

MANDATED REPORTERS of ABUSE AND NEGLECT

Training for:

Presented By:



Updated September 2023

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the State of Michigan.



TRAINING OBJECTIVES

After successful completion, you will:

- Understand mandated reporting.
- Understand implicit bias and disproportionality.
- Know components of Child Protection Law (CPL).
- Recognize signs of child abuse and neglect.
- Know the MDHHS reporting process.

This material is highly sensitive and includes references to child abuse and neglect and may be triggering for some individuals.

OVERVIEW OF DISPROPORTIONALITY



DISPROPORTIONALITY

What stands out to you from the video?

- ✓ Child abuse or neglect exists in every racial and ethnic group, culture, economic class and every cross section of society.
- ✓ Disproportionality is the over- or under-representation of a certain group of people compared with its percentage in the total population.
- ✓ Disparity is a discrepancy, inconsistency, or imbalance of outcomes and services for a particular group.
- ✓ Cultural differences **do not always** equate to abuse or neglect.
 - ✓ Ask yourself:
 - ✓ Have I always reported concerns of abuse or neglect when I believe a child is in danger?

IMPLICIT BIAS

The American Psychological Association (APA) defines implicit bias as a negative attitude, of which one is not consciously aware, against a specific social group.

Implicit bias is thought to be shaped by experiences and the learned associations related to these experiences.

The perceptions and behaviors of these individuals can be influenced by their biases.

OVERVIEW OF IMPLICIT BIAS

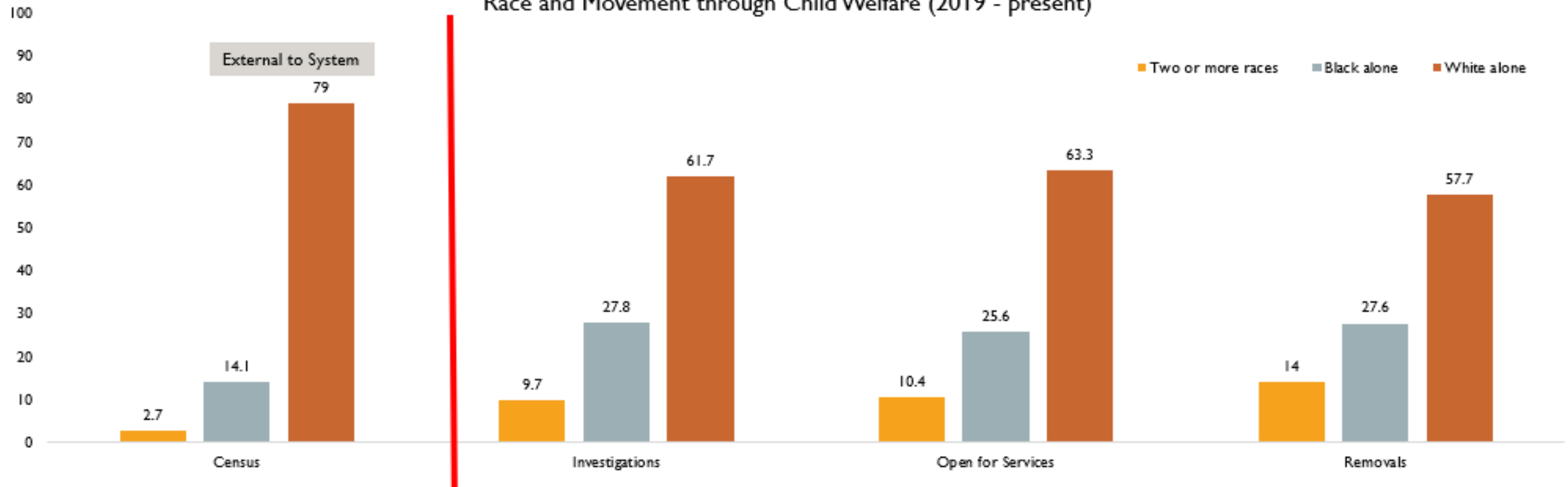
View this video:

<https://www.youtube.com/watch?v=bUDIMWVLXGk>

- Confirmation Bias
 - Affinity Bias
- In-Group Favoritism

Disparities at Key Decision Points: MI Child Welfare System

Race and Movement through Child Welfare (2019 - present)



MICHIGAN CHILD PROTECTION LAW

1975 PA Act 238



The Michigan Child Protection Law, 1975 PA 238, requires the reporting of suspected child abuse and neglect by certain persons (called mandated reporters) and permits the reporting of suspected child abuse and neglect by all persons. It includes the legal requirements for reporting, investigating, and responding to child abuse and neglect cases.

