

NAMI Ask the Expert:
How to Talk About Child Abuse and Neglect
Featuring Michelle Fingerman, Larel Jacobs, and Laura Schwab-Reese
April 13, 2023

Dr. Christine Crawford ([00:00:00](#)):

Thank you so much for that, Teri. I'm really looking forward to our presentation today. We can go on to the next slide. So, we want to remind you that if you need support during the presentation today or at any time, remember that you are not alone. So, feel free to connect with NAMI helpline via phone, email, chat, or text, and you see the information there. But we're going to move on to the next slide. And I want to say that, on behalf of NAMI's CEO, Dan Gillison, NAMI's Chief Medical Officer, Dr. Ken Duckworth, our board, and our board president Joyce Campbell, I'd like to welcome you to the April episode of NAMI's Ask the Expert, focused on adverse childhood experiences, specifically how to talk about child abuse and neglect.

Now I'd like to introduce you to today's speakers. So, Michelle Fingerman serves as the Vice President of Prevention Programs at Child Health. For over 25 years, she has worked with children and families who are impacted by child abuse. We also have Larel Jacobs, who currently serves as Director of the Childhelp National Child Abuse Hotline. Her professional work has included direct clinical services in residential treatment, school-based settings and the hotline industry. And last but certainly not least, we have Dr. Laura Schwab-Reese, who is an assistant professor of public health at Purdue University. Her primary research focuses on family violence prevention, specifically understanding child maltreatment related help seeking behavior and services. So, I'll hand it over to our speakers. Take it away.

Michelle Fingerman ([00:01:55](#)):

Thank you so much, Dr. Crawford, and thank you for having us today. We are really excited to be here to share with you information on this important topic, especially during April, which is National Child Abuse Prevention Month. Each one of us can support kids and help to prevent or reduce some of the short and long-term mental health impacts associated with child abuse. And we want to begin by acknowledging that everyone comes to this webinar with their own life experiences, and the webinar does contain topics which may be triggering, including child abuse and neglect, suicide, and self-harm. If you feel you need to, it is absolutely okay to step away and please feel free to reach out to the NAMI helpline support as indicated previously.

I'd like to start with a bit of background on why my colleagues and I are so interested in supporting children experiencing abuse and neglect. Part of the reason why is because child abuse is a substantial problem in the United States. In 2021, more than 7 million children were referred to child protective services, also known as Children's Services, the Department of Children and Family, DCF, DCS, or CPS. We'll use these terms interchangeably throughout the webinar. What this means is that approximately one in 10 children in the United States are showing substantial signs of abuse and/or neglect that someone picks up the phone and calls to make a report to the State Child Welfare Agency.

Michelle Fingerman ([00:03:40](#)):

These signs can be physical, emotional, or behavioral, and this may just be the tip of the iceberg. We know that many children, especially older children and teens, don't show any signs at all. They often have to disclose their experience to be identified by others. As a result, these numbers likely underestimate how many children are truly impacted by child maltreatment. Recent estimates suggest that one in four children will experience abuse or neglect before they turn 18. Aside from the immediate physical and emotional impact children can experience as a result of child maltreatment, a child's reaction to abuse or neglect can have a lifelong impact.

Child maltreatment can be linked to physical, psychological, and behavioral consequences later in life, including some of those listed here. While they may be independent, they're often interrelated. Furthermore, children who experience maltreatment are often affected by other adverse childhood experiences. So as communities and service providers, we can work to limit the long-term consequences of abuse through primary prevention approaches, and by providing trauma-informed care when abuse has occurred. We can also promote protective factors to increase wellbeing and reduce the symptoms for those long-term consequences.

When young people go through the child abuse disclosure process and share their experience, it is really critical that they receive supportive responses. When young people do not receive supportive responses, it really can compound their trauma. Supportive responses help reduce self-blame and can play a role in reducing the likelihood of long-term consequences. Unfortunately, many young people don't have positive disclosure experiences, and they report that they were not believed, or those that they may have disclosed to were unwilling to help.

So, these type of experiences, the type of experiences reduce the likelihood that they will reach out for help when they disclose or reach out after a disclosure and can really increase the likelihood of experiencing more significant short and long-term consequences. But we're also here to share some good news with everyone. We continue to learn more and more about how to best support those who have experienced child maltreatment and how to have supportive conversations with young people throughout the disclosure process. It may be helpful to first give you an overview of our hotline.

The Childhelp National Child Abuse Hotline has been in existence for over 40 years, and we are the only national hotline specializing in child abuse and neglect issues in the United States. We're staffed 24/7 by professional counselors, the majority of which are master degreeed professionals. And the hotline provides information, education, connections to local community resources, emotional support, and crisis counseling. About five years ago on our hotline, our leadership team recognized that people calling the hotline for support were primarily adults that were calling on behalf of children. In fact, over 90% of the callers were adults, such as parents, relatives, mandated reporters, and other community members.

We knew that young people needed support but were not reaching out to us through phone calls. It was at that time that we began the planning process to implement text and chat services in hopes that it would open an avenue for young people to feel more comfortable in reaching out for help and support. We knew that this generation was very tech-savvy and we hypothesized that these modalities would present an opportunity where young people would be more willing to seek help directly. When we launched these text and chat services on the hotline in 2019, we also partnered with quantitative researchers to understand who was actually using the text and chat, what issues they were reaching out about, and how they felt immediately after contact with a counselor on our hotline? And we quickly learned a few key things.

Michelle Fingerman ([00:08:35](#)):

The volume through text and chat came much more quickly than we anticipated. Text and chat conversations were significantly longer than helping support somebody through phone calls. Over half of the users of text and chat were people between the ages of 13 and 24. And while child abuse and neglect were the primary issues that young people were seeking help for on our hotline, other top presenting issues included mental health support and the dynamics between parents and teens, specifically relationship-based issues. And finally, we realized just how nuanced it was to have these crisis-based conversations and to have supportive disclosure processes through written words alone.

