

ONTARIO INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT – 2008

MAJOR FINDINGS

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The OIS-2008 research was funded by: Ministry of Children and Youth Services, Government of Ontario, and the Injury and Child Maltreatment Section, Public Health Agency of Canada. Funding was provided by Ministry of Children and Youth Services (MCYS); however, the views expressed in the OIS-2008 report do not necessarily reflect those of the Ministry of Children and Youth Services (MCYS).

Additional funding was provided by the Centre of Excellence for Child Welfare (CECW), Factor-Inwentash Faculty of Social Work, University of Toronto. The CECW ceased to exist as of March 31st, 2010. Please go to the Child Welfare Research Portal (www.cwrp.ca) for more information.

ISBN:

Citation:

Barbara Fallon, Nico Trocmé, Bruce MacLaurin, Vandna Sinha, Tara Black, Caroline Felstiner, Kate Schumaker, Melissa Van Wert, Adina Herbert, Nicole Petrowski, Joanne Daciuk, Barbara Lee, Christine DuRoss & Amy Johnston (2010). *Ontario Incidence Study of Reported Child Abuse and Neglect-2008* (OIS-2008). Toronto, ON: Child Welfare Research Portal.

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Acknowledgements

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

The Public Health Agency of Canada provided core funding for the Canadian Incidence Study of Reported Child Abuse and Neglect-2008 (CIS-2008). The CIS-2008 is the parent study of the OIS-2008. Additional provincial oversampling funds were provided by the Ministry of Children and Youth Services, and the Centre of Excellence for Child Welfare. I would like to acknowledge Cathy Paul and Patricia Longlade at the Ministry of Children and Youth Services.

The OIS-2008 was conducted by a large team of researchers who demonstrated an exceptional ability to keep 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 agency-based researchers who played a critical role in presenting the study and generating support while maintaining high standards for case selection.

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

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Dedication

This report is dedicated to the children and families who are served by Ontario child welfare workers. It is our sincere hope that the study contributes to improving their well-being.

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Executive Summary

The Ontario Incidence Study of Reported Child Abuse and Neglect-2008 (OIS-2008) is the fourth province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Ontario child welfare agencies. The OIS-2008 tracked 7,471 child maltreatment investigations conducted in a representative sample of 23 Child Welfare Service agencies across Ontario in the fall of 2008.

OBJECTIVES AND SCOPE

The primary objective of the OIS-2008 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in Ontario in 2008. Specifically, the OIS-2008 is 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 forms of maltreatment, duration, and physical and emotional harm;
3. examine selected determinants of health that may be associated with maltreatment;
4. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, use of child welfare court, and

5. compare selected rates and characteristics of investigations across the 1993, 1998, 2003, and 2008 cycles of the OIS.

Changes have occurred in investigation mandates and practices in Ontario over the last ten years and this has had an impact upon the types of cases that fall within the scope of the OIS. In particular, Children's Aid Societies are receiving reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred (please see pages 32 and 33 of this report for more detail). Because the OIS was 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 that may have already occurred. The OIS-2008 was redesigned to separately track both types of investigations; however previous cycles of the OIS did not distinguish between investigations of risk and investigations of maltreatment, thus posing challenges in comparisons between cycles. For the purpose of the present report, comparisons of the OIS-2008 with previous cycles are limited to comparisons of rates of *all* investigations including risk-only cases. In contrast, risk-only cases are not included in the OIS-2008 estimates of rates and characteristics of *substantiated* maltreatment.

Child welfare workers completed a three-page standardized data collection form. Weighted provincial annual estimates were derived based on these investigations. The following considerations should be noted in interpreting OIS statistics:

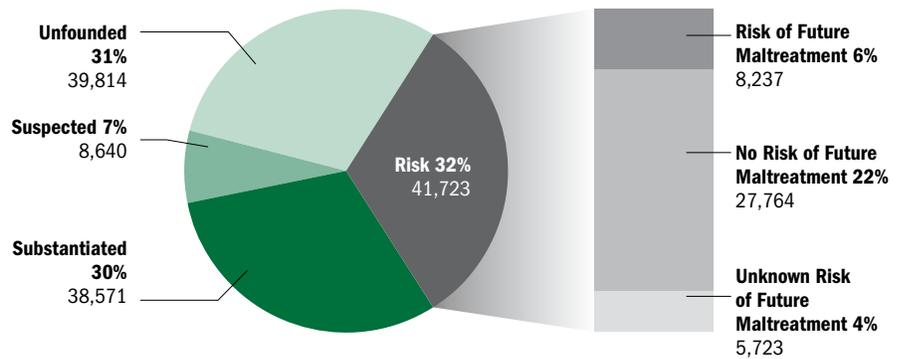
- Only children 15 and under are included in the sample used in this report;
- the unit of analysis is the child maltreatment related investigation;
- the study is limited to reports investigated by child welfare agencies and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported;
- Ontario has been **developing a differential or alternate response** model that could have posed a challenge in capturing cases open to the alternate non-protection stream. However, because the decisions to stream occur after the initial investigation, the OIS was able to capture both types of openings;
- the study is based on the assessments provided by the investigating child welfare workers and were not independently verified;
- as a result of changes in the way cases are identified, the OIS-2008 report cannot be directly compared to the previous OIS reports; and

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

Caution is also required in comparing the OIS-2008 Major Findings report with reports from previous cycles of the study because of changes in procedures for tracking investigations. Although the investigation mandate of Children's Aid Societies focuses primarily on situations where there are concerns that a child may have already been abused or neglected, their mandate also applies to situations where there is no specific concern about past maltreatment but where there may be a significant risk of future maltreatment. Cases assessed as risk of future maltreatment only were not explicitly included in previous cycles of the OIS. To better capture both types of cases, the OIS-2008 was redesigned to track and differentiate maltreatment investigations and cases assessed as risk of future maltreatment. This change provides important additional information about risk of future maltreatment cases, but it has complicated comparisons with past cycles of the study. Thus, comparisons with previous cycles in Chapter 3 of this report are limited to comparisons of rates of all maltreatment-related investigations including risk only investigations. 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. For a discussion about harm versus risk of harm, please see Chapter 2.

¹ Please see Chapter 2 of this report for a detailed description of the study methodology.

FIGURE 1: Type of Investigation and Level of Substantiation in Ontario in 2008



INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

As shown in Figure 1, of the 128,748 investigations conducted in Ontario in 2008 (a rate of 54.05 per 1,000 children), 68% were maltreatment investigations which focused on a concern of abuse or neglect (an estimated 87,025 child maltreatment investigations or 36.53 investigations per 1,000 children) and 32% of investigations were concerns about risk of future maltreatment (an estimated 41,723 investigations or 17.52 investigations per 1,000 children). Thirty percent of these investigations were substantiated, an estimated 38,571 child investigations. In a further 7% of investigations (an estimated 8,640 child investigations, or 3.63 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker at the conclusion of the investigation. Thirty-one percent of investigations (an estimated 39,814 child investigations, or 16.71 investigations per 1,000 children) were unfounded. In 6% of investigations, the investigating worker concluded there was a risk of future maltreatment (3.46 per 1,000 children, an estimated 8,237 child investigations). In 22% of investigations no risk of future maltreatment was indicated (an estimated 27,764 investigations, or 11.66

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 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 the OIS study procedures and definitions, and (4) changes in the actual rate of maltreatment.

Changes in practices 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 these changes, the findings presented in this report are not directly comparable to findings presented in the OIS-1998² and OIS-2003³ reports,

² Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Bartholomew, S., Ortiz, J., et al. (2002). *Ontario incidence study of reported child abuse and neglect 1998 (OIS-1998)*. Toronto, ON: Centre of Excellence for Child Welfare.

³ Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., et al. (2005). *Ontario incidence study of reported child abuse and neglect 2003 (OIS-2003): Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

which may include some cases of risk of future maltreatment in addition to maltreatment incidents. Because risk only cases were not tracked separately in the 1998 and 2003 cycles of the OIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

As shown in Figure 2, in 1998, an estimated 64,658 investigations were conducted in Ontario, a rate of 27.43 investigations per 1,000 children. In 2003, the number of investigations doubled, with an estimated 128,108 investigations and a rate of 53.59 per 1,000 children.⁴ In contrast, the number of investigations has not changed significantly between 2003 and 2008. In 2008, an estimated 128,748 maltreatment related investigations were conducted across Ontario, representing a rate of 54.05 investigations per 1,000 children.

Placement

The OIS tracks out of home placements that occur at any time during the investigation. Investigating workers are asked to specify the type of placement. In cases where there may have been more than one placement, workers are asked to indicate the setting where the child had spent the most time.

In 2008, there were no placements in 94% of the investigations (an estimated 121,436 investigations). Six percent of investigations resulted in a change of residence for the child (7,312 investigations, or a rate of 3.07 investigations per 1,000 children): 3% of children moved to an informal arrangement with a relative; 2% to foster care or kinship care and 1% to residential/secure treatment or group homes.

⁴ Fallon, B., Trocmé, N, MacLaurin, B., Knoke, D., Black, T., Daciuk, J., et al. (2005). *Ontario incidence study of reported child abuse and neglect 2003 (OIS-2003): Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

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

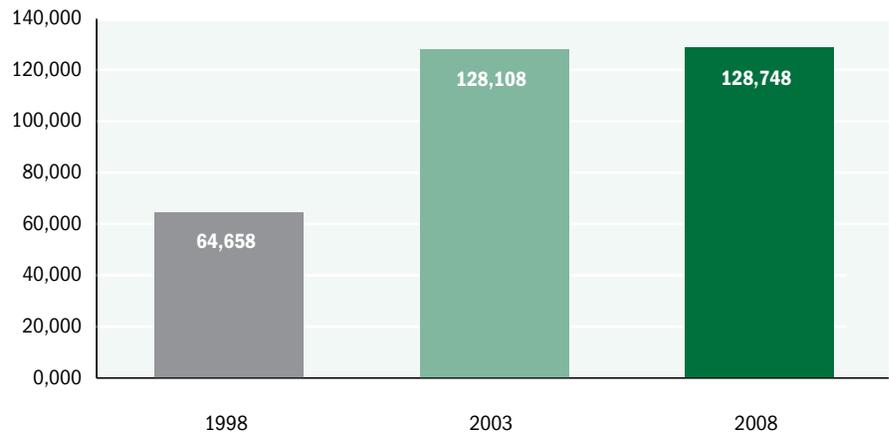
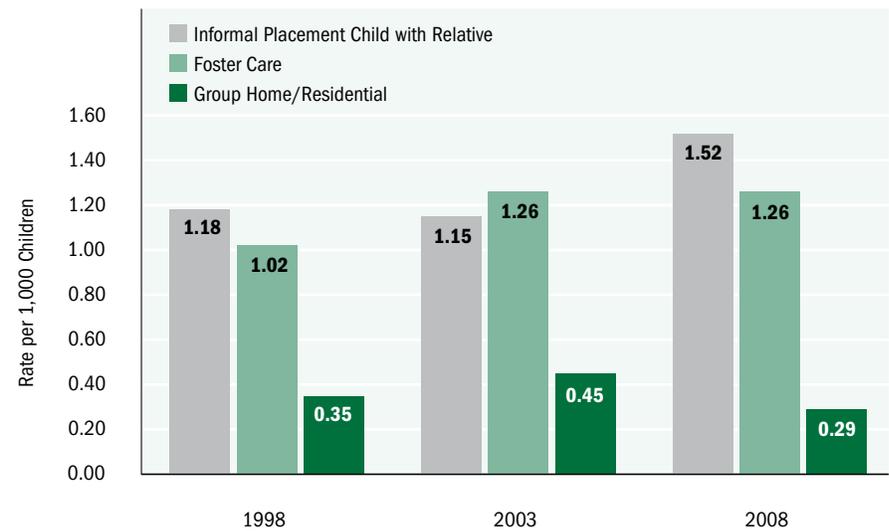


FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 1998, 2003 and 2008



There generally has been little change in placement rates (as measured during the maltreatment investigation) across the three cycles of the OIS, other than a non-statistically significant increase in informal placements of children with relatives (Figure 3).

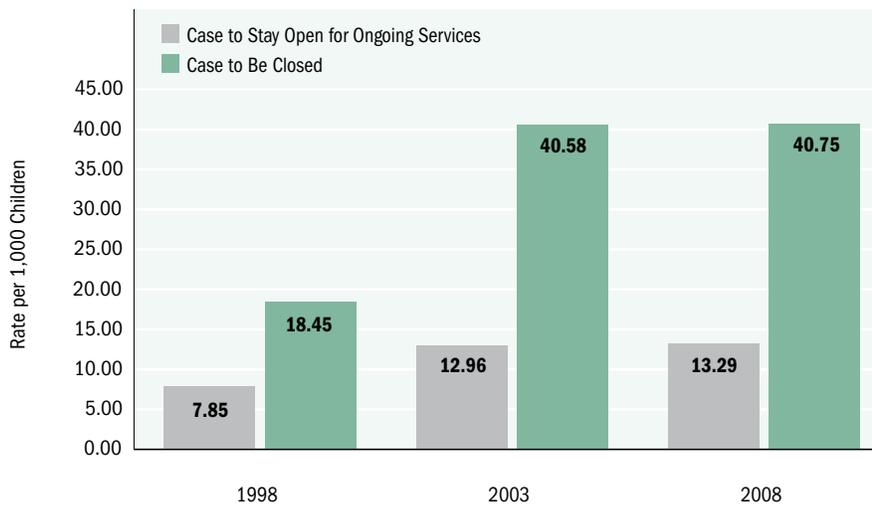
Ongoing Services

Investigating 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 the time or upon completion of the intake investigation.

Twenty-five percent of investigations in 2008 (an estimated 31,664 investigations) were identified as remaining open for ongoing services while 75% of investigations (an estimated 97,058 investigations) were closed. There was a non-statistically significant increase in the incidence of ongoing service provision between 2003 (12.96 investigations per 1,000

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



children) and 2008 (13.29 per 1,000 children). In contrast, there was a significant increase in cases open for ongoing services documented from 7.85 per 1,000 children in 1998 to 12.96 per 1,000 children in 2003.⁵

KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN ONTARIO IN 2008

Categories of Maltreatment

Figure 5 presents the incidence of substantiated maltreatment in Ontario, broken down by primary category of maltreatment. There were an estimated 38,572 substantiated child maltreatment investigations in Ontario in 2008 (16.19 investigations per 1,000 children). The two most frequent categories of substantiated maltreatment were exposure to

intimate partner violence and neglect. Thirty-nine percent of all substantiated maltreatment investigations identified exposure to intimate partner violence as the primary category of maltreatment (an estimated 15,087 cases or 6.33 investigations per 1,000 children). In another 31% of substantiated maltreatment investigations, neglect was identified as the overriding concern (an estimated 11,894 investigations or 4.99 investigations per 1,000 children). In 21% of substantiated maltreatment investigations, or an estimated 7,936 cases, the primary form of maltreatment was identified as physical abuse (3.33 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in 7% of substantiated maltreatment investigations (an estimated 2,884 investigations or 1.21 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment category in 2% of substantiated maltreatment investigations (an estimated 771 investigations or 0.32 investigations per 1,000 children).

Physical and Emotional Harm

The OIS-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 7% of cases of substantiated maltreatment (an estimated 2,717 substantiated maltreatment investigations or 1.14 investigations per 1,000 children) (Figure 6). In 4% of substantiated maltreatment investigations (an estimated 1,654 investigations or 0.69 investigations per 1,000 children), harm was noted but no treatment was required. In a further 3% of substantiated maltreatment investigations (an estimated 1,063 substantiated maltreatment investigations or 0.45 investigations per 1,000 children), harm was sufficiently severe to require 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 the maltreatment was substantiated or suspected, 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). 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 documented emotional harm identified during the child maltreatment investigations. Emotional harm was noted in 26% of all substantiated maltreatment

⁵ Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., et al. (2005). *Ontario incidence study of reported child abuse and neglect 2003 (OIS-2003): Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

investigations, involving an estimated 10,005 substantiated maltreatment investigations (4.20 investigations per 1,000 children). In 17% of substantiated cases (an estimated 6,477 investigations or 2.72 investigations per 1,000 children) symptoms were severe enough to require treatment.

Children’s Aboriginal Heritage

Aboriginal heritage was documented by the OIS-2008 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system. Aboriginal children were identified as a key group to examine because of concerns about overrepresentation of children from these communities in the foster care system. Eleven percent of substantiated cases (an estimated 4,190 investigations) involved children of Aboriginal heritage (Figure 8).

Nine percent of substantiated maltreatment investigations involved children with First Nations status, 1% of substantiated maltreatment investigations involved First Nation Non-Status children, less than 1% of substantiated maltreatment investigations involved Métis children, less than one percent of investigated children in substantiated child maltreatment investigations were Inuit, and less than 1% of investigated children in substantiated child maltreatment investigations were classified as ‘other’ Aboriginal.

