The Guide for Mandated Reporters:

A Toolkit for Identifying and Reporting Child Abuse and Neglect



Revised 2005

Mandated Reporter Guide 2005 edition

The Child and Family Resource Council gratefully acknowledges the following individuals and organizations for their assistance and support:

Ron Apol, M.A.

Rosalynn Bliss, M.S.W.

Joyce Bos, M.A.

Helen Brinkman, J.D.

Vicki Davison, M.A.

David Door, J.D.

Edna Martin, M.A.

Patti Nussbaum, M.A.

Mary Banghart Therrien, M.A.

Becky Yuncker, M.A.



Children's Trust Fund



Heart of West Michigan United Way



Agency Kent County Family Independence Agency

Contents

| Why Do We Need This Guide?1 |
|---|
| What Are The Facts about Child Abuse and Neglect? 2 How widespread is the problem of child abuse and neglect? 2 What is the impact? 2 What is the solution? 3 |
| What Is Our Community's Vision for Its Children? |
| Who Is A Mandated Reporter? |
| How Do You Report Abuse and Neglect?6Filing the report.6Information to include in your report.6Sample FIA-3200 Reporting Form7Legal considerations.8Why make a report?8Other considerations8Helpful hints when making a report9Good Faith Reporting.9 |
| What Are The Signs of Child Abuse and Neglect? 10 Behavioral/emotional indicators and 10 Physical abuse 11 Neglect 12 Sexual abuse 13 Emotional abuse 13 Shaken Baby Syndrome (SBS) 14 |
| How Do You Respond to Disclosures of Abuse and Neglect? Taking care of yourself Taking care of the child 15 Taking care of the child 15 Are There Protocols for Reporting? 16 Creating a protocol for your agency or organization |
| |

Contents

| What Happens After a Report Is Made in Kent County? | '18 |
|--|---------|
| The Children's Protective Services program | |
| How changes in the law provide | |
| prevention services for families | |
| What the Michigan Five Tier Categories Mean | |
| Table: Michigan Children's Protective Services Five Tier Categ | |
| - Definitions | |
| Table: Michigan Children's Protective Services Five Tier Categ | ories |
| - Actions Required | |
| Chart: Michigan Children's Protective Services Five Tier Dispo | osition |
| Decision Tree | |
| | |
| What Are Civil Child Protective Proceedings? | 21 |
| Family Court | 21 |
| Placement decision | |
| What Are Criminal Child Protective Proceedings? | 22 |
| The criminal justice system | |
| Criminal statutes regarding child abuse | |
| Physical and/or emotional abuse of a child | |
| Sexual abuse of a child | |
| If you have to go to court | |
| | |
| How Can Child Abuse and Neglect Be Prevented? | 27 |
| What Is the Child and Family Resource Council? | 28 |
| | |
| What Do All These Terms Mean? | |
| A glossary of terms | |
| | |

Why Do We Need This Guide?

Dear Reader,

Welcome to THE GUIDE FOR MANDATED REPORTERS: A Toolkit for Identifying and Reporting Child Abuse and Neglect. As a Mandated Reporter, you have the awesome responsibility of identifying and reporting incidents of child abuse and neglect. In the process, you also have the opportunity to play a vital role in protecting many of the children in our community from further abuse and neglect.

Though a number of professions are mandated by law to report child abuse and neglect, few individuals have received formal training in the correct procedures. This Guide is designed to provide you with the skills, tools, and practical information necessary to properly identify and accurately report suspected abuse and neglect. In addition to this toolkit, trainings are periodically offered in our community. If you are interested in attending a scheduled training or would like to organize a training for your agency, please contact the Council office at (616) 454-HOPE (4673).

At the Child and Family Resource Council, we believe that every child in Kent County should have the opportunity to experience a safe and healthy childhood. For many of our children, we are not there yet. You can be a part of making this a reality for them. With this toolkit in hand, we invite you to become a part of the solution. Child abuse and neglect: identify it, report it, and help us put an end to it!

Thank you for joining with us as we work together to "shape a community that protects children from abuse and neglect."

Sincerely,

Candace Cowling, MSW Executive Director



What Are The Facts about Child Abuse and Neglect?

How Widespread Is The Problem of Child Abuse and Neglect?

Twenty years ago, child abuse and neglect cases were seldom reported and difficult to substantiate. Each year, more than three million children are reported as abused or neglected in the United States, and more than one million of these reports are confirmed according to Prevent Child Abuse America (April 2001). Experts believe that up to ten times more cases of abuse and neglect go unreported.

... the United States spends \$258 million each day as a direct or indirect result of the abuse and neglect of our nation's children. statistics mirror national studies demonstrating an increase in reports of child abuse and neglect to Children's Protective Services. Due to increased community awareness of the problem and more effective identifying and reporting mechanisms, child abuse reports have gradually increased 1981. In 2003, the Kent County Family Independence Agency received more than 9,500 reports of suspected child abuse or neglect.

- Prevent Child Abuse America

What Is The Impact?

Long-Term Effects on Our Children and Our Community

According to Prevent Child Abuse America, the United States spends \$258 million each day as a direct or indirect result of the abuse and neglect of our nation's children. This amounts to nearly \$94 billion each year. Studies have shown for years that abused and neglected children are less likely to be school-ready and more likely to exhibit behavior disorders, to become teen parents and juvenile criminals, and to abuse alcohol and drugs.

Research clearly shows the human and financial costs of child abuse and neglect, both to the children and families involved as well as society. Cathy Spatz Widom, Professor of Psychiatry at the New Jersey Medical School, began research to address the relationship between early child abuse and neglect and later delinquent and violent criminal behavior. Widom studied 1,575 children in the Midwest who were followed for a 25-year period after a reported abuse or neglect incident through official criminal records. The study found that childhood victimization (physical and sexual abuse and neglect) significantly increases a person's risk of arrest. To put this into perspective, the odds are almost two times higher that an abused and neglected child will be arrested for a violent crime as a juvenile than a child of the same gender, age, and race who grew up in the same neighborhood or who was born in the same hospital at the same time. And, abuse and neglect behaviors are often passed on to the next generation, and beyond, if effective intervention does not halt the cycle.

What Is The Solution?

Prevention Works

With such overwhelming evidence of the negative impact of child abuse and neglect, it begs the question how does one prevent child abuse and neglect? Most human service agencies, public and private, become involved with families after a problem has already been identified. However, research demonstrates proven strategies for stopping abuse and neglect before it ever gets started. For example, the Ypsilanti's High Scope Perry Preschool program — the nation's most studied pilot program in early childhood — has been measured over 30 years and shows conclusively that each dollar invested in high quality early childhood education saves more than seven dollars in later social costs.

All children deserve to grow up in safe and nurturing homes. As the Children's Trust Fund designated prevention agency for Kent County, the Child and Family Resource Council has been working for more than 15 years to shape a community that protects children from abuse and neglect. The Council focuses on the prevention of child abuse and neglect — stopping it before it ever gets started - through advocacy efforts and the coordination of strengthbased prevention programs. By partnering with many other agencies and organizations in the community, the Council works to ensure a continuum of prevention efforts exist in Kent County and, whenever possible, it encourages strategies to connect families with community support services before problems escalate. Educating Mandated Reporters on the early identification and proper reporting of child abuse and neglect is one way the Council promotes the health and well-being of Kent County's children.

...each dollar invested in high quality early childhood education saves more than seven dollars in later social costs.



Child and Family Resource Council

616.454.HOPE (4673) www.childresource.cc

protecting children, supporting families, and strengthening our community

Shaping a community that protects children from abuse and neglect.

What Is Our Community's Vision for Its Children?

Our Children, Our Future:

15 Standards for Kent County's Children

In 1992, a task force began meeting to explore ways in which Kent County's service delivery system for child abuse and neglect could be more effective. This task force was known as **Perspective 21!** Its overarching discovery was that the service delivery system for child abuse and neglect was not really a "system," rather it was "a collection of wellmeaning efforts that may or may not be closely coordinated with other similar efforts — even with programs or agencies that could well benefit their clients." This task force put forth a number of recommendations to enhance the prevention of and protection from child abuse and neglect.

How do we know if we have a community in which children are valued and families are supported? How do we know if we are doing well by our children? These types of questions led to the creation of *Our Children, Our Future: Standards for Children in Kent County*. In 1993, with funding from the Grand Rapids Community Foundation, Steelcase Foundation, and Frey Foundation, the Child and Family Resource Council (then known as the Kent County Council for the Prevention of Child Abuse and Neglect) convened meetings of local leaders and citizens to develop standards for the children of our community. Together, they created a set of 15 standards. These standards are now used to guide the advocacy work of the Council. They have also been adopted by many decision-making bodies within Kent County.

The City of Grand Rapids and the Grand Rapids Public Schools have demonstrated their support of the standards by creating the Office of Children Youth and Families. The mission of the Office is to evaluate public policy and promote caring partnerships to ensure our children, youth, and families thrive within the Grand Rapids community and hold promising futures. The standards are the guideposts they use to

accomplish this mission. You will find the 15 standards printed throughout this guide (similar to the one printed on this page).

As each individual is important to our success, we hope that you will think about ways that you can contribute to our community's achieving these standards, and we are eager to receive any feedback you might have.

We believe that all of our children in Kent County should...

m

be wanted and cared for by a mature and nurturing adult(s) who is responsible and accountable for the child's well-being

Who Is A Mandated Reporter?

What the Law Says

Child abuse and neglect are defined by both Federal and State legislation. **The Child Abuse Prevention and Treatment Act (CAPTA)** is the Federal legislation that provides minimum guidelines that States must incorporate in their statutory definitions of child abuse and neglect. Based on CAPTA guidelines, each State provides its own definitions of child abuse and neglect. As applied to reporting statutes, these definitions describe the acts and conditions that determine the grounds for State intervention in the protection of a child's well being.

