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2008

Canadian Incidence Study of Reported Child Abuse and Neglect

MAJOR FINDINGS

Canada

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Canadians through leadership, partnership,
innovation and action in public health.***

– Public Health Agency of Canada

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2008

Canadian Incidence Study of Reported Child Abuse and Neglect

MAJOR FINDINGS

Acknowledgements

This report is the result of collaboration among federal, provincial and territorial government departments, university-based researchers, the First Nations representatives and, most important of all, child welfare service workers across the country who graciously participated in the data collection.

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is one of the national surveillance programs of the Public Health Agency of Canada (PHAC), dedicated to the health of children in Canada in conjunction with other national surveillance programs on unintentional injury, perinatal health, and chronic and infectious diseases. Surveillance, which is a core function of public health, is a systematic process of data collection, expert analysis and interpretation, and communication of information for action on key health issues.

The CIS examines the incidence of reported child maltreatment and the characteristics of the children and families investigated by Canadian child welfare sites from all 13 provinces and territories. The data presented in this report are crucial to better understand child abuse and neglect and to respond to this very important issue of child health and well-being.

PHAC is honoured to oversee the CIS program and to work with extremely dedicated partners. I would particularly like to thank Indian and Northern Affairs Canada, the National CIS-2008 Steering Committee members, the provincial and territorial Directors of Child Welfare and the child welfare service workers who took part in the study. The production of this surveillance report would not have been possible without their efforts and commitment.

Together with all of our provincial, territorial, and federal colleagues, we are working to improve the health of Canadian children.

*Dr. David Butler-Jones
Chief Public Health Officer
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Acknowledgements

The 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) reflects a truly national effort by a group of over 2000 child welfare service providers, researchers and policy makers committed to improving services for abused and neglected children through surveillance and research.

The Public Health Agency of Canada (PHAC) provided core funding for the study, with additional funds provided by the provinces of Alberta, British Columbia, Manitoba, Ontario, Québec, Saskatchewan, the Canadian Foundation for Innovation, the Social Sciences and Humanities Research Council of Canada and the PHAC Centres of Excellence for Children's Well-Being. The Injury and Child Maltreatment Section of the Health Surveillance and Epidemiology Division of the PHAC (Appendix B) provided organizational support for the study and, with its National Steering Committee to the CIS-2008 (Appendix C), provided key input into the design and implementation of the study. I would particularly like to acknowledge the contributions of Peter Dudding and Anne-Marie Ugnat, who have championed this project for many years.

The CIS-2008 was conducted by a large team of researchers who demonstrated an exceptional ability to remain focused on the objectives of this collective effort while bringing to bear their own expertise. In addition to the report authors, special acknowledgement should go to the site-based researchers who played a critical role in presenting the study and generating support while maintaining high standards for case selection.

All provinces and territories supported the research and, through their child welfare systems, contributed to data collection. The child welfare workers and managers involved in the study deserve special recognition for finding the time and interest to participate while juggling their ever-increasing child welfare responsibilities. Although for reasons of confidentiality we cannot list their names, on behalf of the CIS-2008 Research Team, I thank the child welfare professionals who participated in the CIS-2008.

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Dedication

This report is dedicated to the children and families who are served by Canadian child welfare workers. It is our sincere hope that the study contributes to ensuring that all children across Canada have full and equal access to the most effective services and supports.

Preface

It is now over fifteen years since the Public Health Agency of Canada (PHAC) created the vision and started to plan for the collection of data concerning child abuse and neglect. The Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (CIS-2008) represents the 3rd cycle of monitoring that commenced in 1998.

Although it may appear unremarkable that PHAC is involved in the collection of this information at a national level, this does represent some particularly important considerations. Child maltreatment is generally regarded as a social problem not normally included in the range of health problems and diseases that are routinely monitored by a public health organization. PHAC has demonstrated leadership in including child maltreatment as part of its regular monitoring of child health in Canada. The CIS-2008 has taken a multidisciplinary approach in involving a range of skills on its National CIS-2008 Steering Committee including professionals from health, education, justice and social service sectors, Aboriginal people, young people, researchers and provincial/territorial representatives. The National CIS-2008 Steering Committee has performed an important role in guiding the planning, implementation and communications activities to support the excellent work of the Research Team and PHAC staff. This approach has assisted in ensuring that the CIS-2008 is responsive to the changing needs of children, promotes professional education and develops greater public understanding of this critical health problem.

The CIS-2008 provides national data. This is a significant accomplishment and is important for many reasons. The vast majority of child welfare information is available only at a provincial or territorial level and cannot be aggregated. As a consequence, our understanding of key themes and trends in child development is limited and it is not possible to determine how Canadian children are doing. The collection of national data on this important health problem is a notable exception. It is very gratifying that all provinces and territories have been active participants in the CIS-2008, and a number of provinces have taken the opportunity to expand their sample to create their own reports. A similarly encouraging development has been the growth of the First Nations component of the study to focus on the unique circumstances of First Nations children.

We want to take this opportunity to thank all the members of the National CIS-2008 Steering Committee for their tireless effort and dedication to the cause of improving the lives of vulnerable Canadian children. It has been an honour to co-chair such important work with this impressive group. We are highly appreciative of the tremendous work of the group of talented researchers located in universities across Canada who have made the CIS-2008 possible.

Canada's efforts to support children and families must be based on a strong body of evidence for what works best. Continued investments in monitoring and knowledge development are required to allow Canadians to track how our children are doing.

The CIS-2008 is an outstanding example of highly relevant data collection on a compelling aspect of child development. It enables Canadians, governments and organizations to make informed decisions about the best policies and most appropriate programs for children and their families. The findings help promote an open discussion of child protection concerns in order to understand how we can best prevent and intervene in child maltreatment, and work toward its elimination.

Anne-Marie Ugnat, PhD & Peter Dudding, MM, MSW, RSW
Co-Chairs
National CIS-2008 Steering Committee

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Executive Summary

Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas, and Jill Holroyd

The Canadian Incidence Study of Reported Child Abuse and Neglect-2008 (CIS-2008) is the third nation-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child welfare. The CIS-2008 tracked 15,980 child maltreatment investigations conducted in a representative sample of 112 Child Welfare Service organizations across Canada in the fall of 2008.

In all jurisdictions except Québec, child welfare workers completed a three-page standardized data collection form; in Québec, information was entered into an electronic form linked to the administrative information system. Weighted national annual estimates were derived based on these investigations. The following considerations should be noted in interpreting CIS statistics:

- the unit of analysis is the child-maltreatment-related investigation;
- the study is limited to reports investigated by child welfare sites and does not include reports that were screened out, cases that were investigated only by the police, and cases that were never reported;
- the data are based on assessments provided by child welfare workers and were not independently verified;
- as a result of changes in the way cases are identified, the CIS-2008 report cannot be directly compared with previous CIS reports; and

- all estimates are weighted annual estimates for 2008, presented either as a count of child maltreatment-related investigations (e.g., 12,300 child investigations) or as the annual incidence rate (e.g., 3.1 investigations per 1,000 children). See Chapter 2 for a full description of study methodology.

INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

As shown in Figure 1, of the estimated 235,842 child-maltreatment-related investigations conducted in Canada in 2008, 74% focused on possible incidents of abuse or neglect that may have already occurred (174,411 child maltreatment investigations or 28.97 investigations per 1,000 children) and 26% were concerns about risk of future maltreatment (61,431 investigations or 10.19 investigations per 1,000 children). Thirty-six percent of the investigations were substantiated (85,440 investigations or 14.19 investigations per 1,000 children). In a further 8% of investigations (17,918 investigations or 2.98 investigations per 1,000 children), there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the worker at the completion of the intake investigation. Thirty percent of investigations (71,053 investigations or 11.80 investigations per 1,000 children) were unfounded. In 5% of investigations, the worker concluded there was a risk of future maltreatment (12,018 investigations or 2.00 per 1,000

children). In 17% of investigations, no risk of future maltreatment was indicated (39,289 investigations or 6.52 investigations per 1,000 children). In 4% of investigations, workers did not know whether the child was at risk of future maltreatment.

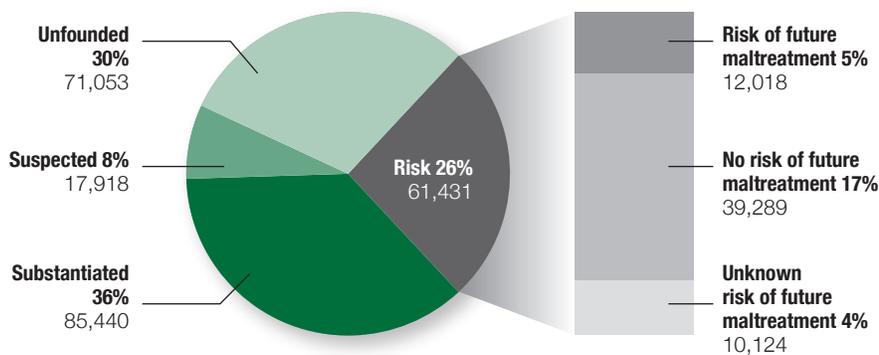
1998-2003-2008 COMPARISON

Changes in rates of maltreatment-related investigations from 1998 to 2008 might be due to a number of factors, including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in CIS study procedures and definitions, and (4) changes in the actual rate of maltreatment.

Changes in practice with respect to investigations of risk of future maltreatment pose a particular challenge since these cases were not specifically identified in the 1998 and 2003 cycles of the study. Because of this, the findings presented in this report are not directly comparable to findings presented in the CIS-1998 (Trocmé et al., 2001) and CIS-2003 (Trocmé, Fallon et al., 2005) reports, which may include some cases of risk of future maltreatment in addition to maltreatment incidents.

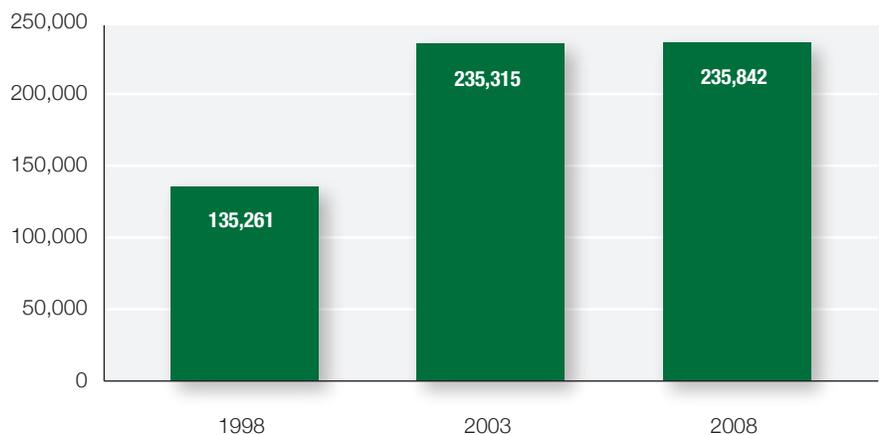
As shown in Figure 2, in 1998, an estimated 135,261 investigations were conducted in Canada, a rate of 21.47 investigations per 1,000 children. In 2003, the number of investigations nearly

FIGURE 1: Type of Child Maltreatment Investigations and Level of Substantiation in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008
 * Total estimated number of investigations is 235,842, based on a sample of 15,980 investigations.

FIGURE 2: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 1998, 2003, and 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008
 * Based on a sample of 7,633 investigations in 1998, 14,200 in 2003, and 15,980 in 2008.

doubled, with an estimated 235,315 investigations and a rate of 38.33 per 1,000 children (Trocmé, Fallon, & MacLaurin, in press). In contrast, the rate of investigations has not changed significantly between 2003 and 2008. In 2008, an estimated 235,842 maltreatment-related investigations were conducted across Canada, representing a rate of 39.16 investigations per 1,000 children.

Placement

The CIS tracked out-of-home placements that occurred at any time during the investigation. Workers were asked to specify the type of placement. In cases where there may have been more than one placement, workers were asked to indicate the setting where the child had spent the most time.

Figure 3 shows placement rates in 1998, 2003, and 2008. In 2008, there were no placements in 92% of the investigations

(an estimated 215,878 investigations). About 8% of investigations resulted in a change of residence for the child (19,599 investigations or a rate of 3.26 investigations per 1,000 children): 4% of children moved to an informal arrangement with a relative; 4% to foster care or kinship care and fewer than 1% to a group home or residential/secure treatment.

There generally has been little change in placement rates, as measured during the maltreatment investigation, across the three cycles of the CIS, other than a moderate increase in informal placements of children with relatives.

Ongoing Services

Workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Workers completed this question on the basis of the information available at completion of the intake investigation. Twenty-seven percent of investigations in 2008 (an estimated 62,715 investigations) were identified as remaining open for ongoing services while 73% of investigations (an estimated 172,782 investigations) were closed. There was no statistically significant difference in the incidence of ongoing service provision between 2003 (11.73 investigations per 1,000 children) and 2008 (10.41 per 1,000 children). In contrast, there was a substantial increase in the relative number of cases open for ongoing services from 7.27 per 1,000 children in 1998 to 11.73 per 1,000 children in 2003.

KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN CANADA IN 2008

Categories of Maltreatment

The CIS-2008 categorized maltreatment into physical abuse,

sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (Appendices F and G). Figure 5 presents the incidence of substantiated maltreatment in Canada, broken down by primary category of maltreatment. There were an estimated 85,440 substantiated child maltreatment investigations in Canada in 2008 (14.19 investigations per 1,000 children).

The two most frequently occurring

categories of substantiated maltreatment were exposure to intimate partner violence and neglect. Thirty-four percent of all substantiated investigations identified exposure to intimate partner violence as the primary category of maltreatment (an estimated 29,259 cases or 4.86 investigations per 1,000 children). In another 34% of substantiated investigations, neglect was identified as the overriding concern

(an estimated 28,939 investigations or 4.81 investigations per 1,000 children).

In 20% of substantiated investigations, or an estimated 17,212 cases, the primary form of maltreatment was identified as physical abuse (2.86 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in 9% of substantiated investigations (an estimated 7,423 investigations or 1.23 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment category in 3% of substantiated investigations (an estimated 2,607 investigations or 0.43 investigations per 1,000 children).

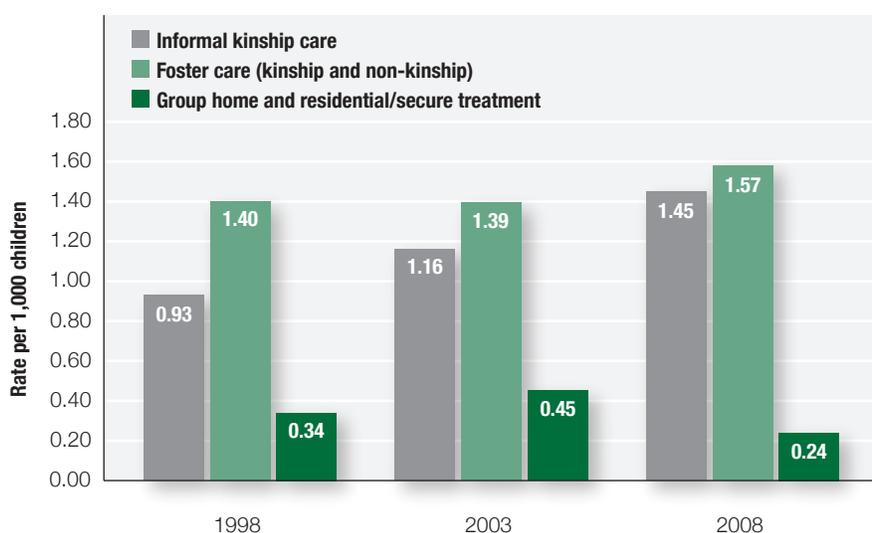
Physical and Emotional Harm

The CIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two measures: one describing the nature of harm and one describing severity of harm as measured by the need for medical treatment.

Physical harm was identified in 8% of cases of substantiated maltreatment (an estimated 7,057 substantiated investigations or 1.17 investigations per 1,000 children) (Figure 6). In 5% of substantiated investigations (an estimated 4,643 investigations or 0.77 investigations per 1,000 children), harm was noted but no treatment was required. In a further 3% of substantiated investigations (an estimated 2,414 substantiated investigations or 0.40 investigations per 1,000 children), harm was sufficiently severe to require medical treatment.

Information on emotional harm was collected using a series of questions asking child welfare workers to describe emotional harm that had occurred because of the maltreatment incident(s). If maltreatment was substantiated, workers were asked to indicate whether

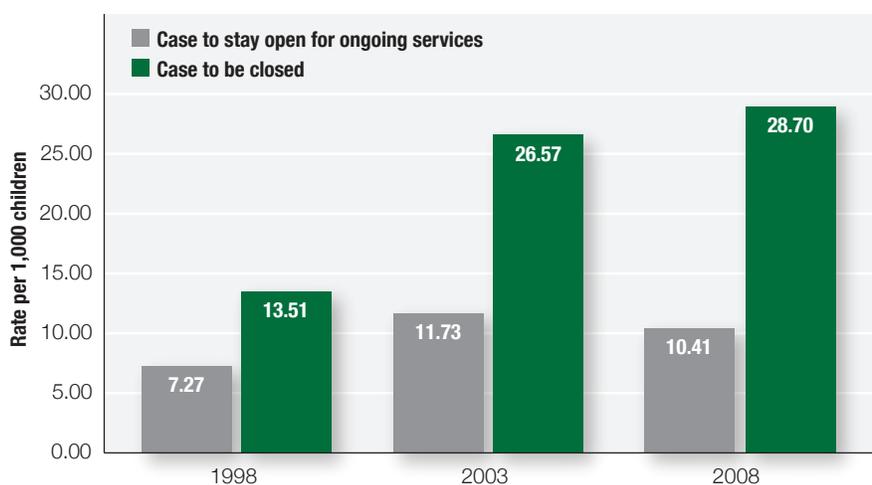
FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 1998, 2003, and 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 7,544 investigations in 1998, 14,105 in 2003, and 15,945 in 2008, with information about child welfare placement.

FIGURE 4: Provision of Ongoing Services following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in Canada in 1998, 2003, and 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 7,458 investigations in 1998 (with information on openings or closures), 14,105 in 2003, and 15,945 in 2008, with information about transfers to ongoing services.

the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the incident(s). In order to rate the severity of mental/emotional harm, workers indicated whether therapeutic intervention (treatment) was required in response to the mental or emotional distress shown by the child.

Figure 7 presents emotional harm identified during child maltreatment investigations. Emotional harm was noted in 29% of all substantiated maltreatment investigations, involving an estimated 24,425 substantiated investigations (4.06 investigations per 1,000 children). In 17% of substantiated cases (an estimated 14,720 investigations or 2.44 investigations per 1,000 children) symptoms were severe enough to require treatment.

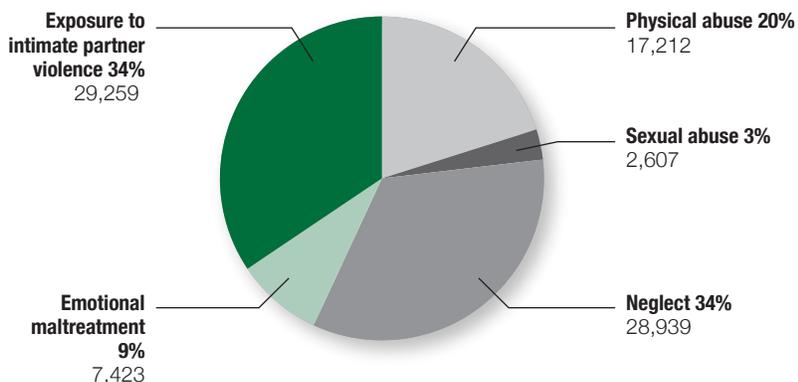
Children's Aboriginal Heritage

Aboriginal heritage was documented by the CIS-2008 in an effort to better understand some of the factors that bring Aboriginal children into contact with the child welfare system. Aboriginal children were identified as a key group to examine because of concerns about their over-representation in the foster care system. Twenty-two percent of substantiated cases (an estimated 18,510 investigations) involved children of Aboriginal heritage, as follows: 15% First Nations status, 3% First Nations non-status, 2% Métis, 1% Inuit and 1% with other Aboriginal heritage (Figure 8).

Child Functioning Issues

Child functioning across physical, emotional, cognitive, and behavioural domains was documented with a checklist of 18 issues that child welfare

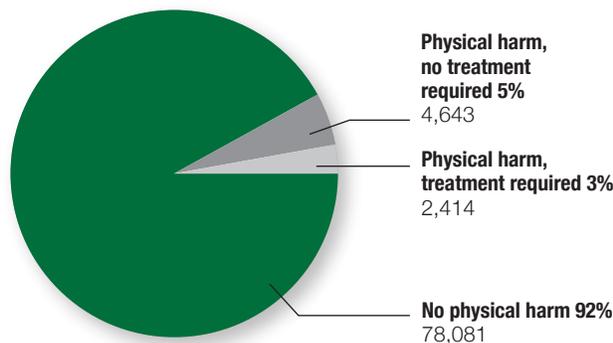
FIGURE 5: Primary Category of Substantiated Child Maltreatment in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Total estimated number of substantiated investigations is 85,440, based on a sample of 6,163 substantiated investigations.

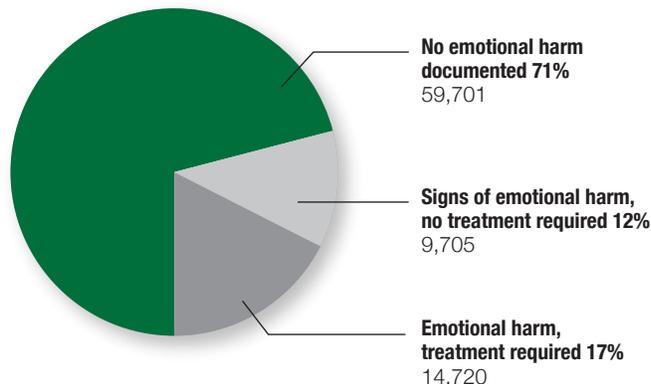
FIGURE 6: Physical Harm and Medical Treatment in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,133 substantiated investigations with information about physical harm and medical treatment.

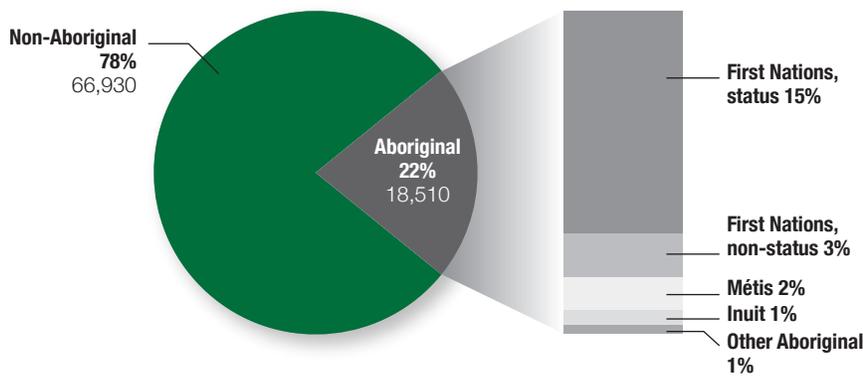
FIGURE 7: Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 6,044 substantiated investigations with information about emotional harm.

FIGURE 8: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008
 * Based on a sample of 6,163 substantiated investigations.

workers were likely to be aware of as a result of their investigation. Because the checklist documents only issues that child welfare workers became aware of during their investigation, the occurrence of these issues may have been underestimated. Workers were asked to indicate issues that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, disclosed by the caregiver or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point.

In 46% of substantiated child maltreatment investigations (an estimated 39,460 investigations or 6.55 investigations per 1,000 children) at least one child functioning issue was indicated. Figure 9 displays the six most frequently reported child functioning issues. Academic difficulties were the most frequently reported functioning concern

(23% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (19% of substantiated maltreatment investigations). Fifteen percent of substantiated maltreatment investigations involved child aggression, while 14% involved attachment issues. Eleven percent of investigations involved children experiencing Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) and 11% involved intellectual or developmental disabilities.

Primary Caregiver Risk Factors

For each investigated child, the investigating worker was asked to identify the person who was the primary caregiver. A number of potential caregiver stressors were tracked by the CIS-2008; child welfare workers completed a checklist of potential stressors that they had noted during the investigation. In 78% of substantiated child maltreatment investigations (an estimated 66,282

investigations or 11.01 investigations per 1,000 children), at least one primary caregiver risk factor was reported. The most frequently noted concerns for primary caregivers were being a victim of domestic violence (46%), having few social supports (39%), and having mental health issues (27%) (Figure 10).

Household Risk Factors

The CIS-2008 tracked a number of household risk factors including social assistance, household moves in 12 months, and household hazards. Household hazards included access to drugs or drug paraphernalia, unhealthy or unsafe living conditions and accessible weapons. Thirty-three percent of substantiated investigations involved families receiving social assistance or other benefits as their source of income. Twenty percent of investigations involved families that had moved once in the previous year. In 12% of the investigations, at least one household hazard was noted (Figure 11).

FUTURE DIRECTIONS

The 1998, 2003, and 2008 CIS datasets provide a unique opportunity to describe changes in child maltreatment investigations across Canada over the last decade. The 2008 sample has been expanded and the changes to the procedure for classifying investigations in 2008 will allow analysts to begin to track differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. The CIS-2008 dataset will be made available by the Injury and Child Maltreatment Section at the Public

Health Agency of Canada for secondary analyses (e-mail address: child.maltreatment@phac-aspc.gc.ca). For updates and more information on the CIS-2008, visit the Child Welfare Research Portal at <http://www.cwrp.ca> and the Public Health Agency of Canada's Injury and Child Maltreatment Section at <http://www.phac-aspc.gc.ca/cm-vee/index-eng.php>. 🌱

FIGURE 9: Selected Child Functioning Issues in Substantiated Child Maltreatment Investigations in Canada in 2008*

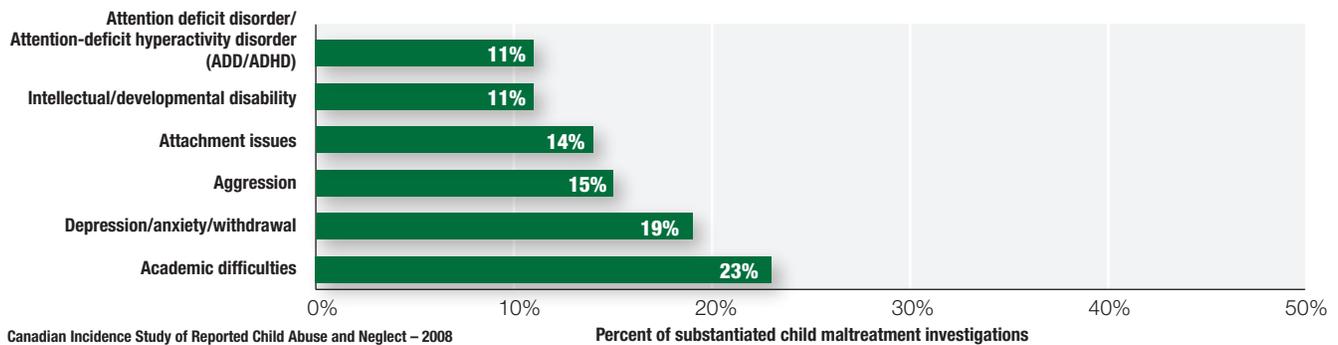


FIGURE 10: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Canada in 2008*

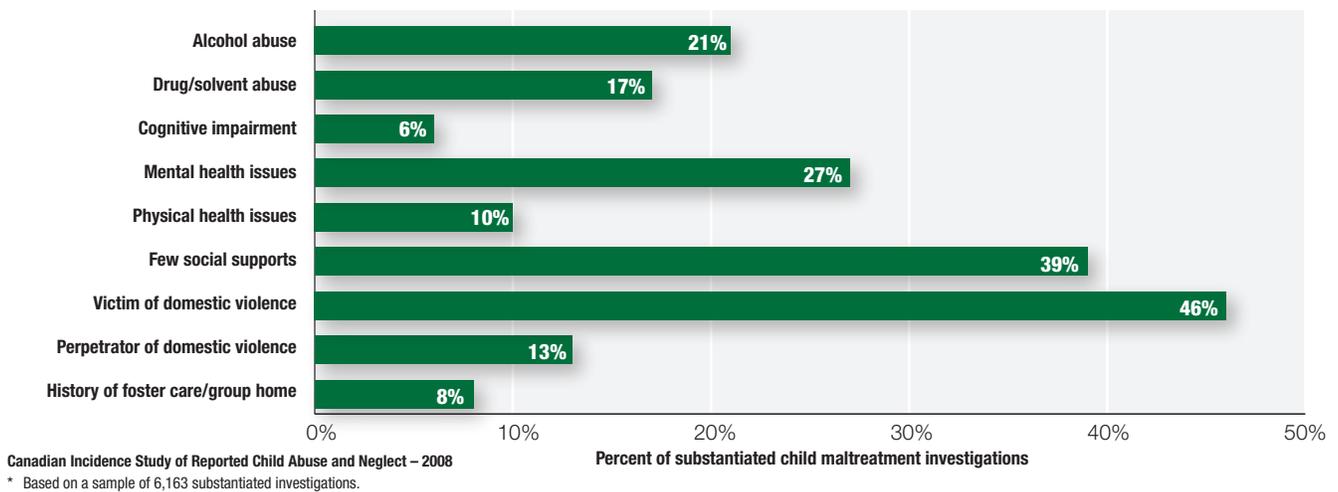
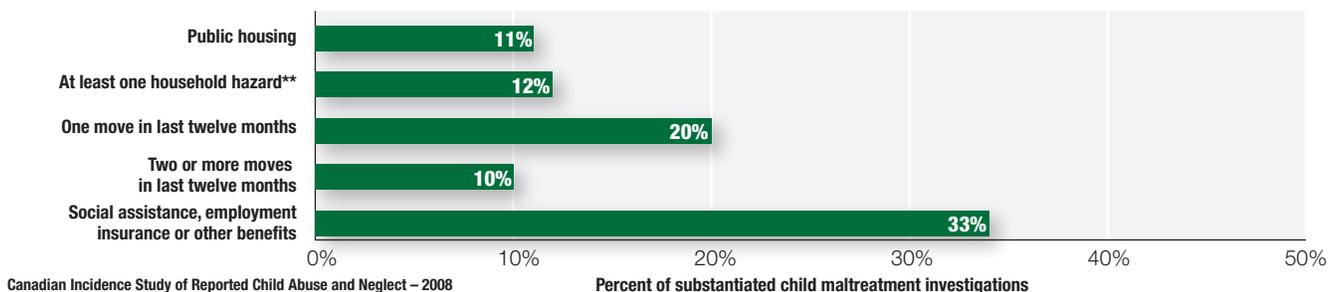


FIGURE 11: Household Risks in Substantiated Child Maltreatment Investigations in Canada in 2008*



Chapter 1 *Introduction*

Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas, and Jill Holroyd

Responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the 13 Canadian provinces and territories and a system of Aboriginal child welfare organizations, which has increasing responsibility for protecting and supporting Aboriginal children. Because of variations in the types of situations that each jurisdiction includes under its child welfare mandate, as well as differences in the way service statistics are kept, it is difficult to obtain a nation-wide profile of the children and families receiving child welfare services. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions. With core funding from the Public Health Agency of Canada (PHAC) and in-kind and financial support from a consortium of federal, provincial, territorial, Aboriginal, and academic stakeholders, the CIS-2008 is the third nation-wide study of the incidence and characteristics of investigated child abuse and neglect across Canada.

This report presents a profile of these investigations, including a comparison of rates of investigations in the 1998, 2003, and 2008 cycles of the study. Readers should note that because of changes in the way child welfare

investigations are conducted across Canada and in the way the CIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the CIS-2003 and CIS-1998 reports**. Given the growing complexity of the CIS, more detailed analyses will be conducted.¹

OBJECTIVES AND SCOPE

The primary objective of the CIS-2008 was to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare organizations in Canada in 2008. Specifically, the CIS-2008 was designed to:

1. determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence, as well as multiple forms of maltreatment;
2. investigate the severity of maltreatment as measured by duration, and physical and emotional harm;
3. examine selected determinants of health that may be associated with maltreatment;
4. monitor short-term investigation outcomes, out-of-home placement, use of child welfare court;
5. compare rates and characteristics of investigations across the 1998, 2003, and 2008 cycles of the CIS.

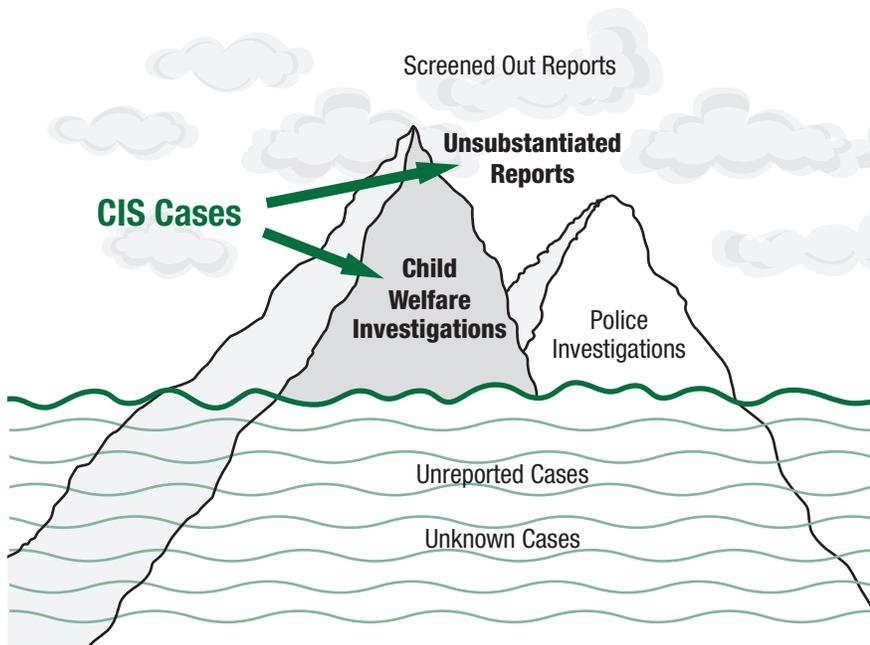
The CIS-2008 was also designed to accommodate supplementary oversampling in order to produce jurisdiction-specific estimates in Alberta, British Columbia, Ontario, Québec, Saskatchewan, and, on a pilot basis, for Aboriginal service providers. The CIS collected information directly from a national sample of child welfare workers² at the point when they completed their initial investigation of a report of possible child abuse or neglect, or risk of future maltreatment. The scope of the study is therefore limited to the type of information available to them at that point. As shown in the CIS Iceberg Model (Figure 1-1), the study documented only situations that were reported to and investigated by child welfare sites. The study **did not include** information about **unreported maltreatment** nor about cases that were **investigated only by the police**.³ Similarly, the CIS **did not include** reports that were made to child welfare authorities but **screened out** (referrals that were not opened for investigation). While the study reports on short-term outcomes of child welfare investigations, including substantiation status, initial placements in out-of-home care, and court applications, the study **did not track longer-term service events that occurred beyond the initial investigation**.

¹ Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwpr.ca> and at Public Health Agency of Canada's Injury and Child Maltreatment Section: <http://www.phac-aspc.gc.ca/cm-vee/index-eng.php>.

² Worker is used to describe all individuals who conduct child protection investigations. These people may be social workers, social service workers or other persons with training in child protection. In some jurisdictions the terms social worker and social service worker are used for individuals who have met licensing requirements within those professions; however, not all individuals conducting child maltreatment investigations fall into these two categories.

³ In some jurisdictions, cases of physical or sexual abuse involving extra-familial perpetrators – for example a baby-sitter, a relative who does not live in the home, or a stranger – are investigated by the police and referred to child welfare organizations only if there are other concerns about the safety or well-being of children.

FIGURE 1-1: Scope of the CIS-2008*



* Adapted from Trocmé, McPhee, Tam, & Hay, 1994; Sedlak & Broadhurst, 1996

Changes in investigation mandates and practices over the last ten years have further complicated what types of cases fall within the scope of the CIS. In particular, child welfare authorities were receiving many more reports about situations where the primary concern is that a child may be at risk for future maltreatment but where there were no specific concerns about any maltreatment that may have already occurred. Because the CIS-1998 and 2003 were designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment, and investigations of maltreatment. The CIS-2008 was redesigned to track both types of cases separately; however, this has complicated comparisons with past cycles of the study, where these were not tracked separately. For the purpose of this report, comparisons with previous cycles are limited to comparisons of rates of all

investigations including risk cases which did not involve a specific allegation of maltreatment. In contrast, **risk of future maltreatment cases are not included in the CIS-2008 estimates of rates and characteristics of substantiated maltreatment.**

CIS RESEARCH AND SURVEILLANCE PARTNERSHIP

The CIS-2008 gathered information from approximately 16,000 investigations, conducted by over 2,000 workers in 112 sites in every province and territory in Canada. Nearly 40 researchers were involved in developing the study plan, training participants, and collecting, verifying, and analyzing data. As with the two previous national cycles of the CIS, the core study was initiated and funded by PHAC and is a central component of their child health surveillance programs. Considerable staffing support was provided by all provinces and territories through their child welfare workers, support staff, and

administrators. Five provinces – Alberta, British Columbia, Ontario, Québec, and Saskatchewan – provided additional support and funding for enriched samples to allow province-specific estimates. In addition, a number of stakeholders provided funding to support a First Nations CIS-2008 component, including the provinces of British Columbia, Manitoba, and Ontario, Indian and Northern Affairs Canada through PHAC, and the Social Sciences and Humanities Research Council of Canada. The Canadian Foundation for Innovation (CFI) provided a grant to support the development of an integrated CIS database.⁴

Nico Trocmé (McGill University) was the principal investigator of the study. The director and the principal investigator for the Ontario Incidence Study was Barbara Fallon (University of Toronto). The principal investigator for the Saskatchewan, Alberta, and British Columbia incidence studies was Bruce MacLaurin (University of Calgary). The co-investigators for the Québec Incidence Study were Sonia Hélie (Centre jeunesse de Montréal – Institut universitaire) and Daniel Turcotte (Université Laval). The principal investigator for the First Nations CIS-2008 component was Vandna Sinha (McGill University). The National CIS-2008 Steering Committee provided input into the design and dissemination plans for the national study and, in particular, assisted with revisions to the CIS data collection instruments. Staff from PHAC Injury and Child Maltreatment Section provide oversight of the CIS. The First Nations components of the study are overseen by the First Nations CIS-2008 Advisory Committee. Please see Appendices A, B, C, and D for a full list of all the researchers and advisors involved in the CIS-2008.

⁴ CFI project number 16579. Public Health Agency of Canada contract number 6D014-070001/001/SS.