Child Functioning Issues

Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented on the basis of a checklist of 18 challenges that child welfare workers were likely to be aware of as a result of their investigation. The

FIGURE 5: Primary Category of Substantiated Child Maltreatment in Ontario in 2008

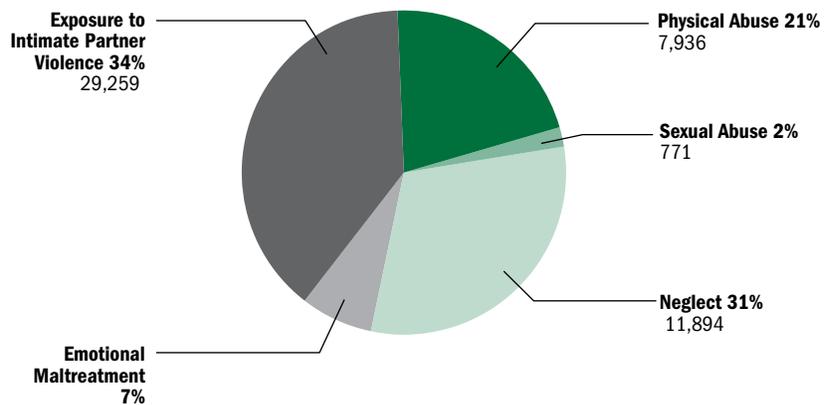


FIGURE 6: Physical Harm in Substantiated Child Maltreatment Investigations in Ontario in 2008

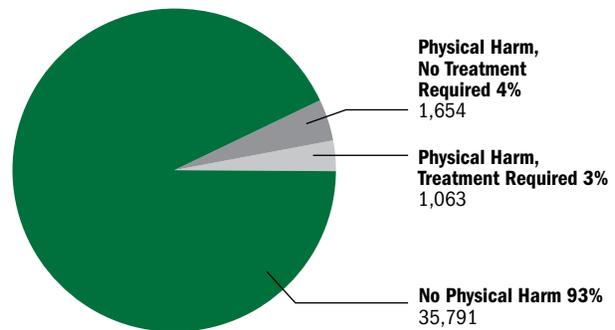
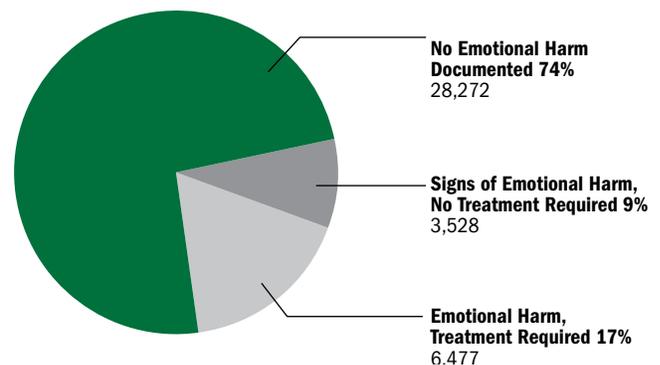


FIGURE 7: Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Ontario in 2008

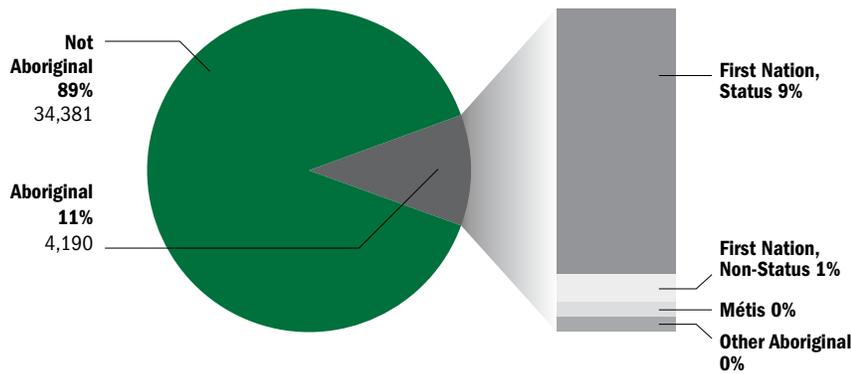


checklist only documents problems that child welfare workers became aware of during their investigation and therefore undercounts the occurrence of child functioning problems. Investigating workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, 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.

In 43% of substantiated child maltreatment investigations (an estimated 16,483 investigations or 6.92 investigations per 1,000 children) at least one child functioning issue

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



was indicated. Figure 9 displays the six most frequently reported child functioning issues. Academic difficulties were the most frequently reported functioning concern (20% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (18% of substantiated maltreatment investigations). Sixteen

percent of substantiated maltreatment investigations involved child aggression, while 13% indicated attachment issues. Eleven percent of investigations involved children experiencing Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), and 10% involved children with Intellectual/developmental disabilities (Figure 9).

Primary Caregiver Risk Factors

For each investigated child, the investigating worker was asked to indicate who was the primary caregiver. In 76% of substantiated child maltreatment investigations (an estimated 29,309 investigations or 12.30 investigations per 1,000 children) at least one primary caregiver risk factor was indicated. A number of potential caregiver stressors were tracked by the OIS-2008; participating child welfare workers completed a simple checklist of potential stressors that they had noted during the investigation. The most frequently noted concerns for primary caregivers were: being a victim of domestic violence (46%), few social supports (35%) and mental health issues (25%) (Figure 10).

FIGURE 9: Major Child Functioning Issues Documented in Substantiated Child Maltreatment Investigations in Ontario in 2008

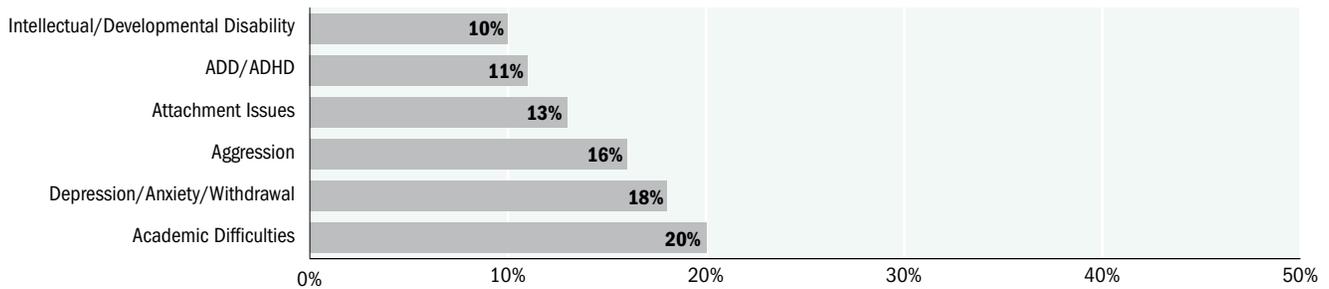


FIGURE 10: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Ontario in 2008

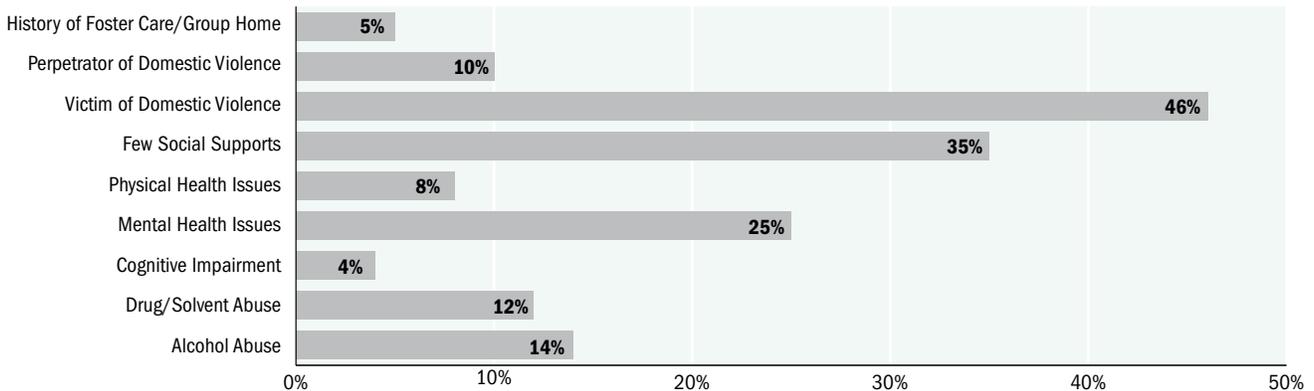
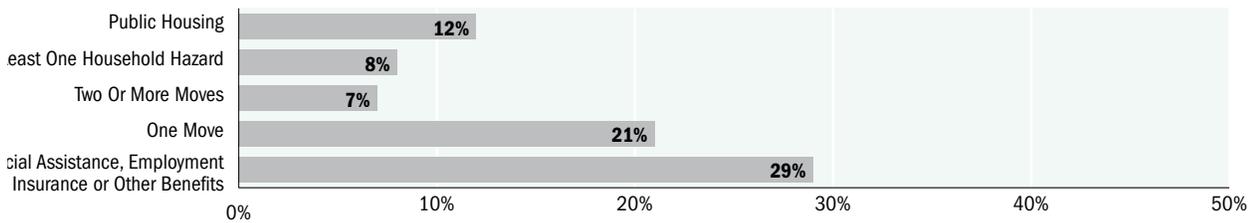


FIGURE 11: Household Risks in Substantiated Child Maltreatment Investigations in Ontario in 2008



Household Risk Factors

The OIS-2008 tracked a number of household risk factors including social assistance, two or more moves in 12 months, and household hazards. Household hazards included access to drugs or drug paraphernalia, unhealthy or unsafe living conditions and accessible weapons. (See Chapter 5 for a full description of household hazards). Twenty-nine percent of households depended on social assistance or other benefits as their source of income and 10% relied on part-time, seasonal or multiple jobs.

Twenty-one percent of substantiated maltreatment investigations involved families that had moved once in the previous year while 7% had moved two or more times. Twelve percent of substantiated maltreatment investigations involved families living in public housing (Figure 11).

FUTURE DIRECTIONS

The OIS 1993, 1998, 2003 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigation

across Ontario over the last decade. The expanded 2008 sample also provides the possibility to start examining investigations and services provided in Aboriginal run agencies. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the OIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.



Chapter 1

INTRODUCTION

The following report presents the major findings from the *Ontario Incidence Study of Reported Child Abuse and Neglect-2008* (OIS-2008). The OIS-2008 is the fourth provincial study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child protection services in Ontario. The estimates presented in this report are based on information collected from child protection workers on a representative sample of 7,471 child protection investigations conducted across Ontario during a 3-month period in 2008. The OIS-2008 report also includes selected comparisons with estimates from the 1998 and 2003 cycles of the study, and select data from the OIS-1993 (Chapter 3).

This introduction presents the rationale and objective of the study, provides an overview of the child welfare system in Ontario, and outlines the organization of the report.

BACKGROUND

Responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the 53 child protection agencies in Ontario (see Table 1-1), including a system of Aboriginal child welfare agencies which have increasing responsibility for protecting and supporting Aboriginal children. Because of variations in the way service

statistics are kept, it is difficult to obtain a province-wide profile of the children and families receiving child welfare services. The Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions.

The OIS-2008 is funded in part by the Public Health Agency of Canada (PHAC), Ontario's Ministry of Children and Youth Services (MCYS),⁶ and by the Centre of Excellence for Child Welfare⁷ at the Factor-Inwentash Faculty of Social Work, University of Toronto. Funding from PHAC was provided to gather information from a nationally representative sample of 112 child protection agencies, which included agencies in Ontario. The participation of additional Ontario agencies was funded by MCYS to enable the study of a larger, provincially representative sample and the production of an Ontario report.

In addition to direct funds received from federal and provincial sources, all participating agencies contributed significant in-kind support, which included not only the time required

for child protection workers to attend training sessions, complete forms, and respond to additional information requests, but also coordinating support from team administrative staff, supervisors, managers, and data information specialists.

The first *Ontario Incidence Study of Reported Child Abuse and Neglect* was completed in 1993. It was the first study in Ontario to estimate the incidence of child abuse and neglect that was reported to, and investigated by, the child welfare system. The OIS-1993 was designed by Nico Trocmé⁸ and was partially based on the design of the U.S. National Incidence Studies.⁹ A second cycle of the *Ontario Incidence Study* was conducted in 1998 as part of the first Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). In 2003 and again in 2008, Ontario's Ministry for Children and Youth Services¹⁰ provided funding to augment the

⁶ Funding was provided by Ministry of Children and Youth Services (MCYS); however, the views expressed in the OIS-2008 report do not necessarily reflect those of the Ministry of Children and Youth Services (MCYS).

⁷ The Centre of Excellence for Child Welfare (CECW) ceased to exist as of March 31st, 2010. Please go to the Child Welfare Research Portal (www.cwrp.ca) for more information.

⁸ Nico Trocmé is the Principal Investigator of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). Dr. Trocmé is a Professor at McGill University and is the Director of the Centre for Research on Children and Families.

⁹ Sedlak A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress, Executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

¹⁰ Funding was provided by Ministry of Children and Youth Services (MCYS); however, the views expressed in the OIS-2008 report do not necessarily reflect those of the Ministry of Children and Youth Services (MCYS).

TABLE 1-1: Ontario Children's Aid Societies

Anishinaabe Abinoojii Family Services	Children's Aid Society of Simcoe County	Jewish Family and Child Services of Toronto
Catholic Children's Aid Society of Hamilton	Children's Aid Society of the District of Thunder Bay	Kawartha—Haliburton Children's Aid Society
Catholic Children's Aid Society of Toronto	Children's Aid Society of the Districts of Sudbury and Manitoulin	Kenora-Patricia Child & Family Services
Chatham-Kent Children's Services	Children's Aid Society of Toronto	Lennox & Addington Family & Children's Services
Child and Family Services of Timmins and District	Children's Aid Society the County of Prince Edward	Native Child and Family Services of Toronto
Children's Aid Society of the Districts of Nipissing and Parry Sound	Dilico Ojibway Child and Family Services	Payukotayno: James and Hudson Bay Family Services
Children's Aid Society of Algoma	Dufferin Child and Family Services	Peel Children's Aid Society
Children's Aid Society of Brant	Durham Children's Aid Society	Renfrew Family and Children's Services
Children's Aid Society of Haldimand & Norfolk	Family and Children's Services of the District of Rainy River	Sarnia-Lambton Children's Aid Society
Children's Aid Society of Hamilton	Family and Children's Services of Leeds & Grenville	Service Familiaux Jeanne Sauvé Family Services
Children's Aid Society of London and Middlesex	Family & Children's Services of Niagara	Timiskaming Child and Family Services
Children's Aid Society of Northumberland	Family and Children Services of St. Thomas and Elgin County	Prescott-Russell Services to Children and Adults
Children's Aid Society of Ottawa	Family and Children's Service of the Waterloo Region	Stormont, Dundas and Glengarry Children's Aid Society
Children's Aid Society of Owen Sound and the County of Grey	Family and Children's Services of Guelph & Wellington County	Tikinagan Child and Family Services
Children's Aid Society of Oxford County	Family, Youth and Child Services of Muskoka	Weechi-it-te-win Family Services Inc.
Children's Aid Society of the City of Kingston & County of Frontenac	Halton Children's Aid Society	Windsor-Essex Children's Aid Society
Children's Aid Society of the County of Bruce	Hastings Children's Aid society	York Region Children's Aid Society
Children's Aid Society of the County of Lanark and the Town of Smiths Falls	Huron-Perth Children's Aid Society	

Public Health Agency of Canada's funding for the Ontario sample of the CIS. This additional funding allowed an enhanced sample sufficient to develop provincial estimates of investigated child abuse and neglect in Ontario in 2003 and 2008. Barbara Fallon (University of Toronto) is the principal investigator of the OIS-2008 and the director of the CIS-2008, and Nico Trocme (McGill University) is the principal investigator of the CIS-2008 study. Please see Appendix A and Appendix B for a full list of all the researchers and advisors involved in the OIS.

Findings from the OIS-1993, OIS-1998, and OIS-2003 have provided much needed information

to service providers, policy makers, and researchers seeking to better understand the children and families coming into contact with the child welfare system. For example, the studies drew attention to the large number of investigations involving exposure to intimate partner violence. Findings from the studies have assisted in better adapting child welfare policies to address the array of difficulties faced by victims of maltreatment and their families.

