LET'S TALK

SCHOOL SAFETY

PROGRAM PACKET

TRAVERSE BAY Children's Advocacy Center

Definition of Sexual Abuse

In simplest terms, sexual abuse is defined as:

- Any attempted or completed sexual act committed against someone without that person's given consent
- Any and all sexual contact between an adult and a child or teen (Under the age of 18)

Delving a bit deeper, the definition of sexual abuse also includes:

- Sexual contact between an older and a younger child if there is a significant disparity in age, development, or size, rendering the younger child incapable of giving informed consent;
- Any intentional touching/contact with a child or teen that can be reasonably construed to be for the purpose of sexual arousal, gratification, or any other improper purpose;
- Accosting, soliciting, or enticing a child to commit, or attempt to commit, an act of sexual contact or penetration, including prostitution;
- Non-contact sexual acts such as exposure, or communicating in a sexual manner by phone or internet – this includes sexting and sending naked images;
- Voyeurism, which is defined as gaining pleasure or arousal from watching people when they are naked or are engaging in sexual activity – usually from a hidden place;
- Drawing attention towards any part of the genitalia;
- Child pornography.

Michigan.gov, d2l.org

CHILD SEXUAL DEVELOPMENT CHARTS

Infancy

BIRTH TO AGE 2

HEALTHY SEXUAL DEVELOPMENT[7] [8]

- Develop love and trust through relationships with caregivers
- Start to notice differences between the bodies of boys and girls—children and adults
- Display no inhibitions about nudity
- Interest in bathroom functions
- May have spontaneous reactions that appear sexual, such as an erection or vaginal lubrication

COMMON SEXUAL PLAY ACTIVITIES AT THIS STAGE OF DEVELOPMENT

- Learn about bodies, including the genitals, through touch
- Experience genital sensations and pleasure

TIPS FOR FACILITATING HEALTHY SEXUAL DEVELOPMENT

- Name body parts, including genitals, using correct terminology
- Model "comfortable" touch (e.g., hugs that are not forced upon the child)
- Talk about boundaries as the opportunity arises (e.g., during diapering and bath time tell children that genitals are "private parts" that are "off-limits" to others)

Toddler & Preschool Years

AGES 2 TO 5

HEALTHY SEXUAL DEVELOPMENT

- Develop language to describe their genitalia; enjoy learning about and talking about body parts and functions
- Clearly know the difference between males and females; know their own gender ; learn female and male roles by observing others
- Become very curious about own bodies, and the differences between girls and boys
- Learn words related to sex and attempt to use them in conversations
- Find adult bathroom activities very interesting
- May show curiosity about adult genitalia (e.g., may try to see Mommy or Daddy nude; may ask questions about parent genitals while co-bathing)
- Display no inhibitions about nudity
- May know basics of human reproduction (e.g., babies grow inside mommy's middle); may ask questions about pregnancy and birth

COMMON SEXUAL PLAY ACTIVITIES AT THIS STAGE OF DEVELOPMENT

- Explore self and others' genitals with same-age peers
- Play house, doctor, and other body exploration activities (imitative)
- Touch or rub own genitals (masturbate-random)

POTENTIALLY UNHEALTHY BEHAVIOR

- Speaking in detail about adult-like sexual acts
- Use of explicit sexual language
- Adult-like sexual contact with adults or other children
- May insert objects into genitals

TIPS FOR FACILITATING HEALTHY SEXUAL DEVELOPMENT

- Encourage children to use correct terminology to describe their bodies, and to identify their "private parts"
- Model the importance of privacy during bathing and toileting
- Give child permission to be private about his or her own nudity
- Acknowledge that touching oneself feels good, is OK, and may be done in private
- Teach children to respect other people's bodies, boundaries, and privacy
- Teach children the difference between comfortable/appropriate touch and uncomfortable/inappropriate touch
- Model "comfortable" touch, and respect for children's feelings by not forcing them to have physical contact (e.g., no forced hugs or kisses, no wrestling or rough play if they protest)
- Use "teachable moments" to educate children in the *fundamentals* (give simple, direct answers to questions)

[7] Please note that all children develop at their own pace--growth, development and maturation may vary from these indicators and still fall within the range of normal human development. Reassure teens that it's normal for teen bodies to grow and change at different rates, and that they are not "weird" if their bodies change in different ways from their friends. If you have questions about your child's development, please consult your physician or other trusted professional.