So, we often say in our work together, it's really complicated. It was at this discovery that we knew that there was more work to do in better understanding how to have these difficult conversations with positive outcomes. So, at that time, we were fortunate to partner with Dr. Laura Schwab-Reese out of Purdue University to engage in qualitative research, to really dig in to learn how to best successfully support young people seeking help around the topic of child abuse and neglect, specifically in written format, and how to create space in this format for a positive disclosure experience. So, I will turn it over now to Laura to share details on how we began to break down this nuance process.

Laura Schwab-Reese ([00:10:25](#)):

You would think three years into a pandemic, I would not still be having myself on mute. But thanks so much, Michelle, for sharing that background information. So as Michelle shared, we know that experiencing child maltreatment increases the risk for a whole range of negative health outcomes, depression, anxiety, substance misuse. So, we kept that in mind as we started to approach our work. There were two other things that we really kept front of mind as we started. First, we know that disclosing abuse can be really important. People who disclose abuse and receive that positive support tend to have fewer mental health symptoms and less severe mental health symptoms, both in the short term and in the long term.

These outcomes are even better if the person intervenes, and the abuse stops or is reduced. But on the other hand, if people disclose and they receive a negative response, they're told that people don't believe them or that it's their fault that the abuse is happening, those people's mental health symptoms tend to be more severe, even more severe than if they hadn't told anyone at all. So what this means is that the stakes are really high. When a child talks about abuse, it's really important that they receive a supportive response.

So it was keeping all of those things in mind, but we really set out to understand how can we help people who are talking about and asking for help about child maltreatment. To give you a bit of a sense of how we conducted this research, we started with 314 conversations from the thousand plus that occurred on the hotline in July 2020. Like Michelle said, it has become a very popular way for children and young people to seek help. So Childhelp de-identified these conversations before sharing them with us at Purdue. That means we can see the kinds of things that are being talked about, but any type of identifiable information was removed before we had access.

Laura Schwab-Reese (00:12:22):

Meaning we don't know who the people were, we don't know where they lived, we didn't know any of their specifics. But we did get to see what is the crisis counselor saying? What is that help seeker saying? So, with these 300 conversations, we used a qualitative content analysis approach. And I'll break it down a little bit because basically what that means is that we read, and then we reread, and then we reread, and I think we actually reread these conversations. We spent months really focusing on understanding the situations that were happening, what was working well, what wasn't working well.

And we looked for patterns and things that we saw coming up again and again. We wanted to understand in really very fine detail what's happening in these conversations, what makes them go well and what makes them go maybe not so well. And ultimately, we found that these patterns, there are about three patterns in these conversations. I'll share a little bit more about each of them in a moment. But as a brief overview, we looked at how the conversations progressed, what type of content was discussed, and finally, how can you help children feel like they're supported, help them feel like they matter during those conversations.

These three questions are really unexpectedly complicated. You may think, "Oh, these should have very easy answers." And what we found is that I could spend the next three days telling you all about the things that we found and I still would have more to share. It's really complicated, as Michelle referenced earlier, to do these conversations well. I like to use the analogy of building a house. And so imagine that the way a conversation happens, how you move from starting a conversation into the real heart of the conversation and then ending the conversation. That part is like putting up walls and framing a house. You have a structure, but it's not necessarily a place that you want to live yet.

So, you have to do all the things that finish that interior. You put up drywall, you lay floors, you hang doors. I'm sure there are many things that go into finishing a house. But in our analogy, finishing that structure, putting up the walls, all of that is the content. So what are you actually talking about during this conversation? Are you talking about child protective services? Are you talking about what's happening at home that's upsetting the child? Are you talking about mandatory reporting? And what we've found is that many types of conversations and many types of topics are covered during these conversations.

And our last question, those are all the things that make that sterile empty building of a conversation feel like home. If you think back to the last slide, you saw blank walls and empty floors. And that probably will keep you safe, it will keep you dry, but it's not a particularly inviting space. You don't necessarily want to settle in and relax. So it's through attending to the emotional dynamics of the conversation, validating the child's experience, showing that you care. Those are all the parts of the conversation that make it feel good, that make it feel like a safe space to talk about child abuse.

So, what'd we find about conversation progression? This is, like I said, we could spend the next three days talking about it. But in a more simplified version, ultimately, we found that conversations work best if they have this type of framing. So, you start by listening and you ask questions to try to understand what's happening. Then you work together with the child to identify options and resources. And finally, and this ideally happens throughout the conversation, but particularly at the end, you check in to see if what you're doing is helpful. This can be as straightforward as saying, "I don't know if what I'm saying is helpful. I don't know. What can I do to be more helpful?"

Laura Schwab-Reese (00:16:21):

It can also mean, if you're not talking in text or chat like we are, you can watch the body language, you can watch people's non-verbal cues. Those can be really great ways to see if what you're talking about seems to be helping or it's causing the child to be more closed down. But some of you, particularly if you work with children professionally, you may be starting to think two key words that come up a lot when we talk about child abuse, and that is mandatory reporting. So in research, we see that lots of people are really scared about what to do or what to say when a child talks to them because of mandatory reporting. So before I get into more about how you can support kids, Larel is going to take a few minutes to address this elephant in the room.

Larel Jacobs (00:17:11):

Thank you, Laura. So, when it comes to the topic of youth disclosing experiences of abuse, mandatory reporting is an important consideration. While the majority of people that work in social services or even general public are aware that there are mandatory reporting laws, it can still be quite a bit confusing to see what that looks like in practice. We wanted to take a moment and ask our audience how many are mandated reporters and a couple follow up questions. So, we'd like to do a poll at this point. So, if you would take a moment and answer those for us, we'd appreciate it.

Hopefully you're able to give us feedback on. If you are a mandated reporter, if you understand the mandatory reporting laws in your state, and how confident, or if you feel confident about the process of making a report, when to make it, to whom, how to make it. And then, I'm not even sure if I get to see the results right away or they'll just come up. All right. Okay. Majority are mandated reporters, and some maybes I see. Majority do understand, also some maybes in there. And almost half confidence, but the other half is no or maybe. So very interesting and in line with what we see often being consultants to mandated reporters on the hotline. Thank you so much for participating.