Readers should note that because of changes in the way child welfare investigations are conducted and in the way the OIS tracks the results of these investigations, the findings presented in this report are **not directly**

comparable to findings presented in the OIS-2003, OIS-1998, and the OIS-1993 reports. Given the growing complexity of the OIS, more detailed analyses will be developed in subsequent reports and articles.¹¹

OBJECTIVES AND SCOPE

The primary objective of the OIS-2008 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in Ontario in 2008. Specifically, the OIS-2008 is designed to:

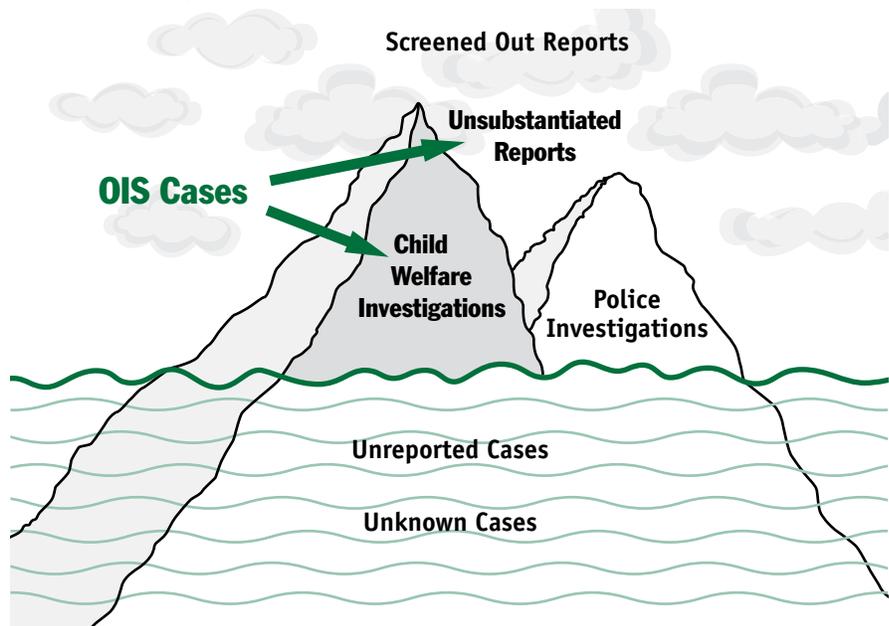
¹¹ Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca>

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 forms of maltreatment, duration, and physical and emotional harm;
3. examine selected determinants of health that may be associated with maltreatment;
4. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, use of child welfare court, and
5. compare selected rates and characteristics of investigations across the 1993, 1998, 2003, and 2008 cycles of the OIS.

The OIS collects information directly from a provincial sample of child welfare workers at the point when an initial investigation regarding a report of possible child abuse or neglect is completed. The scope of the study is therefore limited to the type of information available to workers at that point. As shown in the OIS Iceberg Model (Figure 1-1), the study only documents situations that are reported to and investigated by child welfare agencies. The study **does not include** information about **unreported maltreatment** nor does it include cases that are **only investigated by the police**.¹² Similarly, the OIS **does not include** reports that are made to Children's Aid Societies but are **screened out** before they are investigated. While the study reports on short-term outcomes of child welfare investigations, including substantiation status, initial placements in out of home

¹² 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 only referred to child welfare services if there are other concerns about the safety or well-being of children.

FIGURE 1-1: Scope of OIS-2008



(*) adapted from Trocmé, N., McPhee, D. et al. (1994). *Ontario incidence study of reported child abuse and neglect*. Toronto, ON: Institute for the Prevention of Child Abuse. and, Sedlak, A., J., & Broadhurst, D.D. (1996). Executive summary of the third national incidence study of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services.

care, and court applications, the study **does not track longer term service events that occur beyond the initial investigation**.

Changes in investigation mandates and practices over the last ten years have further complicated what types of cases fall within the scope of the OIS. In particular, Children's Aid Societies are receiving reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred. Because the OIS was 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 that may have already occurred. The OIS-2008 was redesigned to separately track both types of cases; however this has complicated

comparisons with past cycles of the study. For the purpose of the present report, comparisons with previous cycles are limited to comparisons of rates of all investigations including risk-only cases. In contrast, **risk-only cases are not included in the OIS-2008 estimates of rates and characteristics of substantiated maltreatment**.

CHILD WELFARE SERVICES IN ONTARIO: A CHANGING MOSAIC

The objectives and design of the OIS-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 counseling and supervision, and looking after children in out-of-home care, there is considerable variation in the organization of these service delivery systems.¹³ Some provinces and territories operate under a centralized, government-run child welfare system; others have opted for decentralized models run by mandated agencies. A number of provinces and territories have recently moved towards regionalized service delivery systems. Child welfare statutes vary considerably. Some jurisdictions limit their investigation mandates to children under 16, while others extend their investigations 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 different structured assessment tools and competency based training programs. In Ontario, the *Child and Family Services Act*¹⁴ governs child welfare services and outlines principles for promoting the best interests of children. Alleged maltreatment is reported directly to a local Children's Aid Society or Child and Family

Service Agency. Child welfare agencies are private, non-profit organizations funded by the provincial Ministry of Children and Youth Services. There are 53¹⁵ agencies in Ontario that provide child protection services, and several of these agencies provide services to specific communities based on religious affiliation or Aboriginal heritage. The autonomous private service delivery model supports the development of strong community links with innovative programs that reflect local needs. Child abuse and neglect statistics are kept by each child welfare agency in Ontario. Due to inter-agency differences in information systems and documentation procedures, comprehensive aggregate provincial statistics are scarce.

Although provincial and territorial child welfare statutes apply to all Aboriginal people, special considerations are made in many statutes with respect to services to Aboriginal children and families. The responsibility for funding services to First Nations children and families living on reserve rests with federal government under the *Indian Act*.^{16,17} Funding for on-reserve services is provided by the government at the provincial level, and provinces and territories are subsequently reimbursed by the federal government under the guidelines of the 1965 Indian Welfare Agreement. The federal government pays the province an established share of its costs to deliver child welfare

services to on-reserve First Nations people, including cost for children in care.¹⁸ The structure of Aboriginal child welfare services is changing rapidly. In addition to regular funding, Indian and Northern Affairs of Canada (INAC) provides funding directly to First Nations as well as mandated and non-mandated child welfare agencies operated by First Nations for enhanced preventative services. A growing number of services are being provided either by fully mandated Aboriginal agencies or by Aboriginal counseling services that work in conjunction with mandated services.¹⁹

In addition to variations in mandates and standards between jurisdictions, it is important to consider that these mandates and standards have been changing over time. From 1998 to 2003 the OIS found that rates of investigated maltreatment had doubled.²⁰ 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

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

14 *Child and Family Services Act* R.S.O. 1990, c. C.11.

15 53 child welfare agencies served Ontario as of March, 2008.

16 *Indian Act*, R.S.C., c. I-6, s. 88.

17 The Constitution Act (1982) recognizes three groups of Aboriginal peoples: 'Indians'—now commonly referred to as First Nations, Métis, and Inuit. First Nations children constitute 64% of the Aboriginal child population (Statistics Canada, 2001, 2006).

18 Canada and the Province of Ontario. (1965). Memorandum of Agreement Respecting Welfare Programs for Indians between Canada and Ontario. Ottawa, Ontario.u

19 Blackstock, C. (2003) First nations Child and Family Services: Restoring Peace and harmony in First Nations Communities. In Kufeldt, K. and McKenzie B. (Eds.). *Child Welfare: Connecting Research, Policy and Practice*. Waterloo: Wilfrid Laurier Press. pp. 331–343.

20 Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., & Felstiner, C. (2005). Ontario incidence study of reported child abuse and neglect, OIS-2003: Major findings report. Toronto, ON: Centre of Excellence for Child Welfare

increasing;²¹ rather, it would appear that the detection line (depicted as the water line on the iceberg model) is dropping leading to an increase in the number of reported and substantiated cases. The OIS-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.²² These changes are consistent with changes in legislation and investigation standards in Ontario where statutes and regulations have been broadened to include more forms of maltreatment and investigation standards, requiring that siblings of reported children be systematically investigated.

A file review of a sample of CIS-2003 cases conducted in preparation for the CIS-2008 and OIS-2008 identified a growing number of risk only investigations as a fifth factor that may also be driving the increase in cases. Several cases that were counted by investigating workers as maltreatment investigations appeared in fact to be risk of future maltreatment where the investigation worker was not assessing a specific incident of alleged maltreatment, but was assessing

instead the risk of future maltreatment. Workers completing the CIS-2003 form often chose maltreatment codes to represent concerns such as “parent-teen conflict” or “caregiver with a problem,” which were in fact more reflective of a family’s need to access preventative services or added support and not necessarily because of allegations of maltreatment. Rather than screening out these cases, they were being categorized as maltreatment investigations even though no maltreatment had occurred, and the primary concern was the risk of future maltreatment that family circumstances posed. Unfortunately, because the CIS-2003 and OIS-2003 were not designed to track these cases, we cannot estimate the extent to which risk only investigations may have contributed to the increase in cases between 1998 and 2003. The OIS-2008 is designed to separately track these risk-only cases.

Numerous developments over the past decade have led to an evolving focus for child welfare in Ontario. In 1999 the province brought in the Ontario Risk Assessment Model. The *Child and Family Services Act*²³ underwent revisions in the year 2000 which resulted in the following changes: increased funding to compensate for a lack of uniform and centralized child welfare services in Ontario; increased focus on responding to neglect and emotional maltreatment; a lower threshold for determining “risk of harm” to the child, and increased clarity in the requirements for the “duty to report” for professionals and the public. In 2003 the Ministry of Children and Youth Services was created in Ontario, followed by the introduction of the Child Welfare Secretariat and the Child Welfare Transformation Agenda in 2004/2005. These changes initiated

a new focus 23 *Child and Family Services Act* R.S.O. 1990, c. C.11. for child welfare in Ontario, which included an emphasis on prevention, early detection and intervention, and improved coordination among the three fields of child welfare, youth justice, and children’s mental health.²⁴ Following this, in 2007 the province brought in new standards under the Ontario Differential Response Model that increased the emphasis on customized response and promoted a wider range of informal and formal supports for families in the system.²⁵ Since the inception of these models, the number of families referred to Ontario child welfare agencies has doubled, and the nature of the cases referred has changed considerably.

Using a standard set of definitions the OIS-1993, 1998, 2003, and 2008 provide the best available estimates of the incidence and characteristics of reported child maltreatment in Ontario over a 15-year period.

ORGANIZATION OF THE REPORT

The OIS-2008 report presents the profile of investigations conducted across Ontario in 2008 and a comparison of rates of investigations documented by the 1998, 2003, and 2008 cycles of the study and select data from the OIS-1993.

The **OIS-2008 report** is divided into five chapters and seven appendices. Chapter 2 describes the study’s

21 In addition to Chapter 9 from the OIS-2003 report, see Trocmé, N., Fallon, B., MacLaurin, B., Copp, B. (2002). *The Changing Face of Child Welfare Investigations in Ontario: Ontario Incidence Studies of Reported Child Abuse and Neglect (OIS 1993/1998)*. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto. Also see Fallon, B., Trocmé, N., MacLaurin, B., Felstiner, C., & Petrowski, N. (2008). *Child abuse and neglect investigations in Ontario: Comparing 1998 and 2003 data*. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.

22 Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., & Felstiner, C. (2005). *Ontario incidence study of reported child abuse and neglect, OIS-2003: Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

23 *Child and Family Services Act* R.S.O. 1990, c. C.11.

24 Ministry of Children and Youth Services (2005). *Child Welfare Transformation 2005*. Retrieved from <http://www.cdrcp.com/pdf/CWTransformation-FINAL-rev'd%20July%2011-ek.pdf>.

25 Ministry of Children and Youth Services (2007). *Ontario Child Protection Tools Manual (February 2007). A Companion to the Child Protection Standards in Ontario*. Retrieved from <http://www.children.gov.on.ca/htdocs/English/documents/topics/childrepsaid/childprotectionmanual.pdf>

methodology. Chapter 3 presents the difference in the incidence of investigations and the types of investigations conducted by child welfare agencies in Ontario in 1998, 2003, and 2008 and select data from the OIS-1993. Chapter 4 examines the characteristics of substantiated maltreatment investigations by type of maltreatment in Ontario in 2008 including severity and duration of injury and the identity of the alleged perpetrators. Chapter 5 examines the child and family characteristics of substantiated maltreatment investigations in Ontario in 2008.

Because of changes in the way child welfare investigations are conducted in Ontario and in the way the OIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the OIS-2003, OIS-1998, and OIS-1993 reports.**

In particular, it should be noted that previous reports do not separately track investigations of cases where future risk of maltreatment was the only concern. More detailed analyses will be developed in subsequent reports and articles.²⁶

²⁶ Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca>

The **Appendices** include:

Appendix A: OIS-2008 Site Researchers

Appendix B: First Nations CIS
Advisory Committee

Appendix C: Glossary of Terms

Appendix D: OIS-2008/CIS-2008
Maltreatment
Assessment Form

Appendix E: OIS-2008/CIS-2008
Guidebook

Appendix F: Case Vignette

Appendix G: Variance Estimates and
Confidence Intervals

Chapter 2

METHODOLOGY

The OIS-2008 is the fourth provincial study examining the incidence of reported child abuse and neglect in Ontario. The OIS-2008 captured information about children and their families as they came into contact with child welfare services over a three-month sampling period. Children who were not reported to child welfare services, screened-out reports, or new allegations on cases currently open at the time of case selection were not included in the OIS-2008. A multi-stage sampling design was used, first to select a representative sample of 23 child welfare agencies across Ontario, and then to sample cases within these agencies. Information was collected directly from the investigating workers at the conclusion of the investigation. The OIS-2008 sample of 7,471 investigations was used to derive estimates of the annual rates and characteristics of investigated children in Ontario.

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

SAMPLING

The OIS-2008 sample was drawn in three stages: first a representative

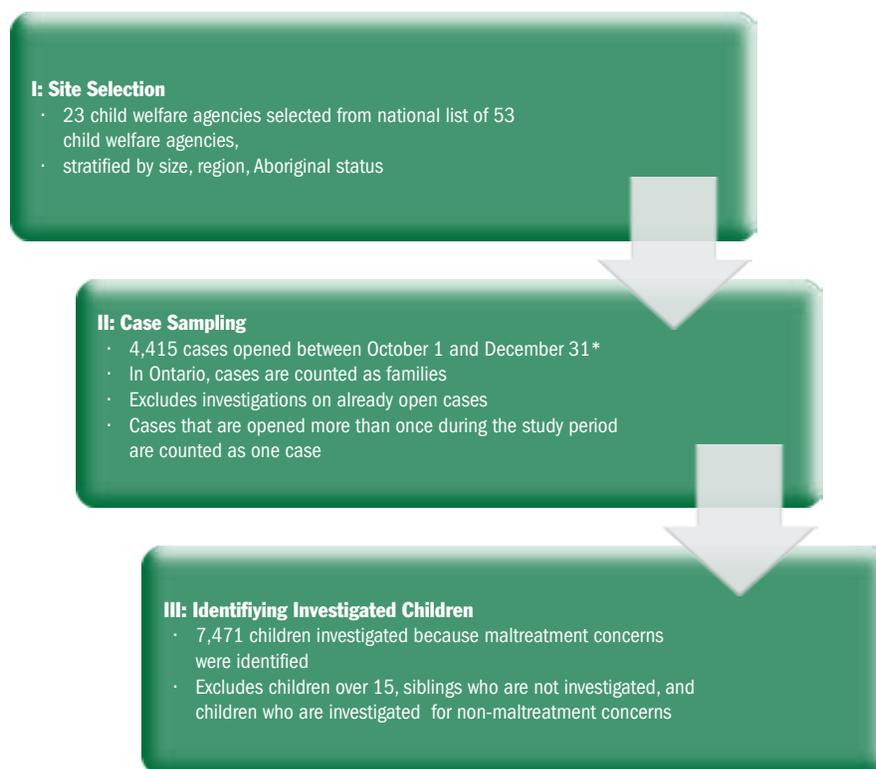
sample of child welfare agencies from across Ontario was selected, then cases were sampled over a three month period within the selected agencies, and finally child investigations that met the study criteria were identified from the sampled cases.

Agency selection

Child welfare agencies are the primary sampling unit for the OIS/CIS. The term child welfare agency is used to describe any organization that has the

authority to conduct child protection investigations. A minimum of one agency was selected in each region of the province. In Ontario, agencies serve the full population in a specific geographic area; however, in some instances several agencies may serve different populations in the same area on the basis of religion, language, or Aboriginal background. In the Toronto region, all agencies that provided child protection services were involved in the study. Aboriginal agencies were not included in the provincial/territorial

FIGURE 2-1: Three Stage Sampling



* Due to later recruitment, one agency collected data from January 1, 2009 to March 31, 2009.

strata, but were sampled from a separate Aboriginal pan-Canadian stratum, derived from a list of First Nations organizations with fully delegated investigator authority. A final count of 53²⁷ agencies constitutes the sampling frame for the 2008 study (see Table 1-1).

Agencies were stratified by size and by region. Most agencies were selected randomly within their regional strata using SPSS Version 15.0 random selection application. Exceptions included agencies sampled with certainty, agencies that could not be feasibly included because of size (less than 50 investigations a year) or distance, and First Nations agencies that were selected through the First Nations CIS Advisory Committee (see First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings). Agencies in the largest metropolitan area were sampled with certainty. Three agencies declined to be involved because of their particular circumstances, and three replacement agencies were randomly selected from the remaining pool.

Case selection

The second sampling stage involved selecting cases opened in the study agencies during the three month period of October 1, 2008 to December 31, 2008.²⁸ 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 is

considered to be typical of the whole year. However, follow-up studies are needed to systematically explore the extent to which seasonal variation in the types of cases referred to child welfare agencies may affect estimates that are based on a three-month sampling period. In small to mid-size agencies every case opened during the three month sampling period was selected. In larger agencies that conducted over 1,000 investigations per year, a random sample of 250 cases was selected for inclusion in the study. In Ontario, 14 of the 23 participating agencies/offices conducted over 1,000 investigations per year and thus caps of 250 were enforced during the case selection period. In Ontario, families are the **unit of service** at the point of the initial decision to open a case.