Middle Childhood

AGES 5 TO 8

HEALTHY SEXUAL DEVELOPMENT

- Develop strong friendships with children of same sex
- Desire to be like their peers—to be included
- Engage in name calling and teasing
- React to stories they hear in the media (AIDS, abuse, violence)
- Gender identity solidifies and stabilizes (understand physical, behavioral, and emotional distinctions between males and females)
- May understand differences in sexual orientation of others
- Display basic understanding of puberty (some children, especially girls, may show early signs of puberty by age 8)
- Display basic understanding of human reproduction
- Exhibit increasing modesty and interest in privacy in bathroom and dressing activities as mastery of fine motor skills and responsibility for personal hygiene develop

COMMON SEXUAL PLAY ACTIVITIES AT THIS STAGE OF DEVELOPMENT

- Continue body exploration activities
- Begin or continue to touch own genitals (masturbate-specific) in private
- Tell "dirty jokes"; write or draw pictures about sex terminology or genitals
- Exhibit kissing, putting arm around shoulders, hand holding with peers
- Mimic dating or romantic relationships with dolls or other children
- May engage in consensual genital exploration with same age (and often, same sex) peers

POTENTIALLY UNHEALTHY BEHAVIOR

- Adult-like sexual interactions
- Overtly sexual and/or specific language or discussion about mature sexual acts
- Public masturbation
- Use of Internet chat rooms; accessing or viewing pornography

TIPS FOR FACILITATING HEALTHY SEXUAL DEVELOPMENT

- Respect child's need for privacy
- Reinforce child's need to respect other people's bodies, boundaries, and need for privacy
- Talk with children about what is and is not appropriate during peer interactions
- Talk with children about bodily responses, especially those that are precursors to sexual response (e.g., "it feels good to touch one's body")
- Model healthy, intimate adult relationships characterized by effective communication and respect for others' bodies, boundaries, and privacy
- Parents may find the use of anatomically correct dolls or pictures helpful to aid in teaching children more specific information about body parts that boys' and girls' have that are the same and body parts that are different.
- Teach children about male and female puberty (by 7-8 years old)
- Use everyday "teachable moments" to inform children about sexuality and the mechanics of reproduction (i.e., children should know how adults' body parts come together during intercourse and how babies are conceived, grow, and are born, by no later than age 9)[9]
- Introduce children to additional words such as womb, eggs, and sperm

  ****It's important to remember that research has shown that children whose parents talk with them about sexuality are <u>less likely</u> to become sexually active at an early age.****
- After answering children's questions, gauge their comprehension by asking follow-up questions, such as: "What do you think? Did that answer your question? Do you have any other questions?" This enables parents to gain additional insight into what children really want to know and what they may be ready to learn.

[9] There are many good children's books available that parents can use to aid in teaching the basics of sexual interaction and human reproduction. Ask a librarian, pastor, or respected youth leader if you need help locating a book that provides accurate information in the context of your family values, beliefs, and traditions.

Late Childhood/ Tweens
AGES 9 TO 12

HEALTHY SEXUAL DEVELOPMENT

All Children *- With the onset of puberty[10], children typically experience the following changes in body, thought and mood, but not necessarily at the same pace:*

- Grow more modest and protective of privacy
- Become more aware of sexuality; develop romantic feelings toward the opposite sex and/or the same sex
- Interest in own organs and functions
- Increased height and weight
- Changes in body shape and distribution of fat and muscle (e.g., wider hips for girls; broader shoulders for boys)
- Appearance of pubic and underarm hair
- Changes to sweat and oil glands-- possibly leading to body odor, pimples
- Voices deepen
- Value same sex friendships
- Try to be like friends and classmates; do not want to be different, left out, or "abnormal"
- Curious about the bodies of peers; look at others' sex organs to compare to their own
- Experience increased sexual feelings and fantasies
- Talk about sex with same-sex peer

Gender Specific: *Boys and girls develop differently during puberty in the following ways:*

Boys:

- Testicles grow larger
- Breasts may become larger or more feminine for awhile (gynecomastia)
- Facial and/or chest hair may begin to appear

Girls:

- Breasts begin to develop
- Vaginal discharge in the weeks before menstruation begins
- May begin menstruating (typically between ages 10 and 16)

COMMON SEXUAL PLAY ACTIVITIES AT THIS STAGE OF DEVELOPMENT

- Touch others' genitals (infrequent)
- Exhibitionistic behavior
- Look at pictures in books/magazines (not pornography); write letters and poems about sexual activity
- Interest in kissing or dating
- Dry humping
- May masturbate to orgasm
- May face decisions about sexual activities

POTENTIALLY UNHEALTHY BEHAVIOR

- Adult-like sexual interactions
- Overtly sexual and/or specific language or discussion about mature sexual acts
- Use of Internet chat rooms; accessing, viewing, or downloading pornography
- Use of pornography during masturbation
- Desire to wear sexualized styles of clothing or makeup
- Use of phone or computer to send pictures of self or peers not fully dressed (illegal activity)
- Use of phone or computer to exchange sexually explicit messages with others ("sexting") or to bully others
- Romantic attention from older teens; pre-teen dating
- Substance misuse (tobacco, alcohol or other drug use)