CHILD WELFARE SERVICES IN CANADA: A CHANGING MOSAIC

The objectives and design of the CIS-2008 are best understood within the context of the decentralized structure of Canada's child welfare system and with respect to changes over time in mandates and intervention standards. Child welfare legislation and services are organized in Canada at the provincial and territorial levels. Child welfare is a mandatory service, directed by provincial and territorial child welfare statutes. Although all child welfare systems share certain basic characteristics organized around investigating reports of alleged maltreatment, providing various types of counselling and supervision, and looking after children in out-of-home care, there is considerable variation in the organization of these service delivery systems (Table 1-1).⁵ Some provinces and territories operate under a centralized, government-run child welfare system; others have opted for decentralized models run by mandated agencies.

Child welfare statutes vary considerably. Some jurisdictions limit their investigation mandates to children under 16, while others extend to youth under 19. Provincial and territorial statutes also vary in terms of the specific forms of maltreatment covered, procedures for investigation, grounds for removal, and timelines for determining permanent wardship. In addition to these legislative differences, there are important differences in regulations and investigation policies. These differences may be further accentuated by the implementation of differently-structured assessment tools and competency-based training programs.

Although provincial and territorial child welfare statutes apply to all Aboriginal people, special considerations are made in many statutes with respect to services for Aboriginal children and families. The structure of Aboriginal child welfare services is changing rapidly. A growing number of services are being provided either by fully-mandated Aboriginal organizations or by Aboriginal counselling services that work in conjunction with mandated services (Blackstock, 2003).

In addition to variations in mandates and standards among jurisdictions, it is important to consider that these mandates and standards have been changing over time. Effects of those changes have been detected by the CIS cycles. From 1998 to 2003 the CIS found that rates of investigated maltreatment had nearly doubled (Trocmé, Fallon et al., 2005). Most of the available data point to changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused or neglected. Using the analogy of the iceberg (Figure 1-1), there is no indication that the iceberg is increasing,⁶ rather, it would appear that the detection line (water line on the iceberg model) is dropping, leading to an increase in the number of reported and therefore substantiated cases. The CIS-2003 report points in particular to four important changes: (1) an increase in reports made by professionals, (2) an increase in reports of emotional maltreatment and exposure to intimate partner violence, (3) a larger number of children investigated in each family, and (4) an increase in substantiation rates (Trocmé, MacLaurin, Fallon, Black, & Lajoie, 2005; Trocmé, Fallon et al, 2005).

These changes are consistent with modifications to legislation and investigation standards in many provinces and territories, where statutes and regulations have been broadened to include more forms of maltreatment, and investigation standards in some jurisdictions require that siblings of reported children be systematically investigated.

A fifth factor that may have also led to an increase in the number of reports was the inclusion of investigations conducted solely because of concerns about possible future risk of maltreatment. A file review conducted in preparation for the CIS-2008 identified a number of cases that actually involved risk-only investigations which had been included in the CIS-2003 because workers identified them as investigations involving incidents of alleged maltreatment.

Unfortunately, because the CIS-2003 was not designed to track risk of future maltreatment cases, we cannot estimate the extent to which risk assessments may have contributed to the increase in cases between 1998 and 2003. The CIS-2008 was designed to track risk of future maltreatment cases separately.

In summary, differences in legislation and investigation practices across provinces and territories, as well as changes over time have posed a challenge in estimating the annual incidence of reported maltreatment in Canada. Using a standard set of definitions, the CIS-1998, 2003, and 2008 provide the best available estimates of the incidence and characteristics of reported child maltreatment across Canada over a ten-year period.

⁵ For more detailed description of provincial, territorial and Aboriginal services go to the Canadian Child Welfare Research Portal: <http://www.cwrp.ca>.

⁶ For example, there was not a statistically significant increase in the number of children sustaining severe injuries. However, because the CIS does not measure rates of unreported maltreatment (cases below the detection line), one cannot rule out increases in the number of victims as one of the factors leading to the overall increase in reports across the three cycles.

TABLE 1-1: Administrative Structure of Provincial and Territorial Child Welfare Services in Canada in 2008*

Province	Administration	Child Welfare Statutes	Age Coverage
Newfoundland and Labrador	The Department of Health and Community Services is responsible for the provision of child welfare programs and services. Child protection is provided through four regional integrated health authorities.	Child, Youth and Family Services Act	Under 16
Prince Edward Island	The Ministry of Social Services and Seniors, Child and Family Services Division is responsible for child welfare programs and services. Child protection is delivered through four regional offices.	Child Protection Act	Under 16; 16-18 for children with mental, developmental, or physical challenges
Nova Scotia	The Department of Community Services, Children Youth and Families Division is responsible for child welfare programs and services. Child protection services are provided through 20 child welfare offices, six of which are district offices and 14 privately run societies/family and children's services agencies. One of these agencies is mandated to serve the Mi'kmaw First Nation community.	Children and Family Services Act	Under 16
New Brunswick	Child welfare is the responsibility of the Department of Social Development. Child protection services are provided through 18 delivery sites in eight regions. In addition, there are 11 agencies providing services to the First Nations communities of New Brunswick.	Family Services Act	Under 16; under 19 for youth with disability
Québec	The Ministère de la Santé et des Services sociaux funds child welfare programs and services through 19 Centres jeunesse in 18 regions.	Youth Protection Act	Under 18
Ontario	The Ministry of Children and Youth Services funds for child welfare programs and services, which are provided by Children's Aid Societies throughout the province. There are 53 Children's Aid Societies, which are governed by Boards of Directors elected from the local communities. Six Children's Aid Societies were fully mandated to serve First Nations communities in Ontario in 2008.	Child and Family Services Act	Under 16
Manitoba	Child welfare is the responsibility of the Ministry of Family Services and Consumer Affairs, Child and Family Services Division. Child Protection services are provided by four departmental offices, six private non-profit agencies, 14 mandated First Nations agencies and one Métis agency supported by four authorities.	Child and Family Services Act	Under 18
Saskatchewan	Child welfare is the responsibility of the Ministry of Social Services. Child protection services are provided through 20 service offices in six regions. There are 17 fully delegated First Nations child protection agencies in Saskatchewan.	Child and Family Services Act	Under 16
Alberta	The Ministry of Children and Youth Services is responsible for child welfare programs and services. Child intervention services are provided through ten Child and Family Services Authorities; nine of which are regionally based and one provides services to Métis settlements throughout the province. In addition there are 18 First Nations agencies providing child protection services.	Child Youth and Family Enhancement Act	Under 18
British Columbia	The Ministry of Children and Family Development, Child Protection Division is responsible for child welfare programs and services. Workers in 429 offices, in five regions, provide child protection services with support from the provincial office of the Child Protection Division. There are seven fully mandated First Nations child protection agencies in British Columbia.	Children, Family and Community Services Act	Under 19
Yukon	The Department of Health and Social Services, Family and Children's Services is responsible for the provision of child welfare programs and services. Child protection services are provided through 11 offices.	Children's Act	Under 18
Northwest Territories	The Department of Health and Social Services is responsible for child welfare programs and services. Child protection is delivered through eight health and social services authorities.	Child and Family Services Act	Under 16
Nunavut	The Department of Health and Social Services provides child protection services to the communities in Nunavut. Child protection services are provided from three regional offices.	Child and Family Services Act	Under 16

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Information was compiled through interviews with Ministerial officials and information posted on provincial and territorial websites; this table represents the administrative structures in place at the time of data collection in October 2008.

ORGANIZATION OF THE CIS-2008 REPORT

This report presents the profile of substantiated child abuse and neglect investigations conducted across Canada in 2008 and a comparison of rates of investigations found in the 1998, 2003, and 2008 cycles of the study.

It is divided into five chapters and 11 appendices. Chapter 2 describes the study's methodology. Chapter 3 compares the incidence of investigations and types of investigations conducted by child welfare sites in Canada in 1998, 2003, and 2008. Chapter 4 examines the characteristics of substantiated maltreatment investigations by type of maltreatment in Canada in 2008 including severity and duration of maltreatment. Chapter 5 examines the child and family characteristics of substantiated investigations in Canada in 2008.

Because of changes in the way child welfare investigations are conducted across Canada and the way the CIS tracks the results of these investigations, the findings presented in this report are not directly comparable to findings presented in the CIS-2003 and CIS-1998 reports. In particular, it should be noted that previous CIS cycles did not separately track investigations of cases where future risk of maltreatment was the only concern. As well, most of the tables in the CIS-2003 report did not include data from Québec. 🌿

Chapter 2 *Methodology*

Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas, and Jill Holroyd

The CIS-2008 is the third national study examining the incidence of reported child abuse and neglect in Canada. It captured information about children and their families as they came into contact with child welfare sites over a three-month sampling period. Children who were not reported to child welfare sites, screened-out reports (referrals that were not opened for an investigation), or new allegations on cases currently open at the time of case selection, were not included. A multi-stage sampling design was used, first to select a representative sample of 112 child welfare sites across Canada, and then to sample cases within these sites. Information was collected at the conclusion of the investigation directly from approximately 1,800 workers. The CIS-2008 sample of 15,980 investigations was used to derive estimates of the annual rates and characteristics of investigated children in Canada.

As with any survey, estimates must be understood within the constraints of the survey instruments, the sampling design, and the estimation procedures used. This chapter presents the CIS-2008 methodology and discusses its strengths and limitations, and their impact on interpreting the CIS-2008 estimates.

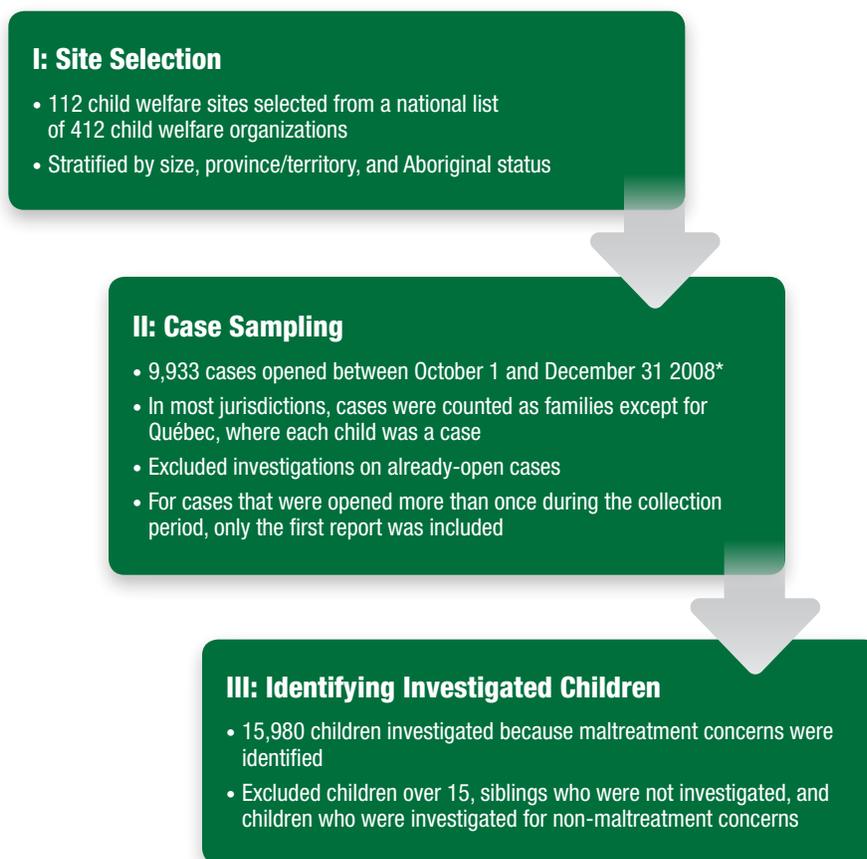
SAMPLING

The CIS-2008 sample was drawn in three stages (Figure 2-1): first, a representative sample of child welfare sites from across Canada was selected, then cases were sampled over a three-month period within the selected sites, and finally, child investigations that met the study criteria were identified from the sampled cases.

Site Selection

The primary sampling unit for the CIS was the local organization responsible for conducting child-maltreatment-related investigations. In some jurisdictions, these organizations were autonomous agencies; in others, they were local offices for the provincial or territorial child protection authority (Table 1-1). In the latter case, decisions

FIGURE 2-1: Three-Stage Sampling



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Due to later recruitment, two sites collected data from December 1, 2008 to February 28, 2009 and one site collected data from January 1, 2009 to March 31, 2009. Cases from these three sites represent only 4% of all sampled cases. This different collection period is unlikely to bias the overall results.

needed to be made to determine the appropriate sampling unit. In most jurisdictions, organizations served the entire population in a specific geographic area; however, in some instances several organizations served different populations in the same area on the basis of religion, language, or Aboriginal background. While in most jurisdictions a provincial or territorial list of organizations was readily available, a more extensive review process was required to obtain a list of Aboriginal organizations with fully-delegated investigation authority. A final count of 412 organizations constituted the sampling frame for the 2008 study (Table 2-1).

Organizations were stratified by province or territory, and, in larger provinces, they were further stratified by size of the organization (defined by the number of case openings in a year) and by region. In addition, separate strata were developed for Aboriginal organizations. Stratification ensured that all subpopulations were represented in the sample. The number and structure of the strata were set first to ensure representation of each

province and territory and then to represent their relative population sizes. Alberta, British Columbia, Ontario, Québec, and Saskatchewan provided additional funds to oversample in their jurisdiction with the aim of producing province-specific estimates. Aboriginal sites were also oversampled in order to better understand investigations in Aboriginal organizations. In total, 39 strata provided the sampling structure from which 112 organizations were selected. Twenty-three sites were Aboriginal organizations.

Most sites were selected randomly within their regional strata using the SPSS Version 15.0 (SPSS Statistics, 2007) random selection application. Exceptions included sites sampled with certainty, sites that could not be feasibly included because of size (fewer than 50 investigations a year) or distance (geographical remoteness), and Aboriginal sites that were selected in consultation with the First Nations CIS-2008 Advisory Committee. Sites in the largest metropolitan areas were sampled with certainty. Sites from

Nunavut, the Yukon, and the Northwest Territories were sampled by convenience, on the basis of accessibility, expected case volume and regional representation. In two of the oversampling provinces – Québec and Saskatchewan – all of the non-Aboriginal sites were included, with the exception of regions 17 and 18 in Northern Québec (Hudson Bay, James Bay and Nunavik). Seven organizations declined to be involved because of their particular circumstances; seven replacement sites were randomly selected from the remainder.

Case Selection

The second sampling stage involved selecting cases opened in the study sites during the three-month period from October 1, 2008 to December 31, 2008.¹ Three months was considered to be the optimum period to ensure high participation rates and good compliance with study procedures. Consultation with service providers indicated that case activity from October to December was considered to be typical of the whole year. However, follow-up studies are

TABLE 2-1: CIS Sites and Sample Sizes by Region, CIS-2008

Region	Child population (0-15)*	Total child welfare organizations**	Number of CIS sites	CIS sites child population (0-15)*	Annual case openings for CIS sites***	Case openings sampled for CIS sites***
Atlantic provinces†	392,905	82	4	80,410	1,245	247
Québec	1,352,615	18	16	1,343,391	26,520	2,901
Ontario	2,373,305	47	19	1,437,535	35,805	4,214
Manitoba	217,768	10	2	32,225	498	102
Saskatchewan	187,635	19	19	187,635	3,622	897
Alberta	667,555	55	13	532,595	11,155	1,218
British Columbia	731,435	76	13	211,085	8,461	1,861
Northern Territories‡	27,575	23	3	10,815	1,262	250
Total non-Aboriginal	5,950,793	330	89	3,835,691	88,568	11,690
Aboriginal§	71,177	82	23	18,420	3,315	706
Canada	6,022,005	412	112	3,854,111	91,883	12,396

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Source: Age and sex for the population of Canada, provinces, territories, census divisions and subdivisions, 2006 Census – 100% Data (table). Topic-based Tabulations on Statistics Canada Catalogue no. 97-551-XCB2006011. Ottawa, July 17, 2007.

** The Aboriginal count includes only those agencies which are delegated according to the First Nations CIS-2008 Advisory Committee (Appendix D).

*** Case opening refers to the unit of service (child or family) depending on the region. Numbers include screened-out cases. Thus the total case openings sampled for CIS sites (12,396) does not equal the number of cases selected (9,933), as shown in Figure 2-1, nor the CIS-2008 sample size of 15,980 investigations.

† New Brunswick, Newfoundland and Labrador, Nova Scotia and Prince Edward Island.

‡ Nunavut, Northwest Territories and Yukon.

§ Aboriginal child populations are the child populations served by delegated Aboriginal agencies in Canada.

¹ Due to later recruitment, two sites collected data from December 1, 2008 to February 28, 2009 and one site collected data from January 1, 2009 to March 31, 2009. Cases from these three sites represent only 4% of all sampled cases. This different collection period is unlikely to bias the overall results.

needed to systematically explore the extent to which seasonal variation may affect estimates that are based on this three-month sampling period.

In small to mid-sized sites, every case opened during the three-month sampling period was selected. In larger sites that conducted over 1,000 investigations per year, a random sample of 250 cases was selected for inclusion in the study (Trocmé, Fallon et al., 2009). In sites from Québec, a random sample of approximately 50% of investigations was selected.²

In most jurisdictions outside of Québec and Alberta, families are the **unit of service** at the point of the initial decision to open a case. In Québec, the child is the unit of service and cases were selected on that basis. This meant that there were instances where several siblings were investigated, but only one was selected for inclusion in the CIS. Although the unit of service is also the child in Alberta, cases were selected for the CIS on a family basis.

Several caveats must be noted with respect to case selection. To ensure that systematic and comparable procedures were used, the formal process of opening a case for investigation was used as the method for identifying cases. The following procedures were used to ensure consistency in selecting cases for the study:

- situations that were reported but **screened out** before the case was opened were not included (Figure 1-1). There was too much variation in screening procedures to be able to track these cases feasibly within the budget of the CIS;
- reports on **already-open cases** were not included. This meant that in jurisdictions that count reports on already-open cases as new openings – as is done in Québec – careful attention had to be given to separating

out new cases from already-open ones;

- only the first report was included for cases that were reported more than once during the three-month sampling period; and
- some jurisdictions have been developing **differential or alternative response models** that could have posed a challenge in capturing cases opened in alternative non-protection stream. However, because in most sites the decisions to stream occurred after the initial investigation, the CIS was generally able to capture both types of openings.

These procedures resulted in the selection of 9,933 cases (1,930 child-based cases from Québec and 8,003 family-based cases from the rest of Canada) (Figure 2-1).

Identifying Investigated Children

The final sampling stage involved identifying children who had been investigated as a result of concerns related to possible maltreatment. As noted above, since in most jurisdictions cases are opened at the level of the family, procedures had to be developed to determine which children in each family had been investigated for maltreatment-related reasons. Furthermore, cases can be opened for reasons that do not involve maltreatment concerns. For instance, in Québec, a case could have been opened because a family is requesting support when a child is displaying serious behavioural problems. Similarly, some jurisdictions classify home studies for prospective adoptive or foster homes as case openings.

In jurisdictions outside of Québec, children eligible for inclusion in the final study sample were identified by having child welfare workers complete the *Intake Face Sheet* from the *CIS-2008 Maltreatment Assessment Form*. The *Intake Face Sheet* allows the worker to identify any children who were being

investigated because of maltreatment-related concerns (i.e., investigation of possible past incidents of maltreatment or assessment of risk of future maltreatment). In Québec, the identification of maltreatment-related investigations was done by including all “retained”³ cases with maltreatment-related case classification codes.

The age range covered by provincial and territorial child welfare statutes varies from 0–15 to 0–19 years. To ensure consistency in developing national estimates, only children 15 and under are included in the final sample used in this report.

These procedures yielded a final sample of 15,980 children investigated because of maltreatment-related concerns.

Investigating Maltreatment versus Assessing Future Risk of Maltreatment

The primary objective of the CIS is to document investigations of situations where there are concerns that a child may have already been abused or neglected. While investigating maltreatment is central to the mandate of child protection authorities, their mandates can also apply to situations where there is no specific concern about past maltreatment but where the risk of future maltreatment exists. Cases that were being assessed for risk of future maltreatment were not explicitly included in previous cycles of the CIS. To better capture both types of cases, the CIS-2008 was redesigned to track investigations versus cases opened only to assess the risk of future maltreatment.

Investigating workers were asked to complete a data collection instrument for both types of cases. For cases involving maltreatment investigations, workers described the specific forms of maltreatment that were investigated and whether the investigation was substantiated. In cases that were opened only to assess future risk of maltreatment,

² Randomization was done in Québec by using the time stamp from the sites' information systems: all odd-minute cases were included in the study.

³ Sites in Québec used a structured phone screening process whereby approximately half of all referrals were “retained” for evaluation. In Québec, the CIS-2008 sampled retained maltreatment-related reports that involved cases that were not already open.

the investigating workers were asked to indicate whether the risk was confirmed, but they were not asked to specify the specific forms of future maltreatment that they may have had concerns about. Identifying the specific form of future maltreatment being assessed was not feasible, given that risk assessments are based on a range of factors including the child's and the caregivers' strengths and vulnerabilities, and sources of familial support and familial stress.

While this change provides important additional information about risk of future maltreatment cases, it has complicated comparisons with past cycles of the study. Thus, comparisons with previous cycles in Chapter 3 are limited to comparisons of rates of all maltreatment-related investigations including risk assessments. In contrast, risk of future maltreatment cases are excluded from the 2008 estimates of rates and characteristics of substantiated maltreatment in Chapters 4 and 5.

Forms of Maltreatment Included in the CIS-2008

The CIS-2008 definition of child maltreatment includes 32 forms of maltreatment grouped into five categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (Appendix E). This classification reflects a fairly broad definition of child maltreatment and includes forms of maltreatment that are not specifically indicated in some provincial and territorial child welfare statutes (e.g., exposure to intimate partner violence).⁴ The CIS-2008 tracked up to three forms of maltreatment for each investigation. A source of potential confusion in interpreting child maltreatment statistics is an inconsistency in the categories of maltreatment included. Most child maltreatment statistics refer to physical and sexual abuse, but other categories of maltreatment, such as neglect and

emotional maltreatment, are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment (Portwood, 1999). For instance, some child welfare authorities include only intra-familial sexual abuse, while the justice system deals with cases of extra-familial sexual abuse (see Chapter 4: Primary Categories of Maltreatment for list of specific forms).

Investigated Maltreatment versus Substantiated Maltreatment

Child welfare statutes in most jurisdictions require that professionals working with children and the general public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated. Some jurisdictions use a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases, or verified and not verified cases. The CIS uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical distinction in cases where there is not sufficient evidence to substantiate maltreatment, but where maltreatment cannot be ruled out (Trocmé, Knoke, Fallon, & MacLaurin, 2009).

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between risk of future maltreatment investigations, maltreatment investigations, and substantiated cases of maltreatment. Estimates presented in Chapter 3 of this report include maltreatment-related investigations (specific allegations and risk of future maltreatment) and the estimates in Chapters 4 and 5 focus on cases of substantiated maltreatment.

Risk of Harm versus Harm

Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most

tragic cases, have died as a result of maltreatment. In practice, child welfare workers investigate and intervene in many situations in which children have not yet been harmed, but are **at risk of harm**. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not yet been harmed.

Provincial and territorial statutes cover children who have suffered demonstrable harm due to abuse or neglect and children at risk of harm. Substantiation standards in all jurisdictions across Canada include situations where children have been harmed as a result of maltreatment as well as situations where there is no evidence of harm but where children are at substantial risk of harm as a result of maltreatment. The CIS-2008 included both types of situations in its definition of substantiated maltreatment. The study also gathered information about physical and emotional harm attributed to substantiated maltreatment (Chapter 4).

The CIS-2008 documented both physical and emotional harm; however, definitions of maltreatment used for the study did not require harm. This is similar to the fourth United States (U.S.) National Incidence Study of Child Abuse and Neglect (NIS-4), which included two standards in calculating estimates of maltreatment: a narrow standard based on evidence of harm to the child, and a broader endangerment standard that includes cases of children at risk of harm (Sedlak et al., 2010).

There can be confusion around the difference between risk of harm and risk of maltreatment. A child who has been placed **at risk of harm** has experienced an event that endangered her/his physical or emotional health. Placing a child at risk of harm is considered maltreatment. For example, neglect can be substantiated for an unsupervised toddler, regardless

⁴ Exposure to intimate partner violence is noted in child protection legislation in seven of the 13 Canadian jurisdictions. Five jurisdictions make no mention of exposure to intimate partner violence while one jurisdiction includes violence in the home as a reason for protection intervention but does not specify violence between intimate partners.

of whether or not harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, **risk of future maltreatment** refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur.

INSTRUMENT

The CIS-2008 survey instruments were designed to capture standardized information from child welfare workers conducting maltreatment investigations or investigations of risk of future maltreatment. Because investigation procedures vary considerably across Canada (Chapter 1), a key challenge in designing the CIS-2008 survey instruments was to identify elements common across jurisdictions that could provide data in a standardized manner. Given the time constraints faced by child welfare workers, the instrument also had to be kept as short and simple as possible.

CIS-2008 Maltreatment Assessment Form

The main data collection instrument used for the study was the *CIS-2008 Maltreatment Assessment Form* which was completed by the primary investigating child welfare worker upon completion of each child welfare investigation (Appendix F). The data collection form consisted of an *Intake Face Sheet*, a *Household Information Sheet*, and two identical *Child Information Sheets*.

Intake Face Sheet

Workers completed the *Intake Face Sheet* for all cases opened during the study period where a specific allegation of maltreatment had been made or where there was a concern about future risk of maltreatment. This initial review of all child welfare case openings provided a consistent mechanism for differentiating

between cases investigated for suspected maltreatment or risk of maltreatment and those referred for other types of child welfare services (e.g., preventive services).

Information about the report or referral as well as identifying information about the child(ren) involved was collected on the *Intake Face Sheet*. The form requested information on: the date of referral; referral source; number of children in the home; age and sex of children; the reason for the referral; whether the case was screened out; the relationship between the caregiver and each child; and the type of investigation (maltreatment or risk of future maltreatment).⁵ The section of the form containing any identifying information was kept at the site. The remainder of the form was completed if abuse or neglect was suspected at any point during the investigation, or if the worker completed a risk investigation only.⁶

Household Information Sheet

The *Household Information Sheet* was completed when at least one child in the family was investigated for alleged maltreatment or risk of maltreatment. The household was defined as all adults and children living at the address of the investigation. The *Household Information Sheet* collected detailed information on up to two caregivers living in the home at the time of referral. Descriptive information was requested about workers' assessment of the level of cooperation by the caregiver with the investigation, other adults in the home, type of housing, housing safety, caregiver functioning, case status (i.e., whether the case was closed), and referral(s) to other services (Appendix F).

Child Information Sheet

The third page of the instrument, the *Child Information Sheet*, was completed for each child who was investigated for maltreatment or for whom there was a risk assessment completed.⁷ The *Child*

Information Sheet documented up to three different forms of maltreatment, and included levels of substantiation, alleged perpetrator(s), and duration of maltreatment. In addition, it collected information on child functioning, physical and emotional harm to the child attributable to the alleged maltreatment, child welfare court activity, out-of-home placement, and transfers to ongoing services. Workers who conducted investigations of risk of future maltreatment did not answer questions pertaining to investigated maltreatment but did complete items about child functioning, placement, court involvement, previous reports, and spanking. In those investigations involving risk assessments, workers were asked whether they were concerned about future maltreatment.

Québec Child Assessment Form

The *CIS-2008 Maltreatment Assessment Form* was adapted to appear as an electronic pop-up form integrated into the client information system in Québec (Projet Intégration Jeunesse [PIJ]). The form appeared as a series of nine tabbed windows following the basic structure of the form. However, unlike the *CIS-2008 Maltreatment Assessment Form* which was designed around a family-based case opening system (one form per investigated family), the Québec electronic form was designed to reflect their system: one form per investigated child. Nearly one quarter of the data fields in the Québec form were automatically completed by the client information system. Due to differences in the structure of child welfare services in Québec and to constraints inherent in the use of an electronic client information system, it was not possible to match all the items on the Québec data form with the items on the *CIS-2008 Maltreatment Assessment Form*. As a result, data from Québec was excluded from Table 3-4a and Table 3-7 in this report.

⁵ The *CIS-2008 Guidebook*, (Appendix G) defines a **risk of future maltreatment investigation** as "Indicate if the child was investigated because of risk of maltreatment only. Include situations in which no allegation of maltreatment was made and no specific incident of maltreatment was suspected at any point during the investigation." A **maltreatment investigation** is defined as "Indicate if the child was investigated because of an allegation of maltreatment... include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment."

⁶ The *CIS-2008 Guidebook* and training sessions emphasized that workers should base their responses to these questions on their clinical expertise rather than simply transposing information collected on the basis of provincial or local investigation standards.

⁷ Two *Child Information Sheets* were included as a component of the *CIS-2008 Maltreatment Assessment Form*, and additional *Child Information Sheets* were available in every office.

CIS-2008 Guidebook

A significant challenge for the study was to overcome variations in the definitions of maltreatment used in different jurisdictions. Rather than using specific legal or administrative definitions, a single set corresponding to standard research classification schemes was used (Appendix E). All items on the case selection forms were defined in an accompanying *CIS-2008 Guidebook* (Appendix G).

Revising & Validating the *CIS-2008 Maltreatment Assessment Form*

The CIS-2008 data collection instrument was based on the CIS-2003 (Trocmé, Fallon et al., 2005), CIS-1998 (Trocmé et al., 2001), and Ontario Incidence Study of Reported Child Abuse and Neglect 1993 (OIS-1993) (Trocmé et al., 1994) data collection instruments in order to maximize comparisons across cycles of the study. A key challenge in updating instruments across cycles was to find the right balance between maintaining comparability while making improvements based on the findings from previous cycles. For instance, very low response rates on income questions in previous studies lead to the development of a simpler question about families running out of money. In addition, changes over time in child welfare practices required changes to data collection forms. At the time of the OIS-1993 study, for example, exposure to intimate partner violence was generally not considered to be a type of maltreatment and was not a specific maltreatment category on the CIS-1998 Maltreatment Assessment Form.

Changes to the CIS-2008 version of the forms were made in close consultation with the Research Working Group, a subcommittee of the National CIS-2008 Steering Committee. Changes were based on data collection problems noted during the CIS-2003, an analysis of response rates (Tonmyr, 2004), a validation study, focus groups with child welfare workers

in several jurisdictions, and a reliability study which compared different versions of the form.

Changes to the data collection instrument included: the addition of a series of questions designed to distinguish maltreatment investigations from risk of future maltreatment cases, a more detailed procedure to identify the relationship between each child and the caregivers in the home, a more elaborate housing safety question, a new measure of poverty, more specific intimate partner violence maltreatment codes, and revised emotional maltreatment categories. The final version of the data collection instrument is in Appendix F.

Case File Validation Study

Review of the data collection instrument for the 2008 cycle of the study started with a case file validation study (Trocmé, Fallon et al., 2009). Data collected in 2003 using the CIS-2003 version of the form was compared with information in the case files from one of the larger CIS-2003 sites. While there was good correspondence on many items, it became apparent that despite specific instruction in 2003 to include only investigations of child maltreatment, a number of cases that appeared to involve only concerns about future risk had been coded as maltreatment investigations.

Validation Focus Groups

The CIS-2008 Research Team conducted six focus groups with front-line child protection workers and supervisors across Canada from late July to late October 2007 (Trocmé, Fallon et al., 2009). The purpose of the groups was to give feedback on the proposed changes to the CIS-2008 data collection instrument. The process was iterative. Feedback from each focus group was used to make changes to the instrument prior to the next focus group. Groups were held in Montréal, Toronto, St. John's, Halifax, Regina, and Calgary. One of the participating groups was an Aboriginal site.

Reliability Study

A reliability study (Trocmé, Fallon et al., 2009) examined the test re-test reliability of the data collection instrument. The consistency of worker judgments was evaluated by comparing case ratings on the instrument at two points in time. Test re-test reliability was examined for a wide range of variables, such as characteristics of the alleged maltreatment, the household, caregivers, children, maltreatment history, and service-related variables. A convenience sample of eight child welfare sites was selected based on availability and proximity to study team research personnel. Workers participated in the study on a voluntary basis.

The test re-test procedure was arranged as follows: workers completed the instrument for new investigations that had an allegation or suspicion of child maltreatment (Time 1), then an average of 3.8 weeks later, the same worker completed the instrument a second time for the same investigation (Time 2). At Time 1 the sample size was 130 investigations. Time 2 for some sites could not be scheduled prior to the finalization of the instrument and therefore their data were not included in the analysis.

All sites were collapsed, yielding a sample of 100 children from 68 households. Two measures of agreement were calculated for categorical variables: percent agreement and the Kappa statistic. The Kappa statistic adjusts for agreement that occurs by chance alone; values between 0.4 and 0.6 are usually interpreted as moderate agreement; between 0.6 and 0.8 good agreement; and values that exceed 0.8 reflect excellent agreement (Landis & Koch, 1977). Similar testing was conducted in CIS-2003 (Knoke, Trocmé, MacLaurin, & Fallon, 2009).

The vast majority of items on the CIS-2008 form showed good to excellent test re-test reliability. Among the most reliable groups of variables were primary forms of maltreatment, family's

maltreatment history, child age and gender, case disposition items, and indices related to emotional harm. 'Any service referral' and 'any family-focused referral', and the majority of items related to household and caregiver characteristics also showed good to excellent agreement. A number of items fell slightly below the criterion for acceptable reliability. In order to address the low reliability of two questions (i.e., accessible drugs/drug paraphernalia and police involvement in the child maltreatment investigation), questions were re-ordered and/or clarified on the final CIS-2008 data collection instrument. The low reliability for secondary and tertiary maltreatment codes was similar to that found for the CIS-2003 data collection instrument. Analysis of secondary and tertiary maltreatment should be interpreted with caution. However, co-occurring maltreatment has been a significant predictor of service provision in multiple secondary analyses of the CIS data (e.g., Black, Trocmé, Fallon, & MacLaurin, 2008).

The study team's review of the brief written description of the investigation provided by the worker in the reliability study revealed that the newly developed procedures to categorize risk cases were creating confusion and inconsistent results. This led to an unplanned set of revisions to the way that risk was operationalized on the data collection instrument. Time constraints prevented final reliability testing of the *CIS-2008 Maltreatment Assessment Form*. Although the final data collection instrument differed from the versions that had been tested, the final changes were limited to only a few items.

DATA COLLECTION AND VERIFICATION PROCEDURES

Training

Site Researchers coordinated training and case selection at each CIS-2008 site (Appendix A). The case selection phase began with a training session, conducted

by a Site Researcher, to introduce participating child welfare workers to the CIS-2008 instruments and case selection procedures. After a review of the forms and procedures, workers completed the form for a selected case vignette (Appendix J). The completed forms were then discussed and discrepancies in responses reviewed to ensure that items were being properly interpreted. Each worker was given a *CIS-2008 Guidebook*, which included definitions for all items and study procedures (Appendices G and I).

Timing of Form Completion

The data collection instrument was completed at the point when workers finished their written report of the investigation. The length of time between the receipt of the referral and the completion of the written assessment differed according to provincial, regional, and site practices, although in most instances some type of report was required within six weeks of the beginning of an investigation. In instances where a complex investigation took more time, workers were asked to complete the data collection instrument with their preliminary assessment report.

Site Visits

Site Researchers visited the CIS-2008 sites on a regular basis to collect forms, respond to questions, and monitor study progress. In most instances, six visits to each location were required. Additional support was provided depending on the individual needs of workers at each site. Site Researchers collected the completed forms during each site visit and reviewed them for completeness and consistency. Every effort was made to contact workers if there was incomplete information on key variables (e.g., child age or category of maltreatment) or inconsistencies. Identifying information was stored on-site, and non-identifying information was sent to the central data verification locations.

Data collection was organized in Québec

to accommodate established approaches to conducting site-based research, as well as to take into account the particularities of using an electronic data collection form. Instead of using Site Researchers, each participating youth centre identified a liaison person who facilitated and monitored data collection within their own jurisdiction. Three CIS-2008 Research Coordinators worked with the liaisons to provide support and to maintain consistent data collection and verification procedures.

Data Verification and Data Entry

Data collection forms were verified twice for completeness and inconsistent responses: first on-site by the Site Researchers or liaison personnel, and a second time at the University of Toronto, McGill University or University of Calgary locations. Consistency in form completion was examined by comparing the data collection instrument to the brief case narratives provided by the workers.

Data collection forms sent to the CIS-2008 offices in Toronto and Montréal were entered by scanner using TELEform Elite scanning software, V.8.1. *Intake Face Sheet* information was entered manually using Microsoft Access 2000. The data were then combined into an SPSS Version 17.0 (SPSS Statistics, 2008) data file. Inconsistent responses, missing responses, and miscodes were systematically identified. Checks for duplicate cases were made at the child welfare site and duplicates deleted on the basis of site identification numbers, family initials, and date of referral.

The Québec data were gathered in electronic format from each site. Microsoft Excel 2003 based data collection forms were programmed to extract data from the client information system for a quarter of the items; the remaining three quarters were completed by the worker. Item completion was tracked to ensure that forms could not be finalized until all items had been adequately addressed. The liaison workers verified each form

for completeness and checked for inconsistent responses. Excel files were then downloaded to a flash drive and sent to the Research Coordinators who completed a second verification. The files were then uploaded to an SPSS data file.

Item Completion Rates and Participation

The case selection form was kept as short and simple as possible to minimize response burden and ensure a high completion rate. Completion rates were over 98% on most items.⁸

The participation rate was estimated by comparing the number of cases for which data collection instruments were completed to the actual number of cases opened during the case selection period.⁹ The overall participation rate was 96%, ranging from a low of 30%¹⁰ to a high of 100%. Participation rates below 95% were discussed with the CIS-2008 liaisons for each site to examine the possibility of skewed sampling. In all cases, low participation could be attributed to events such as staff holidays and staff turnover and no evidence of systematic bias was found.

ESTIMATION PROCEDURES

Weighting

The data collected for the CIS-2008 were weighted in order to derive national annual incidence estimates. Two sets of weights were applied. First, results were annualized to estimate the volume of cases investigated by each site in 2008. The annualization weights were derived by dividing the total number of cases opened by site in 2008 by the number of cases sampled from that site. For example, if 225 cases were sampled over 3 months in a site that opened 1,000 cases over the year, a weight of 4.44 (1,000/225) was applied to all cases in the site. The average annualization weight was 7.41.¹¹

While this annualization method provides an accurate estimate of overall volume, it cannot account for qualitative differences in the types of cases referred at different times of the year.

To account for the non-proportional sampling design, regional weights were applied to reflect the relative sizes of the selected sites. Each study site was assigned a weight reflecting the proportion of the child population of the site relative to the child population in the stratum or region that the site represented. For instance, if a site with a child population of 25,000 were randomly sampled to represent a region or province/territory with a child population of 500,000, a regionalization weight of 20 (500,000/25,000) would be applied to cases sampled from that site. Child population counts for sites and strata were obtained using Statistics Canada Census 2006 subdivision-level¹² data (Statistics Canada, 2007).