The law identifies specific groups of individuals who, by education or by profession, are in a position to identify and report suspected child abuse and neglect. The law then gives a list outlining the professionals who would fit the qualifications and are therefore compelled to report the suspected abuse or neglect. These individuals are commonly referred to as "Mandated Reporters." An excerpt from the law is printed below and to the right. It is important to know when reading through the excerpt that this is an inclusive not exclusive list.

Act 238 went into effect on October 1, 1975. The act commonly known as the "Child Protection Law" states:

"A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours after making the oral report, the reporting person shall file a written report as required in this act. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school shall be considered adequate to meet the reporting requirement. A member of the staff or a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report required by this act or for cooperating in an investigation."

Act No. 238, Public Acts of 1975 722.623, Section 3 (1)

Mandated Reporters Identified

Mandated Reporters include, but are not limited to, the following individuals:

- audiologists
- · certified social workers
- dentists
- law enforcement officers
- · licensed professional counselors
- marriage and family therapists
- medical examiners
- members of the clergy
- nurses
- persons licensed to provide emergency medical care
- physician's assistants
- physicians
- psychologists
- registered dental hygienists
- regulated child care providers
- school administrators
- school counselors or teachers
- social work technicians
- social workers

* For a complete copy of the Child Protection Law book, contact the Michigan Family Independence Agency at (517) 373-6703 or fax your request to (517) 335-4017 and ask for PUB 3 Child Protection Law Pamphlet.

How Do You Report Child Abuse and Neglect?

Information to Include in Your Report

Names: of children, parents, household members

Ages: of above if known

Address: or directions and descriptions if hard to find, or in apartment etc.

Alleged Perpetrator(s): and their relationship to the victim

Alleged victim(s)

Non-offending parent: what do they know about the incident, are they trying to protect the victim

Description of Concern: include as much detail as possible such as; what was heard, seen, smelled. Also, include information regarding any witnesses. (WHO, WHAT, WHERE, WHEN, WHY, HOW, HOW OFTEN)

Example: Making a report about a dirty house.

Give details about the safety and health concerns such as wires, broken glass, no beds, no house, piles of clothes strewn about or cluttered to the point of not being able to get through safely, old or moldy food on plates, food left out to spoil, bugs, feces, etc. **Create a picture for the intake worker.**

Example: Making a report about an injury.

Include information regarding what size bruise, cut, and color. Find out if they have seen a doctor. Try to find out where on the body the injury is, if known. Document the seriousness of the injury or any safety hazards in the home (guns, drugs, animals). Note the frequency to determine how often the abuse is occurring. Answer the question, when did the reporting person last see this happen or see family members. If possible include whom, so that CPS will know if the alleged perpetrator has access to the child, and include if there are any special arrangements that would help in scheduling an interview. Include information such as, perpetrator's place of employment. Also include information as to the whereabouts of the child, whether the child is at school or childcare, with relatives, or going to a friend's house. And finally, who else might know?

Filing the Report

The purpose of the Children's Protective Services (CPS) is to assure that children are protected from further physical or emotional harm caused by a parent or other adult responsible for the child's health and welfare and that families are helped, when possible, to function responsibly and independently in providing care for the children for whom they are responsible. Harm caused by an adult not responsible for the care of the child (neighbor, family friend, acquaintance) would be the responsibility of law enforcement, not CPS.

The CPS program is based on the conviction that protection of children is primarily the responsibility of parents. When parents and other responsible adults fail, and children are harmed or are at sufficient risk to warrant intervention, CPS intervenes to safeguard the rights and welfare of children whose families are unable or unwilling to do so.

By law, CPS has the responsibility to receive and to respond to any complaint of child abuse, child neglect, sexual abuse, sexual exploitation, maltreatment or improper custody. In each case being investigated, CPS must complete a safety assessment to identify present or immediate danger of harm to a child during the investigation and at other important points during the life of the case. The only exceptions to this requirement are cases in which CPS is unable to locate the family or in which no evidence of child abuse and/or neglect is found.

It is important when making a report to CPS to include pertinent information that will enable CPS to make an effective safety assessment. **In Kent County call (616) 247-6300 within 24 hours.** Follow up with a written FIA-3200 report within 72 hours. The box on this page provides a list of the types of information needed in an ideal referral. On the next page, is a sample of the FIA-3200 reporting form.

