Abstract

This article presents the results of a comparative analysis of online mandated reporter trainings regarding child abuse. Programs from 47 U.S. states and the District of Columbia were reviewed and their content and features compared with iLookOut for Child Abuse’s Core Training. Significant variation was identified in terms of the scope, content, didactic approach, delivery method, and outcome measures across different trainings. These findings raise concern that while all children need protection from abuse, not all mandated reporters are receiving comparable preparation to fulfill this important moral and legal responsibility.
Comparison of State Online Mandated Reporter Trainings

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Key words: Mandated reporter training; Online learning; Child abuse, Child protection; Evidence-based training

Introduction

As individuals required by law to report suspected *child abuse* (a term used here to denote all forms of child maltreatment, including neglect), mandated reporters play an important role in protecting victimized and at-risk children (Child Welfare Information Gateway, 2019). Though most states require mandated reporters to complete state-approved training on how to recognize and report suspected child abuse, there are currently no standards for such training in terms of content or delivery (Kenny et al., 2016). The lack of national consensus for child abuse training along with the potential for major differences in training across jurisdictions raise concern that not all mandated reporters are receiving comparable preparation and that some are being inadequately prepared (Kenny, 2015). Many states use online training for instruction in mandated reporting, but little is known about how these trainings vary in terms of content and delivery. This article reports on the findings of such a comparison and discusses some of the implications of the variability that was found.

Research has shown that online training is effective for educating adults and that it has particular advantages over in-person training (John et al., 2020). Specifically, online training is accessible
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(in terms of both timing and content), enables standardized evaluations of learning and satisfaction, facilitates storage and analysis of data, and can readily promote continuous learning (Kenny et al., 2016; Scott et al., 2016; Shendell et al., 2016). Particularly when in-person training is not feasible, well-designed evidence-based online training can ensure that quality education is available to a multitude of people.

In response to the need for evidence-based online mandated reporter training (Ayling et al., 2019), a research team at the Penn State College of Medicine developed the iLookOut for Child Abuse (iLookOut) Core Training—a free online, interactive learning program designed to help mandated reporters better recognize, report, and respond to suspected child abuse (www.ilookoutproject.org). iLookOut also delivers an Advanced Training module. Although the iLookOut training was initially developed for early childhood professionals, it includes general information to meet the needs of all mandated reporters (e.g., in Pennsylvania) and can be adapted for use in any state. iLookOut’s Core Training uses an experiential learning framework, a video-based storyline, and gamification to engage users (Levi et al., 2019). In addition to a standard registration page, the iLookOut Core Training includes validated pre/post measures that evaluate (1) knowledge and attitudes about child abuse and its reporting, (2) individuals’ sense of preparedness (to identify and report suspected abuse), and (3) learners’ satisfaction with the iLookOut Core Training. In-depth descriptions have been published on iLookOut’s content and structure, practical and conceptual considerations in creating iLookOut, and its strategy for ensuring that its educational material is fully integrated (Kapp et al., 2020; Levi et al., 2019; Levi et al., in press). Also published are data from a randomized controlled trial (n=741) and a real-world study (n=11,065) demonstrating that the iLookOut Core Training significantly improves knowledge and changes attitudes regarding child abuse and its reporting compared with a
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standard mandated reporter training (Humphreys et al., n.d.; Mathews et al., 2017; Yang et al., 2020). While the iLookOut learning program’s effects are well documented, there is little research on the effectiveness of other online mandated report trainings. In light of these findings, we sought to compare iLookOut’s Core Training with other existing online mandated reporting trainings in all 50 U.S. states.

Methods

A primary reviewer from the iLookOut research team performed a comparative analysis of 48 online mandated reporter trainings, including the iLookOut Core Training, and the findings were then reviewed and confirmed. Specifically, the primary reviewer registered for and completed (in full) each and every online training examined, and the reviewer then binary coded (present or absent) each of the 40 characteristics for every training. The process for generating the list of characteristics is described in the next section. Each training was further assessed for overall Level of Engagement, based on the presence or absence of several interactive features (see Table 4) as well as the scope of information present in each training. The initial coding process was completed by the primary reviewer, cross-checked for accuracy by two additional reviewers (no disagreements were identified), and discussed and confirmed according to the findings by a larger multi-disciplinary team.

Identification of Training

The initial step to identify online mandated reporter (MR) training for each state involved querying the Child Welfare Information Gateway (2019), a service of the U.S. Department of Health and Human Services that provides online resources to professionals in child welfare and related fields. Their webpage, State Training Resources for Mandatory Reporters of Child Abuse...
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and Neglect, provides a state-by-state list of online MR trainings and other resources (e.g.,
toolkits, guidelines, protocols) for mandated reporters of child abuse. For the 35 states for which
this listing identified a specific state-sponsored, publicly available MR online training, that
training was used for the present comparison. For states where no such program was identified, a
subsequent search was performed for trainings sponsored by non-profit agencies whose primary
focus was child protection/child abuse prevention, such as CARE House, Michigan (CARE
House of Oakland County, 2020). If this search did not identify an online MR training, a new
search was conducted for MR trainings offered by more broad-based organizations, such as
SafeSchools Training, Ohio (SafeSchools, 2020), for whom child protection was not the primary
focus. For states in which there were multiple state-approved MR trainings, but no state-
sponsored MR trainings, the state-approved training that was both most accessible (e.g., free,
user-friendly) and most extensive (in terms of content and delivery/presentation) was selected for
inclusion and comparison. The various state trainings and their classifications are shown in
Tables 1 and 2.

