts. You need what you know, and just indicate when you don't know an answer. And you don't have to know everything. Again, we're not investigators. We're here to provide the information so that the child or vulnerable adult can be protected as soon and as well as possible.

Responding to Disclosure: I CARE

MW: So if you receive a disclosure, we can respond to disclosure with an acronym: I CARE. So the "I" stands for information. You want to gather information but not investigate. Don't make someone repeat the disclosure. If you need some urgent details maybe from a child, then maybe you can ask that, but don't ask them to say, "Is that what I heard you said? Can you repeat that?" because that can be really traumatizing. We're not the investigator. So if you're pretty sure you heard it, that's enough to report. The investigator will go and find more information.

MW: "C" is for calm. Try to stay calm. Just take a breath and listen. Answer questions honestly, and don't make any promises, especially with children, saying, "Nothing's going to happen," or, "No one's going to find out." That's not true. So just try to say, "I'm here to support you."



MW: So that goes into the "A", to assure. Assure the client that you can handle the information. I know it can be really activating. It's hard, but we want to try to not react really intensely to the child because they might think they did something wrong... the child or vulnerable adult, they might have done something wrong in reporting to you. But to say, "I can handle this. I'm so glad you came to me with this information." You can be proactive and have a script. After the training, we will send out scripts, a couple of sample scripts and a lot of resources. So one way you could do this is to say, "Thank you for telling me. That must've been difficult. I'm glad you included me so that I can try to support you. I will need to let someone know, and we will take it step by step." So that's just a very simple thing you can practice in case you ever find yourself in this situation. Again, we'll be sending out those resources tomorrow after the training. So you don't want to promise anything specific, but you want to try to stay as calm as possible, be kind, and assure the child.

MW: "R," as you may have guessed, is for report. So this is not something that should wait. You should report to the appropriate agency or hotline as soon as possible directly.

MW: And finally is "E" for encourage—so to just encourage policies and environments that prioritize client safety. And we're going to talk more about what that support means. But that really means being proactive about information and other policies that help support children and vulnerable adults and all clients.

Step 2: Make the Report

MW: So here we are in that "R" in I CARE. Now we're going to make the report. And what does that look like?

Whom do I report to? How do I find state resources?

MW: So who do we report to? There's some really great resources to find very easily what the reporting mechanisms are for your state. The Child Welfare Information Gateway is searchable by state, as is the National Adult Protective Services Association to learn more about those vulnerable adults and maybe elderly adults. Your State Department of Human Services likely has some really great reporting resources. And a lot of states have free training, which you can find just by searching your state's name and "free mandatory reporter training." So that is something that might be available where you are.

Protections for Mandatory Reporters

MW: As a mandatory reporter, you are legally protected. An employer cannot prevent or discourage reporting, even if it's about someone in the agency. They can't retaliate against you. You very much have the protection of the law. You are legally protected when you make a report in good faith. As long as you reasonably believe there's a reason to make a report, you have legal protection. And your status as the reporter is kept confidential. Your identity cannot be disclosed to anyone but the reporting agency. It's not disclosed to parents or clients or even anyone else in the agency necessarily. It's really known only to investigators. So those are some really important protections if you're feeling a little nervous about mandatory reporting.

What to Expect When You Call

MW: What you might expect when you call. The agency or hotline worker will likely ask the name of the child or vulnerable adult. So if that's the client or someone else you witnessed, the name of the parents or the caregivers; the name of the alleged abuser, if that's different from the parent or the caregivers; where the



client can currently be located, where they live, are they at home, are they currently at school; other concerns or helpful information. It's helpful to say the child is a refugee, the child doesn't speak very much English, they arrived just a few months ago, any other helpful information. Again, you don't need every detail to make a call. Just provide that information to the best of your ability.

Step 3: Follow Up

MW: So when we're able, we want to follow up with authorities and definitely continue supporting the clients. As you can imagine, if we've reached the point where a mandatory report was made, the client doesn't stop needing support after that mandatory report. They really need more support now that you've made that report.

Your Role During and After Reporting

MW: So, your role. First of all, you need to document the report and safeguard sensitive information. Make sure that you talk with your agency, your supervisor, ahead of time on how they're going to keep your anonymity. If a case file is ever asked for by a client, to make sure that your name doesn't have to be in there. As you're documenting the report, ask for a case number from the hotline or whoever you talk to. That can be helpful in following up later. And also figure out in your agency how you're going to store that information so that not all other, even people in that family, necessarily know that a report has been made. This is very sensitive personal information.

MW: If you have a release of information with the clients, you may be able to follow up with the child protective agency for updates or to ask for next steps. And you're going to want to continue supporting the client with referrals, with ongoing assistance, advocacy, and safety planning if needed. And this is really... We're going to get into that in the next bulk of our training.

What Happens Next

MW: So what might happen next? The agency will look into the report in a time-sensitive manner. They'll screen for urgency and severity. So that's training that they receive. They'll likely visit the client, the family, within one to three days.

