

Mandated Reporting and You

An Informational Guide to Reporting
Suspected Cases of Child Abuse and Neglect
In Muskegon County



CHILD
ABUSE COUNCIL

EVERY STEP OF THE WAY.



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Mandated Reporting and You



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Table of Contents

What is a Mandated Reporter?	1
Child Abuse and Neglect Defined	3
Signs and Symptoms of Abuse	4
Indicators of Physical Abuse	5
Indicators of Neglect	6
Indicators of Emotional Abuse	6
Indicators of Sexual Abuse	7
Guide to Recognizing Abnormal Sexual Behavior in Children	8
What is a Child Abuse and Neglect Disclosure?	9
Do's and Don'ts Upon Hearing a Disclosure of Abuse	9
Once You Suspect Abuse	11
Child Protective Services	12
Michigan Criminal Law	15
About the Child Abuse Council of Muskegon County	18





MANDATED REPORTERS

- Physician

 - Dentist

 - Physician Assistant

 - Registered Dental Hygienist

 - Medical Examiner

 - Nurse

 - Licensed EMT

 - Audiologist

 - Psychologist

 - Marriage/Family Therapist

 - Licensed Professional Counselor

 - Social Worker

 - School Administrator

 - School Counselor/Teacher

 - Law Enforcement Officer

 - Member of the Clergy

 - Regulated Child Care Provider

 - Any Person working in a professional capacity involving Children
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What is a Mandated Reporter?

A Mandated Reporter is any professional required by law to report suspected cases of child abuse or neglect.

The Child Abuse Prevention and Treatment Act (CAPTA) was passed in 1974. CAPTA mandates the basic definition of child abuse in all 50 states. However, each state has developed a law making it mandatory for persons working in certain professions to report suspected cases of child abuse and neglect. Michigan's law requires mandated reporters to report the suspected abuse or neglect verbally within 24 hours following suspicion of abuse or neglect.

Michigan's Child Protection Law lists specific professions of mandated reporters. If your profession is not listed, this does not mean that you are not a mandated reporter. To determine if you are a mandated reporter, consult your employee handbook or your employer directly.

Act 238 of the Michigan Child Protection Law of 1975 states:

- (l) An individual is required to report under this act as follows:
 - (a) A physician, dentist, physician assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, certified social worker, social worker, social work technician, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or neglect shall make immediately,



by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72

Nationally, more than 2.6 million referrals of possible maltreatment involving 4.5 million children were made to child protective service agencies in calendar year 2002. Of these reports, two-thirds were accepted for investigation. (National Clearing House on Child Abuse & Neglect)

hours after making the oral report, the reporting person shall file a written report as required in this act. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of his or her finding, shall advise that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge of the hospital, agency, or school does not relieve the member of the staff of the hospital, agency, or school of the obligation of reporting to the department as required by this section. One report from a hospital, agency, or school shall be considered adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or

otherwise penalized for making a report required by this act or for cooperating in an investigation.

Persons who fail to report suspected cases of child abuse could face criminal and/or civil charges. Section 2258, Failure to report child abuse states: "A person who, while engaged in a professional capacity or activity, ... learns of facts that give reason to suspect that a child has suffered an incidence of abuse, ... and fails to make a timely report, ... shall be guilty of a Class B misdemeanor."

The actual incidence of abuse and neglect is estimated to be three times greater than the number reported to authorities. (U.S. Department of Health and Human Services)

The Child Abuse Council of Muskegon County focuses on educating children about abuse. Beginning at the preschool age, children in Muskegon County are introduced to personal safety issues and what to do if they are a victim of abuse.

As a mandated reporter, you play a major part in ensuring the safety of our children. Together we can help put a halt to this national problem. In the next few sections, we will define abuse and its many faces. We will explore what to look for, what behaviors are considered suspicious, and what **not** to ignore.