Regionalization and annualization weights were combined so that each case was multiplied by an annualization weight and by a regionalization weight. National incidence estimates were calculated by dividing the weighted estimates by the child population (aged newborn to 15 years).

In some instances, Aboriginal communities had declined participation in the 2006 Census. Therefore, child population estimates had to be determined through other means. Whenever possible, child population counts for these communities were obtained directly from Aboriginal sites. In one site, child population estimates were based on 2001 Census data. For some Aboriginal sites, like those in Manitoba, which serve the entire child population of a geographic area – including First

Nations, other Aboriginal and non-Aboriginal – the Aboriginal weight created reflected the proportion of the Aboriginal child population served by the site relative to the child population in the stratum or region that the site represents.

Case Duplication

Cases reported more than once during the three-month case sampling period were unduplicated (see *Case Selection* section in this Chapter), however, the weights used for CIS-2008 annual estimates include an unknown number of “duplicate” cases, i.e. children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the CIS-2008 uses the term “**child investigations**” rather than “**investigated children**”.

An estimate of how often maltreated children will be counted more than once can be derived from those jurisdictions that maintain separate investigation-based and child-based counts. The U.S. National Child Abuse and Neglect Data System (NCANDS) (U.S. Department of Health and Human Services, 2005), reports that for substantiated cases of child maltreatment, the six-month recurrence rate during 2003 was 8.4%. Further estimates of recurrence have been made in the U.S.: in a 24-month follow up of all investigations from eight states, 16% of children were re-reported within 12 months, and another 6% were re-reported in the subsequent 12 months (Fluke, Shusterman, Hollinshead, & Yuan, 2008). In Québec, the recurrence rate was 8.8% of screened-in investigations over a 12-month period (Hélie, 2005).

8 The high item completion rate can be attributed both to the design of the case selection instrument and to the verification procedures. In designing the form, careful attention was given to maintaining a logical and efficient ordering to questions. The use of check boxes minimized completion time. An “unknown” category was included for many questions to help distinguish between missed responses and unknown responses.

9 Participation rate is the proportion of cases opened during the case selection period for which the data collection form was completed.

10 There were two sites with a participation rate of 30%, however, the number of outstanding forms was fewer than five investigations.

11 This average includes 20 sites where case sampling during the three months generated more than the CIS-2008 maximum of 250 cases as well as 18 sites in Québec where case sampling during the three months selected every other investigation. The average annualization weight for sites without a cap of 250 investigations and excluding Québec was 3.61.

12 Census subdivisions are the equivalent of municipalities (e.g., cities, towns, townships, villages).

Sampling Error Estimation

Although the CIS-2008 estimates are based on a relatively large sample of 15,980 child maltreatment investigations, sampling error is primarily driven by the variability among the 112 sites. Sampling error estimates were calculated to reflect the fact that the survey population had been stratified and that primary sampling units (sites) had been selected randomly from each stratum. As the stratified random sample's variability among strata is zero, the variance at the national level is then calculated as the sum of the variance in each stratum. In most instances, two sites, the primary sampling units, were chosen from each stratum. Variance estimates were calculated using WesVar 5.1 (Westat, 2008), which computes estimates and their variance estimates from survey data using replication methods.

Standard error estimates were calculated for select variables at the $p < 0.05$ level.¹³ Most coefficients of variation were in a reliable range:¹⁴ between 5.06% (social assistance estimate for household source of income) and 16.32% (shelter/hotel estimate for housing type). Estimates that should be interpreted with caution ranged from 16.86% (child as the subject of referral) to 33.18% (substantiated sexual abuse and neglect as multiple categories of maltreatment). Estimates that were based on fewer than 100 investigations were not reported. There were a few estimates based on over 100 investigations with coefficients of variation greater than 33.30%: substantiated physical abuse, emotional maltreatment and exposure to intimate partner violence as multiple categories of maltreatment; substantiated sexual abuse, neglect and emotional maltreatment as multiple categories of maltreatment; and chemicals or solvents used in production of drugs in the home. The error estimates do not account for any errors in determining the annual

and regional weights, nor do they account for any other non-sampling errors that may occur, such as inconsistencies or inadequacies in administrative procedures from site to site. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends, in part, on the extent to which the sampling period was representative of the whole year (Appendix K).

ETHICS PROCEDURES

The CIS-2008 data collection and data-handling protocols and procedures were reviewed and approved by McGill University, the University of Toronto, and the University of Calgary Ethics Committees. Written permission for participating in the data collection process was obtained from the Provincial/Territorial Directors of Child Welfare as well as from each site administrator or director. Where a participating site had an ethics review process, the study was also evaluated by that site.

The study utilized a case file review methodology. The case files are the property of the delegated site or regional authority. Therefore, the permission of the site was required in order to access case files. Confidentiality of case information and participants, including workers and sites, was maintained throughout the process. No directly-identifying information was collected on the data collection instrument. The *Intake Face Sheet* collected near-identifying information about the children including their first names and ages. The tear-off portion of the *Intake Face Sheet* had a space for the file/case number the site assigns and the study number the CIS-2008 Site Researchers assigned and also provided space for the first two letters of the family surname. This information was used for only verification purposes. Any names on the forms were deleted prior to leaving the site.

The data collection instruments (that contained no directly-identifying information) were either scanned into an electronic database at the Universities of Toronto or McGill, or uploaded from encrypted CDs or flash drives. At both locations this electronic data was stored on a locked, password-protected hard drive in a locked office and on a CD stored in a locked cabinet off-site. Only those University of Toronto and McGill University research personnel with security clearance from the Government of Canada had access to this information through password-protected files. All paper data collection instruments were archived in secure filing cabinets.

This report contains only national estimates of child abuse and neglect and does not identify any participating site.

Aboriginal Ethics

The First Nations component of the CIS-2008 adhered to the principles of ownership, control, access and possession (OCAP), which must be negotiated within the context of individual research projects. Adherence to OCAP principles was one of three shared concerns which shaped the collaborative relationship between the advisory committee and the research team, and which guided the approach to research design and implementation. The First Nations CIS-2008 Advisory Committee, which mediates Aboriginal ownership of and control over the project, had a mandate of ensuring that the CIS-2008 respects OCAP principles to the greatest degree possible, given that the CIS is a cyclical study which collects data on First Nations, other Aboriginal, and non-Aboriginal investigations. The First Nations CIS-2008 Advisory Committee is responsible for guiding and approving analyses of First Nations data, including potential comparisons with non-Aboriginal sites.

¹³ This means that at a 95% confidence level, the true parameter lies within the calculated confidence interval. In other words, if the study were repeated 20 times, in 19 times the estimated confidence intervals would contain the true (unknown) parameter.

¹⁴ The coefficient of variation (CV) is the ratio of the standard error to its estimate. According to Statistics Canada guidelines, estimates with a CV under 16.60% are considered to be reliable, estimates with a CV between 16.60% and 33.30% should be treated with caution, and estimates with a CV above 33.30% are recommended not to be used.

STUDY LIMITATIONS

Although every effort was made to make the CIS-2008 estimates precise and reliable, several limits inherent in the nature of the data collected must be taken into consideration:

- as a result of changes in the way risk of future maltreatment cases are identified in the CIS-2008, comparisons between study cycles must be made with caution. Tables in the CIS-2008 report **cannot be directly compared** to tables in the two previous reports. Chapter 3 presents selected comparisons across study cycles; please interpret this chapter with caution;
- the weights used to derive annual estimates include counts of children investigated more than once during the year, therefore the unit of analysis for the weighted estimates is a **child investigation**;
- the CIS tracks **information during the first 6 weeks** of case activity, however there were slight provincial and territorial differences in this length of time; service outcomes such as out-of-home placements and applications to court included only events that occurred during those first approximately 4-6 weeks; Table 3-5 and Table 3-6 are affected by this limitation;
- as a result of differences in data collection procedures, **data from Québec** could not be included in Table 3-4a, which displays sources of referral in investigations across CIS cycles, and in Table 3-7, which displays the previous case openings for children in the three study cycles. Québec estimates for Tables 3-5 and 3-6 are derived from an updated version of the Étude d'incidence québécoise (EIQ) [Québec Incidence Study] 2003 database. Subsequent to the publication of the CIS-2003 report, the EIQ research team was able to retrieve previously unavailable information from the PIJ information system, including information on ongoing services and placement. Because estimates were derived from aggregate figures from the EIQ-2003 technical report (Tables 12b and 14b), tests of significance could not be completed;
- the annual national counts presented in this report are **weighted estimates**. In some instances, sample sizes were too small to derive publishable estimates. For example, Table 4-4 presents the nature of physical harm by primary maltreatment category; the number of substantiated physical abuse investigations involving broken bones or fatality could not be reported due to small sample sizes;
- the CIS **tracks only reports investigated by child welfare** sites and does not include reports that were screened out, cases that were investigated only by the police and cases that were never reported. For instance, Table 4-1 presents the estimated number of substantiated incidents of exposure to intimate partner violence in Canada. This number does not include incidents of intimate partner violence that were investigated only by the police, and it does not include incidents of intimate partner violence that were never reported to child welfare authorities; and
- the study is based on assessments provided by the investigating child welfare workers and **could not be independently verified**. For example, Table 5-2 presents the child functioning concerns reported in cases of substantiated maltreatment. The investigating workers determined if the child subject of the investigation demonstrated functioning concerns, for instance depression or anxiety. However, these child functioning concerns were not verified by an independent source. 🌱

Chapter 3 *Rates of Maltreatment-Related Investigations in the CIS-1998, CIS-2003, and CIS-2008*

Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas, and Jill Holroyd

This chapter compares rates of maltreatment-related investigations found in the 1998, 2003, and 2008 cycles of the CIS. These results should be interpreted with caution since a number of factors are not controlled for in these descriptive tables. Changes in rates of maltreatment-related investigations can be attributed to a number of factors including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in CIS study procedures and definitions,¹ and (4) changes in the actual rate of maltreatment (Trocmé et al., in press). As noted in the introductory and methods chapters of this report, changes in practices with respect to investigations of risk of maltreatment pose a particular challenge since these cases were not clearly identified in the 1998 and 2003 cycles of the study. Readers are reminded that because of these changes, the findings presented in this report are **not directly comparable to findings presented in the CIS-1998 and CIS-2003 reports**. Given the growing complexity of the CIS, more detailed analyses will be developed in subsequent publications.²

The estimates presented in this chapter are weighted estimates derived from child-maltreatment-related investigations from representative samples of child

welfare organizations conducted in 1998, 2003, and 2008. The sampling design and weighting procedures specific to each study should be considered before inferences are drawn from these estimates (see Chapter 2 of this report, as well as the methods chapters of the 1998 and 2003 reports) (Trocmé et al., 2001; Trocmé, Fallon et al., 2005). Estimates presented from the CIS-1998, CIS-2003, and CIS-2008 **do not include** (1) incidents that were not reported to child welfare, (2) reported cases that were screened out by child welfare before being fully investigated, (3) new reports on cases already opened by the child welfare sites, and (4) cases that were investigated only by the police.

Data are presented in terms of the estimated annual number of investigations, as well as the incidence of investigations per 1,000 children aged newborn to 15 years (inclusively).³

These figures refer to child investigations and not to the number of investigated families. Investigations include all maltreatment-related investigations including cases that were investigated because of future risk of maltreatment. Because risk of future maltreatment cases were not tracked separately in the 1998 and 2003 cycles of the CIS, comparisons other than total counts of investigations are beyond the scope of this report.

COMPARISONS BETWEEN CIS-1998, 2003, AND 2008

Comparisons focus on changes in rates and key characteristics of investigations. Where possible, the tables present Canada-wide data for the three cycles; however, some tables exclude Québec because equivalent data were not available in the 2003 cycle of the study (Trocmé, Fallon et al., 2005). Certain estimates reported in Chapter 3 tables were re-calculated for the 2008 report to ensure consistency in estimation procedures. As a result, estimates for the CIS-1998 and the CIS-2003 used in the 2008 report may differ slightly from those published in previous reports. Statistical tests of significance were used to test differences between the 2003 and 2008 estimates. Tests of significance for 1998 to 2003 differences were presented in the CIS-2003 report (Trocmé, Fallon et al., 2005).

Québec estimates for Tables 3-5 and 3-6 are derived from an updated version of the EIQ-2003 database. Subsequent to the publication of the CIS-2003 report, the EIQ research team was able to retrieve previously unavailable information from the PIJ information system, including information on ongoing services and placement. These updated estimates were presented in a technical report (Turcotte et al., 2007) and used to derive 2003 Québec estimates for Tables 3-5

¹ These changes are described in Chapter 2. Study procedures, in particular the sample selection and weighting, have been kept consistent across studies. Some changes have been made to specific forms of maltreatment tracked by the study, but the major categories have not changed.

² Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca/cis-2008> and at Public Health Agency of Canada's Injury and Child Maltreatment Section: <http://www.phac-aspc.gc.ca/cm-vee/index-eng.php>

³ The cut-off age of 15 (children under the age of 16) was selected because the mandate to investigate varies among provinces and territories in Canada. All calculations were based on the child population estimates from the 2006 census.

TABLE 3-1: Number and Rate of Child Maltreatment Investigations in Canada in 1998 and 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008[^]

Child Welfare Investigations					
1998		2003		2008	
Number of investigations	Rate per 1,000 children	Number of investigations	Rate per 1,000 children	Number of investigations	Rate per 1,000 children
135,261	21.47	235,315	38.33	235,842	39.16 ^{ns}

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 7,633 investigations in 1998, 14,200 investigations in 2003, and 15,980 investigations in 2008.

^{ns} Difference between 2003 and 2008 incidence rates is not statistically significant (p>.05).

TABLE 3-2: Age of Children in Child Maltreatment Investigations in Canada in 1998 and 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008[^]

Child age group	1998			2003			2008		
	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%
< 1 year	6,317	17.23	5%	15,727	49.54	7%	17,501	51.81 ^{ns}	7%
1-3 years	24,637	21.46	18%	37,147	36.51	16%	43,694	43.14 ^{ns}	19%
4-7 years	36,623	22.66	27%	59,978	39.42	25%	58,405	41.73 ^{ns}	25%
8-11 years	33,098	20.99	24%	65,455	39.46	28%	57,601	36.92 ^{ns}	24%
12-15 years	34,586	21.68	26%	57,008	35.10	24%	58,641	34.26 ^{ns}	25%
Total investigations	135,261	21.47	100%	235,315	38.33	100%	235,842	39.16^{ns}	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 7,633 investigations in 1998, 14,200 investigations in 2003, and 15,980 investigations in 2008. Percentages are column percentages.

^{ns} Difference between 2003 and 2008 incidence rates is not statistically significant (p>.05).

and 3-6 of the present report. A number of caveats should be noted in interpreting these estimates. Because estimates were derived from aggregate figures from the EIQ-2003 technical report (Tables 12b and 14b) tests of significance could not be completed.

MALTREATMENT-RELATED INVESTIGATIONS

Table 3-1 presents the number and incidence of maltreatment-related investigations in 1998, 2003, and 2008. In 1998, an estimated 135,261 investigations were conducted in Canada, a rate of 21.47 investigations per 1,000 children. In 2003, the number of investigations nearly doubled, with an estimated 235,315 investigations and a rate of 38.33 per 1,000 children (Trocmé et al., in press). In contrast, the number of investigations has not changed significantly between 2003 and 2008. In 2008, an estimated 235,842 maltreatment-related investigations

were conducted across Canada, representing a rate of 39.16 investigations per 1,000 children.

CHILD AGE IN INVESTIGATIONS

Table 3-2 describes the number and incidence of maltreatment-related investigations by age group, in 1998, 2003, and 2008. In 2008, children under the age of one year were the most likely to be investigated, with a rate of 51.81 investigations per 1,000 children. Rates of investigations decreased with age: 43.14 investigations per 1,000 children one to three years old, 41.73 investigations per 1,000 children four to seven years old, 36.92 investigations per 1,000 children eight to 11 years old, and 34.26 investigations per 1,000 children 12 to 15 years old. The age-related pattern is similar to the pattern observed in 1998 and in 2003.

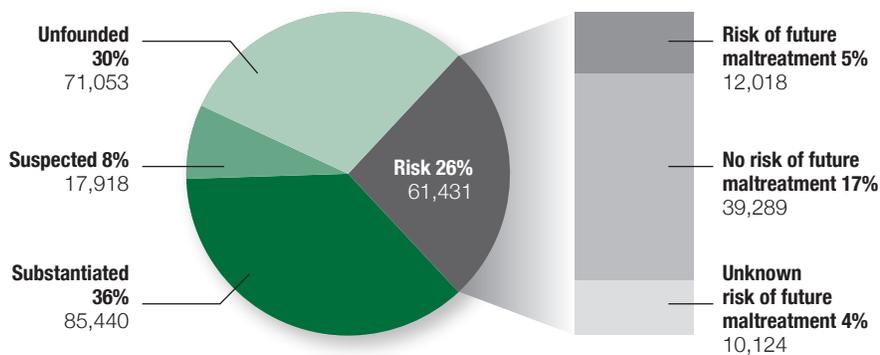
Comparing the incidence of investigation by age group between 2003 and 2008, there has been a non-statistically

significant increase in rates for children seven and under, and a non-statistically significant decrease in rates for children 8 to 15. The incidence of investigations for children under age one increased from 49.54 investigations per 1,000 children in 2003 to 51.81 investigations per 1,000 children in 2008, but this increase was not statistically significant. Readers should note that comparisons between age groups should always be made on the basis of incidence rates that take into consideration variations in the age distribution in the general population, rather than on the basis of the count of investigations.

TYPES OF INVESTIGATIONS AND SUBSTANTIATION DECISIONS

Figure 3-1 describes types of investigations and substantiation decisions resulting from maltreatment-related investigations conducted across Canada in 2008. As noted above, the CIS-2008 tracked two types of

FIGURE 3-1: Type of Child Maltreatment Investigations and Level of Substantiation in Canada in 2008*



Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Total estimated number of investigations is 235,842, based on a sample of 15,980 investigations.

investigations: those conducted because of a concern about a maltreatment incident that may have occurred and those conducted because there may be significant risk of future maltreatment. The outcomes of maltreatment investigations are classified into three levels of substantiation:

- **Substantiated:** the balance of evidence indicates that abuse or neglect has occurred;
- **Suspected:** insufficient evidence to substantiate abuse or neglect, but maltreatment cannot be ruled out;
- **Unfounded:** the balance of evidence indicates that abuse or neglect has not occurred. Unfounded does not mean that a referral was inappropriate or malicious; it simply indicates that the worker determined that the child had not been maltreated.

The outcome of risk of future maltreatment investigations are classified into three response categories:

- Risk of future maltreatment
- No risk of future maltreatment
- Unknown risk of future maltreatment

CIS-2008

Of the estimated 235,842 child maltreatment investigations conducted in Canada in 2008, 74% of investigations focused on a concern of abuse or neglect

(174,411 child maltreatment investigations or 28.97 investigations per 1,000 children) and 26% of investigations were concerns about risk of future maltreatment (61,431 investigations or 10.19 investigations per 1,000 children). Thirty-six percent of all investigations were substantiated (85,440 investigations or 14.19 investigations per 1,000 children). In a further 8% of investigations (17,918 child investigations or 2.98 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the worker at the conclusion of the investigation. Thirty percent of investigations (71,053 child investigations or 11.80 investigations per 1,000 children) were unfounded. In 5% of investigations, the worker concluded there was a risk of future maltreatment (2.00 per 1,000 children or 12,018 child investigations). In 17% of investigations, no risk of future maltreatment was indicated (39,289 investigations or 6.52 investigations per 1,000 children). In 4% of investigations workers did not know whether the child was at risk of future maltreatment.

CIS-1998, 2003, and 2008

As shown in Table 3-3, rates of substantiated maltreatment doubled from 1998 to 2003. In contrast with

this increase, the rate of substantiated maltreatment appears to have decreased between 2003 and 2008 from 18.67 per 1,000 children to 14.19 per 1,000. This comparison, however, is complicated, since the 1998 and 2003 cycles of the CIS did not specifically track risk of future maltreatment investigations. It is not possible to determine to what extent some confirmed risk of future maltreatment cases may have been classified as “substantiated” maltreatment. As noted in Chapter 2, a validation study using a subsample of CIS-2003 investigations found that several cases had been coded in this manner. Combining the 2008 rate of confirmed cases of risk of future maltreatment (2.00 per 1,000 children) with the 2008 rate of substantiated cases (14.19 per 1,000 children), yields a rate of 16.19 investigations per 1,000 children, where either maltreatment has been substantiated or future risk has been confirmed. Further analysis of the CIS-2008 risk of future maltreatment investigations is required before differences between categories of investigation outcomes can be appropriately interpreted.

REFERRAL SOURCE

Each independent contact with the child welfare site regarding a child (or children) was counted as a separate referral. The person who contacted the child welfare site was identified as the referral source. For example, if a child disclosed an incident of abuse to a schoolteacher, who made a report to a child welfare site, the school was counted as a referral source. However, if both the schoolteacher and the child’s parent called, both would be counted as referral sources.

The *CIS-2008 Maltreatment Assessment Form* included 19 pre-coded referral source categories, which for the purposes of analysis are collapsed into the 12 categories listed below.

TABLE 3-3: Substantiation Decisions in Canada in 1998, 2003, and 2008[^]

Child maltreatment investigations	1998			2003			Child maltreatment and risk-only investigations	2008		
	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%		Number of investigations	Rate per 1,000 children	%
Substantiated maltreatment	58,012	9.21	43%	114,607	18.67	49%	Substantiated maltreatment	85,440	14.19	36%
							Risk of future maltreatment	12,018	2.00	5%
Total substantiated maltreatment	58,012	9.21	43%	114,607	18.67	49%	Total substantiated maltreatment and risk of future maltreatment	97,458	16.19^{NS}	41%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 2,046 substantiated child maltreatment investigations in 1998, 5,660 substantiated child maltreatment investigations in 2003, and 7,032 substantiated investigations (6,163 child maltreatment and 869 risk of future maltreatment) in 2008. Percentages are column percentages.

^{NS} Difference between 2003 and 2008 incidence rates is not statistically significant ($p > .05$).

Non-Professional Referral Sources

Parent: This includes parents involved as a caregiver to the reported child, as well as non-custodial parents.

Child: A self-referral by any child listed on the *Intake Face Sheet* of the CIS-2008 Maltreatment Assessment Form.

Relative: Any relative of the child in question. Workers were asked to code “other” for situations in which a child was living with a foster parent and a relative of the foster parent reported maltreatment.

Neighbour/Friend: This category includes any neighbour or friend of the children or his/her family.

Professional Referral Sources

Community Agencies: This includes social assistance worker (involved with the household), crisis service/shelter worker (includes any shelter or crisis services worker) for domestic violence or homelessness, community recreation centre staff (refers to any person from a recreation or community activity programs), day care centre staff (refers to a child care or day care provider), and community agency staff.

Health Professional: This includes hospital referrals that originate from a hospital made by either a doctor, nurse or social worker rather than a family physician’s office, community health

nurse (nurses involved in services such as family support, family visitation programs and community medical outreach), and physician (any family physician with a single or ongoing contact with the child and/or family).

School: Any school personnel (teacher, principal, teacher’s aide, etc.)

Mental Health Professional/Agency: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside of a school/hospital/child welfare/Youth Justice Act setting.

TABLE 3-4a: Referral Source in Child Maltreatment Investigations in Canada (excluding Québec) in 1998 and 2003, and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada (excluding Québec) in 2008[^]

Referral source	1998			2003			2008		
	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%
Any non-professional referral	40,118	8.31	34%	56,254	11.82	26%	57,847	12.40 ^{NS}	26%
Any professional referral	68,687	14.22	58%	145,411	30.56	67%	148,555	31.83 ^{NS}	68%
Anonymous/other referral	14,100	2.92	12%	21,602	4.54	10%	18,932	4.06 ^{NS}	9%
Total investigations	118,552	24.54	100%	217,319	45.67	100%	217,960	46.68^{NS}	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 5,363 investigations in 1998, 11,562 investigations in 2003, and 14,050 investigations in 2008. Columns are not additive because an investigation could have had more than one referral source. Percentages are column percentages.

^{NS} Difference between 2003 and 2008 incidence rates is not statistically significant ($p > .05$).

TABLE 3-4b: Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008[^]

Referral source	Including Québec		
	Number of investigations	Rate per 1,000 children	%
Non-professional			
Custodial or non-custodial parent	26,612	4.42	11%
Child (subject of referral)	3,608	0.60	2%
Relative	16,463	2.73	7%
Neighbour/friend	16,508	2.74	7%
Professional			
Community health or social services	27,683	4.60	12%
Hospital (any personnel)	11,812	1.96	5%
School	56,255	9.34	24%
Other child welfare service	13,855	2.30	6%
Day care centre	2,489	0.41	1%
Police	52,792	8.77	22%
Anonymous/other			
Anonymous	11,414	1.90	5%
Other	8,046	1.34	3%
Total investigations	235,842	39.16	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 15,980 investigations. Columns are not additive because an investigation could have had more than one referral source. Percentages are column percentages.

Other Child Welfare Services: Includes referrals from mandated Child Welfare service providers from other jurisdictions or provinces.

Police: Any member of a Police Force, including municipal, provincial/territorial or the Royal Canadian Mounted Police (RCMP).

Other Referral Sources

Anonymous: A caller who is not identified.

Other Referral Source: Any other source of referral not listed above.

For Table 3-4a, referral sources were collapsed into three main categories: any non-professional referral, any professional referral, and other referral sources. This table describes the sources of referrals (excluding Québec) in 1998, 2003, and 2008. Data regarding referral sources for all investigations were not available for Québec for the 2003 data collection cycle. Although there was a significant change in the

distribution of referral sources between 1998 and 2003, from 2003 to 2008 it remained approximately the same.

Table 3-4a shows referral source data from 2008 (excluding Québec): 26% of investigations or an estimated 57,847 investigations were referred by non-professional sources (rate of 12.40 investigations per 1,000 children), and 68% of investigations were referred by professionals (an estimated 148,555 investigations or 31.83 investigations per 1,000 children). In 9% of investigations (4.06 investigations per 1,000 children) the referral source was classified as other, either because it was anonymous or was categorized as an “other” source of referral.

Unlike Table 3-4a, Table 3-4b includes Québec; as a result, the two tables cannot be directly compared. Some specific referral sources have been collapsed into categories: custodial parents and non-custodial parent (custodial or non-

custodial parent) and social assistance worker, crisis service/shelter, community recreation centre, community health nurse, community physician, community mental health professional or community agency (community, health and social services). The largest number of referrals was from schools (24% of investigations or 9.34 investigations per 1,000 children). The second largest source of referrals was police (22% of investigations or 8.77 investigations per 1,000 children). Custodial or non-custodial parents were the largest non-professional referral source (11% of investigations or 4.42 per thousand children).

RATES OF ONGOING SERVICES, PLACEMENT, AND COURT

Three key service events occur as a result of a child welfare investigation: a child can be brought into out-of-home care, an application can be made for a child welfare court order, and a decision is made to close a case or provide ongoing services. While the CIS tracks these decisions made during the investigation, the study **does not track events that occur after the initial investigation**. Additional admissions to out-of-home care may occur for cases kept open after the initial investigation. It should also be noted that investigation intervention statistics presented apply **only to child welfare cases opened because of alleged maltreatment or risk of future maltreatment**. Children referred to child welfare for reasons other than child maltreatment or risk of maltreatment (e.g., behavioural or emotional problems; see Chapter 2) may have been admitted to care or received ongoing services, but were not tracked by the CIS.

Ongoing Child Welfare Services

Workers were asked whether the investigated case would remain open for further child welfare services after

the initial investigation (Table 3-5). An estimated 62,715 (27%) investigations in 2008 were identified as remaining open for ongoing services while an estimated 172,782 (73%) investigations were closed.

There was a decrease in the incidence of investigations remaining open for ongoing services from 11.73 investigations per 1,000 children in 2003 to 10.41 per 1,000 children in 2008. As with all other major trends documented by the CIS, this decrease follows an increase in cases remaining open for ongoing services from 7.27 per 1,000 children in 1998 to 11.73 per 1,000 children in 2003. Because of limitations with some of the 2003 data in Table 3-5, it was not possible to test statistical significance.

Out-of-Home Placement

The CIS tracked out-of-home placements that occurred at any time during the investigation. Workers were asked to specify the type of placement. In cases where there may have been more than one placement, workers were asked to indicate the setting where the child had spent the most time. The following placement classifications were used:

No Placement Required: No placement is required following the investigation.

Placement Considered: At this point of the investigation, an out-of-home placement is still being considered.

Informal Kinship Care: An informal placement has been arranged within the family support network (kinship care, extended family, traditional care);

the child welfare authority does not have temporary custody.

Kinship Foster Care: A formal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority has temporary or full custody and is paying for the placement.

Family Foster Care (non-kinship): Includes any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.

Group Home Placement: An out-of-home placement required in a structured group living setting.

Residential/Secure Treatment: Placement required in a therapeutic residential treatment centre to address the needs of the child.

TABLE 3-5: Provision of Ongoing Services Following an Investigation in Child Maltreatment Investigations in Canada in 1998 and 2003 and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008[^]

Provision of ongoing services	1998			2003			2008		
	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%
Case to stay open for ongoing services	45,814	7.27	35%	72,023	11.73	29%	62,715	10.41	27%
Case to be closed	85,131	13.51	65%	163,117	26.57	71%	172,782	28.70	73%
Total investigations	130,945	20.78	100%	235,140	38.30	100%	235,497	39.11	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 7,458 investigations in 1998 (with information on openings or closures), 14,105 investigations in 2003, and 15,945 investigations in 2008 with information about transfers to ongoing services. Percentages are column percentages.

TABLE 3-6: Placement in Child Maltreatment Investigations in Canada in 1998 and 2003 and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008[^]

Placement status	1998			2003			2008		
	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%
Child remained at home	117,712	18.68	87%	216,724	35.30	92%	215,878	35.85	92%
Informal kinship care	5,851	0.93	4%	7,122	1.16	3%	8,713	1.45	4%
Foster care (kinship and non-kinship)	8,835	1.40	7%	8,533	1.39	4%	9,454	1.57	4%
Group home and residential/secure treatment	2,168	0.34	2%	2,776	0.45	1%	1,432	0.24	0%
Total investigations	134,566	21.35	100%	235,156	38.30	100%	235,477	39.10	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 7,544 investigations in 1998, 14,105 investigations in 2003, and 15,945 investigations in 2008 with information about child welfare placement. Percentages are column percentages.

For the purposes of Table 3-6, these placement categories were combined into four broader categories: child remained at home (no placement required or placement considered), child with relative (not a formal child welfare placement), foster care (which includes kinship care and non-kinship family care), and group home or residential treatment placement (group home and residential/secure treatment).

In 2008, there were no placements in 92% of investigations (215,878 investigations or 35.85 investigations per 1,000 children). Eight percent of investigations resulted in a change of residence for the child: 4% to informal kinship care (an estimated 8,713 investigations or 1.45 investigations per 1,000 children; 4% to foster care or kinship care (an estimated 9,454 investigations or 1.57 investigations per 1,000 children) and fewer than 1% to residential secure treatment or group homes (an estimated 1,432 investigations or 0.24 investigations per 1,000 children).

There generally has been little change in placement rates (as measured during the maltreatment investigation) across the three cycles of the CIS, other than an increase in informal placements of children with relatives. Because of limitations with some of the 2003 data in Table 3-6, it was not possible to test statistical significance.

PREVIOUS CHILD MALTREATMENT INVESTIGATIONS

Workers were asked if the investigated child had been previously reported to the child welfare site for suspected maltreatment. Table 3-7 does not include estimates from Québec because of differences in the way these were tracked in the province.

In 2008, the number of children who had been previously investigated was almost evenly divided between previously investigated and not previously investigated. In 48% of 2008 investigations, workers indicated that the child had been referred previously for suspected maltreatment (103,810

investigations, representing a rate of 22.26 per 1,000 children). In 51% of investigations, the child had not been previously investigated for suspected maltreatment (111,084 investigations, representing a rate of 23.82 investigations per 1,000 children). In 1% of investigations, the worker did not know whether the child had been previously reported for suspected maltreatment (an estimated 3,003 investigations, representing a rate of 0.64 investigations per 1,000 children).

There were no statistically significant changes in the rates between the CIS-2003 and CIS-2008.

CHILD WELFARE COURT APPLICATIONS

Table 3-8 describes any applications made to child welfare court during the investigation period. Applications to child welfare court can be made for a number of reasons, including orders of supervision with the child remaining in the home, as well as out-of-home placement orders, temporary or

TABLE 3-7: History of Previous Investigations in Child Maltreatment Investigations in Canada (excluding Québec) in 1998 and 2003 and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada (excluding Québec) in 2008[^]

Previous investigations	1998			2003			2008		
	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%	Number of investigations	Rate per 1,000 children	%
Child previously investigated	53,243	11.02	45%	108,769	22.86	49%	103,810	22.26 ^{ns}	48%
Child not previously investigated	58,288	12.07	49%	106,675	22.42	50%	111,084	23.82 ^{ns}	51%
Unknown	6,557	1.36	6%	1,835	0.39	1%	3,003	0.64 ^{ns}	1%
Total investigations	118,088	24.45	100%	217,278	45.67	100%	217,897	46.72^{ns}	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 5,349 investigations in 1998, 11,560 investigations in 2003, and 14,046 investigations in 2008 with information about previous referrals. Percentages are column percentages.

^{ns} Difference between the 2003 and 2008 incidence rates is not statistically significant (p>.05).

TABLE 3-8: Applications to Child Welfare Court in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008[^]

Child Welfare Court	2008		
	Number of investigations	Rate per 1,000 children	%
No application to court	223,063	37.04	95%
Application made	12,700	2.11	5%
Total investigations	235,763	39.15	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 15,972 investigations with information about child welfare court. Percentages are column percentages.

permanent. Although applications to court can be made during the investigation period, many statutes require that, where possible, non-court-ordered services be offered before an application is made to court. Because the CIS could track only applications made during the investigation period, the CIS court application rate does not account for applications made at later points of service.

Workers chose from three possible statuses for court involvement during the initial investigation:

No Application: Court involvement was not considered.

Application Considered: The child welfare worker was considering whether or not to submit an application to child welfare court.

Application Made: An application to child welfare court was submitted.

Table 3-8 collapses “no court” and “court considered” into a single category (no application to court). Furthermore, Table 3-8 describes only court applications documented in the CIS-2008. Canada-wide estimates for court use in 1998 and 2003 could not be produced because of differences in the way court information was tracked in Québec in the CIS-1998 and CIS-2003.

In the CIS-2008, 5% of all child investigations (an estimated 12,700 investigations or an incidence of 2.11 court applications per 1,000 children) resulted in an application to child welfare court, either during or at the completion of the initial maltreatment investigation. 🌿

Chapter 4 *Characteristics of Substantiated Maltreatment*

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The CIS-2008 definition of child maltreatment includes 32 forms of maltreatment subsumed under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (see Question 31: Maltreatment Codes in Appendix F). The 32 forms of maltreatment tracked by the CIS are defined in the detailed sections on the five categories of maltreatment in this chapter.

Data collection forms required a minimum of one and a maximum of three forms of maltreatment for each investigation. In cases involving more than three forms of maltreatment, workers were asked to select the three forms that best described the reason for investigation. More than one category of maltreatment was identified for 18% of substantiated child maltreatment investigations (Table 4-2). The **primary category** of maltreatment was the form that best described the investigated maltreatment. In cases where there were two or more forms of maltreatment and only one was substantiated, the substantiated form was selected as the primary form.¹

This chapter describes the characteristics of maltreatment in terms of type, harm and duration. The estimates are derived from child maltreatment investigations from a representative sample of child welfare sites in 2008. The sampling design and weighting procedures specific to

the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare, (2) reported cases that were screened out by child welfare before being fully investigated, (3) new reports on cases already opened by the child welfare sites, (4) cases that were investigated only by the police, and (5) cases that were investigated only because of concerns about future risk of maltreatment (see Chapter 2 for a full description of the inclusion and exclusion criteria for investigations). Readers are cautioned that the findings presented in this chapter are **not directly comparable to findings presented in the CIS-2003 and CIS-1998 reports** (Chapter 1).

PRIMARY CATEGORIES OF MALTREATMENT

There were an estimated 85,440 substantiated child maltreatment investigations in Canada in 2008 (14.19 investigations per 1,000 children). Table 4-1 presents the estimates and incidence rates for the five primary categories of substantiated maltreatment in Canada in 2008. The maltreatment typology in the CIS-2008 uses five major categories of maltreatment: physical abuse; sexual abuse; neglect, emotional maltreatment and exposure to intimate partner violence. Physical abuse was comprised of six forms: shake, push, grab or throw, hit with hand, punch kick or

bite, hit with object, choking or poisoning or stabbing, and 'other physical abuse'. Sexual abuse contained nine forms: penetration, attempted penetration, oral sex, fondling, sex talk or images, voyeurism, exhibitionism, exploitation, and 'other sexual abuse'. Neglect was comprised of eight forms: failure to supervise: physical harm, failure to supervise: sexual abuse, permitting criminal behaviour, physical neglect, medical neglect (including dental), failure to provide psychiatric or psychological treatment, abandonment, and educational neglect. Emotional maltreatment included six forms: terrorizing or threat of violence, verbal abuse or belittling, isolation or confinement, inadequate nurturing or affection, exploiting or corrupting behaviour, and exposure to non-partner physical violence.² Exposure to intimate partner violence was comprised of three forms: direct witness to physical violence, indirect exposure to physical violence, and exposure to emotional violence. See *CIS-2008 Guidebook* (Appendix G) for specific definitions of each maltreatment form.

Exposure to intimate partner violence and neglect represented the largest proportion of substantiated investigations: 34% of substantiated investigations identified exposure to intimate partner violence as the primary type of maltreatment, an estimated 29,259 investigations (4.86

¹ The CIS classification protocol was modified starting with the CIS-2003 to avoid confusion in cases wherein one form of maltreatment is substantiated and one is not. If the primary investigated form was not substantiated but a secondary form was, the substantiated form was recoded as the primary form. For example, if physical abuse was not substantiated in a case initially classified primarily as physical abuse, but neglect was substantiated, the substantiated neglect was recoded as the primary form of maltreatment.

² Exposure to non-partner physical violence was analyzed as a form of emotional maltreatment. On the CIS-2008 data collection instrument, exposure to non-partner violence was listed separately from other maltreatment forms (Appendix F).

TABLE 4-1: Primary Category of Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Primary category of maltreatment	Number of investigations	Rate per 1,000 children	%
Physical abuse	17,212	2.86	20%
Sexual abuse	2,607	0.43	3%
Neglect	28,939	4.81	34%
Emotional maltreatment	7,423	1.23	9%
Exposure to intimate partner violence	29,259	4.86	34%
Total substantiated investigations	85,440	14.19	100%

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[^] Based on a sample of 6,163 substantiated investigations. Percentages are column percentages.

investigations per 1,000 children). In another 34% of substantiated investigations, neglect was the overriding concern, an estimated 28,939 investigations (4.81 investigations per 1,000 children). In 20% of substantiated investigations, or an estimated 17,212 cases, the primary category of maltreatment identified was physical abuse (2.86 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in 9% of substantiated investigations (an estimated 7,423 investigations or 1.23 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment form in 3% of substantiated investigations (an estimated 2,607 investigations or 0.43 investigations per 1,000 children).