Inclusion/Exclusion Criteria

Only MR trainings that were publicly available online (either open access or with registration)
were examined. With the exception of Kansas, Nebraska, and Oklahoma (which charged $5, $15,
and $15, respectively), none of the trainings required a fee for access or to obtain a certificate of
completion. All sites were accessed between January 3, 2020, and October 26, 2020. To enable
maximal comparability, only English-version trainings were evaluated; however, Table 2
identifies states that also provided MR training in multiple languages.

Subject Matter for Comparison
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According to expert recommendations (Damashek et al., 2011; Chen et al., 2013), effective MR training should (1) imbue knowledge about the various types of child abuse, risk factors, and the long-term epidemiology and impact of child abuse and also (2) cultivate skills for recognizing both physical signs of abuse and behavioral indicators of child abuse (for both children and perpetrators). Based on published recommendations, and using iLookOut as the reference training, an iteratively constructed list of 40 characteristics was created to account for the kinds of content and functionality present in each training. The list was developed by the primary reviewer in collaboration with a multi-disciplinary team whose research focuses on child protection. Content, which accounted for 21 of those 40 characteristics, included both fact-based information (e.g., types of abuse, risk factors for abuse, legal responsibilities of mandated reporters, steps for making a report) as well as education about processing (e.g., how to ask better questions, respond to disclosures by children, interpret “reasonable suspicion”). Matters involving Delivery/Functionality accounted for the remaining 19 characteristics and included the presence of a pre- and/or post-test, handouts, videos, voice narration, links to resources, as well as elements that promoted engagement (e.g., user-friendly format, interactive games, stories). A full list and description of these 40 characteristics can be found in Table 3.

MR trainings were then categorized as Limited, Basic, Moderate, or Advanced based on their level of engagement, as per the inclusion criteria shown in Table 4. Because there are no published consensus criteria for grading MR trainings, these three categories were intended to broadly categorize the different tiers of training as they currently stand. It is our hope that the present examination encourages others in the field to develop evidence-based, outcomes-driven criteria for a quality rating system of MR trainings.

Results

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Comparison of MR Trainings

Format

In addition to the iLookOut Core Training, MR trainings were identified and examined for all U.S. states plus Washington, D.C., with the exception of Mississippi, Rhode Island, and Wyoming, for which no online MR trainings were identified. A list of all 49 trainings examined and the agencies and organizations that sponsored each training are included in Table 2. The amount of time it took to complete each MR training ranged from 30 minutes to 3 hours. While some of the trainings allowed users to click through modules at their own pace, others required users to remain in a given module for a fixed amount of time. Most provided some form of overview to orient the user (n=32), and most included video-based content (n=32). However, over one third of MR trainings (n=17) presented information using only slides or text.

Table 1: Providers of Online Mandated Reporter Trainings.

<table>
<thead>
<tr>
<th>Type of training</th>
<th>Number of states</th>
<th>Which states</th>
</tr>
</thead>
<tbody>
<tr>
<td>State-sponsored mandated reporter trainings (*provided by state university)</td>
<td>35</td>
<td>AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, HI, IL, IN, IA, KS, LA, ME, MD, MN, NV, NJ, NM*, NY, ND, OK, OR, PA, SC, SD, TN, TX, VT, VA, WA, WI</td>
</tr>
<tr>
<td>Non-profit, primary focus on child abuse</td>
<td>11</td>
<td>ID, KY, MA, MI, MO, MT, NC, NE, NH, UT, WV,</td>
</tr>
<tr>
<td>Non-profit, broader focus on child well-being</td>
<td>2</td>
<td>GA, OH</td>
</tr>
<tr>
<td>No online training found</td>
<td>3</td>
<td>MS, RI, WY</td>
</tr>
</tbody>
</table>
Comparison of MR Trainings