Child Abuse and Neglect Defined

- Physical abuse means a non-accidental occurrence that results in an injury or death.
- Physical neglect is the failure to provide the necessities of life for a child. This includes the lack of medical care, inadequate nourishment, inappropriate clothing, lack of supervision, and inadequate housing. It also includes parental failure to protect a child who is at imminent risk.
- Sexual abuse is engaging in sexual contact or sexual penetration as defined by Michigan law as well as sexual exploitation of a child for sexual gratification.
- Emotional abuse is a psychological condition caused by physical or verbal acts.



CAPTA defines child abuse as any recent act or failure to act that results in imminent risk of serious harm, death, serious physical injury, emotional harm, sexual abuse, or exploitation.

Signs and Symptoms of Abuse

Indicators of physical, emotional, and sexual abuse every mandated reporter should recognize

As a mandated reporter, it is your duty to recognize the signs and symptoms of child abuse and neglect. It is a good idea to document your observations to ensure accuracy at the time of the report. Your documentation can have just as much, if not more impact than medical and psychological reports.

Child abuse can happen to any child regardless of age, social class, ethnicity, or race. The number of male victims is surprisingly similar to the number of females who are victims. About 48% are males and 52% are females.

“80% of all child abuse cases are perpetrated by the parents”

(National Clearing House on Child Abuse & Neglect)

According to the *Merriam Webster Dictionary*, **suspicion** is the act or an instance of suspecting something is wrong without proof. Mistrust, uncertainty, doubt, and skepticism.

Child abuse fatalities are tragic. In 2002, 1,400 children suffered the loss of their lives at the hands of their perpetrator. (National Clearing House on Child Abuse & Neglect)





Indicators of Physical Abuse

- Unexplained bruises, lacerations, and welts
- Unexplained burns (such as cigarette or patterned burns from an iron or lighter)
- Immersion burns (often found on feet, hands, buttocks, and genitalia)
- Rope burns
- Unexplained fractures
- Using clothing to conceal the body (be especially aware of children wearing clothing that is inappropriate for the weather)
- Fear of parents, family members, and caregivers
- Fear of going home (insistent on staying where they are instead of going home)
- Fear of physical contact with adults or other children
- Unexplained abrasions
- Unexplained welts: clustered, pattern forming, or in the shape of an article (i.e. electric cord, hanger, or belt buckle)
- Head injuries (absence of hair)

Any one or all of these injuries present at different stages of healing may be cause to suspect abuse.

Physical indicators of abuse may be more predominant after absences and vacations. These indicators may appear on any part of the body, including the soles of the feet, mouth, lips, eyes, the palms of the hands, arms, legs, buttocks, neck, torso, and genitalia. A child may frequently sustain the same or similar injury causing suspicion.

“896,000 children were found to be victims of child maltreatment in 2002” (National Clearing House on Child Abuse & Neglect)



Indicators of Neglect

- Abandonment
- Consistent hunger, poor hygiene, constant fatigue, or inappropriate clothing (clothing that is soiled, clothing that does not fit properly, lack of warm clothing or coat during winter months)
- Consistent lack of supervision (especially for significant periods of time or while engaging in potentially dangerous activities)
- Untreated medical and physical needs (failure to comply with a doctor's recommendations and follow-up treatment)
- Abnormal height and weight (abnormal growth pattern)
- Misdiagnoses of mental retardation or physical illness
- Difficulty forming and maintaining relationships with adults

“As many as half of infant failure to thrive cases may be due to neglect.”

(The Merck Manual 2004)

Neglect is most often seen in families where one or more members has a substance abuse problem.

Signs of child neglect will often get worse over time and can result in serious medical conditions. Children may exhibit behaviors associated with desperation and starvation such as stealing food, stealing clothing, and, in extreme cases, going through garbage to find something to eat.

Indicators of Emotional Abuse

- Speech disorders
- Eating disorders
- Difficulty forming new relationships
- Advanced emotional development for age
- Disruptive behavior
- Sleeping disorders
- Low self-esteem

Although emotional abuse cannot be seen, the behavior it causes should not go unrecognized. Emotional abuse can be and is just as damaging as physical and sexual abuse.



