

Understanding Child Maltreatment

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LOYALIST COLLEGE PRESSBOOKS
BELLEVILLE ONTARIO



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Loyalist College Land Affirmation

Loyalist College is built upon the lands governed by the Dish with One Spoon wampum agreement. We affirm and thank the Haudenosaunee, Anishinaabeg, Huron-Wendat, and Mississauga nations for their continued caretaking of the land. We offer respect to Indigenous people from all nations who call this area home. We honour traditional knowledge keepers, past, present, and future.

This version of Understanding Child Maltreatment is an adaptation of Child Maltreatment: An Introductory Guide With Case Studies. Adaptations include removing chapter 5, 7, 8, 9, 10, 11, 12.

Child Maltreatment: An Introductory Guide With Case Studies is 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.



Attribution

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*
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- Jennifer Ayers – *Project Management*
- Shauna Roch – *Project Lead*
- Wilson Poulter – *Copyright*

With Much Appreciation and Gratitude

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S. Loosley

This open education resource focuses on 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*.

In addition to the web version, additional files are available in a number of file formats including PDF, EPUB (for eReaders), and MOBI (for Kindles).

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Feedback

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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!



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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?

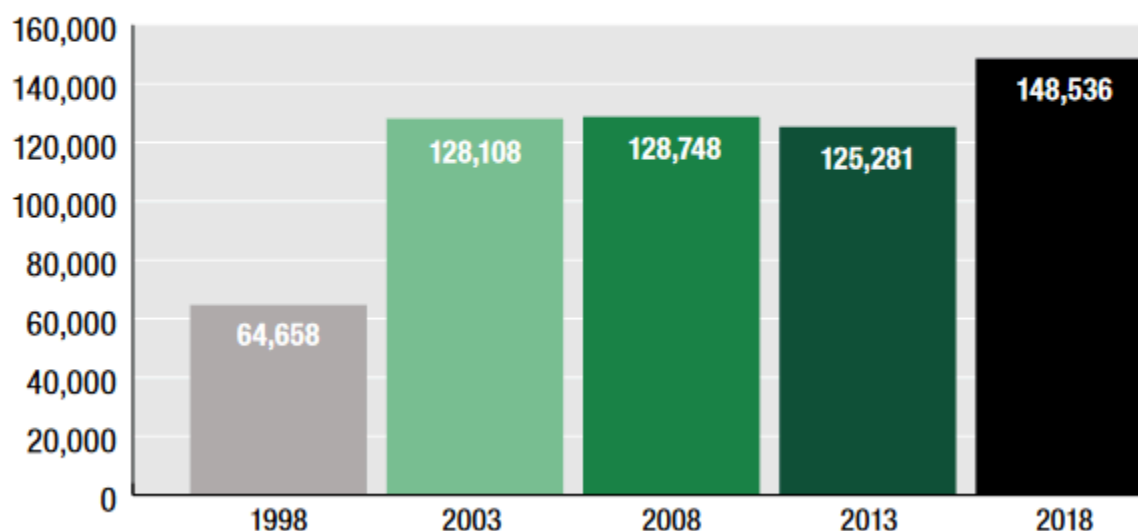
Report: Ontario Incidence Study of Reported Child Abuse and Neglect 2018 Major Findings Report

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.