**Table 2: State Mandated Reporting Training Sources.**

<table>
<thead>
<tr>
<th>State</th>
<th>Agency</th>
<th>URL</th>
<th>Last accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alabama</td>
<td>Alabama Dept. of Human Resources</td>
<td><a href="https://aldhr.remote-learner.net/">https://aldhr.remote-learner.net/</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Alaska</td>
<td>Alaska Department of Health and Human Services</td>
<td><a href="http://training.dhss.alaska.gov/mandatoryreporter/training/multiscreen.html">http://training.dhss.alaska.gov/mandatoryreporter/training/multiscreen.html</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Arizona</td>
<td>Arizona Child Abuse Info Center – Children’s Justice Program</td>
<td><a href="https://childhelpinfocenter.org/">https://childhelpinfocenter.org/</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Arkansas Commission on Child Abuse, Rape and Domestic Violence</td>
<td><a href="https://ar.mandatedreporter.org/UserAuth/Login!/loginPage.action">https://ar.mandatedreporter.org/UserAuth/Login!/loginPage.action</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>California</td>
<td>California Department of Social Services</td>
<td><a href="https://mandatedreporterca.com/">https://mandatedreporterca.com/</a> (also available in Spanish)</td>
<td>August 2020</td>
</tr>
<tr>
<td>Colorado</td>
<td>Colorado Department of Human Services</td>
<td><a href="https://coloradocwts.com/mandated-reporter-training">https://coloradocwts.com/mandated-reporter-training</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Connecticut</td>
<td>Connecticut Department of Children and Families</td>
<td><a href="https://www.proprofs.com/training/course/?title=connecticut-mandated-reporter-training-for-community-providers-jan-2020-version-3_5e260a8c470e8">https://www.proprofs.com/training/course/?title=connecticut-mandated-reporter-training-for-community-providers-jan-2020-version-3_5e260a8c470e8</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Florida</td>
<td>Florida Department of Children and Families</td>
<td><a href="https://fl-welfare-services/">https://fl-welfare-services/</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Georgia</td>
<td>Georgia Division of Family and Children’s Services</td>
<td><a href="https://www.prosolutionstraining.com/store/product/?tProductVersion_id=1093">https://www.prosolutionstraining.com/store/product/?tProductVersion_id=1093</a> (also available in Spanish)</td>
<td>August 2020</td>
</tr>
<tr>
<td>Hawaii</td>
<td>Department of Human Services- Social Services</td>
<td><a href="https://humanservices.hawaii.gov/child-welfare-services/">https://humanservices.hawaii.gov/child-welfare-services/</a></td>
<td>July 2020</td>
</tr>
</tbody>
</table>
Comparison of MR Trainings

<table>
<thead>
<tr>
<th>State</th>
<th>Agency/Provider</th>
<th>URL</th>
<th>Last accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indiana</td>
<td>Indiana Department of Child Services</td>
<td><a href="https://reportchildabuse.dcs.in.gov/">https://reportchildabuse.dcs.in.gov/</a></td>
<td>August 2020</td>
</tr>
<tr>
<td>Iowa</td>
<td>Iowa State University Extension and Outreach</td>
<td><a href="https://training.hs.iastate.edu/course/view.php?id=731#section-2">https://training.hs.iastate.edu/course/view.php?id=731#section-2</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Kansas</td>
<td>Kansas Child Care Training Opportunities</td>
<td><a href="https://kccio.org/product/strengthening-families-through-positive-connections/">https://kccio.org/product/strengthening-families-through-positive-connections/</a></td>
<td>August 2020</td>
</tr>
<tr>
<td>Maryland</td>
<td>Maryland's Resource for Mandated Reporters</td>
<td><a href="https://training.reportabusemd.com/">https://training.reportabusemd.com/</a></td>
<td>August 2020</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Middlesex Children’s Advocacy Center</td>
<td><a href="https://51a.middlesexcac.org/">https://51a.middlesexcac.org/</a></td>
<td>April 2020</td>
</tr>
<tr>
<td>Michigan</td>
<td>CARE House of Oakland County</td>
<td><a href="https://mandatedreportertraining.carehouse.org/welcome/?profession=1">https://mandatedreportertraining.carehouse.org/welcome/?profession=1</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Missouri</td>
<td>Missouri Kids First</td>
<td><a href="https://protectmokids.com/">https://protectmokids.com/</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Project Harmony</td>
<td><a href="https://projectharmony.learnupon.com/store?utf8=%E2%9C%93&amp;ss=1&amp;ct=93426&amp;commit=Filteraining.org/?pageid=84">https://projectharmony.learnupon.com/store?utf8=%E2%9C%93&amp;ss=1&amp;ct=93426&amp;commit=Filteraining.org/?pageid=84</a></td>
<td>September 2020</td>
</tr>
</tbody>
</table>
## Comparison of MR Trainings