Indicators of Sexual Abuse

- A child behaving in an unusually seductive manner with peers or adults
- A child who is fearful of interpersonal relationships or is overly compliant
- Extreme modesty; an unwillingness to undress or participate in gym class
- Withdrawn infantile behavior, regression of developmental milestones; for example, thumb sucking or bed wetting
- Overly sophisticated knowledge and interest in sexual acts and vocabulary
- Expressions or behaviors that indicate the child has been sexually involved with an adult
- Unusual sexual behavior or themes expressed through the child's drawings, stories, schoolwork, poems, etc.
- Sudden changes in behavior or attitude not due to death of a relative, divorce, change of schools, etc.
- Sleeping problems, nightmares, or terrors
- Constant or consistent hand manipulation of the genitals and sex play that are inappropriate for the age of the child
- Attempts to run away from home, delinquency, substance abuse
- Sudden disinterest in social activities and events
- Self injury and/or suicide attempts
- Anxiety and low self-esteem
- Sexually transmitted diseases
- Difficulty walking or sitting
- Blood-stained underclothing
- Inability to control bowel movements
- Swelling, itching, burning, bruising, or bleeding in the genital area

In most cases of child sexual abuse, the perpetrator is someone close to the child such as a family member, family friend, or caregiver.

"1.6 out of every 1000 female children were sexually abused and 0.4 out of every 1000 male children were sexually abused."

(National Child Abuse and Neglect Reporting System, 1999)

Guide to Recognizing Abnormal Sexual Behavior in Children

Range of sexual behaviors in children

Normal

- Genital or reproduction conversations with peers or similar-age siblings
- “Show me yours/I’ll show you mine” with peers
- Playing “doctor”
- Occasional masturbation without penetration
- Imitating seduction (kissing, flirting, etc.)
- Dirty words, jokes within cultural or peer group norm

Yellow Flags

- Preoccupation with sexual themes (especially sexually aggressive)
- Attempting to expose others’ genitals (trying to pull another’s skirt or pants down)
- Sexually explicit conversations with peers
- Sexual graffiti (especially chronic or impacting individuals)
- Sexual innuendo/teasing/embarrassment of others
- Precocious sexual knowledge
- Single occurrences of peeping/exposing/obscenities/pornographic interest/frottage
- Preoccupation with masturbation
- Mutual masturbation/group masturbation
- Simulating foreplay with dolls or peers with clothing on

Red Flags

- Sexually explicit conversations with someone of significant age difference
- Touching genitals of others
- Degradation/humiliation of self or others with “sexual themes”
- Forced exposure of others’ genitals
- Inducing fear/threats of force
- Sexually explicit proposals/threats, including written notes
- Repeated or chronic peeping/exposing/obscenities/pornographic interest/frottage

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- Compulsive masturbation/task interruption to masturbate
 - Masturbation, including vaginal penetration
 - Simulating intercourse with dolls, peers, animals (i.e. humping)

No Questions (evaluate/refer)

- Oral, vaginal, anal penetration of dolls, children, animals
- Forced touching of genitals
- Simulating intercourse with peers' clothing off
- Any genital injury or bleeding not explained by accidental cause

What is a Child Abuse and Neglect Disclosure?

Your response to a disclosure of abuse is critical. When a child makes a disclosure to you, it means that the child trusts you. It means that the child is reaching out to you.

REACTION
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RETRACTION

Your first instincts may be to get angry or upset and to become emotional. If you do react in such a manner, the child is likely to retract his/her statement. This is because they feel as though they have done something wrong. The child may feel like what has happened to them is their own fault.

Do's and Don'ts Upon Hearing a Disclosure of Abuse

Do...

1. Practice your response before you are in a real situation.
2. Pay attention to your body language. Give the child some indication that you are hearing what he/she is saying and that you can help.

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3. Praise the child for having the courage to share their experience with you. Explain to the child that you understand how difficult it was for them.
 4. Tell the child that you will do everything that you can to ensure that he/she is safe.
 5. Assure the child that your relationship with them has not been negatively altered by his/her bravery.
 6. As soon as possible, write down the actual words used in the disclosure.

Listen to the child, assure them that you care, and tell the child you are glad that they told you.

