



Children's Advocacy Center of Southwest Michigan



Professional Development: Mandated Reporting

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**Please, remember to take care of
yourself!**

Child Protection Law - Act 238 of 1975

AN ACT to require the reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody; to authorize medical examinations; to prescribe the powers and duties of the state department of social services to prevent child abuse and neglect; to prescribe certain powers and duties of local law enforcement agencies; to safeguard and enhance the welfare of children and preserve family life; to provide for the appointment of legal counsel; to provide for the abrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts.

Mandated Reporting vs. Non-Mandated Reporting

Morally...**EVERYONE!**

Whether you are a Mandated Reporter or not, you should **ALWAYS** report any witness, suspicion, or disclosure of **ALL** forms of child abuse!

Legally (in the State of MI), people in the following professional roles are required to report any suspected child abuse or neglect:

- Medical and health care providers
- Social workers and counselors
- Child care providers
- Clergy and faith leaders
- Law enforcement
- School administrators and teachers



Mandated Reporting: How?

**As soon as possible report to MDHHS
855-444-3911**

- Be prepared to give as much demographic information as possible
- Provide detailed information including statements in quotations
- **Written report (DHS-3200) within 72 hours**
- **Michigan Online Reporting System (MORS)**
 - **Michigan.gov/mandatedreporter**
- **Notify the head of your organization**
 - **BUT THAT DOES NOT NEGATE YOUR RESPONSIBILITY TO MAKE THE REPORT FIRST!!!**
- **If there are immediate safety concerns: ALSO CALL 911**
 - **E.g., Victim is with perpetrator, perpetrator has access to victim within next 24-48 hours, the perpetrator is not a caregiver (sibling, like-age student, neighbor)**

Summary:

**Call Centralized
Intake***

AND

**Submit 3200
within 72 hours of
phone call**

OR

**Online report
through your MORS
Account
(MIBridges.michigan.
gov)**



*Make Police report to jurisdiction where
crime occurred (before OR after called to CI

Mandated Reporter Legalities

- The Report should come from the most direct source!
 - Exceptions to that...
- Failure to report is a misdemeanor and can result in 93 days jail time/\$500 fine/Loss of licensure/Civil penalties
- You cannot be held liable (criminal or civil) for making any good faith report
- Your duty to report extends outside of your employment

Mandated Reporting: DHS-3200 How?

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT Michigan Department of Health and Human Services

Was Complaint Phoned to MDHHS?
 Yes No **▶ If yes, Intake ID # [redacted]** ▶ 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 [redacted]

2. 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

3. Mother's Name [redacted]

4. Father's Name [redacted]

5. Child(ren)'s Address (No. & Street) [redacted]

6. City [redacted] 7. County [redacted] 8. Phone No. [redacted]

9. Name of Alleged Perpetrator of Abuse or Neglect [redacted]

10. Relationship to Child(ren) [redacted]

11. Person(s) The Child(ren) Living With When Abuse/Neglect Occurred [redacted]

12. Address, City & Zip Code Where Abuse/Neglect Occurred [redacted]

13. Describe Injury or Conditions and Reason for Suspicion of Abuse or Neglect [redacted]



14. Source of Complaint (Add reporter code below)

01 Private Physician/Physician's Assistant	11 School Nurse	42 MDHHS Facility Social Worker
02 Hosp/Clinic Physician/Physician's Assistant	12 Teacher	43 DMH Facility Social Worker
03 Coroner/Medical Examiner	13 School Administrator	44 Other Public Social Worker
04 Dentist/Register Dental Hygienist	14 School Counselor	45 Private Agency Social Worker
05 Audiologist	21 Law Enforcement	46 Court Social Worker
06 Nurse (Not School)	22 Domestic Violence Providers	47 Other Social Worker
07 Paramedic/EMT	23 Friend of the Court	48 FIS/ES Worker/Supervisor
08 Psychologist	25 Clergy	49 Social Services Specialist/Manager (CPS, FC, etc.)
09 Marriage/Family Therapist	31 Child Care Provider	56 Court Personnel
10 Licensed Counselor	41 Hospital/Clinic Social Worker	

15. Reporting Person's Name [redacted] Report Code (see above) [redacted]

15a. Name of Reporting Organization (school, hospital, etc.) [redacted]