MW: I was a bilingual case manager in a school, and I had to make a mandatory report. And Child Protective Services showed up to the school later that day so that they could talk to the kids in a safe space. So they will act quickly, especially depending on the severity of the report.

MW: They may determine there's no need for further investigation, but they will keep a record of the report. That can be for a number of factors that they have indication that it's not as severe, or that it's a first-time minor offense and they're going to keep an eye on it, or the case is already open with Child Protective Services and so they're already in some kind of follow-up or intervention. And I just want to note again, your reported information, who you are, and when and how you made the report, it's never shared with the alleged perpetrator or the family members of the children. So that is, you are protected, your confidentiality.

MW: So that was a lot of information. We're going to take a five-minute break. We'll come back at 3:06 because we have a lot more material to cover.

[pause]



MW: We'll get started in one more minute.

[pause]

MW: Alright, Patricia, I'm ready when you are. Alright.

3. Cultural Sensitivity and Special Considerations for Refugees

MW: So to dive deeper into the heart of this mandatory reporting with our population with refugees and newcomers, think about cultural sensitivity and special considerations.

Discussion Question

MW: So I know we have a lot of experts who work with refugees or were refugees themselves in this webinar. I'd love for a moment to go back to that Slido tool. It should still be open on your phone or your mobile browser, but you can scan the QR code or go back to slido.com. And to just think for a moment on,

[What are some cultural implications you anticipate in mandatory reporting with refugee clients?](#)

MW: So you've heard a kind of overview on what mandatory reporting is and how it works, and I bet you have great ideas and questions as to what does that mean for clients, for our refugee clients, how might their culture affect—

MW: I see religion, different ideas about acceptable discipline, losing clients' trust, misunderstanding, adjusting to U.S. systems, child separation, distrust. I'm seeing a lot about discipline and distrust. Culture. Misunderstanding is really big up there. Cultural belief on solving issues within the family, views on discipline or parenting, trust issues. Corporal—I'm seeing other things about discipline. Not understanding U.S. laws. Honor has shown up in there. The honor and the shame of maybe having been subjected to mandatory reporting. Gender roles is in here. I'm really glad some people have mentioned that. Worry about immigration. Fortunately, a lot of the populations that are ORR-eligible may have a more secure status, but that's not always the case. And just the trauma of having had insecure immigration status in the past can be scary when it comes to working with Child Protective Services or mandatory reporting.

MW: I'm seeing behavior, status, different levels of shareable information, shame. Increasing vulnerability, are you making folks more vulnerable. Punishment and stress, re-traumatization. Literacy, if folks can read about the resources or know what's available to them or know what's expected of them. These are such great contributions. And we're going to cover a lot of these, but I'm glad that you're already primed to think about it. It really shows we have such a group of experts in the room. So thanks for your contributions.

Newcomer Risk Factors

MW: So what are some risk factors for our newcomer clients? We know that newcomers have all kinds of risk factors for harm in general, trauma, and vulnerability. These are many of the same risk factors that are therefore experiencing abuse and neglect or domestic violence.



MW: So the entire notion of a child welfare system may be foreign to a family. How it works, that can lead to a lot of conflict or gray areas in terms of what should be reportable or what folks... Their trust levels, as came up in the word cloud. We'll return to the notion of poverty more deeply, but lack of resources is a major risk factor for abuse and neglect. Lack of those material resources or social capital; newcomers who live in dangerous neighborhoods with violence or a higher propensity for trafficking, or if there's just not resources to address some underlying issues, that can be a big risk factor.

MW: Isolation that newcomers can experience can lead to emotional distress. That can become a risk factor. If there are no social supports, if there is no... If there's isolation even within the cultural community, newcomers can often feel marginalized, overwhelmed, not know where to turn for culturally competent help.

MW: Prior trauma experiences. Unfortunately, a prior history of abuse and neglect or other trauma is a major risk factor for perpetuating violence. We know forcefully displaced folks have often witnessed a lot of violence. They have higher levels of trauma and exposure to violence. That can become a difficult cycle of violence to break. That's not to say that all or even most clients who have witnessed violence or experienced violence will perpetrate it, but it is a higher risk factor.

MW: And as we mentioned, we'll get into this, cultural practices that might be considered abuse or neglect in this country, or not knowing that those practices are punishable by law or even frowned upon, social stigma, those can be risk factors for child abuse and neglect as well.

Cultural Responsiveness

MW: So how can we think about being more culturally responsive? I want to share, there was a famous case in New York City in 1997 of a Danish mother, so from Denmark. She left her child in a stroller outside a restaurant in New York when she went to dine in the restaurant. Someone called 911 that there was a baby left outside a restaurant, and the child welfare authorities were involved. To this mother who was middle class and in her culture, leaving a child out to breathe fresh air while she was in a restaurant, knowing that others on the street as they might've in Denmark, this is what she thought were looking out for the child and making sure they were fine. That was considered acceptable. It was actually considered better... She thought it was better for the baby to be in fresh air than in a restaurant where in Denmark, people might be smoking or there isn't enough sunlight. She had no idea that when she came to New York, she was engaging in criminal behavior. She thought she was doing the best thing for her baby.

