

The Region of Peel

Child Abuse

Investigation

Protocol



ACKNOWLEDGEMENTS

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and is effective as of May 1, 2002

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INTRODUCTION

In 1996, Peel Regional Police, in partnership with the local Crown Attorney's Office, The Children's Aid Society of the Region of Peel, School Boards and Hospitals, established the Region of Peel Child Abuse Investigation Protocol Committee. The purpose of this committee was to enhance the existing Child Abuse Protocol compiled by the Peel Regional Police, The Children's Aid Society of the Region of Peel, Ontario Provincial Police Caledon, and the Peel Crown Attorney's Office by developing a coordinated community strategy for the investigation of child abuse complaints in the Region of Peel. This protocol describes the reporting, investigative, and legal procedures involved in child abuse situations with the overriding goal of ensuring the safety and well being of children in Peel Region.

The Region of Peel Child Abuse Investigation Protocol has been developed:

- to assist in the greater safety and protection of children;
- to provide guidelines to support components of the revised Risk Assessment Model for Child Abuse in Ontario;
- to clarify and support the components required for Police/Children's Aid Society protocols;
- to ensure that the fulfillment of all mandated requirements for all investigations involving children is facilitated by:
 - providing for appropriate sharing and disclosure of information;
 - emphasizing the importance of joint consultations;
 - emphasizing the importance of teamwork;
 - respecting the regulatory/standards requirements of both the Police and the Children's Aid Society;
 - ensuring consistency with the Police's Ontario Major Case Management Manual;
- to contribute to the overall integrity of the justice system;
- to develop a process to monitor and evaluate the effectiveness of a coordinated child abuse investigation protocol.

The respective protocol organizations have collaborated in the development of *The Region of Peel Child Abuse Investigation Protocol*. The procedures outlined in this protocol are guidelines for the listed community agencies during the course of all child abuse investigations.

STATEMENT OF PRINCIPLES

1. The primary objective of any intervention is to protect and support the child. Early identification, clear documentation, and reporting are essential in protecting children from child abuse.
2. All allegations of child abuse shall be taken seriously and shall be thoroughly investigated. Children should be assumed to be capable of being credible reporters of events.
3. Prompt and effective response is important for the immediate protection of a child suspected of being the victim of abuse.
4. Effective response requires full cooperation and coordination amongst all agencies.
5. To the extent permissible by law, there shall be mutual reporting and disclosure of all pertinent information and evidence between the Police and the Children's Aid Society on all cases of suspected child abuse at the onset and throughout the investigation.
6. The number of interviews with the child shall be kept to a minimum, and the interviewers shall be the same throughout the investigation.
7. Following disclosure of child abuse, and during the investigative process, the child victim and the alleged offender shall be separated.
8. In intra-familial situations of child abuse where charges are laid, every effort shall be made to remove the alleged offender, rather than the victim from the home.
9. The investigators will consider the developmental level of the victim. Additional resources are available to assist with this process and should be accessed as required, (e.g., if the victim has a developmental disability, the investigator should call upon the services of Peel Behavioural Services for consultative assistance).
10. Consideration shall be given to the ethno-cultural background of the child and the need for an independent interpreter. In the case of an allegation involving a hearing impaired child, it is important to use a qualified interpreter.
11. All protocol agencies will adhere to the above principles.

ROLES AND MANDATES

Role and Mandate of the Children's Aid Society

The Children's Aid Society has the primary responsibility, under the Child & Family Services Act, to investigate allegations or evidence that children under the age of 16 or a person under the age of eighteen (18), who is subject to an order under Part III, may be in need of protection.

Role and Mandate of Police Services

Police in every community have the mandate to enforce the Criminal Code, the Police Services Act, and other federal, provincial, and municipal legislation and related regulations. Within this protocol, Police have primary responsibility for conducting law enforcement and criminal investigations pertaining to allegations of child abuse.

Role and Mandate of the Crown Attorney

The Office of the Crown Attorney is responsible for the criminal prosecution of child abuse offenders.

Role and Mandate of School Boards

The school system has a major role to play in the identification of child abuse and neglect. Every person in the educational system has a responsibility to report suspected children in need of protection to the Children's Aid Society.

Role and Mandate of Regional Hospitals and the Medical Community

Health care providers play a major role in the child abuse system in every community. Key functions of health care providers include the identification and reporting of child abuse and neglect and providing diagnostic and treatment services for child victims and their families.

Role and Mandate of Peel Behavioural Services

Peel Behavioural Services provides specialized consultation and investigative assistance when planning and/or conducting an interview of an alleged child victim who has a developmental disability.

DEFINITIONS

Definition of a Child

The Child & Family Services Act, Part III, defines a child as a person actually or apparently under the age of sixteen (16), or a person under the age of eighteen (18), who is subject to an order under Part III*.

Definitions of Child Abuse

Physical Abuse

Non-accidental use of physical force, resulting in physical injury or death to that child.

Sexual Abuse

An assault or touching or invitation to touching, in circumstances which violate the sexual integrity of the child victim.

Severe Neglect

The situation or conditions where there is inadequate care and nurturance of a child that could seriously impair his/her emotional or physical health and development.

Definitions of a “CAREGIVER”

The Children’s Aid Society is mandated to investigate situations of child abuse in which the alleged abuser is deemed to have been in a caregiving capacity.

The use of the word caregiver applies to:

- The primary caregiver: includes mother, father, live-in partner, caregiver exercising access contact, adult with a custody and control order for the child in question, foster parent etc.
- An assigned caregiver: daycare worker, babysitter, a family member providing temporary substitute care, a partner of a caregiver (with no legal relationship to the child) etc.
- An assumed caregiver: teacher, child’s recreational group leader, bus driver etc.

If the alleged offender is not deemed to have been in a caregiving role to the victim, the investigation then falls within the police mandate only. The Children’s Aid Society will, however, be notified if the alleged offender has access to any children.

** A child who is in the lawful care and custody of the Children’s Aid pursuant to a court order, or a child who is subject to the lawful supervision of the Society pursuant to a court order.*

REPORTING

Duty to Report

Section 72 (1) of the Child & Family Services Act places an expectation on professionals and the public to report a child in need of protection:

“Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicions and the information on which it is based to a society.”

(See Definition of a Child In Need of Protection Child & Family Services Act Section 37 (2))

Ongoing Duty to Report

Section 72 (2) of the Child & Family Services Act states:

A person who has additional, reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child.

Person Must Report Directly

Section 72 (3) of the Child & Family Services Act states:

A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the Society and shall not rely on any other person on his or her behalf.

Definition of a Child in Need of Protection

Section 37 (2) of the Child & Family Services Act

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;

- 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;
- 3) The child has been sexually molested 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 molestation or sexual exploitation and fails to protect the child;
- 4) There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3;
- 5) The child requires medical 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, or refuses or is unavailable or unable to consent to, the treatment;
- 6) The child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety
 - (ii) depression
 - (iii) withdrawal
 - (iv) self-destructive or aggressive behavior, 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;

- 7) The child has suffered emotional harm of the kind described in subparagraph i) (ii), (iii), (iv) or (v) of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- 8) There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph (i), (ii), (iii), (iv) or (v) of paragraph 6 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.
- 9) There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph (i) (ii), (iii), (iv) or (v) of paragraph 6 and that the

child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

- 10) The child suffers from a mental, emotional or developmental condition and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment that, if not remedied, could seriously impair the child's development to remedy or alleviate the condition;
- 11) The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights 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.
- 12) The child is less than 12 years old 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, or refuses to provide, or is unavailable or unable to consent to, those services or treatment.
- 13) The child is less than 12 years old 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.