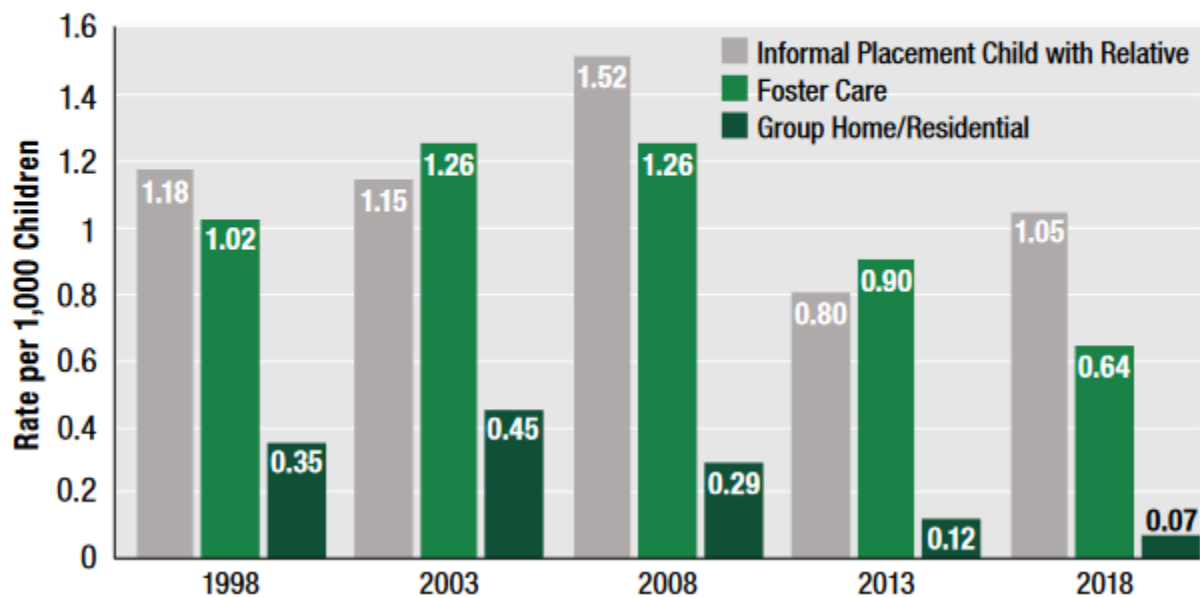
Are Kids Removed From Their Home When You Call Children’s Aid Society (CAS)?

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.

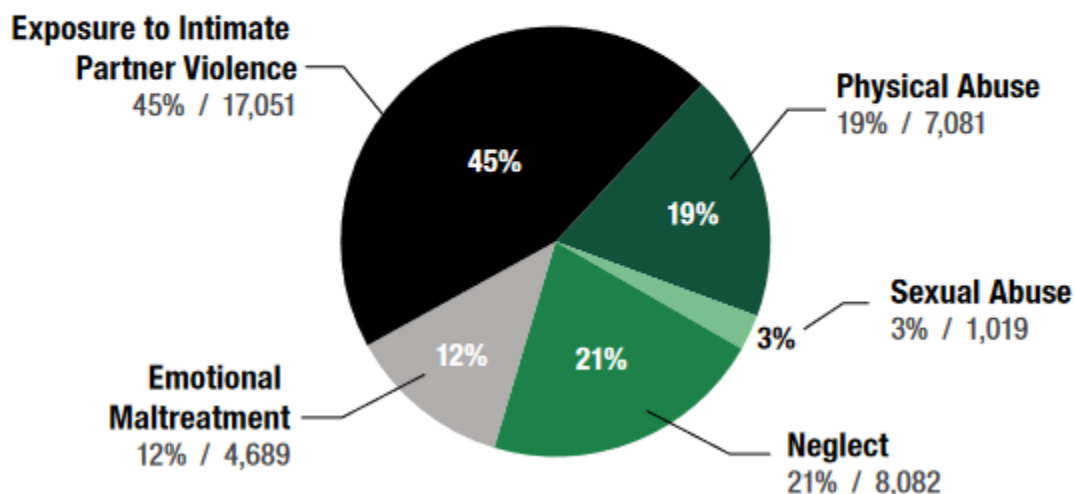
80% of Cases are Closed After Intake

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**.