Next slide. So of course, we want to begin with an obvious disclaimer. We are not lawyers, and this is not legal advice. Consult your organization's legal counsel or a licensed attorney in your state for specifics when it comes to mandatory reporting. Confusion around reporting can be exacerbated by how different states define and dictate mandated reporting processes. Similar to how definitions of the types of abuse and specific child abuse laws are different all across the country, mandated reporter laws can differ. As of 2019, most states do identify professions that fall under the mandate, but there are a few states that have more broad language requiring all persons to report.

Throughout all those differences, there's a foundational spirit of the law, and that is basically professionals and adults that are made aware of abuse that has occurred to a child should make every effort to notify authorities of the abuse in an effort to stop or reduce the harm. Generally speaking, the higher the severity of harm to a child, the more intense the mandate to report is. So once someone is made aware of abuse, to make a mandatory report, you need to know who the child is, where they live, or even go to school, or where they can be found, and then what abuse is occurring.

Larel Jacobs ([00:20:54](#)):

Again, the intent is to specify the incident of abuse that was disclosed and then identify the victim so that intervention can occur. Particularly with professionals working with clients, there's a good chance that you know or can find the identity of a minor. And often you're in a working relationship with them. So, the key to being able to both protect the safety of the minor and maintain trust is to make sure that the minor is informed and knowledgeable about the possibility of reporting. This conversation could be part of an introduction to a minor and preemptively advise about a professional's limits to confidentiality.

But the main goal is to notify them that someone is a mandated reporter and ensure that they understand what that means. If this notification was not initially established with the youth, it might even mean pausing the conversation about abuse to be clear about possible next steps so that they have the ability to make a choice. That is key in that connection. So as mandated reporters, we do not have control over the investigation or the consequences of reporting, but we can influence the minor being prepared to tell the story. Next slide.

So, when a youth is not aware of mandated reporting laws, it can lead to reporting of abuse before they're fully ready, which can sometimes prompt feelings of betrayal or even recanting. But if the child is informed and then they refrain from talking more, it can be helpful to offer options. Confidential resources such as the ones listed on the screen could give youth a safe place and an opportunity to talk through situations and determine next steps in ways that prepare for interventions that might be possible. These confidential resources also allow for more emotional support around disclosures, which is incredibly important for when the abuse doesn't quite meet the requirements for formal investigation or intervention.

Offering resources such as these to youth can offer a safe first step in asking for help, and it may empower them in their decision making, which would hopefully then to be to connect to a mandated reporter and/or make a report themselves. If a minor that is known to you has been informed of your mandated reporter status and continues to disclose abuse, it will be important to stay engaged in the conversation. There will be ways to get the necessary information, but being present and supportive to the youth is crucial in reducing trauma as we've talked about. Dr. Schwab-Reese will talk through that framework and best practices in having those conversations next.

Laura Schwab-Reese ([00:23:47](#)):

Thanks Larel. So I'm sure people still have questions about mandated reporting. As we saw in the poll, only half of mandated reporters are maybe unsure or are not sure about what that process should look like. I want to affirm that it can be really complicated, but hopefully, the little bit of information that we've shared can clear up some of those most common questions. If you have other questions, feel free to drop them in the Q&A. Again, we're not lawyers, but we have spent a lot of time thinking about and talking about mandatory reporting.

So, once you know what your mandatory reporting obligations are, you can focus more on how to help the child. Like I've said, the three main things to cover are listening and trying to understand what's happening, working together with the kiddo to identify next steps, and then checking in to see if they're getting what they need. Those things are, if you go back to the house analogy, those are the basic frameworks of a conversation. But you still need to put up the drywall and lay floors and make that conversation feel comfy. And when you're in a conversation, it can feel like these two things are at odds with each other.

Laura Schwab-Reese (00:24:56):

On the one hand, you really want to give emotional support. You want that conversation to feel good. You want the child to leave feeling like someone cares about them, someone took the time to listen to them. But on the other hand, you also generally need to help them figure out some resources and some actions. And it can feel really tricky to find that balance. When we built the practice model for the hotline, we thought a lot about how to balance that, how do you get enough emotional support and enough of that resources and action. This practice model is far too complicated for the "normal conversations" many people will have. But we've found that it's quite helpful for our crisis counselors.

I'll go over it quickly so that you understand the totality of what we found and how we've decided to implement the findings. But if you have questions, feel free to drop them into Q&A. That said, I want to spend far more time, a little bit later, talking about what works for you, and less time talking about what works for us. So first, we put three things at the heart of every conversation. Our counselors need to be empathetic; they need to focus on the person, and they need to be clear in their communication. To be completely transparent, I think this is basically what's needed in a conversation. If we could train people and get people to do all of these things, this is pretty much everything that's needed.

But it can be helpful to scaffold out a conversation a little bit more and create a roadmap for what a positive conversation can look like. So, we have five stages in our practice model. And for each of those stages, we have three key pieces; things to keep in mind, underlying meetings, and intended outcomes. So, the things to keep in mind like here, does the help seeker understand PACTECH or the hotline's role? Those help the crisis counselor know what to focus on. The underlying meaning is how you get at those conversational and emotional dynamics. By focusing here on here's what I can do, those crisis counselors trying to convey in all messages, "I'm trying to help you and here's how I can do that."

And then the intended outcome, here it's a shared understanding of the hotline, lets the counselor know when they're probably ready to move to the next part of the conversation. So, the second part of having a conversation for our crisis counselors is exploring the issue. It's important that they have enough information about the situation to make good suggestions or to offer relevant resources, but this doesn't mean that they're trying to interrogate the help seeker. They're not investigating, they're just trying to get enough information so that their suggestions are meaningful, that they're worthwhile to the child. We ask here that they try to convey, "I'm asking questions because I want to understand." Not, "I'm asking questions because I want to investigate and see if you're lying or see if you're telling me the whole truth."

Once counselors have enough understanding, they can move into problem solving. And problem solving doesn't mean telling kids what to do. Let me tell you one of the fastest ways to have a child shut down or to annoy that child is to tell them exactly what to do and to not have a conversation about it. So, problem solving in this situation really needs to happen together. It's the process of throwing out some ideas or asking the child if they have ideas, talking about what they think about your ideas, and then figuring out what needs to change. Maybe you throw something out and the child says, "I can't do that. There's no way." We see that a lot when a crisis counselor suggests, "Could you talk to child protective services, or could you talk to a teacher?"