MANDATED REPORTERS

Teachers



Firefighters



Clergy



Medical Professionals



Law Enforcement



Social Workers



These are examples of some people in professional roles who are required to report suspected child abuse or neglect.

CHILDREN'S PROTECTIVE SERVICES (CPS)



Children's Protective Services in Michigan strives to:

- ✓ Keep children safe and families together whenever safely possible.
- ✓ Strengthen families.
- ✓ Engage with families to identify services and supports that are accessible and culturally relevant.
- ✓ Make decisions that are consistent, accurate and equitable.
- ✓ Ensure appropriate, timely and family-centered interventions.

TYPES OF ABUSE AND NEGLECT

Child Abuse

- Physical Injury
- Mental Injury
- Sexual Abuse
- Sexual Exploitation
 - Includes Sex Trafficking
- Labor Trafficking

Child Neglect

- Physical Neglect
- Medical Neglect
- Placing a Child at Unreasonable Risk

DEFINITION OF CHILD ABUSE

Harm or threatened harm to a child's health or welfare that occurs:

Through non-accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, teacher's aide, or a member of the clergy, or an individual 18 years of age or older who is involved in a youth program.

PHYSICAL INJURY

Non-accidental or purposeful action, which results in physical harm or is cruel, injurious, malicious, dangerous, or poses a high probability of injury to the child but harm did not occur.

- Child has received unnecessary and harmful medical care at the initiation of the child's parent or guardian.
- A newborn exposed to substances not attributed to medical treatment, causing injury or defect.
- Hitting, kicking, choking, punching, pushing or throwing a child leading to a physical injury.
- Forcibly restraining the child with an instrument.

Recognizing Signs of Physical Injury

Physical injury indicators may include:

- Bruises
- Broken bones
- Burns
- Injuries that are patterned, would not occur through normal play, on multiple places on the body, or in areas that are difficult to injure (e.g., earlobes)

Psychological or emotional harm meeting any of the following criteria:

- Has led to significant impairment to the child's emotional or behavioral functioning.
- Has had adverse impact on the child's development or well-being.
- Results in serious mental harm: *An injury to a child's mental condition or welfare that is not necessarily permanent but results in visibly demonstrable manifestations of a substantial disorder of thought or mood which significantly impairs judgement, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life (MCL 750.136b(g)).*

Psychological or emotional harm is *highly probable*, absent intervention, to lead to:

- Significant impairments to the child's emotional or behavioral functioning.
- Adverse impact on the child's development or well-being.

Recognizing Signs of Mental Injury

Signs of mental injury to a child can include:

- Depression, anxiety, or suicidal thoughts/threats.
- Lack of attachment to a parent or caregiver.
- Fear of abandonment or feeling unsafe.
- Fear their life or safety is threatened.

The parent or caretaker may:

- Constantly criticize, punish, or demean the child.
- These behaviors are persistent and repetitive.

To confirm a child welfare case for mental injury, a finding **MUST be made by a mental health practitioner.**

SEXUAL ABUSE

Sexual abuse may involve sexual penetration, sexual contact, attempted sexual penetration, or assault with intent to penetrate.

Sexual penetration may include sexual intercourse, oral sex, anal intercourse, or any other intrusion, however slight, of any part of a person's body or of an object into the genital or anal openings of another person's body. Emission of semen is not required.

SEXUAL ABUSE

Sexual contact includes either of the following:

- Intentional touching of the victim's or alleged perpetrator's intimate parts.
- Intentional touching of clothing covering the immediate area of the victim or alleged perpetrator's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for sexual purpose, or in a sexual manner for revenge, to inflict humiliation, or out of anger.

Attempted sexual penetration, sexual contact, or assault with intent to penetrate means any attempt to commit an act or do any act towards the commission of sexual abuse, as defined above, while failing in the perpetration due to being intercepted or prevented in the execution.

SEXUAL EXPLOITATION

Allowing, permitting or encouraging a child to engage in any of the following for the benefit of others.

Commercial sexual activity.