Failure to Report:

1. Any professional or official who fails to report his/her suspicion of a child's abuse is liable on conviction to a fine of up to \$1,000 (Section 72 (6.2)), Child & Family Services Act).
2. The decision to charge for failure to report shall be made by the Police or the Children's Aid Society, upon receipt of the information related to a failure to report.

Feedback to Referral Source:

1. The Children's Aid Society worker shall acknowledge the referring person's interest and concern for the child in question. If the referring person has a need to know additional information, the referring person shall be informed that this information can be provided only if the written consent of the parent/guardian is provided. Children's Aid Society shall endeavour to get consent.
2. The police officer shall inform the referral source of the outcome of the criminal investigation.

INVESTIGATION PROCEDURES BETWEEN CHILDREN'S AID AND POLICE

Determination of Jurisdiction and Investigation Participants

1. Peel Regional Police has the responsibility to investigate the alleged abuse of a child if the alleged criminal offence occurred within the City of Mississauga or the City of Brampton.
2. The Ontario Provincial Police has the responsibility to investigate the alleged abuse of a child if the alleged criminal offence occurred within the Town of Caledon.
3. The Children's Aid Society of the Region of Peel has the responsibility to investigate the alleged abuse of a child by a primary caregiver or a caregiver having charge of the child if the child's current whereabouts is within the Region of Peel, or if the child normally resides within the Region of Peel.
4. In those situations where Peel Regional Police or Ontario Provincial Police Caledon and the Peel Children's Aid Society of the Region of Peel have common jurisdiction, all reports of the abuse of a child shall be reported, at the earliest opportunity, by the police to the Children's Aid Society of the Region of Peel and by the Children's Aid Society of the Region of Peel to the Police. The designated police officer and the designated Children's Aid Society workers shall then act as an investigative team while carrying out their specific duties as defined in this protocol.
5. If the abuse is alleged to have occurred in an area beyond the jurisdiction of Peel Regional Police or Ontario Provincial Police Caledon, the Children's Aid Society worker shall contact the police having jurisdiction in that area in order to determine how the investigation will proceed. That police force may wish to request assistance from Peel Regional Police or Ontario Provincial Police Caledon, depending on its distance from Peel Region.
6. For the purposes of this Protocol, the Peel Regional Police or Ontario Provincial Police Caledon will herein be referred to as "the Police". The Children's Aid Society of the Region of Peel will herein be referred to as "the Children's Aid Society".

Receipt of Report

The Ministry of Community and Social Services Standards for Child Protection Cases requires that, for all referrals rated "extremely severe" on the Eligibility Spectrum, the child(ren) who are the subject of the referral will be seen as soon as possible and within

12 hours after receipt of the referral. Reciprocal reporting between the Children's Aid Society and the police is fundamental to the protection of children in cases of child abuse. Please refer to "Commentary on Eligibility Spectrum, and The Risk Assessment Model for Child Protection in Ontario (Revised 2000)" in this Protocol.

Procedure

1. When a report of alleged abuse, either current or historical, is received by the Children's Aid Society, the Children's Aid Society worker shall:
 - (a) Obtain and record from the referral person detailed information about the allegations, and the relevant parties (i.e. child, family, alleged offender);
 - (b) Check the Society's records regarding the child, family, and alleged abuser;
 - (c) Search the Provincial database to determine whether there is any information on the system about contact between any society and the child or any member of the child's family, or the alleged abuser, that may be relevant, and record the relevant information concerning the contact;
 - (d) Ensure that the Child Abuse Register is contacted to ascertain if there has been a prior registration. The worker will contact any child welfare agency which has previously registered the alleged abuser, and record the relevant information.
 2. The Children's Aid Society worker shall report to the police all cases of suspected child abuse (cases rated by Children's Aid Society as Extremely Severe) in order to determine if and how a joint investigation should proceed.
 3. Upon receipt of a report of child abuse, the police officer shall:
 - (a) Establish the jurisdiction of the alleged offence(s), if possible;
 - (b) Notify the Children's Aid Society immediately if the report did not originate from the Children's Aid Society;
 - (c) Conduct a background check of all the alleged offender(s), if the identity is known, including:
 - (i) Local records check;
 - (ii) Address check;
 - (iii) Previous police contact; and,
 - (iv) Criminal record check; and,
 - (d) Conduct a background check of the victim(s) for any previous complaints of abuse or other relevant information.
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4. Upon contacting the police, the Children's Aid worker and the assigned police officer (herein referred to as the "investigative team") shall review the available information and develop an investigative plan. The investigative team will negotiate when/where to meet and where to interview the child.
5. If a determination has been made, at the time of referral, that the child is in a safe setting (such as at school or in a daycare centre), a member of the investigative team will contact someone at the setting where the child is, advise him/her of the investigative plan and ask that the child be kept there until the investigation can commence. All efforts shall be made to conduct the interview as soon as possible.
6. The immediate safety of the child must be of primary consideration in any investigation. The potential for the child to be pressured or influenced into not making a disclosure must also be considered.
7. If the Child Abuse and Sexual Assault investigative staff with the Police are unavailable, and information exists to suggest imminent risk to the child, the Children's Aid Society shall be accompanied by uniform officers to assist with the child abuse investigation.

Initiating the Investigation

Procedure

1. The investigating police officer and the Children's Aid Society worker shall act as a team in the investigation and evaluation of all reports of physical and sexual abuse. The Children's Aid Society worker has the prime responsibility for the protection of the child(ren) victim(s). The police officer has the prime responsibility for the investigation of the alleged criminal offence and for the identification of the alleged offender, and taking appropriate action.
2. Factors to be considered in selecting the location of the interview with the child include:
 - To whom and how the disclosure was made;
 - The known or anticipated attitude of the caregivers;
 - Not holding the interview where the abuse occurred;
 - Whether the child has siblings, and whether they are potential victims themselves;

 - The need for freedom from interruption;
 - The preferences of the child and his/her concern for his/her safety;

- Where the victim will feel comfortable and safe;
 - Whether the child would consider an office setting or police station to be intimidating or overwhelming;
 - The whereabouts of the alleged offender;
 - The preference that the interview be videotaped and the availability of videotaping facilities;
 - The need for and availability of an interpreter, if necessary;
 - The availability of specialized professionals, if necessary;
 - The accessibility of location for children with physical disabilities;
 - The need for and availability of appropriate culturally sensitive professionals; and,
 - The authority to move the child from present location.
3. Upon arriving at the scene and prior to interviewing the alleged victim, the team will meet to review available information, and to negotiate and strategize the investigation. The investigative team will decide who will take the lead role in interviewing the child (taking into consideration with whom the child might be most comfortable). Both the police and the Children's Aid Society should take notes in order to record details of the investigation.
 4. A detailed interview of the person who reports the abuse shall be conducted as determined by the investigative team. The reporter should be encouraged to write down details of the complaint as soon as possible, and the police officer will take the written statement from the reporting person.
 5. The investigative team will also consider the need to interview other possible witnesses, including other children/siblings.