15b. Address (No. & Street) [redacted]

15c. City [redacted] 15d. State [redacted] 15e. Zip Code [redacted] 15f. Phone Number [redacted]

16. Reporting Person's Name [redacted] Report Code (see above) [redacted]

16a. Name of Reporting Organization (school, hospital, etc.) [redacted]

16b. Address (No. & Street) [redacted]

16c. City [redacted] 16d. State [redacted] 16e. Zip Code [redacted] 16f. Phone Number [redacted]

17. Reporting Person's Name [redacted] Report Code (see above) [redacted]

17a. Name of Reporting Organization (school, hospital, etc.) [redacted]

17b. Address (No. & Street) [redacted]

17c. City [redacted] 17d. State [redacted] 17e. Zip Code [redacted] 17f. Phone Number [redacted]

18. Reporting Person's Name [redacted] Report Code (see above) [redacted]

18a. Name of Reporting Organization (school, hospital, etc.) [redacted]

18b. Address (No. & Street) [redacted]

18c. City [redacted] 18d. State [redacted] 18e. Zip Code [redacted] 18f. Phone Number [redacted]

19. Reporting Person's Name [redacted] Report Code (see above) [redacted]

19a. Name of Reporting Organization (school, hospital, etc.) [redacted]

19b. Address (No. & Street) [redacted]

19c. City [redacted] 19d. State [redacted] 19e. Zip Code [redacted] 19f. Phone Number [redacted]

DHS-3200 (Rev. 6-18) Previous edition may be used. 1

Mail, fax, or email instructions on the back of form

Mandated Reporting: What?

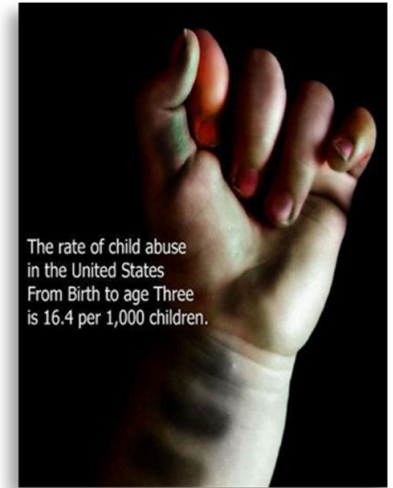
Abuse = Harm or threatened harm to a child's health or welfare; through:

- Physical Abuse
- Mental Injury
- Sexual Abuse
- Sexual Exploitation
- Maltreatment

...by a parent, guardian, or person responsible for the child's health or welfare (teacher, clergy, babysitter, adult living in the home or with regular contact with the child).

Physical Abuse

- Physical abuse is a non-accidental injury
- Physical abuse indicators may include:
 - Bruises
 - Bruises on an infant are suspicious for abuse
- Broken bones
- Burns
- Injuries that are patterned, would not occur through normal play, and are symmetric on multiple places on the body
- Injuries are inconsistent with the explanation provided



Mental Injury

Mental injury is a pattern of physical or verbal acts or omissions that results in psychological or emotional injury/impairment to a child or places a child at significant risk of being psychologically or emotionally injured/impaired.

- The parent or caretaker may:
 - **Constantly criticize, punish, or demean the child**
 - **These behaviors are persistent and repetitive**

*A finding must be made by a mental health professional for this maltreatment.

Sexual Abuse/Exploitation

- Intentional touching/contact that can be reasonably construed for the purpose of arousal, gratification or any other improper purpose by the perpetrator.
 - **Between an adult and a minor, or two minors**
- Accosting, soliciting or enticing to commit, or attempt to commit an act of sexual contact or penetration, including sex trafficking and exposing a child to pornography.



Recognizing Sexual Abuse/Exploitation

- Physical evidence (genital bruising, presence of semen, etc.); this is RARE.
- Pregnancy or contracting a venereal disease, especially in children 12 years old or younger (requires a referral to CPS).
- Self-reports sexual abuse.
- Inappropriate sexualized behavior, outside of normal exploration relevant to the child's age and cognitive development.
- Sudden change in behavior, isolated or secretive.
- Running away.

Things to Keep in Mind...