<table>
<thead>
<tr>
<th>State</th>
<th>Training Provider</th>
<th>Last accessed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hampshire</td>
<td>Know and Tell <a href="https://knowandtell.org/educate/">https://knowandtell.org/educate/</a></td>
<td>April 2020</td>
</tr>
<tr>
<td>New Jersey</td>
<td>New Jersey Department of Education <a href="https://www.state.nj.us/education/students/safety/socservices/abuse/training/">https://www.state.nj.us/education/students/safety/socservices/abuse/training/</a></td>
<td>April 2020</td>
</tr>
<tr>
<td>New Mexico</td>
<td>New Mexico State University <a href="https://swrtc.nmsu.edu/educators/">https://swrtc.nmsu.edu/educators/</a></td>
<td></td>
</tr>
<tr>
<td>Oklahoma</td>
<td>The University of Oklahoma Health Sciences Center <a href="https://www.ouhsc.edu/okcantraining/Online-Training">https://www.ouhsc.edu/okcantraining/Online-Training</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Oregon</td>
<td>Oregon Department of Human Services <a href="https://www.oregon.gov/DHS/ABUSE/Pages/mr_employees.aspx">https://www.oregon.gov/DHS/ABUSE/Pages/mr_employees.aspx</a></td>
<td>April 2020</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>Pennsylvania KeepKidsSafe <a href="https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id=91_1">https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_tab_group_id=91_1</a></td>
<td>April 2020</td>
</tr>
<tr>
<td>South Carolina</td>
<td>University of South Carolina School of Law <a href="https://apps.sd.gov/SS60ReporterVideoTraining/Introduction.aspx">https://apps.sd.gov/SS60ReporterVideoTraining/Introduction.aspx</a></td>
<td>April 2020</td>
</tr>
<tr>
<td>South Dakota</td>
<td>South Dakota Department of Social Services <a href="https://apps.sd.gov/SS60ReporterVideoTraining/Introduction.aspx">https://apps.sd.gov/SS60ReporterVideoTraining/Introduction.aspx</a></td>
<td>September 2020</td>
</tr>
<tr>
<td>Tennessee</td>
<td>Tennessee State Government <a href="https://www.tn.gov/dcs/program-areas/training/tpd/cw-resources/cwr/mandated-reporter-training.html">https://www.tn.gov/dcs/program-areas/training/tpd/cw-resources/cwr/mandated-reporter-training.html</a></td>
<td>October 2020</td>
</tr>
<tr>
<td>Texas</td>
<td>Texas Dept. of Family and Protective Services <a href="http://www.dfps.state.tx.us/training/reporting/">http://www.dfps.state.tx.us/training/reporting/</a>(also available in Spanish)</td>
<td>July 2020</td>
</tr>
</tbody>
</table>
## Comparison of MR Trainings

<table>
<thead>
<tr>
<th>State</th>
<th>Organization</th>
<th>Website</th>
<th>Last accessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utah</td>
<td>Prevent Child Abuse Utah</td>
<td><a href="https://pcautah.org/">https://pcautah.org/</a></td>
<td>July 2020</td>
</tr>
<tr>
<td>Virginia</td>
<td>Virginia Department of Social Services</td>
<td><a href="https://www.dss.virginia.gov/abuse/mr.cgi">https://www.dss.virginia.gov/abuse/mr.cgi</a></td>
<td></td>
</tr>
</tbody>
</table>

Not included: Mississippi, Rhode Island, Wyoming

### Testing

Knowledge checks (i.e., fact-based questions) were present at various junctures in 30 of the MR trainings, while only nine MR trainings included skill-testing activities (e.g., recognizing abuse, identifying risk factors for abuse). Though 30 of the MR trainings included a post-test to evaluate user knowledge, only 12 of these contained a pre-test such that they could measure pre-/post-test changes in knowledge. Real-world scenarios in the form of short stories and multiple-choice questions (Errington, 2008) were present in 24 MR trainings, and 32 trainings included some element of voice narration, but only seven MR trainings provided any form of extended scenario-based storyline.

### Content

MR trainings also varied considerably in terms of specific content. The vast majority (n=42) provided detailed information about the process for making a report of child abuse, but only 10 MR trainings provided explanations about interpreting the statutory threshold for when mandated reporting is required (colloquially referred to as reasonable suspicion) (Levi & Loeben, 2004).
Comparison of MR Trainings

Relatively few MR trainings included information about *domestic violence* or *animal abuse* being risk factors for child abuse (n=13), how to determine when *reasonable suspicion* is present (n=8), or what kinds of questions are *better* (n=17) or *worse* (n=14) to ask when responding to a child’s disclosure of abuse.

**Figure 1: Number of Training Components by State.**

(States colored white do not have an online MR training.)

**Table 3: Training Components and Their Presence in State MR Trainings.**

<table>
<thead>
<tr>
<th>Component</th>
<th>Definition</th>
<th>States that have this component</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training features</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-test</td>
<td>Pre-training fact-based questionnaire that tested knowledge about child abuse and its reporting</td>
<td>14 (29%)</td>
<td>AZ, AR, DC, GA, IL, IA, KS, LA, MO, MT, NH, OK, UT, iLookOut</td>
</tr>
<tr>
<td>Post-test</td>
<td>Post-training fact-based questionnaire that tested knowledge about child abuse and its reporting</td>
<td>30 (61%)</td>
<td>AL, AK, AZ, AR, CO, DC, GA, ID, IL, IN, KS, LA, ME, MD, MI, MO, NE, NV, NH, NC, OH, OK, OR, PA, SC,</td>
</tr>
</tbody>
</table>
### Comparison of MR Trainings