Interview of the Child

1. The purpose of the initial interview is to:
 - (a) Ensure protection of the child; and,
 - (b) Determine if an offence has occurred.
2. Joint interviews will enable both the Children's Aid Society and the Police to secure the information required to fulfil their respective roles with a minimum number of interviews of the child. The investigative team shall consist of at least one representative from both the Police and the Children's Aid Society.

3. When first meeting with the victim, the investigative team members shall explain their respective roles. If the victim is old enough to utilize a telephone, the investigative team members shall give the victim their business cards, and at the completion of the interview, encourage him/her to call should the need arise, (i.e., safety, further information, emotional support).
4. The statement shall commence with the assumption of the child's ability to be credible. The allegations shall be probed, but not through cross-examination.
5. A child abuse investigative interview shall, where possible, be commenced by investigative team members who have received and completed joint Police/Children's Aid Society training in the interview style approved by both agencies.
6. The investigative team shall proceed on the assumption that the child's report warrants a full investigation, whether or not there is a subsequent denial by the child. Recantation shall not be taken as proof that the abuse did not occur.
7. The interview shall be conducted with either a Police Officer or a Children's Aid Society worker as the primary interviewer. The primary interviewer of the child shall be the investigator to whom the child will feel most comfortable making a statement. The investigative team will formally discuss and decide who shall be the primary interviewer based on an appreciation of the age/sex of the child, prior contact with the child, the child's preference of interviewer, which interviewer is most comfortable with doing the interview and which interviewer has the greater skills necessary to conduct the interview.
8. When appropriate, the child can be offered the choice of whether or not to have a support person present during the interview. A support person could be anyone the child should choose, (i.e., parent, babysitter, foster parent, teacher). This support person will be considered as a potential witness for court. The well-being of the child shall receive the highest consideration. While there may be circumstances where it is appropriate for a parent to be present during the interview with the child, often this creates confusion and interruptions, and should, therefore, generally not occur.
9. Interviews shall be videotaped where circumstances permit. The nature of the tape shall be explained to the child, the alternate caregiver(s) or other support person. The videotaped interview shall be conducted in a designated child victim interview room. The interview shall conform to fundamental principles of justice and fairness. If the interview is not videotaped, the reasons for this shall be fully documented by the team.

Videotaping

1. Videotapes shall be utilized to record the initial disclosure.
2. The videotaped interview shall be conducted in a designated child victim interview room.
3. If so decided by the investigative team, the non-interviewing team member may choose to observe the interview from outside the interview room.
4. The nature and purpose of videotaping shall be explained to the child, the alternate caregiver(s) or the other support person.
5. If the child chooses to have a support person present, the support person shall be advised to sit behind the child, in camera view, and not influence the child's statement by word or gesture.
6. Where it is anticipated that additional information will be disclosed, every effort shall be made to videotape subsequent interviews.
7. Anything said to the child in preparation for the interview shall be noted in writing.
8. Ownership and preservation of the tape shall be in accordance with the policy of the investigative police agency.
9. The Children's Aid Society team member shall have access to the duplicate copy of the videotape for viewing, by making arrangements with a Police team member.
10. The tape may be utilized by either the Police or the Children's Aid Society in criminal or child abuse proceedings.
11. Disclosure of the videotape to Defense shall be made through the Office of the Crown Attorney and in accordance with Crown Policy and the law relating to disclosure.

Audiotaping

1. Audiotapes shall only be utilized to record the initial disclosure of the child to the Children's Aid Society and Police when circumstances do not allow for the interview to be videotaped. Where it is anticipated that additional information will be disclosed, every effort shall be made to videotape subsequent interviews.

2. The nature and purpose of the tape shall be explained to the child, the alternate caregiver(s) or the other support person.
3. If the child chooses to have a support person present, the support person shall be advised to sit behind the child, in proximity to the audiotape, and not influence the child's statement by word or gesture.
4. Anything said to the child in preparation for the interview shall be noted in writing.
5. Ownership and preservation of the tape shall be in accordance with the policy of the investigative Police agency involved.
6. The tape may be utilized by either Police or Children's Aid Society in criminal or child abuse proceedings.
7. The Children's Aid Society team member shall have access to the duplicate copy of the audiotape for listening by making arrangements with the police team member.
8. Disclosure of the audiotape to the Defense shall be made through the Office of the Crown Attorney and in accordance with Crown Policy and the law relating to the disclosure.

Further Investigation

1. The police investigator has primary responsibility for the criminal investigation of the alleged offender. The Children's Aid Society worker has primary responsibility for the child abuse investigation and safety/risk assessment of the child.
2. The investigative team shall interview the alternate caregiver(s) in person as soon as possible. The police investigator shall secure information required for the criminal investigation. All statements shall be videotaped or audiotaped.
3. The Children's Aid Society worker shall assess the capacity of the alternate caregiver(s) to protect the child and determine whether the child is in need of protection.
4. The investigative team shall interview all siblings and any other children who may have been in the care of the offender. The interviews shall be conducted separately and in private. The investigative team shall keep in mind that these children too may be at risk and whether the need for protection exists with respect to them.

5. The investigative team shall interview other persons to whom disclosure may have been made or any other persons including professionals, (medical, law enforcement, legal, educational) who may have relevant information.
6. The investigative team shall keep accurate and detailed original and contemporaneous notes of all interviews as well as all aspects of the investigation.

Interview of the Alleged Offender

1. If the Children's Aid Society makes contact with the alleged offender and no police investigators are present, care shall be taken not to discuss the offence until police investigators have been briefed.
2. The Children's Aid Society worker shall avoid discussing the incident with the alleged offender prior to the police investigator's interview. Once the police investigation is complete, the police shall advise the Children's Aid Society worker that they may now interview the alleged offender in relation to child abuse issues.
3. Except where impractical, contact with the alleged offender shall take place at the time and in the manner determined by the police investigators. Efforts shall be made for this contact to take place as soon as possible within the context of the investigation.
4. The police investigators shall interview the offender alone and at the earliest opportunity. Thereafter, the police investigators shall make the fullest possible disclosure to the Children's Aid Society worker.

Immediate Protection of the Child

1. Whenever there is a sense of validity to the child's allegations, the immediate concern of the investigative team during the investigation shall be the protection of the child.
2. The child must not be re-introduced to a situation where he/she can be re-abused, or influenced regarding the disclosure.
3. The goal of any intervention shall be to ensure that the child is in a supportive environment during the period of disclosure and investigation.
4. In situations where the alleged offender is a community caregiver, equal attention shall be given to the immediate and ongoing safety of all children.

Procedure for Protection of the Child

1. Immediate action shall be taken to ensure that the alleged offender has no unsupervised access to the child or any child(ren) who may be at risk.
2. In intra-familial cases, where there is a alternate caregiver who is supportive of the child, the team shall make every effort to remove the alleged offender from the home, rather than the child.
3. The offender may be removed from the home by:
 - (a) Voluntary agreement by the offender to leave; and/or;
 - (b) Arresting the offender in relations to a criminal charge. (A subsequent “no contact” order may be imposed as a condition of release to keep the offender from contacting the child(ren), OR, release on bail may be denied and the accused will remain in custody.)
4. In intra-familial cases where the alternate caregiver is ambivalent and not supportive of the child, the Children’s Aid Society worker, after consultation with his/her supervisor and the Society’s legal services, may consider initiating a Child & Family Services Act Protection Application to obtain a Supervision Order with conditions regarding access, counselling or other appropriate measures.
5. If the child cannot be adequately protected within the home environment, short-term removal of the child may be appropriate. This may also allow for the opportunity to conduct assessments, or to provide emotional stability for the child. Even in this event, efforts shall still be made to secure the removal of the alleged offender to ensure that there is a safe home to which the child may return, and to minimize the pressure from the alleged offender towards non-offending family members.
6. If removal of the child from the home is deemed necessary, consideration must be given to the least restrictive or disruptive course of action in accordance with the Child & Family Services Act, which includes the possibility of placement of the child with relatives or family friends. If this cannot adequately protect the child, the child shall be apprehended in accordance with the Children’s Aid Society policies and procedures.
7. The police officer shall inform the child, the alternate caregiver(s), the Children’s Aid Society worker, and other necessary persons (e.g., the school principal) of the conditions of bail. Any violations of bail shall be immediately reported to the police, and necessary action taken.