- Perpetrators of child abuse are almost always someone the child knows, trusts, and loves. Most abuse occurs within the perpetrator's home, which is often the home of the child.
- As many as 70% of children who are sexually abused are abused by another child
- Delay in disclosure, denial, and recantation of abuse are common



Maltreatment

Child maltreatment is the treatment of a child that involves cruelty or suffering that a reasonable person would recognize as excessive.

- **Medical child abuse.**
- **Age-inappropriate chores.**
- **Treating a child like an animal: eating pet food from an animal bowl.**
- **Parent publicly announcing about a child who is bed-wetting (humiliation).**
- **Inappropriate expectation based on the child's capability.**

Neglect

- Physical Neglect
 - Medical Neglect
- Failure to Protect/Threatened Harm
 - Improper Supervision

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 stand-alone inability of a parent to feed, clothe, or house a child because they lack resources or supports; Lice/Bedbugs; Truancy*

***Use of Drugs/Alcohol by caregivers - Must jeopardize safety of child(ren)*

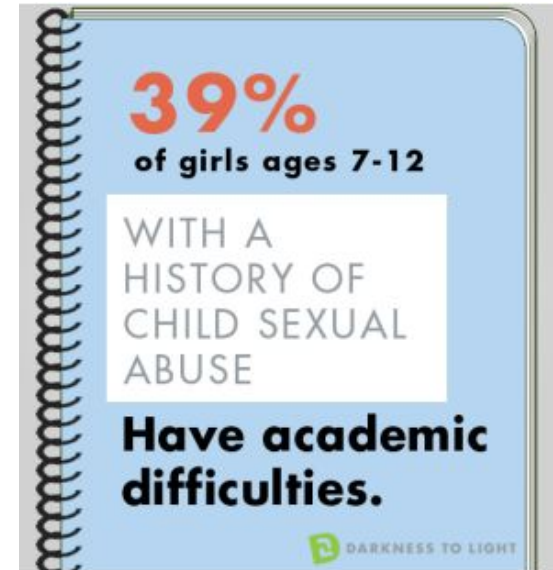
Automatic Law Enforcement Notification (LEN)



- Sexual Abuse/Exploitation (adult or child alleged offender)
 - These investigations come BEFORE Title IX investigations
 - The CAC may be able to help with the victim interviews during your Title IX investigations.
- Severe Physical injury
- Child Death
- Use/Manufacturing of Methamphetamine by caregivers/in the home

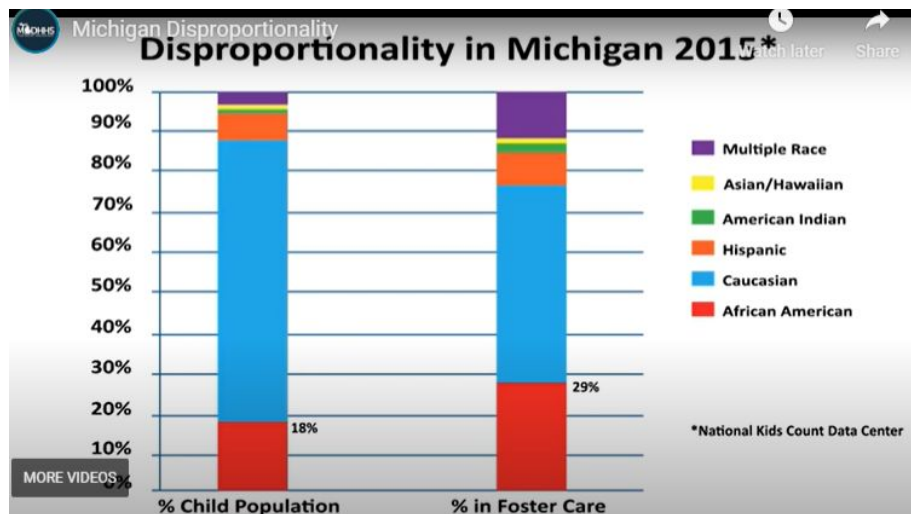
Emotional Signs and Symptoms of Abuse

- **Emotional Symptoms* = Possible Report/Red Flags**
 - Change in/attention seeking/risky behavior
 - Depression, anxiety, self-harm, suicidal thoughts or actions, anger, fear, reactivity Regression in development
 - Acting out sexually: knowledge of things beyond what is appropriate for their age
 - Increased/secretive online activity*
 - Running away
 - Maladaptive Behaviors
 - Bullying/being bullied



Children with Risk Factors/Disproportionality

- Children with disabilities have at least a 3X HIGHER risk for abuse and neglect
- Parent/family history of abuse/domestic violence
- LGBTQ+ youth
- Single parent homes



Policies?