SINGLE AND MULTIPLE CATEGORIES OF MALTREATMENT

The CIS tracked up to three forms of maltreatment; while Table 4-1 describes the primary category of substantiated maltreatment, Table 4-2 describes cases of substantiated maltreatment involving multiple categories of maltreatment.

Single Categories of Maltreatment:

In 82% of substantiated cases, one category of maltreatment was identified, involving an estimated 69,850 child investigations (11.60 investigations per 1,000 children). Physical abuse was identified as the single category of maltreatment in 15% of investigations; sexual abuse in 2%; neglect in 28%; emotional maltreatment in 6%; and exposure to intimate partner violence in 31%.

Multiple Categories of Maltreatment:

Eighteen percent of substantiated investigations involved more than one category of substantiated maltreatment, an estimated 15,590 child investigations (2.59 investigations per 1,000 children). The most frequently identified combinations were neglect and exposure to intimate partner violence (3,773 investigations), emotional maltreatment and exposure to intimate partner violence (2,367 investigations), neglect and emotional maltreatment (2,295 investigations), physical abuse and emotional maltreatment (2,281 investigations), and physical abuse and exposure to intimate partner violence (1,484 investigations). Sexual abuse was rarely found in combination with other categories of maltreatment. Estimates of substantiated investigations involving multiple forms of maltreatment should be interpreted with caution due to their high coefficient of variation (Appendix K).

PHYSICAL HARM

The CIS-2008 tracked physical harm suspected or known to have been caused by the investigated maltreatment. Information on physical harm was collected with two items, one describing the nature of the harm (Table 4-3) and one describing severity of harm as measured by the need for medical treatment (Table 4-4).

Workers were asked to document the nature of physical harm that was suspected or known to have been caused by the investigated maltreatment. These

ratings were based on the information routinely collected during the maltreatment investigation. While investigation protocols require careful examination of any physical injuries and may include a medical examination, it should be noted that children are not necessarily examined by a medical practitioner. Seven possible types of injury or health conditions were documented:

No Harm: there was no apparent evidence of physical harm to the child as a result of maltreatment.

Bruises/Cuts/Scrapes: The child suffered various physical hurts visible for at least 48 hours.

Burns and Scalds: The child suffered burns and scalds visible for at least 48 hours.

Broken Bones: The child suffered fractured bones.

Head Trauma: The child was a victim of head trauma (note that in shaken infant cases the major trauma is to the head, not to the neck).

Other Health Conditions: The child suffered from other physical health conditions, such as complications from untreated asthma, failure to thrive, or a sexually transmitted disease.

Fatal: Child has died; maltreatment was suspected during the investigation as the cause of death. Included cases where maltreatment was eventually unfounded.

Table 4-3 presents six types of physical harm as well as no physical harm for investigations reported in the CIS-2008. Physical harm was documented in 8% of cases of substantiated maltreatment involving an estimated 7,069 children (1.17 investigations per 1,000 children). Physical harm primarily involved bruises, cuts, and scrapes (6%) and other health conditions (2%). Less than 1% of physical harm situations involved head trauma, burns and scalds, or broken bones. Because of the high coefficient of variation for burns and scalds, broken bones, and head trauma, the

TABLE 4-2: Single and Multiple Categories of Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Substantiated maltreatment category	Number of investigations	Rate per 1,000 children	%
Single categories			
Physical abuse	12,635	2.10	15%
Sexual abuse	2,065	0.34	2%
Neglect	23,641	3.93	28%
Emotional maltreatment	5,279	0.88	6%
Exposure to intimate partner violence	26,230	4.36	31%
Subtotal: single category	69,850	11.60	82%
Multiple categories			
Physical abuse and sexual abuse	190	0.03	0%
Physical abuse and neglect	977	0.16	1%
Physical abuse and emotional maltreatment	2,281	0.38	3%
Physical abuse and exposure to intimate partner violence	1,484	0.25	2%
Sexual abuse and neglect	358	0.06	0%
Sexual abuse and emotional maltreatment	–	–	0%
Sexual abuse and exposure to intimate partner violence	–	–	0%
Neglect and emotional maltreatment	2,295	0.38	3%
Neglect and exposure to intimate partner violence	3,773	0.63	4%
Emotional maltreatment and exposure to intimate partner violence	2,367	0.39	3%
Physical abuse, sexual abuse and neglect	–	–	0%
Physical abuse, sexual abuse and emotional maltreatment	–	–	0%
Physical abuse, sexual abuse and exposure to intimate partner violence	–	–	0%
Physical abuse, neglect, emotional maltreatment	567	0.09	1%
Physical abuse, neglect and exposure to intimate partner violence	102	0.02	0%
Physical abuse, emotional maltreatment and exposure to intimate partner violence	375	0.06	0%
Sexual abuse, neglect and emotional maltreatment	146	0.02	0%
Sexual abuse, neglect and exposure to intimate partner violence	–	–	0%
Neglect, emotional maltreatment and exposure to intimate partner violence	460	0.08	1%
Subtotal: multiple categories	15,590	2.59	18%
Total: substantiated maltreatment	85,440	14.19	100%

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[^] Based on a sample of 6,163 substantiated investigations. Percentages are column percentages.

– Estimates of less than 100 investigations are not shown, but are included in the total.

estimates presented in Table 4-3 should be interpreted with caution.

PHYSICAL HARM AND MEDICAL TREATMENT

In 5% of cases (an estimated 4,643 substantiated investigations or 0.77 investigations per 1,000 children) harm was noted but no treatment was required. In 3% of cases (an estimated 2,414 substantiated investigations or 0.40 investigations per 1,000 children), harm was sufficiently severe to require treatment (Table 4-4).

Physical Abuse: Physical harm was indicated in 26% of investigations where physical abuse was the primary substantiated maltreatment, an estimated 4,492 child investigations. In 21% of cases a physical injury had been documented but was not severe enough to require medical treatment. In the other 5% of cases, medical treatment was required. The fact that no physical harm was noted in 74% of physical abuse cases may seem surprising to some readers. It is important to understand that most jurisdictions consider that physical abuse includes caregiver behaviours that seriously

endanger children, as well as those that lead to injuries.

Sexual Abuse: Physical harm was identified in 11% of investigations where sexual abuse was the primary substantiated concern, with 8% of cases requiring medical treatment.

Neglect: Although physical harm was indicated in 6% of investigations where neglect was the primary substantiated maltreatment, most of these cases involved injuries that were severe enough to require medical treatment (4% of substantiated neglect cases). As a result, there were more victims

TABLE 4-3: Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Nature of physical harm	Number of investigations	Rate per 1,000 children	%
No physical harm	78,081	12.97	92%
No physical harm	78,081	12.97	92%
Type of physical harm			
Bruises, cuts, and scrapes	4,754	0.79	6%
Burns and scalds	172	0.03	0%
Broken bones	175	0.03	0%
Head trauma	325	0.05	0%
Fatality	–	–	0%
Other health conditions	1,989	0.33	2%
At least one type of physical harm	7,069	1.17	8%
Total substantiated investigations	85,150	14.14	100%

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[^] Based on a sample of 6,134 substantiated investigations with information on the nature of physical harm. Columns are not additive because children may have experienced multiple types of physical harm.

– Estimates of less than 100 investigations are not shown, but are included in the total.

of neglect requiring medical treatment (an estimated 1,073 victims of neglect or 0.18 investigations per 1,000 children) than for any other category of maltreatment.

Emotional Maltreatment: Physical harm was identified in 3% of investigations where emotional maltreatment was the primary substantiated concern.

Estimates of physical harm requiring medical treatment in substantiated emotional maltreatment investigations are too low to report reliably.

Exposure to Intimate Partner Violence:

Physical harm was identified in 1% of cases where exposure to intimate partner violence was the primary form of substantiated maltreatment.

In less than 1% of cases where physical harm was documented, no medical treatment was required, and in 1% of cases the victims required medical treatment.

DOCUMENTED EMOTIONAL HARM

Considerable research indicates that child maltreatment can lead to emotional harm. Child welfare workers are often among the first to be aware of the emotional effects of maltreatment, either through their observations or through contact with allied professionals. However, since the information collected in the CIS-2008 was limited to the initial assessment period, it may have underestimated emotional harm. If maltreatment was substantiated, workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s). These maltreatment-specific descriptions of emotional harm are not to be confused with the general child functioning ratings that are presented in Chapter 5.

TABLE 4-4: Physical Harm and Medical Treatment by Primary Category of Substantiated Child Maltreatment Investigations in Canada in 2008[^]

	Primary Category of Substantiated Maltreatment																		
	Physical abuse			Sexual abuse			Neglect			Emotional maltreatment			Exposure to intimate partner violence			Total			
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	
Physical harm																			
No physical harm	12,710	2.11	74%	2,323	0.39	89%	26,964	4.48	94%	7,221	1.20	97%	28,863	4.79	99%	78,081	12.97	92%	
Subtotal:																			
no physical harm	12,710	2.11	74%	2,323	0.39	89%	26,964	4.48	94%	7,221	1.20	97%	28,863	4.79	99%	78,081	12.97	92%	
Physical harm and medical treatment																			
Physical harm, no medical treatment required	3,580	0.59	21%	–	–	3%	692	0.11	2%	152	0.02	2%	143	0.03	0%	4,643	0.77	5%	
Physical harm, medical treatment required	912	0.15	5%	199	0.03	8%	1,073	0.18	4%	–	–	1%	190	0.03	1%	2,414	0.40	3%	
Subtotal:																			
physical harm	4,492	0.74	26%	275	0.05	11%	1,765	0.29	6%	192	0.03	3%	333	0.06	1%	7,057	1.17	8%	
Total substantiated investigations	17,202	2.86	100%	2,598	0.43	100%	28,729	4.77	100%	7,413	1.23	100%	29,196	4.85	100%	85,138	14.14	100%	

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[^] Based on a sample of 6,133 substantiated child maltreatment investigations with information about physical harm and, if applicable, medical treatment.

Number of investigations.

– Estimates of less than 100 investigations are not shown, but are included in the total.

TABLE 4-5: Documented Emotional Harm and Medical Treatment by Primary Category of Substantiated Child Maltreatment Investigations in Canada in 2008[^]

	Primary Category of Substantiated Maltreatment															Total		
	Physical abuse			Sexual abuse			Neglect			Emotional maltreatment			Exposure to intimate partner violence					
Documented emotional harm	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
No emotional harm documented	12,673	2.10	74%	1,353	0.22	53%	19,763	3.28	70%	4,651	0.77	64%	21,261	3.53	74%	59,701	9.91	71%
Subtotal: no emotional harm documented	12,673	2.10	74%	1,353	0.22	53%	19,763	3.28	70%	4,651	0.77	64%	21,261	3.53	74%	59,701	9.91	71%
Emotional harm and medical treatment																		
Emotional harm, no treatment required	2,171	0.36	13%	–	–	3%	3,355	0.56	12%	982	0.16	13%	3,118	0.52	11%	9,705	1.61	12%
Emotional harm, treatment required	2,249	0.37	13%	1,138	0.19	44%	5,181	0.86	18%	1,687	0.28	23%	4,465	0.74	15%	14,720	2.44	17%
Subtotal: any emotional harm documented	4,420	0.73	26%	1,217	0.20	47%	8,536	1.42	30%	2,669	0.44	36%	7,583	1.26	26%	24,425	4.06	29%
Total substantiated investigations	17,093	2.84	100%	2,570	0.43	100%	28,299	4.70	100%	7,320	1.22	100%	28,844	4.79	100%	84,126	13.97	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,044 substantiated child maltreatment investigations with information about emotional harm.

Number of investigations.

– Estimates of less than 100 investigations are not shown, but are included in the total.

It is also important to note that while many victims may not show symptoms of emotional harm at the time of the investigation, the effects of the maltreatment may have manifested later. Therefore, the emotional harm documented here has likely underestimated the emotional effects of maltreatment.

Table 4-5 presents emotional harm identified during the child maltreatment investigation, by primary category of maltreatment. In order to rate the severity of mental/emotional harm, workers indicated whether the child required treatment to manage symptoms of mental or emotional harm. Emotional harm was noted in 29% of all substantiated maltreatment investigations, involving an estimated 24,425 substantiated investigations. In 17% of substantiated cases (2.44 investigations per 1,000 children) symptoms were severe enough to require treatment, in the worker's opinion.

Physical Abuse: Emotional harm was noted in 26% of cases where physical abuse was the primary substantiated maltreatment; in half of those cases (13%), symptoms were severe enough to require treatment.

Sexual Abuse: Emotional harm was noted in 47% of investigations where sexual abuse was the primary substantiated concern; in most of these (44%), harm was sufficiently severe to require treatment. These cases accounted for 8% (1,138/14,720) of substantiated maltreatment cases where emotional harm was believed to require therapeutic intervention. As noted above, the CIS-2008 tracked harm that could be associated with observable symptoms. It is likely that many sexually abused children may have been harmed in ways that were not readily apparent to the worker.

Neglect: Emotional harm was identified in 30% of investigations where neglect was the primary substantiated maltreatment; in 18% of cases harm was sufficiently severe to require treatment.

Emotional Maltreatment: Emotional harm was identified in 36% of investigations where substantiated emotional maltreatment was the primary concern, and was sufficiently severe to require treatment in 23% of cases. While it may appear surprising to some readers that no emotional harm had been documented for such a large proportion of emotionally maltreated children, it is important to understand that the determination of emotional maltreatment includes parental behaviours that would be considered emotionally abusive or neglectful even though the child shows no symptoms of harm.

TABLE 4-6: Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Duration of maltreatment	Primary Category of Substantiated Maltreatment																	
	Physical abuse			Sexual abuse			Neglect			Emotional maltreatment			Exposure to intimate partner violence			Total		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Single incident	9,437	1.57	55%	1,234	0.20	49%	9,176	1.52	32%	2,425	0.40	33%	12,753	2.12	44%	35,025	5.82	42%
Multiple incidents	7,670	1.27	45%	1,304	0.22	51%	19,244	3.20	68%	4,855	0.81	67%	16,268	2.70	56%	49,341	8.19	58%
Total substantiated investigations	17,107	2.84	100%	2,538	0.42	100%	28,420	4.72	100%	7,280	1.21	100%	29,021	4.82	100%	84,366	14.01	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,058 substantiated child maltreatment investigations with information about duration of maltreatment.

Number of investigations

Exposure to Intimate Partner Violence: Emotional harm was identified in 26% of investigations where exposure to intimate partner violence was the primary substantiated maltreatment; in 15% of cases harm was sufficiently severe to require treatment.

DURATION OF MALTREATMENT

Workers were asked to describe the duration of maltreatment by classifying substantiated investigations as single incident or multiple incident cases. Given the length restrictions for the CIS-2008 questionnaire, it was not possible to gather additional information on the frequency of maltreatment in order to distinguish between long-term situations with infrequent maltreatment and long-term situations with frequent maltreatment.

Table 4-6 shows that 42% of substantiated investigations (an estimated 35,025 child investigations or 5.82 investigations per 1,000 children) involved single incidents of maltreatment and 58% involved multiple incidents of maltreatment (an estimated 49,341 child investigations or 8.19 investigations per 1,000 children).

Physical Abuse: Maltreatment was indicated as a single incident in 55% of cases with physical abuse as the primary substantiated concern, and multiple incidents in 45% of abuse cases.

Sexual Abuse: Maltreatment was indicated as a single incident in 49% of cases where sexual abuse was the primary substantiated concern, and multiple incidents in 51% of sexual abuse investigations.

Neglect: In contrast with abuse, single incidents of neglect occurred in 32% of cases where neglect was the primary substantiated maltreatment. Neglect involved multiple incidents in 68% of these cases.

Emotional Maltreatment: As with neglect, emotional maltreatment investigations involved more multiple than single-incident cases. Thirty-three percent of cases involving emotional maltreatment as the primary category of substantiated concern involved a single incident, 67% involved multiple incidents.

Exposure to Intimate Partner Violence: Forty-four percent of cases with exposure to intimate partner violence as the primary substantiated maltreatment were single incident cases, 56% involved multiple incidents. 🌱

Chapter 5 *Characteristics of Children and Families*

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This chapter provides a description of cases of substantiated maltreatment¹ in terms of the characteristics of the children, their caregivers and their homes. The estimates presented in this chapter are weighted Canadian estimates derived from child maltreatment investigations conducted in 2008 in a representative sample of Canadian child welfare sites. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child welfare, (2) reported cases that were screened out by child welfare before being fully investigated, (3) new reports on cases already opened by the child welfare site, (4) cases that were investigated only by the police, and (5) cases that were investigated because of concerns about future risk of maltreatment (see Chapter 2 for a full description of the inclusion and exclusion criteria). Readers are cautioned that the findings presented in this chapter are **not directly comparable to findings presented in the CIS-2003 and CIS-1998 reports** (Chapter 1).

AGE AND SEX OF CHILDREN IN MALTREATMENT-RELATED INVESTIGATIONS AND SUBSTANTIATED MALTREATMENT

Table 5-1 presents the children's age and sex in all maltreatment-related investigations as well as in substantiated child maltreatment investigations. The incidence of all maltreatment-related investigations was nearly identical for males (38.69 investigations per 1,000 children) and females (39.66 per 1,000 children). There was some variation by age and sex in the incidence of investigated maltreatment, with rates being highest for infants (52.00 investigations per 1,000 female infants and 51.63 per 1,000 male infants). Rates of maltreatment-related investigation were similar by sex for four to seven year olds (41.75 and 41.72 per 1,000 for females and males, respectively).

The incidence of substantiated maltreatment was nearly identical for males (13.89 per 1,000) and females (14.50 per 1,000). There was some variation by age and sex in the incidence of substantiated maltreatment, with rates being highest for infants (17.56 substantiated cases per 1,000 females and 16.64 per 1,000 males). Rates of substantiated maltreatment were similar by sex for four to seven year olds, while there were more males reported in the 8 to 11 year old group and more females reported in the adolescent group.

DOCUMENTED CHILD FUNCTIONING

The child functioning checklist (Appendix F and definitions below) was developed in consultation with child welfare workers and researchers to reflect the types of concerns that may be identified during an investigation. The checklist is not a validated measurement instrument for which population norms have been established.² It documents only problems that are known to investigating child welfare workers and therefore may undercount the occurrence of some child functioning problems.³

Workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may have become evident after that time. Items were rated on a 4-point scale: "confirmed," "suspected," "no" and "unknown" child functioning concern. A child functioning concern was classified as confirmed if a problem had been

¹ With the exception of Table 5-1 that includes all investigations in addition to substantiated maltreatment investigations.

² A number of child functioning measures with established norms exist; however, these are not consistently used in child welfare settings and could not feasibly be used in the context of the CIS.

³ Although child welfare workers assess the safety of children, they do not routinely conduct a detailed assessment of child functioning. Items on the checklist included only issues that workers happened to become aware of during their investigation. A more systematic assessment would therefore likely lead to the identification of more issues than reported here.

TABLE 5-1: Child Age and Sex in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations, and in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Child's age group	Sex of child	All investigations*			Substantiated maltreatment**		
		Number of investigations	Rate per 1,000 children***	%	Number of investigations	Rate per 1,000 children***	%
0-15 years	All Children	235,840	39.16	100%	85,440	14.19	100%
	Female	116,504	39.66	49%	42,588	14.50	50%
	Male	119,336	38.69	51%	42,852	13.89	50%
0-3 years	Female	29,507	44.72	13%	10,611	16.08	12%
	Male	31,688	45.87	13%	10,799	15.63	13%
< 1 Year	Female	8,568	52.00	4%	2,894	17.56	3%
	Male	8,933	51.63	4%	2,880	16.64	3%
1 Year	Female	7,247	44.26	3%	2,633	16.08	3%
	Male	8,713	50.75	4%	2,908	16.94	3%
2 years	Female	6,727	40.39	3%	2,557	15.35	3%
	Male	7,491	43.04	3%	2,785	16.00	3%
3 years	Female	6,965	42.26	3%	2,527	15.33	3%
	Male	6,551	38.07	3%	2,226	12.93	3%
4-7 years	Female	28,537	41.75	12%	10,472	15.32	12%
	Male	29,867	41.72	13%	10,944	15.29	13%
4 years	Female	7,356	44.30	3%	2,439	14.69	3%
	Male	6,758	38.90	3%	2,676	15.40	3%
5 years	Female	6,836	40.73	3%	2,558	15.24	3%
	Male	7,559	42.84	3%	2,523	14.30	3%
6 years	Female	7,358	42.18	3%	2,638	15.12	3%
	Male	7,937	43.50	3%	3,181	17.43	4%
7 years	Female	6,987	39.87	3%	2,837	16.19	3%
	Male	7,613	41.54	3%	2,564	13.99	3%
8-11 years	Female	26,218	34.50	11%	8,820	11.61	10%
	Male	31,838	39.79	13%	11,335	14.17	13%
8 years	Female	6,147	34.24	3%	1,812	10.09	2%
	Male	8,323	44.26	4%	3,341	17.77	4%
9 years	Female	6,795	36.64	3%	2,568	13.85	3%
	Male	7,992	40.64	3%	3,005	15.28	4%
10 years	Female	6,948	35.54	3%	2,164	11.07	3%
	Male	7,981	39.07	3%	2,683	13.13	3%
11 years	Female	6,328	31.74	3%	2,276	11.42	3%
	Male	7,087	33.56	3%	2,306	10.92	3%
12-15 years	Female	32,242	38.68	14%	12,685	15.20	15%
	Male	26,398	30.09	11%	9,774	11.14	11%
12 years	Female	6,870	34.13	3%	2,704	13.43	3%
	Male	7,202	33.91	3%	2,690	12.67	3%
13 years	Female	7,697	37.30	3%	3,093	14.99	4%
	Male	6,758	31.14	3%	2,623	12.09	3%
14 years	Female	9,300	44.10	4%	3,621	17.12	4%
	Male	6,532	29.55	3%	2,305	10.43	3%
15 years	Female	8,375	38.91	4%	3,267	15.18	4%
	Male	5,906	26.02	3%	2,156	9.50	3%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

* Based on a sample of 15,980 child maltreatment-related investigations.

** Based on a sample of 6,163 substantiated child maltreatment investigations.

*** Rates are based on: Age and sex for the population of Canada, provinces, territories, census divisions and subdivisions, 2006 Census - 100% Data (table). Topic-based Tabulations on Statistics Canada Catalogue no. 97-551-XCB2006011. Ottawa. July 17, 2007.

[^] Percentages are column percentages.

diagnosed, observed by the worker or another worker, or disclosed by the caregiver or child. An issue was classified as suspected if worker's suspicions were sufficient to include the concern in their written assessment of the family or in a transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be made in subsequent analyses.

Child functioning in physical, emotional, cognitive, and behavioural domains was documented with a checklist that included the following:

Depression/Anxiety/Withdrawal:

Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.

Suicidal Thoughts: The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.

Self-Harming Behaviour: Includes high-risk or life-threatening behaviour, suicide attempts or physical mutilation or cutting.

ADD/ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children at comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school, or in the community.

Attachment Issues: The child does not have a physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.

Aggression: Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property, at home, at school or in the community.

Running (multiple incidents): Has run away from home (or other residence) on multiple occasions for at least one overnight period.

Inappropriate Sexual Behaviour: Child displays inappropriate sexual behaviour, including age-inappropriate play with toys, self or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; prostitution or seductive behaviour.

Youth Criminal Justice Act Involvement: Charges, incarceration, or alternative measures with the Youth Justice system.

Intellectual/Developmental Disability: Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g., Down's syndrome, autism and Asperger's syndrome.

Failure to Meet Developmental Milestones: Children who are not meeting their development milestones for a non-organic reason.

Academic Difficulties: Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language use, numbers, reading, work comprehension).

Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE): Birth defects, ranging from mild intellectual and behavioural

difficulties to more profound problems in these areas related to in utero exposure to alcohol abuse by the biological mother.

Positive Toxicology at Birth: When a toxicology screen for a newborn is positive for the presence of drugs or alcohol.

Physical Disability: Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness, deafness or a severe vision or hearing impairment that noticeably affects activities of daily living.

Alcohol Abuse: Problematic consumption of alcohol (consider age, frequency and severity).

Drug/Solvent Abuse: Include prescription drugs, illegal drugs, and solvents.

Other: Any other conditions related to child functioning.

Table 5-2 presents the distribution of functioning issues in substantiated maltreatment investigations. In 46% of investigations (an estimated 39,460 investigations or 6.55 investigations per 1,000 children), at least one issue was indicated by the worker. Academic difficulties were the most frequently reported functioning concern (23%) and the second most common was depression/anxiety/withdrawal (19%). Fifteen percent involved aggression, while 14% indicated attachment issues. Eleven percent of investigations involved children experiencing ADD/ADHD and 11% intellectual/developmental disabilities.

ABORIGINAL HERITAGE OF INVESTIGATED CHILDREN

Aboriginal heritage was documented by the CIS-2008 in an effort to better understand some of the factors that bring Aboriginal children into contact with the child welfare system. Aboriginal

TABLE 5-2: Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Child functioning concern	Number of investigations	Rate per 1,000 children	%
No child functioning concerns	45,980	7.64	54%
No child functioning concerns	45,980	7.64	54%
Type of child functioning concerns			
Depression/anxiety/withdrawal	16,310	2.71	19%
Suicidal thoughts	3,511	0.58	4%
Self-harming behaviour	5,095	0.85	6%
Attention deficit disorder/attention-deficit hyperactivity disorder (ADD/ADHD)	9,101	1.51	11%
Attachment issues	11,797	1.96	14%
Aggression	13,237	2.20	15%
Running (multiple incidents)	3,588	0.60	4%
Inappropriate sexual behaviours	3,453	0.57	4%
Youth criminal justice act involvement	1,789	0.31	2%
Intellectual/developmental disability	9,805	1.63	11%
Failure to meet developmental milestones	7,508	1.25	9%
Academic difficulties	19,820	3.29	23%
Fetal alcohol syndrome/fetal alcohol effect (FAS/FAE)	3,177	0.53	4%
Positive toxicology at birth	845	0.14	1%
Physical disability	1,428	0.24	2%
Alcohol abuse	2,704	0.45	3%
Drug/solvent abuse	3,474	0.58	4%
Other functioning concern	3,484	0.58	4%
At least one child functioning concern	39,460	6.55	46%
Total substantiated investigations	85,440	14.19	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,163 substantiated child maltreatment investigations. Percentages are column percentages. Columns are not additive as investigating workers could identify more than one child functioning concern.

children were identified as a key group to examine because of concerns about their over-representation in the foster care system (Trocmé et al., 2006). Table 5-3 shows that the rate of substantiated child maltreatment investigations was four times higher in Aboriginal child investigations than non-Aboriginal child investigations (49.69 per 1,000 Aboriginal children versus 11.85 per 1,000 non-Aboriginal children).

Twenty-two percent of substantiated investigations involved children of Aboriginal heritage, with the following distribution among Aboriginal groups: 15% First Nations status, 3% First Nations Non-Status, 2% Métis, 1% Inuit, and 1% with other Aboriginal heritage.

PRIMARY CAREGIVER AGE AND SEX

For each investigated child, the worker was asked to indicate the primary caregiver, and to specify her/his age and sex. Eight age groups were captured on the *Intake Face Sheet*, enabling the workers to estimate the caregiver's age (Appendix F). Table 5-4 shows the age and sex distribution of primary caregivers. In 91% of substantiated investigations the primary caregiver was female. Nearly half (45%) of substantiated investigations involved caregivers between the ages of 31 and 40. Caregivers who were under 22 were relatively rare (5%), as were caregivers over 50 (4%).

PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD

The CIS-2008 gathered information on up to two of the child's parents or caregivers living in the home.⁴ For each listed caregiver, workers were asked to choose a primary caregiver and the category that described the relationship between the caregiver and each child in the home. If recent household changes had occurred, workers were asked to describe the situation at the time the referral was made. The caregiver's relationship to the child was classified as one of the following: biological parent, parent's partner, foster parent, adoptive parent, grandparent, and other.

4 The two-caregiver limit was required to accommodate the form length restrictions set for the Household Information Sheet.

TABLE 5-3: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Aboriginal heritage	Number of investigations	Rate per 1,000 children	%
First Nations, status	12,751	NA	15%
First Nations, non-status	2,561	NA	3%
Métis	1,828	NA	2%
Inuit	893	NA	1%
Other Aboriginal	477	NA	1%
Subtotal: all Aboriginal	18,510	49.69	22%
Non-Aboriginal	66,930	11.85	78%
Total substantiated investigations	85,440	14.19	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,163 substantiated child maltreatment investigations. Percentages are column percentages.

NA Child population counts by category is not available.

TABLE 5-4: Age and Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Age of primary caregiver	Sex of primary caregiver	Number of investigations	Rate per 1,000 children	%
< 16 years	Female	–	–	0%
	Male	–	–	0%
16-18 years	Female	934	0.16	1%
	Male	–	–	0%
19-21 years	Female	3,003	0.50	4%
	Male	–	–	0%
22-30 years	Female	23,448	3.89	28%
	Male	1,305	0.22	2%
31-40 years	Female	34,595	5.74	41%
	Male	3,316	0.55	4%
41-50 years	Female	12,214	2.03	14%
	Male	2,481	0.41	3%
51-60 years	Female	1,855	0.31	2%
	Male	493	0.08	1%
> 60 years	Female	514	0.09	1%
	Male	123	0.02	0%
Total	Female	76,597	12.72	91%
	Male	7,760	1.29	9%
Total substantiated investigations		84,357	14.01	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,060 substantiated child maltreatment investigations with information about primary caregiver's age and sex. Percentages are column percentages.

– Estimates of less than 100 investigations are not shown, but are included in the total.

Table 5-5 describes the primary caregiver's relationship to the child in substantiated maltreatment investigations in Canada in 2008. Ninety-four percent of substantiated investigations involved children whose primary caregiver was a biological parent, and 2% lived with a

primary caregiver who was a parent's partner or an adoptive parent. Two percent of substantiated child investigations involved a grandparent as primary caregiver and 1% involved children living with a primary caregiver who had an alternate relationship to the child.

PRIMARY CAREGIVER RISK FACTORS

A checklist of caregiver risk factors (Appendix F and definitions below) was developed in consultation with child welfare workers and researchers to reflect the types of concerns that may be identified during an investigation. Concerns related to caregiver risk factors were reported by workers using a checklist of nine items that were asked about each caregiver. Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months. Items were rated into four categories: “confirmed,” “suspected,” “no” and “unknown” caregiver risk factor. A caregiver risk factor or family stressor was classified as confirmed if a problem had been diagnosed, observed by the worker or another worker, or disclosed by the caregiver. An issue was classified as suspected if workers' suspicions were sufficient to include the concern in their written assessment of the family or in a transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be made in subsequent analyses. The checklist is not a validated instrument. The checklist documents only problems that are known to investigating child welfare workers (workers were asked to check all that apply).

The checklist included:

Alcohol Abuse: Caregiver abuses alcohol.

Drug/Solvent Abuse: Abuse of prescription drugs, illegal drugs or solvents.

Cognitive Impairment: Caregiver has a cognitive impairment.

Mental Health Issues: Any mental health diagnosis or problem.

Physical Health Issues: Chronic illness, frequent hospitalizations or physical disability.

Few Social Supports: Social isolation or lack of social supports.

TABLE 5-5: Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Primary caregiver's relationship to the child	Number of investigations	Rate per 1,000 children	%
Biological mother	73,303	12.17	86%
Biological father	7,256	1.20	8%
Parent's partner	1,191	0.20	1%
Foster parent	366	0.06	0%
Adoptive parent	464	0.08	1%
Grandparent	2,032	0.34	2%
Other	764	0.13	1%
Total substantiated investigations	85,376	14.18	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,159 substantiated child maltreatment investigations with information about primary caregiver's relationship to the child. Percentages are column percentages, and may not add to 100% because of rounding.

TABLE 5-6: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Caregiver risk factors	Number of investigations	Rate per 1,000 children	%
No primary caregiver risk factors	19,158	3.18	22%
No primary caregiver risk factors	19,158	3.18	22%
Type of risk factor			
Alcohol abuse	18,346	3.05	21%
Drug/solvent abuse	14,355	2.38	17%
Cognitive impairment	5,541	0.92	6%
Mental health issues	22,991	3.82	27%
Physical health issues	8,387	1.39	10%
Few social supports	33,235	5.52	39%
Victim of domestic violence	39,624	6.58	46%
Perpetrator of domestic violence	11,156	1.85	13%
History of foster care/group home	6,713	1.11	8%
At least one primary caregiver risk factor	66,282	11.01	78%
Total substantiated investigations	85,440	14.19	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,163 substantiated child maltreatment investigations. Columns are not additive because investigating workers could identify more than one primary caregiver risk factor.

Victim of Domestic Violence: During the past six months the caregiver was a victim of domestic violence including physical, sexual or verbal assault.

Perpetrator of Domestic Violence: During the past six months the caregiver was a perpetrator of domestic violence including physical, sexual or verbal assault.

History of Foster Care or Group Home: Caregiver was in foster care and or group home care during his or her childhood.

Table 5-6 shows that in 78% of substantiated maltreatment investigations

(an estimated 66,282 child investigations), at least one primary caregiver risk factor was identified. The most frequently noted concerns were victim of domestic violence (46%), few social supports (39%), mental health issues (27%), alcohol abuse (21%), and drug or solvent abuse (17%).

HOUSEHOLD SOURCE OF INCOME

Workers were asked to choose the income source that best described the primary source of the caregivers' income, using nine classifications:

Full Time Employment: A caregiver is employed in a permanent, full-time position.

Part Time (fewer than 30 hours/week): Family income is derived primarily from a single part-time position.

Multiple Jobs: Caregiver has more than one part-time or temporary position.

Seasonal: Caregiver works either full- or part-time positions for temporary periods of the year.

Employment Insurance (EI): Caregiver is temporarily unemployed and is receiving employment insurance benefits.

Social Assistance: Caregiver is currently receiving social assistance benefits.

Other Benefit: Refers to other forms of benefits or pensions (e.g., family benefits, long-term disability insurance or child support payments).

None: Caregiver has no source of legal income.

Unknown: Source of income was not known.

Table 5-7 collapses income sources into full time employment, part time employment (which include seasonal and multiple jobs), benefits/EI/social assistance, unknown and none. Fifty-one percent (43,355) of substantiated investigations involved children in families whose primary source of income came from full-time employment. Thirty-three percent (28,159) involved children whose families received other benefits/EI/social assistance as their primary source of income. Ten percent relied on part-time work, multiple jobs or seasonal employment. In 5% of substantiated investigations, the source of income was unknown by the workers, and in 2% no reliable source of income was reported.

HOUSING TYPE

Workers were asked to select the housing accommodation category that best described the child's household living situation at the time of referral.

TABLE 5-7: Household Source of Income in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Household source of income	Number of investigations	Rate per 1,000 children	%
Full-time employment	43,355	7.20	51%
Part-time/multiple jobs/seasonal employment	8,264	1.37	10%
Social assistance/employment insurance/other benefits	28,159	4.68	33%
Unknown	4,236	0.70	5%
None	1,426	0.24	2%
Total substantiated investigations	85,440	14.19	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,163 substantiated child maltreatment investigations. Percentages are column percentages, and may not add to 100% because of rounding.

TABLE 5-8: Housing Type in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Housing type	Number of investigations	Rate per 1,000 children	%
Own home	26,859	4.46	31%
Rental accommodation	37,237	6.18	44%
Public housing	9,674	1.61	11%
Band housing	4,152	0.69	5%
Shelter/hotel	1,409	0.23	2%
Other	2,155	0.36	3%
Unknown	3,954	0.66	5%
Total substantiated investigations	85,440	14.19	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,163 substantiated child maltreatment investigations. Percentages are column percentages, and may not add to 100% because of rounding.

Types of housing included:

Own Home: A purchased house, condominium, or townhouse.

Rental: A private rental house, townhouse or apartment.

Band Housing: Aboriginal housing built, managed, and owned by the band.

Public Housing: A unit in a public rental housing complex (i.e., rent-subsidized, government-owned housing), or a house, townhouse or apartment on a military base.

Shelter/Hotel: An SRO hotel (single room occupancy), homeless or family shelter, or motel accommodation.

Unknown: Housing accommodation was unknown.

Other: Any other form of shelter.

Table 5-8 shows that 55% of all substantiated investigations involved children living in rental accommodations (44% private rentals and 11% public housing), and 31% involved children living in purchased homes. This contrasts with 2006 Census data, where 68% of households lived in a purchased home, and 31% rented their home (Statistics Canada, 2008). Five percent lived in band housing, 3% in other accommodations, and 2% in shelters or hotels. In 5% of substantiated investigations, workers did not have enough information to describe the housing type.

FAMILY MOVES

In addition to housing type, workers were asked to indicate the number of household moves within the past twelve months. Table 5-9 shows that nearly half of substantiated investigations involved families who had not moved in the previous 12 months (48% or 6.87 investigations per 1,000 children), whereas 20% had moved once (2.84 investigations per 1,000 children) and 10% had moved two or more times (1.47 investigations per 1,000 children). In 21% of substantiated investigations, this information was unknown to the worker.

EXPOSURE TO HAZARDS IN THE HOME

Workers were asked to identify the presence of hazards in the home. Hazards included: the presence of accessible weapons, the presence of accessible drugs or drug paraphernalia, evidence of drug production or drug trafficking in the home, chemicals or solvents used in drug production, home injury hazards (poisons, fire implements, or electrical hazards), and other home health hazards (insufficient heat, unhygienic conditions).

At least one household hazard was noted in 12% of substantiated investigations. Other home health hazards were noted in 6% of substantiated investigations (an estimated 5,538 substantiated investigations); home injury hazards were noted in 4%, and accessible weapons in 2%. Accessible drugs or drug paraphernalia were noted in 5%, drug production/trafficking in the home in 1%, and chemicals used in drug production in 1% of substantiated investigations.

TABLE 5-9: Family Moves within the Last Twelve Months in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Frequency of family moves	Number of investigations	Rate per 1,000 children	%
No moves in last twelve months	41,372	6.87	48%
One move	17,089	2.84	20%
Two or more moves	8,857	1.47	10%
Unknown	17,986	2.99	21%
Total substantiated investigations	85,304	14.17	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,157 substantiated child maltreatment investigations with information about family moves. Percentages are column percentages, and may not add to 100% because of rounding.