TIPS FOR FACILITATING HEALTHY SEXUAL DEVELOPMENT

- Respect tween's need for body privacy, but set limits on various other privacy issues; e.g., computer and cell phone use must be monitored/supervised to ensure appropriate use
- Model healthy, intimate adult relationships and responsible use of alcohol and prescription drugs; lock alcohol and all medications in a safe location inaccessible to *all* children, tweens and teens
- Talk with children about appropriate behavior during peer interactions; including discussions about bullying and other unhealthy and abusive relationships; "Power & Control in Dating Relationships" and "Equality for Teens" power and control wheel resources are available online and may help parents in facilitating these discussions.
- Supervise and monitor tweens; make sure friends' parents know and will respect your family's rules and limits, and will monitor and supervise tweens' activities
- Communicate clearly and directly about family values, beliefs and traditions surrounding dating, mating, substance misuse, curfews, and other issues of importance to your family: research suggests that teens who wait until age 16 for one-on-one (as opposed to group) dating, are less likely to have sex, marry, and drop out of school than those who begin one-on-one dating earlier.[11]
- Teach children about risks of sexual activity, including physical and emotional risks: teen dating relationships are a major source of emotional distress, and a leading cause of major depressive episodes in teens.[12]
- Brainstorm together with tweens the characteristics of a "true friend."
- Role play situations tweens will likely face in middle school, such as being encouraged to smoke, drink, or bully another child; help tweens problem-solve for tough situations

[10] Puberty may begin sooner or later in individual children. Generally girls begin puberty earlier than boys: some as young as age 8; others don't begin these changes until age 14. Boys' bodies typically start changing between the ages of 10 and 12. Most of the changes of puberty are complete before a person is age 16, but may continue throughout the teen years.

[11] Source: Parker, Wayne. (n.d.). *Talking to your teenagers about dating.* Retrieved from: http://fatherhood.about.com/od/dadsandteens/a/teen_dating.htm

[12] Davies & Windel, 2000; Collins, 2003.

Teens
AGES 13 TO 18

HEALTHY SEXUAL DEVELOPMENT

All Teens:

- Continue and complete the changes of puberty
- Peer relationships with both genders become more and more important
- Value independence and explore ways in which they are unique and different from family members
- Desire to "try on" different styles, personalities, ways of expressing themselves
- Progressively developing impulse control (develops along with brain development through the 20's)
- Vacillate between desire for independence and need for ongoing parental help, support, and stability
- Strong emotional highs and lows
- Progressively developing confidence in social situations
- Progressively developing ability to reason, foresee consequences of actions, question others values and decisions
- Experience increased sexual feelings and want physical closeness with a partner

Gender Specific:

Boys:

- Facial and/or chest hair may begin or increase in growth
- Penis grows larger and erections occur more frequent ly
- Spontaneous erections occur, even when a boy is not thinking about sex (typically lasting only a few minutes)
- Begin producing semen and may experience ejaculations during masturbation and/or during sleep (nocturnal emissions/wet dreams)

Girls:

- Vagina starts to lubricate when aroused
- Begin having erotic dreams

COMMON SEXUAL PLAY ACTIVITIES AT THIS STAGE OF DEVELOPMENT

- Choose romantic relationships over close friendships; want to date
- Masturbation becomes more sexual; fantasize about romantic and/or sexual scenarios
- Fall in love
- Face strong peer pressure and decisions about sexual and other high-risk activities
- Touching others' genitals may occur more frequently and purposefully
- Experiment with kissing and touching that may include oral sex and intercourse

POTENTIALLY UNHEALTHY BEHAVIOR

- Wearing overly sexualized styles of clothing or makeup
- Teen sexual interactions with others
- Use of Internet chat rooms; accessing, viewing, or downloading pornography
- Use of pornography during masturbation
- Romantic attention from older teens or adults
- Use of phone or computer to send pictures of self or peers not fully dressed (illegal activity), or to exchange sexually explicit messages with others ("sexting") or to bully others
- Substance misuse (tobacco, alcohol or other drug use); gambling
- Abusive or violent interactions in relationships with others

TIPS FOR FACILITATING HEALTHY SEXUAL DEVELOPMENT

- Continue to set limits on various privacy issues, relaxing these only as older teens demonstrate increased maturity.
- Consider starting regular family meetings, which might include agenda items such as: *affirmations* (time for all family members in turn to tell other members positive qualities or behaviors observed in them since the last meeting); *concerns* (time for members one at a time to communicate matters and issues that are causing problems between them—no interrupting others!); *calendar* (time for members to communicate activities, events and plans with which other family members may need to coordinate); *needs and expectations* (time to communicate other needs for support, cooperation, time and/or attention); family members may consider taking turns facilitating/leading family meetings—even young children can do this well after participating in several meetings. Research indicates that involving youth in family and community decision making and activities imparts protective factors such as internal locus of control and increased sense of self-efficacy.[13]
- Continue to supervise and monitor teens; make sure friends' parents know and will respect your family's rules and limits, and will monitor and supervise teen activities
- Talk about family values, beliefs and traditions, how these evolved in your family, and why they are important to you; ask teens what they value and believe, and what family traditions they think they will carry with them as adults.
- Talk about teen sexual and other high-risk activities (e.g., underage drinking and other substance misuse, gambling, online chat), and clearly communicate your family values and expectations for teens' behavior
- Ask teens their hopes and dreams for high school and beyond; as they set goals for themselves, help them identify resources and brainstorm possible actions they might take to make their dreams come true; talk about obstacles they might face and possible ways around them.