MW: I want to start with that story because that's a Western European culture. I want to break a little bit of stereotypes that only non-Western or non-White cultures have practices that in the U.S. would be considered abuse and neglect. There's a lot of different cultural understandings. So this is not just a "them" problem. We really want to break that stereotype, whoever "them" might be. Factor in that we're working with even more different cultures, that someone from Denmark might feel more culturally at home in the U.S. than some other cultures of folks that we work with. Some of the things that you brought up in that word cloud. In Liberian culture, children are raised really communally overall. So having neighbors look out for your children, letting them roam in the neighborhood alone is considered acceptable. It's considered healthy for the child.

MW: I don't know if anyone watches... One of my favorite shows on Netflix is Old Enough, which is about Japanese toddlers going through a rite of passage of running their first errand for their parents, like going to the supermarket or buying fish for their grandmother. So even that sweet show, if that was happening in the U.S., parents sending their toddlers to cross busy streets alone into town to perform tasks, that might be



considered neglectful in the U.S. Even though we watch it on TV, we know it's part of a different culture, but if someone witnessed that in their neighborhood, that might be considered abuse and neglect.

MW: So it's really important to think about the way culture affects how we raise children, how we think what is best for children, how we treat children, also each other and adults, culturally shapes the way that people are raised. Some examples are family sleep habits. So, co-sleeping is considered in many states to be a form of neglect because you might roll over on a child or a baby that's sleeping with their mother. In my social work class, that's something that came up, and I was really surprised to hear that. I have a lot of friends and family members who have co-slept with infants, and so that was a surprising one to me that that might be considered abuse or neglect. You can think about things like alternative forms of medicine, religious or spiritual healing practices that might involve some physical marking. Those can be important, can be different cultural considerations.

MW: Spanking and other corporal disciplines, so physical punishment. I saw this come up a lot in the word cloud. Sometimes for some people it's spanking a child or hitting them to not put... So they know that something is dangerous, to not put themselves in further danger. That was a way to keep children safe historically or in a very violent community or community that was a neighborhood that was unsafe for them. That was a way to really impart to the child that that was not a safe behavior. So there can have been good origins for corporal discipline even if we disagree with it or we find different versions of physical punishment unacceptable in this country. They have different origins, and there's just different cultural ideas of corporal discipline that we need to be aware of when we're working with families.

MW: I sort of mentioned this, but rites of passage that may change or disfigure the body. If we think about gender-based identities... So if a family is neglecting or abusing a child who has come out to them, for example as LGBTQ, understanding where their cultural understanding of that is and trying to work to educate the family to not abuse or neglect based on that identity. So these are all examples of how culture can really affect our clients and what they think is abuse or neglect.

MW: So how can we identify and nurture those strengths, and think about what the family is doing well for a child or their vulnerable adult? How could you talk to families about that? How could you encourage communal raising within the neighborhood or within your ethnic community while emphasizing that in this country, young children especially are not to be left at home alone? That people need supervision and attention? But how else could you try to think about communal child raising? How could you praise families for giving their children opportunities to learn responsibility and grow up like in the "Old Enough" [show with] toddlers doing errands, but still educating them about what it means to be safe in the community and at home in this country? How could you work with the strengths of a family who wants to give their child fresh air and sunshine while not leaving them unattended outside a restaurant?

MW: So there's lots of ways that we can try to educate about the law and community safety in this country without denigrating or criticizing the exact practice that came before it. If that cultural practice falls within the legal definitions of abuse and neglect in your state, it must be reported. So we want to work with families as much as we can. We want to understand their cultures and where they're coming from, but we do still have a responsibility to report.



Case Scenario

MW: So let's try out some of these skills with a case scenario. You are taking a recently arrived Afghan family to a local mosque to connect them to their community. As you drop off the family, their eight-year-old boy is not listening to his parents' requests to get out of the car. The situation escalates, and you witness the father strike the child's cheek with his hand. The mosque's imam also witnesses the interaction. As the family enters, he takes you aside and asks that you not report the incident, citing cultural norms and explaining that the family is new to this country.

Discussion Question

MW: We're going to go back to our Slido and think how might you respond to the imam. If you're in that situation, he's asked you not to say anything or report,

How might you respond to the imam?

MW: Ask how they'll intervene. So talk to the imam about what some alternate solutions might be. Give him a second chance. Education, not reporting. Unsure. If it were easy, it wouldn't necessarily be a case scenario. These are real-life things. Some people are saying it is mandatory reporting. Explain that I'm required to report, but I can give some information. Let the imam know they need to learn new laws. Say maybe you're a mandated reporter as a religious leader. If the child has a mark, educate if it's the first time. Ask to use a different way to discipline. Cultural workshops. Thank him for his concern and redirect. Report and educate. Inform the supervisor and check in with the family. Ask if they're required to report. Checking if those religious leaders are required to report. Educate on U.S. laws. Say that you understand the cultural norm, but that it's not acceptable, something has to change. So I'm seeing a lot of educate and still report. So working with the family, working with the imam, talking, being considerate and kind, but still needing to report. These are really, really great.