Don't...

1. Do not try to determine if the allegation is substantiated or unsubstantiated—that is the role of the Child Protective Services (CPS) and law enforcement.
2. Do not use body language that demonstrates disbelief or shock. This may cause the child to believe that you find them at fault or do not believe them.
3. Do not talk to others about a disclosure. Others include friends, relatives, advocates.
4. Never try to talk a child out of what he/she is saying.
5. Do not suggest to a child that you think he/she has been abused. This can be damaging and is problematic in cases in which abuse *did* happen, but the information was elicited through the use of leading questions.
6. Do not attempt to find out details when there are other children around.
7. Do not make promises that you cannot keep, such as promising that you will not tell anyone else.
8. If it involves a parent/caretaker, do not tell them the allegations.



Once You Suspect Abuse...

Now that you suspect abuse, what should you do?

WHO?

If a child reports abuse or neglect to you, write down the actual words the child uses as soon as possible. The first statement that a child makes can be significant to the investigation. Basic information needed to notify law enforcement is who hurt the child, when it happened, and where it happened.

Do not promise the child that you will not tell. Do not promise the child that you will never let that happen again. This is a promise you may not be able to keep. Do not contact the parents.

If a disclosure has been made to you or if you have reason to suspect abuse or neglect is taking place, report what you suspect. **Remember**, you only need enough information to “suspect.”

A phone call or an oral report **must be made** to Child Protective Services (CPS) within 24 hours in cases of suspected child abuse and neglect in Muskegon County.

To report suspected cases of child abuse in Muskegon County, call CPS at (231) 733-8281.

It is important that the person who suspects or has knowledge of abuse or neglect reports it. This is because the Protective Services worker may have questions regarding the case that only YOU can answer. If more than one person is aware of the disclosure or suspicion, they can call together.

When making a referral, make sure you have the full name of the child and a description of the abuse or neglect. In addition, you will need the child’s age, date of birth, address, parents’ names, parents’ address(es), the current living arrangement for the child, and the name of the alleged perpetrator, if possible.

WHEN?

Even when an oral report has been made, a written report or Form 3200 **must be** filed within 72 hours. This form can be dropped off, mailed, or faxed to:

WHERE?

Department of Human Services (DHS)
Attn: Children's Protective Services
2700 Baker Street, Muskegon Heights, MI 49444
Fax: (231) 733-3790

This form may also be found online at www.michigan.gov/fia

Remember - failure to report suspected child abuse or neglect by a mandated reporter can result in a criminal investigation and possible criminal and/or civil charges.

Children's Protective Services

Who are they? What is their purpose?

Children's Protective Services is the agency that is responsible for the investigation of complaints of child abuse allegedly committed by a person responsible for the child's health and welfare.

A "person responsible for the child's health or welfare" means:

- A parent, including a minor parent or noncustodial parent whose parental rights have not been terminated
- A legal guardian
- A person 18 years of age or older who resides for any length of time in the same household in which the child resides (including foster parents, live-in adult friends of the parent or foster parent, adult siblings and relatives, roomers, boarders, live-in sitters or housekeepers, etc.)
- A person 18 years of age or older who, regardless of the person's domicile, has a close personal relationship with the child, parent, foster parent, or with another person responsible for the child's health and welfare, even though they are not the child's parent or are not otherwise related to the child by blood or affinity to the third degree (parent, grandparent, great-grandparent, brother, sister, aunt, uncle, niece, nephew)
- A person or family daycare home.

When the residence of the alleged perpetrator or relationship to the family is in question, the agency will proceed to investigate but may make a referral for concurrent investigation by law enforcement.

Key Decision Points

CPS responsibilities encompass five distinctive key decision points.

1. Whether to end the investigations at the screening stage or proceed with a field investigation and what priority it should have.
2. Whether or not the allegation(s) of child abuse or neglect should be substantiated.
3. Determine what type of services should be provided in substantiated cases.
4. Whether or not to petition the Court for jurisdiction-child at home.
5. Whether or not to petition the Family Court to remove the child.

