

Child Maltreatment: An Introductory Guide With Case Studies

Child Maltreatment: An Introductory Guide With Case Studies

First Edition

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FANSHAWE COLLEGE PRESSBOOKS
LONDON ONTARIO



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Land Acknowledgement



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I acknowledge that Fanshawe College is located on the traditional lands of the Anishinaabe, Lotinuhsyuni and Lenape people of southwestern Ontario as the traditional owners and custodians of the lands and waterways where Fanshawe College is located.

With this, I respect the longstanding relationships that Indigenous Nations have to this land, as they are the original caretakers. I acknowledge historical and ongoing injustices that Indigenous Peoples (First Nations, Métis and Inuit) endure in Canada, and I accept responsibility as an employee of the College to contribute toward revealing and correcting miseducation as well as renewing respectful relationships with Indigenous communities through teaching, research and community service.

I acknowledge that the mandatory attendance at Residential School has harmed Indigenous people (First Nations, Métis and Inuit) for many, many years and an open education resource like this one doesn't begin to address the harm committed to and against First Nation, Métis and Inuit people. I am committed to learning about the harm committed to First Nation, Métis and Inuit people and sharing that with learners to ensure that history doesn't repeat itself. I am committed to the Truth and Reconciliation, in particular the [Commission's Calls to Action number 6](#), "I call on the government to repeal Sec. 43 of the criminal code". This is the area that permits a caregiver or person standing the place of a caregiver such as a teacher to use physical force by way of correction on a child.

Fanshawe celebrates the continuous living cultures of original inhabitants of Canada and acknowledges the important contributions Indigenous people have and continue to make in Canadian society. The College respects and acknowledges our Indigenous students, staff, Elders and Indigenous visitors who come from many nations.

Acknowledgements

This open textbook has been written by Susan Loosley and Jen Johnson, in partnership with the [OER Design Studio](#) and the Library Learning Commons at [Fanshawe College](#) in London, Ontario. This work is part of the FanshaweOpen learning initiative and is made available through a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License](#) unless otherwise noted.



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We would like to acknowledge and thank the following authors/entities who have graciously made their work available for the remixing, reusing, and adapting of this text:

- Fallon, B., Lefebvre, R., Filippelli, J., Joh-Carnella, N., Trocmé, N., Carradine, J., & Fluke, J. (2021). Major findings from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018. *Child Abuse & Neglect*, 111. <https://doi-org.ezpxy.fanshawec.ca/10.1016/j.chiabu.2020.104778> *Non-commercial reproduction of the report in whole or in part is permitted with acknowledgement of the authors and the Child Welfare Research Portal.*

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Collaborators

This project was a collaboration between the authors and the team in the OER Design Studio at Fanshawe. The following staff and students were involved in the creation of this project:

- Catherine Steeves – *Instructional Design*
- Hadeel Abuhajer – *Instructional Design*
- Robert Armstrong – *Graphic Design*
- Jennifer Ayers – *Project Management*
- Shauna Roch – *Project Lead*
- Wilson Poulter – *Copyright*

With Much Appreciation and Gratitude

I would like to acknowledge and thank the Fanshawe Open Education Resource Design Studio. I am grateful and indebted to Shauna Roch who has championed the cause for open education and supported me to complete this resource “enough”. Her style of pedagogy and support for learners drew me to her as I learned from her guidance and wisdom. Finally, I am super grateful for her patience throughout the project.

I would like to thank Catherine Steeves, Instructional Designer and editor. While meeting on a regular basis with Catherine, we not only addressed the needs of the this open education resource but solved some of the problems of the world. Our Friday meetings were some of my most enjoyable while creating this resource. Thank you Catherine, I am so glad I met you.

I am thankful for Jennifer Ayers, who polished the references and searched for those I did not have. Meeting with Jennifer was like a breath of fresh air. I appreciate so much what she brings to the table and how she contributed to the resource.

I would like to thank Wilson Poulter, Copyright Officer. He was always there to help with referencing content that was not clear to me and became an essential component of completing this resource. Thank you Wilson!

I would like to acknowledge the staff and students of the Open Education Resource Studio that assisted with this project. Some of you I met personally and some I didn't but want you to know that I appreciate all that you have done to make this resource open and accessible.

I would like to thank Sandra Feiber and the School of Community Studies for supporting my time to create the resource. Without the support at the administrative level, projects like this would not be as possible.

Finally, a big thank you to my partner, Paul who always supports me in whatever I do even though I usually bite off more than I can chew. He understands and supports my concern for the well-being of children and youth and helped me finish this project by being my number one cheerleader.

S. Loosley

About this Book

This open education resource focuses largely on stories about possible child abuse cases where theories of child maltreatment can be applied. Information regarding your legal responsibilities to identify, and report suspected child abuse, neglect, and exposure to domestic abuse, which is a form of child abuse is presented as an essential component for anyone working with children and youth. The resource focuses on the different types of abuse including the signs that a child may be abused and signs of an abusive adult.

Included in the resource is a chapter about cultural competence and the latest release of the [Ontario Incidence Study of Reported Child Abuse and Neglect](#). By no means is the resource comprehensive. It is a beginning to providing learners with access to resources that are open and accessible with the ability to add and change where needed.

Accessibility Statement

We are actively committed to increasing the accessibility and usability of the textbooks we produce. Every attempt has been made to make this OER accessible to all learners and is compatible with assistive and adaptive technologies. We have attempted to provide closed captions, alternative text, or multiple formats for on-screen and off-line access.

The web version of this resource has been designed to meet [Web Content Accessibility Guidelines 2.0](#), level AA. In addition, it follows all guidelines in [Appendix A: Checklist for Accessibility](#) of the [Accessibility Toolkit – 2nd Edition](#).

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CHAPTER 1: INTRODUCTION

1.1 Introduction



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This Open Education Resource (OER) about child abuse focuses largely on several case studies about children and their caregivers. Interactive questions are included throughout the text to make the resource engaging. Utilizing case studies provides an opportunity to apply the theories to the cases to help understand and determine the risk of abuse and what to do to help a family when abuse is present. Case studies are valuable in practice and help us understand how to work effectively as professionals in the diverse and dynamic landscape of social services.

Information about the Child Youth and Family Services Act, in particular Sec. 125 regarding your legal responsibilities to identify and report suspected child abuse are presented. The resource focuses on the different types of abuse, including signs to look for when a child may be abused. This includes physical abuse, emotional abuse, sexual abuse, neglect, and exposure to domestic abuse, a form of child abuse. In addition, we have included signs that an adult may be exhibiting when they are abusive to children. These are presented in easy-to-use lists in no particular order of severity. The lists have been gathered from numerous resources to collect a wide range of behaviours from a perspective of how children may act and behave when they are experiencing abuse and how adults may act and behave when they are being abusive.

The list of behaviours and actions is only a guide and is not conclusive; it does not confirm that someone is abusive or that a child is being abused. Observing behaviour in a child may be a warning sign that something is going on in the child's life and warrants further inquiry.

For example, in the topic *Children who are Neglected*, the list includes academic challenges. This may be an indicator of abuse due to the child not attending school, lack of supervision to complete homework, inability to focus on academics, and the many other reasons associated with neglect. Or it could be related to learning challenges. Before jumping to conclusions that it is related to abuse, ask yourself, is there a pattern of the child struggling academically? Is there a pattern of the child not completing their homework? Is the parent willing to meet with the teacher to support the child's academic success? Is the child demonstrating academic frustration, or is the child consumed with other things, such as home life? Are there other indicators that the child may be abused, such as low self-esteem, absent caregivers, and difficulty forming relationships?

This resource is intended to provide information to support your suspicion of abuse in order to follow your duty to report. Ask only enough questions to either support or deny your suspicion and then either follow through to report to your local Children's Aid Society or not. Unless you are a child protection worker trained to investigate child maltreatment, do not investigate suspicions of abuse. Leave this to the authorities so the best interests, protection and well-being can be addressed.

This OER can be emotionally challenging to read, whether you are reading it for interest or a related course in an education program. The material may bring up some traumatic memories or surface thoughts and feelings about children that leave you sad. Whatever the case, be mindful of your emotions and practice self-care to support your emotional well-being.

Take the time to consider your self-care before embarking on the journey to read this resource. This may help

you to cope better with what you will be reading and learning about. Please consider that learning about child abuse is an essential step in preventing child abuse. The more we know about abuse, the more we can help children who may be abused and help adults become more effective caregivers.

This resource lacks information about the devastating responses to the First Nations, Métis and Inuit Peoples by the Government of Canada. Indigenous children forced to attend Government-funded residential and day schools suffered horrific and demoralizing abuse and neglect and, in many cases, died. The effects of the residential school system and ongoing oppression and racism of the First Nations, Métis and Inuit Peoples continue to impact Indigenous people, families and communities. Information will continue to be added to this resource as we learn more.

A Note About Cases in this Resource

The case studies included in this resource are not true stories or based on someone specific. Each story is based on the experiences of the author working frontline for two decades with women and children who shared their experiences of abuse. As such, the stories accurately represent the life of a child who is exposed to abuse. If you feel a story is about you, I encourage you to seek help. Experiencing abuse at any time in your life, especially as a child, can be devastating and far-reaching. With the help of professional support, you can mitigate the impact of abuse and live a life free from the burden of shame and blame and prosper in the beauty of who you are and what you can achieve!

CHAPTER 2: THE SCOPE OF CHILD ABUSE IN ONTARIO CANADA

2.1 The Scope of Child Abuse in Ontario, Canada



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What is Child Abuse?

The Ontario Association of Children's Aid Societies (n.d.) defines **child abuse** as doing something or failing to do something that results in harm to a child or puts a child at risk of harm. Child abuse can include physical abuse, emotional abuse, sexual abuse, neglect and exposure to adult conflict.

Physical abuse is any harm to a child caused by an action or omission of action by the child's caregiver. It may include hitting, grabbing, shaking, pushing, biting, pulling, punching, and or kicking, among other physical actions resulting in injury to the child (Rimer & Prager, 2016; Sedlak et al., 2010).

Emotional abuse includes all acts of omission or commission which result in the absence of a nurturing environment for the child. It is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence (Rimer & Prager, 2016; Trocmé et al., 2010).

Sexual abuse is when a person uses his or her power over a child and involves the child in any sexual act. It can include fondling, genital stimulation, mutual masturbation, oral sex, using fingers, penis or objects for vaginal/anal penetration, inappropriate sexual language, sexual harassment, voyeurism, exposing oneself, sexual exploitation, as well as technology-assisted sexual abuse. This can involve exposing the child to sexual abuse images/videos or involving a child in the making of sexual abuse images and/or videos commonly known

as child pornography or involvement in the sex trade (prostitution) or human trafficking (Rimer & Prager, 2016; Trocmé et al., 2010).

Neglect usually involves a pattern of behaviour on the caregiver's part to not meet the needs of the child. It occurs when a caregiver fails to provide basic needs such as food, shelter, clothing, nutrition, adequate supervision, health, hygiene, safety, medical and psychological care and education. This may be due to the caregiver abandoning the child or being unable or unwilling to (Rimer & Prager, 2016; Tufford, 2020).

Exposure to Intimate partner violence (adult conflict) includes any adult conflict impacting the emotional and physical well-being of the children. This can be visual exposure as an eyewitness to conflict such as domestic abuse, hearing the conflict and/or fighting as exposure via audio. Tool of the perpetrator is when the child is being used or involved by the abuser in the conflict and abuse and lastly exposed to the aftermath of abuse such as police involvement, an injured caregiver, or tension between the adults after the conflict, among other results of conflict and domestic abuse (Hamby et al., 2011; Tufford, 2020).

Is Child Abuse a Problem in Ontario, Canada?

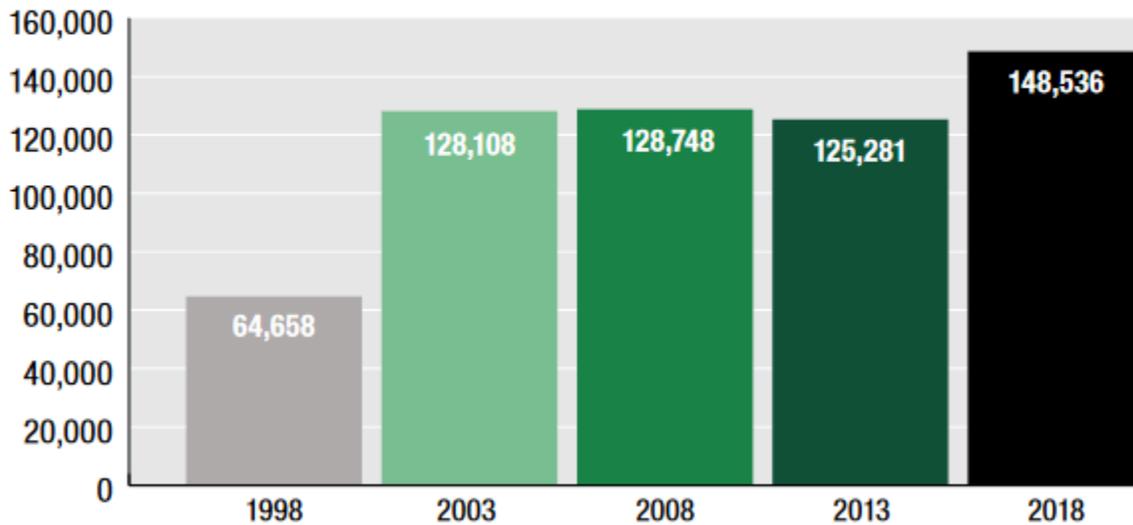
Report: [Ontario Incidence Study of Reported Child Abuse and Neglect 2018 Major Findings Report](#)

The Ontario Incident Survey of Investigated Child Abuse (OIS) – 2018 is the sixth provincial study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child protection services in Ontario. The 2018 Incidence Study was released in 2020. The study is conducted every five years.

The primary objective of the Ontario Incidence Study (OIS) – 2018 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in Ontario.

In particular, the *Ontario Incidence Study (OIS-2018)* (Fallon et al., 2020) looked at the rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. Substantiated means based on the investigation, the evidence supported the allegation to be true; you will also hear the word “verified,” which means the same thing. For example, “The investigation presented evidence to verify that the allegation was true, and abuse did happen to the child.”

FIGURE 2: Number of Child Maltreatment Investigations in Ontario in 1998 and 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008, 2013, and 2018



Fallon et al., 2020. [Ontario Incidence Study of Reported Child Abuse and Neglect-2018 \(OIS-2018\)](#). [Child Welfare Research Portal](#).

Number of Child Maltreatment Investigations in Ontario

In 2018 there were 148,536 maltreatment-related investigations conducted in Ontario. 64 percent (94,476) were maltreatment investigations, and 36 percent were concerns about the risk of future maltreatment of 54,060 children.

26 percent of all investigations were substantiated – an estimated 37,922.

In 6,365 child investigations, there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected.

34 percent, or just over 50,189 child investigations, were unfounded. This means the investigating child protection worker did not find evidence to support child abuse.

In six percent of investigations, the investigating worker concluded that there was a significant risk of further harm – approximately 8,500 children.

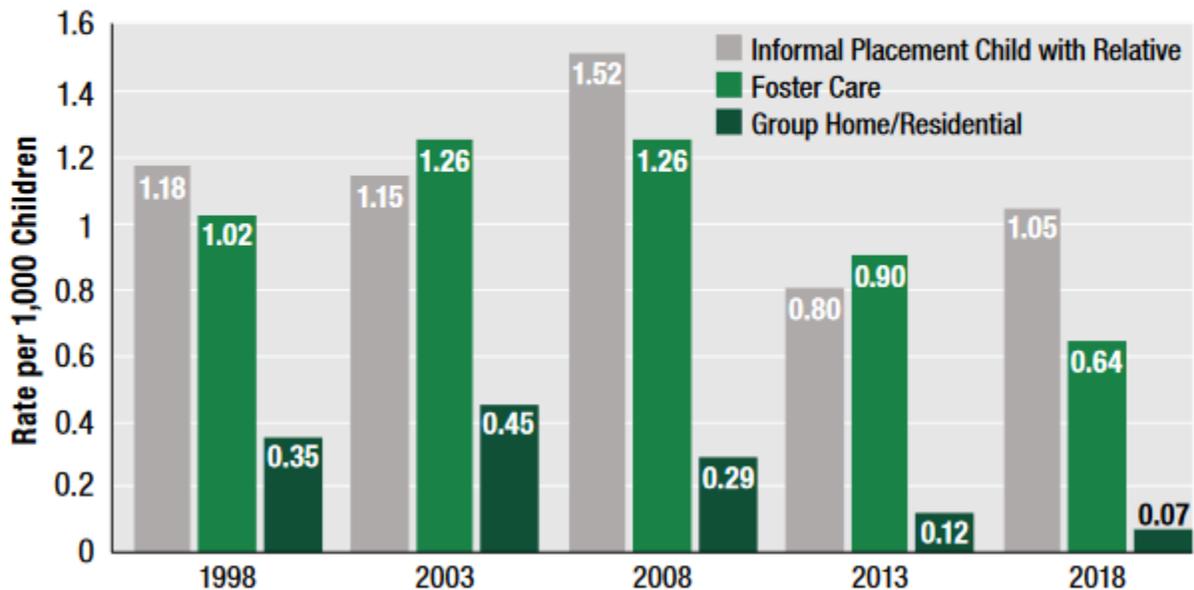
Are Kids Removed From Their Home When You Call Children’s Aid Society (CAS)?

The OIS-2018 (Fallon et al., 2020) tracks out-of-home placements that occur at any time during the investigation.

Investigating workers are asked to specify the type of placement. In cases where there may have been more than one placement, workers are asked to indicate the setting where the child spent the most time.

In 2018, children remained in the home with the caregiver 97 percent of the time.

FIGURE 3: Placement in Child Maltreatment Investigations in 1998 and 2003, and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008, 2013, and 2018



Fallon et al., 2020. [Ontario Incidence Study of Reported Child Abuse and Neglect-2018 \(OIS-2018\)](#). [Child Welfare Research Portal](#).

Placement in Child Maltreatment Investigations.

Three percent of investigations resulted in a change of residence for the child. This means they could not stay in the home with the caregiver for various reasons.

Where Did They Go?

Two percent, an estimated 2,488 children, went to informal kinship care (this may be a grandparent, aunt, or neighbour that has been approved by the Children’s Aid Society, etc).

One percent, approximately 1,523 children, went to foster care. Foster parents are people who have an interest in the care and safety of children and a sense of community responsibility. They apply to work for the CAS to care for children and complete training before actually fostering children.

Less than one percent, an estimated 174 children, went to residential/secure treatment or group homes.

There has been a significant decrease in formal placements from 2008 to 2018.

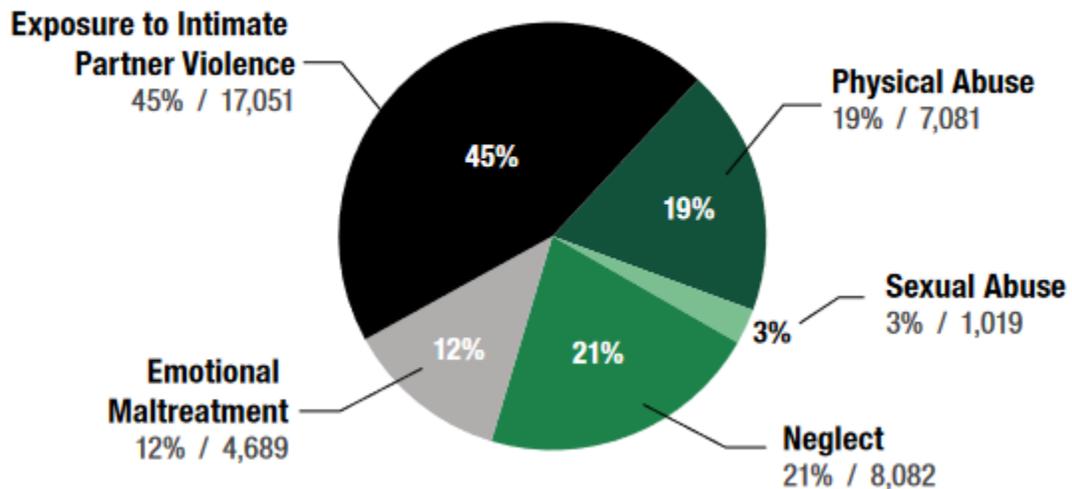
80% of Cases are Closed After Intake

20 percent of investigations in 2018 (an estimated 29,407 investigations) were identified as remaining open for ongoing services, while 80 percent of investigations (an estimated 119,129 investigations) were closed after the

initial service at intake. The initial service at intake may include the investigation, support, advocacy, referrals for counselling, information sharing, parenting resources and help and expectations about appropriate discipline.

Primary Category of Child Maltreatment

FIGURE 5: Primary Category of Substantiated Child Maltreatment in Ontario in 2018



Fallon et al., 2020. [Ontario Incidence Study of Reported Child Abuse and Neglect-2018 \(OIS-2018\)](#). [Child Welfare Research Portal](#).

There were an estimated 37,922 *substantiated* child maltreatment investigations in Ontario in 2018.

Exposure to intimate partner violence represents the largest proportion of substantiated maltreatment investigations. Nearly half (45 percent or an estimated 17,051) of all substantiated investigations identified exposure to intimate partner violence as the primary form of maltreatment.

Intimate Partner Violence represents the largest portion of substantiated child maltreatment investigations.

If you are not familiar with **Intimate partner abuse** and have an interest in working with children, you need to make it a priority to learn about this issue in order to help children and families.

- In 21 percent or 8,082 of substantiated investigations, **neglect** was identified as the overriding concern.
- In 19 percent or an estimated 7,081 of substantiated investigations, the primary form of maltreatment identified was **physical abuse**.