Laura Schwab-Reese (00:28:46):

We see often that the kid says, "There's no way. I can't do that." And they freeze. So, what you're doing through co-creating solutions is you're working with the child to figure out what they think will actually work. So, they may not feel comfortable going to child protective services right away, but they may have a friend, they may have a family friend, someone that can be that intermediate step in helping them get help. The next step is status checking. So often, counselors are doing this throughout and checking in and seeing if the conversation is working well. But it's really extra important as they start to wrap up the problem-solving section.

Does the help seeker think that these things will work? If not, it's time to figure out why, what specifically won't work about those things, and then try to find other more promising ideas. And finally, the wrap up. So as long as the conversation has gone well, you've done a lot of co-creating of solutions, you've checked in with them throughout the way, this can tend to be a pretty quick conclusion. But it gives the help seeker another time to express concerns or to think about other ways to go about next steps. It's really important that when you leave a conversation, the child feels like they know what to do and they believe that what you've decided together has the possibility of working. They may not be a 100% convinced that it's the perfect solution, but they at least think that it has possibility.

So, I've thrown a ton of information at you about our practice model. But at this point, I'd ask, if we were in-person, I'd ask for a show of hands. Probably, most of you don't have a full-time job talking about child abuse. Many of you probably only have these conversations once or twice a month or even less than that. So, unless you're having these conversations every single day, day in, day out, it's probably too many details to remember. For the rest of the webinar, we're going to talk about some more straightforward things that you can do and hopefully you'll have these techniques in your back pocket for the next time that a child talks to you about abuse.

So, I'm going to start by talking about three common issues that kids tell us over and over. These are the kinds of things that go wrong. These are why they don't feel supported. These are why they don't tell someone again in the future. At the highest level, truly condensed down, all of these relate to the adult doesn't believe them. More specifically, kids report feeling like they're being judged based on their past behavior. If you think back to our earlier slides, we talked about all of the different health and behavior consequences of maltreatment. This means that kids who are being abused might be the ones who are skipping school or they're using drugs or they're self-harming.

And if that's the case, kids report feeling like, "Oh, the adult didn't believe me because I'm the bad kid." And so, it can be easy to just brush off, this disclosure is more bad behavior. If you start to feel that, if you start to think, "Oh, this is just another kid acting out like they always do," try to remember and try to take a step back and know those kinds of things may very well be related to the abuse. It's not evidence against the abuse. It may actually be so the evidence that something is happening. The second common issue is that kids say adults can't possibly believe that their family or their friends or their neighbors would hurt a child. There can be this immediate reflex to defend the parent.

Laura Schwab-Reese ([00:32:20](#)):

Someone comes to you and says, "Your neighbor is abusing the child." You can go into, "No way, not my neighbor. They wouldn't possibly do that." But even if you don't think it's possible, try not to convey your disbelief. Try to suspend some of that and at least don't tell the child that you don't believe them. I'll have some suggestions in just a little bit for how to do that. And finally, kids say that adults brush them off, or they say they don't want to talk about it. Sometimes, adults will say things like, "Oh, I'll report it to CPS for you, and they'll take care of it." And CPS very well may be able to help in the long term, but children also need to be helped and supported in the moment that they're asking for help. So just brushing it off and saying, "Yep, I'll get you over to CPS," doesn't usually get what they're truly asking for, which is support in that moment.

So, thinking about what to do. So now you know what not to do. Thinking about what to do. The first thing I suggest is that you pause and focus on the child. We've seen across many, many research studies that it's really hard for kids to talk to adults about abuse. So, if a child is telling you about abuse, it's probably because they trust you and they think that you might be able to help, meaning you're already doing so many of the things that will be helpful for these kinds of conversations. So, step one, take a deep breath and give the child your full attention. If at all possible, take the time to be fully present with them. Put down the phone, stop making dinner. Whatever it is that you're doing, direct your attention to that child and let them know that what they're saying is important to you.

The second thing is to give them the benefit of the doubt. I can't tell you how many times conversations go off the rails because adults immediately convey, "This isn't possible. It's not happening." And I'll invite you to take a step back from that role. You're not the investigator right now. Whether or not you think the person you know could be abusing their child, just listen. Listen with an open mind. And finally, it's okay to not have all the answers. It can be really scary to have these conversations. And you may not know what to say when a child comes to you and ask for help.

You may feel like you need to have all the solutions, or you need to know all the answers. And it's entirely okay to admit that you don't know the right answer, or you don't know what will happen. If that happens, if you're in a space that you don't know what to say next, you might offer to connect with a place like Childhelp together, or you might offer to contact Childhelp or something like it on behalf of the child. So, the hotline may be really helpful for you in these conversations. So, I'm going to let Larel share a little bit more about the specifics.

Larel Jacobs ([00:35:17](#)):

So, you've heard a bit about it, but we really wanted to take a moment to mention it again as a related resource, as it can be a source of support, information, guidance, connection to relevant resources, and just that problem solving related to those discussions or situations about child abuse and neglect. While Childhelp is not the direct reporting entity, since those are handled by local and state agencies, they are available 24/7 and staffed by professional counselors. And so it's really that place to lay out questions and concerns, that includes mandated reporters that are not sure of what and when to report, parents or caregivers that have concerns, help seekers themselves, and even adult survivors of abuse. We offer support to everyone. And the way to access is to call or text 1800-422-4453. And then of course, the online link is on the website, childhelphotline.org.

Larel Jacobs ([00:36:22](#)):

Next slide. So, the website, in addition to the chat link, also has a variety of information and resources that are designed specifically for parents and youth, especially that target population of teens and young adults. The goal is to both educate and support help seekers. And the examples of information that we have there include definitions, signs of the different types of abuse, featured topics that are common in hotline contacts, coping strategies, frequently asked questions related to reporting, and then additional resources such as books, websites, apps, and then other hotlines that can also be helpful to the variety of populations that reach out to Childhelp for support.