CPS policy materials provide guidelines and standards for CPS staff in connection with the above key points.

Whether to Investigate or Not

The Child Protection Law requires Children's Protective Services to investigate when a child is being abused or neglected by adults legally responsible for the child's health and welfare or by a person 18 years or older who resides for any length of time in the same home with the child.

Children's Protective Services and law enforcement may conduct a joint investigation when the allegations have both civil and criminal implications. CPS does the civil investigation and law enforcement does the criminal investigation. CPS and law enforcement are expected to cooperate and coordinate investigations and to share information obtained during their respective investigations, including written reports.

Policy provides three basic intake criteria for accepting a report for investigation (Investigation of allegations of abuse and/or neglect to children caused by adults legally responsible for the child's health and welfare or adults residing in the child's household):

1. Alleged victim is 0-18
2. Allegations include harm to the child
3. Allegations indicate that the harm was not accidental and the result of negligence

Risk Assessment

The alleged seriousness of the risk to the child is the primary criteria used to determine the priority for the investigation.

Risk assessment requires the following information to guide CPS decision making: information concerning when emergency intervention is necessary, when to assess further, what the nature of the risk to the child is, who is responsible for the child being in danger, which interventions would ensure the safety of the child, and how to monitor the risk of the child over time.

Whether or not to Substantiate


Complaints are substantiated when there is a preponderance of evidence (51% or better standard of proof) that child abuse and/or neglect has occurred. The evidence must support a conclusion that there is a causal relationship between the perpetrator's behavior and the child's condition or situation.

Service Provisions

All substantiated cases receive services. Certain levels of risk are considered for voluntary services and other in-home services with CPS and community providers. In addition, out of home services may be considered for families with children who need to be removed from their families.

Intervention in child welfare cases where there is a preponderance of evidence should be consistent with the following three principles:

- I. Safety for the children and family preservation must be the primary consideration in all phases of intervention.

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2. The autonomy of the non-offending caretaker should be respected and efforts to care for the children should be supported.
 3. The perpetrator must be held responsible for acts of abuse/neglect.

Whether or Not to Remove

A petition for removal is appropriate when:

- The situation is an emergency because the child is in imminent danger and interventions other than removal will not protect the child
- The situation is an emergency, as interventions provided did not eliminate the need for removal
- Certain substantiated situations mandate that a petition for removal be written:
 - Physical injury requiring treatment
 - Sexual abuse
 - Death of a child

You as a Lifeline

As a mandated reporter, you are a lifeline for victims of child abuse. Because of your report, victims may be linked to services including permanent or temporary placement (foster care, adoption, etc.), treatment, (both psychological and physical), youth programs, education programs, family counseling, and substance abuse treatment.

Michigan Criminal Law

What is the law? How are perpetrators of abuse punished?

The Michigan criminal law for child abuse covering both physical and emotional abuse is as follows:

Definition - Any recent act or failure to act resulting in imminent risk of serious harm, death, serious physical or emotional harm to a child under the age of 18, by a parent or caretaker who is responsible for the child's welfare.



There are four degrees of Child Abuse in Michigan:

First-Degree Child Abuse (felony) - when a person consciously or intentionally causes serious mental and/or physical harm to a child. This degree is punishable by not more than 15 years in prison.

Second-Degree Child Abuse (felony) - when a person's omission causes serious physical or mental harm to the child, if a person's careless act causes serious physical harm to a child, or if a person intentionally commits an act that is cruel to a child, regardless of whether the child is harmed as a result. This degree is punishable by not more than four years in prison.

Third-Degree Child Abuse (misdemeanor) - when a person consciously or intentionally causes physical harm to a child. This degree is punishable by not more than two years in jail or prison.

Fourth-Degree Child Abuse (misdemeanor) - when a person's omission or careless acts cause physical harm to a child. This degree is punishable by not more than one year in jail or prison.

Parental Discipline - This section of the law allows parents, legal guardians, or any other person who is permitted by law, to reasonably discipline a child. This includes the use of reasonable force if needed.