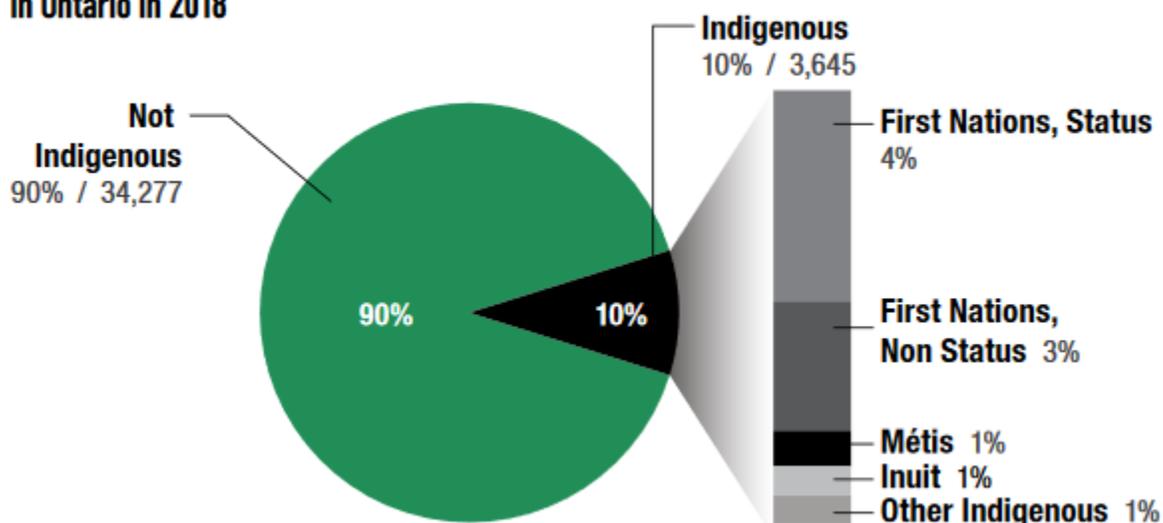
Emotional maltreatment was identified as the primary form of maltreatment in another 12 percent or an estimated 4,689 of substantiated investigations.

In three percent, or an estimated 1,019 of substantiated investigations, **sexual abuse** was identified as the primary maltreatment form. Although this appears to be very low, it is believed that more children are sexually abused; however, most do not disclose it due to grooming and self-blame, among other reasons. This will be discussed later in the book.

Out of the 37,922 substantiated investigations, five percent of children were **physically harmed** as a result of the abuse. In four percent of investigations, approximately 1,465 children, no medical treatment was required. In one percent of the investigations, or approximately 526 children, harm was sufficiently severe to require medical treatment.

Children’s Indigenous Heritage

FIGURE 8: Indigenous Heritage of Children in Substantiated Child Maltreatment Investigations in Ontario in 2018



Fallon, et al., 2020. [Ontario Incidence Study of Reported Child Abuse and Neglect-2018 \(OIS-2018\)](#). *Child Welfare Research Portal*.

Children’s Indigenous heritage was documented by the *OIS-2018* (Fallon et al., 2020) in an effort to better understand some of the factors that bring children into contact with the child welfare system. Indigenous children were identified as a key group to examine because of concerns about the over-representation of Indigenous children in the foster care system. Indigenous children are approximately two and a half times more likely to be substantiated than non-Indigenous children. **10 percent of substantiated maltreatment investigations involved children of Indigenous heritage.** Four percent of substantiated maltreatment investigations involved children with First Nations status, three percent involved First Nations Non-Status children, one percent involved Métis children, one percent involved Inuit children and one percent involved children with “Other” Indigenous heritage. Any Indigenous child must have Band representation when involved with the Child Protection Agency.

Child Functioning

Child functioning classifications that reflect physical, emotional, cognitive and behavioural issues were documented in the OIS-2018 study. This evidence highlights that some children are more at risk of abuse.

In 37 percent (13,966) of substantiated child maltreatment investigations, at least one child functioning issue was indicated.

The six most frequently reported child functioning issues were:

1. Depression/Anxiety/Withdrawal (16%)
2. ADD/ADHD (13%)
3. Academic Difficulties (10%)
4. Aggression/Conduct Issues (10%)
5. Intellectual/Developmental Disability (10%)
6. Attachment Issues (8%)

Primary Caregiver Risk Factors

Primary Caregiver Risk Factors were identified in the substantiated child maltreatment investigations. This evidence highlights that a caregiver's situation can put them at risk for abusing their children.

In 78 percent of substantiated child maltreatment investigations (an estimated 29,113 investigations), at least one primary caregiver risk factor was identified.

The most frequently noted concerns for primary caregivers were:

1. Being the victim of domestic violence (53%)
2. Few Social Supports (30%)
3. Mental Health Issues (30%)
4. Perpetrator of Domestic Violence (14%)
5. Alcohol Abuse (12%)
6. Drug/Solvent Abuse (9%)
7. Physical Health Issues (6%)
8. History of Foster Care/Group Home (5%)
9. Cognitive Impairment (4%)

As you can see, Intimate Partner Violence is a significant concern in Child Welfare!

Gaps in the Research

The *OIS-2018* doesn't tell the whole story; it focuses specifically on "Child Abuse" – this means that this study identifies children who were abused by a "caretaker" – a parent, or biological parent's partner, a family member, or someone who was in charge of the child at the time of the assault – such as a babysitter. It does not include individuals who were not caretakers – such as a neighbour, a coach, an uncle, a teacher, or a stranger. In other words, it does not paint the whole picture when we are looking at the issue of child sexual abuse (Latzman et al., 2017).

Between 1997 and 2003, the number of sexual abuse images increased by 1,500%. The internet has changed how images are reproduced, disseminated and paid for. Yes, offenders sell and buy child sexual abuse images

and now videos over the internet. In 2019, tech companies such as Facebook, Microsoft and Dropbox reported over 45 million cases of child sexual abuse material, more than double what was found the year before and 44 million more than in 2014.

Children's Aid Society



This report is an important step to understanding that child abuse does happen, what the contributing factors are and how we can begin to respond in order to help.

If you are concerned about the well-being or safety of a child, contact your local child protection agency or child welfare agency. Most often, they are called "Children's Aid Society." The services are available 24 hours per day, 7 days per week. To locate a Children's Aid Society near you, go to www.oacas.org.

For more information about Child Abuse in Canada, check out [Canadian Child Welfare Research Portal](#)

2.2 The Scope of Child Abuse: Questions

Knowledge Check



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<https://ecampusontario.pressbooks.pub/childabuse/?p=1557#h5p-3>



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CHAPTER 3: CULTURAL COMPETENCY

3.1 Cultural Competence

JEN JOHNSON



Photo by Kindred Hues Photography, Unsplash License

Equity and Working with Families

“The term cultural safety has us ask what we need to understand aboriginal peoples’ sense of danger or risk when they bring themselves to a place for screening, counselling, or therapy. If there is a sense that one’s values, language or ways of life are threatened or looked down upon, then we speak of the environment not being culturally safe.”

Inuit Tuttarvingat, n.d.

Equity

All of us have culture. Factors such as ethnicity, religion, family structure, and history influence our family practices. Child-rearing approaches vary across individuals, families, and cultures. There is an abundance of safe and healthy parenting practices that may differ from your own. Working with children and families of another cultural background involves understanding, respect, and a special effort to appreciate the context of that culture. Acknowledging differences in culture, ethnicity and equity start with learning how to incorporate safety

into practice. To be effective when working with families of different backgrounds, one needs to be sensitive, open, and respectful.

Ontario's child welfare agencies are mandated to protect children and youth who experience neglect or abuse. This began as a response to the ongoing marginalization of poor families and the children and youth who were dealing with social and economic hardships caused by ongoing industrialization and urbanization ("One Vision One Voice," n.d.). "Like other Canadian institutions, child welfare agencies have evolved within a historical context of white supremacy, colonialism, and anti-Black racism, all of which have been woven into the fabric of child welfare policies and practices, leading to the creation of long-standing disproportionalities and disparities for African Canadian and Indigenous communities" ("One Vision One Voice," n.d.). As a result of this imbalance, a thorough response is needed to amend the child welfare system (Hasford, 2015).

The National Association of Social Workers (NASW) defines child welfare as the provision of social services to children in need (Hall, 2012.). Children or youth should only be placed in the foster care system, as a last resort, after significant attempts to support the family in understanding and meeting the child's needs. Traditionally, the child welfare system has operated from a Eurocentric cultural standpoint (Hall, 2012). The placement of Black children, Indigenous children, and other children of colour has been contingent on the Eurocentric environmental experience, which does not consider the special needs or experiences of children from non-Eurocentric families (Hall, 2012.).

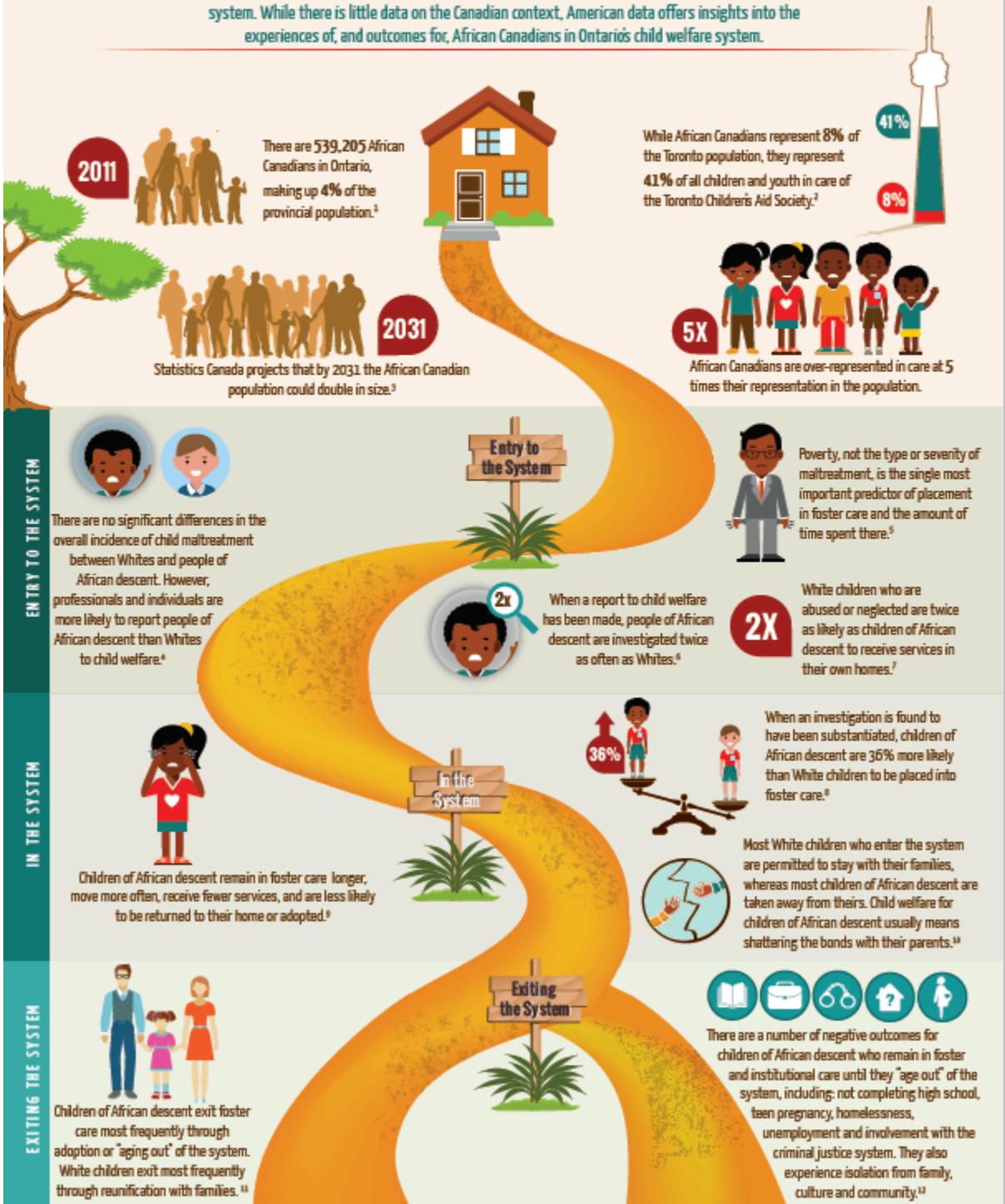
Child Welfare organizations around Ontario have started to acknowledge and address the disparities among different races as well as services and responses. The pictograph below outlines the experiences and concerns that need to be recognized and addressed to ensure equitable service to all Canadian children and families.

Race Matters in the Child Welfare System

Click the image below to read why Race Matters in the Child Welfare System.

RACE MATTERS IN THE CHILD WELFARE SYSTEM

While the reasons for disproportionality are multifaceted and complex, race affects the child welfare system. While there is little data on the Canadian context, American data offers insights into the experiences of, and outcomes for, African Canadians in Ontario's child welfare system.



"Race Matters in the Child Welfare System." Reproduced with permission from the Ontario Association of Children's Aid Societies. Click image to open PDF document

Ontario has recognized this problem and developed *Ontario's anti-racism strategic plan* (n.d.). The plan acknowledges that Indigenous children learn more at school about how the Europeans settled in Canada than their own history and connection to this land and that Black children are not informed of postsecondary educational opportunities in the same manner as their white counterparts. The plan acknowledges those seeking to be heard, those who highlight the ongoing racism that continues despite measures like the Truth and Reconciliation Commission and Black Lives Matter, and recognizes that “institutional biases in policies, practices and processes that privilege, or disadvantage people based on race” (n.d.). Plans, including, but not limited to, *Ontario's anti-racism strategic plan*, highlight important practices that need to be embraced by individuals, schools, governments, and social services agencies to eradicate racism.

Many racialized groups have concerns about stereotypes, prejudice, and discrimination. Indigenous children and youth are overrepresented in Ontario's child welfare system. This is due to the historical and ongoing legacy of colonization and anti-Indigenous racism perpetrated against First Nations, Inuit and Métis communities in Canada. Black children and youth are also overrepresented due to the historical legacy of slavery and the colonization of people of African descent. Issues that have led to the over-representation of Indigenous and Black children in the child welfare system are elaborate, involved, and multidimensional (Interrupted Childhoods, n.d.). For example, intergenerational effects of colonialism, poverty, slavery, prejudice, and racism are all factors in the child welfare involvement of Indigenous and Black children (“Interrupted Childhoods,” n.d.). There is evidence that Indigenous, Black, and other racialized children are overrepresented in the child welfare system when compared to the general population. In 2015, the Children's Aid Society of Toronto noted that Black children represented 40.8 percent of children in care, yet Black children comprised only 8.5 percent of Toronto's population (“Under Suspicion,” n.d.). Research data collected in 2011 from Statistics Canada noted that although Aboriginal children comprise only 3.4 percent of children in Ontario, they represent 25.5 percent of children in foster care (“Under Suspicion,” n.d.).

Other regions in Ontario have also identified concerns; the Black Community Action Network of Peel identified at least eight contributors to racial disproportionality with the Children's Aid Society. These include anti-black racism, racialized poverty, immigration stress, biased decision-making, agency-system factors, placement dynamics, policy impacts, and lack of culturally relevant services (Hasford, 2015).

It is important for professionals working with children and families to recognize that overrepresentation begins at the referral stage based on racial and ethnic stereotypes. We all need to be aware of personal and systemic biases that may impact our interactions with families. Black families and Indigenous families are still more likely to be reported to a child welfare organization and investigated for abuse, regardless of the changes to societal views and cultural competency training.



Photo by [Marcin Jozwiak](#), [Pexels License](#)

Professionals can adapt to support the cultural identity of children and families. It is important to look at cultural safety and why it is important to incorporate this into our care of the children and families that we work with. Much like adopting a strengths-based approach to working with families, working in a culturally appropriate or culturally safe way may require you to take a different stance towards your work and your families.



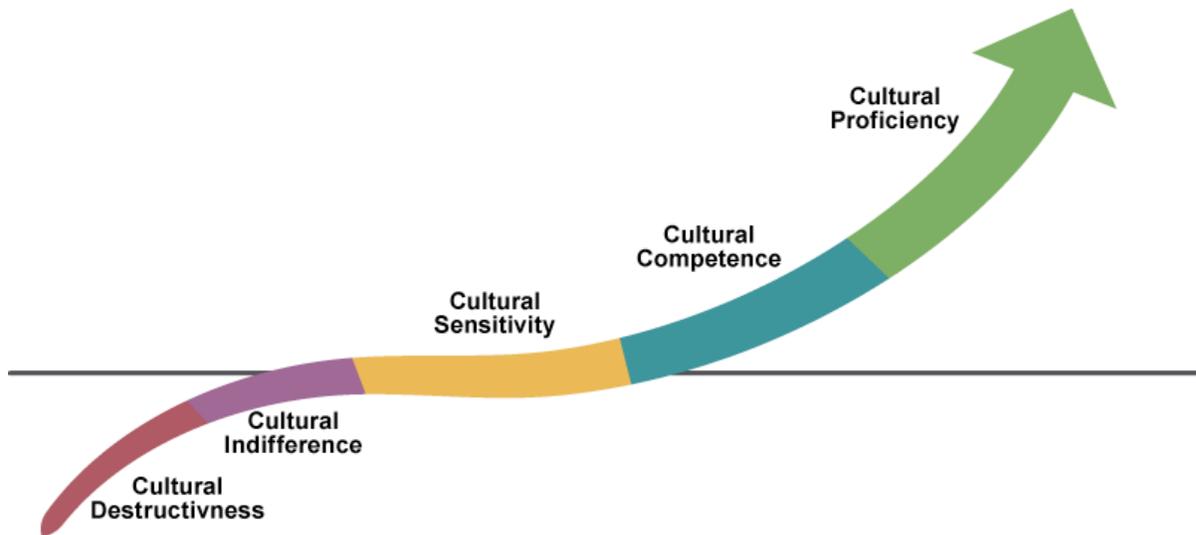
How do you think one may do this? Reflect on this question.

Cultural safety or responsiveness allows one to respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, and other diversity factors in a manner that recognizes, affirms, and values their worth. Being culturally responsive requires having the ability to understand diversity, recognize potential biases, and look beyond differences to work productively with children, families, and communities whose cultural contexts are different from one's own.

Ways to be Culturally Responsive or Safe:

1. Reflect on your own culture and beliefs. It is difficult to understand another person's culture if you are not familiar with your own.
2. Ensure clear, direct, and respectful communication.
3. Develop a positive relationship with your families.
4. Avoid stereotypes and assumptions. Be open to learning about the cultural practices and worldviews of others.
5. Be willing to engage in a conversation where knowledge is mutually shared.

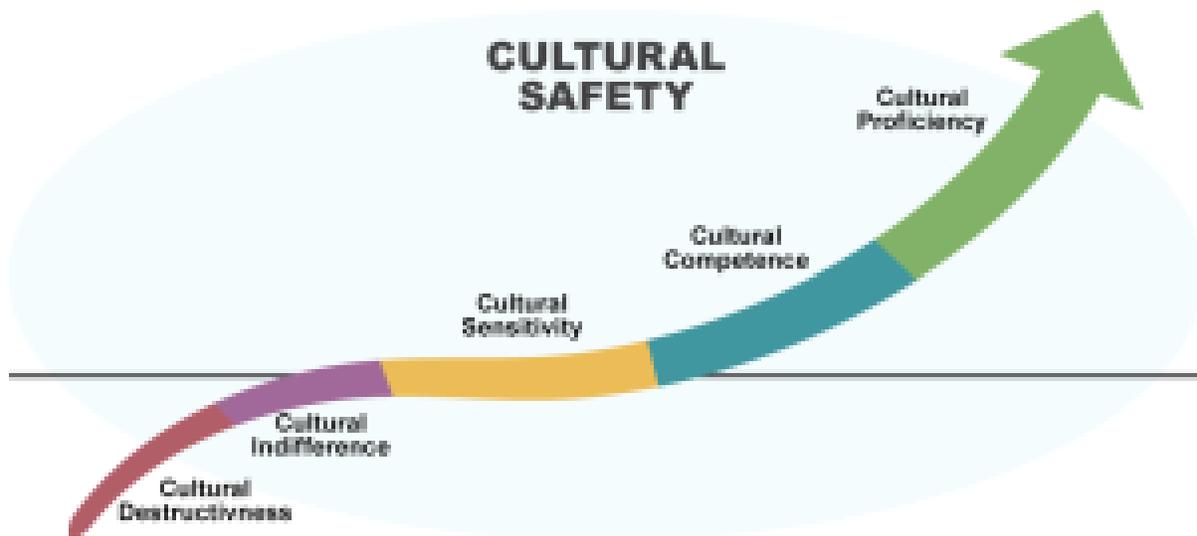
Cultural Competency Continuum



"Cultural Competence Continuum" by Fanshawe College, [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

This is an example of a cultural competence continuum model which points out several different stances that an individual may have with understanding and accepting culture. On the far left, cultural destructiveness focuses on forced assimilation, subjugation, rights, and privileges for dominant groups only. Cultural indifference is the attempt to ignore differences and treat everyone the same, while cultural sensitivity acknowledges that differences, as well as similarities, exist. Cultural competence respects and accepts differences but tends to focus on simple stereotypes of rituals and customs and does not account for historical effects and socio-economic status. The goal is to go beyond competence and toward cultural proficiency. This would include implementing changes to improve services based on cultural needs and learning more about diverse groups to provide fully inclusive practices.

Striving for a Community of **CULTURAL SAFETY**



"Cultural Safety" by Fanshawe College [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

Irihapeti Ramsden, a Maori nurse and writer, developed the concept of cultural safety from an Indigenous worldview. This concept was focused on working with Maori patients and families in the healthcare setting, and the word 'safety' was deliberately chosen to highlight the power differentials inherent in professional settings. Cultural safety switches a professional's knowledge of culture to how the other person perceives the safety of the situation, this includes the power inherent in your professional position.

As a professional working with families, cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in racialized communities. It results in an environment free of racism and discrimination, where people feel safe. Understanding the importance of cultural safety helps educators see the impact of their own social, political, and historical contexts on their practice. Cultural safety involves developing an ongoing personal practice of critical self-reflection, paying attention to how social and historical contexts shape perspectives and being honest about one's own power and privilege.

Within the child welfare system, there are many identified interventions to address and reduce racial disproportionalities. Resources and supports can have a positive outcome and impact when offered to children and youth who are at risk of child welfare involvement. Programs directed toward culturally-centred activities can help youth understand the systematic oppression they may experience, which can lead to positive outcomes (Hasford, 2015).

Cultural safety means an environment is spiritually, socially, emotionally as well as physically safe for people. It changes your relationship with the family, it becomes a two-way relationship, as people are much more likely to engage with you if they feel safe.