| Was referral phoned to FIA? | higan Family In | | | | | |
|---|---|---|---|---|--|--|
| | _og # | ► If no, contact the July FIA Office immediately | | | | |
| INSTRUCTIONS: REFERRING PERSON: Comple child is found. Retain PART 2 for your records. Se | ete items 1-20. Send PART 1 to local County F' A where the later 1. Date | | | | | |
| 2. List of Child(ren) Suspected of being Abused or Negle | ected (List additional o | | | | I | |
| NAME | | BIRTH DATE | SOCIAL SEC. | # | SEX | RACE |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| 3. Mother's Name | | | | | | |
| 4. Father's Name | | | | | | |
| | | | | | | |
| 5. Child(ren)'s Address (No. & Street) | | 6. City | 7. County | 8 | 3. Phone No. | |
| 9. Name of Alleged Perpetrator of Abuse or Neglect | | 10. Relationship to | L Child(ren) | I | | |
| 11. Person(s) the Child(ren) Living with when Abuse/Nec | alact Occurred | 11∠ ddress, City & | 7in Codo where | abueo/eo | aloct occurred | |
| TT. Ferson(s) the onlid(ten) Living with when ADUSE/NE(| yieut Occurred | 12 Juless, City & | Zip Code where | abuse/ne | gieci occurred | |
| 13. Describe injury or Conditions and Reason for Suspici | ion of Abuse or ! | Attach additional | sheets if necessa | ry) | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 14. Source of Referral (Check appropriate box) | OT. | | | | | |
| 14. Source of Referral (Check appropriate box) ☐ PHYSICIAN ☐ AUDIOLOGI MEDICAL EXAMINER (Coroner) ☐ *SOCIAL W | | | ST AL COUNSELOR | : 🗍 м/ | | ILY THERAPIS |
| PHYSICIAN AUDIOLOGI MEDICAL EXAMINER (Coroner) *SOCIAL WO DENTIST/DENTAL HYGIENIST SCHOOL AU | ORK' R DM' 'ATOR | PROFESSION, TEACHER LAW ENFORC | AL COUNSELOR | | ARRIAGE/FAMI A FACILITY CH FACILITY | |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) *SOCIAL WO DENTIST/DENTAL HYGIENIST SCHOOL AE NURSE SCHOOL CO | ORK'.R DM' [™] ATOR OUL⊃L | PROFESSION, TEACHER LAW ENFORC CHILD CARE F | AL COUNSELOR | | Arriage/Fami A Facility Ch Facility Ligibility Spe | ECIALIST |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) DENTIST/DENTAL HYGIENIST DENTIST/DENTAL HYGIENIST SCHOOL AE NURSE EMERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER | ORK'.R DM' "PATOR OULS. Tr., ITA L] FAN.LY IN | PROFESSION, TEACHER LAW ENFORC CHILD CARE F L | AL COUNSELOR EMENT OFFICEI PROVIDER [CIALIST [| | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES | ECIALIST ICIALIST SPECIALIST |
| PHYSICIAN MEDICAL EXAMINER (Coroner) MEDICAL EXAMINER (Coroner) SOCIAL W DENTIST/DENTAL HYGIENIST SCHOOL AE NURSE MERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER | ORK'.R DM' "PATOR OULS. Tr., ITA L] FAN.LY IN | PROFESSION | AL COUNSELOR EMENT OFFICEI PROVIDER [CIALIST [LIST [| M/ FI/ FI/ EL SOCI/ SOCI/ Other | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below | ECIALIST ICIALIST SPECIALIST |
| PHYSICIAN MEDICAL EXAMINER (Coroner) MEDICAL EXAMINER (Coroner) SOCIAL WO DENTIST/DENTAL HYGIENIST DENTIST/DENTAL HYGIENIST SCHOOL AT SCHOOL AT SCHOOL CO EMERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER 15. Referring Person's Name | ORK'.R DM' "PATOR OULS. Tr., ITA L] FAN.LY IN | PROFESSION, TEACHER LAW ENFORC CHILD CARE F L | AL COUNSELOR EMENT OFFICEI PROVIDER [CIALIST [LIST [| M/ FI/ FI/ EL SOCI/ SOCI/ Other | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below | ECIALIST ICIALIST SPECIALIST |
| PHYSICIAN MEDICAL EXAMINER (Coroner) MEDICAL EXAMINER (Coroner) SOCIAL W DENTIST/DENTAL HYGIENIST SCHOOL AE NURSE MERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER | ORK'.R DM' "PATOR OULS. Tr., ITA L] FAN.LY IN | PROFESSION | AL COUNSELOR EMENT OFFICEI PROVIDER [CIALIST [LIST [| | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below tospital, etc.) | ECIALIST CIALIST SPECIALIST /) |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W DENTIST/DENTAL HYGIENIST SCHOOL AE NURSE SCHOOL AE EMERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER 15. Referring Person's Name 17. Address (No. & Street) | ORK' R DMI - PATOR OUI - I FAN LY IN F WELFARE | PROFESSION. TEACHER LAW ENFORC CHILD CARE F L DEPENDENCE SPE SERVICES SPECIA 16. Name of Referr 18. City | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [INST [ING Organization 19. State 20. | | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below hospital, etc.) | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN MEDICAL EXAMINER (Coroner) MEDICAL EXAMINER (Coroner) SOCIAL WO DENTIST/DENTAL HYGIENIST DENTIST/DENTAL HYGIENIST SCHOOL AT SCHOOL AT SCHOOL CO EMERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER 15. Referring Person's Name | | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [INST [ING Organization 19. State 20. | | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below hospital, etc.) | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) DENTIST/DENTAL HYGIENIST DENTIST/DENTAL HYGIENIST SCHOOL AE SCHOOL AE MERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL | | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [INST [ING Organization 19. State 20. | | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below hospital, etc.) | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) DENTIST/DENTAL HYGIENIST DENTIST/DENTAL HYGIENIST SCHOOL AE SCHOOL AE MERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL | | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [INST [ING Organization 19. State 20. | | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below hospital, etc.) | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) DENTIST/DENTAL HYGIENIST DENTIST/DENTAL HYGIENIST SCHOOL AE SCHOOL AE MERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL | | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [INST [ING Organization 19. State 20. | | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below hospital, etc.) | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) DENTIST/DENTAL HYGIENIST DENTIST/DENTAL HYGIENIST SCHOOL AE SCHOOL AE MERGENCY MEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL | | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [INST [ING Organization 19. State 20. | | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below hospital, etc.) | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W SOCIAL W SOCIAL HYGIENIST SCHOOL AE NURSE SOCIAL WEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL Summary Report and Conclusions of Physical Exam 23. Laboratory Report | | PROFESSION. PROFESSION. PROFESSION. CHILD CARE FL DEPENDENCE SPECIA IG. Name of Referr I8. City NHEN PHYSICA al Documentation) 24. X-Ray | AL COUNSELOR EMENT OFFICEI ROVIDER CIALIST [LIST [ng Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below iospital, etc.) 21. Phone S BEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL WO DENTIST/DENTAL HYGIENIST SCHOOL AC NURSE SCHOOL AL SCHOOL AL | | PROFESSION, TEACHER LAW ENFORC CHILD CARE F DEPENDENCE SPE SERVICES SPECIA 16. Name of Referr 18. City MHEN PHYSICA al Documentation) | AL COUNSELOR EMENT OFFICEI ROVIDER CIALIST [LIST [ng Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below iospital, etc.) 21. Phone S BEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W SOCIAL W SOCIAL W INURSE SCHOOL AE SOCIAL WEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL Summary Report and Conclusions of Physical Exam Z3. Laboratory Report 23. Cother (specify) 27. Prior Hospitalization or Medical Examination for this | ORK' R MI PATOR OUI - I FAN LY IN WELFARE - PERSONNEL 1 ination (Attach Medic | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City PHEN PHYSICA Documentation 24. X-Ray 26. History or Phys | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [LIST [Ing Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below nospital, etc.) 21. Phone SBEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W DENTIST/DENTAL HYGIENIST SCHOOL AE NURSE SCHOOL AE SCHOOL AE SCHOOL AE FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAI SUMMARY Report and Conclusions of Physical Exam 23. Laboratory Report 25. Other (specify) | ORK' R MI PATOR OUI - I FAN LY IN WELFARE - PERSONNEL 1 ination (Attach Medic | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City PHEN PHYSICA Documentation 24. X-Ray 26. History or Phys | AL COUNSELOR EMENT OFFICEI ROVIDER CIALIST [LIST [ng Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below nospital, etc.) 21. Phone SBEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W SOCIAL W SOCIAL W INURSE SCHOOL AE SOCIAL WEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL Summary Report and Conclusions of Physical Exam Z3. Laboratory Report 23. Cother (specify) 27. Prior Hospitalization or Medical Examination for this | ORK' R MI PATOR OUI - I FAN LY IN WELFARE - PERSONNEL 1 ination (Attach Medic | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City PHEN PHYSICA Documentation 24. X-Ray 26. History or Phys | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [LIST [Ing Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below nospital, etc.) 21. Phone SBEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W SOCIAL W SOCIAL W INURSE SCHOOL AE SOCIAL WEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL Summary Report and Conclusions of Physical Exam Z3. Laboratory Report 23. Cother (specify) 27. Prior Hospitalization or Medical Examination for this | ORK' R MI PATOR OUI - I FAN LY IN WELFARE - PERSONNEL 1 ination (Attach Medic | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City PHEN PHYSICA Documentation 24. X-Ray 26. History or Phys | AL COUNSELOR EMENT OFFICEI PROVIDER CIALIST [LIST [Ing Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below nospital, etc.) 21. Phone SBEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W SOCIAL W SOCIAL W INURSE SCHOOL AE SOCIAL WEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL Summary Report and Conclusions of Physical Exam Z3. Laboratory Report 23. Cother (specify) 27. Prior Hospitalization or Medical Examination for this | ORK' R MI PATOR OUI - I FAN LY IN WELFARE - PERSONNEL 1 ination (Attach Medic | PROFESSION. PROFESSION. CHILD CARE F CHILD CARE F DEPENDENCE SPECIA I6. Name of Referr I8. City PHEN PHYSICA Documentation 24. X-Ray 26. History or Phys | AL COUNSELOR EMENT OFFICEI PROVIDER [LIST [Ing Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below nospital, etc.) 21. Phone SBEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W SOCIAL W SOCIAL HYGIENIST SCHOOL AT NURSE SOCIAL WEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL SOCIAL WORK STreet) TO BE COMPLETED BY MEDICAL SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST | ORK' R MI PATOR OUI - I FAN LY IN VELFARE - PERSONNEL 1 ination (Attach Medic Child 29. Date | PROFESSION. PROFESSION. PROFESSION. CHILD CARE FLICTER CHILD CARE FLICTER SPECIAL TO CARE FLICTER SPE | AL COUNSELOR EMENT OFFICEI PROVIDER [LIST [Ing Organization 19. State 20. L EXAMINAT | A Gradient Content of the second conten | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below nospital, etc.) 21. Phone SBEEN DC | ECIALIST CIALIST SPECIALIST /) > No. |
| PHYSICIAN AÚDIOLOGI MEDICAL EXAMINER (Coroner) SOCIAL W SOCIAL W SOCIAL W SOCIAL HYGIENIST SCHOOL AT NURSE SOCIAL WEDICAL SERVICES PERSONNEL FAMILY INDEPENDENCE MANAGER SOCIAL WORK SPECIALIST MANAGER SOCIAL WORK SPECIALIST MANAGER TO BE COMPLETED BY MEDICAL SOCIAL WORK Report | Child | PROFESSION. PROFESSION. PROFESSION. CHILD CARER CHILD CARE F DEPENDENCE SPECIA 16. Name of Referr 18. City 24. X-Ray 26. History or Phys 26. History or Phys 26. History or Phys 30. Hospital (if app | AL COUNSELOR EMENT OFFICEI PROVIDER [LIST [Ing Organization 19. State 20. L EXAMINAT | | ARRIAGE/FAMI A FACILITY CH FACILITY LIGIBILITY SPE AL WORK SPE AL SERVICES (Specify below nospital, etc.) 21. Phone SBEEN DC | ECIALIST CIALIST SPECIALIST /) PNO. DNE |

Sample FIA-3200 Reporting Form



Why Make A Report?

Every report is important, even if the individual report does not meet the standard to provide a "preponderance of the evidence." All calls to Children's Protective Services (CPS) are tracked by the Service Worker Support System (SWSS) which is an internal data system maintained within and by the Michigan Family Independence Agency. This technology can now track patterns of calls that are related to the same family, even when the family may relocate to another county within the state. The clustering of information increases the ability of CPS to respond appropriately to a family. Your call can make a difference.

Legal Considerations

The law clearly states that if a Mandated Reporter (see page 5 for list) suspects abuse or neglect, they **must** make a verbal report to Children's Protective Services within 24 hours, followed up by a written report (FIA-3200 form, sample on page 7) within 72 hours.

- A person making a report of suspected child abuse or neglect or cooperating in an investigation is presumed to have acted in good faith. The person is immune from civil or criminal liability that might otherwise have been incurred so long as they are acting in good faith.
- A Mandated Reporter who fails to make a report may be charged with a criminal misdemeanor.
- The identity of the reporting person is confidential and will be disclosed only with the consent of that person or by court order. However, the identity of the reporting person can sometimes be inferred even if the name is not revealed.

Other Considerations

Filing a report can be stressful for both the Mandated Reporter and for the family. It is common for reporters to have doubts and fears. Many fear that filing a report will hamper their relationship with the family and tear down the trust that has been built. Some also fear that filing a report may put the child in further danger should the caregiver choose to retaliate. While this is a concern, it should not inhibit the reporter from filing. Be sure to alert Children's Protective Services of your concern so that arrangements can be made to provide for the safety and protection of the child.

For those who will have continued contact with the family, there are various strategies that can be implemented to help alleviate the tension between the reporter and the family. **Explain to the family** that you are merely doing your job and that by law you are required to do so. **Reassure the family** that you are not saying they are a bad parent, nor are you accusing them of any wrongdoing. **Remind the family** that your only concern is for their child(ren). The majority of parents care deeply about their children and will understand that you are acting in the best interest of the child.

It is also important to remember that by filing a report, you are enabling families to get the help they need. Some families may not recognize their need for help, either for counseling or for parent education. Other families may acknowledge their need for help, but do not have the resources or the means to access available assistance. Mandated Reporters can be a critical link in getting support services for those families.

Helpful Hints When Making A Report

The following is a list of helpful hints to aid you in this process.