- The photographing, filming, or depicting of a child engaged in a listed sexual act (MCL 750.145c) including:
 - Sexual intercourse, erotic fondling, sadomasochistic abuse, masturbation, passive sexual involvement, sexual excitement, erotic nudity.
- Sharing sexual acts over live video or phone.
- Coercing or forcing a child to participate in or be exposed to pornography and/or sexual behavior.

Recognizing Signs of Sexual Abuse and/or Sexual Exploitation



- Child self-reports sexual abuse.
- Pregnancy or contracting a sexually transmitted infection, especially in children 12 years old or younger (requires a referral to CPS).
- Potential physical evidence (genital bruising, presence of semen, etc.).
- Inappropriate sexualized behavior, outside of normal exploration relevant to the child's age and cognitive development.
- Sudden change in behavior, such as becoming isolated or secretive or running away.

HUMAN TRAFFICKING

Sex Trafficking

- The recruitment, harboring, transportation, provision, or obtaining of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person included to perform such an act has not attained 18 years of age.
- May involve an exchange of goods or psychological responses.

Labor Trafficking

- A person recruited, enticed, harbored, transported, provided, or obtained for the purposes of labor or services through use of force, fraud, coercion, or manipulation.
- Can include, but is not limited to, domestic servitude, forced labor in restaurants or salons, forced agricultural labor or debt bondage.

Substance Use Involving Infants



Controlled Substances

Controlled substances include illicitly used drugs or prescription medications, whether used as prescribed or not.

Safe Delivery

Allows a parent or parents to safely and legally surrender their newborn, no more than three days old. A newborn may be given to a uniformed employee who is inside and on duty at any hospital, fire department, police station, or to an emergency medical technician or paramedic by calling 9-1-1. The newborn will be placed for adoption. This program is safe, legal and confidential.

Medication Assisted Treatment (MAT)

The use of medication(s), in combination with counseling and behavioral therapies, to provide a holistic approach to substance use disorders (examples include Suboxone and Methadone treatment).

Substance Use Involving Infants

- Mandated reporters who know, or from the infant's symptoms have reasonable cause to suspect that an infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in the infant's body, must make a referral of suspected child abuse to Centralized Intake.
- A CPS referral is not required if the mandated reporter knows that the alcohol, controlled substance, or metabolite, or the child's symptoms are the result of medical treatment administered to the infant or the infant's mother (MCL 722.623a).
- Safe Delivery of Newborn: If there are concerns the infant was born exposed to substances not attributed to medical treatment, a referral must still be called into Centralized Intake.

DEFINITION OF CHILD NEGLECT

Harm or threatened harm to a child's health or welfare that occurs through either of the following:

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

Does **not** include the inability of a parent to feed, clothe or house a child because they lack resources or support or are experiencing poverty.

RECOGNIZING SIGNS OF NEGLECT

- The child suffers from chronic dental and/or medical issues that are not being addressed.
- The child has chronic poor hygiene or is inadequately clothed for the climate on multiple occasions.
- The child is left home alone and does not demonstrate the ability to care for themselves.
- The child steals or begs for food or money repeatedly.

SITUATIONS THAT DO NOT CONSTITUTE NEGLECT

- Children who are unattended in a situation where their age, developmental level, and circumstances do not indicate a likelihood of harm.
- A parent or caretaker's use of drugs and/or alcohol that does not affect their ability to care for their child.
- Chronic absenteeism from school without another factor that constitutes neglect.
- A parent or caretaker's mental illness that does not affect their ability to care for their child.
- A parent who does not comply with their court-ordered treatment plan.
- Custody issues.
- Allegations attributed solely to poverty.

POVERTY V. NEGLECT

- Many families fit at or below poverty guidelines. Federal guidelines are excessively low; people do live above that threshold but still have difficulty providing for their family.
- Poverty is the lack of basic necessities and the inability to obtain or provide these necessities.
- Parents are not neglectful when they are doing what they can to meet their child's needs with the resources available to them.
 - Neglect is possessing or having access to adequate resources to meet their child's needs and choosing not to use those resources.
- An accurate assessment guides decisions on how best to partner with families to meet their child's needs.

WHAT DOES POVERTY LOOK LIKE?

- As mandated reporters, it is important to understand what poverty looks like in all communities.
- Those living in poverty may:
 - Live in high crime areas.
 - Lack means to maintain utilities or internet access.
 - Lack health care.
 - Lack access to healthy foods.
 - Experience higher mortality rates.
 - Rely on friends and family for housing, food or essentials to meet the family's needs.