Laura Schwab-Reese ([00:37:13](#)):

So, thanks Larel for sharing that additional information. If you're feeling really confident about all the information that we've shared so far, I'm going to give a few more advanced or more specific things to think about. But so far, everything that we've shared, that's enough to get you to a place where you can be supportive and really help these kids who are talking to you. But like I said, we have a few more advanced or more specific things that you can think about. The first is to be very specific in your responses. The difference between a cliché or a disingenuous statement and something that's truly comforting is how tailored it is to that situation.

So, saying you're so brave, you're so brave, you're so brave over and over can start to feel condescending. But saying you're so brave and then connecting it with a brave action works better. So, you can say something like, "You're so brave to come talk to me about being hurt by your dad." That shows not only that you think the child is brave, but it demonstrates that you're paying attention to the things that they've been saying. The second thing is to be realistic. So sometimes, a child just wants to talk. They don't expect you to do something. More often though, they hope that you'll be able to help them. And it's important to be very realistic about what's possible.

So don't promise that CPS will or won't remove them from the home. Don't promise that they can come live with you. Don't promise that their parents will stop hurting them. Basically, this is not the time to be speaking in absolutes. You can say you hope things will go a certain way or you think things might happen this way, without making a promise. We know that when kids are being abused, it can be really hard for them to trust adults. So, making a promise that they'll be removed from their home or that they can live with you, if that doesn't end up happening, can actually make it harder for them to trust adults in the future.

The final thing is to respect the child's privacy. So maybe I should have put this in talking about abuse 101, but as much as possible, share the information only with those who absolutely need to know. It can be really hard for kids to talk about abuse. And so, if they find out that they came to you and they really shared some private or some sensitive information, and then you told all your colleagues or you told the extended family, it can be really hurtful for them. If you do feel like you need to talk to someone and you're not a mandatory reporter, talking to the child about that, asking their permission, can go a long way.

Laura Schwab-Reese (00:39:51):

So, I'm going to start wrapping up today by talking about some scenarios that you might encounter. Starting with, a child just told me about abuse, and I have no idea what to say. If you're like me, there are times when your mind just goes blank. You're like the deer in the headlights. You don't know what to say. So here, we've offered some ideas about how you can buy time. So, you can start by asking open questions. This conveys that you want to understand, but it also gives time for your brain to catch up while the child is talking. So, you can say things like, "What's happening that makes you feel..." And then name the feeling.

I present these a little bit like Mad Libs. So, I don't know if you all remember Mad Libs, but it was basically a fill in the blank and you have to fill in a specific type of information in that blank. So here, we've offered some open questions. What's happening that makes you feel... and then you name the feeling. When did... and you briefly paraphrase that situation. How can I help? You can also, after you've asked some open questions or you can go directly to this, you can validate their experience, or you can paraphrase or reflect what they just said. So, you can use all of these base sentences in nearly every situation.

So, if you remember it sounds like you're feeling, and you have a guess at what the child is feeling, that's all you need to do. So, you can say you mentioned that, and paraphrase the situation. Or you can more explicitly validate them. It can be hard to... and then add the feeling of a situation. I can see why you're feeling... and then add the feeling. All of these are great ways to explain to the child or show the child that you care and that you're listening. But because they're a little bit cut and paste, they give you some time to think about what you're going to say next or what you think is important to talk about next.

The next thing that might come to your mind immediately is, "I don't believe that my family or my friend or my neighbor or whoever it is would do something like this. The people in my life wouldn't abuse a child." And I'm going to let you in on a little secret here, and that is, you don't have to believe the child in order to be supportive. I've given some options here that are completely independent from believing that the child is being abused. So unconditional positive regard is a great way to do this. You can say something like, "Your feelings matter. You deserve to be safe." This is true whether the child is being abused or they're not being abused. Everyone deserves to feel safe and everyone's feelings matter.

You can also validate their experience... Or their feelings. Excuse me. You can validate their feelings without saying anything about the experience. So, I've given a couple more Mad Lib style prompts here, where you can say things like, "I understand that you're feeling, I can see that you're feeling, it sounds like you're feeling." All of these show that you're listening, and you're invested in that conversation, but they don't require you to say anything that you believe to be untrue. You might also be in a situation where the child is panicking, like truly in a crisis moment and you don't know what to do about it. So, there are a few things that tend to work well.

The first is something that's called TIPP skills. This is a collection of things that tend to bring people out of that immediate crisis response. I could get real nerdy about this because it's all so fascinating how our body works. But one of the first things that you can do is reduce the temperature of the face. So, there's something called the dive reflex in humans. That is the tendency for your heart to slow down when your face is immersed in cold water without oxygen. There are a few ways that you can induce the dive reflex. So, if you're at home or you have access to a big bowl and cold water, you can put enough cold water in a bowl that you can submerge your face up to about your temples.

Laura Schwab-Reese (00:43:55):

So, a couple caveats here. Don't use super cold water, nothing below about 50 degrees. But then leave your face in that cold water for 30 seconds or so, or if you're feeling uncomfortable before that, go ahead and come on out. You can also place an ice pack or a cold compress on your eyes and your cheeks, wrap it up in a wet washcloth or a wet towel to keep it from being too cold on your face. But this works well on its own. It can also be effective or more effective to hold your breath while bending your face forward. You can also splash some cold water on your face. So, the second of the TIPP skills is to engage in intense exercise for about 20 minutes. This type of intense exercise has been shown to reduce negative mood and rumination while also increasing positive mood.

We know that high energy emotions prepare your body for some kind of action. So, fear, for example, prepares you to run. So, by exercising, you're re-regulating some of that type of energy. The third skill is paced breathing. So, this is where you slow down the pace of your breathing to five or six breath cycles per minute. You keep breathing out slower than breathing in. So, you could breathe in for a count of four and then breathe out for a count of six or eight. The final skill is pairing relaxation of your muscles with breathing out. So, there are lots of variations of progressive muscle relaxation, very briefly, and I highly recommend YouTube as a source for specific techniques, but essentially, as you breathe in, you tense different muscle groups. As you breathe out, you relax those muscle groups.

Another coping technique that I'll share is called the 5-4-3-2-1 coping technique. I'm sure someone somewhere has given it a fancier name than that, but that's what I've always heard it referred to. It's a way of bringing the child back into the current moment. So, you first ask them if they're willing to do this type of coping technique. Say things like it's helped other people when they're really feeling like they're in crisis. It can make you feel a little bit better. So, you ask them, "Tell me five things you see, four things you can touch, three things you can hear, two things you can smell, and one thing you can taste." It really helps bring them back to that present moment where they're safe with you.