- 1. **BE PREPARED:** When making a call to Children's Protective Services (CPS), remember that a reporter's own standards of wellness may not agree with a CPS worker's legal definition of abuse or neglect. Be sure to carefully look through the list of definitions for abuse or neglect located on pages 29-30.
- 2. **"RULE IN" POLICY:** During a call, the CPS intake worker is asking him/herself, "Based on what I am hearing, is it reasonable to suspect abuse or neglect has occurred?" Therefore, it is important to have all of the facts documented and readily available when making the call.
- 3. SOURCE OF INFORMATION: It is important to consider the source of information. If the information is from a family member living in the house with the child, then the Mandated Reporter can make the referral. However, if the reporter hears from a person living outside of the home that a child has been harmed, the chance to activate a CPS investigation, through the Mandated Reporter, is less likely. Still the reporter can encourage this person, outside of the home, to make the referral him/herself. If in doubt, call CPS.
- 4. **DISPOSITION RESULTS:** CPS is required to send the reporter a letter describing the result or disposition of the call. During intake, the Mandated Reporter can ask the CPS worker about CPS's response to the family. One strategy might be:

"I understand that by law, I will be receiving a letter that describes the result of my call. The letter will describe whether the referral was substantiated or unsubstantiated, and whether the family was offered prevention services. Is this correct?"

This question will clarify the CPS reporting process. This strategy will also offer the opportunity to ask about a back up plan, in case a letter is not received.

5. CHECK AND BALANCE: In a worst case scenario, if the reporter considers the child to be in greater jeopardy than CPS's response indicates, the reporter may call the Children's Ombudsman's office in Lansing, 1-800-MICHFAM, 1-800-642-4326. This office provides oversight to each county's CPS and their response to a referral. The Ombudsman's office is not a division of Family Independence Agency, and, as an independent organization, it offers a check and balance to the child welfare process. While the office will refer a caller back to work within their local CPS unit, at the very least, the persistent referrer can say to CPS, after a call to the Ombudsman's office: *"I have been in contact with the Children's Ombudsman's Office."*

This information should alert the CPS unit that the reporter is aware of the reporting process.

6. THE REPORTER IS NEITHER A DETECTIVE NOR AN INVESTIGATOR. The goal of the Mandated Reporter is to offer information and allow CPS to perform its function. Therefore, make a verbal report and fill out an FIA-3200 form (see sample on page 7) for all events that indicate it is reasonable to suspect that a child has been abused or neglected. This form is documentation that the reporter complied with the law.

Good Faith Reporting

Those Who Report in Good Faith:

- The identity of a reporting person is confidential
- A person acting in good faith who files a report is immune from civil or criminal lawsuits
- 722.625 Sec. 5

Failure to Report:

 A person who is required to report and who knowingly fails to do so is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500 or both.

2

We believe that all of our children in Kent County should...

have received appropriate, comprehensive prenatal care, including community resources that are affordable, accessible, responsive, and sensitive to diverse cultural needs



What Are the Signs of Child Abuse and Neglect?

| | ehavioral/Emotional Indicators and Effects of buse and Neglect |
|------|--|
| | Anxiety and unrealistic fears: constant nightmares, fear of parents or adults, apprehensive of caretaker |
| • | Developmental lags: toilet training, motor skills, socialization, deficits in language and speech development |
| • | <i>Habit disorders:</i> biting, rocking, head banging, or thumb sucking in an older child |
| • | <i>Poor social skills:</i> peer relationships, social withdrawal, apprehensive with other children, lack of basic trust in others |
| | Anti-social tendencies: delinquency, alcohol or drug abuse, streetwise |
| • | <i>Behavioral extremes:</i> aggressive or passive; inappropriately adult-like or infantile, immature, or childish; oppositional, defiant of authority or overly compliant or controlled; rigid or overly impulsive; and over or under eating |
| • | <i>Behavioral regression:</i> infantile behavior, enuresis (involuntary urination), and encopresis |
| • | <i>Conduct and academic problems at school:</i> excessive school absenteeism, sudden drop in academic performance, inability to concentrate, non-participation in school activities, disruptive in classroom |
| • | <i>Sexualized behavior:</i> knowledge of sexual matters inappropriate to age or developmental level, simulation of sexual activity with other children, excessive masturbation, seductive behavior and sexual acting out towards adults, promiscuity |
| • | <i>Deficits in mood and affect:</i> depressed, withdrawn, isolated, apathetic, aloof, indifferent, hyperactive, impulsive, and low frustration tolerance |
| • | <i>Depression:</i> feelings of depression, guilt, shame, withdrawal, suicidal feelings and gestures |
| • | Attempts to hide signs of abuse: obvious attempts to hide bruises or injuries, unwillingness to undress for physical education class at school, long sleeves in warm weather, wearing coat inside |
| | • <i>Attempts to avoid abusive situations:</i> arriving early at school and leaving late, running away from home |
| dren | • <i>Attempts to avoid physical discomfort:</i> missing physical education classes, complaints that physical activity causes pain or discomfort, difficulty sitting |
| | <i>Physical symptoms with no organic basis:</i> non-organic failure to thrive, listless, apathetic, depressed, non-responsive, constantly tired and unable to stay awake |
| | • In extreme cases, psychosis or dissociative states |

3

We believe that all of our children in Kent County should...

have love, nurturing and encouragement from at least one caring, stable and responsible adult Presence of one or more indicators should prompt a closer look at the child and the child's environment. It is important to keep in mind that many of the indicators may be observed in children or families where abuse is not occurring. Many of these indicators could signify divorce, death, or violence in the family or something other than abuse or neglect.

It is important to note that documented behavioral/psychological manifestations of abuse may be just as important as the physical evidence during a medical exam. A history of suspicious injuries, patterns of behavior, and verbal reports of abuse are all key elements in recognizing possible abuse or neglect.

Physical Abuse

Physical abuse occurs when a parent or other person legally responsible for the child's care inflicts or allows to be inflicted upon the child non-accidental physical injury that causes or creates substantial risk or impairment of physical well-being. This may include severe beatings, shaking, burns, biting, strangulation and scalding with resulting bruises, welts, broken bones, scars or serious internal injuries (National Committee to Prevent Child Abuse, 1982).

Child abuse is rarely a single physical attack, but rather a pattern of behavior that repeats over time. It occurs when a parent or other person willfully or maliciously injures or causes a child to be injured, tortured or maimed, or when unreasonable force is used upon a child. Abuse may also result from over discipline or from punishment that is too severe.

Unexplained Bruises and Welts:

- On face, lips, mouth, torso, back, buttocks, thighs in various stages of healing
- Clustered, forming rectangular patterns, reflecting shape of article used to inflict (example: electric cord, belt buckle)
- On several different surface areas
- Regularly appear after absence, weekend, or vacation

Unexplained Burns:

- Cigar, cigarette burns, especially on soles of feet, palms, back, or buttocks
- Immersion burns (sock like, glove-like, doughnut shaped on buttocks or genitalia)
- Rope burns on arms, legs, neck, or torso
- Infected burns, indicating delay in seeking treatment

Unexplained Fractures/Dislocations:

- To skull, nose, facial structure in various stages of healing
- Multiple or spiral fractures
- Old fractures

Unexplained Lacerations or Abrasions:

- To mouth, lips, gums, eyes
- To external genitalia
- In various stages of healing



10 Steps to Positive Parenting

- 1 Show love and affection
- 2 When necessary, take time to cool down
- 3 Compliment your child
- 4 Set basic rules and limits
- 5 Teach values
- 6 Introduce your child to books
- 7 Listen and talk to your child
- 8 Be the kind of person you want your child to be
- 9 Offer guidance
- 10 Love your child

We believe that all of our children in Kent County should...



have food that is nutritionally sound and provided three times daily



- 1 Teach self-control by your example
- 2 Set routines for bedtime, meals, and chores
- 3 Explain reasons for your rules
- 4 Let your child help make rules
- 5 Let your child help decide consequences for broken rules
- 6 Try to understand your child's feelings
- 7 If your child breaks a rule, control your anger
- 8 If you lash out, apologize
- 9 Compliment your child often
- 10 Love your child



We believe that all of our children in Kent County should...

have clothing and shoes that are clean, warm, and in good condition

Head Injuries:

- Absence of hair and/or hemorrhaging beneath the scalp due to vigorous hair pulling
- Subdural hematomas (due to shaking or hitting)
- Retinal hemorrhages or detachments (due to shaking)
- Jaw and nasal fractures

Other Factors to Consider When Assessing Injuries:

- Injuries inconsistent with medical history
- Injuries inconsistent with explanation for injury
- Injuries inconsistent with developmental abilities of the child to injure itself

Again, it is important to note that documented behavioral/ psychological manifestations of abuse may be just as important as the physical evidence during a medical exam.

Neglect

A neglected child is one whose physical, mental, or emotional development is impaired as a result of the failure of the child's parents, legal guardian, or caretaker to provide the child with adequate food, clothing, shelter, education, or medical care. Failure to provide proper supervision or protection, which puts the child at risk, is also neglect.

Physical Indicators of Physical Neglect

- Underweight, poor growth pattern (i.e., small in stature, failure to thrive)
- Consistent hunger, poor hygiene, inappropriate dress for the weather conditions
- Brings only inappropriate food items for lunch such as candy, sweets, chips, and soda without nutritious food such as sandwich or fruit
- Consistent lack of supervision, especially in dangerous activities or for long periods
- Wasting of subcutaneous tissue
- Unattended physical problems or medical needs
- Abandonment
- Abdominal distention
 - Bald patches on the scalp
 - Serious height and weight abnormalities

Medical Neglect

- Not providing child with adequate medical care
- Not following thru with medical recommendations
- Making false allegations regarding child's medical needs

Sexual Abuse

Sexual abuse is any sexual behavior with a child or the use of a child for the sexual gratification of someone else. Sexual abuse usually occurs with someone known to the child. It often begins gradually with the offender "testing the limits" the child will accept. Sexual abuse includes behaviors such as verbal stimulation, fondling, exhibitionism, voyeurism, the production of pornography, sodomy, and intercourse. Though the majority of cases involving sexually abused children will not have physical indicators of sexual abuse, the following are some physical indicators:

- Difficulty in walking or sitting
- Torn, stained, or bloody underclothing
- Pain, swelling, or itching in genital area
- Bruises, bleeding, or lacerations in external genitalia, vaginal or anal areas
- Pain on urination
- Vaginal/Penile discharge
- Vaginal/Penile swelling
- Venereal disease
- Poor sphincter tone
- Pregnancy
- Semen about genitals or on undergarments
- Swollen or red cervix, vulva, perineum, or anus

It is important to note that documented behavioral/psychological manifestations of abuse may be just as important as the physical evidence during a medical exam.