[13] Werner, 1993; Werner, 2001; Benard, 2004.

CHILD SEXUAL ABUSE PREVENTION: LEARN THE FACTS!

1) Experts estimate that 1 in 10 children will be sexually abused before their 18th birthday. Some even suggest that this rate is closer to 1 in 4 girls and 1 in 6 boys.

SOURCE 1: Darkness to Light, "Prevalence: 1 in 10",
http://www.d2l.org/site/c.4dICIJOkGcISE/b.8766307/k.A6B6/Prevalence_1_in_10.htm
SOURCE 2: The National Child Traumatic Stress Network, "Child Sexual Abuse Fact Sheet"
http://nctsn.org/nctsn_assets/pdfs/caring/ChildSexualAbuseFactSheet.pdf

2) In over 90% of child sexual abuse cases, the abuser is someone the child knows and trusts. Only .4% of children seen at the Traverse Bay Children's Advocacy Center who have disclosed child sexual abuse have reported being abused by a stranger.

SOURCE 1: Darkness to Light, Child Sexual Abuse Statistics,
http://www.d2l.org/site/c.4dICIJOkGcISE/b.9292355/k.38A6/Child_Sexual_Abuse_Statistics.htm SOURCE 2: Traverse Bay Children's Advocacy
Center, CAC Activity Report, July 1, 2014 to June 30, 2015

3) The Traverse Bay Children's Advocacy Center has seen over 2300 children since opening in 2010. All of these children live in the Grand Traverse Region.

SOURCE: Traverse Bay Children's Advocacy Center, CAC Activity Report 04/11/18

4) The economic impact of child maltreatment is extensive.
Estimated lifetime costs per-victim (non-fatal) has increased from $210,012 to $830,928 from 2010 to
2015.

Estimated US population economic impact based on 2015 substantiated incident cases is $428 billion
(represents lifetime costs incurred annually)
Estimated US population economic impact based on 2015 investigated incident cases is $2 trillion
(represents lifetime costs incurred annually)

SOURCE: https://auhors.elsevier.com/c/1XsAfX18YDl5x

5) Child sexual abuse knows no demographic boundaries. Children of all races, ethnicities, socioeconomic backgrounds, and geographic areas are vulnerable to sexual abuse.

SOURCE: The National Child Traumatic Stress Network, "Child Sexual Abuse Fact Sheet",
http://nctsn.org/nctsn_assets/pdfs/caring/ChildSexualAbuseFactSheet.pdf

Understanding the Three A's of Child Sexual Abuse

Traverse Bay Children's Advocacy Center

Before we can begin protecting our children from sexual predators, it's important to educate ourselves and understand what factors enable predators to molest children. There are Three A's that must exist in order for someone to perpetrate sexual abuse.

#1. Access

Makes sense, huh? But what exactly is "access?" Many people think that most children are sexually abused by strangers lurking in dark corners or hiding in bushes. The fact is, **over 90% of all sexually abused children know, love or trust the person abusing them.** So, in the vast majority of cases, the perpetrator is someone known to the child… and often known to the parents and family. Given that most predators are people children already know, access can happen virtually anytime..anywhere. At home. At school. On the playground. On the school bus. At after-school or club activities. At church. You name it.

#2. Alone Time

Now think about those people you either trust to be alone with your child or who are alone with your child and you don't know it. Our challenge is to limit the risk to our children by restricting time children spend alone with other people, both adults and other kids. You can guide how children are supervised in everyday situations at home, at childcare, swimming lessons, play dates, neighborhood play and sports. You have the power to assess risk, ask questions and shape the nature of time a child spends with others. Here are a few tips:

1. Set expectations with caregivers. This can actually be pretty easy! For example, post expectations in your home for babysitters, family members and friends who visit. Expectations can include things like:

- *All members of the family have rights to privacy in dressing, bathing, sleeping and other personal activities.*
- *If you do not want to hug or kiss someone hello or goodbye, then you can shake hands instead.*
- *We don't keep secrets.*

Ask organizations (day-care, school, clubs, churches, etc.) about their policies and practices regarding one-on-one time with children. TBCAC offers guidance to organizations about how to create these types of policies to protect children through our Stewards of Children child abuse prevention program.