<table>
<thead>
<tr>
<th>Training overview</th>
<th>Introduction that explains the purpose, content, and format of the training</th>
<th>32 (65%)</th>
<th>AK, CA, CO, DE, DC, FL, GA, ID, IL, IN, KS, LA, MA, MI, MN, MO, MT, NE, NH, NJ, NY, OH, OR, OK, PA, SC, TX, UT, VT, VA, WV, WI, <em>iLookOut</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individualized learning path</td>
<td>Individualized pathway that learners choose to guide their training content</td>
<td>2 (4%)</td>
<td>CO, ND</td>
</tr>
<tr>
<td>PDF handouts</td>
<td>Informational handouts that can be downloaded</td>
<td>10 (20%)</td>
<td>FL, ID, IA, MO, NJ, OK, OR, WA, WI, <em>iLookOut</em></td>
</tr>
<tr>
<td>Reporting worksheet</td>
<td>Form that can be downloaded and used to take notes in preparation for making a report</td>
<td>4 (8%)</td>
<td>FL, OR, WI, <em>iLookOut</em></td>
</tr>
<tr>
<td>Questions/knowledge checks throughout training</td>
<td>Short quizzes that follow each lesson</td>
<td>30 (61%)</td>
<td>AL, AR, CA, CO, CT, DC, GA, IL, IN, IA, KS, ME, MA, MI, MO, MT, NE, NV, NJ, NM, NC, ND, OR, PA, SC, TX, UT, VT, VA, <em>iLookOut</em></td>
</tr>
<tr>
<td>Skill testing activities</td>
<td>Interactive games or activities (i.e., matching activity, crossword puzzle) that test knowledge of various topics</td>
<td>9 (18%)</td>
<td>CO, GA, MO, NM, NY, OR, SC, WI, <em>iLookOut</em></td>
</tr>
<tr>
<td>Feedback/explanation after questions</td>
<td>Explanations of correct/incorrect answers following knowledge checks</td>
<td>18 (37%)</td>
<td>AL, CA, CO, CT, DC, ID, IN, ME, MA, MO, NE, NM, OH, OR, PA, UT, VT, <em>iLookOut</em></td>
</tr>
<tr>
<td>Real-world scenarios</td>
<td>Real-world applications that provide context for training content</td>
<td>24 (49%)</td>
<td>AL, AK, AR, CO, DE, GA, IL, IN, LA, MI, MT, NE, NH, NM, NC, ND, OR, PA, SC, SD, UT, VA, WI, <em>iLookOut</em></td>
</tr>
<tr>
<td>Scenario-based storyline</td>
<td>A storyline used to engages learners in the training</td>
<td>7 (14%)</td>
<td>AL, AK, MI, NM, ND, WI, <em>iLookOut</em></td>
</tr>
<tr>
<td>Voice narration</td>
<td>A spoken commentary accompanies text throughout the training</td>
<td>32 (65%)</td>
<td>AL, AK, CA, CO, CT, DC, FL, ID, KY, LA, ME, MD, MA, MI, MN, MO, NE, NV, NY, NC, ND, OK, OR, SD, TN, TX, UT, VT, <em>iLookOut</em></td>
</tr>
</tbody>
</table>
### Comparison of MR Trainings

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
<th>Percentage</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Videos</strong></td>
<td>Informational videos included throughout the training</td>
<td>32 (65%)</td>
<td>VA, WA, WI, <em>iLookOut</em></td>
</tr>
<tr>
<td><strong>Videos with real actors</strong></td>
<td>Video scenarios that are acted out by live actors</td>
<td>7 (14%)</td>
<td>AK, KS, NH, NM, TX, <em>iLookOut</em></td>
</tr>
<tr>
<td><strong>Audio clips</strong></td>
<td>Short voice-clips to narrate slides and/or modules</td>
<td>12 (24%)</td>
<td>CO, CT, IL, IN, IA, ME, MO, NJ, NM, NC, WI, <em>iLookOut</em></td>
</tr>
<tr>
<td><strong>Links to online resources</strong></td>
<td>Links to additional resources such as state laws, definitions, or further information about the topics covered in training</td>
<td>21 (42%)</td>
<td>AK, CA, CO, CT, DC, FL, GA, ID, IL, IN, KS, MD, MI, NH, NM, OR, PA, SC, SD, TX, <em>iLookOut</em></td>
</tr>
<tr>
<td><strong>Resources for ongoing training (ie, micro-learning)</strong></td>
<td>Resources that promote on-going learning beyond the initial training (e.g., follow-up micro-learning activities)</td>
<td>1 (2%)</td>
<td><em>iLookOut</em></td>
</tr>
<tr>
<td><strong>Evaluation of mandated reporter training</strong></td>
<td>A survey given at the end of the training to gauge the user’s overall experience</td>
<td>15 (31%)</td>
<td>DC, GA, ID, IL, KS, LA, NE, NH, NC, PA, SC, SD, UT, VT, <em>iLookOut</em></td>
</tr>
<tr>
<td><strong>Discussion forum</strong></td>
<td>An online forum that allows for ongoing discussion between learners</td>
<td>1 (2%)</td>
<td>KS</td>
</tr>
</tbody>
</table>