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 is too much variation in screening procedure to be able to feasibly track these cases within the budget of the OIS;
- reports on **already open cases** were not included
- only the first report was included for cases that were **reported more than once** during the three-month sampling period; and
- Ontario has been **developing a differential or alternate response** model that could have posed a challenge in capturing cases open to the alternate non-protection

stream. However, because the decisions to stream occur after the initial investigation, the OIS was able to capture both types of openings.

These procedures led to 4,415 family based cases being selected in Ontario.

Identifying Investigated Children

The final sample selection stage involved identifying children who had been investigated as a result of concerns related to possible maltreatment. Since cases in Ontario are open at the level of a family, procedures had to be developed to determine which child(ren) in each family had been investigated for maltreatment-related reasons. Furthermore, cases can be open for a number of different reasons that do not necessarily involve maltreatment-related concerns. These can include children with difficult behaviour problems, pregnant women seeking supportive counseling, or other service requests that do not involve a specific allegation of maltreatment.

In Ontario, children eligible for inclusion in the final study sample were identified by having child welfare workers complete the *Intake Face Sheet* from the *OIS-2008/CIS-2008 Maltreatment Assessment Form*. The *Intake Face Sheet* allowed the investigating 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). Only children 15 and under are included in the sample used in this report. These procedures yielded a final sample of 7,471 children investigated because of maltreatment-related concerns.

27 53 child welfare agencies served Ontario as of March, 2008.

28 Due to later recruitment, one site collected data from January 1, 2009 to March 31, 2009. Cases from this site represent less than 2% of all sampled cases. This different collection period is unlikely to bias the overall results

TABLE 2-1: Child Population and Sample Size by Region, OIS-2008

Region	Child Population (0–15)	Total Child Protection Agencies	Number of OIS Agencies	OIS Agency Child Population (0–15)	Annual Agency Case Openings	Case Openings Sampled for OIS
Central	927,530	10	4	410,900	8,228	825
East	337,850	10	4	84,010	3,712	829
Toronto	438,100	3	3	438,100	10,792	676
West	522,975	14	4	205,280	8,490	992
North	146,860	10	4	101,935	4,920	966
Aboriginal	8,730	6	4	1,620	595	127
Ontario	2,382,035	53	23	1,241,845	36,737	4,415

Source: Canada. Statistics Canada. *Census of Canada, 2006: Age and Sex for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census–100% Data* [computer file]. Ottawa: Ont.: Statistics Canada [producer and distributor], October 22, 2002 (95F0300XCB01006). Census data quality can be found at <http://www.statcan.ca/english/census96/dqindex.html> and <http://www12.statcan.ca/english/census01/Products/Reference/dict/appendices/app002.pdf>

* There are 6 delegated Aboriginal agencies in Ontario, one is in Toronto and was sampled with certainty. The children served by Native Child and Family Services are captured in the Toronto population.

Investigating Maltreatment vs. Assessing Future Risk of Maltreatment

The primary objective of the OIS 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 is being assessed. As an aid to evaluating future risk of maltreatment, a variety of risk assessment tools and methods have been adopted in Ontario, including the Ontario Risk Assessment Model, an Eligibility Spectrum, a Risk Assessment Tool, and more formalized differential response models.²⁹ Risk assessment tools are designed to promote structured, thorough assessments and informed decisions. They measure a variety of factors that include child strengths and vulnerabilities, sources of familial support and familial stress,

caregiver addictions, mental health, and expectations of the child. Risk assessment tools are intended to supplement clinical decision making and are designed to be used at multiple decision points during child welfare interventions.

Because of changes in investigation mandates and practices over the last ten years, the OIS-2008 was redesigned to separately track risk only investigations and maltreatment investigations. Cases that were only being assessed for risk of future maltreatment were not specifically included in previous cycles of the OIS. To better capture both types of cases, the OIS-2008 was redesigned to separately track maltreatment 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 only opened to assess future risk of maltreatment, 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. Specifying the specific form of future maltreatment being assessed was not feasible given that risk only investigations are based on a range of factors including child strengths and vulnerabilities, caregiver addictions, caregiver mental health, expectations of the child, and sources of familial support and familial stress.

While this change provides important additional information about risk only cases, it has complicated comparisons with past cycles of the study. For the purpose of the present report, Chapter 3 comparisons with previous cycles are limited to comparisons of rates of all maltreatment related investigations including risk only investigations. In contrast, risk only cases are not included in the Chapter 4 and 5 2008 estimates of rates and characteristics of substantiated maltreatment.

Forms of Maltreatment included in the OIS-2008

The OIS-2008 definition of child maltreatment includes **32 forms**

29 Barber, J., Shlonsky, A., Black, T., Goodman, D., and Trocmé, N. (2008). Reliability and Predictive Validity of a Consensus-Based Risk Assessment Tool. *Journal of Public Child Welfare*, 2: 2, 173–195.

of maltreatment subsumed under **five categories** of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. This classification reflects a fairly broad definition of child maltreatment and includes several forms of maltreatment that are not specifically stated in some provincial and territorial child welfare statutes (e.g. exposure to intimate partner violence).³⁰

A source of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both 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.³¹ For instance, some Children's Aid Societies include only intra-familial sexual abuse, while the justice system deals with cases of extra-familial sexual abuse. The OIS-2008 is able to track up to three forms of maltreatment.

Investigated Maltreatment vs. Substantiated Maltreatment

The child welfare statute in Ontario requires 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 or not. Jurisdictions in Ontario use a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases, or verified and not verified cases. The OIS uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out (see Trocmé et al., 2009³² for more information on the distinction between these three levels of substantiation).

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

Risk of harm vs. 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 agencies 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. The OIS-2008 includes both types of situations in its definition of substantiated maltreatment. The study also gathers information about physical and emotional harm attributed to substantiated or suspected maltreatment (Chapter 4).

The OIS-2008 documents both physical and emotional harm; however, definitions of maltreatment used for the study do not require the occurrence of harm. The fourth U.S. *National Incidence Study of Child Abuse and Neglect NIS-4 (2010)* includes 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 harm³³ similar to the definitions used by the fourth U.S. National Incidence Study of Child Abuse and Neglect (2010) which include two standards in calculating estimates of maltreatment.

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 of whether or not harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, **risk of maltreatment** refers to situations where a specific incident of

30 Intimate partner violence is noted in child protection legislation in seven of 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.

31 Portwood, S. G. (1999). Coming to terms with a consensual definition of child maltreatment. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 4(1), 56–68.

32 Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. *Child Maltreatment*, 14(1), 4–16.

33 Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress, Executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

INSTRUMENTS

The OIS/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 OIS-2008/ CIS-2008 survey instrument was to identify the common elements 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.

The OIS-2008/CIS-2008 Maltreatment Assessment Form

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

Intake Face Sheet

Workers completed the *Intake Face Sheet* for all cases opened during the study period, whether or not a specific allegation of maltreatment had been made or 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 each caregiver and child; and the type of investigation (a risk investigation only or an investigated incident of maltreatment).⁵ The section of the form containing partially identifying information was kept at the agency. The remainder of the form was completed if abuse or neglect was suspected at any point during the investigation, or if the investigating worker completed a risk investigation only.³⁴

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 the adults 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 the contact with the caregiver, other adults in the home, housing, housing safety, caregiver functioning, case status, and referral(s) to other services. (Appendix D).

³⁴ The *OIS-2008/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.

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.³⁵ 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 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 only investigations, workers were asked whether they were concerned about future maltreatment.

Guidebook

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

³⁵ Two Child Information Sheets were included as a component of the *OIS-2008/CIS-2008 Maltreatment Assessment Form*, and additional Child Information Sheets were available in every office.

Revising and Validating the Child Assessment Form

The OIS/CIS-2008 data collection instrument was based on the OIS/CIS-2003, OIS/CIS-1998, and OIS-1993 data collection instruments in order to maximize the potential for comparing OIS/CIS findings across cycles of the studies. A key challenge in updating instruments across cycles of a study is 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 led to the development of a simpler question about families running out of money. In addition, changes over time in child welfare practices may also require that changes be made to the 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 form of maltreatment and was not a specific maltreatment category on the form. It was added in subsequent cycles of the study.

Changes to the OIS/CIS-2008 version of the form were made in close consultation with the *Research Working Group*, a subcommittee of the *CIS-2008 National Steering Committee* of the *Public Health Agency of Canada*. Changes were made on the basis of data collection problems noted during the OIS/CIS-2003, and analysis of response rates,³⁶ a validation file review study, focus group consultations with child welfare workers in several jurisdictions, and a reliability study used to compare different versions of the form.

Changes to the data collection instrument included: the addition of a series of questions designed to distinguish maltreatment investigation from risk only 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 poverty question, more specific intimate partner violence maltreatment codes, and revised emotional maltreatment categories. The final version of the data collection instrument is in Appendix D.

Case File Validation Study

The review of the data collection instrument for the 2008 cycle of the study started with a case file validation study.³⁷ Data collected in 2003 using the OIS/CIS-2003 version of the form was compared to information in the case files from one of the larger OIS-2003 agencies. While there was good correspondence on many items, it became apparent that despite specific instruction in 2003 to only include investigations of child maltreatment, a number of cases that appeared to only involve 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 2007³⁸. The purpose of the groups was to receive feedback on the proposed changes

to the OIS/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 agency.

Reliability Study

A reliability study was undertaken to examine 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 measuring characteristics of suspected/alleged maltreatment, households, caregivers, children, maltreatment history, and service related variables. A convenience sample of eight child welfare agencies was selected for reliability testing based upon 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 of the reliability study for some agencies could not be scheduled prior to the finalization of the instrument and therefore their Time 2 data was not included in the analysis.

To assess the reliability of the instrument variables with comparable response options, all agencies were collapsed, yielding a sample of 100

36 Tonmyr, L. (2004). Missing data in the Canadian incidence study of reported child abuse and neglect: Relevance to mental health promotion. *International Journal of Mental Health Promotion*, 6(4), 33-41.

37 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Chabot, M., & Knoke, D. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

38 *ibid.*

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 substantial agreement; and values that exceed 0.8 reflect excellent agreement (Landis and Koch, 1977).³⁹ Similar testing was conducted on CIS-2003. (Knoke, 2009).

The vast majority of items on the OIS/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 substantial to excellent agreement.

A number of items fell slightly below the criterion adopted for acceptable reliability. In order to address the low reliability of two questions (e.g., accessible drugs/drug paraphernalia and police involvement in the child maltreatment investigation), questions were re-ordered and/or clarified on the final OIS/CIS-2008 data collection instrument. The low reliability for secondary and tertiary maltreatment codes was similar to the OIS/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 OIS data.

39 Landis, J.R., & Koch, G.G. (1977). The measurement of observer agreement for categorical data. *Biometrics*, 33, 159–174.

The study team's review of the case narratives 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 Child Maltreatment Assessment Form. Although the final data collection instrument differed from the versions that had been tested, the final set of changes was limited to only a few items.

DATA COLLECTION AND VERIFICATION PROCEDURES

Training

Site Researchers were assigned to coordinate agency training and case selection at each OIS-2008 agency (Appendix A). The case selection phase began with a training session, conducted by a Site Researcher to introduce participating child welfare workers to the OIS-2008/CIS-2008 instruments and case selection procedures. After a review of the forms and procedures, workers completed the form for selected case vignettes (Appendix F). The completed forms were then discussed and discrepancies in responses reviewed to ensure that items were being properly interpreted. Each worker was given an OIS-2008/CIS-2008 Guide Book, which included definitions for all the items and study procedures (Appendix E).

Timing of Form Completion

Completion of the data collection instrument was designed to coincide with the point when investigating workers complete their written report

of the investigation. In most instances, some type of report is required within 30 days of the beginning of the investigation. In instances where a complex investigation takes more time, workers were asked to complete the data collection instrument with their preliminary assessment report.

Agency Visits

Site Researchers visited the OIS-2008 agencies 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 agency. Site Researchers collected the completed forms during each agency 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 (see Appendix D) was stored on-site, and non-identifying information was sent to the central data verification location.

Data Verification and Data Entry

Data collection forms were verified twice for completeness and inconsistent responses: first at the agency by the Site Researchers or Liaison personnel, and then a second time at the University of Toronto. Consistency in form completion was examined by comparing the data collection instrument to the brief case narratives provided by the investigating workers.

Data collection forms sent to the OIS-2008 office in Toronto were entered by scanner using TELEform Elite scanning software, V.8.1. Face

Sheet information was entered manually using Microsoft Access 2000. The data were then combined into an SPSS Version 17.0 database. Inconsistent responses, missing responses, and miscodes were systematically identified. Duplicate cases were screened for at the child welfare agency and deleted on the basis of agency identification numbers, family initials, and date of referral.

Participation and Item Completion Rates

The case selection form was kept as short and simple as possible to minimize the response burden and ensure a high completion rate. Item completion rates were over 98% on most items.⁴⁰

The participation rate was estimated by comparing actual cases opened during the case selection period with the number of cases for which data collection instruments were completed.⁴¹ The overall participation was 96%, ranging from a low of 64%⁴² to a high of 100%. Participation rates below 95% were discussed with the OIS-2008 liaisons for each agency 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.

40 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.

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

42 Only one agency had a participation rate lower than 85%.

ESTIMATION PROCEDURES

Weighting (from the OIS-2008)

The data collected for the OIS-2008 were weighted in order to derive provincial annual incidence estimates. Two sets of weights were applied. First, results were annualized to estimate volume of cases investigated by each agency in 2008. The annualization weights were derived by dividing the total number of cases opened by agency in 2008 by the number of cases sampled from that agency. For example, if 225 cases were investigated over 3 months in an agency that opened 1,000 cases over the year, a weight of 4.44 (1,000/225) was applied to all cases in the agency. 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 agencies. Each study agency was assigned a weight reflecting the proportion of the child population of the agency relative to the child population in the stratum or region that the agency represented. For instance if an agency with a child population of 25,000 was 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 agency (see Appendix H for detailed description). Regionalization and annualization weights were combined so that each case was multiplied first by an annualization weight and then by a regionalization weight. Provincial incidence estimates were calculated by dividing the weighted estimates by

the child population (less than one to 15 year olds). The child population figures for OIS-2008 agencies are based on 2006 Census data. 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 child population estimates are based on 2001 Census numbers.

Case Duplication

Although cases reported more than once during the three month case sampling period were unduplicated, the weights used to develop the OIS 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 OIS-2008 uses the term “child investigations” rather than “investigated children,” since the unit of analysis is the investigation of the child’s alleged maltreatment.

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)*,⁴³ reports that for substantiated cases of child maltreatment, the six month recurrence rate during 2003 was 8.4%. Further

43 U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2005). *Child Maltreatment 2003*. Washington, DC: U.S. Government Printing Office.

estimates of recurrence have been made in the U.S. During a 24-month period which followed 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.⁴⁴ In Québec, the recurrence rate was 8.8% of screened-in investigations over a 12-month period.⁴⁵

Sampling Error Estimation

Although the OIS-2008 estimates are based on a relatively large sample of 7,417 child maltreatment investigations, sampling error is primarily driven by the variability between the 23 agencies. Sampling error estimates were calculated to reflect the fact that the survey population had been stratified and that primary sampling units (agencies) had been selected randomly from each stratum. To calculate the variance, the stratified design allowed the research team to assume that the variability between strata was zero and that the total variance at the provincial level was the sum of the variance for each stratum. In most instances, two agencies, the primary sampling units, were chosen from each strata. Variance estimates were calculated using WesVar 5.1, 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. Most coefficients of variation were in the reliable level, between 5.33 (female caregiver

estimate) and 15.76 (failure to meet developmental milestones estimate). Estimates that should be interpreted with caution include substantiated physical abuse (21.95), substantiated sexual abuse (17.03) and medical treatment required (19.76). There were estimates that had CVs over 33 (group home estimate, other source of referral estimate, group home/residential secure treatment estimate, substantiated physical abuse neglect and emotional maltreatment estimate, head trauma, foster parent as primary caregiver estimate, unknown source of income estimate and drug production and trafficking in the home estimate) and should be interpreted with extreme caution. Estimates that were under 100 were not reported in this report and are marked as blanks in the accompanying tables.⁴⁶

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 inconsistency or inadequacies in administrative procedures from agency to agency. 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.

ETHICS PROCEDURES

The OIS/ 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's 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 agency administrator or director. Where a participating agency had an ethics review process, the study was also evaluated by the individual agency.

The study utilized a case file review methodology. The case files are the property of the delegated agency or regional authority. Therefore, the permission of the agency was required in order to access the case files.

Confidentiality of case information and participants, including workers and agencies, 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 name and age. The tear-off portion of the *Intake Face Sheet* had a space for the file/case number the agency assigns and the study number the OIS-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 agency.