MW: For the sake of time, I'm going to move on, but I really appreciate all of your thoughts and contributions.

Case Scenario Continued

MW: So let's say we reported. In this case scenario, we thanked the imam for his perspective. When you return to your office, you make a report and you later schedule time to speak to the family, to educate them on disciplinary practices that are accepted in the United States. So, great job. We really captured what one of these possible responses could be.

MW: The next time you drop the family off, the imam confronts you, upset that the family was reported. The report was anonymous, but the family told him they were contacted by the local Child Protective Services. So your identity was supposed to be protected, but the imam suspects that it's you.

Discussion Questions

How would you navigate this situation?



MW: What might you do next? I see lots of typing, which is great. Neither confirm nor deny you made the report. You're not required to say, "I made the report." Not engage in speculation. Educate the imam on the requirements. It's not his business, or be truthful.

MW: You have some options here. You can say, "I had to make the report and use it as an educational moment." You could say, "I'm not at liberty to divulge that information. I'm trying to support the family with educational materials." Think educating about why it was important to report or why you had to report, is very valid. So I report to the police. So if you're feeling unsafe for some reason, then you need support, security support and response. Be kind. Yeah, I think there's ways to do this and be firm but also kind. Remind him that you're protected by law, that this is the law in the USA.

MW: So we're seeing some different approaches, and there's not necessarily one right answer here. You can have that open conversation with the imam if you're feeling unsafe, that you can't have that conversation. You can thank them for their perspective and say, "This is private information. The clients—their information is confidential as well. Even if they've shared with you, I'm not at liberty to share what's going on with this family. We're trying to support them as best we can." Making the determination on your level of comfortability. So comfort. And offer to provide the imam education about community laws, U.S. laws, explaining the duty to report. So I love this broad spectrum. People are being really thoughtful on what they would be comfortable with and how they might respond to this situation. Thank you so much for your contributions.

MW: We're going to continue thinking about this family. How can you continue to support the family even though you've made this report? Which... we'll talk about how that's actually supportive of them. But what else can you do to support this family beyond the report?

How can you continue to support the family?

MW: Follow up regularly through casual conversation. So checking in. Cultural orientation, education, providing resources, info about other case management programs. I love all these answers, and I think... Check in with the family and build a relationship with them. Help them navigate CPS, so Child Protective Services involvement. Parenting classes. Let them know that you're working with them and not against them. You all took the words out of my mouth. What I really wanted to emphasize is that explaining that you're there to work with them, and that this doesn't mean you can't have a relationship, that you don't care about their well-being, the well-being of their children. You want to support the family, and this is part of what support looks like, both legally and ethically. So cultural orientation, being proactive about the cultural orientation your clients are receiving, understanding that culture is different here, trying to understand or break down corporal punishment; monitor the child's wellness, making sure that children are safe. Family support groups, counseling, appropriate community partners. These are all wonderful answers. You guys are doing really well in supporting our family through this situation.

Distinguishing Poverty from Neglect

MW: We're going to move on to what I've been promising, is how we can distinguish poverty from neglect. So poverty is when the caregiver does not have the resources to provide for the need. Neglect is when the caregiver has the resources but chooses not to provide for the need. So we know that there aren't always the resources to provide for clients as maybe we would want to provide for our own children or loved ones.



MW: Something came to mind as I was preparing this presentation. When I was a kid, a family friend told us she went to a parent-teacher association meeting, and a wealthier parent said that she thought it was bad, it was neglectful to let kids wait outside alone in the dark for the school bus in the morning. That to her seemed like neglect because she had the privilege of having a car and being able to drive her kids to school. The school bus is there. It's a legal affirmation of the right of kids to get to school in this country. It's there to support families. Legally, it's not considered neglect. And a lot of families are not able to transport their kids to school. They're working, they don't have a car, they don't have the right transportation options. So I want to give this anecdote as a matter of perspective of how we can see the two sides that... And that's not even a lot of people send their kids to school on school buses who aren't in poverty necessarily. I rode the school bus as a child, but that's the best resource available to them.

MW: So we want to think about, are we being biased against people who don't have resources, or are we truly seeing that a caregiver is choosing not to provide the resources they do have as withholding care or resources from their children? Connecting families to resources is really at the heart of our resettlement work. For those of you working with clients, that's what you're doing every day. We are responsible to proactively connect families to resources and educate them, and to try to avoid those negative consequences of poverty, or at least reduce their impact on the families. So those things don't necessarily constitute neglect.

MW: This is where mandated reporters are often in the position to be effective supporters. This is where we support with finding child care options, transportation options, other local supports, home visiting programs, medical or mental health support. So I will just say linking a family to resources can happen even if you are reporting suspected abuse or neglect, that it's beyond the harmful effects of poverty that you can still provide those resources. But that's how we differentiate the intention of, "I want to give this to my child, but I don't have the resources," or, "I'm just withholding this from my child," and that's neglectful.