KEY OBSERVATIONS: POVERTY AND DISPROPORTIONALITY

- Because of systemic inequities related to social determinants of health, Black and white families who are involved in the child welfare system may experience poverty differently.
 - According to the U.S. Census Bureau (2021), the median household income for white households is \$77,999 versus \$48,297 for Black households.
 - Due to policy choices and systemic racism, generational wealth is disproportionately distributed to white families.
- Data shows that Black families are more likely to be reported to and involved with child welfare systems.
 - Lack of educational opportunities, employment, transportation barriers, housing segregation, systemic issues, incarceration disparities all result in differences between Black and white people in the child welfare system.
- People of color are more frequently involved with the child welfare system as opposed to white families with similar family dynamics.

COMPARING POVERTY AND NEGLECT

- As mandated reporters, it is important to recognize one's own biases in poverty-related cases.
- It is critical to recognize and evaluate personal beliefs and values, to not negatively interfere with the ability to assess families. Further, it is imperative to keep in mind that the child welfare system strives to:
 - Keep families together whenever safely possible.
 - Ensure the safety, well-being, and permanency of children.
 - Coordinate and/or provide services and supports to families in need.
- Poverty alone does not constitute neglect.
- Poverty may become a risk factor for neglect if preventative support is not provided.

COMMUNITIES PROTECTING CHILDREN



- Community partners are strongly encouraged to connect children and families with prevention services before the need arises for CPS intervention.
- Protective approaches can make meaningful differences in parenting skills and child well-being. Research has shown these approaches help strengthen families.
- A referral to prevention services does not negate the need for a CPS referral if child abuse/neglect is still suspected; however, community resources should be considered to determine if they can mitigate concerns.
 - Families experiencing poverty is one example.

COMMUNITY RESOURCES



- ✓ Michigan 2-1-1 is a free, confidential service that connects people with local community-based organizations across the state offering thousands of different programs and services for people seeking answers.
- ✓ Dialing 2-1-1 or visiting www.mi211.org provides quick and easy access to information about services in a community. Eight regional 2-1-1 contact centers manage Michigan's most up-to-date and comprehensive database of health and human services with more than 7,000 agencies offering more than 29,000 services across the state.

COMMUNITY RESOURCES

- The Educational Entity Master is a repository that contains numbers and basic contact information regarding educational systems in the state of Michigan.
 - Each school has an identified **homeless liaison**. To locate this individual(s) –
 - Enter the school name in the search box at the top of the screen.
 - In the search results, click on the school hyperlink.
 - Scroll toward the bottom.
 - Under Admin Contacts, locate the homeless liaison (or other key contacts, as needed).

Next, let's look at a few case scenarios to determine if they involve poverty or neglect.

Scenario #1: Ms. Jones

Ms. Jones lives in a two-bedroom home with her four children: twins Jordan and Terry, Lisa, and Maggie. Ms. Jones earns \$21,200 annually as a dental assistant.

A Children's Protective Services referral was received alleging neglect as none of the children have beds. All four children sleep on mattresses on the floor with no bed frames. The twin boys, Jordan and Terry, must share their full-size mattress.

Ms. Jones shares her bedroom with Lisa and Maggie as they are girls. Ms. Jones does not believe in girls and boys sharing rooms. Ms. Jones has an air mattress for herself.

Their basic needs are otherwise being met.

Was this case one of neglect or poverty?

Poverty.

Although the children do not have bed frames, their basic needs are being met.

The bed sharing is not a concern in this case.

There are no identified safety concerns.

Scenario #2: Ms. Smith

Ms. Smith's rent is two months overdue. She has three children; Briana, Stacey, and Jessie. A referral was made stating the children go from house to house "begging for food."

Ms. Smith states she must spend her child support money on clothes and hair care products because she is looking for a job. She reported that once she becomes employed, she will be able to pay her rent and buy food for her children. Until then, they will have to make sacrifices.

Was this case one of neglect or poverty?

Neglect.

Ms. James chooses to spend her money and the children's child support money on clothes and hair care items for herself instead of buying food for her children.

Her children's only means of eating is to beg from neighbors.

Scenario #3: Mr. Anderson

Mr. Anderson is a single father who lives with his two teenaged daughters, Angela and Joy.

Mr. Anderson has been unemployed for the past eight months and has exhausted his unemployment benefits. He states he hasn't been searching for a job because the unemployment rate is so high. He further stated that with what's going on in this economy, it is too difficult to find a job.