2. Teach children what's "okay", what's "NOT okay" and what to do "IF"... having conversations with your child about body safety and body boundaries can and should start EARLY!

Teach children that if anyone asks to see or touch their private parts, or asks them to see or touch someone else's private parts, the answer should always be "no" and to immediately find and tell the nearest adult. Create a safety circle that helps children identify at least two trusted adults in each of their networks; this helps them feel safe enough to say "no" and to report.

Talk with your children about the difference between "secrets" and "surprises". Surprises are supposed to be 'fun' things like getting a sibling a birthday gift or surprising someone during the holidays with a visit. Secrets on the other hand should NEVER involve touches to or seeing private body parts – talk with your kids about being sure they tell you if someone asks them to keep a secret.

3. Model the behavior you want your children to see. Children truly learn what they live and will act as they are taught to act. Show respect for other people's body boundaries by doing simple things like asking for permission before giving someone a hug or kiss. Model protective behaviors when your children's friends come to visit by letting their parents know who is at home and that no one will be spending any alone time with their child at your house. Seemingly simple statements such as this reaffirm with your children that no one should be alone with them either, when they visit other friends' homes.

#3. AUTHORITY

At the core of sexual abuse is perpetrator ability to have power and control over their child victims. Authority can come in all shapes and sizes... and does. Parents. Step-parents. Boyfriends or girlfriends of parents. Family members including older or physically stronger siblings. Class mates. Friends. Coaches. Teachers. Instructors. Clergy.

Authority is projected to child victims through threats, promises or requests to keep secrets. When talking with children about staying safe, it's important for you to be sure they understand that NO ONE, regardless of who that person is, how important that person's relationship may be to the child, what kind of job that person may have or how big and strong that person is, that it is NOT OKAY for anyone to touch or ask to see a private body part of your child's. Help your child understand that s/he should come to you if that ever happens... and have your child identify another adult or two s/he would be comfortable telling, as well.

Know that threats are often made to child victims — threats against them, you, their siblings or even their pets. Sadly, threats are often effective ways to keep children silent, as kids want to be brave and protect themselves and people they love. Have open conversations with your child that if anyone makes a threat against them or someone they love, they need to tell you (or one of the safe adults they have identified) right away! The same goes with keeping secrets or receiving excessive gifts or favors (other common tactics of sexual predators).

TRAVERSE BAY Children's Advocacy Center

Safety Map for Kids

COMMUNITY:

1) _____

2) _____

SCHOOL:

1) _____

2) _____

HOME:

1) _____

2) _____

_____

1) _____

2) _____

_____

1) _____

2) _____

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OUR SAFETY PLAN

I agree to…

1) Always ask permission for giving any kind of touch.

2) Speak up when I see someone crossing a boundary.