TABLE 5-10: Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Canada in 2008[^]

Housing conditions	Number of investigations	Rate per 1,000 children	%
No exposure to household hazards	74,855	12.43	88%
No exposure to household hazards	74,855	12.43	88%
Type of hazard			
Accessible weapons	1,358	0.23	2%
Accessible drugs or drug paraphernalia	4,571	0.76	5%
Drug production/trafficking in home	1,228	0.20	1%
Chemicals or solvents used in drug production	496	0.08	1%
Other home injury hazards	3,675	0.61	4%
Other home health hazards	5,538	0.92	6%
At least one household hazard	10,585	1.76	12%
Total substantiated investigations	85,440	14.19	100%

Canadian Incidence Study of Reported Child Abuse and Neglect – 2008

[^] Based on a sample of 6,163 substantiated child maltreatment investigations. Percentages are column percentages. Columns are not additive because investigating workers could identify more than one hazard in the home.

FUTURE DIRECTIONS

The CIS-1998, 2003, and 2008 datasets provide a unique opportunity to describe changes in child maltreatment investigations across Canada over the last decade. The expanded 2008 sample documents rates of investigation in five provinces as well as investigations and services provided in Aboriginal-run organizations. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to begin to track differences between investigations of maltreatment

incidents and investigations of situations reported because of risk of future maltreatment. The CIS-2008 dataset will be made available by the Injury and Child Maltreatment Section of PHAC for secondary analyses (e-mail address: child.maltreatment@phac-aspc.gc.ca). For updates and more information on the CIS-2008, visit the Child Welfare Research Portal at <http://www.cwrp.ca> and PHAC's Injury and Child Maltreatment Section at <http://www.phac-aspc.gc.ca/cm-vee/index-eng.php>. 🌱

Appendix A *CIS-2008 Site Researchers*

CIS-2008 Site Researchers provided training and data collection support at the 112 CIS-2008 sites. Their enthusiasm and dedication to the study were critical in ensuring its success.

The following is a list of Site Researchers who participated in the CIS-2008.

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DATA ENTRY

Data entry of the CIS-2008 Intake Face Sheet was completed by Christine DuRoss and Melissa Van Wert in Toronto. Adina Herbert completed the scanning in Toronto, and Abu Sayem completed the scanning in Montréal. Marie-Noële Royer, Aline Boggosian and Anna Kozlowski assisted with data entry/verification in Québec City.

DATA ANALYSIS

Assistance in developing the sampling design, custom area files, weights, and confidence intervals was provided by Martin Chabot, School of Social Work, McGill University.

Appendix B *Public Health Agency of Canada Staff*

Public Health Agency of Canada staff played an active role throughout the study, providing feedback, consultation, and support at all phases of the project.

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Appendix C *National CIS-2008 Steering Committee*

The National CIS-2008 Steering Committee provided consultation for the design of the study, in particular with respect to enlistment strategies and survey instruments.

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Services of Nova Scotia, Nova Scotia

Susan Jack (co-chair)

McMaster University, Ontario

Claudette LeBlanc

Centre jeunesse de Montréal –
Institut universitaire, Québec

Catherine McCourt (co-chair)

Public Health Agency of Canada,
Ontario

Sue O'Sullivan

Ottawa Police Service, Ontario

Cathy Paul

Child Welfare Secretariat, Ontario

Jay Rodgers

Department of Family Services
and Housing, Manitoba

Dean Soenen

Children and Family Services,
Northwest Territories

Nico Trocmé

McGill University, Québec

Charlotte Waddell

Simon Fraser University,
British Columbia

YOUTH ENGAGEMENT WORKING GROUP

Peter Dudding (co-chair)

Child Welfare League of Canada, Ontario

Sophie Hyman

Public Health Agency of Canada, Ontario

Billie Schibler

Office of the Children's Advocate,
Manitoba

Anne-Marie Ugnat (co-chair)

Public Health Agency of Canada,
Ontario

Appendix D *First Nations CIS-2008 Advisory Committee*

The First Nations CIS-2008 Advisory Committee's mandate was to ensure that the CIS respected the principles of Aboriginal Ownership of, Control over, Access to and Possession of research (OCAP principles) to the greatest degree possible given that the CIS is cyclical and collects data on Aboriginal and non-Aboriginal investigations.

Marlyn Bennett

First Nations Child & Family
Caring Society of Canada, Manitoba

Cindy Blackstock

First Nations Child & Family
Caring Society of Canada, Ontario

Elsie Flette

Southern First Nations Network
of Care, Manitoba

Joan Glode (chair)

Mi'kmaw Family and Children's
Services of Nova Scotia, Nova Scotia

Richard Gray

First Nations of Québec and Labrador
Health and Social Services
Commission, Québec

Shawn Hoey

Caring for First Nations Children
Society, British Columbia

Betty Kennedy

The Association of Native Child and
Family Services Agencies of Ontario,
Ontario

Judy Levi

North Shore MicMac District Council,
New Brunswick

Linda Lucas

Caring for First Nations Children
Society, British Columbia

H. Monty Montgomery

University of Regina, Saskatchewan

Stephanie O'Brien

Assembly of First Nations, Ontario

Tara Petti

Southern First Nations Network
of Care, Manitoba

Appendix E *Glossary of Terms*

Definitions of terms used in the Canadian Incidence Study of Reported Child Abuse and Neglect – 2008 (CIS-2008) report are listed below.

Aboriginal Peoples: The descendants of the original inhabitants of North America. The Canadian Constitution of 1982 recognizes three groups of Aboriginal people – Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs (Indian and Northern Affairs Canada [INAC], 2009).

Age Group: The age range of children included in the CIS-2008 sample. Unless otherwise specified, all data presented are for children between newborn and 15 years of age inclusively.

Annual Incidence Rate: The number of child maltreatment investigations or child-maltreatment-related investigations per 1,000 children in a given year.

Annualization Weight: The number of cases opened during 2008 divided by the number of cases sampled during the three-month case selection period in each primary sampling unit.

Case Duplication: Children who are the subject of an investigation more than once in a calendar year are counted in most child welfare statistics as separate “cases” or “investigations.” As a count of children, these statistics are therefore duplicated.

Case Openings: Cases that appear on site records as openings. Cases may be opened on a family basis or a child basis. Openings do not include referrals that have been screened-out.

Child: The CIS-2008 defined child as age newborn to 15 years inclusive.

Categories of Maltreatment: The five key classification categories under which the 32 forms of maltreatment were subsumed: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence.

Child Maltreatment Investigations: Case openings that meet the CIS-2008 criteria for investigated maltreatment.

Child Welfare Organizations: The primary sampling unit for the CIS is the local child welfare organization responsible for conducting child-maltreatment-related investigations. In some jurisdictions, these organizations are autonomous agencies; in others, they are local offices for the provincial or territorial child protection authority. A total of 412 child welfare organizations were identified across Canada as the sampling frame for the CIS-2008.

Child Welfare Sites: Refers to child welfare organizations that were included in the final CIS-2008 sample. A total of 112 child welfare sites were included in the final sample.

Differential or Alternative Response Models: A newer model of service delivery in child welfare in which a range of potential response options are customized to meet the diverse needs of families involved with child welfare. Typically, models involve multiple “streams” or “tracks” of service delivery. Less urgent cases are shifted to a “community” track where the focus of intervention is on coordinating services and resources to meet the short- and

long-term needs of families.

First Nations: A term that came into common usage in the 1970s to replace the word “Indian”. Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term “First Nations peoples” refers to the Indian peoples in Canada, both Status and non-Status. Some have also adopted the term “First Nation” to replace the word “band” in the name of their community (INAC, 2009).

First Nations Status: A person who is registered as a First Nations person under the *Indian Act*. The act sets out the requirements for determining who is a First Nations person for the purposes of the *Indian Act* (INAC, 2009).

Form of Child Maltreatment: Any of the 32 forms of maltreatment (e.g., hit with an object, sexual exploitation, or direct witness to physical violence) captured in the CIS-2008. These were categorized as physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence.

Inuit: Aboriginal People of Arctic Canada who live primarily in Nunavut, Northwest Territories and northern parts of Labrador and Québec (INAC, 2009).

Level of Identification and Substantiation: There are four key steps in the case identification process: detection, reporting, investigation, and substantiation. Detection is the first stage. Little is known about the relationship between detected and undetected cases. Reporting suspected child maltreatment

is required by law in all provinces and territories in Canada. Reporting mandates apply at a minimum to professionals working with children, and in many jurisdictions apply to the general public as well. The CIS-2008 does not document unreported cases. Investigated cases are subject to various screening practices, which vary across sites. The CIS-2008 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases. Substantiation distinguishes cases where maltreatment is confirmed following an investigation and cases where maltreatment is not confirmed (unfounded). The CIS-2008 uses a three tiered classification system, in which a suspected level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the worker, but cannot be substantiated.

Maltreatment Investigation:

Investigations of situations where there are concerns that a child may have already been abused or neglected.

Métis: People of mixed First Nations and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree (INAC, 2009).

Multi-Stage Sampling Design:

A research design in which several systematic steps are taken in drawing the final sample to be studied. The CIS-2008 sample was drawn in three stages.

Non-Maltreatment Cases: Cases open for child welfare services for reasons other than suspected maltreatment (e.g., prevention services, parent-child conflict, services for young pregnant women).

Oversampling: This procedure ensures that the final sample includes a sufficient number of cases from a sub-group of interest (for example, a single province). Certain provinces elected to provide

additional funding for a representative number of sites to be sampled for the province. This way, it is possible to conduct separate analyses on the data collected from the province. For example, in the CIS-2008, investigations from Ontario were oversampled to ensure that enough data were collected to provide provincial estimates.

Primary Sampling Unit: See definition of Child Welfare Organizations and Sites. In a multi-stage sampling design, the initial stage of sampling is based on an element of the population, and that element is the primary sampling unit. In the CIS-2008, the initial stage of sampling was a random selection of child welfare sites.

Regionalization Weight: Regionalization weights were determined by dividing the child population (age 0–15) in the strata by the child population (age 0–15) of the primary sampling units selected from the strata. See definitions of primary sampling unit and stratum. Weights based on Census 2006 population data.

Reporting Year: The year in which the child maltreatment case was opened (with a few exceptions). This procedure ensures that the final sample includes a sufficient number of cases from a sub-group of interest (for example, a single province). The reporting year for this cycle was 2008.

Risk of Future Maltreatment: A situation where a child is considered to be at risk for maltreatment in the future due to the child's or the family's circumstances. For example, a child living with a caregiver who abuses substances may be deemed at risk of future maltreatment even if no form of maltreatment has been alleged. In this report, risk of future maltreatment is used to distinguish maltreatment investigations where there are concerns that a child may have already been abused or neglected from cases where there is no specific concern about past maltreatment but

where the risk of future maltreatment is being assessed.

Risk of Harm: Placing a child at risk of harm means that a specific action (or inaction) occurred that seriously endangered the safety of that child.

Screened-out: Referrals that are not opened for an investigation. The procedures for screening out cases vary considerably across Canada.

Stratum: Child welfare organizations were stratified by province and territory, and, in larger provinces, they were further stratified by size and by region. In addition, separate strata were developed for First Nations organizations.

Unit of Analysis: The denominator used in calculating maltreatment rates. In the CIS-2008 the unit of analysis is the child-maltreatment-related investigation.

Unit of Service: Some child welfare jurisdictions consider the entire family as the unit of service, while others consider the individual child who was referred for services as the unit of service. For those jurisdictions that provide service on the basis of the child, a new investigation is opened for each child in the family where maltreatment is alleged. For those jurisdictions that provide service on the basis of the family, a new investigation is opened for the entire family regardless of how many children have been allegedly maltreated.

Appendix F *CIS-2008 Maltreatment Assessment Form*

The CIS-2008 Maltreatment Assessment Form consists of an Intake Face Sheet, a Household Information Sheet, and two identical Child Information Sheets. For a copy, please go to <http://www.cwrp.ca/cis-2008/study-documents>

PROCEDURES

1. The **Intake Face Sheet** should be completed on every case that you assess/investigate, even if there is no suspected maltreatment.
2. The entire **CIS Maltreatment Assessment form** (*Intake Face Sheet, Household Information Sheet and Child Information Sheet(s)*) should be completed for each investigation. Each investigated child requires a separate *Child Information Sheet*.

Note: Currently open/active cases with new allegations of child maltreatment are not included in the CIS.

COMPLETION INSTRUCTIONS

To ensure accuracy and minimize response time, the **CIS Maltreatment Assessment** should be completed when you complete the standard written assessment/investigation report for the child maltreatment investigation. Unless otherwise specified, all information must be completed by the investigating worker.

Complete all items to the best of your knowledge. To increase accuracy of data scanning, please avoid making marks beyond the fill-in circles.

Thank you for your time and interest.

COMMENTS

If you are unable to complete an investigation for any child indicated in 6g) or 6h) please explain why

CIS OFFICE USE ONLY	

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Comments: **Intake information**

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Comments: **Household information**

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Comments: **Child information**

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This information will remain confidential, and no identifying information will be used outside your own agency. This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
 University of Toronto, Faculty of Social Work, 248 Bloor Street West, Toronto ON M5S 1A1 • t: 416-979-2527 • f: 416-979-7072
 University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
 First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

CIS Maltreatment Assessment: Household Information

CIS OFFICE USE ONLY

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Please describe household composition at time of referral

Primary Caregiver : _____ A8. Primary income <input type="radio"/> Full time <input type="radio"/> Seasonal <input type="radio"/> Other benefit <input type="radio"/> Part time (<30 hrs/wk) <input type="radio"/> Employment insurance <input type="radio"/> None <input type="radio"/> Multiple jobs <input type="radio"/> Social assistance <input type="radio"/> Unknown		Second Caregiver in the home : _____ <input type="radio"/> No other caregiver in the home B8. Primary income <input type="radio"/> Full time <input type="radio"/> Seasonal <input type="radio"/> Other benefit <input type="radio"/> Part time (<30 hrs/wk) <input type="radio"/> Employment insurance <input type="radio"/> None <input type="radio"/> Multiple jobs <input type="radio"/> Social assistance <input type="radio"/> Unknown																																																																																																					
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14. Other adults in the home <i>(Fill in all that apply)</i> <input type="radio"/> None <input type="radio"/> Grandparent <input type="radio"/> Children >19 <input type="radio"/> Other: _____		20. Housing safety a) Accessible weapons <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown b) Accessible drugs or drug paraphernalia <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown c) Drug production or trafficking in the home <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown d) Chemicals or solvents used in production <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown e) Other home injury hazards <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown f) Other home health hazards <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown																																																																																																					
15. Caregiver(s) outside the home <i>(Fill in all that apply)</i> <input type="radio"/> None <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Grandparent <input type="radio"/> Other: _____		23. Case will stay open for on-going child welfare services <input type="radio"/> Yes <input type="radio"/> No a) If yes, is case streamed to differential or alternative response <input type="radio"/> Yes <input type="radio"/> No																																																																																																					
16. Child custody dispute <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		24. Referral(s) for any family member <i>(Fill in all that apply)</i> <input type="radio"/> No referral made <input type="radio"/> Parent support group <input type="radio"/> Psychiatric or psychological services <input type="radio"/> In-home family parent counselling <input type="radio"/> Special education placement <input type="radio"/> Other family or parent counselling <input type="radio"/> Recreational services <input type="radio"/> Drug or alcohol counselling <input type="radio"/> Victim support program <input type="radio"/> Welfare or social assistance <input type="radio"/> Medical or dental services <input type="radio"/> Food bank <input type="radio"/> Child or day care <input type="radio"/> Shelter services <input type="radio"/> Cultural services <input type="radio"/> Domestic violence services <input type="radio"/> Other: _____																																																																																																					
17. Housing <input type="radio"/> Own home <input type="radio"/> Rental <input type="radio"/> Public housing <input type="radio"/> Band housing <input type="radio"/> Unknown <input type="radio"/> Hotel/Shelter <input type="radio"/> Other: _____		21. Household regularly runs out of money for basic necessities <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 22. Case previously opened <input type="radio"/> Never <input type="radio"/> 1 time <input type="radio"/> 2-3 times <input type="radio"/> >3 times <input type="radio"/> Unknown a) If case was opened before, how long since previous opening <input type="radio"/> <3 mo <input type="radio"/> 3-6 mo <input type="radio"/> 7-12 mo <input type="radio"/> 13-24 mo <input type="radio"/> >24 mo																																																																																																					
18. Home overcrowded <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown																																																																																																							
19. Number of moves in past year <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more <input type="radio"/> Unknown																																																																																																							

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CIS Maltreatment Assessment: Child Information

First name: _____ 25. Sex Male Female 26. Age

27. Type of investigation Investigated incident of maltreatment **OR** Risk investigation only

28. Aboriginal status Not Aboriginal First Nations status First Nations non-status Métis Inuit Other: _____

29. Child functioning (Are you aware if any of the following apply to this child at this point in time?)
 (Fill in each item)

	Confirmed	Suspected	No	Unknown		Confirmed	Suspected	No	Unknown
Depression/anxiety/withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Intellectual/developmental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Failure to meet developmental milestones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Academic difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FAS/FAE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Positive toxicology at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (Multiple incidents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Criminal Justice Act involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If risk investigation only, is there a significant risk of future maltreatment? Yes No Unknown
 For risk investigation only, please complete only Questions 39, 40, 41 and 42

31. Maltreatment Codes

Physical abuse 1 - Shake, push, grab or throw 2 - Hit with hand 3 - Punch, kick or bite 4 - Hit with object 5 - Choking, poisoning, stabbing 6 - Other physical abuse	Sexual abuse 7 - Penetration 8 - Attempted penetration 9 - Oral sex 10 - Fondling 11 - Sex talk or images 12 - Voyeurism 13 - Exhibitionism 14 - Exploitation 15 - Other sexual abuse	Neglect 16 - Failure to supervise: physical harm 17 - Failure to supervise: sexual abuse 18 - Permitting criminal behaviour 19 - Physical neglect 20 - Medical neglect (includes dental) 21 - Failure to provide psych. treatment 22 - Abandonment 23 - Educational neglect	Emotional maltreatment 24 - Terrorizing or threat of violence 25 - Verbal abuse or bullying 26 - Isolation/confinement 27 - Inadequate nurturing or affection 28 - Exploiting or corrupting behaviour	Exposure to intimate partner violence 29 - Direct witness to physical violence 30 - Indirect exposure to physical violence 31 - Exposure to emotional violence 32 - Exposure to non-partner physical violence
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Insert Maltreatment Codes in the boxes below
 (Enter primary form of maltreatment first)

1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 32. Alleged perpetrator (Fill in all that apply) Primary caregiver <input type="radio"/> Second caregiver <input type="radio"/> Other <input type="radio"/>	If Other perpetrator: a) Age <input type="radio"/> <13 <input type="radio"/> 13-15 <input type="radio"/> 16-20 <input type="radio"/> 21-30 <input type="radio"/> 31-40 <input type="radio"/> 41-50 <input type="radio"/> 51-60 <input type="radio"/> >60 b) Sex <input type="radio"/> Male <input type="radio"/> Female	39. Placement during investigation <input type="radio"/> No placement required <input type="radio"/> Placement considered <input type="radio"/> Informal kinship care <input type="radio"/> Kinship foster care <input type="radio"/> Family foster care (non kinship) <input type="radio"/> Group home <input type="radio"/> Residential/secure treatment
1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 33. Substantiation (Fill in only one per column) Substantiated <input type="radio"/> } Suspected <input type="radio"/> } Unfounded <input type="radio"/> }	a) Substantiated or suspected maltreatment, is mental or emotional harm evident? <input type="radio"/> Yes <input type="radio"/> No b) If yes, child requires therapeutic treatment <input type="radio"/> Yes <input type="radio"/> No c) Was the unfounded report a malicious referral? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	40. Child welfare court <input type="radio"/> No court considered <input type="radio"/> Application considered <input type="radio"/> Application made a) Referral to mediation/alternative response <input type="radio"/> Yes <input type="radio"/> No
1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 34. Was maltreatment a form of punishment? (Fill in only one per column) <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	d) If unfounded, is there a significant risk of future maltreatment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	41. Previous reports a) Child previously reported to child welfare for suspected maltreatment <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown b) If yes, was the maltreatment substantiated? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
1st <input type="radio"/> 2nd <input type="radio"/> 3rd <input type="radio"/> 35. Duration of maltreatment (Fill in only one per column) <input type="radio"/> Not applicable (unfounded) <input type="radio"/> Single incident <input type="radio"/> Multiple incidents	37. Severity of harm a) Medical treatment required <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - no harm b) Health or safety seriously endangered by suspected or substantiated maltreatment <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - no harm c) History of injuries <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	42. Caregivers use spanking as a form of discipline <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
36. Physical harm (Fill in all that apply) <input type="radio"/> No harm <input type="radio"/> Bruises/Cuts/Scrapes <input type="radio"/> Broken bones <input type="radio"/> Burns and scalds <input type="radio"/> Head trauma <input type="radio"/> Fatal <input type="radio"/> Other health condition: _____	38. Physician/nurse physically examined child as part of the investigation <input type="radio"/> Yes <input type="radio"/> No	43. Police involvement in adult domestic violence investigation <input type="radio"/> None <input type="radio"/> Charges laid <input type="radio"/> Investigation only <input type="radio"/> Unknown <input type="radio"/> Charges being considered <input type="radio"/> N/A
		44. Police involvement in child maltreatment investigation <input type="radio"/> None <input type="radio"/> Charges being considered <input type="radio"/> Investigation only <input type="radio"/> Charges laid

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Appendix G *CIS-2008 Guidebook*

The following is the CIS-2008 Guidebook used by child welfare workers to assist them in completing the Maltreatment Assessment Form. For a copy, please go to <http://www.cwrp.ca/cis-2008/study-documents>

BACKGROUND

The *Canadian Incidence Study of Reported Child Abuse and Neglect – CIS-2008* – is the third national study of reported child abuse and neglect investigations in Canada. Results from the *CIS-2003*, the *CIS-1998*, and its precursor, the *1993 Ontario Incidence Study of Reported Child Abuse and Neglect (OIS)*, have been widely disseminated in conferences, reports, books and journal articles (see Centre of Excellence for Child Welfare and Public Health Agency of Canada websites <http://www.cecw-cepb.ca/> and <http://www.phac-aspc.gc.ca/cm-vee/public-eng.php>).

The *CIS-2008* is funded by the Public Health Agency of Canada. Additional funding has been provided by the provinces of Alberta, British Columbia, Manitoba, Ontario, Québec and Saskatchewan and the Centre of Excellence for Child Welfare with significant in-kind support provided by every province/territory. The project is managed by a team of researchers at McGill University’s Centre for Research on Children and Families, the University of Toronto’s Factor-Inwentash Faculty of Social Work, the University of Calgary’s Faculty of Social Work, the Université de Laval’s École de service social, the Centre Jeunesse de Montréal-Institut Universitaire and the First Nations Child and Family Caring Society.

Objectives

The primary objective of the *CIS-2008* is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Canada. Specifically, the study is designed to

- determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence, as well as multiple forms of maltreatment;
- investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
- examine selected determinants of health that may be associated with maltreatment;
- monitor short-term investigation outcomes, including substantiation rates, out-of-home placements, use of child welfare court and criminal prosecution; and
- compare 1998, 2003, and 2008 rates of substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence; the severity of maltreatment; and short-term investigation outcomes.

Sample

The primary sampling unit for the *CIS-2008* is a study-designed child welfare service area (CWSA). A CWSA is a distinct child geographic area served by a child welfare agency/office.¹ One hundred and eighteen child welfare agencies/offices across Canada were

randomly selected from the 411 CWSAs. A minimum of one CWSA was chosen from each province and territory. Provinces were allocated additional CWSAs based on both the provincial proportion of the Canadian child population and on oversampling funds provided in Alberta, British Columbia, Manitoba, Ontario, Québec and Saskatchewan. Oversampling funding provided by certain provinces allowed for the selection of additional CWSAs in these provinces, which permits researchers to generate estimates of the incidence of abuse and neglect specific to that province. Additional funds were also provided to oversample First Nations child welfare agencies.

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

CIS MALTREATMENT ASSESSMENT FORM

The *CIS Maltreatment Assessment Form* was designed to capture standardized information from child welfare investigators on the results of their investigations. It consists of four yellow legal-sized pages with “Canadian Incidence Study of Reported Child Abuse and Neglect – CIS-2008” clearly marked on the front sheet.

¹ Some distinct geographic areas are served by more than one child welfare agency/office.

The *CIS Maltreatment Assessment Form* is comprised of an *Intake Face Sheet*, a *Comment Sheet* (which is on the back of the *Intake Face Sheet*), a *Household Information Sheet*, and two *Child Information Sheets*. The form takes ten to fifteen minutes to complete, depending on the number of children investigated in the household.

The *CIS Maltreatment Assessment Form* examines a range of family, child, and case status variables. These variables include source of referral, caregiver demographics, household composition, key caregiver functioning issues, housing and home safety. It also includes outcomes of the investigation on a child-specific basis (including up to three forms of maltreatment), nature of harm, duration of maltreatment, identity of alleged perpetrator, placement in care, child welfare and criminal court involvement.

Training

Most training sessions will be held in October 2008 for all workers involved in the study. Your Site Researcher will visit your agency/office prior to the data collection period and will continue to make regular visits during the data collection process. These on-site visits will allow the Site Researcher to collect forms, enter data, answer questions and resolve any problems that may arise. If you have any questions about the study, contact your Site Researcher (see contact information on the front cover of the *CIS-2008 Guidebook*).

Confidentiality

Confidentiality will be maintained at all times during data collection and analysis. To guarantee client confidentiality, all near-identifying information (located at the bottom of the *Intake Face Sheet*) will be coded at your agency/office. Near-identifying information is data that could potentially identify a household (e.g., agency/office case file number, the first two letters of the primary caregiver's surname and the first names of the children in the household). This

information is required for purposes of data verification only. This tear-off portion of the *Intake Face Sheet* will be stored in a locked area at your agency/office until the study is completed, and then will be destroyed.

The completed *CIS Maltreatment Assessment Form* (with all identifying information removed) will be sent to the University of Toronto or McGill University sites for data entry and will then be kept under double lock (a locked RCMP-approved filing cabinet in a locked office). Access to the forms for any additional verification purposes will be restricted to select research team members authorized by the Public Health Agency of Canada.

Published analyses will be conducted at the national level. Provincial analyses will be produced for the provinces gathering enough data to create a separate provincial report (Alberta, British Columbia, Manitoba, Ontario, Québec and Saskatchewan). **No agency/office, worker or team-specific data will be made available to anyone, under any circumstances.**

COMPLETING THE CIS MALTREATMENT ASSESSMENT FORM

The *CIS Maltreatment Assessment Form* should be completed by the investigating worker when he or she is writing the first major assessment of the investigation. In most jurisdictions this report is required within four weeks of the date the case was opened.

It is essential that **all items** on the *CIS Maltreatment Assessment Form* applicable to the specific investigation be completed. Use the "Unknown" response if you are unsure. If the categories provided do not adequately describe a case, provide additional information on the *Comment Sheet*. If you have any questions during the study, contact your Site Researcher. The contact information is listed on the front cover of the *CIS-2008 Guidebook*.

FREQUENTLY ASKED QUESTIONS

1. For what cases should I complete a *CIS Maltreatment Assessment Form*?

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. Generally, if your agency/office counts an investigation in its official opening statistics reported to a Ministry or government office, then the case is included in the sample and a *CIS Maltreatment Assessment Form* should be completed, unless your Site Researcher indicates otherwise. The Site Researcher will establish a process in your agency/office to identify to workers the openings or investigations included in the agency/office sample for the *CIS-2008*.

In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study. Workers in large agencies will be provided with a case list of all eligible cases, and should complete a *CIS Maltreatment Assessment Form* for all cases selected through this process.

2. Should I complete a form for only those cases where abuse and/or neglect are suspected?

Complete an *Intake Face Sheet* and the tear-off portion of the *Intake face Sheet* for all cases opened during the data selection period at your agency/office (e.g., maltreatment investigations as well as prenatal counselling, child/youth behaviour problems, request for services from another agency/office, and, where applicable, screened-out cases) or for all cases identified in the random selection process. If maltreatment was alleged at any point during the investigation, complete the remainder of the *CIS Maltreatment Assessment Form* (both *Household Information* and *Child Information Sheets*). Maltreatment may be alleged by the person(s) making the report, or by any other person(s), including yourself, during the investigation (e.g., complete a *CIS*

Maltreatment Assessment Form if a case was initially referred for parent/adolescent conflict, but during the investigation the child made a disclosure of physical abuse or neglect). Also complete a *Household Information Sheet* and relevant items on the *Child Information Sheet* (questions 25 through 30, and questions 39 through 41) for any child for whom you conducted a risk assessment. For risk assessments only, do not complete the questions regarding a specific event or incident of maltreatment. An *event* of child maltreatment refers to something that may have happened to a child whereas a *risk* of child maltreatment refers to something that probably will happen.

3. Should I complete a CIS Maltreatment Assessment Form on screened-out cases?

The procedures for screening out cases vary considerably across Canada. Although the CIS does not attempt to capture informally screened-out cases, we will gather *Intake Face Sheet* information on screened-out cases that are formally counted as case openings by your agency/office. If in doubt, contact your Site Researcher.

4. When Should I complete the CIS Maltreatment Assessment Form?

Complete the *CIS Maltreatment Assessment Form* at the same time that you prepare the report for your agency/office that documents the conclusions of the investigation (usually within four weeks of a case being opened). For some cases, a comprehensive assessment of the family or household and a detailed plan of service may not be complete yet. Even if this is the case, complete the form to the best of your abilities.

5. Who should complete the CIS Maltreatment Assessment Form if more than one person works on the investigation?

The *CIS Maltreatment Assessment Form* should be completed by the worker who conducts the intake assessment and prepares the assessment or investigation

report. If several workers investigate a case, the worker with primary responsibility for the case should complete the *CIS Maltreatment Assessment Form*.

6. What should I do if more than one child is investigated?

The *CIS Maltreatment Assessment Form* primarily focuses on the household; however, the *Child Information Sheet* is specific to the individual child being investigated. **Complete one child sheet for each child investigated for an incident of maltreatment or for whom you conducted a risk assessment.** If you had no maltreatment concern about a child in the home, or you did not conduct a risk assessment, then do not complete a *Child Information Sheet* for that child. Additional pads of *Child Information Sheets* are available in your training package.

7. Will I receive training for the CIS Maltreatment Assessment Form?

All workers who complete investigations in your agency/office will receive training prior to the start of the data collection period. If a worker is unable to attend the training session or is hired after the start of the CIS-2008, he or she should contact the Site Researcher regarding any questions about the form. Your Site Researcher's name and contact information is on the front cover of the *CIS-2008 Guidebook*.

8. What should I do with the completed forms?

Give the completed *CIS Maltreatment Investigation Form* to your Agency/Office Contact Person. All forms will be reviewed by the Site Researcher during a site visit, and should he or she have additional questions, he or she will contact you during this visit. Your Agency/Office Contact Person is listed on the inside cover of the *CIS-2008 Guidebook*.

9. Is this information confidential?

The information you provide is confidential, and no identifying

information will leave your agency/office. Your Site Researcher will code any near-identifying information from the bottom portion of the *Intake Sheet*. Where a name has been asked for, the Site Researcher will black out the name prior to the form leaving your agency/office. Refer to the section above on confidentiality.

DEFINITIONS: INTAKE FACE SHEET

Question 1: Date referral was received

This date refers to the day that the referral source made initial contact with your agency/office.

Question 2: Date case opened

This refers to the date the case was opened. In some agencies/offices, this date will be the same as the referral date.

Question 3: Source of allegation/referral

Fill in all sources of referral that are applicable for each case. This refers to **separate and independent contacts** with the child welfare agency/office. If a young person tells a school principal of abuse and/or neglect, and the school principal reports this to the child welfare authority, you would fill in the circle for this referral as "School." There was only one contact and referral in this case. If a second source (neighbour) contacted the child welfare authority and also reported a concern for this child, then you would also fill in the circle for "Neighbour/friend."

- **Custodial parent:** Includes parent(s) identified in Question 5: Caregiver(s) in the home.
- **Non-custodial parent:** Contact from an estranged spouse (e.g., individual reporting the parenting practices of his or her former spouse).
- **Child (subject of referral):** A self-referral by any child listed on the Intake Face Sheet of the CIS Maltreatment Assessment Form.
- **Relative:** Any relative of the child in question. If child lives with foster parents, and a relative of the foster parents reports maltreatment, specify under "Other."

- **Neighbour/friend:** Includes any neighbour or friend of the child(ren) or his or her family.
- **Social assistance worker:** Refers to a social assistance worker involved with the household.
- **Crisis service/shelter:** Includes any shelter or crisis service for domestic violence or homelessness.
- **Community/recreation centre:** Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- **Hospital:** Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor's office.
- **Community health nurse:** Includes nurses involved in services such as family support, family visitation programs and community medical outreach.
- **Community physician:** A report from any family physician with a single or ongoing contact with the child and/or family.
- **Community mental health professional:** Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/Child Welfare/Youth Justice Act (YJA) setting.
- **School:** Any school personnel (teacher, principal, teacher's aide, school social worker etc.).
- **Other child welfare service:** Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- **Day care centre:** Refers to a child care or day care provider.
- **Police:** Any member of a police force, including municipal or provincial/territorial police, or RCMP.

- **Community agency:** Any other community agency/office or service.
- **Anonymous:** A referral source who does not identify him- or herself.
- **Other:** Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

Question 4: Please describe referral, including alleged maltreatment or risk of maltreatment (if applicable) and results of investigation

For jurisdictions that have a differential or alternate response approach at the investigative stage, identify the nature of the approach used during the course of the investigation:

- **A customized or alternate response investigation** refers to a less intrusive, more flexible assessment approach that focuses on identifying the strengths and needs of the family, and coordinating a range of both formal and informal supports to meet those needs. This approach is typically used for lower-risk cases.
- **A traditional child protection investigation** refers to the approach that most closely resembles a forensic child protection investigation, and often focuses on gathering evidence in a structured and legally defensible manner. It is typically used for higher-risk cases or those investigations conducted jointly with the police.

Provide a short description of the referral, including, as appropriate, the investigated maltreatment or the reason for a risk assessment, and major investigation results (e.g., type of maltreatment, substantiation, injuries). If the reason for the case opening was not for alleged or suspected maltreatment, describe the reason (e.g., adoption home assessment, request for information).

Question 5: Caregiver(s) in the home

Describe up to two caregivers in the home. Only caregiver(s) in the child's primary residence should be noted in

this section. Provide each caregiver's age and sex in the space indicated.

Question 6: List all children in the home (<20 years)

Include biological, step-, adoptive and foster children.

- List first names of all children (<20 years) in the home at time of referral:** List the first name of each child who was living in the home at the time of the referral.
- Age of child:** Indicate the age of each child living in the home at the time of the referral. Use 00 for children younger than 1.
- Sex of child:** Indicate the sex of each child in the home.
- Primary caregiver's relationship to child:** Describe the primary caregiver's relationship to each child, using the codes provided.
- Other caregiver's relationship to child:** Describe the other caregiver's relationship to each child (if applicable), using the codes provided. Describe the caregiver only if the caregiver is in the home.
- Referred:** Indicate which children were noted in the initial referral.
- Risk investigation only:** Indicate if the child was investigated because of risk of maltreatment only. Include only situations in which no allegation of maltreatment was made, and no specific incident of maltreatment was suspected at any point during the investigation (e.g., include referrals for parent-teen conflict; child behaviour problems; parent behaviour such as substance abuse, where there is a risk of future maltreatment but no concurrent allegations of maltreatment. Investigations for risk may focus on risk of several types of maltreatment (e.g., parent's drinking places child at risk for physical abuse and neglect, but no specific allegation has been made and no specific incident is suspected during the investigation).

h) Investigated incident of maltreatment:

Indicate if the child was investigated because of an allegation of maltreatment. In jurisdictions that require that all children be routinely interviewed for an investigation, include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment (e.g., include three siblings ages 5 to 12 in a situation of chronic neglect, but do not include the 3-year-old brother of a 12-year-old girl who was sexually abused by someone who does not live with the family and has not had access to the younger sibling).

**TEAR-OFF PORTION
OF INTAKE FACE SHEET**

The semi-identifying information on the tear-off section will be kept securely at your agency/office, for purposes of verification. It will be destroyed at the conclusion of the study.

Worker's name

This refers to the person completing the form. When more than one individual is involved in the investigation, the individual with overall case responsibility should complete the *CIS Maltreatment Assessment Form*.

First two letters of primary caregiver's surname

Use the reference name used for your agency/office filing system. In most cases this will be the primary caregiver's last name. If another name is used in the agency/office, include it under "Other family surname" (e.g., if a parent's surname is "Thompson," and the two children have the surname of "Smith," then put "TH" and "SM"). Use the first two letters of the family name only. Never fill in the complete name.

Case number

This refers to the case number used by your agency/office.

DEFINITIONS: COMMENT SHEET

The back of the *Intake Face Sheet* provides space for additional comments about an investigation. Use the *Comment Sheet* only if there is a situation regarding a household or a child that requires further explanation.

There is also space provided at the top of the *Comments Sheet* for situations where an investigation or assessment was unable to be completed for children indicated in 6(g) or 6(h).

**DEFINITIONS: HOUSEHOLD
INFORMATION SHEET**

The *Household Information Sheet* focuses on the immediate household of the child(ren) who have been the subject of an investigation of an event or incident of maltreatment or for whom a risk assessment was conducted. The household is made up of all adults and children living at the address of the investigation at the time of the referral. Provide information for the primary caregiver and the other caregiver if there are two adults/caregivers living in the household (the same caregivers identified on the *Intake Face Sheet*).

If you have a unique circumstance that does not seem to fit the categories provided, write a note on the *Comment Sheet* under "Comments: Household information."

Questions A8–A13 pertain to the primary caregiver in the household. If there was a second caregiver in the household at the time of referral, complete questions B8–B13 for the second caregiver. If both caregivers are equally engaged in parenting, identify the caregiver you have had most contact with as the primary caregiver. If there was only one caregiver in the home at the time of the referral, endorse "no other caregiver in the home" under "second caregiver in the home."

Question 8: Primary income

We are interested in estimating the primary source of the caregiver's income. Choose the category that best describes the caregiver's source of income. Note that this is a caregiver-specific question and does not include income from the second caregiver.

- **Full time:** Individual is employed in a permanent, full-time position.
- **Part time (fewer than 30 hours/week):** Refers to a single part-time position.
- **Multiple jobs:** Caregiver has more than one part-time or temporary position.
- **Seasonal:** This indicates that the caregiver works at either full- or part-time positions for temporary periods of the year.
- **Employment insurance:** Caregiver is temporarily unemployed and receiving employment insurance benefits.
- **Social assistance:** Caregiver is currently receiving social assistance benefits.
- **Other benefit:** Refers to other forms of benefits or pensions (e.g., family benefits, long-term disability insurance, child support payments).
- **None:** Caregiver has no source of legal income. If drugs, prostitution or other illegal activity are apparent, specify on Comment Sheet under "Comments: Household information."
- **Unknown:** Check this box if you do not know the caregiver's source of income.

Question 9: Ethno-racial group

Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will not be published out of context. This section uses an abbreviated checklist of ethno-racial categories used by Statistics Canada in the 1996 Census.