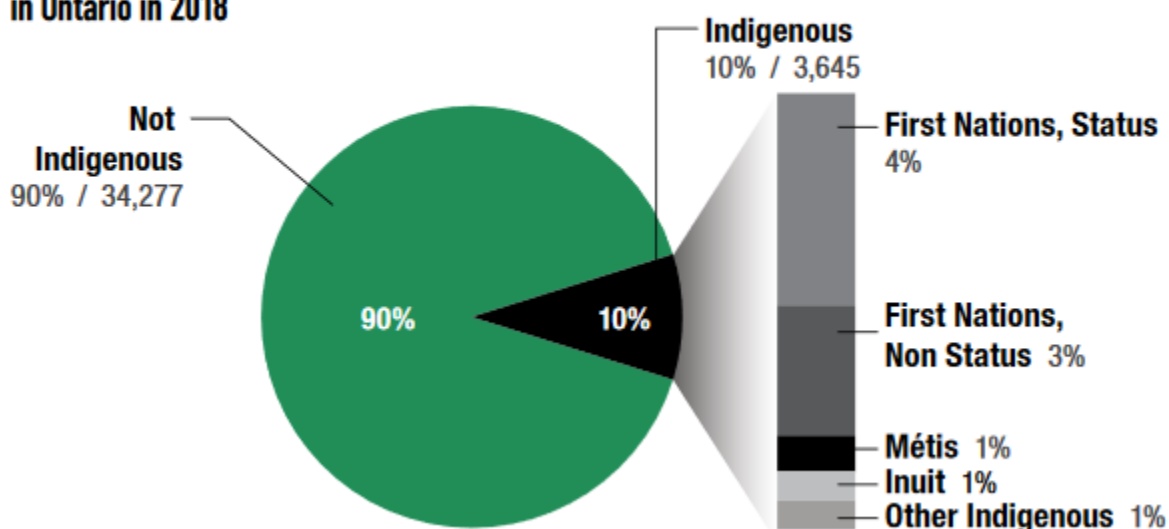
Emotional maltreatment was identified as the primary form of maltreatment in another 12 percent or an estimated 4,689 of substantiated investigations.

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

Knowledge Check



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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.).

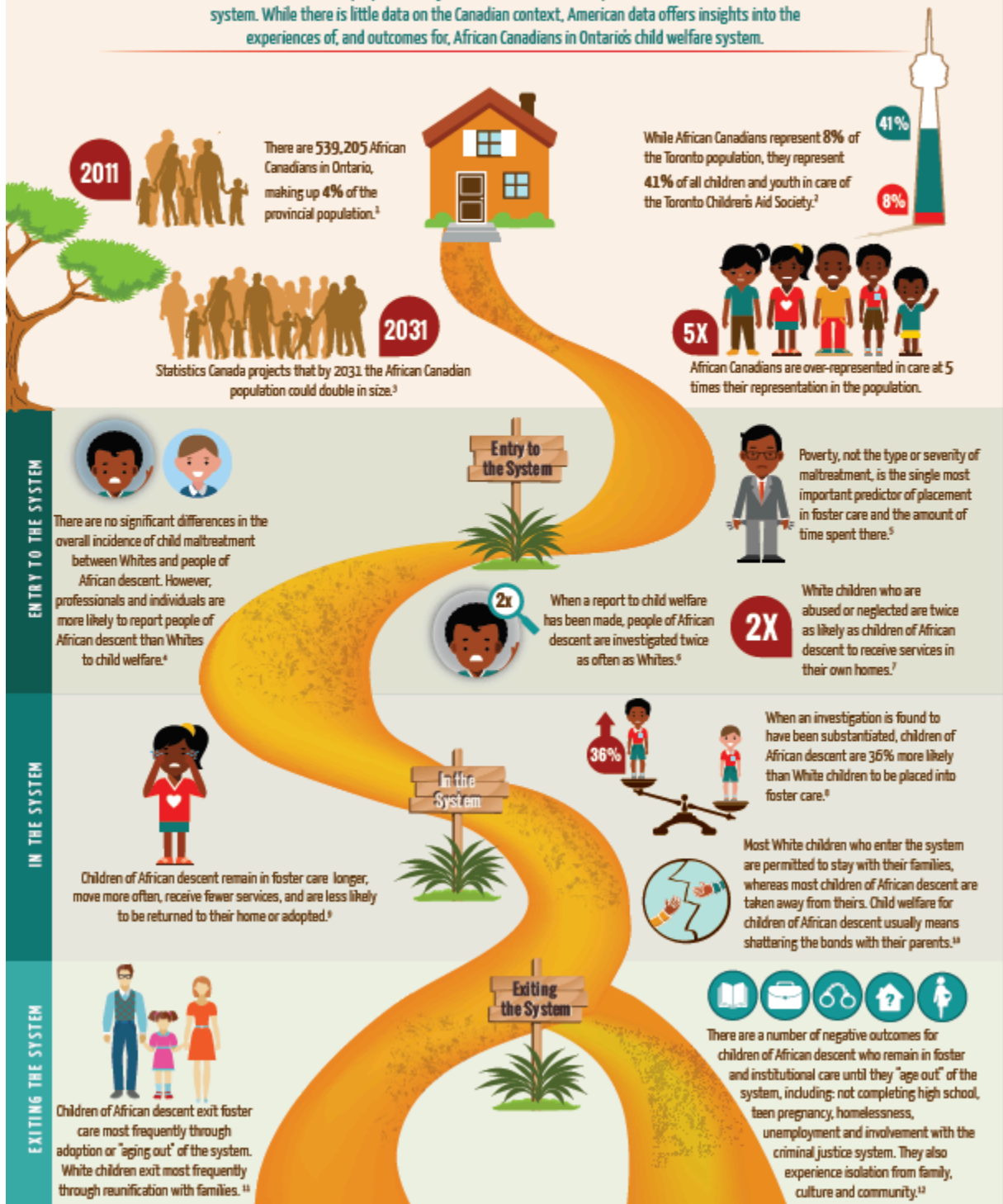
Child Welfare organizations around Ontario have started to acknowledge and address the disparities among different races as well as services and responses. The pictograph below outlines the experiences and concerns that need to be recognized and addressed to ensure equitable service to all Canadian children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