Emotional Abuse

Emotional abuse is a pattern of behavior that retards a child's development and sense of self-worth. Emotional abuse includes excessive, aggressive, or unreasonable demands that place expectations on a child beyond his or her capacity. Constant criticizing, belittling, insulting, rejecting and teasing are some of the forms these verbal attacks can take. Emotional abuse also includes consistent failure to provide the psychological nurturing necessary for a child's emotional growth and development – providing no love,

support, or guidance (NCPCA, 1987).

Physical Indicators of Emotional Abuse

- Speech disorders
- Lags in physical development
- Failure to thrive
- Hyperactive/disruptive behavior
- Sallow, empty facial appearance
- Eating disorders
- Sleep disturbances, nightmares



- 1 Take a deep breath. And another. Then remember you are the adult
- 2 Close your eyes and imagine you're hearing what your child is about to hear
- 3 Press your lips together and count to ten. Or better yet, count to 20
- 4 Exercise to release tension
- 5 Phone a friend
- 6 If someone can watch your child, go outside and take a walk
- 7 Take a hot bath or splash cold water on your face
- 8 Turn on some music, and maybe even sing along
- 9 Drink a glass of cold water
- 10 Love your child



Shaken Baby Syndrome (SBS)

Shaken Baby Syndrome (SBS) is a serious form of child abuse most commonly involving the **violent shaking of infants** who present with intracranial and associated injures which have no other reasonable medical explanation after careful history, physical, imaging, and laboratory evaluation. This syndrome is largely restricted to children under three years of age, with the majority of cases occurring during the first year of life.

The leading cause of Shaken Baby Syndrome is inconsolable crying. Latest research indicates that fifty percent of perpetrators are the natural parent, with boyfriends and daycare providers accounting for the next highest percentage. Efforts to prevent SBS should therefore include information on ways to calm a crying infant and must reach parents as well as caregivers.

Infants are especially vulnerable to this violent form of abuse. As the head is shaken, weak tissues connecting the brain to the skull tear and shear. The brain slams into the skull causing bruising, swelling, and bleeding. Damage done by shaking **is immediate and can never be repaired.**

Vulnerabilities to SBS:

- Weak muscles in neck
- Wobbly head
- Large head compared to body size
- Space between brain and skull
- Immature brain and skull
- Immature fragile blood vessels
- Whiplash or ricochet motion causes bleeding between the brain and skull.

Consequences of Shaking a Baby

- Worst case-death (50%)
- Retinal hemorrhages, blindness
- Mental retardation
- Seizures
- Learning disabilities
- Cerebral Palsy
- Paralysis
- Severe motor dysfunction

Signs of a Shaken Baby

- Lethargy/decreased muscle tone
- Difficulty breathing
- Extreme irritability
- Seizures
- Decreased appetite for no apparent reason
- Bruises on shoulders, neck or around top part of arms, rib area or back

We believe that all of our children in Kent County should...

receive quality support services in health, human services and education that are affordable, accessible, and culturally appropriate and sensitive

How Do You Respond to Disclosures of Abuse or Neglect?

Taking Care of Yourself

- 1. If possible, work within the protocols designed by your organization. Is there one colleague who is identified as the designee to make the report? Remember that you are ultimately responsible to insure that the report is made, by phone and in writing.
- **2.** Be prepared. Educate yourself about how to respond to a child making a disclosure of abuse. Keep reporting material handy.
- Remind yourself that disclosure is a good thing because:
 1) the abuse should stop; 2) the abuse is no longer a secret; and, 3) this child trusted that an adult (you) would help. Abuse that continues in secret is far more damaging than abuse that is disclosed.
- 4. Use your faith to support you. You did your part, now trust your higher power will do His/Her part in taking care of this child.
- 5. Share your concerns and feelings with others (e.g., your team of professional peers), while maintaining the confidentiality of the child.
- 6. Use all of the typical stress management tools that you have: Exercise, meditate, pray, laugh, do hobbies/crafts.
- 7. Be clear about your role. You are a Mandated Reporter, a supportive adult, and possibly a child advocate. You are not an investigator or this child's parent. Let these people do their jobs.
- 8. It is very sad and worrisome when children disclose abuse. Having these feelings means that you are very human and normal. Be kind to yourself until you regain your equilibrium.
- **9.** Be forgiving of yourself should you react with a glimmer of emotional intensity and the child notices your response. Acknowledge your emotional shift and reassure the child that he or she is not responsible for your response.
- **10.** Be aware of your own internal reactions and selftalk. Stay focused on the child and their feelings and reactions.

Taking Care of The Child

Under React

Feelings of anger, guilt, denial, and confusion are normal reactions to have. However, if you have a strong reaction to a child's disclosure, several things will occur. First, the child will feel more guilty about what happened because now it has caused you pain. It will also inhibit the child from talking about this further, with you or the police, because the child will anticipate that everyone will react this way to the disclosure.

Believe the Child

No one wants to believe that a child has been victimized. However, experience in treatment and reporting indicates that children seldom make up such stories. Even if the story is false or exaggerated, there still may be a serious problem that requires exploration.

Reassure the Child

Let the child know that sharing this information with you was the right thing to do. Children fear rejection or abandonment so let them know that they are loved and will be protected.

Help Relieve the Child of Guilt

Children often believe that they are to blame for the abuse or that they should have stopped the abuse. Explain what happened was the responsibility of the offender, not the child.

Don't Say, "Why didn't you tell me about this sooner?"

No matter how many times a parent has told a child to tell if someone has touched their private parts or physically abused them, most children believe that their parents will be mad at them for being the target of the injury. Instead of questioning the manner in which the disclosure was made, encourage the child for discussing it now.

(Both adapted from text by Charlotte Amberger, MSW, CSW)

Are There Protocols for Reporting?

Creating a Reporting Protocol for Your Agency or Organization

Every school, hospital, and clinic needs a standing policy on how to handle child abuse cases. It helps the Children's Protective Services (CPS) Intake Worker to get the report first hand from the person suspecting the abuse. Cases should be reported to **Kent County CPS at (616) 247-6300** or the appropriate law enforcement agency as soon as possible, so that the investigation can begin before bruises, injuries, or other physical evidence have disappeared. Multiple interviews of the child should not be conducted at your agency. Once a report is made, in addition to your interview, the child is likely to be interviewed by CPS, law enforcement, prosecutors, and therapists.

General Guidelines

When to Report

- Child or family member discloses abuse
- Abuse is not disclosed but other indicators (e.g., emotional/physical/ behavioral) strongly suggest abuse or neglect
- Call Children's Protection Services within 24 hours, follow with written FIA-3200 report (see sample on page 7) within 72 hours.

Reporting Child Abuse and Neglect by Telephone

- Staff person will telephone Kent County Children's Protective Services to report suspected child abuse or neglect (616-247-6300)
- The reporter will give all pertinent information to Kent County Children's Protective Services to establish the basis of the child abuse or neglect report and to indicate severity of the problem, this includes:
 - Identifying information: name, address, phone number of child and caretaker, age of child, identity of the suspected perpetrator, if known
 - Description of concern; injuries/physical indicators (injury, infection, pain, dysuria, bleeding/discharge, GU-anal-rectal complaint) as specifically as possible regarding location, size, and severity of physical injuries or conditions
 - If available, description of caretaker's explanation of physical injury/condition and why it was found to be inadequate

- Verbal reports made by the child, behavior of the child that may indicate abuse or neglect, any evidence of problems between the caretaker and the child that has been observed.

How to Collect and Chart Data

- Keep to the facts and do not record personal feelings or impressions
- Be specific and avoid generalizations
- Give specific examples of behaviors observed
- Write verbatim what child reports; direct and exact quotations are very important

Information Staff Should Request from Children's Protective Services at Time of Referral Include:

- Intake Worker's name
- Contact by assigned caseworker
- Request a report as to the disposition upon completion of the investigation.

8

We believe that all of our children in Kent County should...

have safe, secure environments with adequate, quality supervision at home, and in school, day care, neighborhoods, parks and public places throughout the community

Guidelines for Specific Agencies or Organizations

Educational Systems

When Reporting to Children's Protective Services:

- Verify child's county of residence and report to that county's Children's Protective Services Agency. If child lives in Kent County, call Kent County CPS at (616) 247-6300
- According to the child protection law, school personnel must notify the person in charge of the school of the finding and that a report has been made. A copy of the report must be made available to the person in charge.
- School staff is not responsible for validating the report.
- School staff need not notify the parents of the child that an allegation of abuse has been made.
- Call during school day so CPS worker can talk to child. Please make report as soon as possible. Avoid waiting until the end of the school day or the end of the week.
- The CPS caseworker must be given access to child at school once the investigation has begun. Following the department's contact with the child, CPS shall assure notification of the parent/caretaker.
- Due to apparent confidentiality issues, it is recommended that the CPS caseworker interview the child alone, unless the child specifically requests someone to be in the room during the interview. The CPS caseworker makes the final decision regarding who will be in the room during the interview.
- A child may be removed from school by a CPS caseworker when a court order to that effect is presented.
- When the child's physical health or safety is believed to be in immediate danger, a police officer may take custody of the child without a court order.