Check the ethno-racial category that best describes the caregiver. Select "Other" if you wish to identify two ethno-racial groups, and specify.

Question 10: If Aboriginal

- a) **On or off reserve:** Identify if the caregiver is residing “on” or “off” reserve.
- b) **Caregiver’s status:** First Nations status (caregiver has formal Indian or treaty status, that is, registered with the Department of Indian and Northern Affairs), Inuit, First Nations non-status, Métis or Other (specify and use the Comment Sheet if necessary).
- c) **Caregiver attended residential school:** Identify if the caregiver attended a residential school.
- d) **Caregiver’s parent attended residential school:** Identify if the caregiver’s parent (i.e., the children’s grandparent) attended residential school.

Question 11: Primary language

Identify the primary language of the caregiver: English, French, or Other and specify. If bilingual, choose the language spoken in the home.

Question 12: Contact with caregiver in response to investigation

Would you describe the caregiver as being overall cooperative or non-cooperative with the child welfare investigation? Check “Not contacted” in the case that you had no contact with the caregiver.

Question 13: Caregiver risk factors

These questions pertain to the primary caregiver and/or the other caregiver, and are to be rated as “Confirmed,” “Suspected,” “No,” or “Unknown.” Fill in “Confirmed” if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the caregiver. Use the “Suspected” category if your suspicions are sufficient to include in a written assessment of the household or a transfer summary to a colleague. Fill in “No” if you do not believe there is a problem and “Unknown” if you are unsure or have not attempted to determine if there was such a caregiver functioning issue. Where applicable, use the **past six months** as a reference point.

- **Alcohol abuse:** Caregiver abuses alcohol.
- **Drug/solvent abuse:** Abuse of prescription drugs, illegal drugs or solvents.
- **Cognitive impairment:** Caregiver has a cognitive impairment.
- **Mental health issues:** Any mental health diagnosis or problem.
- **Physical health issues:** Chronic illness, frequent hospitalizations or physical disability.
- **Few social supports:** Social isolation or lack of social supports.
- **Victim of domestic violence:** During the past six months the caregiver was a victim of domestic violence, including physical, sexual or verbal assault.
- **Perpetrator of domestic violence:** During the past six months the caregiver was a perpetrator of domestic violence.
- **History of foster care/group home:** Indicate if this caregiver was in foster care and/or group home care during his or her childhood.

Question 14: Other adults in the home

Fill in all categories that describe adults (excluding the primary and other caregivers) who lived in the house at the time of the referral to child welfare. Note that children (<20 years of age) in the home have already been described on the *Intake Face Sheet*. If there have been recent changes in the household, describe the situation **at the time of the referral**. Fill in all that apply.

Question 15: Caregiver(s) outside the home

Identify any other caregivers living outside the home who provide care to any of the children in the household, including a separated parent who has any access to the child(ren). Fill in all that apply.

Question 16: Child custody dispute

Specify if there is an ongoing child custody/access dispute at this time (**court application has been made or is pending**).

Question 17: Housing

Indicate the housing category that best describes the living situation of this household.

- **Own home:** A purchased house, condominium or townhouse.
- **Public housing:** A unit in a public rental-housing complex (i.e., rent subsidized, government-owned housing), or a house, townhouse or apartment on a military base. Exclude Band housing in a First Nations community.
- **Unknown:** Housing accommodation is unknown.
- **Other:** Specify any other form of shelter.
- **Rental:** A private rental house, townhouse, or apartment.
- **Band housing:** Aboriginal housing built, managed and owned by the band.
- **Hotel/Shelter:** An SRO hotel (single room occupancy), homeless or family shelter, or motel accommodations.

Question 18: Home overcrowded

Indicate if household is made up of multiple families and/or overcrowded.

Question 19: Number of moves in past year

Based on your knowledge of the household, indicate the number of household moves within the **past year or twelve months**.

Question 20: Housing safety

- a) **Accessible weapons:** Guns or other weapons that a child may be able to access.
- b) **Accessible drugs or drug paraphernalia:** Illegal or legal drugs stored in such a way that a child might access and ingest them, or needles stored in such a way that a child may access them.
- c) **Drug production or trafficking in the home:** Is there evidence that this home has been used as a drug lab, narcotics lab, grow operation or crack house? This question asks about evidence that drugs are being grown (e.g., marijuana), processed

(e.g., methamphetamine) or sold in the home. Evidence of sales might include observations of large quantities of legal or illegal drugs, narcotics, or drug paraphernalia such as needles or crack pipes in the home, or exchanges of drugs for money. Evidence that drugs or narcotics are being grown or processed might include observations that a house is “hyper-sealed” (meaning it has darkened windows and doors, with little to no air or sunlight).

- d) **Chemicals or solvents used in production:** Industrial chemicals/ solvent stored in such a way that a child might access and ingest or touch.
- e) **Other home injury hazards:** The quality of household maintenance is such that a child might have access to things such as poisons, fire implements or electrical hazards.
- f) **Other home health hazards:** The quality of living environment is such that it poses a health risk to a child (e.g., no heating, feces on floor/walls).

Question 21: Household regularly runs out of money for basic necessities

Indicate if the household regularly runs out of money for necessities (e.g., food, clothing).

Question 22: Case previously opened

Describe case status at the time of the referral.

Case previously opened: Has this family previously had an open file with a child welfare agency/office? For provinces where cases are identified by family, has a caregiver in this family been part of a previous investigation even if it was concerning different children? Respond if there is documentation, or if you are aware that there have been previous openings. Estimate the number of previous openings. This would relate to case openings for any of the children identified as living in the home (listed on the *Intake Face Sheet*).

- a) **If case was opened before, how long since previous opening:** How many months between the time the case was last opened and this current opening?

Question 23: Case will stay open for ongoing child welfare services

At the time you are completing the *CIS Maltreatment Investigation Form*, do you plan to keep the case open to provide ongoing services?

- a) **If yes, is case streamed to differential or alternative response:** If case is remaining opened for ongoing service provision, indicate if the case is streamed to differential or alternative response.

Question 24: Referral(s) for any family member

Indicate referrals that have been made to programs designed to offer services beyond the parameters of “ongoing child welfare services.” Include referrals made internally to a special program provided by your agency/office as well as referrals made externally to other agencies/ services. Note whether a referral was made and is part of the case plan, not whether the young person or family has actually started to receive services. Fill in all that apply.

- **No referral made:** No referral was made to any programs.
- **Parent support group:** Any group program designed to offer support or education (e.g., Parents Anonymous, Parenting Instruction Course, Parent Support Association).
- **In-home family/parenting counselling:** Home-based support services designed to support families, reduce risk of out-of-home placement, or reunify children in care with their family.
- **Other family or parent counselling:** Refers to any other type of family or parent support or counselling not identified as “parent support group” or “in-home family/parenting counselling” (e.g., couples or family therapy).

- **Drug or alcohol counselling:** Addiction program (any substance) for caregiver(s) or children.
- **Welfare or social assistance:** Referral for social assistance to address financial concerns of the household.
- **Food bank:** Referral to any food bank.
- **Shelter services:** Regarding domestic violence or homelessness.
- **Domestic violence services:** Referral for services/counselling regarding domestic violence, abusive relationships or the effects of witnessing violence.
- **Psychiatric or psychological services:** Child or parent referral to psychological or psychiatric services (trauma, high risk behaviour or intervention).
- **Special education placement:** Any specialized school program to meet a child’s educational, emotional or behavioural needs.
- **Recreational services:** Referral to a community recreational program (e.g., organized sports leagues, community recreation, Boys and Girls Clubs).
- **Victim support program:** Referral to a victim support program (e.g., sexual abuse disclosure group).
- **Medical or dental services:** Any specialized service to address the child’s immediate medical or dental health needs.
- **Child or day care:** Any paid child or day care services, including staff-run and in-home services.
- **Cultural services:** Services to help children or families strengthen their cultural heritage.
- **Other:** Indicate and specify any other child- or family-focused referral.

DEFINITIONS: CHILD INFORMATION SHEET

Question 25: Child name and sex

Indicate the first name and sex of the child for which the *Child Information Sheet* is being completed. Note, this is for verification only.

Question 26: Age

Indicate the child's age.

Question 27: Type of investigation

Indicate if the investigation was conducted for a specific incident of maltreatment, or if it was conducted to assess risk of maltreatment only. Refer to page 8, question 6 g) and h) for a detailed description of “risk investigation only” versus investigation of an “incident of maltreatment.”

Question 28: Aboriginal status

Indicate the Aboriginal status of the child for which the *CIS Maltreatment Assessment Form* is being completed: **Not Aboriginal, First Nations status** (caregiver has formal Indian or treaty status, that is, is registered with the Department of Indian and Northern Affairs), **First Nations non-status, Métis, Inuit** or **Other** (specify and use the *Comment Sheet* if necessary).

Question 29: Child functioning

This section focuses on issues related to a child's level of functioning. Fill in “Confirmed” if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the parent or child. Suspected means that, in your clinical opinion, there is reason to suspect that the condition may be present, but it has not been diagnosed, observed or disclosed. Fill in “No” if you do not believe there is a problem and “Unknown” if you are unsure or have not attempted to determine if there was such a child functioning issue. Where appropriate, use the **past six months** as a reference point.

- **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.
- **Suicidal thoughts:** The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.

- **Self-harming behaviour:** Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.
- **ADD/ADHD:** ADD/ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children at comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school or in the community.
- **Attachment issues:** The child does not have a physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.
- **Aggression:** Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property, at home, at school or in the community.
- **Running (multiple incidents):** Has run away from home (or other residence) on multiple occasions for at least one overnight period.
- **Inappropriate sexual behaviour:** Child displays inappropriate sexual behaviour, including age-inappropriate play with toys, self or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; prostitution or seductive behaviour.
- **Youth Criminal Justice Act involvement:** Charges, incarceration or alternative measures with the Youth Justice system.
- **Intellectual/developmental disability:** Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g., Down syndrome, autism and Asperger syndrome.
- **Failure to meet developmental milestones:** Children who are not meeting their development milestones because of a non-organic reason.
- **Academic difficulties:** Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language usage, numbers, reading, work comprehension).
- **FAS/FAE:** Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in utero exposure to alcohol abuse by the biological mother.
- **Positive toxicology at birth:** When a toxicology screen for a newborn tests positive for the presences of drug or alcohol.
- **Physical disability:** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.
- **Alcohol abuse:** Problematic consumption of alcohol (consider age, frequency and severity).
- **Drug/solvent abuse:** Include prescription drugs, illegal drugs and solvents.
- **Other:** Specify any other conditions related to child functioning; your responses will be coded and aggregated.

Question 30: If risk investigation only, is there a significant risk of future maltreatment?

Only complete this question in cases in which you selected “Risk investigation only” in “Question 27: Type of investigation.” Indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

Note: If this is a risk investigation only, once you have completed question 30, skip to question 39, and complete only questions 39, 40, 41 and 42.

Question 31: Maltreatment codes

The maltreatment typology in the *CIS-2008* uses five major types of maltreatment: *Physical Abuse*, *Sexual Abuse*, *Neglect*, *Emotional Maltreatment*, and *Exposure to Intimate Partner Violence*. These categories are comparable to those used in the previous cycles of the CIS and the OIS. Because there is significant variation in provincial and territorial child welfare statutes, we are using a broad typology. Rate cases **on the basis of your clinical opinion**, not on provincial, territorial or agency/office-specific definitions.

Select the applicable maltreatment codes from the list provided (1–32), and write these numbers **clearly** in the boxes below Question 31. Enter in the first box the form of maltreatment that best characterizes the investigated maltreatment. If there is only one type of investigated maltreatment, choose all forms within the typology that apply. If there are multiple types of investigated maltreatment (e.g., physical abuse *and* neglect), choose one maltreatment code within each typology that best describes the investigated maltreatment. All major forms of alleged, suspected or investigated maltreatment should be noted in the maltreatment code box regardless of the outcome of the investigation.

Physical Abuse

The child was physically harmed or could have suffered physical harm as a result of the behaviour of the person

looking after the child. Include any alleged physical assault, including abusive incidents involving some form of punishment. If several forms of physical abuse are involved, **identify the most harmful form** and circle the codes of other relevant descriptors.

- **Shake, push, grab or throw:** Include pulling or dragging a child as well as shaking an infant.
- **Hit with hand:** Include slapping and spanking, but not punching.
- **Punch, kick or bite:** Include as well any other hitting with other parts of the body (e.g., elbow or head).
- **Hit with object:** Includes hitting with a stick, a belt or other object, throwing an object at a child, but does not include stabbing with a knife.
- **Choking, poisoning, stabbing:** Include any other form of physical abuse, including choking, strangling, stabbing, burning, shooting, poisoning and the abusive use of restraints.
- **Other physical abuse:** Other or unspecified physical abuse.

Sexual Abuse

The child has been sexually molested or sexually exploited. This includes oral, vaginal or anal sexual activity; attempted sexual activity; sexual touching or fondling; exposure; voyeurism; involvement in prostitution or pornography; and verbal sexual harassment. If several forms of sexual activity are involved, **identify the most intrusive form**. Include both intra-familial and extra-familial sexual abuse, as well as sexual abuse involving an older child or youth perpetrator.

- **Penetration:** Penile, digital or object penetration of vagina or anus.
- **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
- **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
- **Fondling:** Touching or fondling genitals for sexual purposes.

- **Sex talk or images:** Verbal or written proposition, encouragement or suggestion of a sexual nature (include face to face, phone, written and Internet contact, as well as exposing the child to pornographic material).
- **Voyeurism:** Include activities where the alleged perpetrator observes the child for the perpetrator’s sexual gratification. Use the “Exploitation” code if voyeurism includes pornographic activities.
- **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
- **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
- **Other sexual abuse:** Other or unspecified sexual abuse.

Neglect

The child has suffered harm or the child’s safety or development has been endangered as a result of a failure to provide for or protect the child. Note that the term “neglect” is not consistently used in all provincial/territorial statutes, but interchangeable concepts include “failure to care and provide for or supervise and protect,” “does not provide,” “refuses and protect” or is unavailable or unable to consent to treatment.”

- **Failure to supervise: physical harm:** The child suffered physical harm or is at risk of suffering physical harm because of the caregiver’s failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver’s actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
- **Failure to supervise: sexual abuse:** The child has been or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility

of sexual molestation and failed to protect the child adequately.

- **Permitting criminal behaviour:** A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
- **Physical neglect:** The child has suffered or is at substantial risk of suffering physical harm caused by the caregiver(s)' failure to care and provide for the child adequately. This includes inadequate nutrition/clothing, and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.
- **Medical neglect (includes dental):** The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to the treatment. This includes dental services when funding is available.
- **Failure to provide psych. treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional or developmental condition that could seriously impair the child's development. The child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.

- **Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.
- **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), or fail to enroll the child, or repeatedly keep the child at home. If the child is experiencing mental, emotional or developmental problems associated with school, and treatment is offered but caregivers do not cooperate with treatment, classify the case under failure to provide treatment as well.

Emotional Maltreatment

The child has suffered, or is at substantial risk of suffering, emotional harm at the hands of the person looking after the child.

- **Terrorizing or threat of violence:** A climate of fear, placing the child in unpredictable or chaotic circumstances, bullying or frightening a child, threats of violence against the child or child's loved ones or objects.
- **Verbal abuse or belittling:** Non-physical forms of overtly hostile or rejecting treatment. Shaming or ridiculing the child, or belittling and degrading the child.
- **Isolation/confinement:** Adult cuts the child off from normal social experiences, prevents friendships or makes the child believe that he or she is alone in the world. Includes locking a child in a room, or isolating the child from the normal household routines.
- **Inadequate nurturing or affection:** Through acts of omission, does not provide adequate nurturing or affection. Being detached, uninvolved; failing to express affection, caring and love, and interacting only when absolutely necessary.

- **Exploiting or corrupting behaviour:** The adult permits or encourages the child to engage in destructive, criminal, antisocial, or deviant behaviour.

Exposure to Intimate Partner Violence

- **Direct witness to physical violence:** The child is physically present and witnesses the violence between intimate partners.
- **Indirect exposure to physical violence:** Includes situations where the child overhears but does not see the violence between intimate partners; or sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.
- **Exposure to emotional violence:** Includes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners. Includes witnessing or overhearing emotional abuse of one partner by the other.
- **Exposure to non-partner physical violence:** A child has been exposed to violence occurring between a caregiver and another person who is not the spouse/partner of the caregiver (e.g., between a caregiver and a neighbour, grandparent, aunt or uncle).

Question 32: Alleged perpetrator

This section relates to the individual who is alleged, suspected or guilty of maltreatment toward the child. Fill in the appropriate perpetrator for each form of identified maltreatment as the primary caregiver, second caregiver or "Other." If "Other" is selected, specify the relationship of the alleged perpetrator to the child (e.g., brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, family friend). If you select "Primary Caregiver" or "Second Caregiver," write in a short descriptor (e.g., "mom," "dad," or "boyfriend") to allow us to verify consistent use of the

label between the *Household Information* and *Child Information Sheets*. Note that different people can be responsible for different forms of maltreatment (e.g., common-law partner abuses child, and primary caregiver neglects the child). If there are multiple perpetrators for one form of abuse or neglect, fill in all that apply (e.g., a mother and father may be alleged perpetrators of neglect). Identify the alleged perpetrator regardless of the level of substantiation at this point of the investigation.

If Other Perpetrator

If Other alleged perpetrator, identify

- a) **Age:** If the alleged perpetrator is “Other,” indicate the age of this individual. Age is essential information used to distinguish between child, youth and adult perpetrators. If there are multiple alleged perpetrators, describe the perpetrator associated with the primary form of maltreatment.
- b) **Sex:** Indicate the sex of the “Other” alleged perpetrator.

Question 33: Substantiation (fill in only one substantiation level per column)

Indicate the level of substantiation at this point in your investigation. Fill in only one level of substantiation per column; each column reflects a separate form of investigated maltreatment, and thus should include only one substantiation outcome.

- **Substantiated:** An allegation of maltreatment is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.
- **Suspected:** An allegation of maltreatment is suspected if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.
- **Unfounded:** An allegation of maltreatment is unfounded if the balance of evidence indicates that abuse or neglect has not occurred.

If the maltreatment was substantiated or suspected, answer 33 a) and 33b).

- a) **Substantiated or suspected maltreatment, is mental or emotional harm evident?** Indicate whether child is showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s).
- b) **If yes, child requires therapeutic treatment:** Indicate whether the child requires treatment to manage the symptoms of mental or emotional harm.
- If the maltreatment was unfounded, answer 33c) and 33d).
- c) **Was the unfounded report a malicious referral?** Identify if this case was intentionally reported while knowing the allegation was unfounded. This could apply to conflictual relationships (e.g., custody dispute between parents, disagreements between relatives, disputes between neighbours).
- d) **If unfounded, is there a significant risk of future maltreatment?** If maltreatment was unfounded, indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

Question 34: Was maltreatment a form of punishment?

Indicate if the alleged maltreatment was a form of punishment.

Question 35: Duration of maltreatment

Check the duration of maltreatment as it is known at this point of time in your investigation. This can include a single incident or multiple incidents. If the maltreatment type is unfounded, then the duration needs to be listed as “Not Applicable (Unfounded).”

Question 36: Physical harm

Describe the physical harm suspected or known to have been caused by the investigated forms of maltreatment. Include harm ratings even in accidental

injury cases where maltreatment is unfounded, but the injury triggered the investigation.

- **No harm:** There is no apparent evidence of physical harm to the child as a result of maltreatment.
- **Broken bones:** The child suffered fractured bones.
- **Head trauma:** The child was a victim of head trauma (note that in shaken-infant cases the major trauma is to the head, not to the neck).
- **Other health condition:** Other physical health conditions, such as untreated asthma, failure to thrive or Sexually Transmitted Diseases (STDs).
- **Bruises/cuts/scrapes:** The child suffered various physical hurts visible for at least 48 hours.
- **Burns and scalds:** The child suffered burns and scalds visible for at least 48 hours.
- **Fatal:** Child has died; maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.

Question 37: Severity of harm

- a) **Medical treatment required:** In order to help us rate the severity of any documented physical harm, indicate whether medical treatment was required as a result of the injury or harm for any of the investigated forms of maltreatments.
- b) **Health or safety seriously endangered by suspected or substantiated maltreatment:** In cases of “suspected” or “substantiated” maltreatment, indicate whether the child’s health or safety was endangered to the extent that the child could have suffered life-threatening or permanent harm (e.g., 3-year-old child wandering on busy street, child found playing with dangerous chemicals or drugs).
- c) **History of injuries:** Indicate whether the investigation revealed a history of previously undetected or misdiagnosed injuries.

Question 38: Physician/Nurse physically examined child as part of the investigation

Indicate if a physician or nurse conducted a physical examination of the child over the course of the investigation.

Question 39: Placement during investigation

Check one category related to the placement of the child. If the child is already living in an alternative living situation (emergency foster home, receiving home), indicate the setting where the child has spent the most time.

- **No placement required:** No placement is required following the investigation.
- **Placement considered:** At this point of the investigation, an out-of-home placement is still being considered.
- **Informal kinship care:** An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority does not have temporary custody.
- **Kinship foster care:** A formal placement has been arranged within the family support network (kinship care, extended family, customary care); the child welfare authority has temporary or full custody and is paying for the placement.
- **Family foster care (non kinship):** Include any family-based care, including foster homes, specialized treatment foster homes and assessment homes.
- **Group home:** Out-of-home placement required in a structured group living setting.

- **Residential/secure treatment:** Placement required in a therapeutic residential treatment centre to address the needs of the child.

Question 40: Child welfare court

There are three categories to describe the current status of child welfare court at this time in the investigation. If investigation is not completed, answer to the best of your knowledge at this time. Select one category only.

- a) **Referral to mediation/alternative response:** Indicate whether a referral was made to mediation, family group conferencing, an Aboriginal circle, or any other alternative dispute resolution (ADR) process designed to avoid adversarial court proceedings.

Question 41: Previous reports

- a) **Child previously reported to child welfare for suspected maltreatment:** This section collects information on previous reports to Child Welfare for the individual child in question. Report if the child has been previously reported to Child Welfare authorities because of suspected maltreatment. Use “Unknown” if you are aware of an investigation but cannot confirm this. Note that this is a child-specific question as opposed to the previous report questions on the Household Information Sheet.
- b) **If yes, was the maltreatment substantiated:** Indicate if the maltreatment was substantiated with regard to this previous investigation.

Question 42: Caregivers use spanking as a form of discipline

Indicate if caregivers use spanking as a form of discipline. Use “Unknown” if you are unaware of caregivers using spanking.

Question 43: Police involvement in adult domestic violence investigation

Indicate level of police involvement specific to a domestic violence investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

Question 44: Police involvement in child maltreatment investigation

Indicate level of police investigation for the present child maltreatment investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

Appendix H Québec Incidence Study – 2008 Instrument

For a copy, please go to <http://www.cwrp.ca/cis-2008/study-documents>

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Canadian Incidence Study/Québec Incidence Study "Signalement"

Funded by Public Health Agency of Canada and the Québec Ministry of Health and Social Services and with the support of the Québec youth centres.

1. Date "signalement" received at RTS or RTT (YYYY-MM-DD) 2. Date "signalement" retained (YYYY-MM-DD)

3. Source of "signalement"

a) Declarant category b) Declarant sub-category

4. Please describe the allegations reported in the "signalement" and the results of the evaluation/orientation (including alleged maltreatment/behavioural problem or risk of maltreatment/behavioural problems, if applicable)

5. Most recent decision concerning this file

6. File number

7. Code identifying the evaluating worker

8. Postal code of evaluated child (first 3 characters)

Save

CIS Relations at time of signature*

9. Adults who are significant to the evaluated child

validate and complete

	a) Age	b) Relationship with the evaluated child	c) Cohabiting with the evaluated child		d) Amongst the cohabiting adults, choose up to two caregivers
			no	yes	
1st adult	26	mère	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2nd adult	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3rd adult	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4th adult	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5th adult	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

10. Children (19 years or less) associated with the evaluated child

validate and complete

	a) Child's first name	b) Age of child		c) Sex of child	d) Relationship with evaluated child	e) Cohabiting with the evaluated child		f) If signed, RTS decision	g) Primary article
						no	yes		
<i>Evaluated child</i>	<input type="text"/>	0	M					refusé	38 b) 1 Négligence
1st associated child	<input type="text"/>	5	F	soeur	<input type="checkbox"/>	<input type="checkbox"/>		non signé	<input type="text"/>
2nd associated child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
3rd associated child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
4th associated child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>
5th associated child	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="text"/>	<input type="text"/>

Exit

Responses from drop-down menus

9. d) (If « yes » is checked in 9 c)):

- Primary caregiver
- Secondary caregiver

CIS Cohabiting Caregivers at one of Signment*

A. Primary caregiver

B. Secondary caregiver

A11. Primary income

B11. Primary income

A12. Ethno-racial group

B12. Ethno-racial group

If other, please specify

If other, please specify

Aboriginal

a) Aboriginal status

b) Lives on a reserve

c) Caregiver attended residential school

d) Caregiver's parent attended residential school

Aboriginal

a) Aboriginal status

b) Lives on a reserve

c) Caregiver attended residential school

d) Caregiver's parent attended residential school

A13. Primary language

B13. Primary language

A14. Attitude towards worker during the evaluation/orientation

B14. Attitude towards worker during the evaluation/orientation

Exit

Responses from drop-down menus

A11 and B11 Primary Income:

- Full time
- Part-time (<30 hrs/week)
- Multiple jobs
- Seasonal
- Employment insurance
- Social assistance
- Other benefit
- Unknown
- None

A12 and B12 Ethno-racial group:

- White
- Black (e.g., African, Haitian, Jamaican)
- Latin-American
- Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)

- Aboriginal
- South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
- Chinese
- Southeast Asian other than Chinese (e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
- Other

Aboriginal

a) Aboriginal status:

- First Nations status
- First Nations non-status
- Métis
- Inuit
- Other
- Not applicable

b) Lives on a reserve

- Yes
- No
- Not applicable (not Aboriginal)

c) Caregiver attended residential school

- Yes
- No
- Unknown
- Not applicable (not Aboriginal)

d) Caregiver's parent attended residential school

- Yes
- No
- Unknown
- Not applicable (not Aboriginal)

A14 and B14 Attitude towards worker during evaluation/orientation

- Cooperative
- Not cooperative
- Not contacted

CIS Cohabitating Caregivers at one of 'spriabent'

A. Primary caregiver

A15. Caregiver risk factors

Please fill in if that apply

	Confirmed	Suspected	No	Unknown
a) Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Drug/alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Physical health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Few social supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Perpetrator of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) History of foster care/group home/ rehabilitation centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Secondary caregiver

B15. Caregiver risk factors

Please fill in if that apply

	Confirmed	Suspected	No	Unknown
a) Alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Drug/alcohol abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cognitive impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Physical health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Few social supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Victim of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Perpetrator of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) History of foster care/group home/ rehabilitation centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Custody dispute concerning the evaluated child Yes No Unknown

Exit

CIS Household/Referral(s) at time of "placement" (with exception of question #22)

17. Housing

If other, please specify

18. Home overcrowded

Yes	No	Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Approximate number of moves in the past 12 months

20. Housing safety

	Yes	No	Unknown
a) Accessible weapons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Accessible drugs/drug paraphernalia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Production/trafficking of drugs in the home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Chemicals/solvents used in drug production	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Other home injury hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Other home health hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Household regularly runs out of money for basic necessities

Yes	No	Unknown
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Referral(s)

Referral(s) for the evaluated child or caregivers to services or programs which are internal or external to the youth centre.

Please fill in if that apply:

<input type="checkbox"/> a) No referrals	<input type="checkbox"/> e) Drug/alcohol counseling	<input type="checkbox"/> i) Domestic violence services	<input type="checkbox"/> m) Victim support program
<input type="checkbox"/> b) Parent support group	<input type="checkbox"/> f) Welfare/social assistance	<input type="checkbox"/> j) Psychiatric/psychological services	<input type="checkbox"/> n) Medical/dental services
<input type="checkbox"/> c) In-home family/parent counseling	<input type="checkbox"/> g) Food bank	<input type="checkbox"/> k) Special education placement	<input type="checkbox"/> o) Child/day care
<input type="checkbox"/> d) Other family/parent support	<input type="checkbox"/> h) Shelter services	<input type="checkbox"/> l) Recreational services	<input type="checkbox"/> p) Cultural services
			<input type="checkbox"/> q) Other <input type="text"/>

Exit

Responses from drop-down menus

17. Housing:

- Own home
- Rental
- Public housing
- Band housing
- Unknown
- Shelter/hotel
- Other

19. Approximate number of moves in the last 12 months:

- 0
- 1
- 2
- 3 or more
- Unknown

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CIS Evaluated Child

23. First name: 24. Sex: 25. Age:

26. a) Aboriginal child: b) Aboriginal status:

27. Child functioning
Please fill in one circle for each item

	Confirmed	Suspected	No	Unknown		Confirmed	Suspected	No	Unknown
a) Depression/anxiety/withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d) Youth Criminal Justice Act involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	e) Intellectual disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Self-harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	f) Failure to meet developmental milestones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	g) Academic difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Other psychiatric issues: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	h) FAS/FAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Attachment issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	i) Positive toxicology at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	j) Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Running (multiple incidents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	k) Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Inappropriate sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	l) Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					m) Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Type of evaluation
INCIDENT of maltreatment/behavioural problem or RISK of maltreatment/behavioural problem only

29. If risk evaluation only, is there a significant risk of future maltreatment/behavioural problem?

For RISK evaluations only, please go to question #39

Exit

Responses from drop-down menus

26 b) Aboriginal status:

- First Nations status
- First Nations non-status
- Métis
- Inuit
- Other
- Not applicable

29 If risk evaluation only, is there a significant risk of future maltreatment/behavioral problem?

- Yes
- No
- Unknown
- Not applicable
(incident of maltreatment)

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CIS Results of Evaluation/Orientation

Forms of maltreatment/behavioural problems (Form 1001/10)

30. Insert form of maltreatment/ behavioural problem in boxes.
Enter primary form of maltreatment/behavioural problem first

	1st	2nd	3rd
31. Alleged perpetrator			
1. Select from significant adults listed below:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.a) Other (including when it is the evaluated child):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No			
b) Relationship with evaluated child:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Age: <input type="text"/>			
d) Sex: <input type="text"/>			
32. Level of substantiation	<input type="text"/>	<input type="text"/>	<input type="text"/>
a) If unfounded, was the "signalement" a malicious referral?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) If unfounded, is there a significant risk of future maltreatment/behavioural problem?	<input type="text"/>	<input type="text"/>	<input type="text"/>
33. Was maltreatment a form of punishment?	<input type="text"/>	<input type="text"/>	<input type="text"/>
34. Duration	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** [BEHAVIOURAL PROBLEMS] (PCJ terminology)

33- Comportement(s) autodestructeur(s)	36- Problèmes relationnels avec les parents/autorité
34- Violence envers les autres	40- Problèmes de comportement en milieu scolaire
35- Prédispositions à risque	41- Absentéisme scolaire
36- Consommation problématique de psychotropes	42- Attentes aux biens matériels
37- Fugue (une seule fois)	43- Autres comportements dangereux
38- Fugues (plus d'une fois)	44- Comportement(s) social(s) inadéquat(s)

*** [PHYSICAL ABUSE]

- 1- Shake, push, grab or throw
- 2- Hit with hand
- 3- Punch, kick or bite
- 4- Hit with object
- 5- Choking, poisoning, suffocating
- 6- Other physical abuse

*** [SEXUAL ABUSE]

- 7- Penetration
- 8- Attempted penetration
- 9- Oral sex
- 10- Fondling
- 11- Sex talk or image
- 12- Voyeurism
- 13- Exhibitionism
- 14- Exploitation
- 15- Other sexual abuse

*** [NEGLECT]

- 16- Failure to supervise physical harm
- 17- Failure to supervise sexual harm
- 18- Permitting criminal behaviour
- 19- Physical neglect
- 20- Medical neglect (includes dental)
- 21- Failure to provide psychological/psychiatric treatment
- 22- Abandonment
- 23- Educational neglect

*** [EMOTIONAL MALTREATMENT]

- 24- Terrorizing or threat of violence
- 25- Verbal abuse or belittling
- 26- Isolation/confinement
- 27- Inadequate nurturing or affection
- 28- Exploiting or corrupting behaviour

*** [EXPOSURE TO INTIMATE PARTNER VIOLENCE]

- 29- Direct witness to physical violence
- 30- Indirect exposure to physical violence
- 31- Exposure to emotional violence
- 32- Exposure to non-partner physical violence

Exit

Responses from drop-down menus

- 31.1 Alleged perpetrator, select from the significant adults listed below:
 - Significant adults listed in q. 9
- 31.2c) Age:
 - <13 yrs
 - 13-15 yrs
 - 16-20 yrs
 - 21-30 yrs
 - 31-40 yrs
 - 41-50 yrs
 - 51-60 yrs
 - > 60 yrs
 - Unknown
- 31.2 d) Sex:
 - Male
 - Female
- 32. Level of substantiation (3 columns):
 - Substantiated
 - Suspected
 - Unsubstantiated
- 32. a) If unfounded, was the "signalement" a malicious referral?
 - Yes
 - No
 - Unknown
- 32. b) If unfounded, was there a serious risk of future maltreatment/behavior problems?
 - Yes
 - No
 - Unknown
- 33. Was maltreatment a form of punishment?
 - Yes
 - No
 - Not applicable (behavioral problem)
 - Unknown
- 34. Duration of maltreatment
 - Single incident
 - Multiple incidents (less than six months)
 - Multiple incidents (more than six months)
 - Multiple incidents (duration unknown)

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CIS Results of Evaluation/Orientation

35. Physical harm

Please fill in if that apply

No harm Bruises/cuts/scrapes

Broken bones Burns/scalds Head trauma

Fatal Other _____

b) Medical treatment required _____

c) Health or safety seriously endangered by the suspected or founded maltreatment/behavioural problem: _____

36. Physician/nurse physically examined child as part of the investigation _____

37. History of injuries _____

38. Emotional harm

a) Mental or emotional harm evident as a result of the suspected or founded maltreatment/behavioural problem: _____

b) The child requires therapeutic treatment _____

39. Placement during the evaluation or orientation

_____ If foster home, please specify _____

_____ If foster home, please specify _____

40. Youth court

a) Interim measures ordered or court petitioned _____

b) Orientation towards a service or alternative procedure with the goal of achieving an agreement between the parties regarding the protection of the child: _____

41. Previous "signalements"

a) If applicable, date of most recent prior "signalement" _____

ITS/Evaluation decision: _____

b) Previous evaluations:

	Date	Decision	Date	Decision
1	_____	_____	2	_____
3	_____	_____	4	_____

42. Police intervention

a) Police investigation regarding the evaluated child maltreatment/behavioural problem: _____

b) Police investigation regarding adult domestic violence investigation: _____

Yes No Unknown

43. Caregivers use spanking as a form of discipline

Yes No Unknown

Exit

Responses from drop-down menus

- 35. b) Medical treatment required (or was required)
 - Yes
 - No
 - Not applicable (no harm)
- 35. c) Health and safety seriously endangered by the suspected or founded maltreatment/behavioral problem :
 - Yes
 - No
 - Not applicable (unfounded)
- 36. Physician/nurse physically examined child as part of the investigation
 - Yes
 - No
- 37. History of injuries
 - Yes
 - No
 - Unknown
- 38. a) Mental or emotional harm evident as a result of suspected or founded maltreatment/behavioral problem
 - Yes
 - No
 - Not applicable (unfounded)
- 38. b) Child requires therapeutic treatment
 - Yes
 - No
 - Not applicable (no harm)
- 39. If foster home selected:
 - Regular
 - Specific
 - Unknown
 - Not applicable (not foster home)
- 40. b.) Orientation towards a service or alternative procedure with the goal of achieving the agreement between the parties regarding the protection of the child
 - Yes
 - No
- 42. a) Police investigation regarding the evaluated child maltreatment/behavioral problem:
 - None
 - Investigation in process
 - Charges laid
 - Investigation completed with no charges laid
- 42. b) Police investigation regarding adult domestic violence investigation
 - None
 - Investigation in process
 - Charges laid
 - Investigation completed with no charges laid
 - Unknown
 - Not applicable

CIS Comments/Other information

44. The "signalement" and the evaluation/orientation

--

45. The household

--

46. The child

--

Exit

Appendix I Québec Incidence Study – 2008 Guidebook

For a copy, please go to <http://www.cwrp.ca/cis-2008/study-documents>

BACKGROUND

The Canadian Incidence Study of Reported Child Abuse and Neglect – CIS-2008 – is the third national study of reported child abuse and neglect investigations in Canada. Results from the *CIS-2003*, the *CIS-1998*, and its precursor, the Ontario Incidence Study 1993, have been widely disseminated in conferences, reports, books, and journal articles (see the Centre of Excellence for Child Welfare website, at <http://www.cccw-cepb.ca/cis-publications>, and the Public Health Agency of Canada website, at <http://www.phac-aspc.gc.ca/cm-vee/public-eng.php>), and have influenced the development of child protection services and policies across Canada.

CIS-2008 is funded by the Public Health Agency of Canada. The project is managed by a team of researchers at McGill University's Centre for Research on Children and Families, the University of Toronto's Factor-Inwentash Faculty of Social Work, and the University of Calgary Faculty of Social Work.

One hundred and eighteen child welfare service (CWS) areas were randomly selected from among all of the child protection offices and agencies across Canada that provide these services. At least one child welfare service area was selected in each province and territory.

QUÉBEC COMPONENT OF THE CANADIAN INCIDENCE STUDY

Additional funding for the Québec component was provided by the Ministère de la Santé et des Services sociaux du Québec in order to achieve oversampling. This was also the case for the Ontario, Saskatchewan, Alberta, British Columbia, and First Nations component. The purpose of this oversampling is to obtain fair and valid provincial estimates that will facilitate the production of a descriptive report for Québec, in addition to contributing to the national *CIS-2008* estimates. The Québec sample consists of 50% of retained "signalements" [reports] received during the period of October 1 to December 31, 2008.

OBJECTIVES

The primary objective of *CIS-2008* and the *Étude d'incidence québécoise 2008 – ÉIQ-2008* [Québec Incidence Study – 2008] is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Canada and Québec. More specifically, *ÉIQ-2008* has the following objectives:

- To produce estimates of the incidence of reported child abuse, neglect, or serious behavioural problems in Québec in 2008.
- To contribute to national estimates of the incidence of reported child abuse and neglect in Canada in 2008.
- To examine changes in the reporting of child abuse, neglect, and serious behavioural problems between 1998, 2003, and 2008 in Québec.

- To examine the differences and similarities between the various Canadian provinces that were oversampled.
- To increase knowledge concerning the nature and severity of reported child maltreatment.
- To collect the data necessary for the development of programs and policies for at-risk children and teens, and to help channel the resources to those youths who face the highest risk of maltreatment.
- To explore the relationship between certain determinants of health (e.g., physical and social environment, social support, income, social status, healthy childhood development, and personal adaptation methods) and the rate and characteristics of child maltreatment.