The data collection instruments (that contain no directly-identifying information) were scanned into an electronic database at the University of Toronto. 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 research personnel with security clearance from the Government of Canada had access to this information through password-protected files. All paper data collection instruments are archived in secure filing cabinets.

44 Fluke, J, Shusterman, G.R., Hollinshead, D.M. and Yuan, Ying Ying T. (2008). Longitudinal Analysis of Repeated Child Abuse Reporting and Victimization: Multistate Analysis of Associated Factors. *Child Maltreatment*, 13(1), 76–88

45 Hélié, S. (2005). *Fréquence et déterminants de la récurrence du signalement en protection de la jeunesse: Analyse de survie d'une cohorte Montréalaise*. Unpublished doctoral dissertation, Université du Québec à Montréal, Psychologie Département.

46 The coefficient of variation (CV) is the ratio of the standard error to its estimate. Statistics Canada considers CVs under 16 to be reliable, warns that CVs between 16 and 33.3 should be treated with caution, and recommends that CVs above 33.3 not be used.

Aboriginal Ethics

The First Nations component of the OIS/CIS adhered to the principles of ownership, control, access and possession (OCAP) which must be negotiated within the context of individual research projects. In the case of the First Nations component of the OIS/CIS, adherence to OCAP principles is one of three shared concerns which shape the collaborative relationship between the advisory committee and the research team, and which guide the approach to research design and implementation. The First Nations CIS advisory committee, which mediates Aboriginal ownership of and control over the project, has a mandate of ensuring that the OIS/CIS respects OCAP principles to the greatest degree possible given that the OIS/CIS is a cyclical study which collects data on First Nations, other Aboriginal, and non-Aboriginal investigations. The First Nations CIS advisory committee will approve and guide analyses of First Nations data and comparisons to mainstream agencies.

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

STUDY LIMITATIONS

Although every effort was made to make the OIS-2008 estimates precise and reliable, several limits inherent to

the nature of the data collected must be taken into consideration:

- as a result of changes in the way risk only cases are identified in the OIS-2008, comparisons between study cycles must be done with caution. Tables in the OIS-2008 report **cannot be directly compared** to tables in the three previous reports. Chapter 3 presents select 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 OIS tracks **information during the first 30 days** of case activity, however there are slight provincial and territorial differences in this length of time; service outcomes such as out of home placements and applications to court only include events that occurred during those first approximately 30 days; Table 3-5 and Table 3-6 were affected by this limitation;
- the provincial counts presented in this report are **weighted estimates**. In some instances samples sizes are 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, burns and scalds, or fatality could not be reported due to the small sample sizes;

- the OIS **only tracks reports investigated by child welfare** agencies and does not include reports that were screened out, cases that were only investigated 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 Ontario. 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 either the police nor Children's Aid Societies; and
- the study is based on the 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 OIS-1998, OIS-2003, AND OIS-2008 (AND SELECT COMPARISONS TO THE OIS-1993)

This chapter primarily compares rates of maltreatment-related investigations documented by the 1998, 2003, and 2008 cycles of the OIS. 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 the OIS study procedures and definitions,⁴⁷ and (4) changes in the actual rate of maltreatment.⁴⁸ 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 1993, 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 OIS-2003,**

OIS-1998 and OIS-1993 reports. This chapter presents select comparisons with investigations from the OIS-1993 and these comparisons are presented in Figures 3-1, 3-3, 3-4 and 3-5 (rate of investigations, child welfare placements, transfers to ongoing services and use of child welfare court). Given the growing complexity of the OIS, more detailed analyses will be developed in subsequent reports and articles.⁴⁹

The estimates presented in the tables in this chapter are weighted estimates derived from child maltreatment investigations from representative samples of child welfare agencies or areas conducted in 1993, 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 the methods chapter of this report, as well as the methods chapters of the 1998 and 2003 reports).^{50,51}

Estimates presented from the OIS-1993, OIS-1998, OIS-2003, and OIS-2008 **do not include** (1) incidents that were not reported to child welfare agencies, (2) reported cases that were screened out by child welfare agencies before being fully investigated, (3) new reports on cases already open by child welfare agencies, 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 age less than one to 15 years old.⁵² 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-only cases were not tracked separately in the 1998 and 2003 cycles of the OIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

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

48 Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., et al. (2005). *Ontario incidence study of reported child abuse and neglect 2003 (OIS-2003): Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

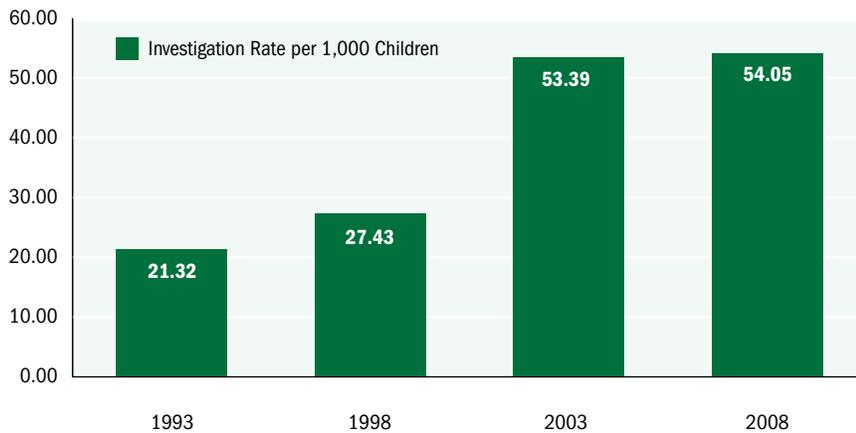
49 Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca>

50 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Bartholomew, S., Ortiz, J., et al. (2002). *Ontario incidence study of reported child abuse and neglect 1998 (OIS-1998)*. Toronto, ON: Centre of Excellence for Child Welfare.

51 Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., et al. (2005). *Ontario incidence study of reported child abuse and neglect, OIS-2003: Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

52 The cut-off age of 15 (children under the age of 16) was selected because the mandate to investigate in Ontario is for children 15 and under. All calculations were based on the child population estimates from the 2006 census provided by Custom Services Section, Advisory Services, Statistics Canada Ontario Regional Office.

FIGURE 3-1: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 1998, 2003 and 2008



The rate of child maltreatment-related investigations has more than doubled since 1993. In 1993, 20.52 per 1,000 child maltreatment-related investigations were conducted in Ontario. In 2008, the number had increased to 54.05 per 1,000 children.

COMPARISONS BETWEEN OIS-1993, 1998, 2003 AND 2008

Chapter 3 presents comparison between the three provincial cycles of the OIS. Comparisons focus on changes in rates and key characteristics of investigations. All of the estimates reported in the Chapter 3 tables were re-calculated for the 2008 report to ensure consistency in the estimation procedures used. As a result, the estimates for OIS-1998 and OIS-2003 used in the 2008 report may differ slightly from those published in previous reports. Statistical tests of significance were used to test the significance of differences between the 2003 and 2008 estimates. Tests of significance for 1998 to 2003 differences are presented in the OIS-2003 Report.⁵³

⁵³ Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., et al. (2005). *Ontario incidence study of reported child abuse and neglect, OIS-2003: Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

MALTREATMENT RELATED INVESTIGATIONS

Table 3-1a presents the number and incidence of maltreatment-related investigations in 1998, 2003, and 2008. In 1998, an estimated 64,658 investigations were conducted in Ontario, a rate of 27.43 investigations per 1,000 children. In 2003, the number of investigations doubled, with an estimated 128,108 investigations and a rate of 53.59 per 1,000 children.⁵⁴ In contrast, the number of investigations has not changed significantly between 2003 and 2008. In 2008, an estimated 128,748 maltreatment-related investigations were conducted across Ontario, representing a rate of 54.05 investigations per 1,000 children.

The rate of child maltreatment-related investigations has more than doubled since 1993. In 1993, 20.52 per 1,000 child maltreatment-related investigations were conducted in

⁵⁴ Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., et al. (2005). *Ontario incidence study of reported child abuse and neglect 2003 (OIS-2003): Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

Ontario. In 2008, the number had increased to 54.05 per 1,000 children.

Table 3-1b describes the type of response for the investigations. Seventy-five percent (96,347 investigations or 40.45 per 1,000 children) involved a customized response, while 25% of investigations were traditional (32,321 or 13.57).

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 are the most likely to be investigated at a rate of 70.25 investigations per 1,000 children. Rates of investigations were similar for one to three years of age and four to seven years of age: 55.08 investigations per 1,000 children one to three years old, 55.93 investigations per 1,000 children four to seven years old. Rates of investigations decreased for the remaining two age groups: 53.07 investigations per 1,000 children eight to 11 years old, and 49.56 investigations per 1,000 children 12 to 15 years old.

Infants were the most likely to be investigated in 1998, 2003 and 2008. Comparing the incidence of investigation by age group between 2003 and 2008, there has been a non-statistically significant increase in rates for children one to three and four to seven years of age and a non-statistically significant decrease in rates for children eight to 15. Readers should note that comparisons between age-groups should always be made on the basis of incidence rates that take into consideration variations in age rates in the general population, rather than on the basis of the count of investigations.

TABLE 3-1a: Number and Rate of Child Maltreatment Investigations in Ontario in 1998 and 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

Child Welfare Investigations					
1998		2003		2008	
#	Rate per 1,000 children	#	Rate per 1,000 children	#	Rate per 1,000 children
64,658	27.43	128,108	53.59	128,748	54.05ns

Ontario Incidence Study of Reported Child Abuse and Neglect 2008
 Based on a sample of 3,050 investigations in 1998, 7,172 investigations in 2003, and 7,471 investigations in 2008.
 ns difference between 2003 and 2008 incidence rate is not statistically significant

TABLE 3-1b: Type of response in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

Type of Response	# of Investigations	Rate per 1,000 children	%
Customized response	96,347	40.45	75%
Traditional response	32,321	13.57	25%
Total Investigations	128,668	54.02	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008
 Percentages are column percentages
 Based on a sample of 7,465 investigations in 2008 .

TABLE 3-2: Age of Children in Child Maltreatment Investigations in Ontario in 1998 and 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

Child Age Group	1998			2003			2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
< 1 year	6,154	43.31	10%	8,237	65.71	6%	9,286	70.25ns	7%
1-3 years	8,412	19.17	13%	19,638	48.63	15%	22,199	55.08ns	17%
4-7 years	17,023	28.01	26%	32,847	54.84	26%	31,222	55.93ns	24%
8-11 years	16,736	28.27	26%	36,124	56.52	28%	32,939	53.07ns	26%
12-15 years	16,333	28.33	25%	31,262	50.15	24%	33,102	49.56ns	26%
Total Investigations	64,658	27.43	100%	128,108	53.59	100%	128,748	54.05 ns	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008
 Percentages are column percentages
 Based on a sample of 3,050 investigations in 1998, 7,172 investigations in 2003, and 7,471 investigations in 2008, with information about the age of children
 ns difference between 2003 and 2008 incidence rate is not statistically significant

TYPES OF INVESTIGATIONS AND SUBSTANTIATION DECISIONS

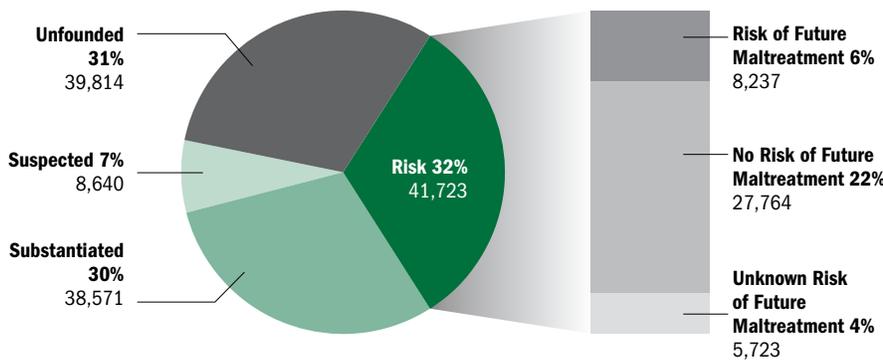
Figure 3-2 describes types of investigations and substantiation decisions resulting from maltreatment-related investigations conducted across Ontario in 2008. The OIS-2008 tracks two types of investigations: those conducted because of a concern about a maltreatment incident that may have

occurred and those conducted because of there may be significant risk of future maltreatment. The outcomes of **maltreatment investigations** are classified in terms of three levels of substantiation:⁵⁵

- substantiated: the balance of evidence indicates that abuse or neglect has occurred;
- suspected: insufficient evidence to substantiate abuse or neglect, but maltreatment cannot 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;

⁵⁵ Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. *Child Maltreatment*, 14(1), 4-16.

FIGURE 3-2: Type of Investigation and Level of Substantiation in Ontario in 2008



it simply indicates that the investigating worker determined that the child had not been maltreated).

The outcome of **risk only investigations** are classified in terms of three response categories:

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

OIS-2008

Of the 128,748 investigations conducted in Canada in 2008, 68% were maltreatment investigations which focused on a concern of abuse or neglect (an estimated 87,025 child

maltreatment investigations or 36.53 investigations per 1,000 children) and 32% of investigations were concerns about risk of future maltreatment (an estimated 41,723 investigations or 17.52 investigations per 1,000 children). Thirty percent of these investigations were substantiated, an estimated 38,571 child investigations. In a further 7% of investigations (an estimated 8,640 child investigations, 3.63 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker at the conclusion of the investigation. Thirty-one percent of investigations (an estimated 39,814 child investigations, 16.71 investigations per 1,000

children) were unfounded. In 6% of investigations, the investigating worker concluded there was a risk of future maltreatment (3.46 per 1,000 children, an estimated 8,237 child investigations). In 22% of investigations no risk of future maltreatment was indicated (an estimated 27,764 investigations or 11.66 investigations per 1,000 children). In 4% of investigations workers did not know whether the child was at risk of future maltreatment.

OIS 1998, 2003 and 2008

As shown in Table 3-3, rates of substantiated maltreatment more than doubled from 1998 to 2003. Relative to this dramatic expansion, the rate of substantiated maltreatment appears to have decreased from 24.44 per 1,000 children in 2003 to 16.19 per 1,000 children in 2008. This comparison, however, is complicated since the 1998 and 2003 cycles of the OIS did not specifically track risk-only investigations. As a result it is not possible to determine to what extent some confirmed risk only cases may have been classified as “substantiated” maltreatment. As noted in Chapter 2, a case file validation study using of a sub-sample of OIS-2003 investigations

TABLE 3-3: Substantiation Decisions in Ontario in 1998, 2003, and 2008

	1998			2003			Maltreatment and risk only investigations	2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%		#	Rate per 1,000 children	%
Child Maltreatment Investigations										
Substantiated	23,145	9.82	36%	58,425	24.44	44%	Substantiated Maltreatment	38,571	16.19	30%
							Risk of Future Maltreatment	8,237	3.46	6%
Total Substantiated Maltreatment and Risk of Future Maltreatment	23,145	9.82	36%	58,425	24.44	44%		46,808	19.65 ns	36%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,055 substantiated child maltreatment investigations in 1998, 3,193 substantiated child maltreatment investigations in 2003, and 2,789 substantiated child maltreatment and substantiated future risk of harm investigations in 2008.

ns difference between 2003 and 2008 incidence rate is not statistically significant

found that several cases had been miscoded in this manner. Including the 2008 confirmed cases of future maltreatment (8,237 cases at a rate of 3.46 confirmed cases of risk per 1,000 children) with the 2008 rate of substantiated cases (16.19 per 1,000), yields a rate of 19.65 investigations per 1,000 children where either maltreatment has been substantiated or future risk has been confirmed. Further analysis of the OIS-2008 risk only investigations is required before differences between categories of investigation outcomes can be appropriately interpreted.

REFERRAL SOURCE

Table 3-4a describes the sources of referrals in 1998, 2003, and 2008. Each independent contact with the child welfare agency regarding a child (or children) was counted as a separate referral. The person who actually contacted the child welfare agency 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 agency, 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 *Maltreatment Assessment Form* included 18 pre-coded referral source categories and an open "other" category. Table 3-4a combines these into three main categories; any non-professional referral, any professional referral, and other referral sources (e.g. anonymous).

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 OIS-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 childcare 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.

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 RCMP.

Other Referral Sources

Anonymous: A caller who is not identified.

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

In 2008, 23% of investigations or an estimated 29,722 investigations were referred by a non-professional sources (rate of 12.49 investigations per 1,000 children), and 71% of investigations were referred by professionals (an estimated 91,517 investigations or 38,42 investigations per 1,000 children). In 8% of investigations (4.59 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.

Although there was a significant change in referrals between 1998 and 2003,⁵⁶ from 2003 to 2008 the distribution of referrals between professionals and non-professionals remained the same.