3) _____

4) _____

5) _____

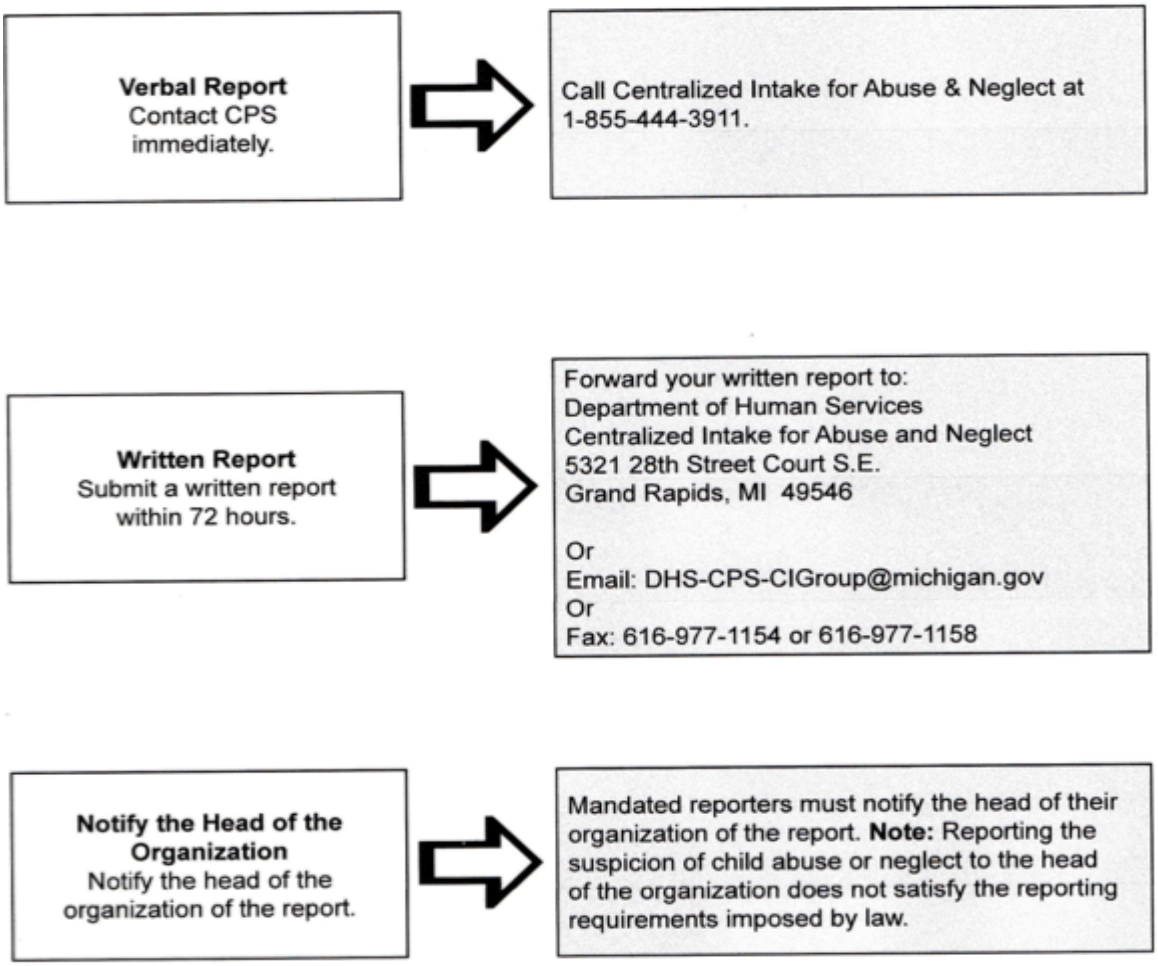
MANDATED REPORTING

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, a teacher's aide, or a member of the clergy

Child Neglect: 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 that occurs through either of the following:

- **Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.**
- **Placing a 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 that person is able to do so and has, or should have, knowledge of the risk.**

Reporting Process for Mandated Reporters



Determining when to report suspected child abuse or neglect can be difficult. A bruise on a toddler's forehead may be the result of learning to walk or the result of abuse. When in doubt, contact the local DHS office for consultation.

MANDATED REPORTING

Below are some of the commonly accepted physical and behavioral indicators of abuse and/or neglect. *Please note that the physical and behavioral indicators listed are not the only indicators of child abuse and neglect and if present, do not always mean a child is being abused or neglected.*

Physical Neglect - Physical Indicators

- Unattended medical needs.
- Lack of supervision.
- Regular signs of hunger, inappropriate dress, poor hygiene.
- Distended stomach, emaciated.
- Significant weight change.

Physical Neglect - Behavioral Indicators

- Regularly displays fatigue or listlessness, falls asleep in class.
- Steals/hoards food, begs from classmates.
- Reports that no caretaker is at home.

Physical Abuse - Physical Indicators

- Unexplained bruises (in various stages of healing), welts, loop marks.
- Adult/human bite marks.
- Bald spots or missing clumps of hair.
- Unexplained burns/scalds.
- Unexplained fractures, skin lacerations/punctures or abrasions.
- Swollen lips/chipped teeth.
- Linear/parallel marks on cheeks and temple area.
- Crescent-shaped bruising.
- Puncture wounds.
- Bruising behind the ears.

Physical Abuse - Behavioral Indicators

- Self-destructive/self-mutilation.
- Withdrawn and/or aggressive-behavior extremes.
- Uncomfortable/skittish with physical contact.
- Arrives at school late or stays late as if afraid to be at home.
- Chronic runaway (adolescents).
- Complains of soreness or moves uncomfortably.
- Wears clothing inappropriate to weather, to cover body.
- Lack of impulse control (e.g. inappropriate outbursts).

Sexual Abuse - Physical indicators

- Pain or itching in genital area.
- Bruises or bleeding in genital area.
- Sexually transmitted disease.
- Frequent urinary or yeast infections.
- Extreme or sudden weight change.
- Pregnancy under 12 years of age.

Sexual Abuse - Behavioral Indicators

- Withdrawal, chronic depression.
- Sexual behaviors or references that are unusual for the child's age.
- Seductive or promiscuous behavior.
- Poor self-esteem, self-devaluation, lack of confidence.
- Suicide attempts (especially adolescents).
- Hysteria, lack of emotional control.

REPORT OF ACTUAL OR SUSPECTED CHILD ABUSE OR NEGLECT

Michigan Department of Human Services

Was complaint phoned to DHS?

☐ Yes ☐ No ▶ If yes, Log # _____ ▶ 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 list on page 2.