There are many ways to address systemic racism, and it is everyone's responsibility to learn strategies to identify, respond, and prevent further harm. Strategies that could be utilized include ongoing training or workplace development, as well as ensuring all members of the community are held accountable for their actions. Governments and social service agencies need to advocate for effective leadership and ongoing communication strategies (Under Suspicion, n.d.).

This change in perspective is a shift from learning about a group to learning about a person. It is about listening to and supporting children and families from different races, cultures, ages, genders, sexual orientations, and economic or educational statuses. Cultural competence is essential; our opportunity to build relationships is impossible without it. Instead, we co-exist with people we don't understand, creating a higher risk of misunderstanding, hurt feelings, and bias, all of which could be avoided.



Photo by [Yaroslav Shuraev](#), [Pexels License](#)

3.2 Cultural Competence: Questions

Knowledge Check



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CHAPTER 4: DEFINING ABUSE

4.1 Defining Abuse

According to the *Child, Youth and Family Services Act (2017)*, a child is in need of protection that has been harmed or is at risk of being harmed due to something their parent or caregiver has done, for example, a physical hit, or not done, for example, not provided supervision. If the child has suffered harm or is likely to suffer harm, everyone has a responsibility to report this to their local child protection agency, Children's Aid Society. Professionals with greater knowledge about children and their needs have a legal responsibility to report suspected abuse to their local child protection agency, most often named the Children's Aid Society.

What is Child Abuse?

Child abuse is doing something or failing to do something that results in harm to a child or puts a child at risk of harm. Child abuse can include physical abuse, emotional abuse, sexual abuse, neglect and/or exposure to adult conflict (Ontario Association of Children's Aid Societies, n.d.).

It can be limited to one physical assault or to a child leaving an injury such as a bruise or welt. It can slowly escalate, increasing to the use of verbal aggression, leaving the child fearful for their safety.

It can be a pattern of ongoing tactics to groom a child by building a relationship in order to gain trust and ultimately sexually abuse the child, leaving them ashamed and isolated. The child's needs may not be met in many ways, such as inadequate or lack of food, poor health, hygiene, lack of supervision, and safety. There are many ways children are abused, leaving them impacted by the abuse and often feeling badly about themselves, afraid of others, with the belief that the world is a dangerous place. Whatever the experience, children are never responsible for the abuse that they have suffered. The responsibility lies with the abuser, who failed the child(ren) on many levels. Children and youth are never responsible for the abuse that is inflicted on them.

The following sections explain the typology of abuse and the signs that a child may be abused in more detail.



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4.2 Physical Abuse



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Physical abuse is any harm to a child caused by an action or omission of action by the child's caregiver, which could result in a non-accidental injury and may include (but is not limited to) hitting, grabbing, shaking, pushing, biting, burning, such as iron or hot liquid (forced ingestion), pulling, punching, throwing a child and/or kicking among other physical actions or inaction resulting in injury to the child. Using an implement in the course of correcting a child's behaviour that could raise the prospect of harming a child, such as a belt, wooden spoon, looped cord, or stick, is also considered abuse (Crosson-Tower, 2020; Jonson-Reid & Drake, 2018; Rimer & Prager, 2016; Tufford, 2020).

Possible signs of physical abuse may include:

- Injuries in suspicious locations
- Definable bruise pattern (e.g., hand print, the shape of a serving spoon)
- Bruising in non-mobile children (e.g., around the chest from holding and shaking baby)
- Untreated injuries
- Bald patches, matted hair
- Evidence that something was used to restrain the child
- Child cannot recall or explain the injury

- Child wears long sleeves/long pants even in warm weather
- Excessive crying
- Child seems anxious when other children cry
- Avoidance of physical contact with others
- Recurrent nightmares or disturbed sleep patterns
- Behaviour extremes—aggressiveness or withdrawal
- Poor self-concept
- Whispered speech
- Loss of appetite for no apparent reason or excessive appetite
- Child is wary of adults
- Re-enactment of abuse using dolls, drawings, or friends
- Clinging
- Delinquent behaviour
- Abrupt decline in school performance
- Prolonged absence from school or child care (may be due to healing injury before able to attend again without noticing)
- Mismatch between an injury and the explanation
- Appears lethargic and not as responsive as before

(Child Abuse and Neglect, n.d.; Crosson-Tower, 2014; Durrant et al., 2006; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children's Aid Societies, 2022; Public Health Agency of Canada, 2012; Rimer & Prager, 2016; Sedlak et al., 2010; Toronto Children's Aid Society, n.d.; Tufford, 2020).

4.3 Physically Abusive Adults

Abusive people have brought into their parenting the unmet needs of their own childhoods. They often have low self-esteem, excessive dependency, a failure to meet the challenges of parenting, unrealistic expectations of their children, role reversal with their children and impulsivity. Parents who abuse their adolescent children are often working out their own developmental conflicts (Crosson-Tower, 2020; Jonson-Reid & Drake, 2018; Rimer & Prager, 2016; Tufford, 2020).

Possible signs a caregiver may be physically abusive include:



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- Uses harsh physical punishment with the child
- does not offer an explanation for the child's injury or is conflicting or unconvincing
- Speaks disparagingly about the child, overt negative language used when talking about their child
- Shows a lack of self-control with low frustration tolerance; is angry, impatient
- Socially isolated, with little support or parenting relief
- Lack of knowledge about child development and parenting
- Demonstrates unrealistic expectations of the child
- Indicates the child is different, bad, cause of all their problems
- Indicates that the child is clumsy, accident-prone
- Delays seeking medical help
- Is hostile toward the child
- Poor coping skills
- Shows no empathy for the child
- Poor problem-solving skills
- Inability to control and express anger
- Addiction issues
- Mental illness
- Intimate partner violence
- Socio-economic stress
- Inability to cope and manage stress
- Was abused as a child
- Uses spanking and corporal punishment as a discipline strategy

("Child Abuse," n.d.; Crosson-Tower, 2020; Durrant et al., 2006; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children's Aid Societies, 2022; Public Health Agency of Canada, 2012; Rimer & Prager, 2016; Sedlak et al., 2010; Toronto Children's Aid Society, n.d.; Tufford 2020).

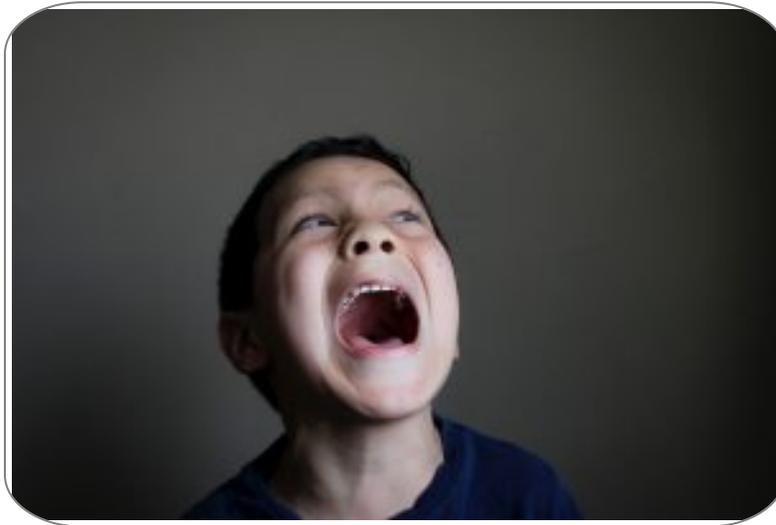


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Many people see child abuse as the result of pathological behaviour. However, the *Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)* found that inappropriate punishment was a factor in **75%** of proven cases of physical abuse. This statistic indicates that most physical abuse occurrences result from punishment (Durrant & Ensom, 2004), where it was not the caregiver's intention to injure the child. Those who inflict physical punishment on a child (also referred to as corporal punishment) are often angry, leading to more force being used than was intended.

4.4 Emotional Abuse



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Emotional abuse includes all acts of omission or commission which result in the absence of a nurturing environment for the child. It remains one of the most difficult types of abuse to isolate (Crosson-Tower, 2014). Some experts believe that emotional abuse underlies all types of abuse. Consider the child who describes a spanking that lasts a minute. The pain subsides, and the moment ends. The words that are expressed, such as, “you’re bad, you’re a stupid kid,” and more, however, can sear into the child’s mind and last far beyond the humiliation of the physical wound (Crosson-Tower, 2014, p. 196).

Emotional abuse is a pattern of behaviour that attacks a child’s emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse is not an isolated event but rather a pattern of psychologically destructive behaviour that can include criticizing, teasing, belittling, insulting, rejecting, ignoring, corrupting or isolating the child. It may also include exposure to domestic abuse (Barlow & McMillan, 2010; Crosson-Tower, 2020; Jonson-Reid & Drake, 2018; Rimer & Prager, 2016; Tufford, 2020).

Possible signs that a child or youth may be emotionally abused include:

- Decline in self-confidence – can occur suddenly with the onset of abuse or over time
- Headaches or stomach aches with no medical cause
- Destructive behaviour
- Overly compliant or eager to please
- High self-expectations, critical of self
- Approval seeking
- Abnormal fears, increased nightmares
- Failure to gain weight (especially in infants)

- Desperately affectionate behaviour
- Speech disorders (stuttering, stammering)
- Habit disorders (biting, rocking, head-banging)
- Argumentative or consistent temper tantrums
- Bullying tactics
- Being easily frustrated
- Behaviour extremes—disobedient or overly compliant
- Developmental lags
- Poor peer relationships
- Prolonged unhappiness, stress, withdrawal, aggression, anger
- Regressive behaviours and or habit disorders (e.g., toileting problems, thumb sucking)
- Self-deprecating comments

(Barlow & McMillan, 2010; “Child Abuse and Neglect,” (n.d.); Crosson-Tower, 2020; Durrant & Ensom, 2004; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children’s Aid Societies, 2022; Public Health Agency of Canada, 2012; Rimer & Prager, 2016; Sedlak et al., 2010; Toronto Children’s Aid Society, n.d.; Tufford 2020).

4.5 Emotionally Abusive Adults

Emotional abuse occurs when a child is treated in a negative way over a period of time, affecting their self-esteem and the concept of self (Tufford, 2020).

Emotional abuse can include all acts of omission or commission which result in the absence of a nurturing environment for the child. It is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity (Rimer & Prager, 2016).

There are many subtypes of emotional abuse, which can range from threatening and belittling the child to negative and slanderous talk about and to the child. It can include denying emotional responsiveness and nurturing and withholding affection. Negligence is a form of emotional abuse. Engaging the child in corruption or exposing the child to adult conflict/violence or intimate partner violence is also a form of emotional abuse (Jonson & Drake, 2018; Rimer & Prager, 2016).

Possible signs a caregiver may be emotionally abusive can include:

- Constantly blames, belittles the child
- Overtly rejects the child
- Speaks negatively about the child
- Is not concerned about the child and actively refuses to help the child
- Make excessive demands on the child
- Withholds physical and verbal affection from the child
- Terrorizes the child (e.g., threatens the child with physical harm or death, threatens to harm pet)
- Constantly ignores child (e.g., uses silent treatment)
- Compares child to disliked or hated person
- Blames child for problems
- Corrupts the child; teaches or reinforces criminal behaviour; provides antisocial role modelling; exploits the child for their own gain
- Isolates child; does not allow the child to have contact with others, both inside and outside the family (e.g., locks the child in a closet or room)
- Destroying personal possessions (Wiehe, 1997)
- Tortures or destroys a pet (Wiehe, 1997)
- Exposes the child to adult conflict (Tufford, 2020)
- Exposes the child to intimate partner violence (Tufford, 2020)



Photo by [Christopher Ott](#) Unsplash License

(Barlow & McMillan, 2010; "Child Abuse and Neglect," n.d.; Crosson-Tower, 2020; Durrant et al., 2006; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children's Aid Societies, 2022; Public Health Agency of Canada, 2012; Rimer & Prager, 2016; Sedlak et al. 2010; Toronto Children's Aid Society, n.d.; Tufford, 2020; Wiehe, 1997)

4.6 Neglect



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Neglect involves a pattern of behaviour on the caregiver's part to not meet the needs of the child. It occurs when a caregiver fails to provide basic needs such as adequate supervision, food, shelter, clothing, nutrition, health, hygiene, safety, medical, education, and psychological care. This may be due to the caregiver abandoning the child or being unable or unwilling to provide for the child. Neglect is considered in relation to the developmental age and capacity of the child. For example, leaving a four-year-old home alone for any length of time would be dangerous and harmful to their physical and emotional well-being. Leaving a ten-year-old home alone would not; however, if the ten-year-old has anxiety and is anxious when left alone, it could be considered neglectful to leave the older child home alone. This negative impact on the older child due to their mental health is a risk factor for further harm (Jonson & Drake, 2018; Rimer & Prager, 2016; Tufford, 2020).

Signs of Neglect may include:

- Failure to thrive
- Language delays
- Difficulty forming friendships
- Academic challenges
- Missing key articles of clothing
- Over or under-dressed for weather conditions
- Height and weight significantly below age level
- Consistent school absenteeism
- Persistent hunger
- Trouble concentrating
- Low self-esteem

- Body odour
- Child assumes adult responsibilities
- Always being dirty and severely unkempt
- Sleepiness/always tired
- Child steals food/lunch money from others
- May indiscriminately attach to others
- Lack of routine care resulting in injury and consequences such as diaper rash, dental problems, no immunizations prohibiting entrance to school
- Poor social skills
- Failure to thrive – Infants or children who fail to thrive have a height, weight and head circumference that do not match standard growth charts. The child's weight falls lower than the third percentile (as outlined in standard growth charts) or 20 percent below the ideal weight for their height.

("Child Abuse and Neglect," n.d.; Crosson-Tower, 2020; Durrant et al., 2006; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children's Aid Societies, 2022; Public Health Agency of Canada, 2012; Rimer & Prager, 2016; Sedlak et al., 2010; Toronto Children's Aid Society, n.d.; Tufford, 2020).

4.7 Neglectful Adults



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Neglect is a common form of abuse, second only to exposure to intimate partner violence. Neglect can be separated into subtypes; physical neglect, medical neglect, and inadequate supervision. By law, children are required to attend school in Canada, a caregiver who does not meet this expectation would be neglecting the child's right to education and, therefore, subject to involvement by the child welfare agency. Not ensuring a child's access to education is a type of physical or educational neglect (Crosson-Tower, 2020; Tufford, 2020; Jonson-Reid & Drake, 2018; Rimer & Prager, 2016).

The Child Youth and Family Service Act states adequate supervision must be arranged for children and youth up to the age of 18 years of age; however, children aged ten and older can be left alone for a short period of time if they are developmentally ready and able. Children under the age of 16 years cannot be left alone overnight, and children who babysit other children must be left with suitable supervision, usually no younger than at least twelve years of age and as long as they are developmentally ready to babysit other children and able to solve problems in the event of an emergency.

Neglectful caregivers may leave children unattended due to struggles with poverty or a lack of information or understanding about child and youth supervision requirements (Jonson-Reid & Drake, 2018).

Possible signs a caregiver may be neglecting child/ren can include:

- Abandoning their child
- Refusing to accept custody
- Not providing for the basic needs like nutrition, hygiene and clothing
- Not accessing medical treatment when needed
- Delaying access to medical treatment
- Denying recommended medical treatment
- Not protecting the child from hazards
- Not providing safe adequate caregivers for the child

- Isolating the child
- Not providing affection or emotional support, ignores child's attempt at affection
- Exposing the child to domestic abuse
- Exposing the child to substance abuse
- Failing to enrol the child in school
- Failing to maintain attendance in educational setting
- Failing to follow through with educational needs/plans
- Permitting chronic absenteeism from school
- Has little involvement in the child's life, is not interested in child's daily life
- Fails to keep appointments for the child
- Unresponsive when approached about concerns for the child
- Displays ignoring and rejecting behaviour towards the child
- Indicates that the child was unwanted, unplanned, and is still unwanted
- Indicates that the child is hard to care for
- Overwhelmed with own problems
- Put own needs ahead of child's
- Put own plans ahead of child's
- Had a chaotic life with not evidence of stability or routine
- Brings child early and picks up late
- Openly states they wish they didn't have the child

("Child Abuse and Neglect," n.d.; Crosson-Tower, 2020; Durrant et al., 2006; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children's Aid Societies, 2022; Public Health Agency of Canada, 2012; Rimer & Prager, 2016; Sedlak et al., 2010; Toronto Children's Aid Society, n.d.; Tufford, 2020).

4.8 Sexual Abuse



Photo by [Caleb Woods](#), [Unsplash License](#)

Sexual abuse is when a person uses his or her power over a child and involves the child in any sexual act. It can include fondling, genital stimulation, mutual masturbation, oral sex, using fingers, penis or objects for oral, vaginal and/or anal penetration, inappropriate sexual language, sexual harassment, voyeurism, exposing oneself, sexual exploitation, as well as technology-assisted sexual abuse. This can involve exposing the child to sexual abuse images and/or videos or involving a child in the making of sexual abuse images and/or videos commonly known as child pornography or involvement in the sex trade (prostitution) or human trafficking (Crosson-Tower, 2020; Tufford, 2020; Jonson-Reid & Drake, 2018; Rimer & Prager, 2016).

Signs of sexual abuse may include (but are not limited to):

- Re-enactment of abuse using dolls, drawings or friends
- Clinging
- Thumb-sucking
- Sudden fear of the dark
- Change in behaviour
- Behaviour extremism—aggressiveness or withdrawal
- Recurrent nightmares or disturbed sleep patterns
- Perfectionism
- Loss of appetite for no apparent reason or excessive appetite
- Bedwetting
- Avoidance of undressing or wearing extra layers of clothes
- Abrupt decline in school performance

- Request to change something. E.g., Child, “I want to take baseball now, not swimming lessons. I don’t like swimming lessons anymore.”
- Frequent sore throats or urinary infections
- Soreness in the genitals
- Constant sadness
- New possessions that are unexplained (gifts from the perpetrator)
- Young child overly focused on private parts
- Publicly masturbates
- Imitates sexual acts
- Sexualized interactions
- Graphically imitates or re-enacts adult sexual acts
- Unexplained stomach aches/headaches
- Encopresis, Enuresis
- Breaches personal boundaries
- Draws sexually explicit behaviour
- Hates their gender
- Tells sexualized jokes
- Preoccupied with pornography
- Coerces others to engage in sexual activity without their consent
- Sends naked provocative pictures of oneself or others with malicious intent

(“Child Abuse and Neglect,” n.d.; Crosson-Tower, 2020; Durrant et al., 2006; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children’s Aid Societies, 2022; Fallon et al., 2020; Public Health Agency of Canada, 2012; Rimer & Prager 2016; Sedlak et al., 2010; Toronto Children’s Aid Society, n.d.; Tufford 2020).

4.9 Sexually Abusive Adults



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Sexual abuse occurs when a person uses their power over a child and involves the child in any sexual act. Online child sexual exploitation includes a wide range of behaviours and situations. Most commonly, this includes grooming behaviour of building a relationship, treating the child special, alienating the child and then breaching personal boundaries by manipulating and coercing the child to engage in illicit behaviour. Although in many cases, there is no special relationship and only threats and coercion. Children are sexually abused to produce and sell child sexual abuse material, including live streaming of child sexual abuse content (Crosson-Tower, 2020; Jonson-Reid & Drake, 2018; Rimer & Prager, 2016; Tufford, 2020).

Possible signs a caregiver may be sexually abusive include:

- The caregiver is secretive or isolated
- The parent indicates they are having difficulty in the area of sexual relations with their partner
- The child's contact with others is limited by the caregiver
- The caregiver is very protective of the child
- The carer may buy the child gifts or gives them money for no reason
- The carer states that the child is being sexually provocative
- The caregiver shows physical contact or affection for the child that appears sexual in nature (Rimer & Prager, 2016)
- May engage in substance use to lessen guilt
- Encourages child to engage in sexual behaviour

- Makes excuse about being protective of child
- Rationalizes need to inspect child (e.g., see if child is developing)
- Seeks opportunities and makes excuses to be alone with the child
- The caregiver uses power and control over the child
- Discloses attraction to children
- Manipulates family to be alone with the children

("Child Abuse and Neglect," n.d.; Crosson-Tower, 2020; Durrant et al., 2006; Fallon et al., 2020; Jonson-Reid & Drake, 2018; Ontario Association of Children's Aid Societies, 2022; Public Health Agency of Canada, 2012; Rimer & Prager, 2016; Sedak et al. 2010; Toronto Children's Aid Society, n.d.; Tufford, 2020).

4.10 Exposure to Intimate Partner Violence

Exposure to Adult conflict occurs when children are exposed to conflict between adults in the home resulting in a deleterious effect on the children. This can include any adults engaging in conflict in the home impacting the well-being of the children, such as an uncle and the child's mother or adult sibling and parent. Most often, the exposure is to intimate partner violence (domestic abuse), where one caregiver is abusive to the other, where the victim and, in some cases, the perpetrator are people the child loves and cares about. Children are eyewitnesses to abuse (visual) or hear the abuse (audio). They may be used by the perpetrator in the abuse (tool of the perpetrator) or exposed to the result of abuse (aftermath) (Eldleson, 1999). Intimate partner violence can be defined as behaviour in an intimate relationship that is used to gain or maintain power and control over one's intimate partner through tactics. Abuse is emotional, physical, sexual, economic, or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound (Jonson-Reid & Drake, 2018; Rimer & Prager, 2016; Tufford, 2020).

Signs of exposure to domestic abuse (adult conflict) may include:

- Signs of psychosomatic complaints (e.g., headaches, stomach aches)
- Child is injured during conflict
- Aggressive acting out
- Re-enactment of parental behaviours
- May be withdrawn, depressed, anxious
- Excessive separation anxiety
- May be overly compliant
- Fearful of family member(s) being hurt, killed
- Low frustration tolerance
- Sleep disturbances
- Bedwetting
- Doesn't bring any friends over or go to friends
- Or hands out at friends all the time, not wanting to go home



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- Perfectionist
- Poor peer relationships
- Academic problems
- Involvement in crime
- Homicidal thoughts

(Edleson, 1999; Leschied et al., 2004; Jonson-Reid, 2018; Rimer & Prager, 2016; Tufford, 2020)

4.11 Intimate Partner Violence

Domestic abuse, also known as domestic violence, intimate partner abuse, and intimate partner violence, is defined as a pattern of behaviour in an intimate relationship that is used to gain or maintain power and control over one's intimate partner. Abuse is physical, sexual, emotional, economic or psychological actions or threats of actions that influence another person. This includes any behaviours that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound. Domestic abuse can happen to anyone of any race, age, sexual orientation, religion, or gender, including transgender. It can occur within a range of relationships, including couples who are married, living together or dating. Domestic abuse affects people of all socioeconomic backgrounds and education levels ("Domestic Abuse," n.d.; Jonson-Reid & Drake, 2018, p. 101).