The final scenario that we'll go through is that you're panicking. You don't know what to do. And I'm here to reinforce for you, if you don't have these conversations often, you probably will be at least a little panicked. That's okay. For the most part, kids talk to adults who they trust, and they picked you because they trust you and they think you care. So, it's entirely appropriate to be genuine to yourself. It's okay to acknowledge that you don't know what to say or that you don't know what to do. It's okay to admit that it's hard to talk about abuse sometimes. But confirm that you do want to help can go a long way. If you're feeling a lot of stress or you're still feeling like you don't know what to do, this is a perfect time to contact the hotline and get some help for you in helping the child.

So, as we wrap up, I want to leave you with my three top tips for talking about abuse with children. They're a lot like that center of the practice model. They're enough. So remember that it can be hard to talk about abuse for kids. We know that they receive a lot of negative responses, so it's a risk to come talk to you. Which means if they're talking to you, in almost all situations, they trust you, they think you can help, and they believe that you're someone who's safe. So first, be attentive. Put down the phone, stop making dinner, whatever it is you're doing. Give them your full attention.

Laura Schwab-Reese ([00:47:58](#)):

Second, be genuine. Like I said a minute ago, the kids who choose to talk to you did so because of who you are and your relationship with them. So, it's okay to be true to you because you are the one that developed that trusting safe relationship. And finally, be kind. If I could ask only one thing, it's that you show these kids kindness, whether they're being abused or not, whether you believe their story or not. Kids say that it's really hard to... Kids who are talking to others about abuse are having a hard time regardless of whether the specifics of the story are true or not. So being kind to them is never going to be the wrong answer.

I hope these tips have been helpful. I look forward to our question-and-answer time. As I wrap up, I'd like to acknowledge that our work is funded by a grant through the Children's Bureau. We are so incredibly grateful for their support in this area. I also, one more time, I know you've heard it several times from us, but if you want to learn more about our work, you can go to childhelphotline.org. If you need to talk to someone about child abuse that you've experienced or you want to learn about how to help someone else who's experiencing abuse or neglect, the site has all sorts of resources, and it also has the directions for how to call, text, or chat with a crisis counselor. So, I am excited now to move to the question-and-answer section.

Dr. Christine Crawford ([00:49:33](#)):

Thank you so much for that wonderful presentation. There were so many things that really stood out and resonated with me. But at the end, it was well said when it was mentioned that being kind is never the wrong answer. It's such an important thing to consider, because just being there, being kind, creating a space to listen to this child is meaningful and you can't forget this simple thing. So, I've really appreciated those three basic simple steps that you left us with at the end. We're receiving a lot of positive comments throughout the Q&A. And one of our attendees had just shared a thank you about providing such a comprehensive and compassionate presentation about how best to be present and empathic when it comes to children who are experiencing abuse and trauma. And I really appreciate everything that you shared.

So, we have a number of questions that have come through our Q&A. And for our attendees, continue to pose some questions in the chat, in Q&A, so that we can bring them up for this part of the discussion. Now, one of the things that came up, and you spent a lot of time talking about mandatory reporting, and one of the questions that came up was, if you're a mandatory reporter in your current occupation and you're no longer had that job, does that mean you remain a mandatory reporter? But also, for adults who witness abuse or they're hearing from children that abuse had taken place, as an adult, are you also obligated to report that?

Larel Jacobs ([00:51:30](#)):

Do you want me to jump on that? Because that was mine. So going back to that disclosure. Well, we can't give the exact details for each state because there are unique things. So, I would always refer you to a look in the state that you're in. The two thoughts that come to mind is, one, when it comes to, is there a consequence for it, you would want to look at, an example would be, a lot of times, a consequence of not fulfilling mandated reporting is losing your license or some kind of professional consequence. So, you would want to look at that, right? Is that a factor for the new role you're in? Or are there still things for very severe abuse that you withheld reporting? There can be criminal ones if it was ever found out.

Larel Jacobs ([00:52:18](#)):

But what I would go to more specifically is, ethically, how do you feel as a person who has worked in the mandated reporting space and knowing the spirit of the law, of awareness of abuse that has occurred to a child, and the intent of trying to get an intervention, where can you sit at that? Right? I think the majority of us are going to fall on the making an attempt to get that report made. Also recognizing there are good faith laws that protect anyone that makes a report, a good faith report. So, the shorter answer is, depends. And I know that's hard. But I think those are the factors that you have to look at and decide, when you get the information, to default for the safety of the child is always going to be your best plan.

Dr. Christine Crawford ([00:53:03](#)):

Yeah. That makes a lot of sense, to use that as the default. Right?

Larel Jacobs ([00:53:07](#)):

Yeah.

Dr. Christine Crawford ([00:53:07](#)):

And really thinking about the overall safety. I think that's a really helpful thing to keep in mind. The other question that came up around mandatory reporting or mandated reporting is around the amount of information to provide in your reports. Any tips or suggestions, strategies for the amount of information to actually share with child protective services?

Laura Schwab-Reese ([00:53:35](#)):

So Larel, I can jump in and take this one since I've done some work with child protective services. So, for the most part, the more information you can share, the better. So, child protective services is so substantially underfunded and under-resourced. I think you don't have to do much Googling to see that there isn't enough money put into addressing child maltreatment. So, the more information that you can give, the better, so that they have enough information to make a decision about whether they want to go forward. So, every state does this a little bit differently. But for the most part, a call will come in. So, a report will come in. Usually, a team will review that report and make a decision about whether it's something that they don't think needs to be investigated or they don't have enough information to investigate it, or they'll decide how quickly they need to investigate it.

So, if you make a report... And I'm going to pull something completely out of the air here. Let's say that you saw a child being beaten in a playground. I would love to think that you would intervene in that moment, but if you didn't, calling CPS and saying, "I saw this at this time on this playground." It'll be really hard for them to track down. They don't have enough information of who that child likely is. So that gets complicated for them. But if you know who the child is, you know where they live, and by that, I mean generally, like Larel said during the presentation, you know where CPS could find them, you know what school they go to, you know what aftercare program they go to, those kinds of things give CPS enough information to do something about it if they're concerned.