The Michigan Criminal Law for sexual abuse is as follows:

Definition - consists of unwanted penetration of any body opening, natural or created, the touching of sexual areas of the body, or attempting to penetrate or touch.

There are four degrees of Criminal Sexual Conduct in Michigan Law:

First Degree (felony) - penetration plus a complicating factor. Punishable by a maximum sentence of life imprisonment.

Second Degree (felony) - contact (no penetration) plus a complicating factor. Punishable by a maximum sentence of 15 years imprisonment.



Third Degree (felony) - sexual penetration. Punishable by a maximum sentence of 15 years imprisonment.

Fourth Degree (misdemeanor) - sexual contact. Punishable by a maximum sentence of two years imprisonment, fine of \$500, or both.

Complicating factors that distinguish First-Degree CSC from Third-Degree CSC, and Second-Degree CSC from Fourth-Degree CSC:

Victim under the age of 13.

Victim between the ages of 13 and 16 and the perpetrator is blood affiliate or resides in the same household.

Victim between the ages of 13 and 16 and the perpetrator is in a position of authority.

Use of a weapon (or threat of a weapon).

Additional felony committed at the same time as the assault.

More than one perpetrator.

Excessive force.

Victim contracted a sexually transmitted infection as a result of the assault.

Pregnancy.

Important information about Michigan CSC Laws:

A victim need not resist. Michigan is a consent state.

A victim's testimony need not be corroborated.

The law severely restricts the admissibility of a victim's prior sexual behavior.

The law extends equal coverage to male victims.

Attempted sexual assaults can be prosecuted.



It is a sexual assault if the victim is under the influence of drugs or alcohol and is penetrated or touched.

The age of consent in Michigan is 16 years.

Incest is considered Third-Degree CSC if there is penetration no matter what the age after 16 years.

Incest is considered Fourth-Degree CSC if there is contact without penetration no matter what the age after 16 years.

About the Child Abuse Council of Muskegon County

The following is a brief overview of the Child Abuse Council and the services they provide.

The Child Abuse Council of Muskegon County was formed in 1975 and its mission is to prevent and treat child abuse and neglect through education, child advocacy, and community collaboration. The Council works to fulfill its mission through three main programs: Prevention Services (public awareness and prevention programs), The Children's Advocacy Center (addresses the specific and immediate needs of child abuse victims), and CASA (Court Appointed Special Advocates) which is "A Child's Voice in Court."

Personal safety programs about child abuse and neglect are now a standard part of the curriculum in almost every school in Muskegon County. The consistent message throughout their school years helps children know what to do in uncomfortable situations and what language to use in case something has happened. Children in our county are no longer in the dark about sexual abuse. They are armed with knowledge and the skills to help keep themselves safe from sexual predators. In 2004, we reached nearly 13,000 elementary students in every 1st, 3rd, and 5th grade classroom in Muskegon, including the public schools and most parochial and charter schools.

The Council addressed the specific and immediate needs of individual child abuse victims when it opened its Children's Advocacy Center. The Center is a comprehensive, child-focused program based in a facility that allows law



enforcement, child protective professionals, prosecutors, child victim advocates, and medical and mental health communities to work together in a multidisciplinary team (MDT) to investigate child abuse cases. One of the core components of this process is the child-focused interview. Interviews of child victims are conducted at the Center in an age appropriate interview room equipped with a closed circuit television system. The interviews are conducted by trained professionals one-on-one with the child and are viewed by members of the MDT. Other components of the process include medical examinations and counseling, which are offered on-site by medical personnel, and counselors who are experts in the field of child sexual abuse.

In 1997, the CASA (Court Appointed Special Advocate) program joined the Council. A CASA is a trained volunteer appointed by a Family Court Judge to advocate for the best interests of children involved in court proceedings because they have been abused or neglected by their parent or caregiver. The volunteer spends time with their assigned child to ensure that their needs are being met during this process. In addition, a CASA volunteer provides that court with carefully researched information about the child and their family to help the court make a sound decision about the child's future.





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CHILD
ABUSE COUNCIL

EVERY STEP OF THE WAY.

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Compiled in 2005