Medical Personnel

Medical statement should include:

- Pertinent history
- Behavioral signs and indicators
- Pertinent physical findings including lab results

Legal requirements specific to medical personnel:

- Section 6 of the Child Protection Law also provides authority for a child to be detained at a hospital until the next business day of the Family Court without a court order or action by the police. The requirements are as follows:
 - Child is admitted to a hospital or brought for outpatient services, and attending physician suspects the child is suffering from child abuse or neglect
 - Attending physician determines that the release of the child would endanger the child's health or welfare
 - Attending physician notifies the person in charge of the hospital and the Family Independence Agency.

We believe that all of our children in Kent County should...

have equal opportunities for quality early childhood education that is affordable and accessible

What Happens After A Report Is Made in Kent County?

The Children's Protective Services Program

The Children's Protective Services (CPS) program's responsibility within available resources and legislative provisions is to ensure that children live in safe environments. The program tries to balance that duty with the family's right to privacy and individual freedoms, and to protect children with the least amount of intrusion into family life.

CPS staff members are responsible for conducting civil investigations of children alleged to be abused or neglected as defined by law. Where there is a suspicion of sexual abuse, children are evaluated at the Children's Assessment Center. The CPS program's aim is to prevent further harm to children while still preserving the family unit. Because children have a right to be with their own parents, the ultimate objective of CPS is to protect children by stabilizing and strengthening families whenever possible through services, either direct or purchased, to the parents or other responsible adult(s) to help them to effectively carry out their parental responsibilities.

If this is not possible, CPS may petition the Courts to remove the children from their homes and place them temporarily with relatives, in foster homes or shelters. Kent County Family Independence Agency (FIA) operates St. John's KidsFirst as a temporary shelter for children removed from their home. Whenever possible, kinship caregivers (*adults who are related to the child by blood, marriage, or adoption including non-custodial parent, relatives, grandparents, stepparents or other adults who have a kinship bond with a child*), are engaged to assist parents in taking adequate care of their children. When appropriately assessed, planned for and supported, kinship care is a child welfare service that reflects the principles of a child-centered, family-focused casework practice. In this system, the child(ren)'s need for safety, nurturance and family continuity drives service delivery and funding by responding to the culturally and ethnically diverse children and families served.

If families cannot resolve the problems that led to the abuse or neglect, the Agency may ultimately recommend to the Court that the parent/ child relationships be terminated and that the children be placed in an adoptive home.



have equal opportunities for significant and meaningful educational, employment and enrichment experiences regardless of race or economic status

How Changes in the Law Provide Prevention Services for Families

Significant changes to the law were implemented as a result of the Binsfield legislation of 1998. Public Act 484, passed by the legislature and signed by the Governor in 1998 and effective July 1, 1999, requires a five-category disposition system for the investigation of child abuse and neglect cases. This represents one of the most significant changes to the Child Protection Law in recent years.

Locally, families reported but not found to have a preponderance of evidence are provided prevention services through the Family Independence Agency's, Early Impact Program. The Early Impact program was developed in 1996, as a result of the Perspective 21! community initiative. In September 1992, a task force was convened to explore ways in which Kent County's service delivery system for child abuse and neglect could be more effective. As a result of this year-long comprehensive effort, 16 recommendations were made by the community pertaining to prevention, when abuse is reported, and to the legal system related to child abuse and neglect. Perspective 21! became a catalyst for reform, creating a new system of caring for children and families in Kent County.

What The Michigan Five Tier Categories Mean

Category V – *services not needed.* This category is used with families that Children's Protective Services is unable to locate or the Family Court is asked to order family cooperation with an investigation but declines. Also, cases where an investigation has been completed and there is absolutely no evidence of child abuse or neglect. A further response by the Agency is not required.

Category IV – community services recommended. The agency determines that there is not a preponderance of evidence of child abuse and neglect. The agency must provide the family with information on available community resources commensurate with the risk of harm to the child. The child's family may voluntarily seek out services the family deems appropriate.

Category III – community services needed. The agency determines that there is a preponderance of evidence of child abuse or neglect, and the Family Independence Agency's structured decision-making tool (risk assessment) indicates a low or moderate risk of future harm to the child. The agency must refer the child's family to community-based services commensurate with the risk of harm to the child. The person who harmed the child is not listed on Central Registry. If the family does not voluntarily participate in services, the agency may reclassify the case as Category II.

EXCEPTION: Perpetrators who are non-household members who cause serious harm as defined in section 8(3)(a-c) of the Child Protection Law must be listed as perpetrators on the Central Registry even though Structured Decision Making (SDM) risk level for the household may be low or moderate. THERE MUST BE COURT JURISDICTION BEFORE CENTRAL REGISTRY.

Category II – *child protective services required.* The agency determines that there is a preponderance of evidence of harm to the child. CPS must open a protective services name or as "unknown" if the perpetrator has not been identified.

Category I – *court petition is required*. CPS determines that there is a preponderance of evidence of child abuse or neglect and one or more of the following is true:

- A court petition is required by the Child Protection Law
- The child is "not safe" (according to a Safety Assessment) and a petition for removal is needed
- CPS previously classified the case as Category II, and the child's family does not voluntarily participate in services and court intervention is needed to ensure the family participates in services to ameliorate issues, which place the child at risk
- There is a violation, involving the child, of a crime listed or described in Section 8a(1) b,c,d,or f of child abuse in the first or second degree as prescribed by section 136b of the Michigan penal code. (These references are to the criminal child abuse and criminal sexual conduct involving a child)
- For cases not having a preponderance of evidence, perpetrators will stay on Central Registry until the youngest victim is 18 years old
- For cases having a preponderance of evidence, perpetrators will stay on Central Registry until they die. However, an appeal can be made and CPS will call in law enforcement, look at reports, and bring in witnesses to, in a sense, retry the case.

| Michigan Children's Protective Services Five Tier Categories DEFINITIONS | | | | |
|--|---|---|--|---|
| Category V Services Not Needed Includes situations where: After field investigation, CPS determines that the allegations do not amount to child abuse or neglect as defined by the Child Protection Law. | Category IV Community Services Recommended Includes situations where: After field investigation, CPS determines that there is not evidence of abuse or neglect as defined by the Child Protection Law. | Category III Community Services Needed Includes situations where: After field investigation, CPS determines that there is evidence of abuse or neglect as defined by the Child Protection Law. | Category II CPS Services Required Includes situations where: After field investigation, CPS determines that there is evidence of abuse or neglect as defined by the Child Protection Law. | Category I Court Petition Required Includes situations where: After field investigation, CPS determines that there is evidence of abuse or neglect as defined by the Child Protection Law. |
| and, No future risk of harm to the child (per SDM). | and, Low or moderate risk of future harm (per SDM) and voluntary services are recommended. | and, Low or moderate risk of future harm (per SDM) and community- based services are needed. | and, There is a high or intensive risk of future harm (per SDM). and, The family is participating in a services plan with CPS to ensure child's safety. | and, One or more of the following apply: The Child Protection Law mandates a petition. The child is not safe and a petition for removal is needed. The family will not voluntarily participate in services. There is a violation of the Michigan Penal Code involving the child as prescribed in MCL 722.628a (1) (b), (c), (d), & (f), and 750.136b (2) & (3). Court ordered services are necessary. |

Michigan Children's Protective Services Five Tier Categories ACTIONS REQUIRED

| Category V Services Not Needed | Category IV Community Services Recommended | Category III Community Services Needed | Category II CPS Services Required | Category I Court Petition Required |
|--|--|---|--|--|
| Actions required under this category: | Actions required under this category: | Actions required under this category: | Actions required under this category: | Actions required under this category: |
| Complaint is put on the Service Worker Support System (SWSS). | Complaint is put on the Service Worker Support System (SWSS). | Complaint is put on the Service Worker Support System (SWSS). | Complaint is put on the Service Worker Support System (SWSS). | Complaint is put on the Service Worker Support System (SWSS). |
| No CPS case opened for services. | CPS will assist families in receiving voluntary community-based services. | CPS will assist families in receiving voluntary community-based services. | CPS case opened. CPS will provide necessary services. | CPS case opened. CPS will provide necessary services. |
| Individuals are not listed on the Central Registry for current complaint. | Individuals are not listed on the Central Registry for current complaint. | If family does not participate in services, CPS may reclassify as CATEGORY II. | Perpetrators of child abuse or neglect are listed on the Central Registry for the current complaint by name or by "unknown," if the identify of the perpetrator is unknown. | A court petition is filed for jurisdiction. When necessary to protect the child, or when required by statute, a court petition is filed to terminate parental rights. Perpetrators of child abuse or neglect are listed on the Central Registry for the current complaint by name, or "unknown," if the identify of the perpetrator is unknown. |

Family Court

The proceedings in the Family Division of Circuit Court are for the protection and best interest of the child. They are known as civil child protective proceedings, in contrast to the criminal child abuse or neglect charges that may be brought against a parent in some cases. The decisions made by the Family Court affect parent-child relationships by determining with whom the child will live and under what requirements.

Preliminary Hearing. A preliminary hearing is held by the court to determine if it is in the best interest of the child and the public to authorize the filing of a petition for further formal court action. This initial stage of the legal decision making process is held within 24 hours of the petition being filed.

Adjudication Hearing. The adjudication hearing is the fact-finding hearing at which the truth of the petition is determined.

Disposition Hearing. A disposition hearing is held to determine the outcome based upon the facts established at the adjudication stage. Primarily, the court decides how to exercise its legal authority over the child and family.

