

Basic Training Module Specifications

<u>Functional Area:</u>	I. Investigation
<u>Subject Area:</u>	G. Special Investigation
<u>Module Title:</u>	1. VULNERABLE PERSON ABUSE AND NEGLECT INVESTIGATION
<u>Hours:</u>	Not less than 3 hours

Module Objectives:

- I.G.1.1. Demonstrate an Understanding of the Provisions of the Child Protection Law.
- a. Identifies the responsibilities of law enforcement to report suspected cases of child abuse and neglect to the Michigan Department of Health and Human Services (MDHHS) by:
    - (1) immediate oral or verbal notification; and
    - (2) written notification within 72 hours (Form DHS-3200).
  - b. Describes the role of Child Protective Services (CPS) of MDHHS and its investigative relationship with law enforcement (MCL 722.628).
  - c. Explains the role of emergency medical responders as collecting information, performing assessments, providing care, and reporting cases of abuse or neglect.
  - d. Recognizes that it is a misdemeanor for a law enforcement officer or other designated professional to fail to report child abuse or neglect (MCL 722.633).

Notes to Instructor:

The Michigan Child Protection Law (MCL 722.621 et seq.) can be downloaded at [www.michigan.gov/mdhhs](http://www.michigan.gov/mdhhs).

The Michigan Forensic Interviewing Protocol is used by trained professionals when interviewing children who may be abused or neglected, as promulgated by the Governor’s Task Force on Child Abuse and Neglect (DHS Pub 779).

The forensic interviewing protocols are “child-centered,” which outline an approach that is unbiased, friendly, and non-suggestive. The protocols are “hypothesis-testing” in the sense that trained interviewers attempt to rule out alternative explanations for the allegations.

Each county in Michigan is required to implement a standard interviewing protocol based on the state model. Officers must be familiar with the procedures in their local jurisdictions.

Notes to Instructor: (continued)

MCL 750.136 became effective in 2017. The statute defines the crime of Female Genital Mutilation (FGM), making it a 15-year felony. The law refers to FGM as an offense against women under the age of 18 years. It is estimated that over 500,000 women and girls are at risk for FGM in the United States and over 10,000 may be living in Michigan. FGM has no health benefits and can cause long-term physical and psychological problems.

The behavioral indicators of FGM are the same as the indicators of other types child abuse and trauma. If officers suspect a case of FGM they must work with Child Protective Services, and other relevant community professionals, as the investigation proceeds. Further, local forensic interviewing protocols must be followed when interviewing victims of FGM.

I.G.1.2. Respond to Complaints of Suspected Child or Vulnerable Adult Abuse.

- a. Responds immediately to the scene and considers weapons or other threats to officer safety.
- b. Decides if immediate medical attention is needed.
- c. Determines the relationship of the parties to one another.
- d. Identifies physical indicators of child (MCL750.136b) or vulnerable adult physical abuse (MCL 750.145n):
  - (1) unexplained bruises, welts, or swelling;
  - (2) lacerations, cuts or human bite marks;
  - (3) abrasions or burns (cigarette burns, e.g.);
  - (4) swelling or puncture wounds;
  - (5) pressure bruises (human hand marks, e.g.); or
  - (6) unexplained fractures or evidence of twisted limbs.
- e. Identifies indicators of child (MCL 722.622) or vulnerable adult neglect:
  - (1) inadequate food or clothing;
  - (2) unattended injuries or medical conditions;
  - (3) evidence of lack of parental care;
  - (4) signs of hunger or poor hygiene; or
  - (5) outdated prescriptions.
- f. Identifies indicators of vulnerable adult financial harm (MCL 750.174a):
  - (1) parasitic living (caregiver uses victim's resources in a way that does not directly benefit the victim)
  - (2) caregiver/suspect controls daily household cash flow
  - (3) poor to no care given to the vulnerable person
  - (4) new auto not driven by the vulnerable person
  - (5) medical conditions not addressed in order to avoid suspicion or criminal investigation.

I.G.1.2. Respond to Complaints of Suspected Child or Vulnerable Adult Abuse (continued).

- g. Identifies physical indicators of sexual abuse (MCL 750.520b-d):
  - (1) incest or molestation reported by child or vulnerable adult;
  - (2) difficulty walking or sitting;
  - (3) torn or stained underclothing; or
  - (4) pain or itching in genital area.
  
- h. Identifies indicators of emotional abuse or lack of emotional attention:
  - (1) persistent negative moods;
  - (2) lack of concern for child by parents;
  - (3) child is withdrawn or apathetic;
  - (4) signs of suicide attempts; or
  - (5) lack of emotional control.

Notes to Instructor:

Behavioral indicators of child abuse or neglect include, sleep disorders, excessive sexual knowledge, eating disorders, running away, or excessive mood changes.

I.G.1.3. Investigate Cases of Suspected Child Abuse or Neglect

- a. Talks to witnesses/victims separately and conducts basic fact-finding interviews:
  - (1) notes how the parent/guardian treats the child;
  - (2) talks to and examines the victim separately (MCL 722.628c);
  - (3) records statements made by the victim and suspects;
  - (4) compares the explanation of the parents/guardian with the actual injury to the victim;
  - (5) interviews all other parties involved;
  - (6) interviews victim in accordance with the local prosecutor's child abuse and neglect investigation and interview protocol.
  