Support to the Child

Procedure

1. In situations where a parent is the alleged offender, the Children's Aid Society worker shall assist the child and the alternate caregiver with respect to emotional support and referrals to appropriate services and treatment programs. In making referrals for treatment (of both an immediate crisis level and of long term nature), first consideration should be given to local resources.
2. In cases of sexual assault, where the Children's Aid Society is not involved in the investigation, the police officer shall refer the victim and parent(s) to Victim Services for referral to counselling services to utilize at their discretion.
3. When charges have been laid, witness preparation for the child shall be coordinated by the Office of the Crown Attorney.
4. The trial process can and often is a very lengthy one involving pre-trials, preliminary hearings, and the actual trial. The police investigator shall keep the victim(s), the alternate caregiver(s), and other witnesses updated on the trial process.
5. Following completion of the investigation process, the child shall be informed of his/her right to apply to the Criminal Injuries Compensation Board, or to seek damages in a civil action.

CRIMINAL PROCEEDINGS

1. The police shall be responsible for the laying of criminal charges.
 2. The police officer will inform the Children's Aid Society of the decision about the laying of charges and the reasons for the decision.
 3. Once a charge is laid, the Crown Attorney has the final decision as to whether a charge as laid will be prosecuted.
 4. The police may consult with the Crown Attorney in cases where legal matters (e.g., sufficiency of evidence, child's capacity to testify, possible hostile witness, etc.) are at issue.
 5. Bail hearing information shall, where possible, include:
 - (a) A thorough statement of the circumstances of the offence;
 - (b) Statements of the victim and other witnesses, if available, including any concerns which the victim may have regarding bail;
 - (c) Prior record of the accused, including information about prior occurrences (may include occurrence reports in regard to previous police contact);
 - (d) Background information concerning the offender including:
 - History of drug/alcohol dependency;
 - Access to firearms and other weapons and their use in the current or past offences;
 - Details of residence and employment history;
 - Information regarding the accused's current bail status;
 - Any past history of violence;
 - (e) The result of the Children's Aid Society investigation to date, or whether time for investigation is needed;
 - (f) The location of the child;
 - (g) Reasons why the child is removed from the home, and the anticipated length of such stay;
 - (h) Any history of child abuse concerns;
 - (i) Any mental health concerns.
-

6. A Crown Attorney, where circumstances permit, shall be designated at an early stage prior to trial/preliminary hearing, and continue with the case to its conclusion.
7. The Crown Attorney shall inform the Court of the need for a trial date that can accommodate the needs of the victim.
8. The assigned Crown Attorney, where appropriate, shall consult with the Police and Children's Aid Society and counsel for the child (if any) as to the facts of the case, any statements made by the victim, in any form, the child's capacity to testify and other areas of evidence. At all stages of the proceedings, the Crown Attorney shall respect the individual's right to privacy. Disclosure of any sensitive materials in the possession of any third party or in the possession of the Crown is subject to the legal requirements of common law and statute, as well as by policies directed by the Ministry of the Attorney General.

Video and Audio Disclosure

1. Disclosure of the evidence in all cases remains the responsibility of the Crown Attorney.
2. The investigating police officer shall include in the Crown Brief a copy of the synopsis of the video and/or audiotape.
3. All requests shall be forwarded to the office of the Crown Attorney.
4. Prior to providing a copy of a videotape of a child's interview, the Crown shall require defense counsel to sign an undertaking that includes the following agreements:
 - (a) Upon expiration of the time allowed for an appeal of the matter's final disposition, the said videotape(s) shall be returned to the Ministry of the Attorney General or their employees or agents;
 - (b) The accused shall not have possession of the videotape(s);
 - (c) The videotape(s) shall not be copied;
 - (d) The videotape(s) shall only be in the possession of counsel for the accused or any expert hired by counsel for the accused;
 - (e) The videotape(s) shall be returned in the event of any change of counsel;
 - (f) Any expert retained shall be bound by the same conditions.

Plea Discussion

1. In plea discussions, the Crown Attorney shall exercise his/her discretion taking into consideration:
 - (a) Whether there is a reasonable prospect of conviction, (in determining whether there is a reasonable prospect of conviction,
 - the Crown Attorney shall consider the availability of witnesses;
 - the admissibility of evidence;
 - some assessment of the credibility of witnesses without usurping the function of the trier of fact; and
 - a consideration of the defenses that should reasonably be known or come to the attention of the Crown Attorney);
 - (b) If there is a reasonable prospect of conviction, whether it is in the public interest to continue the prosecution;
 - (c) The facts as disclosed by the investigation as known to the Crown;
 - (d) The accused antecedents and risk for re-offending;
 - (e) The seriousness of the offence and the effect upon the victim;
 - (f) The timing of the plea (whether before or after the hearing of any evidence);
 - (g) The effect of testifying upon the child;
 - (h) The effects of an early resolution of the proceedings.
2. The Crown Attorney shall endeavour to consult with the police, allied parents and the caregivers before accepting pleas of guilty to a lesser offence than that disclosed in the investigation.
3. The Crown Attorney shall advise the police of the results of plea discussions.

Court Preparation

1. The assigned Crown Attorney shall meet with the child prior to court and shall assist in the preparation of the child for the court appearance. This will occur in conjunction with, or in the absence of, a victim/witness court program.
2. It is the responsibility of the assigned Crown Attorney to review the child's evidence for court.

3. Where there is any delay or adjournment anticipated, the police officer, after consultation with the Crown Attorney, shall advise the child that his/her court attendance is not required. The child shall attend court only when it is necessary for the child to testify.

Court Proceedings

1. The assigned Crown Attorney shall consider the following procedural mechanisms to assist the child to testify in court:

Legislative Aids

- Ban on publication of the name of the victim, or anything that may tend to identify the victim;
- Use of screen;
- Use of closed circuit TV;
- Videotape of investigative interview;
- Presence of support person with the child in the witness stand; and/or,
- Exclusion of the public.

Non-Legislative Aids

- Support person(s) in court with the child;
- Waiting rooms for the child and support person(s);
- Explanation to the child of court proceedings and activities;
- Court tour prior to testifying;
- Anything the child identifies as helpful (stuffed toy, good luck token, etc.);
- Microphone for the child;
- Use of booster seats;
- Use of child appropriate language;
- Attention to tone of voice when speaking in court;
- Alternate placement of court persons, or alternate location from which the child may testify;
- Timing the child's testimony to accommodate age limitations, attention spans, daily routine;
- Use of communication aids such as drawings, photographs, or, dolls;

- Understanding the child's fears of court and reducing them wherever possible; and/or,
- Presence of the investigating police officer with whom the child feels at ease.