- Mandated Reporter
 - Procedure
 - Reporting is non-delegable
 - Who should be notified after report is made
 - Listed consequences for failure to report
- Staff/Volunteer Code of Conduct
 - Stated who is a Mandated Reporter
 - Should include listed annual staff/volunteer training expectations



What to Say if a Child Discloses to you

Stay calm, do not act angry, or shocked. Do not make promises you can't keep.

- “I believe you.”
- “Thank you for telling me this, I’m sure that must have been difficult to talk about.”
- “I’m not really sure what will happen from here, but I’m going to have talk to some other people about this to help keep you safe.”
- “You can come to me and talk again later, if you want to.”

Questions, open ended only:

- “Is there anything else I should know?”
- “What happened next?”

Things Not to Say/Do:

- **“This will never happen to you again.”**
- **“Are you sure?” / “Is this the truth?”**
- **“Do your parents know about this?” (I will sometimes ask, “have you ever told anyone else about this?”) / “You should tell your parents about this.”**
- **“Why didn’t you tell sooner?”**
- **Yes/No Questions**
- **Offering suggestions**
- **Make the victim write a statement**
- **Talk to the victim and the alleged offender at the same time (e.g. sexual assault on campus)**

What the CAC does and how we can help:

- ~ 900 Nationally
- Services we offer:
 - Investigation, Treatment, Prevention
 - Connect YSO's with consultation/resources
- **Goal is to reduce trauma**
- Multidisciplinary Team



Children's Advocacy Center of Southwest Michigan



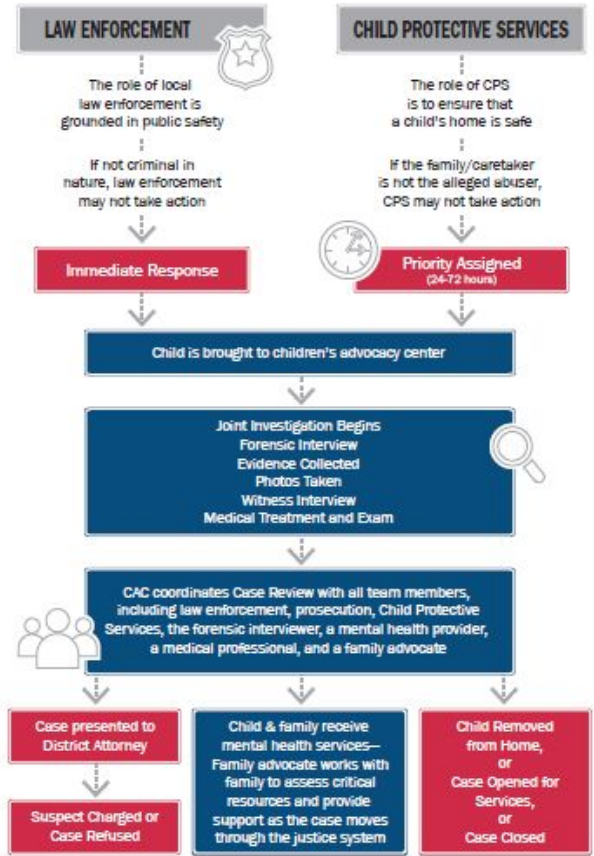
- www.swmichigancac.org
- facebook.com/Berrienchildadvocacycenter



HOW DOES THE CHILDREN'S ADVOCACY CENTER MODEL WORK?

■ Core Function of CAC

■ Function Provided by a Team Member



Being Trauma-Informed

It's not, “What’s wrong with you?”

but rather,

“What’s happened to you?”

Resources/Questions?

[Michigan Child Protection Law](#)

[MDHHS Guide to Detailed Reporting](#)

[CAC Community Resource Guide](#)

Overview of Implicit Bias:

<https://www.youtube.com/watch?v=7FgqGAXvLB8>

Overview of Disproportionality:

https://www.youtube.com/watch?v=II_DcM4ShBI

michigan.gov/mandatedreporter



Please review and share the resources!

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