Interactions with Authorities/Child Welfare

MW: I think this is something that was mentioned briefly in the word cloud: the interactions with child welfare. Many refugees have deep fears of law enforcement and authorities from their experiences, especially child welfare authorities. Some people come from governments where the child welfare authority is there to be a big brother to watch and take what is most precious to families, to punish them, to take away their children. And in general, seeing people in uniform who may come to the house or come to interview you, that can be really traumatizing or re-traumatizing for those with PTSD, for people who had really bad past experiences with government abuses, with government forces. We have clients who have experienced militants kidnapping children, the army kidnapping people or taking people from their homes. So that can be really re-traumatizing. We're trying to keep that in mind. Even if we have to report, how can we support the family and explain to them what's going to happen? And what are some of the legal protections they have in this country even if they have been reported on?

MW: Because many refugees come from cultural contexts that exercising one's rights with the authorities is unfamiliar or fear-inducing. I had an Eritrean client who applied for food stamps, and he was approved and there was a letter that said, "If you don't agree with this decision, you can appeal to the government." And he looked at me and he said, "What do you mean I can argue with the government? I'll end up in jail. I can't tell the government they did anything wrong." And that was just about... He had already been approved for food stamps, and he was triggered by seeing that letter like, "There's no way that I could ever argue with the government." So imagine if you are in a reporting situation and the family feels like they've been wronged or you witnessed that child welfare authorities didn't act properly, and they have rights, they can maybe appeal a



decision or ask for more support or speak to a supervisor. They may not see that exercising that right is even possible. So supporting them through some of those contingency plans.

MW: Think when it's possible and safe for you, how can you advocate for cultural competency with child welfare services? How can you make sure they have effective linguistic interpretation? How investigators can keep in mind some of these trauma-informed principles that you are thinking about all the time, and some of that cultural sensitivity when working with a family? So that's where you are poised to be a really effective supporter, is if you can be somewhat, if you can accompany the family through this process, if you can explain to the authorities who come some of the cultural contexts or why this family is struggling with these issues, and make sure that the family understands how they can improve the situation, what their options are, and how they might support their children better in the future.

Possible Bias When We Report

MW: When I think about possible bias when we report, we all have implicit bias. When that bias is left unchecked, it can guide our decision-making about whether to report. So, two factual examples. One is that children of color were overrepresented in reports of suspected maltreatment by all groups of reporters. So all groups of reporters in the U.S. were more likely to report that children of color were being abused or neglected. And as we said, that's not a statistical fact in the communities. There is violence in all communities. Another one is that mutual sexual exploration between LGBTQ or Black youth is more likely to be reported than sexual behavior between White youth of different sexes. So if youth are having sexual exploration with each other, it was more likely to be reported as sexual abuse if it was between LGBTQ youth or Black youth. So those are some examples of how bias can affect when we think something is abuse or neglect or not.

MW: So how can we overcome some of that bias? Implicit bias, once identified, can be changed. I want to recognize that if you're receiving disclosure, or you're encountering this situation, it can be really stressful. You can be in a state of elevated fear or concern. You want to give yourself a minute to make sure that you've examined the strengths, that you're feeling a little bit calmer about the situation. You can take a minute, take that deep breath, and acknowledge and accept that you're worried about the danger; you're worried about the child or vulnerable adult who has been reported to you. We all have biases. It's human to have biases. And that's why we started with that disclaimer to try to overcome some of those biases.

MW: But when we're being disclosed to or we're witnessing something, we want to try and be as self-aware and as unbiased as possible. Keep reflecting on your reactions. Try to examine the strengths in the situation. Come to it with cultural humility. Examine the risks, but also think about the strengths of the family and their culture. And keep thinking about those culturally responsive approaches. Our implicit bias is shaped by our experience of what we see as safe and risky. And so if we only view families through the lens of their risks, we may be missing those strengths and the way that, for example, children are really cared for are... We want to create and endorse those safe, physical, and emotional spaces. So the more culturally responsive we can be and self-aware about our own biases, the better that we can support these clients.



4. Maintaining Client Confidentiality and Trust Through Mandatory Reporting

MW: So that takes us nicely into our last section, which is about maintaining client confidentiality and trust. That was the other big thing that came up in that word cloud. How can we continue to support clients and maintain their trust?

Mandatory Reporting as Client Support

MW: So mandatory reporting, it can feel very antagonistic to clients, and it might feel that way to you as well. We want to try to reframe that for your own sake and also, when you're talking to clients about how mandatory reporting is really client support. It is supportive of clients. So at the end of the day, Child Protective Services and authorities, resettlement agencies and refugee service providers, and families all are working towards the same goal, which is what's best for their children, for the families, for vulnerable adults, what's best for the people that we're talking about. That's an important shared fundamental value.