### Mandated reporter content

| **Types of abuse**                           | Definition of the main types of child abuse/neglect, as state definitions   | 48 (98%)   | AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, *iLookOut* |
| **Common signs and symptoms of abuse**       | Common signs and symptoms of each of the main types of child abuse/neglect | 44 (90%)   | AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, |
### Comparison of MR Trainings

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>States/Regions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk factors</td>
<td>Factors that put certain children/families at greater risk for experiencing maltreatment</td>
<td>LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, SC, SD, TN, VT, VA, WA, WV, WI, iLookOut</td>
</tr>
<tr>
<td>Red flags/indicators for abuse</td>
<td>Physical/behavioral indicators that should raise concern about child abuse</td>
<td>AR, CA, CO, CT, DC, GA, ID, IL, KY, LA, ME, MA, MO, NE, OR, PA, UT, VT, VA, WA, WV, iLookOut</td>
</tr>
<tr>
<td>Things that should NOT raise concern</td>
<td>Physical/behavioral signs that should NOT raise concern about child abuse (i.e., Mongolian spots, normal locations where toddlers bruise)</td>
<td>AR, CA, CO, GA, IL, KS, ME, MN, MT, NM, NC, ND, VT, VA, WA, WI, iLookOut</td>
</tr>
<tr>
<td>Parent/caregiver behavior that should raise concern</td>
<td>Behavior seen in child care providers that should raise concern about possible abuse</td>
<td>AK, CA, DE, DC, FL, ID, KS, KY, LA, MI, MO, NE, NV, NH, NY, NC, ND, OR, PA, SC, UT, VT, WA, iLookOut</td>
</tr>
<tr>
<td>Prohibited child care provider behavior</td>
<td>Behavior seen in parents or caretakers that should raise concern about possible abuse</td>
<td>ID</td>
</tr>
<tr>
<td>Epidemiology of child abuse</td>
<td>Statistics that describe the scope of child maltreatment on a national or state level</td>
<td>AK, CA, DE, DC, GA, IN, IA, KS, LA, ME, MD, MA, MO, NE, NV, NH, NM, OH, OR, PA, TN, UT, VA, WV, iLookOut</td>
</tr>
<tr>
<td>Long-term impact of child abuse</td>
<td>Long-term physical, psychological or behavioral consequences of child maltreatment, as well as costs to society as a whole</td>
<td>AL, AK, CA, DE, GA, ID, KS, LA, ME, MD, MA, MI, MN, MO, NV, NH, ND, OH, OR, iLookOut</td>
</tr>
</tbody>
</table>
Comparison of MR Trainings

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>States/Provinces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence/animal abuse</td>
<td>Domestic violence and/or animal abuse presented as risk factors for abuse</td>
<td>CA, CT, DC, IL, ME, MN, MT, NH, NM, NC, VT, WA, iLookOut</td>
</tr>
<tr>
<td>Explication of reasonable suspicion mean</td>
<td>Explanation of what &quot;reasonable suspicion&quot; means (with regard to making a report of suspected abuse)</td>
<td>AZ, CT, FL, MA, MO, NM, NY, OK, PA, iLookOut</td>
</tr>
<tr>
<td>Determining whether reasonable suspicion is present</td>
<td>Examples are given of how to determine whether or not a situation rises to the level of reasonable suspicion</td>
<td>FL, ID, MT, NY, OK, PA, VT, iLookOut</td>
</tr>
<tr>
<td>Information gathering—good questions</td>
<td>Examples of better questions to ask when responding to a disclosure of child maltreatment from a child</td>
<td>AK, AZ, FL, GA, IL, KY, ME, MA, MO, NE, NH, UT, VA, WA, WV, WI, iLookOut</td>
</tr>
<tr>
<td>Information gathering—bad questions</td>
<td>Examples of worse questions to ask when responding to a disclosure of child maltreatment from a child</td>
<td>AK, GA, ID, IL, MA, MO, NE, NH, TN, VA, WA, WV, WI, iLookOut</td>
</tr>
<tr>
<td>How to respond to disclosures by children</td>
<td>How to talk to a child who has disclosed that they have been abused</td>
<td>AK, AZ, AR, CA, CO, DE, DC, FL, GA, ID, IL, KY, LA, MD, MA, MO, MT, NE, NV, NH, NM, NC, OH, OK, PA, SC, SD, TN, UT, VA, WA, WV, WI, iLookOut</td>
</tr>
<tr>
<td>Legal responsibilities of mandated reporters</td>
<td>State laws that designate which professionals are required to report cases of suspected child abuse/neglect</td>
<td>AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NM, NC, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, iLookOut</td>
</tr>
<tr>
<td>Consequences for failing to report</td>
<td>Penalties for mandated reporters who fail to report cases of suspected child abuse/neglect</td>
<td>AZ, AR, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NJ, NY, NC, OH, OK, OR, PA,</td>
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Pre-Publication Copy
Comparison of MR Trainings