Table 3-4b presents specific non-professional and professional referral sources, as well as the "other" category, for all investigations conducted in 2008. 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

56 Fallon, B., Trocmé, N., & MacLaurin, B., Knoke, D., Black, T., Daciuk, J., Felstiner, C. (2005). *Ontario incidence study of reported child abuse and neglect, OIS-2003: Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

TABLE 3-4a: Referral Source in Child Maltreatment Investigations in Ontario in 1998 and 2003, and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

Referral Source	1998			2003			2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Any Non-Professional Referral Source	18,493	7.85	29%	26,610	11.13	21%	29,722	12.49ns	23%
Any Professional Referral Source	39,563	16.78	61%	90,685	37.93	71%	91,517	38.42ns	71%
Other/Anonymous Referral Source	7,944	3.37	12%	13,377	5.60	10%	10,936	4.59ns	8%
Total Investigations	64,658	27.43	100%	128,108	53.59	100%	128,748	54.05	100%

Ontario Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 3,050 investigations in 1998, 7,172 investigations in 2003, and 7,471 investigations in 2008. Columns do not add up to 100% because an investigation could have had more than one referral source

ns difference between 2003 and 2008 incidence rate is not statistically significant

TABLE 3-4b: Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

Referral Source	#	Rate per 1,000 children	%
Non Professional			
Custodial or Non Custodial Parent	14,942	6.27	12%
Child (subject of referral)	1,217	0.51	1%
Relative	6,597	2.77	5%
Neighbour/friend	7,566	3.18	6%
Professional			
Community, Health or Social Services	14,863	6.24	12%
Hospital (any personnel)	6,506	2.73	5%
School	32,372	13.59	25%
Other child welfare service	8,154	3.42	6%
Day care centre	1,571	0.66	1%
Police	29,525	12.39	23%
Anonymous	7,459	3.13	6%
Other	3,388	1.42	3%
Total Investigations	128,748	54.05	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 7,471 investigations in 2008. Columns do not add up to 100% because an investigation could have had more than one referral source.

recreation centre, community health nurse, community physician, community mental health professional and community agency (Community, Health and Social Services). The largest number of referrals came from schools; 25% of investigations or an estimated 32,372 investigations (rate of 13.59 investigations per 1,000 children).

The second largest source of referral was police 23% of investigations (an estimated 29,525 investigations or a rate of 12.39 investigations per 1,000 children). Custodial or non-custodial parents were the largest non professional referral source (12% of investigations or a rate of 6.27 per 1,000 children).

RATES OF ON-GOING SERVICES, PLACEMENT, AND COURT

Three key service events can 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

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

Provision of Ongoing Services	1998			2003			2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Case to Stay Open for Ongoing Services	18,498	7.85	30%	30,994	12.96	24%	31,693	13.31ns	25%
Case to be Closed	43,489	18.45	70%	97,012	40.58	76%	97,030	40.73ns	75%
Total Investigations	61,987	26.30	100%	128,006	53.54	100%	128,723	54.04ns	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,946 investigations in 1998, 7,168 investigations in 2003, and 7,470 investigations in 2008 with information about transfers to ongoing services. ns difference between 2003 and 2008 incidence rate is not statistically significant

Total investigations do not add up to total estimates of investigations provided in Table 3-1 because there is missing data.

is made to close a case or provide ongoing services. While the OIS tracks any of 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, for example, are likely to 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 open because of alleged maltreatment or risk of future maltreatment**. Children referred to child welfare agencies 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 OIS.

Ongoing Child Welfare Services

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Table 3-5). An estimated 31,693 (25%) investigations in 2008 were identified as remaining open for ongoing services while an estimated 97,030 (75%) investigations were closed.

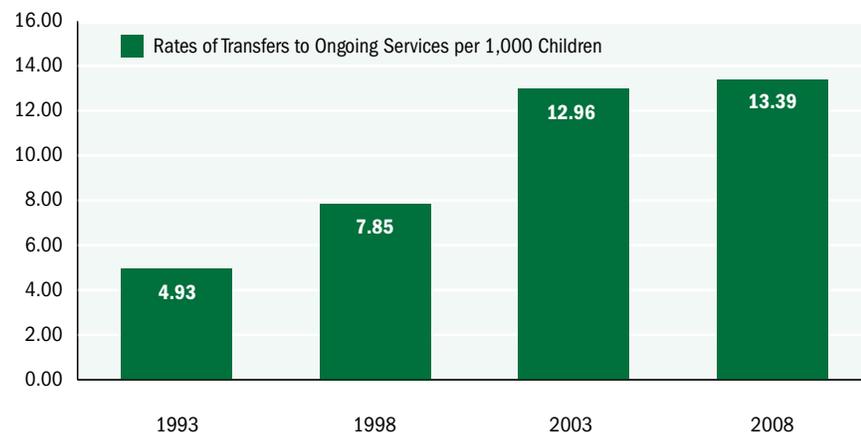
There was a non-significant increase in the incidence of investigations open for on-going services from 12.96 investigations per 1,000 children in 2003 to 13.31 per 1,000 children in 2008. As with all the other major trends documented by the OIS, this non-significant increase follows a significant increase in cases open for ongoing services documented from 7.85 per 1,000 children in 1998 to 12.96 per 1,000 children in 2003.⁵⁷

Out-of-Home Placement

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

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

FIGURE 3-3: Rate of Transfers to Ongoing Services in Child Maltreatment-Related Investigations in 1993, 1998, 2003 and 2008 in Ontario



The rate of transfers to ongoing services after the conclusion of a child maltreatment-related investigation has nearly tripled since 1993: from 4.93 per 1,000 children to 13.30 per 1,000 children.

57 Fallon, B., Trocmé, N., & Maclaurin, B., Knoke, D., Black, T., Daciuk, J., Felstiner, C. (2005). *Ontario incidence study of reported child abuse and neglect, OIS-2003: Major findings report*. Toronto, ON: Centre of Excellence for Child Welfare.

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 Children's Aid Society 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 Children's Aid Society 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.

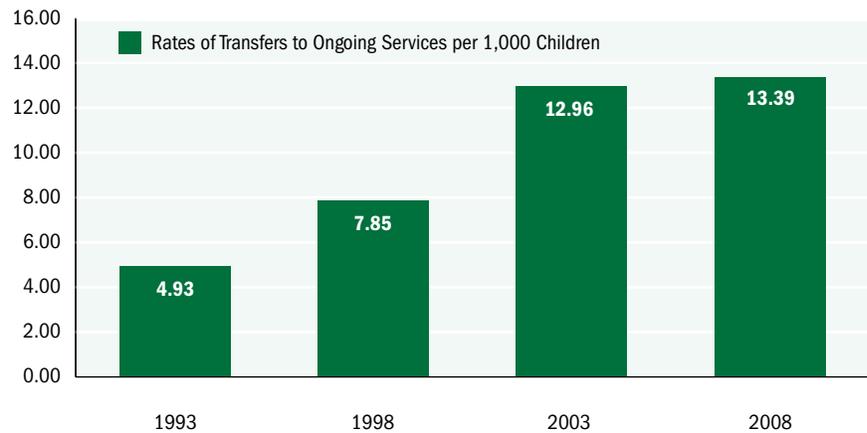
Group Home Placement: An out-of-home placement required in a structured group living setting.

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

For the purposes of Table 3-6 these placement categories were combined into four broader categories: child remained at home (no placement required and placement considered), informal kinship care (informal care), foster care which includes kinship foster care and non-kinship family foster care (foster care and kinship care), and group home or residential treatment placements (group home and residential secure treatment).

In 2008, there were no placements in 94% of investigations (121,436 investigations or 50.98 investigations per 1,000 children). Six percent of investigations resulted in a change of residence for the child: 3% to informal kinship care (an estimated 3,616 investigations or 1.52 investigations

FIGURE 3-4: Rate of Placement in Child Maltreatment-Related Investigations in 1993, 1998, 2003 and 2008 in Ontario



The rate of placement in Ontario at the conclusion of a child maltreatment-related investigation has remained consistent across four cycles of the OIS. The rate was lowest in 1993 (1.20 per 1,000 children) and highest in 2003 (1.71 per 1,000 children).

per 1,000 children); 2% to foster care or kinship care (an estimated 3,004 investigations or 1.26 investigations per 1,000 children); and in 1% to residential secure treatment or group homes (an estimated 692 investigations or 0.29 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 OIS, other than a non-statistically significant increase between 2003 and 2008 in informal placements of children with relatives.

Table 3-6b presents specific placements for all investigations conducted in 2008. The vast majority of investigations resulted in no placement; 94% of investigations or an estimated 120,483 investigations (rate of 50.58 investigations per 1,000 children) and in 1% of investigations placement was considered. Three percent of investigations resulted in a kinship care placement; 3% in informal kinship care (an estimated 3,616 investigations or a rate of 1.52 investigations per 1,000 children) and less than 1% in formal kinship care. Two percent resulted in foster care (2,616 investigations or a rate of 1.10

and less than 1% of investigations result in group home placements, or in residential/secure treatment facilities.

Previous Child Maltreatment Investigations

Workers were asked if the investigated child had been previously reported to child welfare agency for suspected maltreatment.

In 2008, the number of children who had been previously investigated was almost evenly divided between previously investigated and not previously investigated. In 46% of investigations, workers indicated that the child had been referred previously for alleged maltreatment (59,039 investigations representing a rate of 24.79 per 1,000 children). In 53% of investigations, the child had not been previously investigated for suspected maltreatment (68,849 investigations, representing a rate of 28.90 investigations per 1,000 children). In 1% of investigations, the investigating worker did not know whether the child had been previously reported for suspected maltreatment (an estimated 821 investigations, representing a rate of 0.34 investigations per 1,000 children).

There was no statistically significant change in the rate of previous referrals between the OIS-2003 (25.54 per 1,000 children) and OIS-2008 (24.79 per 1,000 children).

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 ranging from temporary to 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 OIS can only track applications made during the investigation period, the OIS court application rate does not account for

applications made at later points of service.

Investigating workers were asked about 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.

TABLE 3-6a: Placement in Child Maltreatment Investigations in Ontario in 1998 and 2003, and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

Placement status	1998			2003			2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child remained at home	58,611	24.86	91%	121,109	50.66	95%	121,436	50.98 ns	94%
Child with relative (not a formal child welfare placement)	2,779	1.18	4%	2,748	1.15	2%	3,616	1.52 ns	3%
Foster care (includes foster and kinship Care)	2,416	1.02	4%	3,023	1.26	2%	3,004	1.26 ns	2%
Group home/Residential Secure Treatment	824	0.35	1%	1,074	0.45	1%	692	0.29 ns	1%
Total Investigations	64,630	27.42	100%	127,955	53.52	100%	128,748	54.05ns	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 3,047 investigations in 1998, 7,164 investigations in 2003, and 7,471 investigations in 2008 with information about child welfare placement.

ns difference between 2003 and 2008 incidence rate is not statistically significant

Total investigations do not add up to total estimates of investigations provided in Table 3-1 because of missing data.

TABLE 3-6b: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

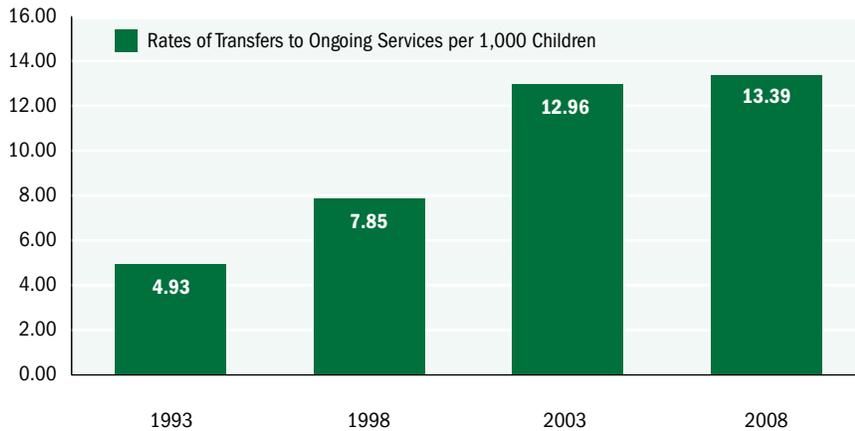
Placement status	2008		
	#	Rate per 1,000 children	%
No placement required	120,483	50.58	94%
Placement considered	953	0.40	1%
Informal kinship care	3,616	1.52	3%
Kinship foster care	387	0.16	0%
Foster care	2,616	1.10	2%
Group home	531	0.22	0%
Residential/Secure Treatment	161	0.07	0%
Total Investigations	128,748	54.05ns	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 7,471 investigations in 2008 with information about child welfare placement.

FIGURE 3-5: Rate of Use of Child Welfare Court in Child Maltreatment-Related Investigations in 1993, 1998, 2003 and 2008 in Ontario



The use of child welfare court is very similar across cycles of the OIS. Use of court was lowest in 1998 (1.20 per 1,000 children) and highest in 2003 (1.58 per 1,000 children).

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).

In the OIS-2008, 3% of all child investigations (an estimated 3,551 investigations or a rate of 1.49 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.

TABLE 3-7: History of Previous Investigations in Child Maltreatment Investigations in Ontario in 1998 and 2003, and in Child Maltreatment Investigations and Risk Of Future Maltreatment Investigations in Ontario in 2008

	1998			2003			2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Previous Investigations									
Child Previously Investigated	28,432	12.06	22%	61,055	25.54	48%	59,039	24.79 ns	46%
Child Not Previously Investigated	34,201	14.51	27%	65,995	27.61	52%	68,849	28.90 ns	53%
Unknown	1,880	0.80	1%	1,017	0.43	1%	821	0.34 ns	1%
Total Investigations	64,513	27.37	100%	128,067	53.57	100%	128,709	54.03 ns	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 3,042 investigations in 1998, 7,170 investigations in 2003, and 7,468 investigations in 2008 with information about previous referrals.

ns difference between 2003 and 2008 incidence rate is not statistically significant

Total investigations do not add up to total estimates of investigations provided in Table 3-1 because of missing data.

TABLE 3-8: Applications to Child Welfare Court in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008

	1998			2003			2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Previous Investigations									
No Application to Court	61,700	26.17	96%	124,061	51.89	97%	125,197	52.56 ns	97%
Application Made	2,839	1.20	4%	3,780	1.58	3%	3,551	1.49 ns	3%
Total Investigations	64,539	27.38	100%	127,841	53.48	100%	128,748	54.05 ns	100%

Ontario Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 3,045 investigations in 1998, 7,160 investigations in 2003, and 7,471 investigations in 2008 with information about child welfare court.

ns difference between 2003 and 2008 incidence rate is not statistically significant

Total investigations do not add up to total estimates of investigations in 2008 provided in Table 3-1 because of missing data.

Chapter 4

CHARACTERISTICS OF MALTREATMENT

The OIS-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 OIS-2008/CIS-2008 Guidebook in Appendix E). The 32 forms of maltreatment tracked by the OIS are defined in the detailed sections on the five categories of maltreatment in this chapter.

Each investigation of maltreatment had a minimum of one and a maximum of three identified forms of maltreatment. In cases involving more than three forms of maltreatment, investigating workers were asked to select the three forms that best described the reason for investigation. More than one category of maltreatment was identified for 12% of substantiated child maltreatment investigations (Table 4-2). The **primary category** of maltreatment was the form that best characterized the investigated maltreatment. In cases where there was more than one form of maltreatment and one form of maltreatment was substantiated and one was not, the substantiated form was automatically selected as the primary form.⁵⁸

⁵⁸ The OIS classification protocol was modified since OIS-2008 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 overall form. For example, if physical abuse was unsubstantiated in a case initially classified primarily as physical abuse, but neglect was substantiated, the substantiated neglect was recoded as the primary form of maltreatment.

This chapter describes the characteristics of maltreatment in terms of nature and severity of harm and the duration of the maltreatment. Table 4-1 presents the primary category of substantiated maltreatment.

The estimates presented in this chapter are derived from child maltreatment investigations from a representative sample of child welfare agencies 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 agencies, (2) reported cases that were screened out by child welfare agencies before being fully investigated, (3) new reports on cases already open by child welfare agencies, (4) cases that were investigated only by the police, and (5) cases that were only investigated because of concerns about future risk (see Chapter 2: Methods 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 OIS-2003 and OIS-1998 reports** (see Chapter 1).

PRIMARY CATEGORIES OF MALTREATMENT

Table 4-1 presents the estimates and incidence rates for the five primary categories of **substantiated** maltreatment in Ontario in 2008.

The maltreatment typology in the OIS-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, poisoning, 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 (includes 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/confinement; inadequate nurturing or affection; exploiting or corrupting behaviour; and exposure to non-partner physical violence.⁵⁹ Exposure to intimate partner violence was comprised of three forms: direct witness to physical violence; indirect exposure to physical

⁵⁹ Exposure to non-partner physical violence was analyzed as a form of emotional maltreatment category. On the OIS-2008 /CIS-2008 data collection instrument, exposure to non-partner violence was listed separately from other maltreatment forms (see Appendix D).

TABLE 4-1: Primary Category of Substantiated Maltreatment in Ontario in 2008

Primary Category of Maltreatment	#	Rate per 1,000 children	%
Physical Abuse	7,936	3.33	21%
Sexual Abuse	771	0.32	2%
Neglect	11,894	4.99	31%
Emotional Maltreatment	2,884	1.21	7%
Exposure to Intimate Partner Violence	15,087	6.33	39%
Total Substantiated Investigations	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,308 substantiated investigations in 2008.

violence; and exposure to emotional violence. See OIS-2008 /CIS-2008 Guidebook (Appendices E) for specific definitions of each maltreatment form.