Photo by [Cottonbro Studio](#) on [Pexels License](#)

Signs that a person may be abusive to their partner include:

- Uses coercion and threats
- Uses intimidation
- Uses economic abuse
- Uses male privilege, treats her like a servant
- Controls finances, makes all the “big” decisions
- Uses emotional abuse
- Uses isolation, controls what you do, who you see, talk to, where you go
- Is jealous
- Justifies actions
- Does not take responsibility for their behaviour
- Minimizes, denies and blames others for their behaviour
- Uses the children to abuse partner

- Threatens to take children away
- Uses children to harass or relay messages
- Abuses pets
- Abuses children
- Abuses property
- Makes others think they are crazy (“Domestic Abuse,” n.d)

CHAPTER 5: CAUSES OF CHILD ABUSE

5.1 Determining Causes of Child Abuse

Different models and theories try to help us understand the causes of child abuse and, therefore, how to prevent it. There isn't one theory that is the best or explains it all. Rimer and Prager (2016) discuss a combination of the following can help us understand what increases the risk and cause of child abuse:

- a caregiver's potential to abuse, such as an abusive upbringing;
- the caregiver's view of their child perhaps as difficult to care for, increasing risk;
- situations in the environment, such as low finances, and social situations, like domestic abuse.

This resource focuses mainly on Steele's model of understanding abuse. Steele's model considers how both the caregiver, their view of the child and the stressors play a role in abuse occurring but also how the absence or lack of engagement in supports impacts whether abuse actually occurs or not.

The more we can understand why child abuse happens, the better we are able to consider the possibilities to prevent child abuse.

Understanding risk

1. Caregiver's potential to abuse
2. Caregiver's view of the child
3. Environmental and social factors (Rimer & Prager, 2016)

Background

Dr. Brandt F. Steele was an early pioneer in the research on understanding child abuse and neglect. He and Dr. C. Henry Kempe became the first to identify physical and psychological symptoms (signs) of child abuse by parents. Their work became one of the most important medical contributions to the Journal of the American Medical Association of the twentieth century (Brandt F Steele, 2005).

Steele's work focused on figuring out why parents would abuse their children and what could be done to stop it. He was the first to document that people who abuse children were often abused or neglected as children themselves (Korbin & Krugman, 1987).

Steele's key to his success was his belief that "if you don't understand someone's behaviour, you don't have enough history." He had infinite patience and compassion for all those who were abused—including all those who were now abusers. He believed in the efficacy of mental health treatment and multidisciplinary approaches to recognition and treatment. Child psychiatrist Ruth Kempe, the widow of Dr. Henry Kempe, also worked closely with Steele. Ruth Kempe said: "It was extremely fortunate for the field that Steele was the psychiatrist that began to see the parents and evaluate the families. Steele was able to see them not as traditional psychiatric patients but simply as distressed people who often, because of their own childhood

history, had a particularly difficult problem with parenting. This approach enabled Henry Kempe and Steele to provide treatment programs that addressed the parents as much as the children. He knew that these parents were not villains and that they loved their children, they just didn't know how to love them well" (Korbin & Krugman, 1987).

Steele's key to success: "If you don't understand someone's behaviour, you don't have enough history."

Steele developed a psycho-social model to:

1. Understand the causes of abuse in a family situation
2. Determine the risk of abuse
3. Prevent further abuse

The model is consistently helpful today as we look at what went wrong and what we can do to support families to help prevent future child abuse and neglect.

Steele had infinite patience and compassion for all those who were abused—including all those who were now abusers.

Psycho-Social Model

The Psycho-Social model is a clinical theory with a focus on physical abuse, although it can help us understand other types of abuse. The model helps us learn about why the abuse happened (causes), which helps us understand and address the risk of further abuse.

Physical abuse to a child is different than a single incident of assault between two adults. When physical abuse occurs, there are dynamics within the family; there is a relationship between the child and the abuser. Police can't just criminally charge and remove the perpetrator from the home and then legally consequence them as they would in other physical assault cases. As parents of the child, they will continue a relationship with the child and likely return to the home – which will again pose risk to the child if the dynamics of the physical abuse are not addressed. In stranger physical assault, the perpetrator can be released on condition not to associate with the victim.

One can't just consider the incident that occurred in isolation but rather with other factors.

Do elements exist to suggest:

1. the dynamics of abuse are present, and
2. there is the risk the child will be harmed again.

Steele's, Psycho-Social Model is a relevant framework when considering factors causing neglect. However, it is less likely that a neglectful parent will selectively neglect a child or a couple of children over others. In situations

of neglect, the low quality of care provided by the parent to ALL the children is more consistent. Unlike physical abuse, where one child can be targeted over others in a family.

In determining whether an injury is the result of physical abuse, we consider Steele's, Psycho-Social Model. The model identifies that maltreatment of children (abuse and/or neglect) can be attributed to the convergence of specific factors, and these factors, when combined, **cause (contribute to)** children being abused.

Steele suggests there are four conditions which are almost always present when child maltreatment occurs.

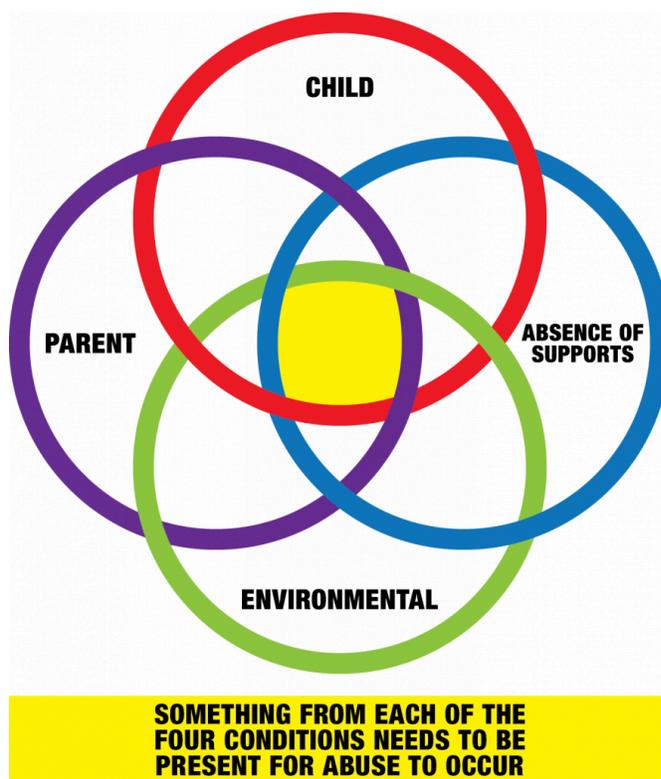
Steele identified the four conditions which are almost always present that played a role, when combined, caused (contributed to) children being abused.

1. Parent factors related to risk
2. Child factors related to risk
3. Environmental factors related to risk
4. The absence of supports, increasing risk

Steele theorizes that the child is abused due to several factors connected to each other and not in isolation. We know there is a person who abuses the child and a child who is the victim of abuse. Steele considered the dynamics within that relationship, the members of the family, what was happening in their home and around them and the support(s) available, and if so, were they willing to access it? When we take each of these in isolation, one cannot predict the risk of abuse. When Steele considered the factors that were going on together, the risk of abuse became apparent.

For example, a caregiver may have experienced childhood abuse and have low frustration tolerance (Parent Factors). They have a child who with diagnosed with social anxiety disorder and struggles to attend school, is clingy with the parent, and is demanding of the parent's time resources (Child Factors). The school attendance counsellor keeps leaving voice messages and sending emails to the parent about the child's absences, threatening to refer to the Children's Aid Society due to a lack of follow-through to get help for the child and get the child to attend school. The parent keeps missing work due to the child's anxiety impacting the finances and ability to provide for the family (Environmental Factors). The parent has not accessed counselling for the child recommended by the School Attendance Counsellor (Absence of Supports). The convergence of all these factors combined increases the risk of child abuse. Not one factor alone, not one area alone, but all the areas coming together create a significant risk of child abuse, not unlike an erupting volcano. If we don't look at all things going on together, we miss important information to assess risk, support the family, and help prevent abuse or further abuse if it hasn't already happened.

Considering the scenario above, if one of the areas does not have any factors related to risk, then the



"Brandt Steel Model" by Fanshawe College, [CC BY-NC-SA 4.0](#)

risk of abuse is lowered significantly. For example, the caregiver may have a childhood history of abuse and difficulty coping or low-frustration tolerance (Parent factors). The child may struggle with social anxiety, is needy and draining at times, and misses school (Child Factor). There may be stressors in the environment, such as low finances due to absences from work due to caring for the child (Environmental Factors). There is the extended family who helps care for the child, providing much-needed relief. They loan (give) the family money when needed. More importantly, the caregiver is willing to access support from the extended family. While Absence of Supports is about support not being available, more than that, Absence of Support is about an individual's willingness to seek out and access support when needed. In the example above, the parent factors are significant, including the child and environmental factors; however, the supports are in place, and the parent's willingness to access the supports reduces the risk of abuse significantly.

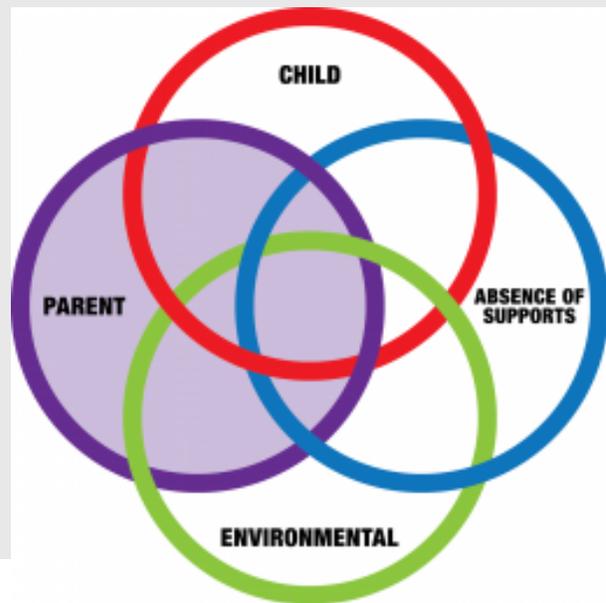
we will discuss factors that contribute to risk starting with parent factors related to risk in the following section.

Parent Factors Related to Risk of Abuse:

Psycho-Social Model

1. **Parent factors related to risk**
2. Child factors related to risk
3. Environmental factors related to risk
4. The absence of support increasing risk

Something from each of the four conditions needs to be present to cause a child to be abused.



The parent must have the predisposition to abuse their children.

They often experienced maltreatment in their own childhood.

They often have low self-esteem, feel unloved and uncared for, which affects all areas of their life, and relationships, including how confident and competent they are in parenting.

They lack trust in other people and will emotionally isolate themselves to avoid pain. This causes conflict in their relationships where outside sources of support and help are not available.

Parents who maltreat their children are often preoccupied with trying to find ways to get their own emotional needs met, and they often expect their children to meet those needs.

Abusive parents may look to their children to validate their self-esteem. They attribute the child's behaviour as

"Psycho-Social Model, Steele, B. – Parent Factors Related to Risk" by Fanshawe College, [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

a rejection toward them rather than appropriately seeing it as natural behaviour related to the child's age and stage of development.

Many (abusive parents) have poor emotional control, where they are volatile and prone to emotional outbursts.

They have unrealistic expectations of their children's behaviour, increasing the likelihood of less understanding or patience with the child and perhaps being more punitive.

Both abusive and neglectful parents may exhibit a serious lack of empathy for their children (and a lack of understanding of their children's developmental needs) where they mechanically perform caregiving without any warmth, sensitivity, or empathetic action (in response to the perceived needs of the child).

Some parents who have been raised with violence assume that violence is "natural."

Both abuse and neglect may occur in families in which parents are mentally ill, developmentally challenged, or emotionally disturbed (however, the percentage of abusive or neglectful parents with disorders of this type is relatively small).

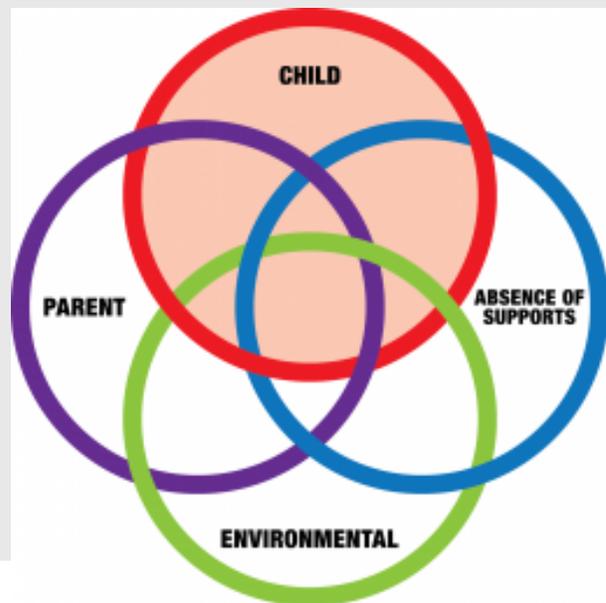
There is something in the parent's life that has contributed to the caregiver's predisposition to abuse the child.

Child Factors Related to Risk of Abuse:

Psycho-Social Model

1. Parent factors related to risk
2. **Child factors related to risk**
3. Environmental factors related to risk
4. The absence of support increasing risk

Something from each of the four conditions needs to be present to cause a child to be abused.



CHILD FACTORS RELATED TO RISK

Children who are perceived by their parents as different, abnormal, defective, or lacking in comparison to other children, are more likely to be victims of child maltreatment.

"Psycho-social Model", Steele, B. – Child Factors Related to Risk" by Fanshawe College, [CC BY-NC-SA 4.0](https://creativecommons.org/licenses/by-nc-sa/4.0/)

Child factors are not about a child's wrongdoings and they are not about making children responsible for the abuse they experience due to their behaviour or event. Children are NEVER responsible for the abuse and NEVER deserve to be abused. The child's condition or situation is about identifying the factors that increase the risk of abuse for children, **particularly how the parent perceives the child in the situation.** These factors include:

The parent believes that the child's role is to behave and respond in ways to please and satisfy the parent;

Children are more prone to abuse if they cannot meet the parent's expectations for "good" or "right" behaviour;

Some children are more difficult to care for due to their personality and temperament. This puts a child at a greater risk of being abused;

Children are at higher risk of abuse and neglect if they have a cognitive disability, mental health issues, conduct issues, learning disability, physical disability, hyperactive, premature, or chronic illnesses or medical conditions. These children often need continuous care, supervision and attention, which places excessive demands on their parents and increases the risk of abuse.

While abuse is possible for all children in a family, it is typical to find one child the target of most of the abuse. Children are at higher risk of maltreatment during specific developmental periods, e.g., infants requiring constant care or due to frequent crying and the toilet training stage, where there are power struggles and conflicts.

Characteristics of the child that the caregiver feels are difficult or different make them more challenging to care for, such as premature birth, birth trauma, unplanned, unwanted pregnancy, unsuccessful breastfeeding, adoption fantasy, foster-to-adopt dream, and step-child. The caregiver's idea of what they thought was supposed to happen didn't, and they struggled to bond with the baby increasing the risk of abuse.

The child is unwanted or does not meet the parent's expectations; therefore, any behaviour the child exhibits is seen as out of the ordinary and perceived as demanding, challenging and a problem.

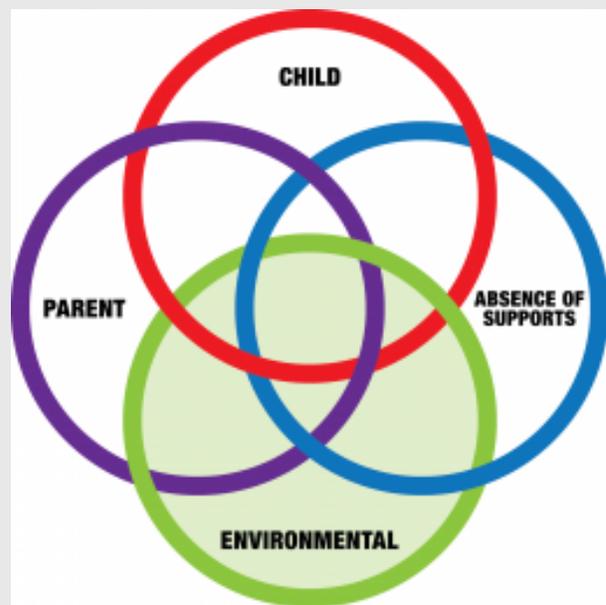
There is something about the child that the caregiver perceives as difficult or problematic, increasing the risk of abuse.

Environmental Factors Related to Risk of Abuse:

Psycho-Social Model

1. Parent factors related to risk
2. Child factors related to risk
3. **Environmental factors related to risk**
4. The absence of support increases risk

Something from each of the four conditions needs to be present to cause a child to be abused.



ENVIRONMENTAL FACTORS RELATED TO RISK

The precipitation of an abusive event is often related to excessive stress or a family crisis.

The parent may have difficulty dealing with stress due to poor coping skills (and low self-esteem).

There may be a significantly stressful event causing increased risk to children.

Unmanageable stress is often the “trigger” that precipitates an abusive event.

The size of the trigger depends on the number of parent and child factors contributing to the risk of abuse. If the parent has a large predisposition to abuse due to a significant number of factors along with numerous child factors, a small stressor can set off an abusive event. For example: running out of milk. The opposite is true if there are a few factors contributing to a predisposition. A large stressor is needed to trigger an abusive event.

High levels of chronic family stress may also contribute to neglect. For example, two years of COVID contributed to job loss, child homeschooling, financial loss, isolation and so on.

“Psycho-social Model”, Steele, B. – Environmental Factors Related to Risk” by Fanshawe College, [CC BY-NC-SA 4.0](#)

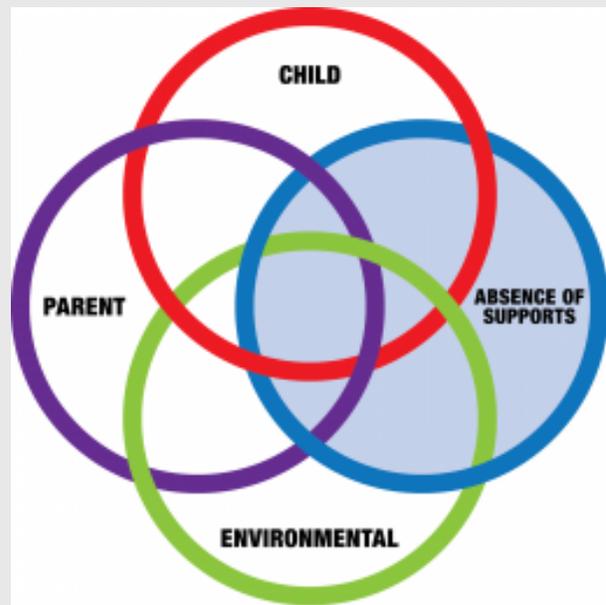
The precipitation of an abusive event is often related to excessive stress or a family crisis.

Absence of Support Increasing Risk of Abuse:

Psycho-Social Model

1. Parent factors related to risk
2. Child factors related to risk
3. Environmental factors related to risk
4. **The absence of support increases risk**

Something from each of the four conditions needs to be present to cause a child to be abused.



The unavailability of support and resources, or a family's reluctance to access or utilize them, contributes greatly to maltreatment.

"Psycho-social Model", Steele, B. – Absence of Support Increasing Risk" by Fanshawe College, [CC BY-NC-SA 4.0](#)

There are numerous reasons why a caregiver does not access support and resources, increasing risk. This can include a lack of availability and services, such as a remote northern community where counselling supports are hours away. Or cultural norms that one is not to share personal information outside of the family. This blocks a caregiver from accessing help. Supports and resources include agencies, institutions, organizations, community centres, child-care centres, schools, health care, mental health care and support, physical health care, and religious support, among support from family, friends, neighbours and community members. The ability to seek out and access support in the face of adversity is a protective factor to prevent and reduce the risk of child abuse. The lack of access, the lack of availability or the unwillingness to access support and resources in the raising of children, being in a relationship, coping and managing with life, work, family, extended family, work, finances and so on is a risk factor for child abuse. This can include:

Parents who are unwilling to reach out to other people for help, fear others or have an attitude it is "nobody's business" cause isolation which prevents families from accessing support when needing help in coping with stressful situations.

Family conflict can impact a caregiver's ability to seek support from extended family to help with child care, among other things increasing the risk of abuse due to conflict and lack of support.

Long waiting lists for helping resources that are affordable dissuade users from seeking support in the first place.

Accessibility of resources plays a role in whether people reach out to access them. For example, a community centre within walking distance from one's home compared to one that requires a bus ride that is timely and costly.

Resources that are culturally specific, in the language of the end user's preference, can play a role in whether someone reaches out to access support or not.

Cultural norms to not share personal problems outside the family home may prevent caregivers from reaching out for support.

Lack of trust and confidentiality in one's community can prevent a caregiver from reaching out for help and support.

Intergenerational trauma may prevent a caregiver from reaching out for support to organizations in perceived positions of authority due to past and historical trauma.

Lack of knowledge of available supports may prevent a caregiver from accessing help such as a women's shelter, increasing the risk of abuse.

Language barriers may prevent a caregiver from accessing knowledge about available resources.

The myth of self-sufficiency that a caregiver should be able to raise their children on their own. They had the child; they should have an innate understanding of what children need and be able to provide and manage those needs. "You're a mom, you should know." Holding on to these beliefs can prevent a caregiver from reaching out for support, increasing the risk of abuse.

Racism can prevent a caregiver from reaching out for support. Racism is a barrier to accessing support when a caregiver experiences judgment, and hostility, is not believed or is even turned away. These real-life experiences become the fabric of the community preventing people of diverse cultural backgrounds to reach out for help.

Absence of Supports

Absence of Supports increases the risk of abuse. No access to supports during the global pandemic increased the risk of abuse.