PROCEDURE FOR COLLECTING ÉIQ DATA

The procedure that was developed for collecting data for Québec was based on two objectives:

- Using the information that already existed in the PIJ (Projet Intégration Jeunesse) system.
- Prioritizing the procedure for inputting information that is used at child welfare agencies, namely computerized input.

The Canadian CIS form is a three-page paper document. The ÉIQ electronic form was adapted from the Canadian form in the following manner. First, it was translated from English to French, and adapted to reflect the specific

reality of Québec in terms of the vocabulary used, the intervention process, and the subtleties of the Youth Protection Act. The ÉIQ electronic form examines a range of family, child, and case status variables. It includes demographic data concerning the household, a profile of the caregivers, the source of the referral, determinants of health, outcomes of the investigation on a child-specific basis (including up to three forms of maltreatment), the nature of the harm, the duration of the maltreatment, the identity of the alleged perpetrator, placement in care, child welfare and criminal court involvement. It consists of 8 pages of questions and 1 page of comments. These pages, which are tabbed, include the following details:

- 1: Information concerning the referral.
- 2: Significant individuals and cohabitants.
- 3-4: Cohabiting caregivers.
- 5: Child's living environment and references.
- 6: Level of functioning of the evaluated child.
- 7-8: Events reported and evaluated.
- 9: Comments/Other information pertaining to the referral and the evaluation, the living environment, and the evaluated child.

Some of the question fields in the form are pre-populated, based on the information available through PIJ. It should take approximately 15 minutes to complete the other questions.

TRAINING

The following measures have been implemented in order to facilitate the collection of data:

1. Training sessions (approximately three hours long) are provided for everyone who is involved in data collection.

2. A local respondent and research coordinator can be contacted by email or by telephone (record the contact information for these people on the inside of the front cover of the ÉIQ-2008 Guidebook) in order to answer questions and to resolve problems related to the form.

CONFIDENTIALITY

The following measures have been implemented in order to ensure that confidentiality is maintained throughout the data collection and analysis phase:

- The evaluated child and the youth protection caseworker are identified by a numerical code in the form in order to preserve their anonymity. In addition, the last names and first names (along with any other identifying information) recorded for questions 4, 10, 23, 44, 45, and 46 will be deleted before the data are collected by the research team.
- Once the identifying information has been removed, the *ÉIQ Maltreatment Evaluation Forms* (Excel format) will be collected by the Québec research team, which will then forward them to the Canadian team for data processing. The forms will then be stored in a double-locked location (an RCMP-approved locked filing cabinet inside a locked office). All access to the forms for other verification purposes will be restricted to the team of researchers who are duly authorized by the Public Health Agency of Canada.
- The analyses will be published at the national level, and at the provincial level in Alberta, Ontario, Québec, British Columbia, and Saskatchewan. Upon request from a centre, some of the data may be transmitted in order for an internal summary report to be written. However, information related to the clientele of a specific establishment will not be shared with

others. **Data that relates specifically to those who are involved in collecting the data (caseworkers and teams) cannot be disclosed to anyone under any circumstances.**

PROCEDURE FOR COMPLETING THE ÉIQ FORM

The *ÉIQ Maltreatment Evaluation Form* must be completed by the assessing caseworker when he or she is notified by the PIJ system that the case has been sampled for the ÉIQ. Sampling is random, with 50% of the “signalements” received between October 1 and December 31, 2008 that are the subject of an evaluation being selected.

For cases which are closed at the end of evaluation (e.g., SDNC) and that are sampled for the ÉIQ, the caseworker can **access** the form by clicking on the “OTHER ACTIONS” button in the evaluation service window once he or she enters the decision resulting from the evaluation. The ÉIQ form must be opened and saved for the first time in order to close the evaluation service.

For cases that are sent to orientation and are sampled for the ÉIQ, the caseworker can **access** the form by clicking on the “OTHER ACTIONS” button in the orientation service window once the orientation begins. The ÉIQ form must be **opened** and saved for the first time in order to close the orientation service, and once the orientation is opened if it began more than one month earlier.

The caseworker can complete the entire form as soon as it is opened, or exit, and return to complete it at a later time. To re-open an ÉIQ form that has already been created, the caseworker must access it through the evaluation service window for the child in question. If there are data missing in the ÉIQ form, it will appear as “not finalized” to the local respondent.

It is essential to check off all of the boxes in the *ÉIQ Form*. If you are not certain, check the “UNKNOWN” or “NOT APPLICABLE” box. Verify that **all of the questions have been answered**. If the categories do not adequately describe a case, enter a comment on Page 9. If you have any questions during the study, please do not hesitate to contact your respondent or the research coordinator.

FREQUENTLY ASKED QUESTIONS

1: For what cases should I complete an *ÉIQ* maltreatment evaluation form?

You must complete the *ÉIQ Form* for all cases for which you receive a notice to this effect from the PIJ system. In the event that the case is closed after evaluation, the notice will be sent when the decision to close is entered in PIJ. If the case is sent to orientation, the notice will appear when the orientation is complete or once the orientation is opened if it began more than one month earlier. This notice will be sent according to the sampling procedure applied by the PIJ system that randomly selects 50% of the evaluated “signalements” that are received between October 1 and December 31, 2008.

2: Should I complete an *ÉIQ Form* for cases that are already active when the study begins?

Yes, the study targets all cases that were signalled during the data collection period and that have been evaluated, including cases that were already active in the system.

3: When should I complete the *ÉIQ Form*?

In all cases, it is strongly recommended that the form be fully completed as early as possible in order to remember all of the characteristics of the situation that was evaluated.

For cases closed after evaluation *la sécurité ou le développement est non compromis* – SDNC [security and development is not involved] that have been sampled, the caseworker can access the *ÉIQ* form as soon as he or she enters the decision to close in PIJ. If the *ÉIQ* form option on the “OTHER ACTIONS” menu is shaded, this indicates that the case has not been sampled for the study. When a case closed after evaluation is sampled, the caseworker must open and save the *ÉIQ* form at least once in order to close the evaluation service.

For cases that are sent to orientation that have been sampled, the caseworker can access the *ÉIQ* form as soon as the orientation service is opened. If the *ÉIQ* form option on the “OTHER ACTIONS” menu is shaded, this indicates that the case has not been sampled for the study. When a case that has been sent to orientation is sampled, the caseworker must open and save the *ÉIQ* form at least once in order to close the orientation service. The caseworker must open and save the *ÉIQ* form at least once if the sampled case has been active for more than one month in orientation.

4: Who should complete the *ÉIQ Form* when more than one individual is involved in the investigation?

The caseworker who is responsible for the evaluation or orientation must complete the form. If the case is sampled, this individual will be advised to do this.

5: What should I do if more than one child is investigated?

The *ÉIQ* form is specific to the individual child being investigated. A separate *ÉIQ* form must be completed for each child whose evaluation is sampled. Therefore, a form must be completed for each child for whom you receive a sampling notice, even if you

have already completed one for other children in the same family.

6: Will I receive training for the *ÉIQ Form*?

All caseworkers in each child welfare agency in Québec who carry out evaluations and orientations will receive training before the start of the data collection period. If a case worker is unable to attend the training session or is hired after the data collection phase begins, he or she should contact the appropriate respondent or research coordinator in order to receive a brief training and to discuss any questions related to the form.

7: What should I do with the completed forms?

Once the caseworker exits the *ÉIQ* form, the form will be automatically stored in the child welfare agency’s database. If data are missing when the form is saved, it will be marked as “not finalized” in the database. Once a form is fully completed, it is marked as “finalized” in the database. All finalized forms will be examined by the respondent, who will contact you in the case of questionable or contradictory information. The respondent may also issue a reminder to case workers whose forms have been inactive and marked as “not finalized” for more than one week.

8: Is the information in the *ÉIQ Form* confidential?

The information that you provide is confidential. No identifying information will leave your child welfare agency, because all identifying information is removed from the forms before they are collected by the researchers. Please refer to the section entitled Confidentiality.

DESCRIPTION OF QUESTIONS IN THE ÉIQ FORM

PAGE 1 – “SIGNALEMENT”

Question 1: Date “signalement” received at RTS or RTT (pre-populated field)

This field indicates the date when the “signalement” was received by the RTS (reception et traitement des signalements) department and the RTT (reception et traitement des transferts) department in the following format: YYYY-MM-DD.

Question 2: Date “signalement” retained (pre-populated field)

This field indicates the date when the “signalement” was retained by the RTS or RTT department in the following format: YYYY-MM-DD.

Question 3: Source of “signalement” (pre-populated field)

These two fields indicate the source of the “signalement” by category and sub-category of the declarants identified in PIJ.

Question 4: Please describe the allegations reported in the “Signalement” and the results of the evaluation/orientation (including alleged maltreatment/behavioural problem or risk of maltreatment/behavioural problem, if applicable)

Provide a short description of the signalled incident, including the maltreatment that led to an evaluation and the main results, as appropriate, (e.g., type of maltreatment, substantiation, injuries). You can cut and paste the information from your evaluation report. The conclusion section of your report may be sufficient. However, be careful not to include first names or other identifying information in the text.

- To cut and paste from an evaluation or orientation report, select the text from the report and press both the Ctrl key + the C key on your keyboard at the same time. Then, position your cursor over the

response field for Question 4, and press the Ctrl key + the V key.

- If you type the description into the field manually and you would like to begin a new paragraph, place your cursor at the location where you would like the paragraph to begin, and press the Ctrl key + the Enter key on your keyboard at the same time.

Question 5: Most recent decision concerning this file (pre-populated field)

This field indicates the most recent decision pertaining to the case that was made during the evaluation or orientation. This field will read *fait fondé SDNC*; *fait non-fondé SDNC* or *SDC*.

Question 6: File number (pre-populated field)

This field indicates the agency number of the child identified in the form.

Question 7: Code identifying the evaluating worker (pre-populated field)

This field contains the code that identifies the caseworker who is responsible for the evaluation, and who must complete the form.

Question 8: Postal code of evaluated child (first 3 characters) (pre-populated field)

This field contains the first three digits of the postal code for the home where the evaluated child lives.

PAGE 2 – RELATIONS

Base your responses to Questions 9 to 21 on the situation that prevailed at the time of the “signalement”.

Question 9: Adults who are significant to the evaluated child (fields A and B are pre-populated for individuals documented as “personne lien” [contact person] in PIJ)

The purpose of this Question is to obtain information concerning the significant adults (maximum of 5) with respect to the child. Adults who are

documented as “personne lien” to the child in PIJ will be entered automatically, but there may be other adults who are significant to the child, and who must be entered manually. When answering this Question, begin by verifying the information extracted from the PIJ system, and completing/correcting it if necessary. Next, please enter the other significant adults who are not mentioned in the PIJ system.

- a) **Age:** Indicate the age of each significant adult.
 - b) **Relationship with the evaluated child:** Indicate the relationship that each significant adult has with the evaluated child (e.g., the father, mother, cousin, grandmother, uncle).
 - c) **Cohabiting with the evaluated child:** For each significant adult, indicate whether he or she lives with the evaluated child. A significant adult is considered to be a cohabitant if he or she lives at the same address as the child more than 50% of the time. If the child lives in a shared custody situation (50/50), the cohabiting parent is the one who lives at the same address as the child (as indicated in the child’s file in PIJ).
 - d) **Amongst the cohabiting adults, choose up to two caregivers:** Click on the scrolling menu to select the primary caregiver and the secondary caregiver. Only cohabiting adults can be identified as caregivers. The caregiver is the person who is generally responsible for the care of the child. If you identify a cohabiting adult as a caregiver but later wish to change this status, you must reinitialize the contents of the field by temporarily marking the adult as a non-cohabitant and then subsequently marking him or her as a cohabitant again.
- If a number of significant adults play the role of primary caregiver, select the significant adult with whom the caseworker has the most contact.

- If the child is not living in his or her natural environment at the time of the “signalement” (living away from his or her natural environment more than 50% of the time), the cohabiting adults and caregivers correspond to the foster parents or the educator-guardian who cares for the child on a daily basis.

Question 10: Children (19 years or less) associated with the evaluated child (fields B, C, D, F, and G are pre-populated)

This refers to all children (biological, step, adopted, and foster children) who are associated with the child (maximum of 5). In the context of this study, children aged 19 and under are considered in order to ensure that the information is standardized for all provinces. The age and gender of the children who are documented as “personne lien” to the evaluated child in PIJ are input automatically. When answering this Question, please begin by verifying and completing the information extracted from the PIJ system (add the first initial of the first names and indicate whether each child is a cohabitant) and making all necessary corrections. If applicable, please enter any other children who are associated with the evaluated child but who have not been marked as such in PIJ, whether they are cohabitants or not.

- a) **Child’s first name:** In order to preserve the anonymity of families, we request that you indicate only the initials of the children’s first names, instead of their full names. The “first name” field for the evaluated child cannot be left empty.
- b) **Age of child:** Indicate the age of each associated child. If necessary, correct the pre-populated value, and complete it as required. Indicate 00 for children who are less than one year old.
- c) **Sex of child:** This is a pre-populated field that you must verify, correct, or complete, as appropriate.

- d) **Relationship with evaluated child:** Indicate the relationship of each child identified to the evaluated child (e.g., brother, sister, half-brother).
- e) **Cohabiting with the evaluated child:** For each associated child, indicate whether or not he or she lives with the evaluated child.
- f) **If signalled, RTS decision:** In a case where the associated child has been the subject of a “signalement” under the same circumstances as the evaluated child, this field indicates the decision taken by the RTS department. This field is pre-populated for children who are documented as “personne lien” in the PIJ system.
- g) **Primary article:** This field indicates the main clause that the decision taken by the RTS department, as indicated in Column F, is based upon. These fields are pre-populated for children who are documented as “personne lien” in the PIJ system.

PAGE 3 – COHABITATING CAREGIVERS

In order to facilitate your input process, the primary caregiver (A) and the secondary caregiver (B) identified in Question 9 are automatically indicated at the top of Page 3. If you have entered a single caregiver in response to Question 9, verify that Column B is completely empty. On the other hand, if you identified two caregivers in Question 9, verify that both Column A and B are completed. If you are dealing with an exceptional case that does not correspond to the categories that are available to you, please write a note in Question 45 on the Comments page.

Question 11: Primary income

Indicate the primary source of income for each cohabitating caregiver. Select the option that best describes the situation.

- **Full time:** The individual is employed in a full-time position (more than 30 hours/week).

- **Part time:** The individual is employed in a part-time position (less than 30 hours/week).
- **Multiple jobs:** The individual has more than one temporary or part-time positions.
- **Seasonal:** The individual is employed in a full-time or part-time position during certain periods of the year.
- **Employment insurance:** The individual is temporarily unemployed, and is receiving employment insurance benefits.
- **Social assistance:** The individual is currently receiving social assistance benefits.
- **Other benefits:** The individual’s main source of income consists of other types of benefits (e.g., family benefits, long-term disability benefits, child support payments, pension income).
- **None:** If the individual’s main source of income is generated through drug trafficking, prostitution, or other illegal activities, please indicate this in the Comments section.
- **Unknown:** Check this box if you do not know the source of income of the caregiver.

Question 12: Ethno-racial group

Examining the ethno-racial background can provide valuable information concerning differential access to child welfare services. This section uses the list of ethno-racial categories that was used by Statistics Canada in the 1996 Census.

Check the ethno-racial category that you believe best describes the origin of each caregiver. Check “OTHER” if none of the options corresponds to the individual’s origin, and provide details in the field marked “IF OTHER, PLEASE SPECIFY”.

Question 12a to 12d: Aboriginal

If the ethno-racial group indicated in response to Question 12 is not “ABORIGINAL”, do not fill in fields 12a to 12d. These fields will automatically be marked as not applicable. If this is

not the case, please answer the four Questions:

- a) **Aboriginal status:** If the caregiver is Aboriginal, indicate his or her Aboriginal status. Select from among the following choices: First Nations status, First Nations non-status, Métis, Inuit, or other.
- b) **Lives on a reserve:** If the caregiver is Aboriginal, indicate whether he or she lives on a reserve or off reserve.
- c) **Caregiver attended residential school:** If the caregiver is Aboriginal, indicate whether he or she attended a residential school during childhood or adolescence.
- d) **Caregiver's parent attended residential school:** If the caregiver is Aboriginal, indicate whether one of his or her parents attended residential school during childhood or adolescence.

Question 13: Primary language (pre-populated field)

Refers to the caregiver's primary language. If the individual is bilingual, refers to the primary language spoken in the household.

Question 14: Attitude towards worker during the evaluation/ orientation

This question refers to your perception of your relationship with this individual during your evaluation. Indicate how you would characterize the attitude of each caregiver during the evaluation conducted by child welfare services. Specify whether this individual has been generally cooperative or uncooperative. If you did not communicate with this individual, select "PERSON NOT CONTACTED".

PAGE 4 – COHABITATING CAREGIVERS

Question 15: Caregiver risk factors

These questions relate to each of the caregivers. Where applicable, use the last six months as a reference point. For each risk factor listed, you must indicate "CONFIRMED", "SUSPECTED",

"NO", or "UNKNOWN" in connection with the risk factor in question. These options are defined as follows:

Confirmed: The problem has been diagnosed by a professional, observed by you or another worker, or disclosed by the caregiver.

Suspected: You have not personally observed the risk factor, but you have seen sufficient signs to raise doubts in your mind. Your suspicions are sufficient for you to mention the problem in a written evaluation or a transfer summary to a colleague.

No: To the best of your knowledge, this risk factor is not present in the caregiver's life.

Unknown: You are unsure or have not attempted to determine the presence of this risk factor.

- **Alcohol abuse:** Abusive alcohol consumption.
- **Drug/solvent abuse:** Abuse of prescription drugs, illegal drugs, or solvents.
- **Cognitive impairment:** Reduced cognitive ability.
- **Mental health issues:** Caregiver has a mental health problem.
- **Physical health issues:** Chronic illness, frequent hospitalization, or physical disabilities.
- **Few social supports:** Social isolation or social network is not capable of providing the support that the caregiver needs.
- **Victim of domestic violence:** Violent acts (assault, rape, verbal abuse, threats, etc.) suffered.
- **Perpetrator of domestic violence:** Violent acts (assault, rape, verbal abuse, threats, etc.) committed.
- **History of foster care/group home/rehabilitation centre:** Was placed during childhood or adolescence.
- **Other:** Any other problem that may affect the individual's ability to function as a caregiver. If you check "CONFIRMED" or "SUSPECTED", you must provide an explanation. If

you check "NO" or "UNKNOWN", leave this field empty.

Question 16: Custody dispute concerning the evaluated child

Indicate whether custody of or access to the child is the subject of a dispute between the parents at the time of the "signalement".

PAGE 5 – Household/referral(s)

Question 17: Housing

Indicate the housing category that best describes the living situation of the household.

- **Own home:** A house, condominium, or townhouse that is owned by the caregiver(s).
- **Rental:** A rented house, townhouse, or apartment.
- **Public housing:** A unit in a public rental-housing complex (rent subsidized, government-owned housing, low-cost housing), or a house, townhouse, or apartment located on a military base. This category does not include housing located in a First Nations community.
- **Band housing:** Aboriginal housing that is built, managed, and owned by the band. This category includes housing located in a First Nations community.
- **Shelter/hotel:** Homeless or family shelter, SRO hotel (single room occupancy), or motel accommodations.
- **Unknown:** Type of housing unknown.
- **Other:** All other forms of housing, including no fixed address (NFA). Check this box, and specify the type of housing in the corresponding in the field marked "IF OTHER, PLEASE SPECIFY".

Question 18: Home overcrowded

Indicate whether the number of people who occupy the household appears to be excessive considering the number of rooms or available space. An overcrowded home allows for little privacy, and is conducive to promiscuity.

Question 19: Approximate number of moves in the past 12 months

Indicate the number of household moves within the past twelve months.

Question 20: Housing safety

For each of the elements mentioned, indicate whether you believe that the presence of this element constitutes a risk to the physical safety or health of the child. Check “UNKNOWN” only if you have not visited the home in question.

- a) **Accessible weapons:** Firearms or other weapons (knives or others) that the child may be able to access.
- b) **Accessible drugs/drug paraphernalia:** Toxic products (legal or illegal drugs) or drug paraphernalia that the child may be able to access.
- c) **Production/trafficking of drugs in the home:** There is evidence that this home has been used as a drug lab, narcotics lab, grow operation, or crack house. A “YES” answer indicates that there is evidence that drugs are being grown (e.g., marijuana), processed (e.g., methamphetamine), or sold in the home. Evidence that drugs are being sold might include observations of large quantities of legal or illegal drugs or drug paraphernalia, such as needles or crack pipes, in the home, or exchanges of drugs for money. The following signs may constitute evidence that drugs are being processed or trafficked: evidence that the house is “hyper-sealed”, with windows and doors darkened or covered in black plastic and with little or no air or sunlight, and the odour of chemical products or solvents.
- d) **Chemicals/solvents used in drug production:** The presence of chemical products or solvents that may represent a risk and that the child may be able to access.
- e) **Other home injury hazards:** Indicate whether there are other elements in the home that may represent an injury hazard for the child, such as

broken glass, nails, exposed electrical wires, etc.

- f) **Other home health hazards:** Indicate whether there are other elements in the home that could represent a health risk for the child, such as inadequate heating, mildew, etc.

Question 21: Household regularly runs out of money for basic necessities

To the best of your knowledge, indicate whether the household regularly runs out of money for the child’s basic necessities (e.g., food, clothing).

Question 22: Referral(s) for the evaluated child or caregivers to services or programs which are internal or external to the youth centre (by the Director of Youth Protection (DYP) or by an authorized individual)

Indicate whether the child or one of the caregivers has been referred to any programs or services. We would like to be informed of all referrals to internal or external services during the course of the evaluation and orientation. This may be a specialized internal service or program that is offered by the child welfare agency, or an external service or program that is offered by another agency. Indicate all referrals to services or programs, regardless of whether the child or caregiver actually took part. Check all of the following that apply.

- a) **No referral:** There was no referral to an internal or external service or program.
- b) **Parent support group:** Any group program that is designed to provide assistance or education to caregivers (e.g., Parents Anonymous, parenting instruction course, parent support association, support for young parents).
- c) **In-home family/parent counselling:** Home-based support services designed to assist families, to reduce the risk of out-of-home placement, or to

reunify children in care with their family (e.g., intensive family services).

- d) **Other family/parent support:** Includes other family or couples therapy programs (e.g., family services agency).
- e) **Drug/alcohol counselling:** Substance abuse treatment program (no matter what the substance) for the child(ren) or the caregiver(s).
- f) **Welfare/social assistance:** Referral to social assistance services to address household financial concerns.
- g) **Food bank:** Referral to a food bank or low-cost food services (soup kitchen).
- h) **Shelter services:** Shelter/housing services for women and children who are the victims of domestic violence, or for the homeless.
- i) **Domestic violence services:** Domestic violence services for victims, perpetrators, or child witnesses.
- j) **Psychiatric/psychological services:** Evaluation, therapy, or specialized assistance program of a psychological or psychiatric nature for children or caregivers (trauma, high-risk behaviour, intervention).
- k) **Special education placement:** Any special education program (schools and classes) that satisfies a child’s educational, emotional, or behavioural needs.
- l) **Recreational services:** Community recreation program (e.g., sports organizations, community recreation, Boys and Girls Clubs).
- m) **Victim support program:** Victim support program (e.g., sexual abuse disclosure group).
- n) **Medical/dental services:** Any specialized service to address the child’s basic medical or dental health needs.
- o) **Child/day care:** Any childcare or daycare service, including staff-run, in-home, and school daycare services.
- p) **Cultural services:** Services to help children or families strengthen their cultural heritage or become integrated in their communities.

q) **Other:** Check and identify any other child- or family-focused referral. If the case is being oriented toward “Intervention Terminale”, [last intervention] it should be indicated here.

PAGE 6 – EVALUATED CHILD

Question 23: First name (pre-populated field)

Refers to the first name of the evaluated child.

Question 24: Sex (pre-populated field)

Refers to the sex of the evaluated child.

Question 25: Age (pre-populated field)

Refers to the age of the evaluated child.

Question 26a: Aboriginal child (pre-populated field)

Refers to the Aboriginal or non-Aboriginal status of the evaluated child.

Question 26b: Aboriginal status

If the response to Question 26a indicates that the child is Aboriginal, indicate his or her status. Select from among the following choices: First Nations status, First Nations non-status, Métis, Inuit, or not applicable.

Question 27: Child functioning

This section focuses on the child’s level of functioning. Where applicable, use the last six months as a reference point. For each risk factor listed, you must indicate “CONFIRMED”, “SUSPECTED”, “NO”, or “UNKNOWN” in connection with the problem in question. These options are defined as follows:

Confirmed: The problem has been diagnosed by a professional, observed by you or another worker, or disclosed by the child.

Suspected: You have not personally observed the risk factor, but you have seen sufficient signs to raise doubts in your mind. Your suspicions are sufficient for you to mention the problem in a written evaluation or a transfer summary to a colleague.

No: To the best of your knowledge, this problem is not present in the child’s life.

Unknown: You are unsure or have not attempted to determine if there was such a child functioning issue.

- a) **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and that interfere with the child’s ability to manage at home and at school.
- b) **Suicidal thoughts:** The child has expressed suicidal thoughts.
- c) **Self-harming behaviour:** Behaviour that can endanger the child’s life, including suicide attempts, physical mutilation, and cutting.
- d) **ADD/ADHD:** Attention deficit disorder or attention deficit disorder with hyperactivity.
- e) **Other psychiatric issues:** The child has been diagnosed with a psychiatric disorder other than attention deficit and hyperactive disorder or depression. Examples include oppositional-defiant conditions, obsessive-compulsive disorder, and schizophrenia. Do not check “CONFIRMED” unless the psychiatric disorder has been diagnosed by a psychiatrist (e.g., behavioural problems, anxiety problems).
- f) **Attachment issues:** The child exhibits a problematic physical or emotional attachment to his or her mother or other caregiver. The child finds it difficult to express his or her needs, or appears uncomfortable or insecure in the presence of the caregiver.
- g) **Aggression:** The child exhibits destructive or aggressive behaviour toward people or property in his or her environment.
- h) **Running (multiple incidents):** The child has run away from home or another residence on multiple occasions for at least one overnight period without the permission of responsible adults.

- i) **Inappropriate sexual behaviour:** The child displays sexual behaviour that is not appropriate for his or her age.
- j) **Youth criminal justice act involvement:** Charges, incarceration or alternative measures with the Youth Justice system.
- k) **Intellectual disability:** The child does not achieve the developmental milestones established for children of his or her age due to a biological disorder or physical problem (e.g., autism or Down Syndrome).
- l) **Failure to meet developmental milestones:** The child is delayed in his or her intellectual development, which is typically diagnosed when a child does not reach his or her developmental milestones at expected times in areas such as speech or language, gross/fine motor skills, and social or personal skills. Unlike an intellectual disability, this delay is caused by environmental factors (e.g., under-stimulation), and not by a biological or physical condition.
- m) **Academic difficulties:** Learning disabilities that are usually identified in school. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language usage, numbers, elocution, reading, work comprehension).
- n) **FAE/FAS:** The child has been diagnosed with a birth defect relating to his or her biological mother’s abuse of alcohol.
- o) **Positive toxicology at birth:** The child tested positive for toxicology at birth, indicating the presence of drugs or alcohol in his or her blood.
- p) **Physical disability:** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness, deafness, or a

severe vision or hearing impairment that noticeably affects activities of daily living.

- q) **Alcohol abuse:** Consumption of alcohol that causes problems (considering age, frequency, and severity) in terms of the child's functioning.
- r) **Drug/solvent abuse:** Consumption of prescription drugs, illegal drugs, and solvents.
- s) **Other:** Any other conditions that affects the child's functioning. If you check "CONFIRMED" or "SUSPECTED", you must provide an explanation. If you check "NO" or "UNKNOWN", leave this field empty.

Question 28: Type of evaluation

Indicate whether the evaluation relates to one or more INCIDENTS of maltreatment/behavioural problem, or whether it relates only to a presumption of serious RISK of maltreatment/behavioural problem. For example, if the child was signalled because he or she is living with someone who has been accused of sexual assault, or because his or her brother has been assaulted, or because his or her mother is a drug addict, but no incident of maltreatment has been alleged, it is considered to be a risk evaluation only.

Question 29: If risk evaluation only, is there a significant risk of future maltreatment/behavioural problem?

If the evaluation relates to one or more INCIDENTS, "NOT APPLICABLE" will automatically appear. If the evaluation relates exclusively to a RISK of maltreatment/behavioural problem, indicate whether there is a serious risk of future maltreatment/behavioural problem, and go directly to Question 39 (Page 8).

PAGE 7 – RESULTS OF EVALUATION/ORIENTATION

Question 30: Insert form of maltreatment/behavioural problem in boxes

Select up to three codes of maltreatment or behavioural problems from the list that appears on the right-hand side of the page, and record them in the boxes in response to Question 30 (1st, 2nd, 3rd). Select the codes according to the actions and not to intentions behind the actions. In the first box, record the code that corresponds to the problem that best characterizes the situation that the evaluation relates to. If the evaluation relates to several problems, enter the corresponding codes in decreasing order according to the severity of the risk to the child's safety and development. Rely on your professional judgment to determine the nature and order of importance of the maltreatment/behavioural problem codes that best characterize the child's situation. You need not necessarily refer to the legal categories (clauses). The provincial and territorial laws respecting child welfare differ greatly, and therefore, we will use a classification based on clinical definitions and not legal definitions. The classification that is used groups maltreatment into six categories: physical abuse, sexual abuse, psychological abuse, exposure to domestic violence, and behavioural problems. These categories are comparable to those used in the Ontario Incidence Study of Reported Child Abuse and Neglect during previous CIS cycles.

If the maltreatment/behavioural problem falls into a single category, it is possible to record up to three codes from this category in the boxes in response to Question 30. If there are several types of maltreatment/

behavioural problem, and the three fields are not adequate for indicating all of the problems, enter the code for the act that is most harmful to the child within each category. For example, if the sexual abuse involves touching and penetration, select penetration.

The main forms of maltreatment/behavioural problem must be indicated in the boxes provided, regardless of whether they are substantiated or only suspected, and regardless of the outcome of the evaluation.

Physical Abuse

This category includes all acts of physical aggression, including abuse of power and some types of punishment. If several types of physical violence are involved, select the most harmful one.

- **Shake, push, grab, or throw:** Includes pushing or dragging a child, as well as shaking an infant.
- **Hit with hand:** Includes slapping and spanking, but not punching.
- **Punch, kick, or bite:** Also includes hitting with any other part of the body (e.g., with the shoulder or head).
- **Hit with object:** Includes hitting with a stick, belt, or other object, and throwing an object at a child, but does not include stabbing with a knife.
- **Choking, poisoning, stabbing:** Form of physical abuse, including choking, strangling, stabbing, burning, poisoning, and the abusive use of restraints.
- **Other physical abuse:** All other forms of physical abuse.

Sexual Abuse

The child has been sexually molested or sexually exploited. This includes sexual abuse within the family and by an individual outside the family, as well as sexual abuse by older children and youth perpetrators. If several types of sexual abuse are present, choose the one that you judge to be the most intrusive.

- **Penetration:** Penile, digital, or object penetration of the vagina or anus.
- **Attempted penetration:** Attempted penile, digital, or object penetration of the vagina or anus.
- **Oral sex:** Oral contact with genitals, either by the perpetrator or by the child.
- **Fondling:** Touching or fondling the genitals for sexual purposes.
- **Sex talk or images:** Verbal or written proposition, encouragement, or suggestion of a sexual nature (including face to face, by phone, written or Internet contact, and exposing the child to pornographic material).
- **Voyeurism:** Includes activities where the alleged voyeur (man or woman) observes the child for the perpetrator's personal sexual gratification. Use the "EXPLOITATION" code if the voyeurism includes pornographic activities.
- **Exhibitionism:** Includes activities where the perpetrator is alleged to have exhibited himself or herself to the child for his or her own sexual gratification.
- **Exploitation:** Includes situations where an adult sexually exploits a child for the purposes of financial gain or other profit, including pornography and prostitution.
- **Other sexual abuse:** All other forms of sexual abuse.

Neglect

It is important to note that the term "NEGLECT" is not used in a uniform manner in all provincial and territorial laws, but that comparable concepts are used, including "FAILURE TO PROVIDE FOR BASIC NEEDS, TO SUPERVISE, AND TO ADEQUATELY PROTECT" the child; "DOES NOT PROVIDE TREATMENT FOR", "REFUSES OR IS NOT CAPABLE OF CONSENTING TO THE TREATMENT, OR IS NOT AVAILABLE TO DO SO."

- **Failure to supervise:** physical harm. The child has suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., leaving a child unsupervised for several hours, impaired driving with a child, or engaging in dangerous criminal activities with a child).
- **Failure to supervise:** sexual abuse. The child has been or is at risk of being sexually assaulted or exploited because the caregiver did not adequately protect the child.
- **Permitting criminal behaviour:** The child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
- **Physical neglect:** The child has suffered or is at risk of suffering physical harm because of the caregiver's failure to care and provide for the child's needs adequately. This includes inadequate nutrition/clothing and unhygienic, dangerous living conditions. There must be evidence or suspicion that the child's caregiver is responsible for the situation.
- **Medical neglect (includes dental):** The child requires medical treatment in order to cure, prevent, or alleviate physical harm or suffering, and the caregiver does not take the necessary steps or refuses to consent to this treatment. This includes dental services when funding is available.
- **Failure to provide psychological/psychiatric treatment:** The child is at serious risk of being in emotional distress that translates into a profound sense of anxiety, a severe depressive state, withdrawal, or self-harming or aggressive behaviour, or a mental

state that could seriously impair his or her development. The caregiver does not provide or refuses to give his or her consent to the necessary treatment in order to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems, such as learning and behavioural problems, and treatment for infant development problems, such as non-organic failure to thrive. A caregiver who is awaiting services should not be included in this category.

- **Abandonment:** The child's father or mother has died or is unable to exercise custodial rights, and has not made adequate provisions for care and custody of the child, or the child is in a placement and the parent refuses to or is unable to take custody.
- **Educational neglect:** The caregiver knowingly permits chronic truancy (more than five days per month), fails to enrol the child, or repeatedly keeps the child at home. If the child is experiencing mental, emotional, or developmental problems associated with school and treatment is offered, but the caregivers do not cooperate with the treatment, classify the case under failure to provide treatment as well.

Emotional Maltreatment

- **Terrorizing or threat of violence:** A climate of fear, placing the child in unpredictable or chaotic situations, such as those involving bullying and fear, threats of violence against the child or the child's loved ones or cherished objects.
- **Verbal abuse or belittling:** Includes forms of hostility or rejection, including belittling, ridiculing, etc.
- **Isolation/Confinement:** The child suffers from social isolation, and is purposely cut off from other children. Includes locking the child in a room or refusing to allow the child to participate in family activities.

- **Inadequate nurturing or affection:** The child suffers from a lack of parental presence, interaction, or affection.
- **Exploiting or corrupting behaviour:** The caregiver permits or encourages the child to engage in harmful, criminal, deviant, or inappropriate behaviour.

Exposure to Intimate Partner Violence

- **Direct witness to physical violence:** The child is present during physical or verbal violence between intimate partners. The child can see and/or hear the violence.
- **Indirect exposure to physical violence:** The child is not present during the violence between intimate partners, but suffers the consequences, hears about it, or experiences changes in his or her life that are attributed to this violence (e.g., frequent moves).
- **Exposure to emotional violence:** The child is exposed to or witnesses the consequences of emotional violence between intimate partners.
- **Exposure to non-partner physical violence:** The child is exposed to or witnesses the consequences of physical violence between a caregiver and another individual who is not the spouse/partner of the caregiver (e.g., between the caregiver and a neighbour, grandparent, uncle, or aunt).

Behavioural Problems

- **Self-harming behaviour:** Suicidal tendencies, self-mutilation, and other dangerous behaviour.
- **Violence toward others:** Verbal or physical violence against others.
- **Negative associations:** Relationships between the child and other individuals either under or over the age of majority whose behaviour, lifestyle, or reputation clearly lead to the belief that their influence on the child is negative and accentuates the child's behavioural problem.

- **Problematic consumption of psychotropic drugs:** The child abuses alcohol, drugs, or prescription drugs, taking into consideration his or her age and development.
- **Running (single incident):** Running away from the family or alternative environment on a single occasion for an overnight period or longer.
- **Running (multiple incidents):** Running away from the family or alternative environment on multiple occasions, each time spending at least one overnight period away.
- **Relationship problems with parents/authority:** The child refuses the support and assistance of parents or other adults who are in a position of authority, other than those at school.
- **Behavioural problems in school:** Behavioural problems that are exhibited at school.
- **Absence from school:** The child deliberately refuses to attend school, is frequently absent, or has been the subject of disciplinary measures ranging from suspension to expulsion from school. This category excludes children whose parents deliberately keep them home from school.
- **Vandalism:** Behaviour of a criminal nature (theft, vandalism, pyromania) that involves the child vandalizing property.
- **Other dangerous behaviours:** All other forms of behaviour that pose a danger to the child or to others.
- **Inappropriate sexual behaviour:** The child has initiated inappropriate and problematic sexual behaviour with friends or family members.

Question 31.1: Alleged perpetrator(s)

This Question relates to the individual(s) among the significant adults who is(are) alleged, suspected, or recognized as the perpetrator(s) of the maltreatment

of the evaluated child. For each of the maltreatment/behavioural problem codes indicated in response to Question 30, and considering the significant adults identified in Question 9 who were transcribed here, select the individual(s) who is(are) the alleged perpetrator(s). If none of the significant adults is the alleged perpetrator of the problems, do not record anything, and move on to the next Question.

Question 31.2: Other alleged perpetrator (including the evaluated child)

- Presence of another alleged perpetrator:** Check the appropriate box to indicate whether there is an alleged perpetrator who is not a significant adult with respect to the child. If there is an alleged perpetrator who is not a significant adult, answer Questions 31.2b, 31.2c and 31.2d in order to describe this individual. If the answer is no, go directly to Question 32.
- Relationship to the evaluated child:** If there is another alleged perpetrator who is not a significant adult with respect to the child, specify how this individual is connected to the child (e.g., brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, friend of the family). Include behavioural problem cases in this Question by identifying the child themselves as the alleged perpetrator. Different people may be responsible for maltreatments. Indicate the main alleged perpetrator, regardless of the level of involvement at this point in the evaluation.
- Age:** Indicate the age category of the other alleged perpetrator.
- Sex:** Indicate the sex of the other alleged perpetrator.

Question 32: Level of substantiation

Indicate the level of substantiation (founded, suspected, or unfounded) for each of the problems identified in Question 30 at this point in the evaluation/orientation. We would like to be informed of the confirmation of the events specific to each of the problems evaluated, and not the final outcome of your evaluation of all of the events.