MW: And so, as we discussed, some people may not think or have any notion that the authorities or the child welfare service might be looking out for children. So trying to say, "We're all trying to work together. We know that you want the best for your children and for your loved ones." Immigrant and refugee families have often made significant sacrifices to seek a better life for their children. In my work with families, I don't think I encountered a single parent who at one point didn't say, "We came here, it was so difficult, but we came here for the future of our children." So we're trying to lead with that. This is, we all want the well-being of the family. How do we help connect the family to learning new norms? We talked about cultural orientation, helping orient families to what's expected of them, what's culturally appropriate, what's legally allowed, and really respecting our strengths-based approach with clients, that our clients have the ability to learn and change.

MW: So parents who have raised their children one way with one set of norms, if they are given education and time and a safe space to learn that, they can change those behaviors and they can really support those children in a way that's more culturally appropriate here. So talking, giving that psychoeducation proactively, not only reactively after something's happened, but in cultural orientation. In other resources, always have resources on appropriate family raising or discipline or anything available for families who are interested. You don't have to wait for a report to have happened, for there to have been an incident. So these are some of the ways that mandatory reporting can be supportive of clients.

When to Discuss General Mandatory Reporting with Clients

MW: When to discuss general mandatory reporting with clients. You don't want to surprise clients. The idea of mandatory reporting is, you're not a secret spy there to report. You want them to know that these are some of the expectations, and you are someone that if you find out about this, you have to make a report. You can give that information in the initial client meetings with rapport building. You can reinforce it with client rights and responsibilities, that you have a responsibility to give mandatory reporting, but the client has the right to confidentiality or to receive support or to appeal whatever those rights and responsibilities are.

MW: With notices of privacy practices, we have another script that will be available in the post-webinar resources on how you can tell a child or a family or a vulnerable adult that what they tell you is generally confidential, but you have to break that confidentiality in suspects of child abuse or neglect, or if someone is at



risk of hurting themselves or others. So that's a way that you can communicate that. And you can just remind if needed, if something is kind of that gray area where folks said, the first time I would educate and say, "Here's the information. If you repeat to do this after I've explained to you that it's illegal or that it's not acceptable, I will have to report." So you can bring it up at any time.

Case Scenario: Nzinga

MW: Let's go into another case scenario of Nzinga. She's a single mother from the Democratic Republic of Congo with three children, Emmanuel, Therese, and Veronique. One of your volunteers has been asked to pick up Nzinga for her employment intake at the agency office. As the volunteer and Nzinga leave the house, Nzinga reminds the kids that the neighbors will be keeping an eye on them until she returns. The volunteer felt uncomfortable leaving the children behind, but she did not have appropriate car safety seats to bring them along. When the volunteer brings Nzinga to the office, she tells you about the kids at home. So you decide to take Nzinga home after the appointment to see for yourself. It is after dark, and the kids are home alone.

Discussion Question

MW: So what are some steps that you could take with Nzinga and her family? You can join again at [slido.com](https://www.slido.com) or scan the QR code.

What are some steps you could take?

MW: Have a conversation. Educate. Connect to affordable child care. Ask more questions. Educate her about the rules of leaving children at home. Follow up. I wouldn't report as a first intervention. Report the situation to your supervisor. Research appropriate ages for leaving children home alone, then educate on the requirements or expectations about child care. Ask who in the community can watch the kids, relatives or friends. What other resources are available in the community? I love all of these answers, and the idea of talking to your supervisor if you're not sure, letting the supervisor know. I did education as a first step, but if this continues to happen, I may need to report having the supervisor or your supervisor's support, so that someone else knows what's going on or gets another eye on the case. Provide her with child care. I know that getting car seats in child care is not always something that's available at any moment, but if those resources are available to just refer on, that would be a wonderful solution to this issue. Refer the family for intensive case management. What other programs in your agency can help support families with some of these same needs? Explain watching them needs to be in the same place. So just giving some cultural context as to what it actually means to supervise children under U.S. law. These are all great.

MW: Alright. We're going to move on for time's sake. Thank you all for your contributions.

Involving Clients in Reporting If Safe/Possible

MW: So involving clients in reporting if safe and possible. So in some states or situations, it's not safe or even legal to involve the client in reporting, so you want to be aware of that and really look into those state laws. But if you think that it's safe to involve a client in reporting, for example, if a child is being abused by one parent and the other parent has disclosed this to you. You can ask, "Do you feel safe and comfortable in co-reporting with me and helping me make this report? I have to; you can join me." What are some of the advantages of that? It can empower clients. It can dispel fears about child welfare, the involved authorities. They can also



show the authorities that that client is looking for help; they're not being adversarial; they want that support for their children.

MW: A disadvantage if it's dangerous to the case worker or the clients involved, it's not... You shouldn't do it. It can create antagonism or mistrust. So this is really where you kind of have to have that judgement call. But if it's against state protocols or agency practices, then you definitely shouldn't do it. So we like to talk about it because it can be appropriate, but it's definitely not always appropriate. Even if it's appropriate, a client can decline involvement in reporting. They're not obligated to. They're not the mandatory reporter on themselves, so if you have to make that report alone, that's fine. You did your best to try to mitigate some of that situation.