The global pandemic closed all access to resources and supports which increased the risk of child abuse. Parks were taped off, children were not allowed outside, physical schools were closed, recreation facilities were closed, sports activities were stopped, and children began online education in unprecedented isolation. Support and resources for families were not available.



[covid virus](#) by [CDC](#), [Unsplash License](#)

One's sexual orientation can prevent someone from reaching out for support. The belief that they will not be safe or respected is a profound motivator to keep what is happening private and prevents a 2SLGBTQIA+ person from reaching out for help, or a transgender person seeking support when they feel they will be judged and unsafe, so they don't try. Both of these scenarios increase the risk of abuse.

One's personal religion or religious affiliation may prevent caregivers from seeking support outside of the church. If the circumstances don't change within the family and the support from the church does not help, the risk of abuse increases. The church can be helpful in some situations. It can be harmful if the right kind of support is not offered.

Fear of the Children's Aid Society can prevent a caregiver from reaching out to access support. Someone who recognizes that they need help, perhaps things have gone too far, may feel overwhelmed with fear that their children will be taken away. This prevents the caregiver from accessing support, increasing the risk of abuse.

A lack of knowledge and understanding about the role of the Children's Aid Society (CAS) prevents the caregiver from reaching out for help. The caregiver believes that CAS would apprehend their children if they knew what is happening in the child's life. When in fact, the CAS's primary purpose is to promote the well-being and best interests of the child, including protection. In most situations, this means leaving the children with their caregiver and assisting the caregiver to be a better parent.

Lack of community investment in infrastructure to support families and children. Without the needed recreational places for families and children, such as parks and playground equipment, community centres, ice rinks, swimming pools, basketball courts, low and no cost children's activities, risk of child abuse increases.



When assessing for the risk of child abuse, something from each of the four conditions needs to be present.

When assessing for risk of abuse, apply Steele's Psycho-Social theory by identifying all the parent factors supported with evidence that contribute to the risk of child abuse. Then identify all the child factors supported with evidence that increase the risk of the child being abused. With the environmental factors, identify all the stressors in the family, supported with evidence of increasing the risk of abuse. Last, identify what resources the caregiver has accessed or not. Where possible, label the caregiver's thoughts, feelings, and attitude toward help and support.

5.2 Kitra and Janelle Case Study

Case Study – Kitra and Janelle

Janelle is five years and 10 months old, and is in senior kindergarten at Lexton Public School. She did not attend junior kindergarten or any early childhood education. As such, she is lagging behind her peers in literacy and numeracy. Kitra is Janelle's mother. She is now raising Janelle on her own. Janelle is under a supervision order with the Children's Aid Society (CAS).

History – Bio Mother

Kitra grew up with an alcoholic mother and father who also engaged in substance use. Many people were in and out of her house, including a neighbour who befriended the family. She was left in the care of her neighbour, who sexually abused her on numerous occasions. Kitra told her mother that she didn't like the neighbour and didn't want any of his toys. Her mother told her that she can't like everyone. When Kitra was ten, CAS got involved because her attendance at school was inconsistent. At 12, she appeared depressed and started to engage in self-harm. After a Sexual Health and Sexual Safety presentation in class, she talked to her teacher about what was happening. Kitra was apprehended by CAS. At 18, Kitra left her foster home and moved in with her boyfriend Rino. She was pregnant within three months. When Kitra went to the doctor for a pregnancy check-up, she was told about the Well-baby Program and encouraged to attend when her baby was born. She did not go back to the doctor. She did not trust them, worrying they might take her baby away. When Janelle was born, Kitra struggled initially to bond with Janelle. She identified her tremendous fear of not being able to protect her and this worry consuming her. She did not attend the well-baby clinic in case they judged her for how she was caring for her baby.

History – Janelle

Kitra was an overly protective mother citing her past as the reason. When Janelle was 2 years old, her father, Rino left. Kitra and Rino were often in conflict resulting in physical hitting. When Janelle was 4.5 years old, Kitra met a new partner, Will. He had a car, and this contributed to some ease and freedom in their life. Kitra and her new partner decided to live together after 3 months of dating. Soon Kitra would leave Janelle with Will when she was out. At first, Janelle liked Will because he liked her mom but then they started fighting all the time. When her mom went out, Will was mean to her, too, calling her stupid. When Janelle spilled Will's coffee, he yelled at her and hit her with his hand on the back of her

head. She tried to hide from him, but he always found her and yelled and hit her more for trying to hide. They would fight when her mom was home, and she didn't stop it.

Once, Will hit her with the phone, and Janelle told her mom, however, Kitra became angry, suggesting that Janelle was making things up and trying to ruin her relationship. She said she could not afford the apartment alone and would not tolerate Janelle making things up and telling lies. Janelle agreed that she was making it up and said sorry to her mom.

Current Situation

Janelle started school in senior kindergarten, she is academically weak, not understanding any numbers or letters and struggling to play cooperatively with other children. Kitra was called to the school for an appointment to discuss support for Janelle to help her academically and help with her transition into the classroom milieu. Kitra did not attend. She called and said she was sick. She sat in Tim Hortons using the free wifi, searching for other nearby schools. She knew her daughter was not "dumb," and no one was going to tell her she was. She would remove her from a school that did not like her daughter.

Janelle was screened to receive her 4 to 6-year vaccination. The Public Health Unit attended the school to administer the vaccinations. The nurse asked Janelle how she was feeling. She answered not very good. The nurse said that some children are worried about needles, but it will be over in a second, and you always feel better when it is over. She said I don't think I will feel better. The nurse asked Janelle if she wanted to talk about her feelings. Janelle declined to suggest that a needle won't hurt. The nurse lifted Janelle's sleeve to give her the needle. She had a large welt on her arm. She asked Janelle what happened. Janelle said she fell on her floor when she was running or something like that. She gave Janelle the needle on the other arm and asked her to wait the usual time. Before she let Janelle go, she asked her again about what happened to her arm. Janelle said she was playing and fell off the couch. The nurse called CAS. Through an investigation, Will was identified as abusing Janelle. He was charged with physically abusing Janelle, and Kitra was given a choice. Will had to move out of the apartment, or Janelle would be apprehended. A CAS file was opened to monitor the well-being of Janelle. Kitra was referred to counselling at London Women's Abused Centre. She said she was interested but never followed through. CAS offered a group counselling program for Janelle to address the impact of domestic abuse and child abuse. Kitra agreed to complete the forms. They are currently sitting on the top of her microwave.

-
1. Review the Case Study to determine the cause(s) of child abuse.
 2. What can be done to help Kitra and Janelle? Use this form to help shape your answer: [Four Conditions Related to Abuse Practice Chart \(PDF – opens in a new tab\)](#)

Note: To save your answers, open this form in [Adobe Reader](#) rather than in an internet browser.

5.3 Kitra and Janelle Application of Theory

Apply the Brandt Steele Psycho Social Model to assess the risk of abuse.

Parent Factors	Child Factors
Environmental Factors	Lack of Access to Supports

Download the handout, [Four Conditions Practice Chart \(PDF\)](#), to apply the Brandt Steele Model of understand risk of abuse to the Kitra and Janelle Case Study.

5.4 Kitra and Janelle Case Study Activity

Case Study Activity



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://ecampusontario.pressbooks.pub/childabuse/?p=342#h5p-14>

5.5 Steele's Four Conditions Related to Abuse - Answer

If you have not already done so, return to [5.2 Kitra and Janelle Case Study](#) to review the case study and download the [Four Conditions Related to Abuse Practice Chart](#) to complete your answer.

Case Study Answer

Parent Factors Related to Risk

Parent Factors related to Risk:	Evidence:
1 Kitra – exposure to alcohol and substance abuse	Kitra grew up with an alcoholic mother and father who also engaged in substance use.
2 Chaotic household	Many people were in and out of her house including a neighbour who befriended the family
3 Sexually abused by neighbour	“She was left in the care of the neighbour who sexually abused her on numerous occasions”.
4 CAS involvement due to inconsistent attendance and disclosure	When Kitra was 10 CAS got involved because her attendance at school was inconsistent. After a Sexual Health and Sexual Safety presentation in class she decided to talk to her teacher about what was happening. Kitra was apprehended by CAS.
5 CAS foster child	At 18, Kitra left her foster home
6 Childhood Mental health issues – depression/self-harm	At 12 she appeared depressed and started to engage in self-harm”.
7 Early teenage pregnancy	At 18, Kitra left her foster home and moved in with her boyfriend Rino. She was pregnant within 3 months.
8 Intimate partner violence	When Janelle was 2-years-old, Rino left. They were often in conflict resulting in physical hitting.
9 Does not trust child	She said she could not afford the apartment alone and would not tolerate Janelle making things up and telling lies. Janelle agreed that she was making it up and said sorry to her mom.
10 Does not trust authority/institutions	She did not go back to the Doctor. She did not attend the well-baby clinic in case they judged her for how she was caring for her baby. Kitra was called to the school for an appointment to discuss support for Janelle to help her integrate into the classroom milieu. Kitra did not attend.

Child Factors Related to Risk

Child Factors related to Risk:	Evidence:
1 Attachment concerns	When Janelle was born Kitra struggled to initially bond with Janelle. She identified her tremendous fear of not being able to protect her and this worry consuming her.
2 Academic concerns	As such she is lagging behind her peers in literacy and numeracy. Janelle started school in senior kindergarten, she is academically weak.
3 Exposure to intimate partner violence	When Janelle was 2-year-old, Rino left. They were often in conflict resulting in physical hitting. At first Janelle liked Will because he liked her mom but then they started fighting all the time.
4 Two father figures	At 18, Kitra left her foster home and moved in with her boyfriend Rino. She was pregnant within 3 months. When Janelle was 4.5 years old, Kitra met a new partner, Will. He had a car, and this contributed to some ease and freedom. Kitra and her partner decided to live together after 3 months of dating.
5 Child maltreatment	When her mom went out, he was mean to her too calling her stupid. Will yelled at her and hit her with his hand on the back of her head. She tried to hide from him, but he was always yelling and hitting her.
6 Janelle discloses abuse to mother and is not believed	She said she could not afford the apartment alone and would not tolerate Janelle making things up and telling lies. Janelle agreed that she was making it up and said sorry to her mom.

Environmental Factors Contributing to Stress

Environment Factors Contributing to Stress	Evidence
1 Overly protective mothering	Kitra was an overly protective mother citing her past as the reason
2 Increased stress due to child-care	Soon Kitra would leave Janelle with Will when she was out.
3 Spilled coffee creating a mess causing stress	When Janelle spilled Will's coffee, he yelled at her and hit her with his hand on the back of her head.
4 Conflict with stepfather, Will	They would fight when her mom was home, and she didn't stop it.
5 Financial issues	When Will hit her with the phone, Janelle told her mom, however, Kitra became angry suggesting that Janelle was making things up and trying to ruin her relationship. She said she could not afford the apartment alone and would not tolerate Janelle making things up and telling lies.

Absence of Supports related to Risk:	Evidence:
1 Medical Doctor involvement	When Kitra went to the Doctor for a pregnancy check-up, she was told about the well-baby program and encouraged to attend when her baby was born. She did not go back to the Dr. She did not trust them worrying they might take her baby away.
2 Well-baby Program	She did not attend the well-baby clinic in case they judged her for how she was caring for her baby.
3 School Involvement	Janelle started school in senior kindergarten, she is academically weak not understanding any numbers, letter and struggling to play cooperatively with other children. Kitra was called to the school for an appointment to discuss support for Janelle to help her integrate into the classroom milieu. Kitra did not attend. She called and said she was sick. She sat in Tim Hortons using the free wifi searching for other nearby schools. She knew her daughter was not “dumb”, and no one was going to tell her she was. She would remove her from a school that did not like her daughter.
4 Public Health involvement	The Public Health Unit attended the school to administer the vaccinations.
5 CAS involvement	The nurse called CAS. Through an investigation Will was identified as abusing Janelle. He was removed from the home. A CAS file was opened to monitor the well-being of Janelle.
6 Kitra - Referral to counselling	Kitra was referred to counselling London Women’s Abused Centre. She said she was interested but never followed through.
7 Janelle – Referral to counselling	CAS offered a group counselling program for Janelle to address the impact of domestic abuse and child abuse. Kitra agreed to complete the forms. They are currently sitting on the top of her microwave.

Consider What You Can Do to Help Kitra and Janelle?

Parent Factors:

- Foster the building of a trusting relationship with Kitra. Without this, it will be difficult to encourage her to try new things and not have her think you are “out to get her”
- Address the adverse childhood experiences related to trauma by encouraging Kitra to attend counselling
- Promote radical self-care
- Help Kitra to build authentic, meaningful friendship relationships.
- Provide information about child development

Child Factors:

- Encourage participation in group counselling for Janelle
- Encourage self-esteem programming
- Sign up for academic tutoring within the school
- Address recreational and activity-based needs for Janelle

Environmental Factors:

- Support Kitra in recognizing that her relationship was abusive
- Address financial needs due to Will moving out
- Identify housing and transportation issues
- Provide support to access resources needed for the family

Lack of Access to Supports:

- Encourage involvement in community recreation
- Access student tutoring outside of school
- Support Kitra in accessing counselling for her and her daughter

CHAPTER 6: DUTY TO REPORT

6.1 Duty to Report Suspected Child Abuse and Neglect

We all share a responsibility to protect children from harm. This includes situations where children are abused or neglected in their own homes. [Ontario's Child, Youth and Family Services Act](#) provides the legal grounds for that protection for children.



[Service Ontario](#)

Section 125 Duty to Report:

In pursuit of that purpose, Section 125 of the CYFSA focuses on the duty to report suspicions of harm and the risk of harm to a child. Section 125 (1) outlines suspicions that must be reported and are described within this advisory.

What Does the Children's Aid Society do?

The Children's Aid Society (CAS) is a non-profit agency established under section 34 of the CYFSA to provide help and support to children and families. Services that a CAS provides include investigating allegations of abuse, caring for children who come under their supervision, and providing guidance and counselling to families as it relates to child protection and adoption services.



[Children's Aid Society London & Middlesex](#)

Primary Purpose of the CYFSA:

The primary purpose of the CYFSA is to promote the best interests, protection and well-being of children.

- Promote the best interests of the child
- Protection of children
- Well-being of children

This is important – it does not say that the primary purpose is to apprehend children, a common myth associated with the Children's Aid Society.

Defining a Child “In Need of Protection”

The Child, Youth and Family Services Act defines a child in need of protection who has been harmed or at risk of being harmed, including physical abuse, sexual abuse, emotional abuse, including exposure to adult

conflicts such as domestic abuse, neglect and the inability of a parent to care for a child (unable or unwilling to care for the child), has abandoned the child or has died and adequate care has not been arranged.

Who Does the Act Protect?

Who is a child in Ontario? Defining a child by age.

In Ontario, a child is defined as a person under the age of 18 years of age which means 17 years, 364 days.

Example



Ana is 17 1/2 years old. She has been working downtown at a vintage record store. She is a child according to the Child, Youth and Family Services Act and eligible for service and protection within the Act.

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[Unsplash License](#)*

What are Reasonable Grounds?

It is not necessary for a person to be certain that a child is or may be in need of protection in order to make a report to a CAS. Reasonable grounds refer to the information that an average person, using normal and honest judgment, would need in order to decide to report. If a person, including a professional, has reasonable grounds to suspect that one of the harms, risks or other listed circumstances exist, they have a duty to **immediately** report it to a CAS. Child and Youth Care Practitioners, Register Early Childhood Educators, Developmental Social Workers, teachers, recreational staff, and so on do not require certainty or probability that a child is in need of protection before they report to a CAS. It is the responsibility of the professional to follow their duty to report. It is the responsibility of the Child Protection Worker to determine if the evidence presented meets the criteria to begin an investigation.

It is not within the scope (job description) of the professional or paraprofessional to investigate child abuse. It is within the role of people working with children to be knowledgeable about child abuse and neglect. It is also a responsibility and expectation that anyone working with children, including ECEs, CYCs, DSWs, SSWs, and so on, will immediately follow their Duty to Report suspected child abuse and neglect. It is not their job to prove child abuse before they contact the CAS. In fact, any investigation by the above-mentioned professionals could put a child at further risk of abuse.

Who is Considered Required to Follow Their Duty to Report: Professionals and Officials

Every person who performs professional or official duties with respect to children, including,

- A healthcare professional, including a physician, nurse, dentist, pharmacist and psychologist;
- A teacher, a person appointed to a position designated by a board of education as requiring an early childhood educator, school principal, social worker, family counsellor, youth worker and recreation worker, and operator or employee of a child-care centre or home child care agency or provider of licensed child care within the meaning of the *Child Care and Early Years Act, 2014*;
- A religious official;
- A mediator and an arbitrator;
- A peace officer and a coroner;
- A lawyer; and
- A service provider and an employee of a service provider. 2017, c. 14, Sched. 1, s. 125 (6).

Duty to Report – Without Delay

Ontario places an additional duty on those working in a professional capacity with children to report suspicions of child abuse. The definition of professional capacity is related to the person's role in providing services to the child, not necessarily his/her educational qualifications. Any information must be reported "forthwith/promptly/immediately/without delay."

Direct Reporting

The CYFSA clearly states that a person who has a duty to report shall make the report directly to a CAS and shall not rely on any other person to report on his or her behalf.

Ongoing Duty to Report

Further, a person who has additional reasonable grounds to suspect a child is in need of protection is required to make another report even if he or she has made previous reports with respect to the same child. You must continue to report suspected abuse even if previous reports have been made. Whether someone else has reported or you receive new or similar information, it is your duty to make another report.

Section 125 of the CYFSA: Reportable Harms, Risks, and Circumstances

Section 125 of the CYFSA imposes a duty to report for everyone, including professionals and paraprofessionals, where there are reasonable grounds to suspect one or more of the following with respect to a child:

CYFSA (72)(1) A child is in need of protection where...

1. The child has suffered physical harm inflicted by the person having charge of the child or caused by or

resulting from that person's,

- (i) failure to adequately care for, provide for, supervise, or protect the child, or
- (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child.

Example: physically beating, hitting a child with an implement such as a wooden spoon, leaving a young child unattended in the kitchen where they sustained a burn.

2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

- (i) failure to adequately care for, provide for, supervise, or protect the child, or
- (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child.

Example: Not installing baby gates leaving the child at risk of a severe fall down the stairs, the child is left unattended for a period of time not appropriate for their age.

3. The child has been sexually abused or sexually exploited by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual abuse or sexual exploitation and fails to protect the child.

Example: The child has been photographed for purpose of sharing sexual abuse images, commonly known as child pornography, and the child has been engaged(groomed) into a relationship for the purpose of sexual abuse that may or may not have happened yet.

4. There is a risk that the child is likely to be sexually abused or sexually exploited, as described in paragraph 3.

Example: A child sex offender has a relationship with a woman with children and moves in with her.

4.1. The child has been sexually exploited as a result of being subjected to child sex trafficking.

4.2. There is a risk that the child is likely to be sexually exploited as a result of being subjected to child sex trafficking.

Example: A child is being held for the sole purpose of sex trafficking, believing they have no other options. The child has been abducted and used in the sex trade. There is a plan to use a particular child in the sex trade.

5. The child requires treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment, or where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, the treatment on the child's behalf.

Example: The caregiver's religious beliefs do not permit medical involvement.
For mental health reasons, the caregiver is unable or unwilling not seek medical treatment.
Due to the abuse of the child, the caregiver does not seek medical treatment.
Due to substance abuse, the parent is unable or unwilling to seek medical treatment.

6. The child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development,and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

Example: Caregiver's terrorizing behaviour makes the child fearful of all adults.

7. The child has suffered emotional harm of the kind described in sub-paragraph 6, i, ii, iii, iv or v, and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the harm.

Example: The child shows withdrawn behaviours and does not attend school, and the parent refuses to get the child help such as counselling services.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii,

iii, iv or v resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

Example: The caregiver refuses to change behaviour, get counselling, attend parenting classes etc.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, treatment to prevent the harm.

Example: The parent does not follow through in taking the child for mental health treatment.

10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide the treatment or access to the treatment or where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

Example: The child has suspected autism spectrum disorder, and the parent refuses to acknowledge this and needs supportive services and treatment.

11. The child's parent has died or is unavailable to exercise the rights of custody over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement, and the parent refuses or is unable or unwilling to resume the child's care and custody.

Example: The parent refuses to continue caring for the child.

12. The child is younger than 12 and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to treatment.

Example: The 11-year-old child was selling drugs in the 3-story walk-up he lived in when a customer wouldn't pay, he stabbed them with the knife he was carrying. The caregiver was apathetic, indicating they could not make the child attend counselling.

13. The child is younger than 12 and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately. 2017, c. 14, Sched. 1, s. 125 (1); 2020, c. 25, Sched. 1, s. 26 (6); 2021, c. 21, Sched. 3, s. 3.

Example: The parent sends the child into the store to steal a product because the child is below the age where the Youth Criminal Justice Act is relevant, they will not be charged if caught. The caregiver uses the child as a drug mule, delivering drugs to clients. The caregivers encourage that child to engage in a physical altercation with another person.

Protection from Liability

The Province of Ontario protects anyone who reports suspicions of child abuse to the designated authorities from civil action (i.e., being sued) unless that person acted maliciously, knowingly reported falsely, and/or did not have reasonable grounds for the suspicion/belief.

Confidentiality Implications of Reporting and Not Reporting

In some instances, a person may be required to provide privileged or confidential information when making a report to a CAS. Section 125(10) of the CYFSA states that no action shall be instituted against a person who makes a report including confidential information unless the person acts maliciously or without reasonable grounds for suspicion.

Failure to Report

Every province and territory specifies the circumstances under which it is an offence to fail to report suspicions of child abuse and outlines the fine and/or jail term that may be imposed. In Ontario, the consequence for failing to report only applies to professionals and is relayed to any governing body of a profession or organization to which that person belongs.

If a person, such as a Child & Youth Care Practitioner, an RECE, or other professional fails to report when they are obligated to do so, they may be liable for a fine of up to **\$5,000**. An employer may also be subject to a \$5000 fine if they are aware of the obligation to report by the employee and concur with the decision not to.

A Registered Early Childhood Educator may experience disciplinary measures for not reporting or lose their registered status in the College of ECEs.



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Are all children protected by the CYFSA? YES!

All children are entitled to protection, and authorities must respond if there are concerns that any child may be in need of protection, irrespective of a child's immigration status or if the child is on vacation in Canada.