1. Date

2. List of child(ren) suspected of being abused or neglected (Attach additional sheets if necessary)

NAME	BIRTH DATE	SOCIAL SECURITY #	SEX	RACE
3. Mother's name				
4. Father's name				

5. Child(ren)'s address (No. & Street)	6. City	7. County	8. Phone No.

9. Name of alleged perpetrator of abuse or neglect	10. Relationship to child(ren)
11. Person(s) the child(ren) living with when abuse/neglect occurred	12. Address, City & Zip Code where abuse/neglect occurred

13. Describe injury or conditions and reason for suspicion of abuse or neglect

_____

_____

14. Source of Complaint (Add reporter code below)

01 Private Physician/Physician's Assistant	11 School Nurse	42 DHS 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	Report Code (see above)	15a. Name of reporting organization (school, hospital, etc.)			
15b. Address (No. & Street)		15c. City	15d. State	15e. Zip Code	15f. Phone No.
16. Reporting person's name	Report Code (see above)	16a. Name of reporting organization (school, hospital, etc.)			
16b. Address (No. & Street)		16c. City	16d. State	16e. Zip Code	16f. Phone No.
17. Reporting person's name	Report Code (see above)	17a. Name of reporting organization (school, hospital, etc.)			
17b. Address (No. & Street)		17c. City	17d. State	17e. Zip Code	17f. Phone No.
18. Reporting person's name	Report Code (see above)	18a. Name of reporting organization (school, hospital, etc.)			
18b. Address (No. & Street)		18c. City	18d. State	18e. Zip Code	18f. Phone No.
19. Reporting person's name	Report Code (see above)	19a. Name of reporting organization (school, hospital, etc.)			
19b. Address (No. & Street)		19c. City	19d. State	19e. Zip Code	19f. Phone No.

TO BE COMPLETED BY MEDICAL PERSONNEL WHEN PHYSICAL EXAMINATION HAS BEEN DONE

20. Summary report and conclusions of physical examination (Attach Medical Documentation)		
21. Laboratory report	22. X-Ray	
23. Other (specify)	24. History or physical signs of previous abuse/neglect ☐ YES ☐ NO	
25. Prior hospitalization or medical examination for this child		
DATES	PLACES	
26. Physician's Signature	27. Date	28. Hospital (if applicable)

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: P.A. 238 of 1975.
COMPLETION: Mandatory.
PENALTY: None.

INSTRUCTIONS

GENERAL INFORMATION:
This form is to be completed as the written follow-up to the oral report (as required in Sec. 3 (1) of 1975 PA 238, as amended) and mailed to Centralized Intake for Abuse & Neglect. Indicate if this report was phoned into DHS as a report of suspected CA/N. If so, indicate the Log # (if known). The reporting person is to fill out as completely as possible items 1-19. Only medical personnel should complete items 20-28.

Mail this form to:
Centralized Intake for Abuse & Neglect
5321 28th Street Court S.E.
Grand Rapids, MI 49546

OR

Fax this form to 616-977-8900 or 616-977-8050 or 616-977-1158 or 616-977-1154
OR
email this form to DHS-CPS-CIGroup@michigan.gov

1. Date – Enter the date the form is being completed.
2. List child(ren) suspected of being abused or neglected – Enter available information for the child(ren) believed to be abused or neglected. Indicate if child has a disability that may need accommodation.
3. Mother's name – Enter mother's name (or mother substitute) and other available information. Indicate if mother has a disability that may need accommodation.
4. Father's name – Enter father's name (or father substitute) and other available information. Indicate if father has a disability that may need accommodation.

5.-7. Child(ren)'s address – Enter the address of the child(ren).

8. Phone – Enter phone number of the household where child(ren) resides.
9. Name of alleged perpetrator of abuse or neglect – Indicate person(s) suspected or presumed to be responsible for the alleged abuse or neglect.
10. Relationship to child(ren) – Indicate the relationship to the child(ren) of the alleged perpetrator of neglect or abuse, e.g., parent, grandparent, babysitter.
11. Person(s) child(ren) living with when abuse/neglect occurred – Enter name(s). Indicate if individuals have a disability that may need accommodation.
12. Address where abuse / neglect occurred.
13. Describe injury or conditions and reason of suspicion of abuse or neglect – Indicate the basis for making a report and the information available about the abuse or neglect.
14. Source of complaint – Check appropriate box noting professional group or appropriate category.

Note: If abuse or neglect is suspected in a hospital, also check hospital.

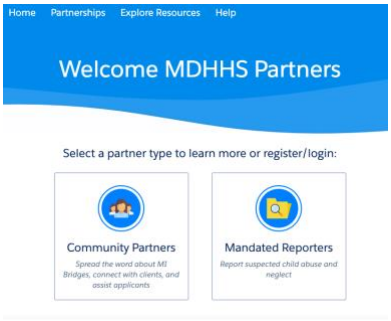
DHS Facility – Refers to any group home, shelter home, halfway house or institution operated by the Department of Human Services.

DCH Facility – Refers to any institution or facility operated by the Department of Community Health.