There were an estimated 38,572 substantiated child maltreatment investigations in Ontario in 2008 (16.19 investigations per 1,000 children). Exposure to intimate partner violence represents the largest proportion of substantiated maltreatment investigations. Thirty-nine percent of all substantiated maltreatment investigations identified exposure to intimate partner violence as the primary type of maltreatment, an estimated 15,087 cases (6.33 investigations per 1,000 children). In 31% of substantiated maltreatment investigations, neglect was identified as the overriding concern, an estimated 11,894 investigations (4.99 investigations per 1,000 children). In 21% of substantiated maltreatment investigations, or an estimated 7,936 cases, the primary form of maltreatment identified was physical abuse (3.33 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in 7% of substantiated maltreatment investigations (an estimated 2,884 investigations or 1.21 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment form in 2% of substantiated

maltreatment investigations (an estimated 771 investigations or 0.32 investigations per 1,000 children).

SINGLE AND MULTIPLE CATEGORIES OF MALTREATMENT

The OIS tracks 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. In most cases (88%) only one category of substantiated maltreatment was documented, in 12% of cases multiple categories of substantiated maltreatment were documented.

Single Categories of Maltreatment:

In 88% of substantiated cases, one category of maltreatment was identified, involving an estimated 33,830 child investigations (14.20 investigations per 1,000 children). Physical abuse was identified as the single category of maltreatment in 16% of investigations; sexual abuse in 2%; neglect in 28%; emotional maltreatment in 6%; and exposure to intimate partner violence in 37%.

Multiple Categories of Maltreatment:

Twelve percent of substantiated maltreatment investigations

involved more than one category of substantiated maltreatment, an estimated 4,740 child investigations (1.99 investigations per 1,000 children). The most frequently identified combinations were neglect and exposure to intimate partner violence (1,264 investigations), physical abuse and emotional maltreatment (872 investigations), emotional maltreatment and exposure to intimate partner violence (778 investigations), physical abuse and exposure to intimate partner violence (654 investigations), and neglect and emotional maltreatment (454 investigations). Sexual abuse in combination with other categories of maltreatment is not reportable because of low frequencies.

PHYSICAL HARM

The OIS-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 severity of harm as measured by medical treatment needed and one describing the nature of harm.

Physical harm was identified in 7% of cases of substantiated maltreatment (Table 4-3). In 4% of cases (an estimated 1,654 substantiated

TABLE 4-2: Single and Multiple Categories of Substantiated Child Maltreatment in Ontario in 2008

	#	Rate per 1,000 children	%
Single Form of Substantiated Maltreatment			
Physical Abuse Only	6,192	2.60	16%
Sexual Abuse Only	605	0.25	2%
Neglect Only	10,616	4.46	28%
Emotional Maltreatment Only	2,257	0.95	6%
Exposure to Intimate Partner Violence Only	14,160	5.94	37%
Subtotal: Only One Form of Substantiated Maltreatment	33,830	14.20	88%
Multiple Categories of Substantiated Maltreatment			
Physical Abuse and Sexual Abuse	-	-	0%
Physical Abuse and Neglect	323	0.14	1%
Physical Abuse and Emotional Maltreatment	872	0.37	2%
Physical Abuse and Exposure to Intimate Partner Violence	654	0.27	2%
Sexual Abuse and Neglect	-	-	0%
Sexual Abuse and Emotional Maltreatment	-	-	0%
Sexual Abuse and Exposure to Intimate Partner Violence	-	-	0%
Neglect and Emotional Maltreatment	454	0.19	1%
Neglect and Exposure to Intimate Partner Violence	1,264	0.53	3%
Emotional Maltreatment and Exposure to Intimate Partner Violence	778	0.33	2%
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	101	0.04	0%
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	-	0.00	0%
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	0%
Sexual Abuse, Neglect and Emotional Maltreatment	-	-	0%
Sexual Abuse, Neglect and Exposure to Intimate Partner Violence	-	0.00	0%
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	0%
Subtotal: Multiple Categories	4,740	1.99	12%
Total Substantiated Maltreatment	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,308 substantiated investigations in 2008. Columns may not add up to total because low frequency estimates are not reported but are included in total.

- Estimate was < 100 investigations.

maltreatment investigations, or 0.69 investigations per 1,000 children) harm was noted but no treatment was required. In a further 3% of cases (an estimated 1,063 substantiated maltreatment investigations, or 0.45 investigations per 1,000 children), harm was sufficiently severe to require treatment.

Physical Abuse: Physical harm was indicated in 22% of investigations where physical abuse was the primary substantiated maltreatment, an estimated 1,748 child investigations. In 17% of cases a physical injury had been documented but was not severe enough to require treatment. In another 5% of cases, medical treatment

was required. The fact that no physical harm was noted in 78% 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 documented injuries.

TABLE 4-3: Physical Harm by Primary Category of Substantiated Child Maltreatment in Ontario in 2008

Physical Harm	Primary Category of Substantiated Maltreatment												Total					
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment					Exposure to Intimate Partner Violence			
	#	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 Medical Treatment Required		0.57	17%	-	-	4%	281	0.12	2%	-	-	0%	-	-	0%	1,654	0.69	4%
Physical Harm, Medical Treatment Required	385	0.16	5%	-	-	10%	446	0.19	4%		0.00	0%	154	0.06	1%	1,063	0.45	3%
Sub-total: Any Physical Harm Documented	1,748	0.73	22%	110	0.05	14%	727	0.31	6%	-	-	0%	168	0.07	1%	2,781	1.17	7%
No Physical Harm Documented	6,188	2.60	78%	661	0.28	86%	11,167	4.69	94%	2,856	1.20	100%	14,919	6.26	99%	35,791	15.03	93%
Total Substantiated Investigations	7,936	3.33	100%	771	0.32	100%	11,894	4.99	100%	2,856	1.20	100%	15,087	6.33	100%	38,572	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Based on a sample of 2,303 substantiated child maltreatment investigations with information about whether or not there was physical harm documented. Rows and columns may not add up to total because low frequency estimates are not reported but are included in total.

Total for primary categories of substantiated maltreatment does not add up to total estimates of categories provided in Table 4-1 because of missing data.

- Estimate was < 100 investigations.

Sexual Abuse: Estimates for physical harm by medical treatment in substantiated sexual abuse investigations were too low to reliably report. Physical harm was identified in 14% of investigations where sexual abuse was the primary substantiated concern.

Neglect: Although physical harm was indicated in only 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 of neglect requiring medical treatment (an estimated 446 victims of neglect, or 0.19 investigations per 1,000 children) than for any other category of maltreatment.

Emotional Maltreatment: Please note estimates of physical harm in substantiated emotional maltreatment investigations are too low to reliably report.

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.

NATURE OF PHYSICAL HARM

Investigating 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 are 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. Include cases where maltreatment was eventually unfounded.

Table 4-4 presents six types of physical harm (and no physical harm investigations) reported in the OIS-2008. Physical harm was documented in 7% of cases of substantiated maltreatment involving an estimated 2,780 children (1.17 investigations per 1,000 children). Physical harm primarily involved bruises, cuts, and scrapes (5%) and other health conditions (2% of substantiated maltreatment). One percent of physical harm situations involved head trauma, burns and scalds, or broken bones. Because the OIS-2008 estimates are based on a very small number of cases involving burns and scalds, broken bones, and head trauma, the estimates presented in Table 4-4 should be interpreted with caution. During the three month OIS-2008 case selection period there were two substantiated maltreatment investigations of child fatalities. Because

these tragic events occur relatively rarely, it is not surprising that only two substantiated investigated child fatalities were captured by the OIS-2008. Estimates of the rate of child fatalities cannot be derived from the OIS.

DOCUMENTED EMOTIONAL HARM

Considerable research indicates that child maltreatment can lead to emotional harm. Child welfare workers are often among the first to become aware of the emotional effects of maltreatment, either through their observations or through contact with allied professionals although the information collected in the OIS-2008 is limited to the initial assessment period and therefore may under count emotional harm. If the maltreatment was substantiated or suspected, 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. 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 only become manifest later. Therefore, the emotional harm documented by the OIS underestimates the emotional effects of maltreatment.

Within each of the primary categories of maltreatment, Table 4-5 presents whether or not emotional harm was identified during the child maltreatment investigation. In order to rate the severity of mental/emotional harm, workers indicated whether the child required treatment to manage the symptoms of mental or emotional harm. Emotional harm was noted in 26% of all substantiated maltreatment investigations, involving an estimated 10,005 substantiated maltreatment investigations. In 17% of substantiated

TABLE 4-4: Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Ontario in 2008

Nature of Physical Harm	Total		
	#	Rate per 1,000 children	%
No Physical Harm	35,791	15.03	93%
Bruises, Cuts, and Scrapes	1,793	0.75	5%
Burns and Scalds	-	-	0%
Broken Bones	-	-	0%
Head Trauma	197	0.08	1%
Fatality		0.00	0%
Other Health Conditions	837	0.35	2%
At Least One Type of Physical Harm	2,780	1.17	7%
Total Substantiated Investigations with Information about Physical Harm	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,303 substantiated investigations in 2008 with information on nature of physical harm. Rows and columns may not add up to total because low frequency estimates are not reported but are included in total. Children may have experienced multiple types of harm.

Total does not add up to estimate of substantiated maltreatment investigations provided in Table 4-1 because of missing data.

- Estimate was < 100 investigations.

TABLE 4-5: Documented Emotional Harm by Primary Category of Substantiated Child Maltreatment in Ontario in 2008

Documented Emotional Harm	Primary Category of Substantiated Maltreatment												Total					
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment					Exposure to Intimate Partner Violence			
	#	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	%
Emotional Harm, No Treatment Required	875	0.37	11%	-	-	5%	866	0.36	7%	204	0.09	7%	1,544	0.65	10%	3,528	1.48	9%
Emotional Harm, Treatment Required	809	0.34	10%	412	0.17	54%	2,461	1.03	21%	533	0.22	19%	2,262	0.95	15%	6,477	2.72	17%
Sub-total: Any Emotional Harm Documented	1,684	0.71	21%	451	0.19	59%	3,327	1.40	28%	737	0.31	26%	3,806	1.60	25%	10,005	4.20	26%
No Documented Emotional Harm	6,251	2.62	79%	319	0.13	41%	8,448	3.55	72%	2,124	0.89	74%	11,130	4.67	75%	28,272	11.87	74%
Total Substantiated Investigations	7,935	3.33	100%	770	0.32	100%	11,775	4.94	100%	2,861	1.20	100%	14,936	6.27	100%	38,277	16.07	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Based on a sample of 2,292 substantiated child maltreatment investigations with information about whether or not there was emotional harm documented. Rows and columns may not add up to total because low frequency estimates are not reported but are included in total.

Total for primary categories of substantiated maltreatment does not add up to total estimates of categories provided in Table 4-1 because of missing data.

- Estimate was < 100 investigations.

cases (2.72 investigations per 1,000 children) symptoms were severe enough to require treatment in the workers' opinion.

Physical Abuse: Emotional harm was noted in 21% of cases where physical abuse was the primary substantiated maltreatment; in slightly less than half of those cases (10%) symptoms were severe enough to require treatment.

Sexual Abuse: Emotional harm was noted in 59% of investigations where sexual abuse was the primary substantiated concern. In 54% of cases where sexual abuse was the primary substantiated maltreatment, harm was sufficiently severe to require treatment. Although a relatively large proportion of sexually abused children displayed symptoms of emotional harm requiring treatment, these cases account for an estimated 412 out of the 6,477 substantiated maltreatment cases where emotional harm was believed to require therapeutic intervention (16%). As noted above, the OIS-2008 tracked

harm that could be associated with observable symptoms. It is likely that many sexually abused children may be harmed in ways that were not readily apparent to the investigating worker.

Neglect: Emotional harm was identified in 28% of investigations where neglect was the primary substantiated maltreatment; in 21% of cases harm was sufficiently severe to require treatment.

Emotional Maltreatment: Emotional harm was identified in 26% of investigations where substantiated emotional maltreatment was the primary concern, and was sufficiently severe to require treatment in 19% 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.

Exposure to Intimate Partner Violence: Emotional harm was identified in 25% 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 suspected or substantiated maltreatment investigations as single incident or multiple incident cases. If the maltreatment type was unfounded, the duration was listed as "Not Applicable (Unfounded)." Given the length restrictions for the OIS-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: Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment in Ontario 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	4,651	1.95	59%	316	0.13	41%	4,156	1.74	35%	1,466	0.62	51%	6,909	2.90	46%	17,498	7.35	45%
Multiple Incidents	3,276	1.38	41%	455	0.19	59%	7,737	3.25	65%	1,391	0.58	49%	8,169	3.43	54%	21,028	8.83	55%
Total Substantiated Investigations	7,927	3.33	100%	771	0.32	100%	11,893	4.99	100%	2,857	1.20	100%	15,078	6.33	100%	38,526	16.17	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,305 substantiated child maltreatment investigations with information about duration of maltreatment.

Total for primary categories of substantiated maltreatment does not add up to total estimates of categories provided in Table 4-1 because of missing data.

Table 4-6 shows that 45% of substantiated maltreatment investigations (an estimated 17,498 child investigations, or 7.35 investigations per 1,000 children) involved single incidents of maltreatment and 55% involved multiple incidents of maltreatment (an estimated 21,028 child investigations, or 8.83 investigations per 1,000 children).

Physical Abuse: Maltreatment was indicated as a single incident in 59% of cases with physical abuse as the primary substantiated concern, and multiple

incidents in 41% of physical abuse cases.

Sexual Abuse: Maltreatment was indicated as a single incident in 41% of cases where sexual abuse was the primary substantiated concern, and multiple incidents in 59% of sexual abuse investigations.

Neglect: In contrast to abuse, single incidents of neglect occurred in 35% of cases where neglect was the primary substantiated maltreatment. Neglect involved multiple incidents in 65% of these cases.

Emotional Maltreatment: Emotional maltreatment investigations were evenly divided between single incident investigations (51%) and multiple incidents investigations (49%).

Exposure to Intimate Partner Violence: Forty-six percent of cases with exposure to intimate partner violence as the primary substantiated maltreatment were single incident cases, 54% involved multiple incidents.



Chapter 5

CHARACTERISTICS OF CHILDREN AND FAMILIES

This chapter provides a description of cases of substantiated maltreatment⁶⁰ in terms of the characteristics of the children, their caregivers and their homes. The estimates presented in this chapter are weighted Ontario estimates derived from child maltreatment investigations conducted in 2008 in a sample of Ontario child welfare agencies. 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 agencies, (2) reported cases that were screened out by child welfare agencies before being fully investigated, (3) new reports on cases already open by child welfare agencies, (4) cases that were investigated only by the police, and (5) cases that were investigated because of concerns about future risk (see Chapter 2: Methods 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 OIS-2003 and OIS-1998 reports** (see 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 maltreatment-related investigations was nearly identical for males (53.78 investigations per 1,000 children) and females (54.33 per 1,000 children). There was some variation by age and sex in incidence of investigated maltreatment with rates being highest for infants (71.64 investigations per 1,000 female infants and 68.94 per 1,000 infant males). Rates of maltreatment-related investigation were similar by sex for four to seven year olds (56.21 and 55.65 per 1,000 girls and boys age four to seven years old, respectively). Males were more often represented in the 8 to 11 year old group and females more often in the adolescent group.

The incidence of substantiated maltreatment was nearly identical for males (15.95 per 1,000 boys) and females (16.44 per 1,000 girls). As with investigations, there was some variation by age and sex in the incidence of substantiated maltreatment with rates being highest for males aged six years (22.55 substantiated cases per 1,000 males aged six years) and females aged

14 years (21.22 substantiated cases per 1,000 females aged 14 years). Rates of substantiated maltreatment were similar by sex for four to seven year olds, while males were more often represented in the 8 to 11 year old group and females more often in the adolescent group.

DOCUMENTED CHILD FUNCTIONING

Child functioning was documented on the basis of a checklist of challenges that child welfare workers were likely to be aware of as a result of their investigation. The child functioning checklist (see Appendix D *OIS-2008/CIS-2008 Maltreatment Assessment Form*) 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.⁶¹ The checklist only documents problems that are known to investigating child welfare workers and therefore may undercount the occurrence of some child functioning problems.⁶²

⁶⁰ With the exception of Table 5-1 that includes all investigations and substantiations.

⁶¹ A number of child functioning measures with established norms exist; however, these are not consistently used in child welfare settings and could not be feasibly used in the context of the OIS.

⁶² 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 noted by workers during the OIS.