Disposition of Criminal Proceedings

1. On a finding of guilt, the assigned Crown Attorney may request the court to order a pre-sentence report, (or pre-disposition report in matters under the Young Offenders Act) for the purpose of assisting in the determination of the impact on the victim, and the offender's amenability to treatment. In matters under the Young Offenders Act, the assigned Crown Attorney may request a psychological assessment of the young person (offender), where appropriate.
2. The investigating officer shall contact the child and/or the child's parent(s) or support person and request the completion of the victim impact statement. This may include any information regarding the emotional or psychological effects of the offence. Appropriate steps to safeguard the privacy interests of the child will be taken prior to obtaining any such information.
3. Upon the receipt of any psychiatric/psychological reports concerning the offender, the assigned Crown Attorney shall consider whether the author of the report should be present for cross-examination by the Crown, in particular as it may relate to the risk of re-offending, and notify defense counsel of the Crown's position.
4. The assigned Crown Attorney shall ensure that the information available to the court includes:
 - A victim impact statement;
 - A pre-sentence or pre-disposition report;
 - Any evidence relating to the assessment or treatment of the offender;
 - The effect of the court proceedings on the victim and family; and/or,
 - The evidence of any expert.
5. Recommendations for sentence shall be made keeping in mind the case law, and the following factors:
 - The seriousness of the offence;
 - Any prior offences;
 - The effect of the offence on the victim and the family;

- The need for accountability;
 - The need for deterrence specifically, and generally;
 - The need for protection of the public, and confidence of the public in the court's protection of children;
 - The offender's motivation for treatment;
 - The necessity of mandatory treatment;
 - The offender's prospects for rehabilitation and amenability to treatment;
 - The risk of re-offending; and/or,
 - The significance of a guilty plea.
5. The assigned Crown Attorney shall be aware of the different treatment services available in the community, as well as in both Provincial and Federal correctional facilities.
 6. Should probation be included as a component of the disposition, the appropriateness of treatment shall be considered.

Follow-Up to Disposition

1. The assigned Crown Attorney shall co-operate with the Information Retrieval Unit of Corrections Canada, when a sentence to a Federal Institution is imposed.
2. The position of the Crown's Office is that victims should access this information relating to parole board hearings through the Victim Witness Assistance Program.
3. Any violation of a term of probation, other than a treatment order, shall be brought before the court as a breach of probation. The Crown Attorney who initially handled the case shall be notified of the charge, and where possible, also prosecute the breach of probation.

COMMENTARY: ONTARIO RISK ASSESSMENT MODEL (REVISED 2000) AND STANDARDS FOR CHILD PROTECTION ONTARIO

The primary goal of the revised Risk Assessment Model for Child Protection in Ontario is to promote and support a structured and rational decision-making approach to case practice, without replacing professional judgment. The Model supports decision-making by guiding the worker through a process of information gathering and analysis that examines risk influences and child abuse issues affecting family functioning. The specific tools included in the Model provide a foundation on which the worker can develop strategies for reducing risk and the child's need for protection, building family strengths and resolving identified problems.

The Ontario Child Welfare **Eligibility Spectrum** is a tool designed to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of referral. It assists in interpreting the legal requirements for initial and ongoing child welfare intervention. The Spectrum also assists community service providers and those making referrals to the Children's Aid Society in understanding the child welfare mandate. The Spectrum supports inquiry and discussion between the referrer and the child welfare decision-maker.

Given the Ministry's authority to set legislation, regulations, and policy direction for child abuse, it was recognized that the development of new Standards for all Child Protection cases to replace the previous Ministry of Community and Social Services Revised Standards for the Investigation of Child Protection cases was an important component of the Child Welfare Reform Agenda. Previous standards addressed minimum Ministry of Community and Social Services expectations for "abuse" cases only, not all child protection cases. Effective March 31, 2000, the new Standards for Child Protection cases have been integrated with the Risk Assessment Model for Child Protection in Ontario.

When a referral is made to the Children's Aid Society, the case is rated according to the Eligibility Spectrum. If the referral is rated above the 'intervention' line, a full child protection investigation is required. If the Children's Aid Society must intervene, allegations must fall within the "extremely severe" or "moderately severe" levels in at least one area of the Eligibility Spectrum. In situations where a case has been rated "extremely severe," the Ontario Risk Assessment Model for Child Protection in Ontario requires that the child abuse worker shall:

- See the child(ren) who are subject of the referral/report/information/ as soon as possible and within 12 hours after receipt of the information;
- See all other children in the family as soon as possible and within 12 hours after receipt of the referral unless there are no reasonable and probable grounds to suspect they may be in need of protection and a full protection investigation is not required.

*(Excerpt from the Risk Assessment Model for Child Protection in Ontario)
(Revised 2000)*

COMMENTARY: DUTY TO REPORT

The Child & Family Services Act provides for a broad range of services for families and children, including children who are or may be victims of child abuse or neglect. The paramount purpose of the Act is to promote the best interests, protection and well being of children. Professional persons and officials have the same duty as any member of the public to report a suspicion that a child is in need of protection. The Act recognizes, however, that persons working closely with children have a special awareness of the signs of child abuse and neglect, and a particular responsibility to report their suspicions, and as such makes it an offence to fail to report.

The professional duty to report affects any of the following persons:

- Health care professionals, including physicians, nurses, dentists, pharmacists, and psychologists;
- Teachers or school principals;
- Social workers or family counsellors;
- A priest, rabbi, clergy or chaplain;
- An operator or employee of a day nursery;
- Youth and recreation workers (not volunteers);
- A police officer and a coroner;
- A solicitor; and/or,
- Any other person who performs professional or official duties with respect to a child.

The professional's duty to report overrides the provisions of any other provincial statute, specifically, those provisions that would otherwise prohibit disclosure by the professional or official. The reporting duty applies, even though the information reported may be confidential or privileged. The only privilege not subject to the reporting law is that between a solicitor and his/her client (Section 72 (7), (8)).

If civil action is brought against a person who made a report, that person will be protected unless he or she acted maliciously or without reasonable grounds for his or her suspicion (Section 72 (7)).

COMMENTARY: RECEIPT OF REPORT

The Children's Aid Society will conduct, in cases rated as extremely severe, a joint child abuse investigation when the primary caregiver (mother, father, live-in partner, caregiver exercising access, adult with custody and control for the child in question, foster parent etc.), or person having charge of a child, is alleged to have abused the child. Examples of persons having charge of a child would be when a parent assigns or assumes the care of the child to a family member providing temporary substitute care, a partner of the caregiver (with no legal relationship to the child), a babysitter, health care professional, teacher, counsellor, minister, youth and recreational worker, school bus driver etc.

In cases of extra-familial sexual assault where the alleged abuser was not in a caregiving capacity to the victim, the Children's Aid Society has the responsibility to assess the degree of risk, if any, to children of the alleged abuser and to other children to whom the alleged offender has access in a caregiver role.

The Children's Aid Society worker who receives the referral shall obtain from the referring person detailed information (including names, addresses, and telephone numbers) that covers the following areas:

- The circumstances which prompted the report;
- The child(ren) who are alleged to be at risk;
- Information regarding the child's family and the alleged abuser;
- Other witnesses;
- The referring person's reason/motivation for reporting; and,
- The location of the alleged offence, for purposes of notifying the appropriate police force.