90-Day Dispositional Review Hearing. The court has broad discretion on how to review the progress of the case if the child is not removed from the home of their parents. If the child is removed from the parents, the court must hold a review hearing at least every 90 days. The periodic reviews place an emphasis on alleviating risks and early reunification of children and parents.

Permanency Planning Hearing. At or before the point that a child has been placed in out-of-home care for one year, the court must hold a special type of review hearing known as a *permanency planning hearing*. The underlying premise is that in most cases, a year will allow enough time to either rectify the home conditions which led to the child's removal, or show that the parenting problems are so serious and long standing that the child is unlikely to be returned home in a reasonable period of time.

Termination Hearing. At any time, a supplemental petition may be filed seeking the permanent termination of parental rights so that a child under the court's authority may be adopted. The law provides that the prosecuting attorney, child, guardian, custodian, or foster care agency may file the supplemental petition. At the hearing of the petition, the court must determine whether there is clear and convincing evidence of serious, long-term parental unfitness, and whether termination of parental rights would be in the child's best interests. **Post Termination Review.** If the child remains in foster care following the termination of parental rights, the court must conduct post-termination review hearings at three-month intervals to review the child's placement in foster care and the progress being made toward the child's adoption or other permanent placement. In the vast majority of cases, adoption petitions are filed within the first 6 months.

We believe that all of our children in Kent County should...

have frequent opportunities to learn life skills that reinforce the development of self esteem, self respect and self reliance

Placement Decision

Emergency Placement. The Children's Protection Services unit of the Family Independence Agency must assess whether the ongoing custody of the child with a parent presents a substantial risk of harm to the child's life, physical health, or mental well-being. If there is a determination of substantial risk of harm to the child by Children's Protective Services and the Court, an order may be entered for the child's protective placement. A child removed from their home will be placed in St. John's KidsFirst unless they are placed with a relative. Placement at KidsFirst could be in a secure setting, a Parent-Therapist shelter home, or in the St. John's KidsFirst facility.

Foster Care Placement. If the child has been removed from the parent's care due to an emergency placement order, an adjudication/ dispositional hearing must begin within 63 days to determine whether the child will remain in foster care placement. In those cases where the Court's dispositional order is continued foster care, the child will be assigned to Bethany Christian Services, Catholic Social Services, or DA Blodgett Services for ongoing placement and services. The agency assigned is responsible for developing a case service plan that will address treatment issues and services related to the parent's and child's reunification or the child's permanent placement in an adoptive home.

Family and Community Compact. Effective January 1999, all children petitioned for removal from their homes are referred to Family and Community Compact as an alternative to placement in the foster care system. The following situations are excluded from being referred to the Family and Community Compact program: 1) sexual abuse, 2) the parent's rights to a previous child were terminated, and 3) the death of a child or serious physical injury. The basis of the Family and Community Compact is to encourage family involvement for the care and protection of children, if possible without involving the formal court system. A family is broadly defined as including biological and fictive kin, or non-blood adults, who have a psychological/ emotional bond with the child as a result of their active role in the functioning of the nuclear family. This process involves Family Group Decision Making in an effort to include extended family in decisions about providing care and protection for a child who has been a victim of abuse or neglect.

What Are Criminal Child Protective Proceedings?

The Criminal Justice System

The criminal justice system is an attempt by society to bring those who violate the law into a forum in which both the rights of the individual and the rights of society are protected.

Historically, the people involved in the system have been adults, both as victims and offenders. More recently in the history of the legal system, some of the offenders have been juveniles. Currently, we are seeing a major influx of cases in which offenders are our children.

Criminal Statutes Regarding Child Abuse

The law governing crimes involving children is found in the Michigan Compiled Laws and Michigan Statutes Annotated. The criminal statutes set out a number of laws that may be grouped in the areas of physical, emotional, and sexual abuse and neglect. The Michigan Legislature has indicated that abuse includes acts or omissions by persons responsible for a child's care, custody, or welfare. These acts involve mental or emotional abuse, physical injury or failure to prevent physical injury, engaging in sexual conduct with a child or failing to prevent sexual conduct with a child, and compelling or encouraging sexual conduct by a child.

Physical and/or Emotional Abuse of a Child

Michigan Criminal Law has four degrees of child abuse that cover physical and emotional abuse.

- Child Abuse First Degree A person is guilty of child abuse in the first degree if the person knowingly or intentionally causes serious physical or serious mental harm to a child. Child abuse in the first degree is a felony punishable by imprisonment for not more than 15 years.
- Child Abuse Second Degree A person is guilty of child abuse in the second degree if the person's omission causes serious physical harm or serious mental harm to a child, or if the person's reckless act causes serious physical harm to a child, or if the person knowingly or intentionally commits an act that is cruel to the child, regardless of whether harm results. Child abuse in the second degree is a felony punishable by imprisonment for not more than 4 years.
- Child Abuse Third Degree A person is guilty of child abuse in the third degree if the person knowingly or intentionally causes physical harm to a child. Child abuse in the third degree is a misdemeanor punishable by imprisonment for not more than 2 years.
- Child Abuse Fourth Degree A person is guilty of child abuse in the fourth degree if the person's omission or reckless act causes physical harm to a child. Child abuse in the fourth degree is a misdemeanor punishable by imprisonment for not more than 1 year.

We believe that all of our children in Kent County should...

have opportunities to better understand and appreciate our pluralistic world through multicultural curriculums and personal experiences, and from adults who demonstrate their understanding of and sensitivity to

diverse cultures

• **Parental Discipline** - This section of the law shall not be construed to prohibit a parent or guardian or other person permitted by law or authorized by the parent or guardian, from taking steps to reasonably discipline a child, including the use of reasonable force.

Sexual Abuse of A Child

Under Michigan Law, sexual abuse of a child is covered under the Criminal Sexual Conduct Laws with four degrees. There are many variables that need to be considered when deciding on the degree to be used. A brief list of variables is listed by each degree.

- **First Degree** A person is guilty of criminal sexual conduct in the first degree if he or she engages in sexual penetration with another person and if any of the following exists:
 - a. That other person is under 13 years of age.
 - b. That other person is at least 13 years but less than 16 years of age and any of the following:
 - 1. The perpetrator is a member of the same household as the victim.
 - 2. The perpetrator is related to the victim by blood or marriage to the fourth degree.
 - 3. The perpetrator is in a position of authority over the victim and used this authority to coerce the victim to submit.

Criminal sexual conduct in the first degree is a felony punishable by imprisonment for life or for any term of years.

- Second Degree A person is guilty of criminal sexual conduct in the second degree if the person engages in sexual contact with another person and if any of the following exists:
 - a. That other person is under 13 years of age
 - b. That other person is at least 13 years but less than 16 years of age and any of the following:
 - 1. The perpetrator is a member of the same household as the victim.
 - 2. The perpetrator is related to the victim by blood or marriage to the fourth degree.
 - 3. The perpetrator is in a position of authority over the victim and used this authority to coerce the victim to submit. Criminal sexual conduct in the second degree is a felony punishable by imprisonment for not more than 15 years.
 - **Third Degree** A person is guilty of criminal sexual conduct in the third degree if the person engages in sexual penetration with another person and if that other person is at least 13 years of age and under 16 years of age, or that person is related to the actor by blood or marriage, and the penetration occurs under circumstance not otherwise covered by statute. This provision does not apply to persons lawfully married to each other at the time of the offense.

Criminal sexual conduct in the third degree is a felony punishable by imprisonment for not more than 15 years.



employees' children

- Fourth Degree A person is guilty of criminal sexual conduct in the fourth degree if he or she engages in sexual contact with another person and if any of the following exists:
 - a. Child is 13 -16 years of age and the perpetrator is 5 or more years older than the victim.
 - b. Force or coercion is used to accomplish the sexual contact.
 - c. The perpetrator knows or has reason to know that the victim is mentally incapable, mentally incapacitated, or physically helpless
 - d. That other person is related to the actor by blood or marriage to the third degree and the sexual contact occurs under circumstance not otherwise covered by statute. This provision does not apply to persons lawfully married to each other at the time of the offense.

Criminal sexual conduct in the fourth degree is a misdemeanor punishable by imprisonment for not more than 2 years or by a fine of not more than \$500.00 or both.

If You Have to Go to Court

When all pre-trial hearings have been completed and a case is assigned a trial date, you will receive a subpoena. A subpoena is a court order directing you to appear in court on a certain date. There is no guarantee that the case will actually be brought to trial on that date. In fact, it is common for cases to be rescheduled for trial several times. In order to reduce the inconvenience for the witness, most courts allow the trial prosecutor to put the witness "on-call" for the trial date. This system allows the witness to remain at home or at work on the trial date, as long as the prosecutor has an accurate telephone number where the witness can be reached. In turn, the witness must be able to come to court as soon as the prosecutor calls. Although the on-call system does not remove the frustration of rescheduled trial dates, it does serve to minimize the interruption of the witness' daily routine.

Many people have concerns about involving a child in the court process. Efforts are made by prosecutors and judges to lessen the trauma to the child. While going to court can be a difficult and emotional experience for the child and the family, it can also be part of the recovery process. Most people initially experience a fear of testifying. It is important to realize that the primary cause of this fear is anxiety concerning the questions that you will be asked. In order to overcome this fear, you should recognize that lawyers, juries and judges do not expect you to know the answer to every question. Normally, the events to which you are testifying occurred some time ago. The secret to avoiding problems as a witness is simply to tell the truth. There is nothing wrong with the response, "I don't know," or "I don't remember." You are asked to testify to the facts of the case as you know them; nothing more is expected. The experience can be made easier by not overstating, guessing, or trying to be a "perfect" witness.

