

CRITERIA FOR REFERRALS TO THE ABUSE PROGRAM

1. **HISTORICAL AND CURRENT ABUSIVE PARENTING PRACTICES**

For the file to be assigned to Abuse Intake, the incident in question must meet the Act's definition of abuse:

"ABUSE" means an act or omission by any person where the act or omission results in:

- a) physical injury to the child
- b) historical and current physical and sexual abuse

Given the definition of physical abuse provided by the Act, there must be a way of verifying the alleged injury. In all situations where abuse can be verified, cases will be transferred from CRU to the Abuse Unit including validation of injuries by sources of referral or CRU staff.

2. **AGE OF CONSENT VICTIMS (i.e. 14+ year olds with much older partners)**

There is no role for Abuse Intake in these cases unless there is an element of coercion, or manipulation or aggression, which is compromising the alleged victim's ability to consent. C.R.U. and/or ongoing services are expected to call the parents to inform them of the incident. If the parent takes a protective appropriate stance the matter will be closed. Under age 14 victims are automatically referred by C.R.U. to Abuse.

3. **SIBLING ABUSE – Physical and Sexual**

All sibling sexual abuse cases should be referred to the Abuse Units.

Physical abuse between siblings should be referred to Abuse Intake only if the following criteria are met:

- Where the alleged offender is in a position of trust/authority (i.e. babysitter).
- Where there is injury to the child.
- Where parents have not demonstrated a protective stance.

General Intake and/or ongoing services should address all other cases with the parents as a supervision issue.

4. **ADULTS DISCLOSING PAST CHILD SEXUAL ABUSE**

If there are children currently in the care of the alleged offender, or the alleged offender has access to the children, the alleged offender's family file is opened for investigation. If we at CRU are not able to clarify whether the offender has access to children, the matter is referred to the Abuse Unit. If there are currently no children at risk, then C.R.U. should provide the adult victim with resource information and police service information and document the allegation, as there is no role for Abuse Intake.

5. **USE OF IMPLEMENTS**

In keeping with the rationale for physical abuse investigations, an abuse investigation is not appropriate unless there is a current injury or incident. General Intake and/or ongoing services is expected to manage these cases.

6. **KIDS TOUCHING**

- i) Where there is a significant difference in age, physical size/development stage or use of threats or coercion, these cases should go directly to Abuse.
- ii) Children of similar age without any of the above conditions should be referred to C.R.U. and/or ongoing services directly to the parents for safety planning with their children. The only exception to this would be in situations where the parent is known to have caused the child to be in need of protection which would automatically necessitate a referral to the Abuse Unit.

7. **PROVINCIAL ABUSE SPECIALISTS ROLE AND RESPONSIBILITY vs. BRANCH ROLE AND RESPONSIBILITY**

The Provincial Abuse Specialists investigate all allegations made against the staff of residential care facilities. They also investigate abuse allegations made against staff of the Branch. The Branch completes all other investigations.