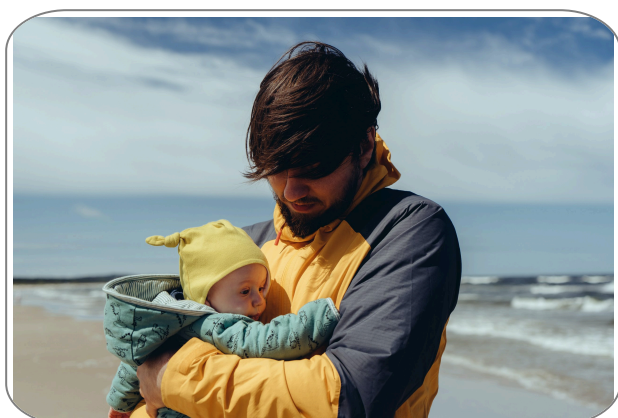


Photo by Marcin Jozwiak, Pexels License

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.



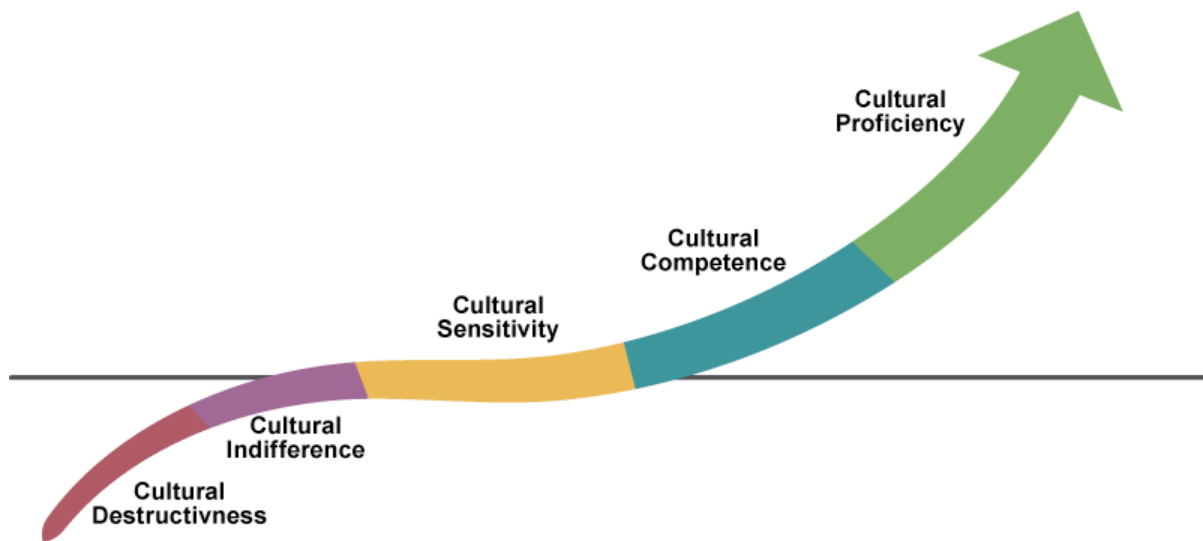
How do you think one may do this? Reflect on this question.

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.