We believe that all of our children in Kent County should... have opportunities to be supported emotionally, physically, mentally, and spiritually by a community of faith

There is also a support system for the child and their family. **The Kent County Prosecutor's Office** has a special unit called the Victim/Witness Division, which serves as a liaison between crime victims and the assistant prosecutor. The division is responsible for contacting the victim (or non-offending parent when the victim is a child) with information about the case status, the criminal justice system, the Michigan Crime Victim Compensation Fund Application and a Victim Impact Statement. The Crime Victim Compensation Fund can provide benefits up to \$15,000 for expenses related to the crime such as counseling and medical care for the victim. The Victim Impact Statement allows the victim a means of describing how the crime affected the victim physically, emotionally and financially. The judge reviews the Victim Impact Statement at the time of sentencing. The victim or parent can also make a verbal impact statement at the sentencing hearing.

The Victim/Witness Division assists victims in the completion of all paperwork, provides case status information, makes referrals to social service agencies and provides support during the court procedure when requested. The staff members also inform the victims of their rights, including the right to have the defendant tested for HIV (AIDS) once the defendant has been convicted of Criminal Sexual Conduct. By providing explanations of legal procedures, referrals, physical and more support, it helps families understand and utilize the Criminal Justice System.

15

We believe that all of our children in Kent County should...

be exposed to a positive and hopeful future through radio, television, music and other media that portray responsible, nonviolent, caring,

productive and constructive behaviors and attitudes among peers and role models



How Can Child Abuse and Neglect Be Prevented?

Child abuse and neglect are very costly, from a human as well as an economic perspective. Too many individuals bear the physical, social and emotional scars of abuse and neglect throughout their lives. Often these scars result in long-term consequences for an entire community. As one recent study reports: "Childhood victimization (that is, physical and sexual abuse and neglect) significantly increases a person's risk of arrest" (Applied & Preventive Psychology, 1998). Well-known childhood trauma expert Dr. Bruce Perry writes: "A society functions as a reflection of its childrearing practices. If children are ignored, poorly educated and not protected from violence, they will grow into adults that create a reactive, non-creative and violent society" (Violence and Childhood, 2000).

Children need emotionally and physically safe environments

in which to grow and become responsible citizens. Many child welfare professionals believe that 85% of child abuse and neglect cases can be prevented. Therefore, community efforts need to focus on stopping child abuse and neglect before it starts. Usually, prevention is thought about at three levels: primary, secondary, and tertiary. The box on this page provides a general definition for each level.

So, How Can You Help?

Success in life is achieved through a process of learning, a process that begins the day a child is born and continues into adulthood. Providing children with the basics of a loving and nurturing environment sets the child up for success.

Yet, children cannot raise themselves. Adults must accept responsibility for the incredible task of raising our future generations. As a Mandated Reporter, you encounter families in your daily work who could benefit from your

support and encouragement, as well as some practical education. Parent Education is a powerful tool for prevention that provides caregivers with the information necessary to accomplish the task of "Parenting." Throughout this book are bookmarks containing Parenting Tips that can be shared with parents and caregivers. Sometimes, that's all it takes!

By taking the time to share information with families on ways to ensure their children have the safest and healthiest childhood possible, you can play a part in preventing child abuse and neglect and promoting a better future for children, young and old.

Three Levels of Prevention:

Primary prevention: Interventions provided for the total population to reduce the incidence of an identified problem or disorder but not focused on specific risk factors, i.e. it is available to all members of a general population.

Secondary prevention: Interventions provided for the early identification of individuals with risk factors for a specific problem or disorder. While the identified problem has not been confirmed, the probability that it will occur is greater than the general population.

Tertiary prevention: Interventions provided for those who have the identified problem confirmed and intervention is provided to prevent it from occurring again.

For information on how you can become an advocate for children, please contact the Child and Family Resource Council at (616) 454-HOPE (4673)

What Is the Child and Family Resource Council?

mission is *to shape a community that protects children from abuse and neglect*. Through advocacy, coordination, and education, we are building a brighter—and safer—place for Kent County's children and families to thrive.

The Child and Family Resource Council is a local non-profit organization whose

PROGRAMS AND SERVICES

COMMUNITY EDUCATION

Links community educators to audiences requesting information on issues such as *child development, conflict resolution, parent education,* and *stress management*; also provides training on Shaken Baby Syndrome prevention and Mandated Reporting.

CONNECTIONS

Helps parents of children ages four months to five years track their child's development and identify potential developmental delays. Parents also receive information and age-appropriate activities to encourage healthy development, and are linked to any additional resources that are needed.

ENCOURAGING FAMILY FOUNDATIONS

Offers parenting and life skills classes to unmarried parents of infants. The Council coordinates this collaborative effort that provides sessions covering topics like *Balancing Family and Work, Financial Management,* and *Improving Parenting Skills*.

FAMILY RESOURCE GUIDE

A comprehensive, easy-to-use source of programs, services, and resources available to children and families living in Kent County.

KENT COUNTY HEALTHY START

Helps all first-time parents in Kent County access the information and resources they need to help ease some of the stress that comes with parenting. A network of family support workers and trained volunteers provides family support through home visits, phone calls, play groups, and educational materials.

RAVE (Resources Against Violent Encounters)

This innovative program uses interactive peer dramas and in-school demonstrations to model healthy relationships for high school and middle school students. By facilitating change through prevention education, awareness, and advocacy, RAVE provides pathways for safe and healthy relationships.



protecting children, supporting families, and strengthening our community

Child and Family Resource Council

is a non-profit 501(c)(3) organization, funded through United Way, the Children's Trust Fund, grants, and the support of individual donations.

What Do All These Terms Mean?

A Glossary of Terms

Central Registry: A statewide database that Family Independence Agency (FIA) sends all of the local reports to for statewide information. This way Kent County FIA can communicate with other counties.

Child: A person under the age of 18

Child Abuse: Harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare or by a teacher or teacher's aide that occurs through non-accidental physical or mental injury; sexual abuse; sexual exploitation; or maltreatment.

Child Neglect: Harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare, which occurs through either of the following:

- 1. Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- 2. Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian or any other person responsible for the child's health or welfare to intervene to eliminate the risk when the person is able to do so and has, or should have, knowledge of the risk.

Lawyer-Guardian Ad Litem: Means an attorney who has the powers and duties to represent the child.

Member of the Clergy: A priest, minister, rabbi, Christian science practitioner, or other religious practitioner, or similar functionary of a church, temple, or recognized religious body, denomination, or organization.

Nonparent Adult: A person who is 18 years of age and who, regardless of the person's domicile, meets all of the following criteria in relation to a child over whom the court takes jurisdiction under section 2(b) of chapter XIIA of 1939 PA288, MCL 712A.2:

Has substantial and regular contact with the child.

- 1. Has a close personal relationship with the child's parent or with a person responsible for the child's health or welfare.
- 2. Is not the child's parent or a person otherwise related to the child by blood or affinity to the third degree.

Person responsible for the child's health or welfare: A parent, legal guardian, person 18 years of age or older who resides for any length of time in the same home in which the child resides, or, except when used in Section 7 (2) (c) or 8 (8), non-parent child; or an owner, operator, volunteer, or employee of any of the following:

- 1. A licensed or unlicensed child care organization
- 2. A licensed or unlicensed adult foster care family home or adult foster case small group home.

Sexual Abuse: Engaging in sexual contact or sexual penetration as defined by the Michigan Penal Code.

Sexual Exploitation: Includes allowing, permitting, encouraging or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act, as defined by Michigan Compiled Laws.

Substantiated: Means there is a *"preponderance of the evidence"* where a Children's Protective Services case is classified as a Central Registry case.

SDM: Structured decision making. FIA's system for assessing risk, safety, needs, and strengths in child welfare cases.

SWSS computer technology: All calls to CPS are tracked by the Service Worker Support System which is an internal data system maintained within and by the Family Independence Agency department. This technology can now track **patterns of calls** that are related to the same family. The clustering of information increases the ability of CPS to respond appropriately to a family.

Unsubstantiated: Means there is "*not a preponderance of the evidence*" where a Children's Protective Services case is not on Central Registry.

Resources in Kent County

| To make a report about suspected child abuse or neglect: (Use this 24-hour number after hours for emergencies) Children's Protective Services (FIA) |
|--|
| For information on child care services: |
| Kent Regional 4-C |
| (Community Coordinated Child Care) |
| For information on child development: |
| Early On of Kent County |
| For information on emergency shelter, food, or help paying utility bills: |
| United Way's 2-1-1 2-1-1 or (616) 459-2255 |
| Family Independence Agency (FIA)(616) 247-6000 |
| The Salvation Army - Booth Family Services(616) 459-9468 |
| |
| For information on health care during pregnancy: |
| Kent County Health Department |
| March of Dimes - Resource Center 1-800-MODIMES (663-4637) |
| For information on legal assistance: |
| Friend of the Court |
| Legal Assistance Center |
| Western MI Legal Services (formerly Legal Aid)(616) 774-0672 |
| |
| For information on parenting issues: |
| Child and Family Resource Council |
| Parent Helpline (24 hours a day)1-800-942-4357 |
| For information about sexual assault, domestic violence, or date rape: |
| Children's Assessment Center |
| Domestic Violence Prevention Helpline 1-800-799-7233 |
| RAVE (Resources Against Violent Encounters) |
| Safe Haven Ministries |
| YWCA - Sexual Abuse Crisis Line (24 hr) |
| YWCA - Domestic Crisis Center (24-hr) |
| |

A publication of:



Child and Family Resource Council

616.454.HOPE (4673) www.childresource.cc

protecting children, supporting families, and strengthening our community