So yeah, I think that's always air on the side of more information if you have it.

Michelle Fingerman ([00:55:32](#)):

Absolutely. And I think when we stick to the four Ws, who, what, where... Or the three Ws there. Because I think that gives you factual information if they're willing to share without the child feeling interrogated. As mandated reporters, we're not conducting the investigation. But the more information that we can share, we increase the likelihood that a report will be taken to be looked into.

Dr. Christine Crawford ([00:56:07](#)):

And along those same lines, thinking about our mandated reporters hearing reports of abuse and meeting with children who are disclosing abuse can be quite triggering for the adult. So, any tips or strategies around how to cope with being triggered by the disclosure from a child, and really thinking about vicarious trauma, and how as adults wanting to support kids, we could think about tools and strategies to cope with that.

Laura Schwab-Reese ([00:56:47](#)):

So, we think a lot about vicarious trauma on the hotline, because our crisis counselors are day in, day out learning and talking with people who are in sometimes really terrible situations. I think all of the skills... I think about responding in two phases. So, there's the immediate. You are in a crisis situation yourself. You are feeling in such a way that you are panicked; you can't move on. All of the skills that I shared, the TIPP skills, the grounding exercise, all of those things work well for adults also. So, you can do any of those things. But then there's the post-immediate or post-acute panic or crisis. And that gets a little bit harder because those tend to be sustained or longer-term things that you need to do to address some of that trauma.

I am a huge advocate for seeing a mental health provider. I think that establishing care with a mental health provider and working through some of the things that cause talking about child maltreatment to be particularly sensitive for you can be helpful. I think you can call the hotline, or you can text, or you can chat the hotline. They are happy to talk to people who are also experiencing those kinds of things. They can also learn a little bit more about the specific situation and get you to the right resources. So, if you're in a situation of I am really feeling a significant way after talking to a child, the hotline is a great first step because they can help do some of that, understanding what specifically is happening and then get you in the right direction.

Michelle, Larel, I don't know if you have any other suggestions since you all are in it day in and day out with your counselors.

Larel Jacobs ([00:58:46](#)):

I love the way you spelled it out. One, recognizing and knowing your triggers. You can't fix something you're not aware of. Two, the immediate grounding, coping, all those things, the tricks, the immediate needs. And then three, long-term maintenance. You know the joke that it's more than kale and chocolate, right? It is ongoing re-pouring into you connection to others that you trust and rely on, connection to meaning, right? Those are the foundational things that you have to build. And even therapeutic support, of course, if needed.

Dr. Christine Crawford ([00:59:25](#)):

Excellent. So the other thing that oftentimes comes up is that, if there's a concern about a child who may be experiencing abuse, and say if there are teachers or other staff in a school who are concerned, and as a school counselor, people have approached you about the concern, but what are your thoughts around best ways to broach the topic of potential abuse with the student, if you're not the one with the initial concern, but you do want to create a space in which the child could bring this up to you? I wonder if there are any thoughts about that sort of scenario.

Larel Jacobs ([01:00:11](#)):

If you want to jump in, go ahead.

Laura Schwab-Reese ([01:00:19](#)):

No. No. If you have an answer, happy to let you go first.

Larel Jacobs ([01:00:21](#)):

Well, my mind goes in several ways. Right away, I think, the example was given a school, the mandated reporting would fall on that person whoever got that initial disclosure. And so, as a good colleague, you would want to reinforce and support that person to make the right step. So that would be step one. But then two, the other part I think of is, almost building trust for that child. Be able to make an introduction to show them that you would be happy to be a place if they ever need anything. Maybe you don't allude to the abuse that you're aware of, but you tell them, "Hey, this is the role I play. Please know, I would be happy to listen to you at any time. My role is this."

Even explaining, when we talked about what your limits are and what they aren't, but that you are always there. It's an open door. And then letting them make the choice again. Trying to not force it yet. Set it up, and then wait and see a bit, if that makes sense. Checking in on other things to show, "Hey, I care about you." I mean, that's specific to a school setting or an afterschool program, something like that where you have the opportunity to build the relationship with the child. That's what I'd recommend.

Laura Schwab-Reese ([01:01:36](#)):

I think, Larel, something that you said really resonates, and that is that kids need to have the ability to make a choice. Often when kids are in an abusive situation, they feel pretty powerless, and they feel like they don't have a lot of autonomy about their lives. So rather than going to them and saying, "I heard you've been abused, and tell me everything about it so I can make a mandatory report" is likely to be really scary and to feel really disempowering for them. So, like Larel said, letting them know what your role is, letting them know the kinds of things that you can help with. If you are a mandatory reporter, letting them know that.

And then, like we said in the presentation, there are lots of resources that mandatory reporting is a little bit different. So those confidential resources where they don't know who the child is, those can be a place for a kid who doesn't want a mandatory report made to go get help and support. So, if it seems like child isn't ready to talk to you, making them aware or sharing some of those other resources can be a good steppingstone. So, they have someone to talk to, but some of the potentially scary consequences aren't in play.

Dr. Christine Crawford ([01:02:54](#)):

One of the things that we do when we're trying to connect with other people who are in a vulnerable state, sometimes it's helpful to form a deep connection by sharing a piece of you, a part of your story. And so, I wonder what are thoughts and if there's any evidence in the literature or any research around adults disclosing experiences, personal experiences with abuse with a child who may be disclosing with them. And I'm curious if there's anything in the literature that talks about the utility of that and would love to hear your overall thoughts and impressions.

Laura Schwab-Reese ([01:03:43](#)):

That is a really great question. That is a really phenomenal question. And I don't know that we have much in the literature around child maltreatment disclosure. I think we know more broadly that self-disclosure helps build connections. I don't think we have anything specific to child abuse. I can say, from now, a completely not evidence based, but my intuition, what I have done in the past in these situations is, if someone comes to me talking about child abuse, I'll share a little bit about things that have happened to me in the past. Not overloading the person, not reprocessing all of my stuff on that person, but saying things like, "I had some things happen to me when I was a kid, so I understand that it can feel scary, or it can feel whatever."