6.2 Making the Report

It is important to reassure the child that they are not responsible for what happened to them. You can explain that it is never ok to hurt children, it doesn't matter what kids (they) do, kids never deserve to be hurt. Respond calmly, with a look of concern and reassurance. You are there to help, not be dramatic. If necessary, ask an open-ended question such as, "tell me when that happened?" Now listen, this is one of the most important skills in your tool kit! Respond with a sound or a word, "uh huh," and pause. This will allow the child to think and talk more. Don't be thinking about what you are going to say, only think about listening and be present in the moment with the child. They have trusted you to talk about what is going on in their life. They have trusted you as the person who can help them. Offer praise for the courage to talk about what is going on. Let the child know that you are going to talk to some people who help children and families in these situations. Then let them know that you will check in with them. Do not make any promises you cannot keep.

We all have a responsibility to protect children. We can do this by reporting suspected abuse to the Children's Aid Society (CAS).

Before contacting the Children's Aid Society (CAS) to follow your duty to report, consider the following:

It is not your role to investigate child abuse, it is to report child abuse; however, you may be requested to seek further information. Do not do this without prior consultation with the child protection worker.



Do not investigate child abuse. Do not ask inquiring questions to a child or parent without instructions from a child protection worker.

Child protection workers are trained investigators who use a trauma-informed approach to investigation and, where necessary, engage in forensic investigation.

These are all highly trained skills to assess risk, promote safety for the victim and elicit information in order to hold the perpetrator(s) accountable where necessary and keep children safe.

If a Child Discloses Potential Abuse, What Can You Say to the Child?

When a child discloses to you, it is important to consider how the child is sharing the information to determine your response. They may be matter-of-fact or quite emotional. Patting a child on the shoulder while looking at them with empathetic eyes may weird out a child who discloses in a matter-of-fact manner. While a child who is teary and frightened may benefit from a more concerned look of support and empathy on your face.

Remember, the child has chosen you to share a part of their life that is very difficult.



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Some Things to Say to the Child:

"I'm glad you told me, that took a lot of courage. I'm going to talk to some people who help children (and families) in these situations."

"Mmhmm, go on... I see. When did that happen?"

(Asking for a timeframe is very helpful for the child protection agency. Did it happen yesterday, last week, or last year?)

"Do you want to tell me more about that?" (Do not investigate, ask only enough to support your suspicion of abuse.)

"That must have been difficult."

"I am sorry that happened to you, I am going to talk to the people who can help in those situations."

"You did the right thing to talk about it."

"You are brave to tell."

"It's not your fault."

"Abuse or fight in a family is never a child's fault."

"This has happened to other children."

"I am glad you told me."

If a Child Has an Injury, a Mark or a Bruise and the Parent has not Informed you of it, What do you do?

Point to the injury and say, “what happened?” This shows that you are concerned about them, and it opens the door for the child to talk about what is going on, especially if the injury is the result of abuse.

For example, point to the bruise or injury and say, “I notice you have a mark on your cheek, what happened?” Or, “I notice something on your cheek, what happened?”

Not all questionable bruises are an indication of abuse; in fact, many children have had an injury that is in a questionable location for a bruise that was the result of playing, falling, sports, accidents, mishaps and so on but not abuse. The important thing to do is to find out what happened.

Making the Report of Suspected Child Abuse

In addition to legal and ethical responsibilities for reporting suspected abuse, organizations should have policies and procedures for reporting suspected child abuse. These policies must align with the Child, Youth and Family Services Act, 2017.

An organization’s policy may include the expectation of the employee to report suspected abuse, attend training on identifying and reporting abuse, how to document suspected abuse, where to access forms for documenting suspected abuse, coverage for leaving a shift where you are expected to be with children among other instructions. An organization’s policy with respect to reporting suspected abuse must be in adherence to Sec. 125 of the Child, Youth and Family Services Act. Organizations that do not have a policy(ies) in place make it more difficult for the employee to follow their duty to report smoothly. If you are an employee of an organization without a policy, consider bringing this forward and encouraging the development of one. Most importantly, you must follow your legal duty to report suspected child abuse and neglect regardless of an organization’s preparedness or not.

Suspicious of child abuse must be reported immediately to the designated child protection authorities. Sec. 125 states that you must report without delay (forthwith, and so on). This only allows you to first **document the information** to support your suspicion of abuse. What did you hear, see, know, or think may be happening? Then **inform your supervisor**, usually, so your shift can be temporarily covered for a short time. **Gather the relevant information** about the child and family that the CAS will need to contact the family and respond to the report. Then **follow your duty to report** and make the call to the CAS. To locate a CAS near you, go to the [Ontario Association of Children’s Aid Societies](#). **Introduce yourself in a professional** manner. Once finished, **file your documentation in a safe location**.

If you are concerned that someone is in imminent danger, contact the police at 911 for emergency assistance.



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What do I need when I contact the Children's Aid Society to make a report?

What to Report

When making a report of suspected child abuse to a child protection agency, try to stay calm and provide as much information as possible. Most agencies, organizations, institutions, and centres serving children have a form to document suspected child abuse, often known as the "Suspected Child Abuse Reporting" form. This helps the reporter gather the appropriate information needed by the CAS to follow up with the family.

Steps to Follow Your Duty to Report

1. **Document information** to support your suspicion of abuse. What do you hear, see, know, or think may be happening? Document this as soon as you suspect it to maintain accuracy.
You do not investigate abuse. Even if a child discloses abuse, it is the job of a Child Protection Worker to verify that the abuse, in fact, did happen. It is your job to document relevant information and follow your duty to report. Only a Child Protection Worker or Police can investigate child abuse, not someone working with children, even in a professional capacity!
2. **Inform Supervisor.** Centre/workplace policies outlining an employee's duty to report suspected abuse must align with the CYFSA. You may need your supervisor to find someone to cover your shift for some time while you complete your documentation and make the telephone call to CAS.
3. **Gather relevant information.** You will need information about the child and the family when reporting to CAS. Complete the Suspected Child Abuse Reporting Form – answer all the questions on the form to help you prepare for your phone call with CAS.
Child's name:
Child's D.O.B.:
Name of caregiver(s):
Contact Information:
Address:
Phone number:
Sibling(s):
Is the child First Nation, Métis, or Inuit?
Relevant information to support your concern.
4. **Follow your Duty to Report.** Contact your local CAS promptly. Do not delegate to any other person. Go to www.oacas.org for a local CAS near you. Follow the directions of the Child Protection Worker.
5. **Introduce yourself** using your name, title, and the place where you work. Professionalism is very important.
6. **File your completed documentation in a secure location.** The completed documentation of a Suspected Child Abuse Reporting form could be used in court.

Example

CAS, “CAS Intake, can I help you?”

Employee, “Hi, my name is Giselle xxx, I work at Pinewood Public School in London, Ontario. I am the part-time educational assistant in the grade two classroom at the school in the morning. I am calling to report suspected abuse”.

CAS, “Tell me what your concern is.”

Employee, “I have a seven-year-old girl in the class named Amandeep. She is assigned to me for reading help every morning from 10 to 10:20 am. Today she told me that her mom and dad were not home when she woke up. She said she looked in her parent’s bedroom and all around the house and couldn’t find them. She got her four-year-old brother’s breakfast and helped him get dressed, and watched for the children walking to the school, and that is when she and her brother left for school. I checked her backpack. She does not have a lunch packed, although she has brought cookies in her backpack, not wrapped and a cheese string. So, it appears that she tried to organize lunch food.”

CAS, “Has she ever told you anything like this before?”

Employee, “No, this is the first time she has said something like this.”

CAS, “Did you say anything to her when she disclosed this to you?”

Employee, “I told her that I was sorry she was all alone this morning and that she was very responsible to get her and her brother ready for school by herself and very brave to tell me and that I was going to talk to some folks who help kids in these situations.”

CAS, “Ah, that was a good thing to say to her. That is concerning when a seven-year-old child is saying that they are all alone and looking after a sibling who is four years old. Do you know the parents, have you met them?”

Employee, “No, I have not met them, and the classroom teacher has not met them personally.”

CAS, “Okay, I need to get some information from you. Let’s start with the child’s name and date of birth.”

Employee, “Her name is Amandeep xxxx, date of birth is September 24, 2016. Do you want her address?”

CAS, “Can you give me the address next, please?”

Employee, “Okay, 123 Berry Lane, London, ON. Mom’s name is Rani xxxx and her phone number is 123-456-7890. The father’s name is Jeet xxxx, and his phone number is 987-654-3210.”

CAS, “What is Amandeep’s brother’s name and birthdate?”

Employee, “His name is Darsh xxxx and I didn’t get his birthdate. I know he is four years old. I can get that for you. Do you want me to get it right now?”

CAS, “No, but I will need it, so you can email it to me. When did Amandeep say this?”

Employee, “She said it about thirty minutes ago, at around 10:05 am. I took the children back to the class and told the teacher that I would be making a report. I had to download the form, and she contacted the principal, who gave me her office to make the call.”

CAS, “Okay, that’s fine. I need your name and position and the contact information for the school and email if you use it there.”

Employee, “Okay, my name is Giselle xxx, I work at Pinewood Public School at 626 Main Street, 519-452-8700. My email is gxxx@pinewood.ca I am not able to answer any emails while I am working because I am working with the children. If you need an answer right away, it is best to contact the school secretary or the principal.”

CAS, “Okay, that is good to know. Let me see if I have everything.”

Employee, “Can I have your name and contact information?”

CAS, “Yes, of course, my name is Rhonda Bell, 519-452-9000 x211 and my email address is rhonda@cas.....com you can call me or email me if you have anything further to add, including Darsh’s birthdate. I think that is all for now. Thank you for following your duty to report.”

Employee, “Thank you, bye.”

CAS, “Bye.”

Twenty five percent of children who are abused make a direct disclosure. They do this because they believe you are a **safe, trusted adult** they can talk to, and/or they have **new information**, such as what is happening is not ok, and/or a **role model** has disclosed abuse, so they think they can disclose too. Most importantly, they are telling you because they think you can help!

[Section 6.3](#) explains what to do if you suspect abuse, however, do not have contact information to report it.

6.3 Suspect Abuse But No Contact Information

According to Alaggia (2004), direct and indirect disclosure, also known as purposeful and accidental, are the most common types of disclosure.

Rimer and Prager (2016) suggest that only twenty-five percent of abused children make a direct disclosure. They do this because they believe you are a **safe, trusted adult** they can talk to, and/or they have **new information** such as what is happening is not ok, and/or a **role model** has disclosed abuse so they may feel they can disclose to and know what to do and what will happen. Most importantly, they are telling you because they think you can help!

Most children indirectly disclose what is happening or don't share anything at all.

When You Are Familiar With the Child Who Discloses.

If a child discloses abuse or you suspect abuse, you need to be clear about your duty to report. In the previous section, we have been talking about children we work with regularly and would have access to their contact information. But what about children who you don't know personally and yet suspect abuse? What about children who witness an episode of abuse, what do you do? What about children you see being treated poorly and at risk of harm? What do you do then?

This section of the Duty to Report chapter provides instructions on what to do in those situations.

Marko Discloses Abuse; What Should You Do?

You are at the park with your six-year-old child, and they start playing with a little boy about the same age. You do not see a parent with the child. The child comes over to you when you are giving yours a snack. The child asks for some food, and reluctantly you agree after the child assures you that they eat what you have all the time. After enjoying some food together, the child discloses that their father has a knife, and he took it out last night and waved it at his mother. His mother is very sad and didn't walk him home from school. You asked the child where he lives, and he did not know his address but pointed and said, "over there." You ask the child who is at the park with him, and the child says he stopped on his way home from school. "What is your name," you ask. Marko, says the child. "Last

name?” You ask, “what’s your last name?” “Marko Zugrebber,” says the child. After thinking for a few seconds, you realize this child was exposed to an abusive situation, and you should call the Children’s Aid Society (CAS). You decide that you will somehow keep the child near you and figure out your next steps. When you start looking around, you cannot see the child.

Is this a concern? Do you need to report to CAS?

Answer (click to reveal)

Yes, it is a concern. Do you need to report to CAS? No, you do not report to CAS. Why? Because you do not have contact information.

What should you do instead? Call the Police Non-emergency line to report suspected exposure to abuse.

CAS requires that you have contact information for the child. Without this information, they cannot attend an appointment and follow-up.

Follow These Steps:

1. **Listen** – this is the most important skill. Ask only enough to clarify what the child is saying if needed.

You can ask:

- “Tell me more about that?”
- “When did that happen?”
- “What happened to you?”
- “Are you ok, you look down?”
- “And then what happened?”

2. **Support** – provide support to the child. Consider the developmental level of the child.

Reassure the child and say: “I am glad you told me,”

Here are some other things you can say to a child that has disclosed:

- “You were brave to talk about this.”
- “I am sorry that happened to you.”
- “There are people who can help you.”
- “I know people who may be able to help you.”

3. **Do not** – Do not make promises you cannot keep. You may be inclined to tell a child that you will keep them safe or their mother safe. You cannot make that promise. You do not know the full circumstances or the outcome of a CAS investigation.

4. **What to do without contact information?**

Without contact information, CAS is unable to respond.

Concerned about the safety and well-being of a child but don't have contact information?

We all have a responsibility to be the eyes and ears of the community to look out for children and youth who may be at risk of harm. Perhaps you know a child or youth in danger or witnessed a serious incident against a child/youth. Your only option is to contact your local police dept non-emergency line. You will be directed to speak with a police officer who can help you.

Contact your local Police Department non-emergency line and speak with a police officer.

Explain the situation to the police officer. Provide as much detail and information as possible. The police will decide if they will respond. For the example above about Marko, the police may respond by contacting the principal of the school to access the contact information, regardless of the time of day. CAS needs some type of reasonable information to respond.

In some situations, you will need to contact 911 due to the information being an emergency and responders needing to attend to the household or location immediately. For example: You witness someone physically assaulting a child. A child is pulled or dragged or suspiciously taken into a vehicle. Calling 911 would be an appropriate course of action.

Remember, it is not your job to investigate whether abuse occurred or not, your job is to report suspected abuse. If you don't have contact information, report it to the police, and they will decide how to gather the information to share with CAS.

The following are examples and what to do:

Neglect Example

You are going shopping at the mall with your friend. You get off the bus and walk through the parking lot to the main entrance. You walk by a car and see a baby in the car seat. You look around and don't see anyone nearby. You wait for a while, hoping the parent will return. No one does. The baby starts to cry.

Do this: It is neglectful to leave a baby unattended for any length of time. Leaving a baby in a car alone is dangerous. You do not have the name of the baby, the name of the caregivers, or the address of where the baby lives. This is a serious incident. You need to contact emergency services immediately. Call 911.

Force Example

You are at the park with your sister and her children. You see a woman with two young children, a toddler and another one about kindergarten age. She is quite possibly the mother of all of the children, although you don't know for sure. She is packing up their belongings, and the toddler is visibly upset that they are leaving. The woman picks up the toddler and goes to put him in the stroller, but the older child has climbed in. While holding the toddler, she raises her voice at the child in the stroller. It looks like the woman is angry. You can't hear exactly what is said, but the older child climbs out, starting to cry. You wish you could help as you know it can be difficult getting children to leave the park. She puts the now crying toddler into the stroller, and he climbs out when she turns to get her bag. At this point, you decide to start walking over, thinking you will casually say something like, "kids, huh, they are tricky" or "hey, need a hand catching these little monkeys"? You will decide what to say as you approach as you don't want to appear judgmental or like you assume she can't handle her own children.

As you approach her, she grabs the toddler that climbed out of the stroller and puts him into the stroller sternly, then hits his upper arm near his shoulder and says something. The child starts screaming and then crying. She grabs the kindergarten-age child, points a finger at his face and says something to him while looking very annoyed. The child responds, and then she hits him in the buttocks. With both children crying, she grabs the stroller and walks away quickly. You can't believe what you just saw. You look around, wondering if anyone else saw what just happened. No one seems to be concerned, yet you are. You feel terrible as they walk away. You don't know what to do because if you knew this woman, you would call CAS to report what she just did; however, you do not have her name, her contact information, or the names of the children.

Do this: This appears to be an example of excessive force to control children's behaviour. According to Sec 43 of the Criminal Code of Canada, a parent or guardian standing in place of a parent can use force to correct a child's behaviour if it is appropriate in the circumstances. However, the person cannot use force if they are angry. They also cannot use force if the child cannot learn from the use of force as a discipline strategy. It appears that, in this case, the woman is angry, and it is unlikely that the children learned a lesson in this situation.

Possibly the children are at risk of harm or further harm. Not knowing who they are or where they live precludes you from contacting CAS.

While this is an upsetting situation, it would not be a call to 911 (Emergency Services) because it is not an emergency.

You may call your local police department, such as the London Police Department's non-emergency line, 519-661-5670, to speak with a Police Officer to report your concern and seek advice. They will decide whether it is appropriate to send officers to look for the woman and children.

If in doubt, you can call 911, and the Emergency Services Operator will decide if the situation warrants sending officers to respond.

We hope in these situations that, someone that knows this family will contact the CAS and that the caregiver will get the help that they need to parent the children more effectively.

Calling the police to report child abuse: You need to consider if what you saw or the information you have requires an immediate response from emergency services such as the police. Are the children in immediate danger? If you witness an incident and you believe children are in immediate danger but do not have contact information, call the police at 911. If it is not an emergency, you can call your local police department's non-emergency line. Report what you saw and heard and any other identifying information. Police will decide if it is necessary to have a police officer respond immediately. If the police respond, they will gather the appropriate contact information and then involve the Children's Aid Society (CAS).

It is also important to note that there are incidents of abuse that may be seen, and you are unable to do anything.

Example

Deanna was riding the bus to work when she saw a woman on the bus point a finger at a young child and say, "shut the f**k up." She was shocked and was thinking about what she could do if anything when the woman got up with the quietly crying child and got off the bus. As she exited the bus, the woman pushed the child who almost fell over. The child was crying as the bus drove away. Deanna was feeling badly about what she witnessed. Is it a concern? Is it a report to CAS? Is it a report to 911? Is it a report to the non-emergency police line?

Answer: It is a concern. This woman needs help, and so does this child. Is it a call to CAS? It is not a call to CAS because Deanna does not have any contact information. It is not a call to 911 emergency services because, it is not a serious, unexpected, dangerous situation requiring immediate action. It is not a call to the non-emergency police line either because you don't have enough information to support intervention by the police. While the caregiver was inappropriate with the child, by the time the police responded, the caregiver and child would no longer be in the area. We can only hope that someone who knows this woman will make the call to get this family some help.

6.4 Suspected Child Abuse Reporting Form

Figure 6.1 Suspected Child Abuse Reporting Form:

Suspected Child Abuse Reporting Form.

Name of Organization:

Name of Child:

Age of child:

Caregiver's name(s):

Address:

Phone number(s):

Sibling(s) living with child:

Is the child a member of a First Nations Community?

Date and time of observation:

Describe the incident, situation, statement, or behavioural and/or physical indicators of abuse, including dates and times that lead to reporting suspected child abuse to the Children's Aid Society /police services. Include all details and sources of information that precipitated the report, such as behavioural concerns. If the child disclosed abuse, explain what the child said, how they said it and their response to the disclosure.

Describe the physical condition of the child, including any known or visible injuries, burns, welts, and/or signs of illness. Where appropriate, circle bruises or other injuries on the attached Body Chart (included in this form).

Is there knowledge of any other relevant information or incidents child protection/police should know about? I.e., is the child from a blended family, the family's first language is ____, caregiver issues or concerns that you are aware of, etc. (Any specific vulnerabilities? Medical conditions? Communications issues?) What actions, if any, have been taken prior to reporting the matter to the child protection agency?

Outcome of the call: Identify the outcome of the report to the CAS, including any advice/instructions from a child protection agency/police service. If known, include what action the agency will take because of the report.

Date and time reported to child protection agency/police service:

Name of child protection worker, phone number:

Signature of person making the report:

Date and time of documentation completed:

If the individual reporting does not have access to all the information, they *should not* conduct an investigation to search it out. This is the role of personnel trained in child abuse investigations.

Download Figure 6.1 – [Suspected Child Abuse Reporting Form \(Word Document\)](#)

6.5 Duty to Report: Questions

Knowledge Check



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CHAPTER 7: THE WILSON CASE

7.1: Wilson Case Study - Part 1

Wilson Case Study

1. Elizabeth is a lawyer with a large firm in downtown Toronto in criminal law, and Ryan is a civil engineer. Elizabeth pursued law because her father was a police officer who was killed by a drunk driver on the side of the highway during a routine speeding stop. She was eleven years old. Her mother became depressed and addicted to opioids. Her dark childhood made her determined never to end up poor or addicted like her mother, and she promised her dad in heaven or wherever he was, that she would never ever represent a drunk driver. Elizabeth met Ryan when she was at a charity gala event to raise funds for Sick Kids Hospital in Toronto. They hit it off right away and were married just over a year later.

2. Ryan grew up in a traditional family. His mother stayed home and raised the children, and his father worked in finance. He never wanted for anything, although his father wasn't involved in his life due to the hours he invested in his career. His dad could be a bit of an ass, deciding how the money was spent and doling out money to his mother for allowance and telling her to cut back on groceries. She had to ask if she wanted a new dress. He did not discuss with her how he spent money and he made all the "big" decisions where money was concerned. He does have good memories of his dad during family vacations where they would rent a boat and fish. He died of a heart attack just before he graduated. This is a source of anger for him because his father drilled into him that he had to make something of himself and was not there to see him succeed.

3. Two years into Elizabeth and Ryan's marriage, they decided to start a family. Without success, they spent five years with a fertility clinic and ended up adopting Maya from the Philippines. She was fourteen weeks old and had been living in an orphanage since her birth. It was Ryan's idea despite Elizabeth's preference to keep trying. They hired Gloria, a Filipino nanny, to support her heritage. She came well recommended by an agency they found after numerous hours of research. Elizabeth created a stunning nursery and bought beautiful clothes for Maya. She purchased three strollers for Maya. A jogging stroller so she could be with her while she was running her 5 kms every morning, one that was for the car so she could take her shopping and another one for walking around the neighbourhood to show off her beautiful baby. She put her baby's name on the waiting list of the best preschool that money could buy and signed her up for mommy and me swim class, although she told Gloria to take her. She arranged a weekly schedule that included trips to the library, a weekly social playgroup at the Community Centre, outings to the parks, inside play, cognitive development based on her age and stage of development and baby tumbling at Gyminie Crickets. The Wilsons had an account with Town Car, and Gloria was expected to book her drives when needed and attend the scheduled events.