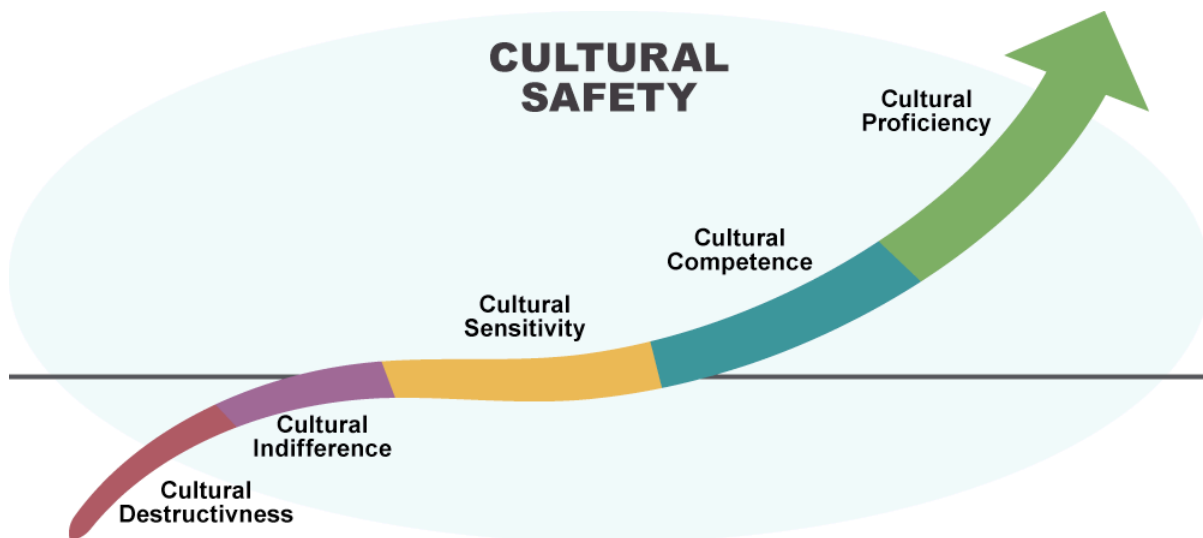
Cultural Competency Continuum



"Cultural Competence Continuum" by Fanshawe College, CC BY-NC-SA 4.0

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

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.



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Knowledge Check



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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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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).

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).

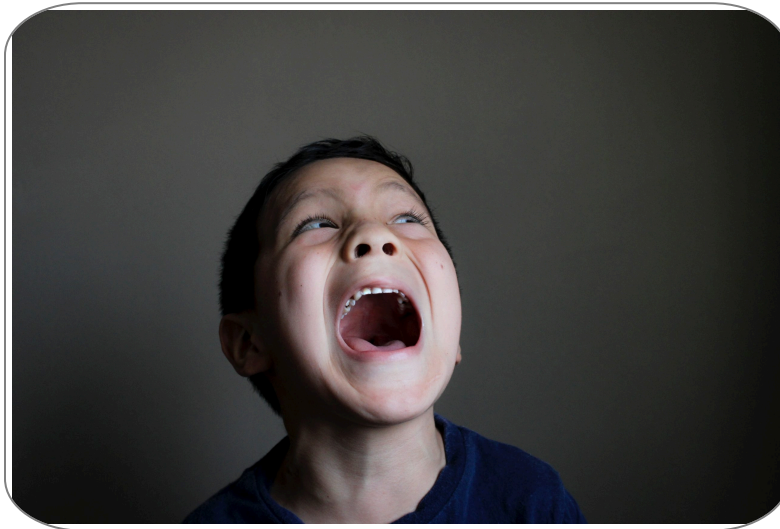


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Many people see child abuse as the result of pathological behaviour. However, the *Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003)* found that inappropriate punishment was a factor in **75%** of proven cases of physical abuse. 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.



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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).

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)

(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)



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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).



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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).



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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).



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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).

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



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

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).



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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)

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



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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.

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);

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.

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.



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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.

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.



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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.

Suspensions 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.

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 5.3 explains what to do if you suspect abuse, however, do not have contact information to report it.

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.

Figure 5.1 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 5.1 – Suspected Child Abuse Reporting Form (Word Document)

Knowledge Check



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1.0	January 9, 2023	First Publication	N/A