After Reporting

MW: After reporting. Reporting can make a situation temporarily more dangerous for the client. I know this is not what we're trying to do. We want to protect our clients and support them, but that can happen. So how can we continue to support the client by staying safe and stable? We'll talk about safety planning in a moment. You still have a duty to serve the client, even if they are the ones that you made a report about. You need to remain professional and supportive as much as you can. If that client is unsafe, you need to be able to support them or make other community referrals or agency referrals. If you are in danger after reporting, please make sure to tell your agency and your supervisor, and help set up appropriate safeguards for yourself. That's a really important step. If you really are feeling unsafe in your community or with other clients, get support from your agency or supervisor immediately.

Safety Planning

MW: To support the client, we can engage in safety planning. I'll touch on this briefly—that's the next slide—because we have a lot of resources at Switchboard here about safety planning with refugee clients, including youth. Safety planning may be more warranted when there's an ongoing or increased risk to a client's safety, if someone might lose housing because of a report or if the abuse might increase because Child Protective Services has been alerted. Safety planning may also be warranted if both the victim and the offender are clients. So you need to serve both people, but you need to keep some information separate, some of those resources separate. How can you plan with the victim or the survivor to get what they need without having to continue running into the offender at the office?

MW: Safety planning can also be warranted of office workers themselves—so whether that's you as the service provider and the person who made the report or other people who work at the agency [who] feel endangered or less safe in their community. If you share an ethnic or religious community with a client who's had a report made about [them], and even though that you had nothing to do with the report, that person has started to make you feel unsafe because of that report, then you need to seek safety planning for yourself and the support of your agency or your supervisor.

Case Scenario: Zaina

MW: We're going to be going to our last case scenario here of Zaina. Zaina is a woman from Syria who has recently arrived and moved in with her cousin, who was her U.S. tie. In your most recent home visit, Zaina tells you privately she cannot stand how her cousin and his wife treat their adult son with disabilities. She says the parents often punish the son for urinary incontinence by locking him in the closet or withholding his dinner.



She says she has never seen the family physically strike him, but he sometimes cries and moans from the closet. Zaina reports otherwise feeling safe and comfortable in the home.

Discussion Question

MW: For our last Slido for today,

How can you support Zaina, as well as the family (even though they are not your clients)?

MW: So, what are the different levels of support that we can have in this case? Reporting. Sounds like a reportable situation of a vulnerable adult who is at risk. Contact Adult Protective Services. I'm seeing safety planning and education. So Zaina will probably need some safety planning. She might lose her housing if she's kicked out because of the situation. I saw something on mental health, that this can be distressing for the family, for Zaina, that she may need reporting. Educating the client. Referring to necessary program. So I see a high risk. Look into alternative housing for Zaina, and then report on the UST, so the U.S. tie.

MW: So we definitely want to report immediately. This is abuse, and this falls under our mandatory reporting. You can provide some resources to the family. I know that a lot of you have a lot of cases and you don't have the bandwidth to report or provide resources to everyone that you meet or to provide a lot of intensive case management. But you can say, "This is where you can find more support. This is what you might expect of Child Protective Services. Here is an agency that works with developmentally disabled adults or otherwise disabled adults that you might be able to get some education and support."

MW: So you definitely have that responsibility to safety-plan for Zaina and look out for her housing, but you also have an ethical responsibility to help the family get help with extra care to take care of the patient, to provide those resources to the family. Refer them for help, even if you are not going to be their case manager, that you want to provide that support. You want to provide resources, educate the clients it's not an appropriate way to treat a child or a vulnerable adult. Explain that it can be a crime, just even knowing that the legal implications, that doesn't mean that you're judging them one way or another, that [it's not] how it has to be perceived except that it's the law. So you want to work towards the safety of the child in any way that you can. So we have some kind of dual responsibility here. I'm glad you all took note that this is definitely a reportable situation, and that a lot of different people will need support in this situation.

Q&A Panel

MW: That's the end of our formal presentation. I'm going to look into some of our Q&A questions here. I know we got a good question about if someone falsified... made a mandatory report about something that they knew to be false or they made up, that's a very serious offense that can have legal consequences. So the legal protections for mandatory reporters are only if that's made in good faith. And so we really want to make sure that we're only reporting if we really... Not to falsify reports. It's unethical, and it's definitely illegal.

MW: Another question that we saw come in was,

If we suspect abuse in adults who are not considered vulnerable, do we still have the same duty to report?



MW: The answer is no and yes, I would say. On one hand, if someone is not vulnerable or incapacitated either mentally or by age to be able to protect themselves, we want to engage in client-centered practices of checking in with the client what they want, having some self-determination.