Angela and Joy have been observed collecting returnable cans and bottles on several occasions from their neighbor's garages to buy food at the neighborhood market.

The family has received an eviction notice from their landlord and have 30 days to pay the rent or move. The utility bill is also past due \$350.

Angela and Joy state that many nights, there is nothing to eat unless they find enough bottles and cans to return for money to buy food.

Was this case one of neglect or poverty?

Neglect.

Mr. Anderson refuses to seek employment.

His children must steal returnable cans and bottles from neighbors to buy food.

The children report this occurs on a regular basis.

Scenario #4: Ms. Samson

Ms. Samson is a single parent, and lives in her home with her children Brandon, Destiny, and Savannah.

The children attend Western Elementary School. Ms. Samson also works at Western Elementary School as a noon hour aide. She works for six hours a day, Monday through Friday.

The children are eligible and receive free breakfast and lunch when they are in school. On the weekends, holidays, and times when school is not in session, Ms. Samson obtains food from churches in their area. Ms. Samson prepares dinner daily to ensure her children have well-balanced nutritious meals. The children also receive a piece of fruit as their daily snack.

Was this case one of neglect or poverty?

Poverty.

Although the children don't have a "surplus" of food in their home, the children receive food throughout the day.

On days the children don't attend school, Ms. Samson utilizes community resources so they can eat.

Our values and beliefs impact the way we view and service families. Share how your personal beliefs and values could potentially interfere with equitable reporting.

REPORTING CONCERNS

“I don’t want to interfere in someone’s family.”

You have been trained to recognize when true signs of abuse and neglect are happening and are able to conference with colleagues if you are unsure. While it is difficult to insert yourself into another family’s dynamic, you may be the only person to intervene and ensure a child’s safety. If you suspect child abuse or neglect, you are obligated by law to report. When doing so, be sure to consider your own biases.

HOW TO RESPOND WHEN A CHILD TELLS YOU SOMETHING HAPPENED

- Move the child to a place free of distractions and other individuals.
- Maintain eye contact.
- Use a soothing and supportive stance and tone.
- Do not display any signs of shock.
- Do not display signs of disapproval.
- Ask **only** open-ended questions (e.g. “how” or “what”).
- After speaking with the child, take detailed notes about the conversation.

WAYS TO REPORT

Report your concerns to Centralized Intake immediately.

- Via phone at (855) 444-3911.
- Using the Michigan Online Reporting System (MORS).
 - State of Michigan employees: MiLogin.
 - Outside entities: michigan.gov/mandatedreporter.
 - Must select the link and register.
- A written report (DHS-3200) must be filed within 72 hours after completing a verbal report.
 - A DHS-3200 is not required if MORS is utilized to report.
- If the mandated reporter is required by their organization/employer, they should notify the head of the organization when reporting suspected child abuse or neglect.

THE CHILD PROTECTION LAW REQUIRES A DETAILED REPORT



“The report shall contain other information available to the reporting person that might establish the cause of the child abuse or child neglect, and the manner in which the child abuse or child neglect occurred.” [MCL 722.623 Sec. 3(2)]

This “other information available to the reporting person” may include details known about the child, family, and the specific situation. Explain the who, what, where, when, why and how.

Referrals should be made even if you do not know all the information but suspect child abuse or neglect.

REPORTING TO CENTRALIZED INTAKE

Centralized Intake will gather the following from the person who is calling:

- Name of the child, parent(s), and/or legal guardian(s).
- Description of suspected abuse or neglect.
- Any information that might establish the cause of suspected abuse or neglect.
- Any known demographics for the family
- Your contact information.

WRITTEN REPORT: DHS-3200



REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Health and Human Services

Complaint Phoned to MDHHS? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Intake ID # _____ If no, contact Centralized Intake (855-444-3911) immediately				
INSTRUCTIONS: REPORTING PERSON: Complete items 1-19 (20-28 should be completed by medical personnel, if applicable). Send to Centralized Intake at the address listed on page 2.				1. Date
List of Child(ren) Suspected of Being Abused or Neglected. To insert additional rows, tab at the end of last row to create a new row.				
NAME	BIRTH DATE	SOCIAL SECURITY#	SEX	RACE
Click Here and Type"				
Other's Name				
Other's Name				
Child(ren)'s Address (No. & Street)	6. City	7. County	8. Phone No.	
Name of Alleged Perpetrator of Abuse or Neglect	10. Relationship to Child(ren)			
Person(s) The Child(ren) Living With When Abuse/Neglect Occurred	12. Address, City & Zip Code Where Abuse/Neglect Occurred			
Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect				