- b. Takes child into protective custody, if necessary:
  - (1) when the conditions or surroundings under which the child is found are such as to endanger the child's health, morals, or welfare (MCL 712A.14); and/or
  - (2) for purposes of an exam and medical evaluation (MCL 722.626); and/or
  - (3) pursuant to Michigan's Safe Delivery of Newborns Law (MCL 712.1-5).
  
- c. Photographs, or causes to have photographed, the setting and the victim.

I.G.1.3. Investigate Cases of Suspected Child Abuse or Neglect (continued).

- d. Records proper information related to the case:
  - (1) identifies witnesses;
  - (2) records the dates and times of suspected abuse;
  - (3) records the dates and times that persons are notified;
  - (4) records the date and time of notification of the DHS;
  - (5) records the instruments or implements used in the crime; and
  - (6) obtains a physician's report for evidence.
- e. Makes the appropriate written and oral notifications to MDHHS.
- f. Assists in the prosecution of the case per local procedures, if appropriate.

I.G.1.4. Investigate Cases of Suspected Vulnerable Adult Abuse, Neglect or Exploitation.

- a. Determines if the victim is a vulnerable adult (MCL 750.145m)
  - (1) An individual age 18 or over who, because of age, developmental disability, mental illness, or physical disability requires supervision of personal care or lacks the personal and social skills required to live independently.
- b. Determines if the vulnerable adult has cognitive communication ability (see, hear, speak)
- c. Talks to witnesses/victims separately and conducts basic fact-finding interviews:
  - (1) notes how the caregiver/suspect treats the victim;
  - (2) talks to and examines the victim separately;
  - (3) records statements made by the victim and suspects;
  - (4) compares the explanation of the caregiver with the actual injury to the victim; and
  - (5) interviews all other parties involved.

I.G.1.4. Investigate Cases of Suspected Vulnerable Adult Abuse, Neglect or Exploitation (continued).

- d. Contacts Adult Protective Services via MDHHS Centralized Intake in order to arrange for care if:
  - (1) recognizes the conditions or surroundings under which the vulnerable adult is found are such as to endanger the person's health, morals, or welfare, or property;
  - (2) determines that emergency placement is necessary; and
  - (3) contacts Adult Protective Services via MDHHS Centralized Intake (855-444-3911);
    - (a) Centralized Intake will then assign an APS professional to arrange assistance for the victim such as:
      - i. emergency placement or in-home care
      - ii. meal delivery
      - iii. transportation for medical or daily activities

Notes to Instructor:

II.B.6 Victim Rights module contains vulnerable adult curriculum. Instructors should be aware of the Victim Rights curriculum and reference information from that module as necessary.

Vulnerable adult abuse under MCL 750.145n, to include elder abuse, is defined as:

1. Intentionally causing serious physical harm or serious mental harm to a vulnerable adult.
2. Reckless act or reckless failure to act of the caregiver or other person with authority over the vulnerable adult causes serious physical harm or serious mental harm to a vulnerable adult.
3. Intentionally causing physical harm to a vulnerable adult.
4. Reckless act or reckless failure to act of the caregiver, or other person, causing physical harm to the vulnerable adult.
5. Knowingly or intentionally committing an act that under the circumstances poses an unreasonable risk of harm or injury to a vulnerable adult, regardless of whether physical harm results.

Notes to Instructor: (continued)

MCL 750.145m defines a vulnerable adult as one or more of the following:

1. An individual age 18 or over who, because of age, developmental disability, mental illness, or physical disability requires supervision of personal care or lacks the personal and social skills required to live independently.
2. An adult as defined in section 3(1)(b) of the adult foster care facility licensing act, MCL 400.703.
3. An adult as defined in section 11(b) of the social welfare act, MCL 400.11

Physical abuse, neglect, and financial exploitation are the three major areas of concern associated with vulnerable adult and elder abuse. Evidence of physical abuse and neglect include soiled bedding, locked doors, lack of medical attention, malnutrition, and grip marks or bruising.

In cases of financial exploitation, indicators may include parasitic living arrangements (caregiver is reliant on the victim for income), caregiver control of bank accounts or money, and new purchases not consistent with a victim's lifestyle or needs.

Reinforce the mandatory reporting requirement if vulnerable adult or elder abuse is suspected (vulnerable + harm) to Adult Protective Services via MDHHS Centralized Intake by calling 855-444-3911.

Review the reporting requirements that accompany certain crimes, e.g., elder abuse (MCL 400.11a), sexual assault (MCL 752.953), domestic violence (MCL 764.15c), and child abuse (MCL 722.633). These statutes appear elsewhere in the curriculum, but a reminder of the reporting mandates for officers is important.

**Module History**

Revised	9/01
Revised	4/05
Revised	7/15
Revised	7/18
Revised	11/19
Reviewed	09/21