MW: But that being said, if someone's at serious risk of losing a life or limb, that is reportable to 911. You can work with the client to say, "I'm really worried about your safety," or, "I think that you can get resources for what you're going through." So that reporting isn't mandatory, and we don't want to act like it's mandatory, and we want to try to work with the client to find the best option that works for them. Some of these exact requirements can differ by location and profession. You want to consult your agency or a supervisor, your local laws and professional codes of conduct to see whether you have a duty to report. You may feel that you somewhat have an ethical duty to report certain violations of safety and how can you navigate that.

MW: So those are a couple of questions that came up. I'm trying to go through in our last few minutes to see what other questions we can answer. If one of my co-hosts wants to flag any other questions for me?

[Do resettlement offices provide cultural orientation on U.S. laws or cultural differences related specifically to abuse and treatment of children and spouses?](#)

MW: So, yeah. So cultural orientation should generally involve some things about U.S. laws and treatment of family members. So I see that the follow-up question is, if organizations in the community should assume that they've received some of this education. I would say it's difficult to assume. That orientation should be there, but you don't know the exact schedule of it or what the facilitation was. While we should err on the side of safety and always reporting for our clients, we can also err a little bit on the side of, "Okay, you may not have known this. This one time, let me give you this information. This is really vital that you know, and there won't be leeway next time."

MW: New arrival families may have adult children who live in the home until they get married. The definition of dependent adult for reporting purposes may not meet the criteria to call Adult Protective Services. So, I think, again, this goes back to you. You do have to use some of your own judgment and agency protocol. If there are adults in the house who don't meet the term, the legal definition in your state of vulnerable adult, but you think that they're still vulnerable, you may try working with them or talking with them directly, consulting with your supervisor. Or you may feel that this is too egregious, kind of an abusive, again, that serious risk of harm that you may need to report as well. So that's where those legal protections come in, that if you are making a report in good faith and you are protected from any retaliation or possible bad consequences.

[Is the identity of the reporter kept confidential after the report is sent to the investigating agency?](#)

MW: In many jurisdictions, the identity is kept confidential. Confidentiality is typically protected by law to encourage individuals to report suspected abuse or neglect without fear of retaliation. There are a few exceptions to this confidentiality rule. In some cases, the identity of the reporter may be disclosed if there's a legal requirement to do so, such as during court proceedings or if there's a need to ensure the safety of the victim or others involved in the case. So again, that would only, that breach of confidentiality would be for those legal reasons and would be really taken with care. Additionally, in certain professions such as health care, education, there may be internal policies or procedures that dictate how information about the reporter is handled within the organization.



MW: These are all really great questions. I wish that we could answer them all live. I do want to direct you to some of our recommended resources to continue engaging with this topic. On the next slide...

Conclusion

Reviewing Learning Objectives

MW: So first of all, thank you so much for attending this session. We hope you're now able to describe key principles of mandatory reporting and reportable situations such as abuse and neglect of children and vulnerable adults. You're able to identify who may be a mandatory reporter and possible steps of the reporting process. You're able to integrate cultural sensitivity and special considerations for working with newcomers in the mandatory reporting context. You're able to apply client-centered and trauma-informed principles to maintain client confidentiality and trust while upholding mandatory reporting responsibilities.

Recommended Resources

MW: So on the next page—Patricia, I'm going to ask you to go one slide more—I just want to mention these recommended resources. We have just released a guide on the Fundamentals of Mandatory Reporting for Refugee Service Providers in the U.S. So a lot of the information that was shared in this presentation you can review there. This webinar will be archived to the recording. And the slides, those will be available tomorrow. More of that link will be sent to you. We have other resources on sexual and gender-based violence, on safety planning. And we're going to be providing as well in our resource list a lot of those external resources that can be helpful on working with immigrant and refugee families, on mandatory reporting, on questions of child abuse and neglect.

Feedback Survey

MW: So now we'll go back to our feedback survey. If you were so glad that you joined this training today, if you can scan the QR code, or Patricia will put the link in the chat to the survey. It's a five-question survey. It should take you about a minute. It really helps us improve our future work and technical assistance and these public trainings. So we really want to hear from you about this training, what you thought, what you think could be improved. So if you could just please take one minute now to scan that QR code, or to go to that link and fill out that survey. We would really appreciate it.

[pause]

Stay Connected

MW: As you all are continuing to fill out that survey, I want to go to our last slide here, just really encourage you to stay in touch with Switchboard. You can go to our website at any time. The resources on there are free at SwitchboardTA.org. We have a very big resource library that is searchable by topic and author and resource type. We have videos and archived webinars and blogs and tool kits. You can follow us on LinkedIn, on X, formerly Twitter. You can email us on our website at SwitchboardTA.org. You can submit a technical assistance request. If you work with populations that are eligible for Office of Refugee Resettlement services, you can submit a technical assistance request and ask for more resources or possibly a training or tailored consultation call for your needs.



MW: At this point, we are at time. We would love for you to stay in touch. Please make sure to fill out our feedback survey if you haven't completed it yet, and we really thank you for joining our training today.

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