Ministry of Community and Social Services Child Protection Standards require that, when the Children's Aid Society has received a report that a child is or may be in need of protection, the worker must advise his/her supervisor of having received the report. The worker must also review the referral information with his/her supervisor to decide whether a child abuse investigation is to occur and to develop a preliminary plan for investigation (Standards 1 & 2).

Ministry of Community and Social Services Standard 2 requires that for all referrals requiring a full protection investigation, and determined to be "extremely severe," the child abuse worker will see the child(ren) who are subject of the referral/report/information as soon as possible and within 12 hours after receipt of the information. This standard further requires that any decision to delay seeing the child beyond the twelve-hour maximum must be reviewed and approved by the Children's Aid Society supervisor and the reasons for delay documented in the Children's Aid Society case file.

COMMENTARY: DISCLOSURE OF INFORMATION

The Ministry of Community and Social Services' Risk Assessment Model for Child Protection in Ontario outlines the provincial standards that Children's Aid Societies are expected to meet in their provision of service to children and families. These standards require that the release of any information pertaining to the Society's decision to investigate, the investigative plan, or the outcome of the investigation, can only be shared with the person making the referral with the consent of the family.

COMMENTARY: INITIATING THE INVESTIGATION

The Peel District School Board and the Dufferin-Peel Catholic District School Board have agreed that child abuse investigations can occur on school premises in a timely fashion.

Consideration shall be given to the child's need/desire to have a supportive person present during the interview. (See interview of the Child Section).

Wherever possible, the hospitals will endeavour to serve as a place where an investigation can commence, and provide privacy to facilitate the investigation.

REGIONAL HOSPITALS AND MEDICAL COMMUNITY

Health care providers play a major role in the child abuse system in every community. Key functions include identifying and reporting suspected cases of child abuse and neglect and providing diagnostic and treatment services for child victims and their families.

Assessment of a Child in Need of Protection

1. Where indicated and whenever possible, healthcare providers shall endeavor to speak with the child and caregivers alone and separately to provide opportunities for disclosure.
2. Once the Children's Aid Society has been notified of the suspicion, no further interviewing or assessment pertaining to the child in need of protection shall occur.
3. The health care professional who received the initial information pertaining to the child in need of protection shall assume the Duty to Report responsibility in accordance with Section 72 (3), Child & Family Services Act.

Reporting

1. Any health care provider who has reasonable grounds to suspect a child is in need of protection shall report this information to the Children's Aid Society directly and forthwith.
2. Hospital personnel can expect to receive a response from the Children's Aid Society within 30 minutes of the initial phone call, 24 hours/day, and 7 days/week.
3. When the Children's Aid Society social worker has indicated that a full child abuse investigation will commence within the same day, the Children's Aid Society will assume lead responsibility, and will advise the referring health care professional of when the investigation will commence and discuss options pertaining to the management of patient/parents, etc.
4. If there is a threat of violence or concerns for safety at the hospital, this information shall be shared with the Children's Aid Society and the Police.
5. Hospital personnel shall endeavour to contact the Children's Aid Society regarding suspicions while the family is at the hospital. How/when to advise the family of the referral to the Children's Aid Society shall be negotiated between the hospital, the Children's Aid Society and the Police.

6. If the family leaves the hospital against medical advice or without being seen by the physician, the Children's Aid Society shall be notified immediately.
7. All hospital personnel who have been involved in a child abuse investigation can expect to be interviewed by police and/or the Children's Aid Society and to give a signed statement.

Documentation

Disclosure of information by hospital staff to the Children's Aid Society must be made with the understanding that it may be used in subsequent court proceedings. Every effort should be made to restrict information to only that which pertains to the suspicion that a child is in need of protection. Further information may be obtained by the Children's Aid Society through the consent of the parent or through the provision of a warrant under the Child & Family Services Act (Section 74 (2)) which permits the Children's Aid Society to access the hospital record or part of the record during a child abuse investigation.

- To facilitate the transmittal of timely and accurate information upon which the suspicion of abuse is based, hospitals will provide verbal information related to the hospital visit that is relevant to the suspicion of abuse. A signed release of information is required for any other documentation or information in the health care record.

If consent is not provided, the Children's Aid Society may choose to obtain this information through a warrant under the Child & Family Services Act (Section 74(2)).

Medical Examination of the Child

The Ministry of Community and Social Services' Standards for Child Protection Cases require that:

"If the facts/information indicate the possibility of injuries or the need for medical care, a medical examination will be arranged within 24 hours of receipt of the referral/report/information. The result of the examination shall be documented in the case file." (Standard 3)

In cases of physical abuse, serious consideration shall be given to having a child medically examined when the child has suffered injuries other than minor bruising, scratches, or abrasions, especially when injuries are close to a vital organ, or are on the head or facial area. A medical examination is necessary where the nature of abuse suggests that internal injury may be present, or where the child exhibits or complains of symptoms that may be associated with the injury. A medical examination shall be arranged when there is a need to document the child's condition or to obtain a medical opinion or probable causation of the injuries.

In cases of sexual abuse, an immediate examination may be advisable where there has been a more intrusive type of abuse (e.g., intercourse, penetration), or where there may have been an injury or violence, or where there are any specific medical concerns (e.g. pregnancy, sexually transmitted diseases, lacerations, etc). Medical guidelines indicate that forensic evidence should be taken within 24 hours of the assault in pre-pubertal children and within 72 hours in post-pubertal children.

Medical examination of the abused child requires specialized procedures and paediatric assessment skills, including the ability to communicate effectively with children. Consideration shall be given, on a case by case basis, as to whether a consultation with the Suspected Child Abuse and Neglect (SCAN) team at the Hospital for Sick Children may be of assistance.

There may be cases where the team feels that a medical examination is warranted in the circumstances, but no emergency exists. When it is unlikely that forensic evidence will be available, and there are no specific immediate medical concerns, the Children's Aid Society worker shall refer the child for an examination at the convenience of the child and person caring for the child, and not as an emergency.

Procedure

1. When the abuse has been recently inflicted, the medical examination shall occur within 24 hours of the investigative team seeing the child. In cases of minor physical injury, a decision not to obtain a medical examination must be reviewed by the Children's Aid Society.
2. Before arranging for the child to be medically examined, the team shall make every effort to locate the alternate caregiver(s) and advise them that the Children's Aid Society and police have been called to investigate the injuries.
3. Arrangements shall be made to meet with the parent immediately, either at the place of the investigation, or at the place where the medical examination is to take place. The Children's Aid Society worker may only transport the child to the medical appointment under the following circumstances:
 - (a) With the knowledge of the parent; or,
 - (b) After having apprehended the child.
4. If parents cannot be located, or if the parents do not consent to the medical examination, consideration shall be given to the apprehension of the child in order to permit the medical examination. The Children's Aid Society worker will consult with his/her supervisor prior to any apprehension of the child (Standard 3). Unless the child would be at risk during the time required to obtain an apprehension warrant, one shall be obtained prior to the apprehension.

5. The medical examination will normally take place at a hospital Emergency Department. In some circumstances of minor physical injury, it may be appropriate to use the primary care physician.

In determining the location of the medical examination, the investigative team must give consideration to the seriousness of the injury, and the need for and availability of specially trained healthcare professionals.