- **Founded:** The events are “substantiated” if the evidence indicates that the situation described in the “signalement” really happened.
- **Suspected:** The evidence is insufficient. The “signalement” remains “suspected” if you do not have enough evidence to prove the maltreatment/behavioural problem, but you are not certain that this hypothesis can be ruled out.
- **Unfounded:** The events are “unfounded” if the evidence indicates that the maltreatment/behavioural problem did not really happen.

If the events are founded or suspected, go directly to Question 33

- a) **If unfounded, was the “signalement” a malicious referral?** Indicate whether the events were reported by an individual who knew that the allegations were unfounded. This may be the case if there is a conflict between the individuals (e.g., a custody dispute, disagreement between relatives, dispute between neighbours). If the events are founded or suspected, this field is automatically marked as not applicable.
- b) **If unfounded, is there a significant risk of future maltreatment/behavioural problem?** Even if the events are unfounded, indicate YES or NO if you believe or do not believe that there is a serious risk that the child could eventually be maltreated or exhibit behavioural problems. If the events are founded

or suspected, this field is automatically marked as not applicable.

Question 33: Was maltreatment a form of punishment?

Indicate YES or NO, depending on whether or not the alleged maltreatment was a form of punishment. Select “NOT APPLICABLE (BEHAVIOURAL PROBLEM)” if the problem indicated in this column in response to Question 30 is a behavioural problem. The “NOT APPLICABLE” category also includes cases where an evaluation has been conducted into punishments that are overly severe, without there necessarily having been any corroboration. If the events are unfounded, this field is automatically marked as not applicable.

Question 34: Duration

Indicate the duration of the maltreatment, as it is known at this point in the evaluation/orientation. This can include an isolated incident, multiple incidents lasting less than six months, or multiple incidents lasting six months or longer. If you know that there have been multiple incidents, but are unaware of the specific duration, select “MULTIPLE INCIDENTS, UNKNOWN DURATION”. If the events are unfounded, this field is automatically marked as not applicable.

PAGE 8 – RESULTS OF EVALUATION/ ORIENTATION

Question 35: Physical harm

- a) Indicate the physical harm caused by the maltreatment/behavioural problem that was evaluated or that led to the “signalement”. If an injury is at the origin of the “signalement”, check the harm that applies, even if it is an accidental injury and the maltreatment is unfounded. Select all that apply.
- **No harm:** There is no apparent evidence of physical harm on the child as a result of maltreatment/behavioural problem.

- **Bruises/cuts/scrapes:** The child suffered various physical hurts visible for at least 48 hours.
 - **Broken bones:** The child suffered broken bones.
 - **Burns/scalds:** The child suffered burns and scalds visible for at least 48 hours.
 - **Head trauma:** The child was a victim of head trauma (note: in cases of shaken-infant syndrome, the major trauma is to the head, not the neck).
 - **Fatal:** The child died, and maltreatment was suspected as the cause of death during the investigation. Include cases where maltreatment was unfounded.
 - **Other:** Other physical health problems, such as untreated asthma, failure to thrive, or sexually transmitted diseases.
- b) **Medical treatment required:** Indicate whether medical care is or was required as a result of the injury or other harm identified in response to Question 35a. If no physical harm is indicated in response to Question 35a, select the “NOT APPLICABLE (no harm)” option.
- c) **Health or safety seriously endangered by the suspected or founded maltreatment/behavioural problem:** If at least one maltreatment/behavioural problem is founded or suspected, indicate YES or NO with respect to whether the problem(s) posed a serious threat to the physical integrity of the child. We would like to know if the child may be in danger or if the child may be permanently harmed (e.g., 3-year-old child wandering on a busy street, child found playing with dangerous chemicals or drugs). If all of the events evaluated are unfounded, select the “NOT APPLICABLE (unfounded)” option.

Question 36: Physician/nurse physically examined child as part of the investigation

Indicate whether a physician or nurse conducted a physical examination of the child during the course of the evaluation or orientation.

Question 37: History of injuries

Indicate whether the evaluation or orientation revealed a history of unidentified or wrongly diagnosed injuries.

Question 38: Emotional harm

- a) **Mental or emotional harm evident as a result of the suspected or founded maltreatment/behavioural problem** (emotional problems and other mental health issues). Indicate whether the child shows signs of emotional harm (e.g., nightmares, nocturnal incontinence, or withdrawal following maltreatment/behavioural problem). If all of the events are unfounded, select the “NOT APPLICABLE (unfounded)” option.
- b) **The child requires therapeutic treatment:** Indicate whether the child shows or has shown emotional symptoms that require therapy. If no emotional harm has been identified, select the “NOT APPLICABLE (no harm)” option.

Question 39: Placement during the evaluation or orientation

Placement measures that were applied during the evaluation or orientation extracted from PIJ. These involve the removal of the child from his or her living environment, and include emergency measures, temporary measures, and measures for children entrusted to a third party. If the child was placed in a foster home, specify the

type of foster family where the child has spent most of his or her time.

- Regular foster family. Any foster family that is not specific to the child.
- Specific foster family. A placement has been specifically arranged for the child within the family network.
- Unknown. Select this option if placement with a foster family is indicated but you are unsure what type of setting the child has been placed in.
- Not applicable. Select this option if the placement is in a setting other than a foster family, or if no placement measures have been applied.

Question 40: Youth Court

- a) **Interim measures ordered or court petitioned** (pre-populated field). This field is automatically completed based on the information in PIJ. It will indicate whether or not the child's file is subject to judicial control.
- b) **Orientation toward a service or alternative procedure with the goal of achieving an agreement between the parties regarding the protection of the child:** Indicate YES or NO with respect to whether the child and his or her parents have been referred to a formal service, procedure or program intended to avoid adversarial confrontation or to foster the establishment of an agreement between the parties with respect to the child's protection. This would be offered in addition to the regular services provided. The use of “voluntary measures” does not constitute a referral to an alternative procedure. For example, this may involve settlement conferencing or an Aboriginal circle.

Question 41: Previous “signalements” (pre-populated fields)

- a) The date of the most recent previous “signalement”, if applicable, and the decision taken with respect to retention or compromise, as the case may be. If there are no previous “signalements” relating to the child, an aberrant date (1901 01 01) will be entered automatically.
- b) Dates and decisions pertaining to previous evaluations. Up to four evaluations may be entered. If there are no previous evaluations relating to the child (other than the one in the ÉIQ), these fields should be left empty.

Question 42: Police intervention

We would like to be informed of police involvement which could possibly generate the launch of an investigation (with or without charges). If the police came to the site and intervened, but no complaints were filed and no investigation was launched, please select “none”, which signifies “no investigation”, and make a note in Question 44 on the comments page that there was police involvement, even though no investigation was launched and no charges were laid.

- a) **Police investigation regarding the evaluated child maltreatment/behavioural problem:** Indicate whether there was a police response to the maltreatment/behavioural problem evaluated, along with the scope of this involvement:
- **None:** There was no police involvement with respect to the events evaluated.
 - **Investigation in progress:** A police investigation is underway, but charges have not been laid yet.

- **Charges laid:** Charges have been laid against the perpetrator.
- **Investigation completed with no charges:** The police investigation was completed, and no charges were laid.

b) **Police investigation regarding adult domestic violence investigation:**

Indicate whether there was police involvement with respect to domestic violence, along with the scope of this involvement:

- **None:** Domestic violence occurred, but there was no police involvement.
- **Investigation in progress:** A police investigation is underway, but charges have not been laid yet.
- **Charges laid:** Charges have been laid against the perpetrator.
- **Investigation completed with no charges:** The police investigation was completed, and no charges were laid.
- **Unknown:** Select this option if you do not know whether a police investigation was carried out as a result of domestic violence.
- **Not applicable:** Select this option if the situation does not involve a problem relating to domestic violence.

Question 43: Caregivers use spanking as a form of discipline

Indicate YES or NO with respect to whether or not the child’s caregivers use spanking as a form of discipline. Check “UNKNOWN” if you are uncertain. Spanking refers to any physical correction that is used to discipline the child on a recurring basis including slapping, spanking, cold showers, etc. for “the child’s own good”.

PAGE 9 – COMMENTS/OTHER INFORMATION

Questions 44, 45, and 46

If the ÉIQ Form does not include certain information that is relevant to your case, please provide your information and comments in the three sections reserved for this purpose: information pertaining to the “signalement” and the evaluation/ orientation, information pertaining to the household, and information pertaining to the child.

These fields can be left empty if you do not have any additional information to provide.

We would like to extend our sincere thanks for your help and your interest in the third cycle of the CIS in the province of Québec.

Appendix J *Case Vignette*

The following is the case vignette used during training sessions on how to complete the *CIS-2008 Maltreatment Assessment Form*.

INTAKE ASSESSMENT: SARAH AND JASON

File Number: 2345-234 G

Referring Source: Neighbour

Date of Referral: October 06, 2008

Family Name: Smith

Ethno-Racial Group: White

Mother's Name: Betsy Smith

Father's Name: Unknown

Children:

Sarah

Jason

Date of Birth:

May 05, 2003

February 02, 2008

Case Record:

Investigation in 2006, lack of supervision of 3-year-old Sarah.

Referral Summary:

Date: Oct 6/08: A caller contacted the office with concerns that Jason, a young baby, was being left alone by his mother.

The caller lives across the street from Ms. Smith and has known the family for four or five months. The caller indicated that Ms. Smith lives in an apartment with her little girl who looks about four or five, and her baby boy who is about eight or nine months old. The caller has watched Ms. Smith leave the house with her daughter at lunchtime, walking the girl to school a few blocks away. The baby is not with her. Ms. Smith sometimes returns within 10 or 15 minutes, and other times she returns after a longer period. The caller has watched this happen six or seven times since the start of the school year. Today she noted that Ms. Smith was gone for at least 45 minutes and that the baby was alone in the apartment the whole time, although Ms. Smith was now back at home. The caller knows that Ms. Smith has a boyfriend who stays overnight occasionally.

Date: Oct 7/08: The worker attended the home of Ms. Smith (26) at 10 am. Ms. Smith was surprised to see the worker

at her home but agreed to let the worker in. She apologized for the house being untidy as she had not been able to clean up yet this morning.

The kitchen had a large pile of dirty dishes on the counter and in the sink, including several half-full baby bottles. The worker looked in the fridge and cupboards, and noted adequate provisions. Crumbs and pieces of dirt were stuck to the carpet. Toys and dirty dishes were all about the living area. The beds were all unmade and Sarah's bed had no sheets. Jason's crib was sour smelling but free of toys. The bathroom was very dirty. The window was broken and a large piece of glass was on the floor.

Ms. Smith indicated that she has been unemployed since Sarah was born. She relies on social assistance to pay her bills. She has used the food bank a few times. She has more money since moving to this subsidized apartment four months ago. She indicated that she has an on-and-off boyfriend named John; he does not help with the kids. Ms. Smith was raised in another town. Her parents and two brothers remain there. Ms. Smith has no history of CAS involvement as a child.

Sarah was talkative and friendly. She showed no signs of anxiety or fear in front of her mother. Sarah proudly told the worker what a big girl she was as she could dress herself and make her own breakfast. She thought it was nice to let her mom sleep in.

When asked directly about leaving the baby at home, Ms. Smith admitted that she has had to do this once or twice as she finds the trip to school conflicts with the baby's nap. The worker asked Sarah if she ever babysat her brother and Sarah stated that her mother had "never-ever-ever" left her alone at home. When asked how long she was gone, Ms. Smith said she took Sarah straight to school and came home; leaving Jason sleeping alone for a maximum of 10 minutes. The worker asked about Ms. Smith's usual child care and Ms. Smith indicated that she rarely needed a babysitter but would call on her friend to watch her kids if she had to go out. The worker advised Ms. Smith that under no circumstances could she leave either of her children alone.

Near the end of the visit the worker asked to hold the baby, and noted that his sleepers were damp. She asked Ms. Smith to change him. Ms. Smith put Jason directly on the dirty floor and changed his diaper. He did not have a diaper rash, and he had no observable bruises. While on the floor Jason picked up some debris from the floor and put it in his mouth.

The worker advised Ms. Smith that conditions in her home posed safety hazards to her children – namely the broken window and glass in the

bathroom, and the dirty living areas.

Ms. Smith agreed to clean the home and call her landlord to fix the window.

The worker informed Ms. Smith that she would be receiving ongoing visits from the agency to help her establish appropriate child care routines and to support in organizing the daily tasks of family life. The worker had Ms. Smith sign a release form so she could speak with both the family doctor and Sarah's school.

Date: Oct 7/08: Ms. Q is a kindergarten teacher. Ms. Q expressed concern as Sarah often arrives in rumpled clothes, with dirty hair and face. Some days she smells unclean and the teacher has heard other children make fun of Sarah's smell. Sarah has told her teacher that she is late because she has to wait for her mom to put her brother down for his nap before they can walk to school. Sarah is frequently late for school.

Date: Oct 8/08: Phone call to Dr. Jones's office. The office confirmed that an appointment had been made for both children and the doctor will call the worker after she has seen the family again.

Investigation Conclusions:

This case involves the neglect of Sarah and her brother Jason. Jason has been left unsupervised more than once. This comes after Ms. Smith was previously investigated and cautioned for inadequate supervision of Sarah. Sarah appears to take on numerous parenting tasks including the soothing and supervision of her baby brother as well as preparing herself for school. In addition, the home is dirty and poses several dangers to the children.

Outcome:

Case to be transferred for ongoing services.

Appendix K *Variance Estimates and Confidence Intervals*

The following is a description of the methodology employed to obtain the sampling error for the CIS-2008 estimates, presented in this report. Variance estimates and confidence intervals for the estimates contained in the tables (“total” column, as applicable) of this report are provided.

SAMPLING ERROR ESTIMATION

The CIS-2008 uses a multi-stage random sample survey method to estimate the incidence and characteristics of cases of reported child abuse and neglect across the country. The study estimates are based on the CIS-2008 sample of 15,980 child investigations.

The size of this sample ensures that estimates for figures such as the overall rate of reported maltreatment, substantiation rate, and major categories of maltreatment have a reasonable margin of error. However, the margin of error increases for estimates involving less frequent events, such as the number of placements in a group home or residential/secure treatment.

The tables in this appendix provide the margin of error for CIS-2008 estimates. For example, the estimated number of child maltreatment investigations in Canada during 2008 is 235,842, with a 95% confidence interval ranging from 202,523 to 269,161 investigations. This means that if the study were repeated 20 times, in 19 times the calculated confidence interval (202,523-269,161) would contain the true number of child maltreatment investigations (Table K3-1).

Estimates are only representative of the sampling period; therefore, the error estimates do not account for any errors in determining the annual and regional weights. Nor do they account for any other non-sampling errors that may occur, such as inconsistencies or

inadequacies in administrative procedures from site to site. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends on the extent to which the sampling period is representative of the whole year.

To assess the precision of the CIS-2008 estimates, sampling errors were calculated taking into account the stratified cluster design of the sample, in which at least one cluster (or site) had been randomly selected from each stratum. From each selected cluster, all cases in the three-month period were selected. In a few sites, an additional sampling stage was performed, in which a shorter collection period was selected or cases were randomly sampled. An annualization weight was used to weight the survey data to represent annual cases.

A regionalization weight was used to weight the survey data so that data from sites represented regions or strata from which they were selected. The sampling error of the additional sampling stage was assumed to be negligible.

Sampling errors are equal to the square root of the sampling variance. They measure the sampling variability due to the randomness of the cluster selection. That is, had different clusters been selected in the sample, different estimates would have been obtained. As the stratified random sample’s variability between strata is zero, the variance at the national level is then calculated as the sum of the variance for each stratum.

The estimated population of incidences with the characteristic of interest is:

$$\hat{\tau} = \sum_{h=1}^H \hat{\tau}_h$$

where $\hat{\tau}_h$, the estimated population of incidences with the characteristic of interest for the h^{th} stratum, is defined as:

$$\hat{\tau}_h = \sum_{i=1}^{N_h} w_h y_{hi}$$

where w_h is the weight for the h^{th} stratum and y_{hi} , the i^{th} unit (investigation) in stratum h , is 1 if it has the characteristic of interest and 0 if it does not. $\hat{\tau}_h$ is then the weighted sum of all i units (investigations) in the h^{th} stratum.

As some strata contained only one cluster, the following approach was used (Rust & Kalton, 1987). For the CIS-2008, the H strata were collapsed into J groups. There were H_j strata ($H_j \geq 2$) in the collapsed stratum j . Stratum h within the collapsed stratum j is denoted by $h(j)$. The collapsed strata estimator of the variance of $\hat{\tau}$ is given by:

$$\text{var}(\hat{\tau}) = \sum_{j=1}^J \frac{H_j}{(H_j - 1)} \sum_{h=1}^{H_j} [\hat{\tau}_{h(j)} - \frac{\hat{\tau}_j}{H_j}]^2$$

where $\hat{\tau}_{h(j)}$ denotes the unbiased estimator of $\hat{\tau}_{h(j)}$, the parameter for stratum h in the collapsed stratum j , and

$$\hat{\tau}_j = \sum_{h=1}^{H_j} \hat{\tau}_{h(j)}$$

The following are the variance estimates and confidence intervals for the variables of interest. The tables are presented to correspond with the tables in the chapters of the CIS-2008 report. Each table includes the estimate, its

standard error, coefficient of variation (CV), and lower and upper limits of the confidence interval.

The CV is the ratio of the standard error to its estimate. According to Statistics Canada guidelines, estimates with a CV under

16.60% are considered to be reliable, estimates with a CV between 16.60% and 33.30% should be treated with caution, and estimates with a CV above 33.30% are recommended not to be used.

TABLE K3-1

Number and Rate of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Number of investigations	235,842	16,999	7.21%	202,524	269,160
Incidence per 1,000 children	39.16	2.82		33.63	44.69

TABLE K3-2

Age of Children in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
<1 year	17,501	1,547		14,469	20,533
Incidence per 1,000 children	51.81	4.58	8.84%	42.83	60.79
1-3 years	43,694	2,600		38,598	48,790
Incidence per 1,000 children	43.14	2.57	5.95%	38.10	48.18
4-7 years	58,405	4,632		49,326	67,484
Incidence per 1,000 children	41.73	3.31	7.93%	35.24	48.22
8-11 years	57,601	4,608		48,569	66,633
Incidence per 1,000 children	36.92	2.95	8.00%	31.14	42.70
12-15 years	58,641	4,287		50,238	67,044
Incidence per 1,000 children	34.26	2.50	7.31%	29.36	39.16

TABLE K3-3

Substantiation Decisions in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Substantiated	85,440	4,744		76,142	94,738
Incidence per 1,000 children	14.19	0.79	5.55%	12.64	15.74
Suspected*	17,918	1,791		14,408	21,428
Incidence per 1,000 children	2.98	0.30	10.00%	2.39	3.57
Unfounded*	71,053	6,039		59,217	82,889
Incidence per 1,000 children	11.80	1.00	8.50%	9.84	13.76
Risk of future maltreatment	12,018	1,414		9,247	14,789
Incidence per 1,000 children	2.00	0.24	11.77%	1.53	2.47
No risk of future maltreatment*	39,289	4,460		30,547	48,031
Incidence per 1,000 children	6.52	0.74	11.35%	5.07	7.97
Unknown risk of future maltreatment*	10,124	1,040		8,086	12,162
Incidence per 1,000 children	1.68	0.17	10.28%	1.35	2.01

* Level included in Figure 3-1 only.

TABLE K3-4b

Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Non-professional					
Custodial or non-custodial parent	26,612	2,597	9.76%	21,522	31,702
Incidence per 1,000 children	4.42	0.43		3.57	5.25
Child (subject of referral)	3,608	608	16.85%	2,416	4,800
Incidence per 1,000 children	0.60	0.10		0.40	0.80
Relative	16,463	1,143	6.94%	14,223	18,703
Incidence per 1,000 children	2.73	0.19		2.36	3.10
Neighbour/friend	16,508	1,553	9.41%	13,464	19,552
Incidence per 1,000 children	2.74	0.26		2.23	3.25
Professional					
Community, health or social services	27,683	2,655	9.59%	22,479	32,887
Incidence per 1,000 children	4.60	0.44		3.74	5.46
Hospital (any personnel)	11,812	1,289	10.91%	9,286	14,338
Incidence per 1,000 children	1.96	0.21		1.55	2.37
School	56,255	5,748	10.22%	44,989	67,521
Incidence per 1,000 children	9.34	0.95		7.48	11.20
Other child welfare service	13,855	1,064	7.68%	11,770	15,940
Incidence per 1,000 children	2.30	0.18		1.95	2.65
Day care centre	2,489	319	12.82%	1,864	3,114
Incidence per 1,000 children	0.41	0.05		0.31	0.51
Police	52,792	3,934	7.45%	45,081	60,503
Incidence per 1,000 children	8.77	0.65		7.50	10.04
Anonymous/other					
Anonymous	11,414	1,290	11.30%	8,886	13,942
Incidence per 1,000 children	1.90	0.21		1.49	2.31
Other	8,046	945	11.75%	6,194	9,898
Incidence per 1,000 children	1.34	0.16		1.03	1.65

TABLE K3-5

Provision of Ongoing Services Following an Investigation in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Case to stay open for ongoing services	62,715	4,282	6.82%	54,322	71,108
Incidence per 1,000 children	10.41	0.71		9.02	11.81
Case to be closed	172,782	13,748	7.96%	145,836	199,728
Incidence per 1,000 children	28.69	2.28		24.22	33.16

TABLE K3-6

Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Child remained at home	215,878	16,245	7.53%	184,038	247,718
Incidence per 1,000 children	35.85	2.70		30.56	41.14
Child with relative (not a formal child welfare placement)	8,713	969	11.12%	6,814	10,612
Incidence per 1,000 children	1.45	0.16		1.14	1.76
Foster care (foster care and kinship care)	9,454	615	6.51%	8,249	10,659
Incidence per 1,000 children	1.57	0.10		1.37	1.77
Group home/residential secure treatment	1,432	273	19.06%	897	1,967
Incidence per 1,000 children	0.24	0.05		0.14	0.34

TABLE K3-7

History of Previous Investigations in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada (excluding Québec) in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Child previously investigated	103,810	5,450	5.25%	93,128	114,492
Incidence per 1,000 children	17.24	0.91		15.46	19.02
Child not previously investigated	111,084	12,852	11.57%	85,894	136,274
Incidence per 1,000 children	18.46	2.14		14.27	22.65
Unknown	3,003	528	17.58%	1,968	4,038
Incidence per 1,000 children	0.50	0.09		0.32	0.68

TABLE K3-8

Applications to Child Welfare Court in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
No application to court	223,063	16,830	7.54%	190,076	256,050
Incidence per 1,000 children	37.04	2.79		31.57	42.51
Application made	12,700	825	6.50%	11,083	14,317
Incidence per 1,000 children	2.11	0.14		1.84	2.38

TABLE K4-1

Primary Category of Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Physical abuse	17,212	1,875	10.89%	13,537	20,887
Incidence per 1,000 children	2.86	0.31		2.25	3.47
Sexual abuse	2,607	288	11.05%	2,043	3,171
Incidence per 1,000 children	0.43	0.05		0.33	0.53
Neglect	28,939	1,751	6.05%	25,507	32,371
Incidence per 1,000 children	4.81	0.29		4.24	5.38
Emotional maltreatment	7,423	459	6.18%	6,523	8,323
Incidence per 1,000 children	1.23	0.08		1.07	1.39
Exposure to intimate partner violence	29,259	1,987	6.79%	25,364	33,154
Incidence per 1,000 children	4.86	0.33		4.21	5.51

TABLE K4-2

Single and Multiple Categories of Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Single form of substantiated maltreatment					
Physical abuse	12,635	1,515	11.99%	9,666	15,604
Incidence per 1,000 children	2.10	0.25		1.61	2.59
Sexual abuse	2,065	248	12.01%	1,579	2,551
Incidence per 1,000 children	0.34	0.04		0.26	0.42
Neglect	23,641	1,442	6.10%	20,815	26,467
Incidence per 1,000 children	3.93	0.24		3.46	4.40
Emotional maltreatment	5,279	364	6.90%	4,566	5,992
Incidence per 1,000 children	0.88	0.06		0.76	1.00
Exposure to intimate partner violence	26,230	1,805	6.88%	22,692	29,768
Incidence per 1,000 children	4.36	0.30		3.77	4.95
Multiple categories of substantiated maltreatment					
Physical abuse and sexual abuse	190	81	42.57%	31	349
Incidence per 1,000 children	0.03	0.01		0.01	0.05
Physical abuse and neglect	977	113	11.57%	756	1,198
Incidence per 1,000 children	0.16	0.02		0.12	0.20
Physical abuse and emotional maltreatment	2,281	286	12.54%	1,720	2,842
Incidence per 1,000 children	0.38	0.05		0.28	0.48
Physical abuse and exposure to intimate partner violence	1,484	192	12.94%	1,108	1,860
Incidence per 1,000 children	0.25	0.03		0.19	0.31
Sexual abuse and neglect	358	119	33.24%	125	591
Incidence per 1,000 children	0.06	0.02		0.02	0.10
Sexual abuse and emotional maltreatment	–	–	–	–	–
Sexual abuse and exposure to intimate partner violence	–	–	–	–	–
Neglect and emotional maltreatment	2,295	277	12.07%	1,752	2,838
Incidence per 1,000 children	0.38	0.05		0.28	0.48
Neglect and exposure to intimate partner violence	3,773	410	10.87%	2,969	4,577
Incidence per 1,000 children	0.63	0.07		0.49	0.77
Emotional maltreatment and exposure to intimate partner violence	2,367	308	13.01%	1,763	2,971
Incidence per 1,000 children	0.39	0.05		0.29	0.49
Physical abuse, sexual abuse and neglect	–	–	–	–	–
Physical abuse, sexual abuse and emotional maltreatment	–	–	–	–	–
Physical abuse, sexual abuse and exposure to intimate partner violence	–	–	–	–	–
Physical abuse, neglect, emotional maltreatment	567	152	26.81%	269	865
Incidence per 1,000 children	0.09	0.02		0.05	0.13
Physical abuse, neglect and exposure to intimate partner violence	102	14	13.73%	75	129
Incidence per 1,000 children	0.02	0.00		0.02	0.02
Physical abuse, emotional maltreatment and exposure to intimate partner violence	375	127	33.87%	126	624
Incidence per 1,000 children	0.06	0.02		0.02	0.10
Sexual abuse, neglect and emotional maltreatment	146	110	75.34%	0	362
Incidence per 1,000 children	0.02	0.02		0.00	0.06
Sexual abuse, neglect and exposure to intimate partner violence	–	–	–	–	–
Neglect, emotional maltreatment and exposure to intimate partner violence	460	99	21.52%	266	654
Incidence per 1,000 children	0.08	0.02		0.04	0.12

– Estimates of less than 100 investigations are not shown.

TABLE K4-3

Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
No physical harm					
No physical harm	78,081	4,349		69,557	86,605
Incidence per 1,000 children	12.97	0.72	5.57%	11.56	14.38
Physical harm					
Bruises, cuts, and scrapes	4,754	476		3,821	5,687
Incidence per 1,000 children	0.79	0.08	10.01%	0.63	0.95
Burns and scalds	172	50		74	270
Incidence per 1,000 children	0.03	0.01	29.28%	0.01	0.05
Broken bones	175	29		118	232
Incidence per 1,000 children	0.03	0.00	16.81%	0.03	0.03
Head trauma	325	96		137	513
Incidence per 1,000 children	0.05	0.02	29.67%	0.01	0.09
Fatality	–	–	–	–	–
Incidence per 1,000 children	–	–	–	–	–
Other health conditions	1,989	238		1,523	2,455
Incidence per 1,000 children	0.33	0.04	11.97%	0.25	0.41

– Estimates of less than 100 investigations are not shown.

TABLE K4-4

Physical Harm and Medical Treatment in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
No physical harm	78,081	4,349		69,557	86,605
Incidence per 1,000 children	12.97	0.72	5.57%	11.56	14.38
Physical harm, no medical treatment required	4,643	312		4,031	5,255
Incidence per 1,000 children	0.77	0.12	6.73%	0.53	1.01
Physical harm, medical treatment required	2,414	290		1,847	2,983
Incidence per 1,000 children	0.40	0.05	12.01%	0.30	0.50

TABLE K4-5

Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
No emotional harm documented	59,701	3,781		52,290	67,112
Incidence per 1,000 children	9.91	0.63	6.33%	8.68	11.14
Emotional harm, no treatment required	9,705	666		8,400	11,010
Incidence per 1,000 children	1.61	0.11	6.86%	1.39	1.83
Emotional harm, treatment required	14,720	1,040		12,682	16,758
Incidence per 1,000 children	2.44	0.17	7.07%	2.11	2.77

TABLE K4-6

Duration of Maltreatment in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Single incident	35,025	2,483		30,158	39,892
Incidence per 1,000 children	5.82	0.41	7.09%	5.02	6.62
Multiple incidents	49,341	2,802		43,849	54,833
Incidence per 1,000 children	8.19	0.47	5.68%	7.27	9.11

TABLE K5-2

Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Depression/anxiety/withdrawal	16,310	1,170	7.17%	14,017	18,603
Incidence per 1,000 children	2.71	0.19		2.34	3.08
Suicidal thoughts	3,511	345	9.83%	2,835	4,187
Incidence per 1,000 children	0.58	0.06		0.46	0.70
Self-harming behaviour	5,095	327	6.42 %	4,454	5,736
Incidence per 1,000 children	0.85	0.05		0.75	0.95
Attention deficit disorder/attention deficit and hyperactivity disorder (ADD/ADHD)	9,101	653	7.18%	7,821	10,381
Incidence per 1,000 children	1.51	0.11		1.29	1.73
Attachment issues	11,797	883	7.48%	10,066	13,528
Incidence per 1,000 children	1.96	0.15		1.67	2.25
Aggression	13,237	1,063	8.03%	11,154	15,320
Incidence per 1,000 children	2.20	0.18		1.85	2.55
Running (multiple incidents)	3,588	357	9.95%	2,888	4,288
Incidence per 1,000 children	0.60	0.06		0.48	0.72
Inappropriate sexual behaviours	3,453	361	10.45%	2,745	4,161
Incidence per 1,000 children	0.57	0.06		0.45	0.69
Youth criminal justice act involvement	1,789	126	7.04%	1,542	2,036
Incidence per 1,000 children	0.30	0.02		0.26	0.34
Intellectual/developmental disability	9,805	742	7.57%	8,351	11,259
Incidence per 1,000 children	1.63	0.12		1.39	1.87
Failure to meet developmental milestones	7,508	599	7.98%	6,334	8,682
Incidence per 1,000 children	1.25	0.10		1.05	1.45
Academic difficulties	19,820	1,270	6.41%	17,331	22,309
Incidence per 1,000 children	3.29	0.21		2.88	3.70
Fetal alcohol syndrome/fetal alcohol effect (FAS/FAE)	3,177	365	11.49%	2,462	3,892
Incidence per 1,000 children	0.53	0.06		0.41	0.65
Positive toxicology at birth	845	102	12.07%	645	1,045
Incidence per 1,000 children	0.14	0.02		0.10	0.18
Physical disability	1,428	203	14.22%	1,030	1,826
Incidence per 1,000 children	0.24	0.03		0.18	0.30
Alcohol abuse	2,704	331	12.24%	2,055	3,353
Incidence per 1,000 children	0.45	0.06		0.33	0.57
Drug/solvent abuse	3,474	326	9.38%	2,835	4,113
Incidence per 1,000 children	0.58	0.05		0.48	0.68
Other functioning concern	3,484	478	13.72%	2,547	4,421
Incidence per 1,000 children	0.58	0.08		0.42	0.74

TABLE K5-4

Age and Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Females < 16 years	-	-	-	-	-
Incidence per 1,000 children	-	-	-	-	-
Males < 16 years	-	-	-	-	-
Incidence per 1,000 children	-	-	-	-	-
Females 16-18 years	934	143	15.31%	654	1,214
Incidence per 1,000 children	0.16	0.02		0.12	0.20
Males 16-18 years	-	-	-	-	-
Incidence per 1,000 children	-	-	-	-	-
Females 19-21 years	3,003	267	8.89%	2,480	3,526
Incidence per 1,000 children	0.50	0.04		0.42	0.58
Males 19-21 years	-	-	-	-	-
Incidence per 1,000 children	-	-	-	-	-
Females 22-30 years	23,448	1,458	6.22%	20,590	26,306
Incidence per 1,000 children	3.89	0.24		3.42	4.36
Males 22-30 years	1,305	255	19.54%	805	1,805
Incidence per 1,000 children	0.22	0.04		0.14	0.30
Females 31-40 years	34,595	2,240	6.47%	30,205	38,985
Incidence per 1,000 children	5.74	0.37		5.01	6.47
Males 31-40 years	3,316	458	13.81%	2,418	4,214
Incidence per 1,000 children	0.55	0.08		0.39	0.71
Females 41-50 years	12,214	1,124	9.2%	10,011	14,417
Incidence per 1,000 children	2.03	0.19		1.66	2.40
Males 41-50 years	2,481	281	11.33%	1,930	3,032
Incidence per 1,000 children	0.41	0.05		0.31	0.51
Females 51-60 years	1,855	244	13.15%	1,377	2,333
Incidence per 1,000 children	0.31	0.04		0.23	0.39
Males 51-60 years	493	81	16.43%	334	652
Incidence per 1,000 children	0.08	0.01		0.06	0.10
Females > 60 years	514	129	25.1%	261	767
Incidence per 1,000 children	0.09	0.02		0.05	0.13
Males > 60 years	123	61	49.59%	3	243
Incidence per 1,000 children	0.02	0.01		0.00	0.04

- Estimates of less than 100 investigations are not shown.

TABLE K5-5

Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Biological parent	80,559	4,740	5.88%	71,269	89,849
Incidence per 1,000 children	13.38	0.79		11.83	14.93
Parent's partner	1,191	205	17.21%	789	1,593
Incidence per 1,000 children	0.20	0.03		0.14	0.26
Foster parent	366	182	49.73%	9	723
Incidence per 1,000 children	0.06	0.03		0.00	0.12
Adoptive parent	464	119	25.65%	231	697
Incidence per 1,000 children	0.08	0.02		0.04	0.12
Grandparent	2,032	281	13.83%	1,481	2,583
Incidence per 1,000 children	0.34	0.05		0.24	0.44
Other	764	117	15.31%	535	993
Incidence per 1,000 children	0.13	0.02		0.09	0.17

TABLE K5-6

Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Alcohol abuse	18,346	1,253	6.83%	15,890	20,802
Incidence per 1,000 children	3.05	0.21		2.64	3.46
Drug/solvent abuse	14,355	775	5.40%	12,836	15,874
Incidence per 1,000 children	2.38	0.13		2.13	2.63
Cognitive impairment	5,541	449	8.10%	4,661	6,421
Incidence per 1,000 children	0.92	0.07		0.78	1.06
Mental health issues	22,991	1,213	5.28%	20,614	25,368
Incidence per 1,000 children	3.82	0.20		3.43	4.21
Physical health issues	8,387	723	8.62%	6,970	9,804
Incidence per 1,000 children	1.39	0.12		1.15	1.63
Few social supports	33,235	1,865	5.61%	29,580	36,890
Incidence per 1,000 children	5.52	0.31		4.91	6.13
Victim of domestic violence	39,624	2,483	6.27%	34,757	44,491
Incidence per 1,000 children	6.58	0.41		5.78	7.38
Perpetrator of domestic violence	11,156	788	7.06%	9,612	12,700
Incidence per 1,000 children	1.85	0.13		1.60	2.10
History of foster care/group home	6,713	497	7.40%	5,739	7,687
Incidence per 1,000 children	1.11	0.08		0.95	1.27

TABLE K5-7

Household Source of Income in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Full-time employment	43,355	3,630	8.37%	36,240	50,470
Incidence per 1,000 children	7.20	0.60		6.02	8.38
Part-time/multiple jobs/seasonal employment	8,264	719	8.70%	6,855	9,673
Incidence per 1,000 children	1.37	0.12		1.13	1.61
Social assistance/employment insurance/other benefits	28,159	1,424	5.06%	25,368	30,950
Incidence per 1,000 children	4.68	0.24		4.21	5.15
Unknown	4,236	689	16.27%	2,886	5,586
Incidence per 1,000 children	0.70	0.11		0.48	0.92
None	1,426	145	10.17%	1,142	1,710
Incidence per 1,000 children	0.24	0.02		0.20	0.28

TABLE K5-8

Housing Type in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Own home	26,859	2,321	8.64%	22,310	31,408
Incidence per 1,000 children	4.46	0.39		3.70	5.22
Rental accommodation	37,237	2,149	5.77%	33,025	41,449
Incidence per 1,000 children	6.18	0.36		5.47	6.89
Public housing	9,674	761	7.87%	8,182	11,166
Incidence per 1,000 children	1.61	0.13		1.36	1.86
Band housing	4,152	419	10.09%	3,331	4,973
Incidence per 1,000 children	0.69	0.07		0.55	0.83
Shelter/hotel	1,409	230	16.32%	958	1,860
Incidence per 1,000 children	0.23	0.04		0.15	0.31
Other	2,155	347	16.10%	1,475	2,835
Incidence per 1,000 children	0.36	0.06		0.24	0.48
Unknown	3,954	570	14.42%	2,837	5,071
Incidence per 1,000 children	0.66	0.10		0.46	0.86

TABLE K5-9

Family Moves within the Last Twelve Months in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
No moves in last twelve months	41,372	2,739	6.62%	36,004	46,740
Incidence per 1,000 children	6.87	0.45		5.99	7.75
One move	17,089	976.00	5.71%	15,176	19,002
Incidence per 1,000 children	2.84	0.16		2.53	3.15
Two or more moves	8,857	700	7.90%	7,485	10,229
Incidence per 1,000 children	1.47	0.12		1.23	1.71
Unknown	17,986	1,669	9.28%	14,715	21,257
Incidence per 1,000 children	2.99	0.28		2.44	3.54

TABLE K5-10

Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Canada in 2008					
Variable	Estimate	Standard error	Coefficient of variation	Confidence interval	
				Lower	Upper
Accessible weapons	1,358	180	13.25%	1,005	1,711
Incidence per 1,000 children	0.23	0.03		0.17	0.29
Accessible drugs or drug paraphernalia	4,571	441	9.65%	3,707	5,435
Incidence per 1,000 children	0.76	0.07		0.62	0.90
Drug production/trafficking in home	1,228	331	26.95%	579	1,877
Incidence per 1,000 children	0.20	0.05		0.10	0.30
Chemicals or solvents used in production	496	273	55.04%	0	1,031
Incidence per 1,000 children	0.08	0.04		0.00	0.16
Other home injury hazards	3,675	470	12.79%	2,754	4,596
Incidence per 1,000 children	0.61	0.08		0.45	0.77
Other home health hazards	5,538	530	9.57%	4,499	6,577
Incidence per 1,000 children	0.92	0.09		0.74	1.10

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