



SHBC YOUTH AND CHILDREN VOLUNTEERS
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**Mandatory Reporting:
 See Something...Say Something**

- The following slides will define the "something(s)" that require response: clear communication to defined authorities

In order of high risk to low(er) risk management what **MUST you report by law, and what **SHOULD** you report locally to your pastor or minister in charge**

MUSTS:

- Abuse
- Sexual Abuse
- Sexual Exploitation
- Neglect
- imminent harm to self or others

Should's:

- behavior that appears to mimic grooming;
- one-on-one meetings without another adult present - bending the rules just this time
- secretive communication between volunteer and child that does not include a parent or guardian
- "you can tell me, I won't tell your parents"

Abuse Defined

“Abuse” means harm or threatened harm or failure to protect from harm or threatened harm to the health, safety, or welfare of a child by a person responsible for the child’s health, safety or welfare, including but not limited to non-accidental physical or mental injury, sexual abuse, or sexual exploitation. Provided, however, that nothing contained in this act shall prohibit any parent from using ordinary force as a means of discipline including, but not limited to, spanking, switching, or paddling.

Oklahoma State law (10 O.S. § 7103 *et seq.*) requires every person, private citizen or professional, who has reason to believe that a child under the age of 18 is being abused and/or neglected, or is in danger of being abused, to promptly report the suspicion to the statewide hotline (1-800-522-3511).

Failure to report suspected abuse is a crime – legally and morally. No person, regardless of his or her relationship with the child or family, is exempt from reporting suspected abuse. A person reporting in good faith; however, is immune from both civil and criminal prosecution.

Crisis Intervention

- *Crisis*- something that threatens well-being of you or an important attachment in your life-- that disrupts normal life and routines
- *Trauma*--something that goes beyond our previously available coping strategies that threatens to overwhelm

how crisis intervention differs from ongoing helping

- More active
- Clarifying circumstances and situation.
 - "Can you tell me about it?"
 - "How did you react?"
- Providing information/education and reassurance
- Suggesting a course of action

Reactions to stress, crisis, trauma

- Most people do what they know best, normal coping habits for abnormal circumstances are often not enough
- What to do in the moment? Psychological first-aid
 - ∴ Display / model a sense of calmness
 - ∴ Predict feelings they are likely to encounter
 - ∴ Be. Listen.
 - ∴ Point to additional resources-- connect to ongoing help
 - ∴ Encourage resiliency, but avoid platitudes

Responses to Trauma & Crisis

- As a volunteer, what is the church policy about your role in responding to crises and trauma?
- What options are available to you as support in the midst of a situation?

Psychological First Aid and predicting responses to crises and trauma

- "It's not uncommon to feel..."
 - Shock, numbness, anger, depressed, anxious, fears, memories, nightmares, irritable and/or withdrawn emotions, and confusion.

Risk Factors for Suicidality: When to Assess Further

Ideation (thoughts of suicide or dying)
Substance abuse

Purposelessness
Anxiety
Trapped
Hopeless

Withdrawal
Anger
Recklessness
Mood changes

Acronym:
IS PATH WARM

explicit verbal cues


vs

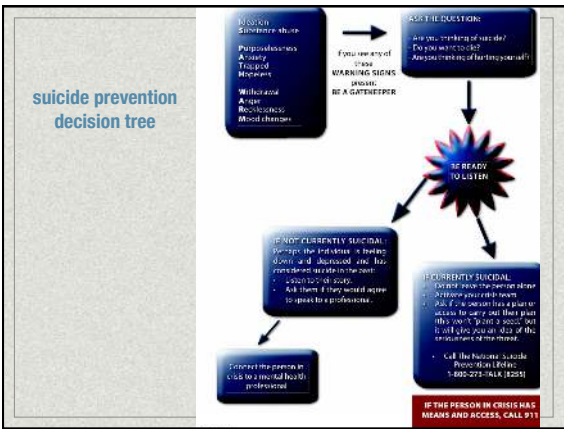
implied verbal cues

QPR and resources

In the event of a Suicidal crisis:

- Be a Gatekeeper
- Question, persuade, refer (a CPR for suicide prevention/ intervention)
 - Suicide Prevention Lifeline: 1-800-273-TALK
 - www.mantherapy.org
- Discuss policy system-wide...who needs to be in chain of command, who is notified and mobilized as a team of helpers? Don't go it alone







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