6. Whenever possible, advance notice shall be given to the hospital or physician. In this way, sufficient information can be provided to ensure an appropriate examination and the physician's specific role in the investigation can be clarified.
7. In cases of serious abuse and where forensic evidence might be gained, a medical consultation shall take place with the SCAN team from the Hospital for Sick Children or a medical child abuse specialist.
8. The attending physician shall speak to the parent(s) in the presence of the investigative team so that the nature of the injuries are explained and understood. The Children's Aid Society worker and police officer will interview and obtain statements by relevant hospital personnel. If necessary, the Children's Aid Society should obtain a medical release waiver signed by the parent(s).
9. If a child refuses a medical examination and the physician decides there is no compelling medical necessity, the child will not be forced to have the examination.

SCHOOL BOARDS

Reporting Suspected Child Abuse

Peel District School Board and Dufferin-Peel Catholic District School Board

The school system has a major role to play in the identification of children who are or likely will be in need of protection. Every child spends a considerable part of his or her childhood in the school environment. As a result, teachers, school administrators and support staff are in a unique position to offer a front-line defense for the child who is suffering from suspected abuse or neglect.

The Child & Family Services Act does not limit the protection of the child to the Children's Aid Society and the Police. Every person in the educational system has a responsibility to report suspected child abuse to the Children's Aid Society when he/she has reasonable grounds to suspect that a child is or likely will be in need of protection. The Act clearly states that those people who work closely with children have a special responsibility and duty to report suspected abuse or neglect.

The following is a compilation of similar administrative operating procedures implemented by the Peel and Dufferin-Peel Boards to ensure that board personnel comply with the Child & Family Services Act requirements for reporting a child who is or may be in need of protection:

1. Any suspicion that a child is or likely will be in need of protection shall be given the highest priority. Action shall be taken immediately on any suspicion. A report must be made to the Children's Aid Society even if the information is considered confidential or privileged.
2. It is the responsibility of school principals to ensure that all staff members are aware of, understand and comply with the relevant sections of the Child & Family Services Act.
3. The Children's Aid Society has the legal mandate to conduct a complete investigation and take appropriate action to ensure the safety of the child, and will receive full cooperation from the boards during its investigation.
4. When any school employee has reasonable grounds to suspect that a child is or likely will be in need of protection, the staff member, with the support and assistance of the principal (or designate), shall immediately make a direct report to the Children's Aid Society. Once reasonable grounds are identified, school employees shall not conduct any further investigations or interviews of the child.
5. Where "reasonable grounds" are unclear, consultation with the school social worker, other designated board personnel or the Children's Aid Society is recommended.

6. After a report is made to the Children's Aid Society, the principal shall, at the request of the Children's Aid Society, detain the child at school if necessary.
7. After a report is made to the Children's Aid Society, and at the request of Children's Aid Society, the principal shall permit Children's Aid Society/Police access to the student (and siblings if necessary) at school.
8. If possible, and with the child's consent, the principal shall attempt to ensure that a supportive person from the school be available during the Children's Aid Society/Police interview of the child, either at school or during the videotaping.
9. Verification and documentation of physical injury are the responsibility of the Children's Aid Society and the Police.
10. When a need for protection is suspected for a child with a developmental disability, Children's Aid Society/Police may require assistance from a specialized consultant prior to and/or during the interview with the student. If requested to do so, the principal shall ensure that appropriate information concerning the student's special communication needs is shared with the consultant.
11. It is the responsibility of the Children's Aid Society to notify the parents of the child when there is suspicion that a child is in need of protection. Notification should occur as soon as it is reasonably possible given the circumstances.
12. When a student over the age of 16 years discloses that abuse is occurring or has occurred, and that other children may be in need of protection, a report shall be made to the Children's Aid Society. The Children's Aid Society will then determine whether further investigation is necessary, and may contact the Police for assistance in determining risk to other children.
13. Following the verbal report that a child may be in need of protection to the Children's Aid Society, the report shall be confirmed in writing and distributed as appropriate. The completed forms shall not be placed in the student's Ontario School Record.

INVESTIGATIONS INVOLVING CHILDREN WITH A DEVELOPMENTAL DISABILITY

Special Considerations

1. All Child Abuse Investigation Protocol Procedures apply in cases involving children with a developmental disability.
2. The Police/Children's Aid Society Investigative Team may require specialized consultation and assistance when planning and/or conducting an interview of an alleged child victim who has a developmental disability.
3. The interview of the child shall be videotaped if at all possible.

Procedures

1. When it is determined that an alleged child victim has a developmental disability, the team may wish to consult with a specialized professional, if time permits. Depending on the time of day and/or the urgency of the situation, it may be necessary for the team to proceed, and to consult later if necessary.
2. Peel Behavioural Services, located at the Trillium Health Centre, (905-848-7279), will provide this consultation service to the team. Peel Behavioural Services can be accessed from Monday through Friday, 8:30 a.m. to 4:30 p.m. Consultation for after-hours service can be booked during regular hours. Peel Behavioural Services has no on-call capability at this time.
3. In assault investigations involving developmentally disabled children, and where the Child Abuse Protocol does not apply, the Police may request consultation at the time of their investigation.
4. The consultant may need to gather additional pre-interview information from the referral source and/or collateral sources. This information will assist the team to prepare for the interview. The consultant may recommend that the consultant, or another specialized professional or interpreter, join the team for the interview. Examples of circumstances when this would be necessary are as follows:
 - The person's primary way of communicating information is sign language, language board, or computer-assisted devices;
 - The person's verbal communication can be understood by only a limited group of individuals;
 - Other assistance is required to enable the child to provide information to the investigators.

APPENDICES

CHILD ABUSE INDICATORS

The following indicators are presented as guidelines only, to assist human service professionals in early recognition and helpful documentation of child abuse. These indicators are not exhaustive. They are intended to serve only as early warning signals. A child may present any number of the indicators or a given child may not exhibit any of the indicators. Each case will vary. Presence of indicators is not necessarily proof that abuse has occurred.

CHILD SEXUAL ABUSE INDICATORS

There are few obvious physical indicators with child sexual abuse. Behavioural indicators are much more common.

Physical Indicators – Sexual

- Sexually transmitted disease
- Pregnancy
- Semen around the mouth or genitalia, or on clothing or bedding
- Torn, stained or bloody clothing
- Bruises or bleeding of external genitalia, vagina, anal regions or breasts
- Swollen or red cervix, vulva, perineum, penis or rectum, enlarged vagina
- Loose anal sphincter
- Changes in hymen
- Vaginal or penile infections or odor
- Pain or itching of genitals or anus
- Sitting down or walking is uncomfortable and/or painful
- Pain in throat, difficulty swallowing
- Lack of attention to basic hygiene

Behavioural Indicators – Sexual

- Reports sexual approach by an adult
- Reports of sexual approach by an adult including aspects which could corroborate the child's story. The presence of semen could be indicated by a statement such as "he almost peed on me". The child may recount statements the offender made during the abuse
- Displays unusual interest in sexual matters; indicates sexual knowledge with dolls, draws sexually explicit pictures and/or uses adult sexual terminology
- Resists undressing or being undressed, i.e. expresses apprehension or fear of having diaper changed
- Resists medical examination
- Masturbates excessively and/or in public
- Mimics adult seductive behaviour, including dress
- Engages in early intercourse or other sexual activities
- Touches genitals of others
- Expresses fear regarding sexual functioning (e.g. fear of menstruation)
- Interest in pornography
- Sexual behaviour with animals and/or toys or objects
- Inserts objects into genitals, i.e. toys, food
- Fear of pregnancy
- Involvement in prostitution
- Reports flashbacks