There's kind of a Mad Lib for you again. Whatever it is that it seems like they're feeling, reinforcing that you can understand that with or without your own personal experience.

Dr. Christine Crawford ([01:04:55](#)):

I appreciate that answer because it is a really interesting question. But I really appreciate an example that you shared around how to navigate a situation like that. So, I really appreciate this audience member asking this particular question. Something else that came up was, if you are talking to a child who's disclosing abuse, if you were to ask additional questions or follow up questions, are you re-traumatizing the child? Is that adding additional trauma to the child? Any thoughts around that question?

Larel Jacobs ([01:05:44](#)):

That's the thing that I go to right away is, it depends, right? Depends on what abuse was disclosed, how violating or lack of privacy that comes back into. I think, back to choice and letting the child lead. What I think of is, generally speaking, if you have a relationship with a child and there's a way to follow up with them that is, "Hey, how are you doing? Want to check in again." And then see if there's additional information. But we've talked before that mandated reporters are not the investigators. That had to have been handed off if that has already been made. Right? You've already made the report, that has to happen right away.

So, it shouldn't be the mandated reporter that's coming back around, right? Because now, imagine that if that's happening and someone else is asking, that again can be overwhelming. So, following up with a child and just being like, "Hey, I'm here if you ever need to talk." Open. Letting the child choose and lead with what they come with, I think, is safer, right? But again, there are so many different scenarios that it's hard to pinpoint. Michelle is-

Michelle Fingerman ([01:07:02](#)):

Absolutely. I would add that I feel that it's really important to get the basic information to make a report, but again, so it doesn't feel like an interrogation. We know in the child welfare industry, the best practice when a report is made and isn't being investigated is, the best practice and the ideal way is that they're seen in an advocacy center. So, they go through the interview once. So, they're not telling child welfare professionals and the police and a nurse the story over and over, but they're in a safe place to tell it once just for the purpose of that question. So, they're not telling it over and over and over at risk of being re-traumatized.

Laura Schwab-Reese ([01:07:47](#)):

And I think there are different kinds of questions. Right? So, asking, "Are you okay? How are you holding up? Do you need to talk?" Those kinds of follow up, kind of probing, but mostly just opening questions are far less likely to be a problem for kids than saying, "You told me that this happened. Was it specifically this or was it this?" So, I think, coming from a spirit of comforting the child and not trying to investigate, you're not the investigator, you're not the interrogator. But I think if you truly are approaching the situation from, you're concerned, you want to make sure they're okay, I think that's probably a pretty safe type of question to ask.

Dr. Christine Crawford ([01:08:39](#)):

In this talk, you mentioned the practice model that is used. The PACTECH model. And I wonder, is that a model or resource that could be widely shared, or is there any specific training around that? It seems like people are quite interested in that model and was wondering if it's widely available for use.

Michelle Fingerman ([01:09:08](#)):

Yes, it is. And you can find it on our childhelphotline.org website under the research tab. But yes. Our intent in this research is not only how we can support our counselors and do the best that we can with people reaching out for our hotline, but for others to have access to this information as well. So, we are open to sharing this information and always available for questions on it.

Laura Schwab-Reese ([01:09:37](#)):

When we built the practice model, we created a series of training for the crisis counselors. And so, we aren't posting that widely. Like Michelle said, we are broadly sharing the practice model itself. But if people want to watch those videos, it gets a little nerdy at times where I'm talking about what exactly we did in the research and why we think this is a good idea, I'm happy to share a link. I have it in my Dropbox and I'm happy if people follow up with me to share that link.

Dr. Christine Crawford ([01:10:06](#)):

Great. Well, I really appreciate all the questions that have been coming through. There were so many questions and I'm sorry that I wasn't able to get through them all. But I really appreciate all of your thoughtful answers here, really helpful information. So, thank you so much. So now I'm going to turn it over to Teri.

Teri Brister (01:10:29):

Thank you. Thank you. Thank you, Dr. Crawford. And want to join Dr. Crawford in thanking you for the presentation. And also, the questions, some really good questions and comments coming in through the presentation. And one of the comments spoke specifically to my heart, and it was thanking you for the presentation because it was the first presentation that this person had heard talking about how do you talk to the child, not just how do you report, not just what do you say, how do you document, but how you talk to the child. And that really is where NAMI leans in. So, I just want to thank you all so much for the presentation.

And we are not going to have an Ask the Expert presentation in May because we will be having NAMI's convention, which will take place May 25th to 27th in Minneapolis in-person for the first time since 2019. And there will also be a virtual version that's available June 6th through the 8th. And you can register for either of those events at nami.org/namicon, or just go to the NAMI website and you'll see a button right there on the front. And we hope to see you there.

We do want to let you know that our next session of NAMI Ask the Expert will take place Thursday, June 15th. And our presenter that day will be Dr. Jordan Smoller, one of the leading researchers in the NIH All of Us project. So, we hope you'll be able to join us then. And if you'll go to the next slide, please. A reminder. As always, Dr. Duckworth is not with us today, but we want to remind you that NAMI's first book, *You Are Not Alone*, is now available. And we want to encourage you to think about exploring it, to explore the personal stories, the expert responses to frequently asked questions, and a multitude of resources that are available to help people navigate their recovery journey. And all of the proceeds from the book do go back to NAMI.

Huge shout out to the production team behind the scenes. You've seen the presenters, you've seen Dr. Crawford, our host. You've seen me doing the housekeeping. But we have a team behind these presentations. And that team is led by Katie Harris, who is the senior producer, and our colleagues, Zahira Correa, Divanna Eckels, and Jordan Miller, who were helping answer some of your questions in the Q&A pod. And next slide, please. And just a reminder that NAMI is a nonprofit organization, and we always welcome your help and support. It helps make these presentations possible and helps make it possible for us to provide a variety of services to people free of charge.

So again, thank you for joining and thank you to our wonderful presenters. I can't think of a better presentation for Child Abuse Awareness Month than to have had this presentation, and Dr. Crawford, to have had you as a child psychiatrist be able to be the moderator for us today. I think this has been phenomenal. So, we thank you all and we wish you well.