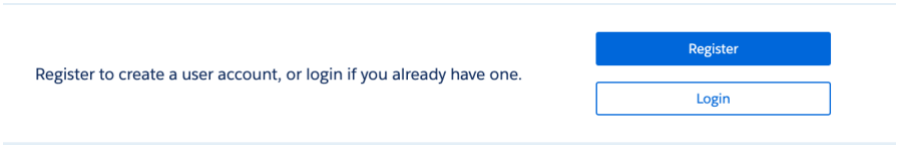
15.-19 - Reporting person's name - Enter the name and address of person(s) reporting this matter.

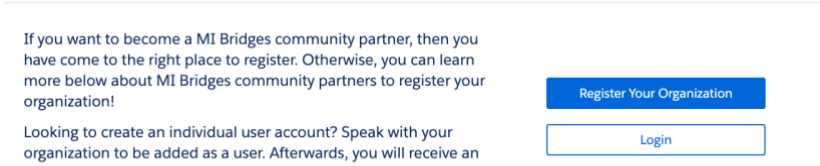
Online Reporting

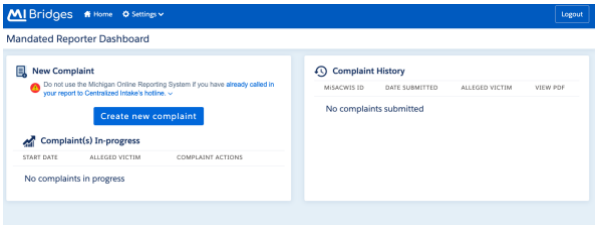
1) Newmibridges.michigan.gov
2) Select “Partnerships”
3) Follow the steps below:

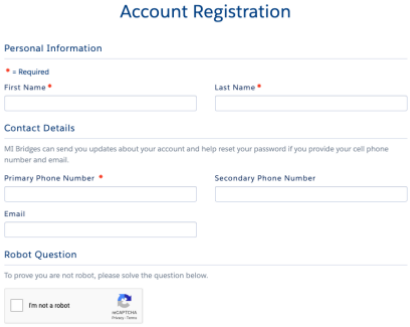


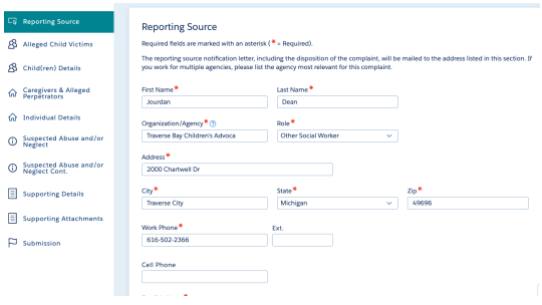
OR











CALL TO REPORT ABUSE OR NEGLECT:
1-855-444-3911 (DHHS Centralized Intake)

One number. One call. One person. If you suspect abuse or neglect, call NOW!

Health, Hope & Healing
Department of Health & Human Services michigan.gov/dhs

Women's Resource Center www.womensresourcecenter.org

Women's Resource Center 24-hour Crisis Hotline 800-554-4972

Northern Lakes Community Mental Health northernlakescmh.org
231-922-4850

Munson Behavioral Health munsonhealthcare.org
231-935-6380

Pine Rest of Traverse City pinerest.org/traversecity
231-922-2885

Child and Family Services cfsnwmi.org
231-946-8975

Law Enforcement
Antrim County Sheriff's Office antrimcounty.org/sheriff.asp
231-533-8627 non emergency

Benzie County Sheriff's Office benzieco.net/dept_sheriff.htm
231-882- 4484 non emergency

Grand Traverse Sheriff's Office co.grand-traverse.mi.us
231-922-4550 non emergency

Kalkaska County Sheriff's Office kalkaskasheriff.net
231-258-3350 non emergency

Leelanau County Sheriff's Office leelanau.cc/sheriff.asp
231-256-8800 non emergency

Grand Traverse Band of Ottawa and Chippewa Indians Police gtbindians.org/tribal_police.asp
231-354-7777 non emergency

More Resources
Darkness to Light d2l.org
Children's Trust Fund michigan.gov/ctf
Michigan DHHS/Abuse & Neglect michigan.gov/dhs
Traversebaycac.org

Resources

Let's talk about BODY Boundaries, Consent & Respect By: Jayneen Sanders

Talking to Your KIDS About Sex By: Mark Laaser, Ph.D.

In Case You're Curious, Questions about sex from young people with answers from the experts

By: Planned Parenthood

The Care and Keeping of You By: American Girl

Guy Stuff the Body Book for Boys By: Dr. Cara Natterson

My Body! What I say Goes! By: Jayneen Sanders

God's Design for Sex series

Hotchocolatetalk.org

Stewards of Children

Traverse Bay Children's Advocacy Center Resources (traversebaycac.org)

Traversebaycac.org|2000 Chartwell Dr Traverse City, MI 49696|jdean@traversebaycac.org