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
<th>Percentage</th>
<th>States/Regions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal protection for good faith reports</td>
<td>Explanation that mandated reporters are protected from liability if a report is made in good faith, regardless of the outcome of the report</td>
<td>41 (84%)</td>
<td>AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WI, iLookOut</td>
</tr>
<tr>
<td>Preparing to make a report</td>
<td>Specific information that should be gathered before making a report of suspected child abuse</td>
<td>43 (88%)</td>
<td>AL, AK, CA, CO, CT, DE, DC, FL, GA, HI, ID, IN, IA, KS, LA, ME, MD, MA, MI, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WV, WI, iLookOut</td>
</tr>
<tr>
<td>Mechanics of making a report</td>
<td>Specific steps involved in making a report of suspected abuse to child protective services</td>
<td>42 (88%)</td>
<td>AL, AK, AR, CA, CO, CT, DC, FL, GA, ID, IL, IN, IA, KS, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, SC, SD, TN, TX, VA, WA, WV, WI, iLookOut</td>
</tr>
<tr>
<td>Explanation of what happens after a report is made</td>
<td>Description of the process following the mandated reporter's conversation with a child protective services intake worker (i.e., potential outcomes of the report, timeline for next steps)</td>
<td>40 (82%)</td>
<td>AL, AK, AR, CA, CO, CT, DC, FL, GA, ID, IL, IN, IA, KS, ME, MD, MA, MI, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, SD, TN, TX, VT, VA, WA, WV, WI, iLookOut</td>
</tr>
</tbody>
</table>

Additional Resources
Comparison of MR Trainings

A smattering of MR trainings provided additional resources to promote ongoing learning, such as *PDF handouts* that reinforced important learning points (n=10), *reporting worksheets* to help guide users through the process of making a report of suspected child abuse (n=4), and *links to online resources* such as government websites and state laws (n=21). Despite strong evidence that learning requires reinforcement—ideally using spaced retrieval and spaced practice (Burns & Gurung, 2020; Karpicke & Bauernschmidt, 2011)—only iLookOut provided additional learning exercises designed to reinforce and augment its MR training. These micro-learning exercises comprise iLookOut’s Advanced Trainings 1 and 2 (Kapp et al., 2020; Levi et al., 2019), which learners can access following the completion of the iLookOut Core Training. For a comprehensive inventory of characteristics of the 49 mandated reporter trainings reviewed, see Table 3 and also [https://webgis.pop.psu.edu/iLookOut](https://webgis.pop.psu.edu/iLookOut).

**Gamification and Engagement**

In the context of education and learning, gamification (e.g., storylines with hidden information, badges, points, avatars, matching exercises) has been shown to improve learner engagement and motivation, and contribute to higher learning outcomes (Dichey & Dicheva, 2017; Jang et al., 2015; Mohammed et al., 2018). Of the 49 MR trainings in this comparative assessment, only nine made use of gamified activities. From an experiential standpoint, trainings were categorized based on their overall level of engagement. Of the 49 MR trainings reviewed, six were evaluated as Limited, 33 Basic, nine Moderate, and one Advanced. As detailed in Table 4, what distinguished more engaging MR trainings was their scope and use of audio-visual content and interactivity.

**Table 4: Level of Engagement.**
Comparison of MR Trainings

<table>
<thead>
<tr>
<th>Level of engagement</th>
<th>Definition</th>
<th>States at this level</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced</td>
<td>Training includes multiple interactive* features, engaging multi-media formats, a wide array of resources, a scope that is considerably broader than just mandated reporting (e.g., trauma-informed care, mindfulness, critical thinking, support for families), both pre- and post-tests, and interactive feedback on knowledge test.</td>
<td>1 (2%)</td>
<td>iLookOut</td>
</tr>
<tr>
<td>Moderate</td>
<td>Training includes one or more interactive* features, requires participant engagement through frequent knowledge checks, may include a pre- or post-test, and includes information that goes beyond mandated reporter training.</td>
<td>9 (19%)</td>
<td>CA, GA, IN, KS, MD, MO, NM, UT, WI,</td>
</tr>
<tr>
<td>Basic</td>
<td>Training includes videos or audio-clips, a few minor interactive* features, and expanded information (typically as text) related to mandated reporting, such as legal requirements, signs of abuse, and prevention.</td>
<td>33 (67%)</td>
<td>AL, AK, AZ, AR, CO, CT, DC, FL, ID, IL, IA, LA, ME, MA, MI, MN, MT, NE, NH, NV, NY, NC, ND, OH, OR, PA, SC, SD, TX, VT, VA, WA, WV</td>
</tr>
<tr>
<td>Limited</td>
<td>Training does not include interactive* features and presents information simply as text, a slideshow, and/or a single video.</td>
<td>6 (12%)</td>
<td>DE, HI, KY, NJ, OK, TN</td>
</tr>
</tbody>
</table>