Photo by [Zeke Tucker](#) on [Unsplash](#)

4. Elizabeth planned to take a two-month maternity leave to bond with Maya; however, Maya was not a happy or easy baby, and Elizabeth found the whole experience of trying to bond more of a media play than reality. She went back to work after three weeks.

5. Elizabeth decided that her goal was to attend the weekly social playgroup on Wednesdays at 9:30 a.m. and be home to put Maya to bed every night around 8 p.m.

6. At the playgroup, Elizabeth would sit on a chair and talk with the other adults about how tapped out she was being a working mom. Gloria would do most of the supervision of Maya in the group. If Elizabeth went over to play with Maya, the baby would fuss and want Gloria instead of Elizabeth. This frustrated and embarrassed Elizabeth, reminding her of her own childhood when she was left to care for her siblings with little in the house. She never had a mother who cared for her as she does for Maya. She never had access to money or enough food in the fridge that Maya will never have to worry about. Elizabeth thinks Maya needs to learn to be grateful for her choosing to be her mother because her life would have been very different if she didn't. She tells Gloria to get out of the room so she can play with Maya at the social play group and show the other mothers that she is a good mom.

7. Whenever Elizabeth sends Gloria out of the playroom, it causes Maya to cry. Elizabeth would ignore her. "Next time, you will remember who the mother is," she was overheard saying once. When the leader of the program tried to soothe Maya, Elizabeth said, "she is always like this." "She is probably one of the hardest kids to settle." "Even at bedtime, I could rock that kid until there are holes in the carpet, and that kid won't fall asleep. It's like she is making me pay for working to put nice clothes on her back and a good roof over her head." The playgroup leader said, "babies don't try to make your life difficult; they are trying to get their needs met." At which point Elizabeth said, "I think I know my child better than you do." Elizabeth rolled her eyes and walks away, thinking the leader just didn't get it. She leaves

Maya in bed crying most nights. She doesn't have time to rock her all night, and besides, if she did, that kid would be ruling the house. Elizabeth believes, Maya is learning who the boss is. She's not hurting her, for god's sake! When she was getting ready to leave, Elizabeth said to Gloria, "if you keep pitting my child against me, you won't have a job in the future."

7.2 Wilson Case Study: Questions (P1)

Case Study Questions

Answer the following questions.

1. Attachment is an emotional bond with another person. The earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. Attachment serves to keep the infant close to the mother, thus improving the child's chances of survival. Between 6 weeks of age to 7 months, infants begin to show preferences for primary and secondary caregivers. Infants develop trust that the caregiver will respond to their needs. While they still accept care from others, infants start distinguishing between familiar and unfamiliar people, responding more positively to the primary caregiver.

Provide evidence of how Elizabeth and Ryan addressed Maya's attachment, or not, when she arrived from the Philippines.

2. Children need basic things to thrive, such as secure attachment, unconditional love, acceptance, routines, responsibility, empathy, guidance, good role models, and time to play. What was Elizabeth's plan to contribute to Maya's life to ensure that her newly adopted daughter thrived?

3. When Elizabeth went to the play group, her Nanny, Gloria would do most of the supervision of Maya. When Elizabeth would attempt to play with Maya, she would fuss and want Gloria instead. Why does this happen?

4. Elizabeth wants to appear "good" in the eyes of others and engages in behaviour to show that she cares about her daughter and is a good mom. What is Elizabeth doing and is this behaviour contributing to her being a good caregiver or not? Support your answer with evidence.

According to Rimer and Prager, (2016), children are at risk of abuse when a child's needs and normal behaviours are perceived as onerous because the child is unwanted or does not fulfill the parent's expectations. Provide an example(s) of this from the case study.

5. Sleep training infants is a common strategy used by parents to encourage their babies to sleep at night which can be as simple as implementing a nighttime routine or knowing how to read an infant's tiredness cues. Identify what Elizabeth is doing to promote infant sleep and how this would align with a sleep strategy or not. Support your answer with evidence.

6. Many factors have been identified as contributing to some parents/caregivers being more vulnerable than others, adding to their difficulty in coping in general which increases the risk of child abuse.

According to Prager and Rimer, (2016), caregivers with specific personality characteristics, cognitive abilities, and/or emotional factors that challenge their strengths and weaknesses in coping with everyday life, stresses, children, and family can increase the risk of child abuse.

Examples can include depression; substance abuse; difficulty controlling anger and hostility; attachment difficulties; poor problem-solving and conflict resolution skills; poor coping mechanisms; the impact of a personal history of abuse or neglect, violence in the family, and/or childhood trauma; emotional immaturity; and/or low self-esteem.

Identify Elizabeth's specific personality characteristic(s) that are increasing her risk of abusing Maya. Support your answer with evidence.

7. Unrealistic expectations of children's behaviour increase the likelihood that a caregiver may have less understanding or patience, and perhaps be more punitive. These attitudes and practices with respect to how children should be raised can increase the risk of abuse.

Identify examples of unrealistic expectations of Maya's behaviour. Support your answer with evidence.

8. Elizabeth was overheard saying to Maya, "next time, you will remember who the mother is,". The leader of the program tried to soothe Maya and Elizabeth said, "she is always like this." "She is probably one of the hardest kids to settle. Even at bedtime, I could rock that kid until there are holes in the carpet, and that kid won't fall asleep. It's like she is making me pay for working to put nice clothes on her back and a good roof over her head." The playgroup leader said, "babies don't try to make your life difficult; they are trying to get their needs met." At which point Elizabeth said, "I think I know my child better than you do." Elizabeth rolled her eyes and walks away, thinking the leader just didn't get it.

Is this a concern? Does she need to follow her duty to report and contact the Children's Aid Society?

7.3 Wilson Case Study: Application of Theory

Case Study Activity



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7.4 Wilson Case Study - Part 2

Wilson Case Study

8. One evening, when Maya wouldn't lie down in her crib, Elizabeth held her down, squeezing her arms. She then walked out of the room and banged the door shut, and said, "shut the f—k up!" She went downstairs with the baby monitor. She had the volume on low and poured herself a glass of wine.

9. Ryan arrived home about an hour after that. He kissed her as he walked into the living room with his own glass of wine, bringing the bottle with him. "Top up, honey?" "Absolutely!" "Rough day?" he asks. "You know, I told you I didn't want kids, not unless I could have them." "Now I am lumbered with this f—king mess upstairs." "Oh honey, don't say that she's our baby," Ryan frowns. "Yeh, well, you can have ourrrr baby, I'm done." "And you can get a new nanny, I can't stand Gloria." With that, Elizabeth left the room.

10. Ryan knew he wanted children when he met Elizabeth. She was beautiful, and he wanted to have the perfect house, wife, and children. He had dreams of summer vacations in the Muskoka's and winter vacations on the slopes. He had worked hard to get a good career and all the benefits that went with it. His wife was beautiful and a match for his intelligence. They were a power couple in town. When pregnancy didn't come easy, and thousands of dollars of fertility treatments wreaked havoc on Elizabeth's body and moods, impacting their relationship, he was happy to end it with the adoption of Maya. Problem solved, he decided. He had heard about the private agency through a colleague at the office. In the end, it cost \$50,000 to get Maya into their hands. He loved her at first sight. Elizabeth was excited and did everything possible to prepare for their baby's arrival, from hiring the decorators for the nursery to buying the best of everything for their baby to come!

They hired a Filipino nanny to arrive the same week as Maya did so Elizabeth would have help and support. Elizabeth didn't quite fall in love with the baby right away or become the nurturing mother he had hoped, but he wasn't worried. He thought these things must take time. He left the care and responsibilities of Maya to Elizabeth because he believed that women know best about what children needed and his career as an engineer was incredibly demanding. He couldn't get distracted by runny noses and how to make kids go to sleep. He wanted to be an involved father, but there was a limit to his involvement. Despite some of the challenges, he loved Maya and really appreciated Gloria because she did so much with their baby and helped around the house.



Photo by [Tanaphong Toochinda](#), Unsplash License

11. When Maya was nine months old, he started talking to the adoption agency about adopting another child. He just wanted to consider his options. He wanted a son and wouldn't consider an adoption that wasn't a boy. He discovered that boys were more money and less available. This didn't discourage him, and he eventually put a deposit down with the agency for a baby in a year's time. He wanted their children to be two years apart. He had not talked to Elizabeth about any of this. She was so busy with work and Maya. He didn't want to discuss it until he was sure they had a baby to talk about. He was secretly excited and felt a sense of relief. His family would be complete.

7.5 Wilson Case Study: Questions (P2)

Case Study Activity



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7.6 Wilson Case Study - Part 3

Wilson Case Study

12. Gloria was given her notice the following week citing a change in direction for their child-care arrangements for the family. Gloria was devastated and threw up for an entire day when she thought about Maya and how her life would be with Elizabeth, who barely had a relationship with her and Ryan, who was never home.

13. She also thought that Maya would not learn Tagalog, a common language spoken in the Philippines. Gloria's last day was supposed to be Friday although Elizabeth didn't go to work and told her she could leave in the morning. Elizabeth wouldn't even let Gloria hug Maya goodbye. It was truly one of the worst days of Gloria's life. Gloria had arranged to sleep on her cousin's couch until she found another nanny job.



Photo by [Zeke Tucker](#) on [Unsplash](#)

14. Ryan took a week's vacation to look after Maya and told Elizabeth she needed to take the following week off if they didn't get a nanny by then. She said she couldn't possibly take a week off as she was preparing for a trial, and jury selection was starting at the end of this week and would go into the following week. "Well, we are in this together, so we better figure something out because Maya needs a nanny, and I can't be off work longer than a week," he said curtly. Will called the agency that recommended Gloria, who gave him the "fifth degree" about why they let Gloria go and needed another nanny. They explained that their reputation was paramount in recommending top-quality nannies. If Gloria was a problem, they needed to know about it so they could remove her from their list of recommended caregivers or even warn people about her. Ryan said there was a problem and would not recommend her again. When they wanted specifics, he could not give them and changed his mind saying it was more of a personality fit. It was not a good phone call, and he was agitated when it ended. Maya woke up from her nap crying, and he said to her, "great, this is a bloody nightmare, Maya." "Here we are, just you and me, and I really don't know what the hell I am doing." "I just may have blown an opportunity for your next nanny, and I don't have time to look after you." He decided to go to the YMCA gym, where they have child-care. He worked out for an hour and a half, then sat in the steam room for twenty minutes and finally showered and dressed, returning to pick Maya up after a total of two and a half hours. He felt great, although starving. Maya was crying when he picked her up, a great way to wreck a great morning. The child-care staff were not happy. They said that

he was gone much longer than he initially said he would be, and he did not leave any food for Maya. He said he didn't realize that it was that big of a deal because they are there and not going anywhere and asked, "don't you have backup food?" Maya cried most of the way home until she fell asleep. He quietly carried her in, and when he put her down in her bed, she woke up and started crying again. "Oh, for Christ's sake, Maya." Ryan brought Maya downstairs and put her in the high chair, and gave her cut-up cheese and organic fishy crackers, and cut-up grapes. He got online to the local grocery store and started a grocery order. "Screw Elizabeth he mumbled." He ordered 24 jars of organic baby food. This included stews, vegetables, fruits, and blended fruits. He also ordered a bunch of organic baby snacks like little cereal circles, more organic fishy crackers, and baby oatmeal. If he was going to be feeding her, he didn't need the added pressure of making food. He also ordered brown eggs, rye bread and 4 premade salads, cooked schnitzel, and roasted chicken breasts. He checked out with express delivery. It should arrive in two to three hours. His stomach was already rumbling. "Now that's how it's done," he said proudly to himself.

15. Elizabeth arrived home at 8:30 pm. There were dishes all over the kitchen, with groceries still to put away, toys on the floor and a general mess in the house. "Geez Elizabeth, couldn't you get home to at least say goodnight to Maya?" Elizabeth responded with, "what the hell went on here, what a bloody mess!" "Are you kidding me?" Ryan responded. "Do you even know how hard it is to look after a baby and run a house?" "Oh, that is a dig, isn't it? You think I don't know" says Elizabeth. "F—k you, Ryan, just F—k you," Elizabeth says as she leaves the room and goes upstairs. She looks in on Maya from the bedroom door. Maya is sleeping soundly. Elizabeth has a shower and puts on a pair of leggings and cropped sweatshirt she bought at lunch. When she goes downstairs, Ryan is cleaning the kitchen with the living room already clean, and most of the toys are in the toy box or in the corner. Elizabeth says, "I am sorry about that. It's just been a long day, and I already feel guilty that I didn't make it home without you adding to it." Elizabeth walks over to the fridge and opens it, and then looks at Ryan. "What did you buy all this for? You know I don't want Maya to eat this junk." Ryan said, "I know, but it's organic, and I can't make it all, and you can't." "What do you mean I can't? Of course, I CAN. I just don't have the time right now. We need to hire someone to make it. I don't want Maya eating processed packaged food. You know that's important to me. It's like you are going against me all the time." "Yeah, well, it's like you don't even love her" Ryan says as he walks out of the room, now fed up with this whole evening.

16. The following week, Elizabeth took Maya to Childscapes Early Learning Academy. She gave the school a donation of \$10,000 towards their fundraising campaign, and this somehow secured her an immediate spot for Maya. She boasted to Ryan, "money talks and always will." The arrangement was that either she or Ryan would drop Maya off as early as 7 a.m. but she needed to be picked up by 6 p.m. So, Elizabeth arranged for Childride to pick up Maya at 6 p.m. and take her to Mrs. Delaney's home on Temerest Blvd., about fifteen minutes north of where they live. She was recommended by a friend at work. She looks after kids in the evening. She just needed to stay on top of when Childride was to drop Maya off at home or at Mrs. Delaney's home. She booked a cleaner from a company; however, they were a ridiculous price of \$250 per hour. She wanted to find a cleaner who could come in daily and clean up, buy groceries, make some food, pick up dry cleaning and, if possible, meet Maya after child-care. This was proving harder to find than she realized. Her trial was heating up, and she didn't need the distraction of organizing everything for one damn difficult kid.

17. Ryan and Elizabeth fall into bed exhausted. Both of their jobs are demanding and now the added running around with Maya's schedule and staying on top of it is adding another element to their lives. They both laugh at how their life has changed, but they seem to be managing things. Maya is going to

be one in three weeks! Ryan decides this might be a good time to tell Elizabeth about adopting a boy. She's in a good mood. He got the call three days ago from the adoption agency that they will have boy in about four months. He hasn't been able to think of anything else since. "Elizabeth," he sings in a low voice. "No, I'm not into it." "No, I am not asking for sex, I just have something I want to talk to you about. "What?" she says, rolling over to face him. "Now, promise me you won't blow up. Just hear me out," he says. "What's going on?" she asks. "Promise?" asks Ryan. "Ok, I promise," Elizabeth replies. "I have been thinking about how much I love Maya and having a child in our lives that I want us to consider," he pauses, "another one." She rolls on her back, looking at the ceiling. "Wait, just wait, he says. I talked to the adoption agency and they have a boy we can have, he says excitedly, now on his elbows, looking into her face. We would have a perfect family. Think about it. We have a little Elizabeth, and then we would have a little Ryan."

18. Elizabeth slowly rises and slides out of bed. "What are you doing?" Ryan asks. "Not reacting," Elizabeth says. "No, no, say something. Tell me what you think. At least give me something. I have been thinking of nothing else for the last few days," says Ryan. Elizabeth asks carefully, "You have known about this for a few days?" "Yes, replies Ryan, I got the call three days ago. Just tell me this, have you been talking to the adoption agency and working with them to get another baby, like a boy this time?" Ryan says, "well, not exactly like that." Elizabeth speaks louder, "like what, Ryan! Like what?!" He starts to say "well, um, well, just to" and Elizabeth interrupts and starts yelling, "you know how f**king hard this has been on me? Maya has been a f-king nightmare, and you do nothing. This is the first f-king week you have taken off." Elizabeth is rolling now, she is shouting all manner of things at Ryan, calling him names, swearing, pointing her finger. Spit is coming out of her mouth as she is shouting. He doesn't feel like he even knows her. They both hear Maya crying now. Elizabeth storms out of the bedroom. She didn't come back, and she didn't stop to settle Maya. Ryan lays there thinking about what to do, listening to Maya cry. He rolled over and opened his bedside drawer, and opened a small package of earplugs. Once firmly in his ears, he settled himself and tried to fall asleep. Maya kept crying. About fifteen or twenty minutes later, Ryan got up to check in on Maya, who was still crying and had worked herself up. He had hoped she would exhaust herself and fall asleep again. As he walked to Maya's room, he felt annoyed that Elizabeth had not sorted her out. Women know how to do this better than he did, and she knew that. When he walked into the room, he said, "really Maya... calm down! Your mother is a piece of work. He walked over to the crib and picked Maya up. She had soaked through her diaper and sleep suit. Oh great, thanks a lot, Maya. He was not impressed. He was tired now and just wanted her to go to sleep. He had to turn the light on to find all the things to take care of this. After changing Maya and re-dressing her she was wide awake. It took forty minutes before he could get her completely settled again. Ryan did not sleep well.

19. They did not talk while getting ready for work. Ryan dropped Maya off a Childscapes Early Learning Academy and ended up talking to one of the ECE's about the fight he and Elizabeth had. It just came out and it helped him get some perspective. He talked about the escalating fights, nanny situation and how Elizabeth was so angry at him and didn't help Maya when she was crying after the fight. She suggested counselling which he hadn't considered but thought it was worth a try. Later that evening when Ryan came home from work, Elizabeth was sitting in the living room having a glass of wine. "Where's Maya?" he asked. "I left her at Mrs. Delany's for the night so we don't have to drive her in the morning. Besides, I need a break." As much as that pissed him off, it was probably a good thing because they needed to talk. He sat down with her and apologized for suggesting another adoption. She looked at him, saying nothing. He then said I think we should get some counselling. Things are just not going well, and I don't want to ruin what we have. Elizabeth replied, I am not going to some

bloody counsellor and spilling my guts. I don't need counselling. Never! What I need is a husband who has my back.

20. Elizabeth got up and walked out of the room. About ten minutes later she called from the front hall, "I'm going to yoga." "Hey, wait a minute," Ryan called after her, "we're not finished here." But they were finished, as the front door closed shut.

7.7 Wilson Case Study - Part 4: Questions

Wilson Case Study Activity

Answer the following questions for the Wilson Case Study.



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7.7 Wilson Case Study: Questions (P3)

Case Study Activity



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CHAPTER 8: THE MEDINA CASE

8.1 Medina Case Study

Medina Case Study

Paulo Medina, Age 10, Date of Birth: Sept 24,
224 Sunny Lane London, ON
School: St Mary of the Vale School
Parents: Andre' Medina (c) 519-333-1234
Sybil Medina (c) 519-333-4321

Andre' was previously married to Sybil for 12 years. They had Paulo together 2 years into the relationship. Paulo is now 10 years old. Andre' and Sybil's relationship broke down due to the extreme stress of Sybil's addiction to OxyContin. Paulo was exposed to years of his mother's addiction. Andre' tried to support Sybil encouraging her to get help. She was referred to Narcotics Anonymous (NA) when she was found unconscious and ended up in hospital but never followed through.

Sybil was gripped by the addiction and could not respond to Paulo emotionally, she rarely said she loved him or nurture him by hugging him. In fact, she was easily frustrated and yelled at Paulo for little things like getting his shoes on or getting to bed. Paulo tried to be cooperative and compliant to please Sybil to get her attention and affection. When she asked for his help to get her "stuff" he was always ready to go. Paulo was left unattended numerous times either at home, in a car or with people she did not know while Sybil sought the opioid. On one occasion, Sybil even sent Paulo to purchase the opioid. He was happy to help his mother and felt like a big boy doing jobs.

He told his best friend, Riley at school about some of the things he got to do with his mom, sometimes being left alone, "but only because he was a big boy". He didn't know why she always had to pick stuff up, he just knew she needed something, and his mom told him not to tell anyone what they did when they were together. Riley told his mom, who was going to tell Ms. Petite, the boys teacher. When talking to Ms. Petite about the boys, she said that occasionally she was worried about Paulo. When Ms. Petite wanted examples, she became worried about her own family and what might happen



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if she said something, so she back tracked and just said that poor Paulo just didn't seem to get a lot of attention and loving at home. You know he only seems to have one friend, her son, Riley, she said. They both agreed that Paulo is a sweet boy and didn't deserve to be anything but loved.

Andre' often overworked believing that financial stability was the route to supporting his family. Then he needed to because Sybil was draining their bank accounts to pay for her addiction. With Andre' overworking, this left Paulo with his mother and her erratic behaviour due to her addiction. Andre' finally realized he could not leave Paulo in Sybil's care for his safety and decided to leave the relationship. He spent the week packing his and Paulo's things. He tried to get Sybil to organize what she wanted to take during the week, but she wouldn't engage begging him not to leave. The day he was leaving with Paulo they got into a massive fight. They were screaming at each other saying unimaginable things. When Andre' turned to leave Sybil jumped on his back and started clawing at him. He was spinning around the room with her and finally dropped himself on the floor landing on top of her. It knocked the wind out of Sybil. She was gasping for air. When she was laying there Andre' kicked her two times saying she was a lousy piece of sh*t. Paulo was initially outside playing in the moving truck his dad had rented, waiting for his dad, but he could hear the screaming. He started to cry and opened the door to the house. He was frozen in the doorway when he saw his mom on his dad's back and then his dad falling on top of her and she couldn't breathe. He began to scream at his dad when he kicked her, and remained sobbing as Andre' pulled it together, grabbed Paulo and left.

When Andre' left Sybil, Paulo was 6 years old. He sought custody of Paulo due to the addiction and requested supervised access. Sybil's addition was a big part of the custody hearing and it was also brought up that Sybil was sexually abused as a child and left home at a very young age. He was granted custody, and Sybil received unsupervised access every other weekend and on Wednesdays. This caused significant stress for Andre' as he worried about Paulo's well-being while on access visits. As Andre' predicted, Paulo would spend all his time watching TV and eating junk food during his access visits with his mom. He would often come home hungry and misbehave, resulting in terrible Sunday evenings for both Andre' and Paulo. Andre' was at least thankful that Paulo would tell him about the visits.