To access and download the DHS-3200 Form, click on the following link:

https://www.michigan.gov/documents/mdhhs/DHS-3200_524482_7.dot

DETAILED REPORTING EXAMPLE



Example of a detailed report:

“On 05/01/2019, Johnny reported his mother hit him four times on the right elbow with a wooden spoon. The incident happened in Johnny’s bedroom. On 05/02/2019, Johnny had a large, circular, dark purple bruise on his inner right elbow. Johnny is afraid to go home because he fears being hit.”

You can also utilize the [Guide to Detailed Reporting](#) found on the MDHHS Mandated Reporters website.

STATE LAW PROTECTIONS FOR REPORTERS



Immunity Protection

✓ A person making a report is presumed to have acted in good faith and is immune from civil or criminal liability.

Confidentiality Protection (MCL 722.625(5))

✓ The identity of the referral source is kept confidential without:

- Consent of the reporter
- Judicial order

STATE LAW PENALTIES for NOT REPORTING AS REQUIRED



While there are criminal penalties for not reporting suspected child abuse and/or neglect, this is infrequent. There is greater harm caused by the disproportionate reporting of families with marginalized identities when it's unnecessary.

Criminal penalties

- 93 days in jail, or
- A fine not more than \$500, or
- Both

Civil penalties

- Liable for injuries
- Liable for future loss/damages

STATE LAW PENALTIES for FALSE REPORTING



MCL 722.633, Sec. 13

If the child abuse or neglect reported would not constitute a crime or would constitute a misdemeanor if the report were true:

- Not more than 93 days in jail, or
- A fine of not more than \$100, or
- Both

If the child abuse or neglect reported would constitute a felony if the report were true, the punishment is the lesser of the following:

- The penalty for the child abuse or neglect falsely reported,
- Imprisonment for not more than 4 years, or a fine of not more than \$2,000, or both.

NEXT STEPS FOLLOWING A REFERRAL

- The CPS referral will be reviewed by Centralized Intake to make an assignment decision – screen in or screen out for investigation.
 - Some screened out referrals may be referred to prevention to provide additional support and/or resources to the family.
- Mandated reporters may request Centralized Intake’s assignment decision in writing.
- If the report is assigned for investigation, the mandated reporter will receive a letter indicating the outcome of the investigation.
 - It will not include confidential or case specific information, just whether the allegations were confirmed and whether there was court intervention.
- CPS is no longer required to contact the mandated reporter in an assigned investigation; however, they may to gather additional information or insight.

NEXT STEPS FOR CPS

If assigned for investigation:

- A case manager will begin the investigation within 12 or 24 hours and attempt face-to-face contact with all alleged child victims within 24 or 72 hours, depending on the priority response.
- CPS will coordinate with law enforcement, as required.
- CPS will interview children, adults, neighbors, family members, professional staff, etc. to gather information.
- An investigation is normally completed within 30 days. Investigations may be extended if extenuating circumstances exist.
- Prevention services may be offered to the family, depending on circumstances and need.
- Additional protecting interventions may be necessary, including court intervention – in-home jurisdiction, removal of a perpetrator from the home, or removal.

NEXT STEPS FOR CPS

Approximately 76% of investigations are not confirmed for child abuse and/or neglect, many due to disparate reporting processes and/or misinterpreting poverty as abuse/neglect. For those not confirmed, families may still be referred to prevention services to mitigate any needs of the child(ren) and family, strengthen the family unit, and provide support. These supports can also be referred prior to involving child welfare to avoid traumatizing a family who may benefit from being provided local resources.

PREVENTION

Michigan Children's
Trust Fund is now:



Children Trust
MICHIGAN
Strength Through Abuse Prevention

Children Trust Michigan serves as a voice for Michigan's children and families and promotes their health, safety and welfare by funding effective local programs and services that prevent child abuse and neglect.

Learn more about Children Trust Michigan at michigan.gov/childrentrustmichigan or by calling (517) 241-0042.

RESOURCES

Mandated reporter resources are available at:

www.michigan.gov/mandatedreporter

If you have any questions or concerns, please email
Stephan Smith at:

SmithS47@michigan.gov