Behavioural Indicators – General

- Withdrawn, worried, regressive, or preoccupied behaviour, engages in unusual amount of fantasy, focuses on being good
- Sleep disturbances
- Reduced sense of personal space
- Indiscriminate in approaching strangers
- Unexplainable fear reaction to adult men and/or women generally
- Phobic reactions – develops specific fears

- Psychosomatic pain, i.e. headaches, stomach aches
- Fear of vomiting
- Expresses suicidal thoughts and/or behaviour
- Self mutilating behaviour
- Drug or alcohol abuse, including overdoses
- Aggressive behaviour, temper tantrums
- A return to younger, more babyish behaviour
- Difficulty toileting e.g. constipation, soiling, smearing, defecating in unusual places
- Often misses school, with questionable excuses
- Resists going home and/or runs away
- Resists participating in physical activities
- Presents noticeable mood or personality alterations
- Eating disorders, i.e. anorexia (absence of appetite or desire to eat), bulimia (binge eating followed by purging), pica (eating of substances other than normal food)
- Evidence of dissociation including features of multiple personality disorder. May look as if “spaced out”. May forget time and place and may present as very different on different occasions. May not be in touch with own physical pain.
- Increased startle reaction or increased vigilance
- Restricted range of emotions
- Panic attacks
- Withdrawal from friends and activities

CHILD PHYSICAL ABUSE INDICATORS

Unlike sexual abuse physical abuse is more often indicated by obvious signs of physical injuries.

Physical Indicators

Unexplained bruises and welts:

- On the face, lips and mouth, eyes
- On large areas of the torso, back, buttocks or thighs, genitalia
- In clusters, forming regular patterns, or reflective of the article used to inflict them (electrical cord, belt buckle, handprint)
- On several different surfaces areas (indicating the child has been hit from different directions)
- Appearing as identical marks on both sides of the body
- In various states of healing (e.g. bruises of different colors, or old and new scars together)

Unexplained burns:

- Cigar or cigarette burns, especially on the soles of the feet, palms, back or buttocks
- Scald “burns” due to immersion in hot water, including glove or sock-like distribution
- Doughnut-shaped immersion burns on the buttocks which may also include scald marks on the feet and genitalia
- Patterned or “dry” burns which show a clearly defined mark left by the instrument used to inflict them (e.g. stove element on buttocks, iron on leg)

Unexplained fractures and dislocations:

- Any fractures on a child under two years of age
- To the skull, nose or facial features
- Multiple or spiral fractures
- Swollen or tender limbs
- Dislocation, particularly of shoulders and hips
- Injuries in various stages of healing (indicating they occurred at different times)

Unexplained lacerations and abrasions:

- To the mouth, lips, gums or eyes
- To the external genitalia
- On the backs of the arms, legs or torso

Unexplained abdominal injuries:

- Abdominal bruises and/or abrasions accompanied by the following:
- Swelling of the abdomen
- Localized tenderness
- Constant vomiting

Human bite marks:

- Especially when they appear adult size or on recurrence

Frequent accidental ingestion of poisons or medications

Shaking injuries” (more frequently observed in children under two year of age; this may indicate a brain hemorrhage requiring immediate action)

- Blood in the eyes
- Vomiting
- Changing level of consciousness
- Limpness or convulsions (these may indicate a brain hemorrhage requiring immediate action)

Behavioural Indicators

Behavioural indicators may also alert any person to the possibility of physical abuse. The following behaviours may exist independently or in conjunction with physical indicators:

- Wary of physical contact with adults (avoids or shies away from any adult touch)
- Displays extreme behaviour (extreme aggressiveness or extreme withdrawal)
- Fears his/her parents
- Fears going home
- Reports injuries

- Seems anxious to please
- Frequently late or absent from school
- Consistently arrives early to school and stays long after it is time to go home
- Wears clothing to conceal injuries (e.g. long sleeves in hot weather)
- Gives unbelievable explanations for injuries or claims no knowledge of the source of the injuries

- Seeks more than average amount of affection from adults
- Exhibits habit disorders (sucking, rocking, biting or eating disorders)
- Has lags in emotional and intellectual development
- Role reversal; child tries to take on the parent role
- Quietly watchful in the presence of caretaker
- Avoids activities which require undressing

NEGLECT INDICATORS

While physical abuse indicators are often episodic (noticeable after weekends or absences), the following indicators of neglect are more often chronic:

Physical Indicators

- Constant hunger, poor hygiene or inappropriate clothing
- Consistent lack of supervision, especially when engaged in dangerous activities over extended periods of time
- Constant fatigue or listlessness
- Unattended physical problems or medical needs, such as untreated or infected wounds
- Underweight, poor growth pattern, failure to thrive
- Evidence of poor dental care

Behavioural Indicators

- Beggars or steals food
- Constantly falls asleep in class
- Rarely attends school
- Comes to school very early and leaves very late
- Addicted to alcohol or other drugs
- Engages in delinquent acts such as vandalism or theft
- States that there is no one to care for or look after him/her
- Indiscriminately seeks adult attention

RITUAL ABUSE

Sexual abuse, physical abuse, and emotional harm can all occur in the context of ritualistic abuse. Recipients of reports must stay alert to suggestions of the following:

- Ceremonial acts
- Symbols and paraphernalia
- Physical violence to adults, children and animals
- Child(ren)'s talk of murder
- Ingestion of feces, urine
- Sacrificial ceremonies
- Reference to other parents
- References to television characters as real people
- References to mutilation

CHILD ABUSE OFFENDER INDICATORS

Child abuse offenders cannot be clearly categorized according to the types of abuse. Some indicators may be:

- Alcohol or drug abuse
- Marital difficulties
- Relates more readily to children than adults
- Relationship difficulties with adults
- Unusually protective, possessive, or jealous of the child
- Discourages social contact by the child with peers or other adults
- Socially isolated, lonely, lacks identified support systems
- Tends to blame others for life difficulties and disappointments
- Shows immature, impulsive behaviour
- Responds to professionals as hostile, and threatening
- Maintains a tightly closed family system
- Maintains control of family members by physical force or by intimidation
- Shows no respect for other's belongings, personal space, bodies, privacy
- May have been physically or sexually abused as a child
- Interest in child pornography
- Clings to child, both physically and emotionally, for comfort
- Appears to woo the child when together as though child were potential or actual adult lover
- Encourages the child to engage in sexual acts or behaviour
- May accuse others of inappropriate sexual behaviour with the child
- When confronted with the knowledge that a report of sexual abuse has taken place, may accuse the child of provoking it, try to minimize the seriousness of the situation, or justify it as legitimate sex education
- Appears unconcerned about the child's welfare
- Reluctant to seek help for child's physical or emotional problems
- Minimizes the necessity of seeking immediate medical attention for a child
- Reacts inappropriately to an injury, e.g. very upset over a relatively minor injury or unconcerned over a serious one

- Blames the child for the problems
- Offers illogical, unconcerned, contradictory or no explanation of child's injury
- Routinely uses harsh, unreasonable discipline
- Appearance of chaos in families, with very loose boundaries (e.g. relatives or strangers in and out of the house a great deal)