When Paulo was 7 years old and visiting his mother, he fell off a trailer hitch and bumped his head badly, resulting in a concussion. His mother did not take him to the hospital or the doctor. When Andre' picked him up, he took him to the hospital and reported the incident to CAS. Paulo reported that his mother was hanging out with her friends and no one thought it was bad enough to go to the hospital. CAS offered group counselling for Paulo, due to the separation between his parents but Andre' never followed through.

When Paulo was 8 years old, he was hit by the car his mother was driving. Sybil thought he was in the car when she was backing out of a parking lot. A bystander called the ambulance. Sybil was charged with driving while under the influence of narcotics. Paulo sustained a broken arm and a concussion. Andre' petitioned the court for supervised access due to Paulo's safety in the presence of his mother, and it was granted. Sybil was ordered to enter drug rehabilitation. Supervised access would be held at Children's Connections Centre. Sybil did not attend drug rehabilitation stating that she wasn't ready.

Paulo was 9 years old during a supervised access visit at the Children's Connection Centre when his mother overdosed on opioids. She was found in the women's washroom. She was unable to be revived, no Naloxone kit was available on site. Emergency services arrived but could not revive her. She was taken to hospital leaving Paulo at the Centre. Andre' picked up Paulo and told him that his mother had died.

Paulo never talked about his mother's death. His father, Andre' found Sybil's death to be a relief given the years of addiction that she had suffered and the chaotic effect it had on the family. As such, he had no intention of discussing it. The school contacted Andre' and offered grief counselling for Paulo. Andre' said that it wasn't necessary. Paulo did not attend.

Paulo began a downward spiral after the death of his mother. He was getting into trouble at school, often being sent to the principal's office. Just before Paulo's tenth birthday, he was suspended for telling the principal to "f-k off" when asked about a conflict with another student.

When Paulo returned to school, he drew a picture of a dagger on the principal's office door in permanent marker. Andre' couldn't believe what was happening. When the principal called to book a meeting with him, he talked to Andre' about getting Paulo some help such as counselling. Andre' said in an angry tone, "he doesn't need counselling, he needs discipline". Andre' went to the school for the meeting with Paulo and the principal and the school counsellor, Ms. Doxtator, CYC. Paulo ran out of the school, down the road and then into busy traffic. It is only a miracle that he wasn't hit by a car. Andre' was furious and ran after him with the principal and Ms. Doxtator not far behind. Andre' grabbed Paulo by the shoulder and squeezed so hard, yelling at him saying that he was such an idiot for running into traffic. He yelled at him the whole way back to the school, saying that he "had it" and was going to a boarding school for bad kids. Paulo was crying, rubbing his shoulder, which was already starting to bruise.

When they were back on school property, the principal said, "let's all take a big breath, and looking at Mr. Medina, he said quietly, you need to calm down, yelling at him is not helping". At that point, Andre' said, "we're not staying, we're leaving".

8.2 Medina Case Study: Short Answer Questions

Medina Case Study Questions

1. Did Paulo experience abuse? If so, what type(s) of abuse did he experience?
2. What are the *Parent Factors* that increase the risk of abuse?
3. What are the *Child Factors* that increase the risk of abuse?
4. What are the *Environmental Factors* present that increase the risk of abuse?
5. What supports are absent or available, and are they accessed or not?
6. Paulo experienced an injury. Explain the injury using the course material.
7. What is the impact on Paulo?
8. How can we help the Medina family?
9. Develop a plan for the Medina family.

8.3 Medina Case Study: Questions

Knowledge Check

Answer the following questions for the Medina Case Study.



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CHAPTER 9: MCDONALD CASE STUDY

9.1 McDonald Case Study

McDonald Family Case Study

This family is a traditional family system, comprised of a mother, father, and three daughters. The mother is Cheryl, and the father is David. Their children, Mia (11) is in grade 6, Sarah (8) is in grade 3 and Amelia (6) is in grade 1. The three girls attend the French Immersion Program at Bright Elementary School in Ontario. Educators, Educational Assistants (ECE) and School Counsellor (CYC) among Administrators and other Support staff have various concerns about all three girls.



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Mia regularly does not complete her homework. Her explanation is that her mother does not speak French and is unable to assist. Mia regularly tries out for different sports and activities but then cannot participate because she does have a parent to pick her after practices or drive her to attend games. Sarah is an academically strong student and outperforms her classmates when in class to participate, however, her sporadic attendance impacts her ability to access the curriculum resulting in Sarah being behind in some areas such as math. Mia was referred to the CYC school counsellor, Ms. Kaur, due to Mia's lack of friendships and low engagement in the academic milieu. Mia meets with Ms. Kaur on a regular basis to help her with her social and emotional well-being. All three girls miss school regularly, with both Amelia and Mia missing, approximately 2 days each week, while Sarah misses about 3 days per week.

Current Situation

This is an upper-middle-class family system where the father, who grew up in a traditional family, is employed full-time and works long hours. The mother is a stay-at-home parent, primarily in charge of the home and the children. David is a bilingual French Canadian, and the girls are enrolled in a French Immersion Program at school. David works a standard Monday-Friday work week but has long hours that extend past a normal workday.

Cheryl is overwhelmed in her role as a stay-at-home parent. She is new to the Kitchener-Waterloo region and has no social supports or friends. Her extended family is physically distant and provides no support. She struggles in day-to-day functioning and is unable to keep up with housework, laundry,

groceries, errands, and other expectations of maintaining a home and children. She has struggled with depression since the birth of her last child. Since that time (18 months after the last birth), she has also had the added diagnosis of agoraphobia by Dr. Dender, a psychiatrist. In Cheryl's situation, she developed significant anxiety about being in public places. Cheryl attended a virtual counselling group two years ago for 12 weeks for people with agoraphobia with Canadian Mental Health. She was registered to attend the second phase of the group program but never showed up to the virtual sessions.

As a result of Cheryl's increasing mental health issues, she struggled to meet the needs of her children. She would often keep the children at home with her as she was lonely and wished for their company. If Mia insisted on going to school, Sarah would agree to stay home with her mother and Mia would take Amelia on the bus with her. If the children missed the bus, Cheryl felt unable to drive them to school. This was also the reason that the oldest daughter was unable to participate in any after-school activities. Cheryl needed the girls to take the bus home as she was no longer comfortable driving and did not want to leave the home.

When Cheryl was contacted by teachers about the girls' school progress, Cheryl would state that she struggled to understand any schoolwork as she did not speak French. She also informed the teachers that whenever she asked about homework, the girls would tell her that they didn't have any, and she had no way of following up as she could not read their planners.

The father, David, was also overwhelmed and resents having their third child citing the onset of his wife's mental health issues with the birth of Amelia. He is the sole income earner and works long hours to support his family. He also needed to do all the groceries and errands after work as Cheryl was no longer able. David uses the weekends trying to complete necessary laundry and household chores. He believed that Mia should be able to help more because she is older and he engages in verbal conflicts with her about the responsibilities in the house and shared child-care. He is also angry at her for talking to the school counsellor as he suspects that she talked about what is going on at home. He indicates that he is worried about his daughter, Sarah. He suggests that perhaps she is following the path of her mother due to staying home more often than the other children. He is not interested in her seeing the school counsellor or any other counsellor at this point.

9.2 McDonald Case Study: Short Answer Questions

McDonald Case Study

1. Is there evidence of child abuse in the McDonald family?
2. What current stressors may increase the risk of child abuse by Cheryl and/or David McDonald?
3. What is the caregiver's view of each child, and does this put the child at risk of abuse?
4. What are the current supports in place for the McDonald Family?
5. What can be done to help this family?
6. Develop a plan to prevent child abuse.

9.3 McDonald Case Study: Questions

McDonald Family Case Study – Scenario 1

You are the EA in the grade three classroom, and Sarah has joined your math group in the hall. She is behind her peers in math due to her lack of attendance and not completing homework. She is not happy to be a part of the group and thinks everyone now knows she is dumb. Her participation is marginal at best, and when prompted to look at a question, she blurts out that “her mom makes her stay home to keep her company because she is lonely.” You say, “mmmm hmmm.” “Well, I wouldn’t be out in the hall with you if I didn’t miss school.” You say, “tell me more about that, Sarah.” “Oh, never mind.” “No, go on; you said you wouldn’t be out in the hall if your mom didn’t make you stay home.” “I said, never mind, forget I said anything.” Sarah seemed a bit angry now.



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McDonald Family Case Study – Scenario 2

You are meeting with Mia to talk about making friends. She has missed a lot of school and you know this impacts a child's ability to connect and form meaningful relationships. Your plan is to create a Kindness Day Committee with grade 5 and grade 6 girls. Each who you believe would be a good friend for Mia. You will focus on Kindness events for the school for Kindness Day. The meetings will focus on planning, brainstorming, sharing of leadership, field trips to events to gather ideas and supplies with the ulterior motive for the girls to have fun, and food celebrations such as pizza, sushi and so on. On the fourth meeting, Mia tells you that her father is so hard on her. He expects her to do all the laundry for everyone in the house and pick up the slack because their mother is sick. You ask her, "what does, pick up the slack mean"? After a few minutes, she says, "you know, he wants me to make dinner and help with my sisters, especially my youngest sister, 'cause she really doesn't have a mom. I hate it. I don't have a life, she says".



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9.4 McDonald Case Study: Application of Theory

Knowledge Check

Answer the following questions for the McDonald Case Study.



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CHAPTER 10: TAN CASE STUDY

10.1 Tan Kinship Case Study

Tan Kinship Case Study

The Tan family comprises a mother, a father and three children in the home. There are additional half-siblings and stepsiblings in this family, but they are older and living independently or with extended family members. The mother is Grace, and the father is Anthony. The children include Emily (12), Ella (7) and Mark (5).

The kinship family is a maternal aunt and uncle, Faith and Sean Doyle. They have three adult children who live independently.



Photo by [Keren Fedida](#) [Unsplash License](#)

Current Situation:

The three Tan children have recently been placed with their maternal aunt and uncle, Faith and Sean after the Tan family experienced extreme strain and loss throughout the COVID pandemic. Prior to the initially mandated shutdowns, the family was managing effectively. They had two businesses and owned their home. The financial strain became overwhelming as the pandemic continued, and the family business was regularly closed. The Tan family was forced to close both businesses, the bank foreclosed on the house, and the family was now facing homelessness. The parents, who have historically struggled with depression, both started feeling hopeless. In an attempt to avoid their feelings and reality, the parents started drinking the occasional drink after the children were in bed but quickly progressed to excessive drinking mixed with drug use. The parents were now always sleeping during the day, and the children were unsupervised and not attending virtual schooling.

With the children not attending school and lacking structure, the children showed the strain of the environment. On one occasion, Mark was injured when jumping on the family couch and falling onto the coffee table, splitting his head open. Ella sought out her parents for help; however, neither parent was capable of attending to the injury at the time due to intoxication from drugs and alcohol. Emily managed the wound by putting pressure on it with toilet paper. She dressed the wound with masking tape with a wad of toilet paper. Emily describes the wound as taking two days to stop bleeding fully.

In addition to the injury, Mark presents as whiny and demanding, requiring to be carried by Emily, while Ella appears to disengage, spending excessive time laying on the couch watching TV. Ella is not always aware if the channel is changed. Emily has taken on the role of caregiver in the absence of her

parents by helping her siblings. Emily is always watchful, trying to anticipate and meet her parents' needs to keep the family safe. She is frustrated and sometimes takes out her anger on her siblings by using excessive punishment, such as hitting. Without the involvement of the parents, the younger children are powerless to protect themselves.

The drug use started to impact the mother, Grace, who became paranoid, insisting that no one was to leave the home and that curtains and blinds were to be closed at all times. No one was allowed in the home, and the children were not allowed to play with friends.

By this time, Grace had started using Fentanyl regularly, which resulted in a psychotic break; she was seen chasing her oldest daughter down the street as she believed her daughter was being chased by an intruder in the home. Neighbours called first responders and the Children's Aid Society which is when the children spoke of their aunt Faith and uncle Sean.

All three children are now registered back in school; however, each child is coping and managing in different ways.

Emily: Emily has a good relationship with Faith and has identified that Faith has been a source of support in the past. She understands the necessary move to her Aunt and Uncle's to protect herself and her siblings from the difficulty they were experiencing at home. She has agreed to attend counselling if necessary.

Ella: While Ella disengaged at home, she adjusted well into Faith and Sean's home. She is an easygoing child who has perked up being in the home of her favourite Aunt Faith. She is happy to be back to virtual learning and sharing her life with Aunt Faith. The structure is helping her thrive.

Mark: Mark still wants to be held by Emily and doesn't understand why they moved and asks when they are going back. He is not comfortable reaching out to Aunt Faith or Uncle Sean and has had an aggressive episode daily since arriving at their place. Mark struggles with virtual learning and turns off the computer to go and find his sister.

10.2 Tan Kinship Case Study: Short Answer Questions

Tan Kinship Case Study

1. There are several issues that impacted the functioning of this family. Can you identify all the stressors in this family system?
2. What factors led to the children being removed from the home and placed in Kinship Care?
3. What is Kinship Care?
4. What type of abuse did the children experience?
5. What indicators of abuse were present for Emily?
6. What indicators of abuse were present for Ella?
7. What indicators of abuse were present for Mark?
8. What evidence is there that Emily will be resilient or vulnerable in the face of this adversity? Support your answer.
9. What evidence is there that Ella will be resilient or vulnerable in the face of this adversity? Support your answer.
10. What evidence is there that Mark will be resilient or vulnerable in the face of this adversity? Support your answer.
11. Identify the impact of abuse on Emily.
12. Identify the impact of abuse on Ella.
13. Identify the impact of abuse on Mark.
14. What supports could be given to the children to get them back on track in school?
15. What supports could be offered to the family to assist in getting the children reunified with their parents?

10.3 Tan Kinship Case Study: Questions

Knowledge Check

Answer the following questions for the Tan Kinship Case Study.



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CHAPTER 11: MARIA AND BAO CASE STUDY

11.1 Maria and Bao Case Study

Maria and Bao Case Study

Maria and Bao came to Canada on student visas. Maria was from Mexico, and Bao was from China. They met in college during Orientation week and became friends right away. They were in different programs, although they loved to study together and party together. They started dating by Christmas and moved in together after the first two semesters. They each worked at two part-time jobs over the summer to save money for their future in Canada. Their long-term goal was to get work visas after they graduated and eventually get permanent residency in Canada.

That all changed when Maria got pregnant in her third semester. She was so sick that she and Bao thought she had COVID, but after three negative tests, a doctor gave her a pregnancy test. Then their lives changed. Bao was furious at first. He accused Maria of tricking him into getting pregnant and wrecking his life. He shoved Maria against the wall in a drunken rage and said his parents would never accept a Mexican 'half-breed' and she could just "eff off." The next day he apologized, saying it was the vodka and he would never do that again.

Maria gave birth to Li Jie on May 12, weighing 6 lbs and 3 oz. Maria and Bao had argued about naming the baby, however, Bao said he was the man and would have the final decision. Their baby had to have a name of Chinese origin.

After Bao graduated, he started applying for jobs in business, no longer wanting to work in the service industry. Strapped for cash with all the baby's expenses for diapers and wipes, they needed money fast. Maria agreed to return to work, and they would shuffle caring for Li Jie. Marie was hired at the Four Seasons cleaning hotel rooms and started work at 11:00 a.m. and finished at 6:00 p.m. Bao was working at Tim Hortons, starting at 5:00 a.m. and ending at 1:00 p.m. They needed childcare from 10:30 a.m. to 1:30 p.m. Maria found someone in their building to look after Li Jie for a reasonable price, and she weened her baby and considered what formula to buy. She and Bao were arguing all the time because they didn't have any money, and Bao said Li Jie was an expensive baby to take care of. Now Maria said they needed to buy formula, and Bao wanted Maria to feed Li Jie regular milk from the grocery store.

When Li Jie was not well enough to go to childcare, they argued about who was going to look after him. Two weeks into Maria's new job, Bao stayed home with Li Jie because he was sick with a fever, and



Photo by [Blake Carpenter Unsplash License](#)

Maria earns more money than Bao, although this was not an easy decision because Bao said the man should earn more money than the woman. When Maria got home at 6:30 p.m., Bao had three friends sitting at the kitchen table drinking alcohol, playing cards, and smoking. Maria was shocked. "Where's Li Jie," she asked. Bao glared at her and said, "Well, where do you think he is, Mars?" Maria went to their bedroom, and Li Jie was in his cot; when she picked him up, he was soaked through and soiled his diaper. She was furious. She went to the kitchen and said to Bao, "How could you leave him in his dirty diaper?" Bao glared at her. A little while later, Bao's friends left, and Bao came into the bedroom, and he started yelling at Maria, "Don't you ever, and I mean EVER, talk to me like that in front of my friends again." "I will do what I want with my baby, do you hear me?" Li Jie was startled by the noise and started crying. "Do that again, and you will be sorry, got it?" As he walked out of the room, Bao added, "that kid uses too many diapers anyway."

11.2 Maria and Bao Case Study: Short Answer Questions

Maria and Bao Case Study

Consider the following questions: (support your answers with evidence)

1. Is there evidence of child abuse in the Maria and Bao family?
2. Is there evidence of abuse in the relationship between Maria and Bao?
3. What are the current stressors that may increase the risk of abuse for the baby?
4. How does the caregiver's view the baby and does this put the child at risk of abuse?
5. What are the current supports in place for the Maria and Bao Family?
6. What can be done to help this family?
7. Develop a plan to prevent child abuse.

11.3 Maria and Bao Case Study: Questions

Knowledge Check

Answer the following questions about the Maria and Bao Case Study:



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CHAPTER 12: STAR AND DIAMOND CASE STUDY

12.1 Star and Diamond Case Study

Star and Diamond Case Study

Star and Diamond meet Ms. Fatima, the “food lady”.



This is Ms. Fatima and her daughter, Saffah. Ms. Fatima works at Becker Elementary School, where she has a contract providing cooked lunch for the Child-care Centre at the school. The food program is covered by a subsidy. Saffah helps her prepare some of the food before she leaves for school.

Ms. Fatima knows most of the children in the Centre due to their dietary needs and puts a name label on each child's lunch.

Photo by [Freepik Freepick License](#)

She has been worried about sisters, Star (5) and Diamond (4), who are 10 months apart, and in the same class. They started half-day junior kindergarten in the morning and come to the child-care for lunch and early learning and child-care in the afternoon. They are overly friendly with Ms. Fatima when she arrives at the Centre and always ask Ms. Fatima for extra food. The child-care staff have talked to Ms. Fatima about their food issues. They have been caught putting food in their pockets and often do not eat all their lunch because they want to take it home. All children take home what they don't eat. But this doesn't happen very often because the food plates are well portioned. Ms. Fatima has discussed some strategies with the staff and has brought in some extra food for the girls so they can eat their lunch and take some food home. Unfortunately, they are still not eating their whole lunch, deciding to take it home.

Child-care staff have attempted to contact the girls' mother, Ms. Hails, but have not successfully had a conversation with her. They have called her cell phone number during several different times in the day and left messages. They have sent an email to the listed home email address and have not heard back. Last week they put a typed letter in an envelope in Star's backpack, however, it remained in the backpack for the entire week. Two days ago they sent a letter via post.

Today is Saturday, and it's the Green Oaks Community Picnic and Fair. Fatima has come to the picnic with her two children, Saffah, who helps her with the lunches, and Ahmad. She is looking forward to enjoying the time with her own children to enjoy the games and festivities. It's almost noon, and there is Halal food truck at the fair and she plans on eating lunch at the fair with her children.

While watching her children participate in the games on the grass, she sees Star and Diamond from the Child-Care Centre. When they see Ms. Fatima, they run over and hug her. While she is touched by their affection, she knows this is an overstatement of affection and promotes some appropriate boundaries by creating some space between herself and the children. With a big smile, she says that it is nice to see the two of them.



"Girls" by [Nathan Dumlao](#) Unsplash License



"Girls Standing By" by [Nathan Dumlao](#)
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Fatima looks around for their mom, or dad, or whoever is looking after them. She has not met their caregiver before because she arrives at the Centre just before lunch and does not see who drops them off. In between encouraging her own children and looking around, she finally asks the older child, Star, who was here with them? She doesn't answer. Then she is more direct and says, "who is looking after you?" Star takes Diamond's hand and says, "let's go," when Diamond says, "we came here to play, my mommy was asleep when we left." Trying not to look shocked, Fatima asks where she lives, then Star says, "come on, Diamond!" As they leave, Diamond picks up a piece of a hot dog bun off the ground and shoves it in her mouth. "Ew," she says quietly to herself and thinks, "now what should I do?" After trying to watch the two girls for a bit as they meander through the crowd, she loses track of them while trying to watch her own children as well. Fatima is conflicted about what to do. She knows it is not ok for them to be without adult supervision. When she sits down to eat with her children Star and Diamond reappear. With relief, Fatima asks the girls where they went. Star said that they were going to go home but Diamond wouldn't leave so they were playing at one of the activities. As Fatima is passing food out to her children she offers the girls to sit

with them and eat. They readily sit down and tuck in to the meal Ms. Fatima purchased from the Halal approved food truck. With the girls in a safe place she texts her supervisor from work about what she should do. Fatima waits ten minutes for her boss to respond and gets nothing. She tells the children to stay where they are because she is going to get them dessert. She does this to give herself some time to think. She returns with some sweets to the children's delight, however, she still doesn't know what to do about Star and Diamond.

What should Fatima do?

12.2 Star and Diamond Case Study: Short Answer Questions

Star and Diamond Case Study

1. Is it a concern that Star and Diamond appear to be at the picnic and fair without adult supervision?
2. Is Fatima required to report to the Children's Aid Society or not?

Consider the scenario and make your decision. Apply course material to support your answer.

12.3 Star and Diamond Case Study: Questions

Knowledge Check

Answer the following questions for the Star and Diamond Case Study.



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Versioning History

This page provides a record of edits and changes made to this book since its initial publication. Whenever edits or updates are made in the text, we provide a record and description of those changes here. If the change is minor, the version number increases by 0.1. If the edits involve a number of changes, the version number increases to the next full number.

The files posted alongside this book always reflect the most recent version.

Version	Date	Change	Affecte
1.0		First Publication	N/A