(*Interactive features: scenarios, storylines, quizzes/assessments, responsive learning exercises, pre-/post-test, real-time feedback, gamification techniques)

**Discussion**

This comparative assessment identified significant variation in both content and delivery/functionality among 49 online (English language) mandated reporter (MR) trainings. Because all children deserve protection from abuse regardless of where they live, such variation raises concern over just how many mandated reporters in the U.S. have access to comprehensive preparation for recognizing and reporting suspected child abuse. This is particularly relevant if
Comparison of MR Trainings

in-person MR training is not easily accessible, be it due to cost, timing, location, or other barriers.

iLookOut was designed to provide an evidence-based, standardized MR training that can be adapted to meet any given state’s laws and policies. Included in this design is an emphasis on helping learners develop and apply critical thinking skills as they apply to suspected child abuse and, more generally, promoting child well-being. Whether it involves distinguishing poverty from neglect or raising awareness about cultural differences, we believe that well-designed MR trainings should include strategies for countering systemic racism and implicit bias. There was no ready metric for coding MR trainings on this goal, and so it was not evaluated in this comparative assessment.

Clearly, not all online MR trainings are created equal with regard to educating, engaging, and motivating mandated reporters. Perhaps the most glaring finding from this study is that 37 MR trainings failed to include both a pre- and post-test, and 17 MR trainings contain neither. This means that it is not possible to measure whether any one of these 37 state-approved MR trainings has any effect on mandated reporters’ knowledge about child abuse and its reporting. In fact, a subsequent literature review found no published evaluation or outcomes studies for any of the 48 online MR trainings that we compared with iLookOut’s Core Training. Further, for those MR trainings that had a pre- or post-test, we found no evidence that any of these other than iLookOut (Levi, et al., in press; Panlilio et al., in press) had validated their measures—as is needed to ensure that question items are truly evaluating their intended construct. So, too, no MR training other than iLookOut employed gamification or spaced retrieval/practice to promote learner engagement. To the extent that we want to both engage mandated reporters and optimize knowledge gain and retention, online trainings should take advantage of evidence-based
Comparison of MR Trainings

practices shown to improve knowledge, change attitudes, and (ideally) affect people’s actual behavior.

Limitations

Despite the breadth of our examination, there are several limitations to the present study. First, because only English versions of online MR training were reviewed, the content and functionality of MR trainings in other languages were not assessed. Second, because we did not continue searching MR training programs after identifying a state-sponsored training, it is possible that higher quality MR trainings exist in those states that had a state-sponsored MR training. Third, because there are no established criteria of what components should be included in MR training, the list of 40 components used to code the trainings may be neither comprehensive nor quintessential. Finally, because there is no existing standard for evaluating a MR training’s level of engagement, there may be more appropriate criteria than were used in this study.

Conclusion

The findings of this comparative assessment show major state-to-state differences in the content and delivery/functionality of state-approved mandated reporter trainings. Because, as has been noted in prior research (Mathews & Kenny, 2008), there are non-trivial differences between the states in terms of policy, legal definitions, and reporting requirements, some amount of variability is to be expected. That being said, if it is worth investing the time, energy, and resources to educate mandated reporters, it is certainly worth ensuring that key concepts and strategies for protecting children are conveyed effectively. Otherwise, there may be little reason to believe that such training will actually help mandated reporters protect children.
Comparison of MR Trainings

**Recommendations**

Based on the study findings, we recommend the following suggestions to practitioners and policy makers:

- Establish national standards for what should be covered in MR training.

- Establish a national standard for rating the quality of online MR training, including criteria for what counts as an evidence-based training.

- Increase funding to develop MR training that incorporates best practices for online learning (e.g., spaced retrieval/practice) as well as innovations (e.g., gamification) that make such training genuinely engaging (and thereby more effective) for users.

- Encourage states to accept only MR training that is evidence based.

- Develop online evidence-based training that helps parents and other caregivers better understand the parameters of child abuse and its reporting.
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References


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childhood care and education providers’ knowledge and attitudes about reporting child maltreatment. *PLoS ONE, 15*(1). https://doi.org/10.1371/journal.pone.0227398
Comparison of MR Trainings

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Katherine L. Humphreys, PhD, EdM, is Assistant Professor in the Department of Psychology and Human Development, Vanderbilt University, and an infant mental health psychologist and researcher. Her lab examines the effects of early adversity (including abuse and neglect) on brain and behavior, the transition to parenthood, and developmental psychopathology. She has been affiliated with the iLookOut project since 2018.

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Richard Fiene, PhD, a research psychologist, has spent his professional career in improving the quality of child care throughout the United States and internationally. Dr. Fiene has done extensive research and publishing on the key components in improving child care quality through an early childhood program quality indicator model of training, technical assistance, quality rating and improvement systems, professional development, mentoring, licensing, risk assessment, differential program monitoring, key indicators, and accreditation. He has been affiliated with the iLookOut project since 2014.

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Comparison of MR Trainings

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