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 Population in Ontario	All Investigations			Substantiated Maltreatment		
			#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
0-15 Years	All Children	2,382,050	128,747	54.05	100%	38,568	16.19	100%
	Females	1,160,135	63,032	54.33	49%	19,073	16.44	49%
	Males	1,221,915	65,715	53.78	51%	19,495	15.95	51%
0-3 Years	Females	260,980	15,046	57.65	12%	4,312	16.52	11%
	Males	274,235	16,439	59.94	13%	4,462	16.27	12%
< 1 Year	Females	64,250	4,603	71.64	4%	1,198	18.65	3%
	Males	67,930	4,683	68.94	4%	1,025	15.09	3%
1 Year	Females	64,970	3,702	56.98	3%	1,048	16.13	3%
	Males	68,285	4,449	65.15	3%	1,249	18.29	3%
2 Years	Females	66,155	3,323	50.23	3%	1,040	15.72	3%
	Males	69,550	4,196	60.33	3%	1,290	18.55	3%
3 Years	Females	65,605	3,418	52.10	3%	1,026	15.64	3%
	Males	68,470	3,111	45.44	2%	898	13.12	2%
4-7 Years	Females	272,600	15,324	56.21	12%	4,901	17.98	13%
	Males	285,690	15,898	55.65	12%	5,074	17.76	13%
4 Years	Females	66,310	3,908	58.94	3%	1,240	18.70	3%
	Males	69,240	3,631	52.44	3%	1,330	19.21	3%
5 Years	Females	66,710	3,773	56.56	3%	1,332	19.97	3%
	Males	70,435	3,989	56.63	3%	1,036	14.71	3%
6 Years	Females	69,630	4,388	63.02	3%	1,273	18.28	3%
	Males	73,040	4,301	58.89	3%	1,647	22.55	4%
7 Years	Females	69,950	3,255	46.53	3%	1,056	15.10	3%
	Males	72,975	3,977	54.50	3%	1,061	14.54	3%
8-11 Years	Females	301,465	14,729	48.86	11%	3,926	13.02	10%
	Males	319,210	18,210	57.05	14%	5,596	17.53	15%
8 Years	Females	71,670	3,436	47.94	3%	795	11.09	2%
	Males	75,450	4,778	63.33	4%	1,693	22.44	4%
9 Years	Females	73,965	3,758	50.81	3%	1,220	16.49	3%
	Males	77,770	4,459	57.34	3%	1,413	18.17	4%
10 Years	Females	77,115	4,311	55.90	3%	1,037	13.45	3%
	Males	81,560	4,725	57.93	4%	1,299	15.93	3%
11 years	Females	78,715	3,224	40.96	3%	874	11.10	2%
	Males	84,430	4,248	50.31	3%	1,191	14.11	3%
12-15 Years	Females	325,090	17,933	55.16	14%	5,934	18.25	15%
	Males	342,780	15,168	44.25	12%	4,363	12.73	11%
12 Years	Females	78,965	3,553	44.99	3%	1,239	15.69	3%
	Males	83,420	3,755	45.01	3%	1,106	13.26	3%
13 Years	Females	80,525	4,228	52.51	3%	1,302	16.17	3%
	Males	85,390	4,169	48.82	3%	1,306	15.29	3%
14 Years	Females	82,420	5,227	63.42	4%	1,749	21.22	5%
	Males	85,900	3,583	41.71	3%	833	9.70	2%
15 Years	Females	83,180	4,925	59.21	4%	1,644	19.76	4%
	Males	88,070	3,661	41.57	3%	1,118	12.69	3%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages are column percentages.

Based on a sample of 7,471 child maltreatment investigations with information about child age and sex.

Based on a sample of 2,308 substantiated child maltreatment investigations with information about child age and sex.

Investigating 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.⁶³ The six-month period before the investigation was used as a reference point where applicable. Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented with a checklist that included the following categories:

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.

Selfharming behaviour: Includes high-risk or life-threatening behaviour, suicide attempts, and 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 of

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 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).

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 tests 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 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 43%

63 Items were rated on a 4-point measure differentiating "confirmed," "suspected," "no" and "unknown" child functioning concern. A child functioning concern was classified as confirmed if a problem had been diagnosed, observed by the investigating worker or another worker, or disclosed by the caregiver or child. An issue was classified as suspected if investigating workers' suspicions were sufficient to include the concern in their written assessment of the family or in 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 completed in subsequent analyses.

TABLE 5-2: Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Ontario in 2008

Child Functioning Concern	#	Rate per 1,000 children	%
Depression /Anxiety / Withdrawal	7,038	2.95	18%
Suicidal Thoughts	1,330	0.56	3%
Self-Harming Behaviour	1,520	0.64	4%
ADD / ADHD	4,421	1.86	11%
Attachment Issues	4,834	2.03	13%
Aggression	6,183	2.60	16%
Running (Multiple Incidents)	1,375	0.58	4%
Inappropriate Sexual Behaviours	1,120	0.47	3%
Youth Criminal Justice Act Involvement	846	0.36	2%
Intellectual / Developmental Disability	4,023	1.69	10%
Failure to Meet Developmental Milestones	2,169	0.91	6%
Academic Difficulties	7,799	3.27	20%
FAS / FAE	619	0.26	2%
Positive Toxicology at Birth	217	0.09	1%
Physical Disability	458	0.19	1%
Alcohol Abuse	1,040	0.44	3%
Drug / Solvent Abuse	1,300	0.55	3%
Other Functioning Concern	1,332	0.56	3%
At Least One Child Functioning Concern	16,483	6.92	43%
No Child Functioning Concern	22,088	9.27	57%
Total Substantiated Investigations	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages do not add up to 100% because investigating workers could identify more than one child functioning concern.

Based on a sample of 2,308 substantiated child maltreatment investigations with information about child functioning.

of substantiated child maltreatment investigations (an estimated 16,483 investigations, or 6.92 investigations per 1,000 children) at least one child functioning issue was indicated by the investigating worker. Academic difficulties were the most frequently reported functioning concern (20% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (18% of substantiated maltreatment investigations). Sixteen percent of substantiated maltreatment investigations involved aggression, while 13% indicated attachment issues. Eleven percent of investigations involved children experiencing ADD/ADHD and 10% involved children with intellectual/

developmental disabilities. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may become evident after that time.

ABORIGINAL HERITAGE OF INVESTIGATED CHILDREN

Children's Aboriginal heritage was documented by the OIS-2008 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system. Aboriginal children are a key group to examine because of concerns about overrepresentation of

children from these communities in the foster care system.⁶⁴ Aboriginal children are more than four times more likely to be substantiated than non-Aboriginal children (60.91 per 1,000 Aboriginal children versus 14.86 per 1000 non-Aboriginal children).

Eleven percent of substantiated maltreatment investigations involved children of Aboriginal heritage (Table 5-3). Nine percent of substantiated maltreatment investigations involved children with

⁶⁴ Trocmé, N., MacLaurin, B., Fallon, B., Knoke, D., Pitman, L., & McCormack, M. (2006). Mesnmimk Wasatek: *Understanding the overrepresentation of First Nations children in Canada's child welfare system, an analysis of the OIS-2003*. Toronto, ON: Centre of Excellence in Child Welfare, 80 pages.

TABLE 5-3: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Ontario in 2008

Aboriginal Heritage	#	Rate per 1,000 children	%
First Nations, Status	3,452	NA	9%
First Nation, Non-Status	448	NA	1%
Métis	120	NA	0%
Inuit	-	NA	0%
Other Aboriginal	102	NA	0%
Sub-total: All Aboriginal	4,190	60.91	11%
Not Aboriginal	34,381	14.86	89%
Total Substantiated Investigations	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages are column percentages.

Based on a sample of 2,308 substantiated child maltreatment investigations with information about the child's Aboriginal heritage. Rows and columns may not add up to total because low frequency estimates are not reported but are included in total.

- Estimate was < 100 investigations.

First Nations status, one percent involved First Nations Non-Status children and less than one percent were Métis children. Less than one percent of investigated children in substantiated child maltreatment investigations were Inuit or children with other Aboriginal heritage.

PRIMARY CAREGIVER AGE AND SEX

For each investigated child, the investigating worker was asked to indicate who was the primary parent, and to specify their age and sex. Eight age groups were captured on the *Intake Face Sheet*, enabling the workers to estimate the caregiver's age (see Appendix D, *Maltreatment Assessment Form*). Table 5-4 shows the age and sex distribution of primary caregivers. In 91% of substantiated maltreatment investigations the persons considered to be the primary caregiver were female. Nearly half (46%) of substantiated maltreatment investigations involved caregivers between the ages of 31 and 40. Caregivers who were under 22 were relatively rare (4%), as were caregivers over 50 (3%).

PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD

The OIS-2008 gathered information on up to two of the child's parents or caregivers living in the home.⁶⁵ For each listed caregiver, investigating workers were asked to choose the category that described the relationship between the caregiver and each child in the home. If recent household changes had occurred, investigating 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 (mother or father), parent's partner, foster parent, adoptive parent, grandparent, and other.

Table 5-5 describes the primary caregiver's relationship to the child in substantiated maltreatment investigations in Ontario in 2008. Ninety-five percent of substantiated maltreatment investigations involved children whose primary caregiver was a biological parent, and two percent

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

Concerns related to documented caregiver risk factors were reported by investigating 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.⁶⁶

⁶⁶ Items were rated on a 4-point measure differentiating "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 investigating worker or another worker, or disclosed by the caregiver. An issue was classified as suspected if investigating workers' suspicions were sufficient to include the concern in their written assessment of the family or in 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 completed in subsequent analyses.

⁶⁵ The two-caregiver limit was required to accommodate the form length restrictions set for the *Household Information Sheet*.

TABLE 5-4: Age and Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Ontario in 2008

Age of Primary Caregiver	Sex of Primary Caregiver	#	Rate per 1,000 children	%
<16 years	Females	-	-	0%
	Males	-	0.00	0%
16-18 years	Females	532	0.22	1%
	Males	-	-	0%
19-21 years	Females	1,312	0.55	3%
	Males	-	-	0%
22-30 years	Females	10,317	4.33	27%
	Males	357	0.15	1%
31-40 years	Females	16,010	6.72	42%
	Males	1,529	0.64	4%
41-50 years	Females	6,055	2.54	16%
	Males	1,059	0.44	3%
51-60 years	Females	625	0.26	2%
	Males	191	0.08	0%
>60 years	Females	211	0.09	1%
	Males	-	-	0%
Total	Females	35,096	14.73	91%
	Males	3,264	1.37	9%
Total Substantiated Investigations		38,360	16.10	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages are column percentages

* Based on a sample of 2,259 substantiated child maltreatment investigations with information about primary caregiver age and sex. Rows and columns may not add up to total because low frequency estimates are not reported but are included in total.

Total does not add up to estimate for substantiated maltreatment in Table 4-1 because of missing data.

Estimate was <100 investigations.

TABLE 5-5: Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Ontario in 2008

Primary Caregiver's Relationship to the Child	#	Rate per 1,000 children	%
Biological Mother	33,726	14.16	87%
Biological Father	2,907	1.22	8%
Parent's Partner	599	0.25	2%
Foster Parent	190	0.08	0%
Adoptive Parent	160	0.07	0%
Grandparent	626	0.26	2%
Other	337	0.14	1%
Total Substantiated Investigations	38,545	16.18	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages are column percentages.

Based on a sample of 2,308 substantiated child maltreatment investigations with information about primary caregiver's relationship to the child.

TABLE 5-6: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Ontario in 2008

Caregiver Risk Factors	#	Rate per 1,000 children	%
Alcohol abuse	5,335	2.24	14%
Drug/solvent abuse	4,456	1.87	12%
Cognitive impairment	1,687	0.71	4%
Mental health issues	9,730	4.08	25%
Physical health issues	3,255	1.37	8%
Few social supports	13,676	5.74	35%
Victim of domestic violence	17,813	7.48	46%
Perpetrator of domestic violence	3,799	1.59	10%
History of foster care/group home	1,892	0.79	5%
At least one Primary Caregiver Risk Factor	29,309	12.30	76%
Total Substantiated Investigations	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages do not add up to 100% because investigating workers could identify more than one primary caregiver risk factor.

Based on a sample of 2,308 substantiated child maltreatment investigations with information about primary caregiver's risk factors.

The checklist is not a validated measurement instrument. The checklist only documents problems that are known to investigating child welfare workers.

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.

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 presents primary caregiver risk factors that were noted by investigating workers. At least one primary caregiver risk factor was identified in 76% of substantiated maltreatment investigations (an estimated 29,309 child investigations). The most frequently noted concerns were victim of domestic violence (46%), few social supports (35%), mental health issues (25%), alcohol abuse (14%), and drug or solvent abuse (12%).

HOUSEHOLD SOURCE OF INCOME

Investigating workers were requested to choose the income source that best described the primary source of the household income. Income source was categorized by the investigating worker using nine possible 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 collapsed income sources into full time employment, part time employment (which include

TABLE 5-7: Household Source of Income in Substantiated Child Maltreatment Investigations in Ontario in 2008

Household Source of Income	#	Rate per 1,000 children	%
Full-Time Employment	21,503	9.03	56%
Part-time /Multiple Jobs/Seasonal Employment	3,743	1.57	10%
Benefits/EI/Social Assistance	11,276	4.73	29%
Unknown	1,600	0.67	4%
None	449	0.19	1%
Total Substantiated Investigations	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages are column percentages

Based on a sample of 2,308 substantiated child maltreatment investigations with information about household source of income.

TABLE 5-8: Housing Type in Substantiated Child Maltreatment Investigations in Ontario in 2008

Housing Type	#	Rate per 1,000 children	%
Own Home	13,949	5.86	36%
Rental Accommodation	14,906	6.26	39%
Public Housing	4,635	1.95	12%
Band housing	1,206	0.51	3%
Shelter/Hotel	927	0.39	2%
Other	1,095	0.46	3%
Unknown	1,853	0.78	5%
Total Substantiated Investigations	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages are column percentages.

Based on a sample of 2,308 substantiated child maltreatment investigations with information about housing type.

seasonal and multiple jobs), benefits/employment insurance/social assistance, unknown and none. Table 5-7 shows the source of income for the households of children with substantiated maltreatment as tracked by the OIS-2008. Fifty-six percent of investigations (or 21,503 substantiated maltreatment investigations) involved children in families that derived their primary income from full-time employment. Twenty-nine percent involved children whose families received other benefits/EI/social assistance as their primary source of income (11,276 substantiated maltreatment investigations). Ten percent of families relied on part-time work, multiple jobs or seasonal employment children). In 4% of substantiated maltreatment

investigations the source of income was unknown by the workers, and in 1% of substantiated maltreatment investigations no reliable source of income was reported.

HOUSING TYPE

Table 5-8 presents housing type for substantiated maltreatment investigations. Investigating workers were asked to select the housing accommodation category that best described the investigated child's household living situation. The 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.

At the time of the study, 51% of all substantiated maltreatment investigations involved children living in rental accommodations (39% private rentals and 12% public housing), 36% involved children living

TABLE 5-9: Family Moves Within the Last Twelve Months in Substantiated Child Maltreatment Investigations in Ontario in 2008

Frequency of Family Moves	#	Rate per 1,000 children	%
No Moves in Last Twelve Months	19,460	8.17	51%
One Move	8,182	3.43	21%
Two or more moves	2,787	1.17	7%
Unknown	8,006	3.36	21%
Total Substantiated Investigations	38,435	16.14	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages are column percentages.

Based on a sample of 2,302 substantiated child maltreatment investigations with information about family moves.

Total does not add up to estimate for substantiated maltreatment in Table 4-1 because of missing data.

TABLE 5-10: Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Ontario in 2008

Housing Conditions	#	Rate per 1,000 children	%
Accessible Weapons	278	0.12	1%
Accessible drugs or drug paraphernalia	1,220	0.51	3%
Drug Production/Trafficking in home	335	0.14	1%
Chemicals or solvents used in production	-	-	0%
Other home injury hazards	1,407	0.59	4%
Other home health hazards	1,887	0.79	5%
At Least One Household Hazard	3,078	1.29	8%
Total Substantiated Investigations	38,571	16.19	100%

Ontario Incidence Study of Reported Child Abuse and Neglect 2008.

Percentages do not add up to 100% because investigating workers could identify more than one hazard in the home.

Based on a sample of 2,308 substantiated child maltreatment investigations with information about housing conditions. Rows and columns may not add up to total because low frequency estimates are not reported but are included in total.

- Estimate was < 100 investigations.

in purchased homes, 3% lived in Band housing, 3% in other accommodations, and 2% in shelters or hotels. In 5% of substantiated maltreatment investigations, workers did not have enough information to describe the housing type. According to the 2006 Census for Ontario, 78% of households with children owned their home, and 22% rented their home.⁶⁷

FAMILY MOVES

In addition to housing type, investigating workers were asked to

indicate the number of household moves within the past twelve months. Table 5-9 shows that nearly half of substantiated maltreatment investigations involved families that had not moved in the previous 12 months (51% or 8.17 investigations per 1,000 children), whereas 21% had moved once (3.43 investigations per 1,000 children) and 7% had moved two or more times (1.17 investigations per 1,000 children). In 21% of substantiated maltreatment investigations, whether the family had recently moved was unknown to the workers.

EXPOSURE TO HAZARDS IN THE HOME

Exposure to hazards in the home was measured by investigating workers who indicated the presence or absence of hazardous conditions in the home (Table 5-10). Hazards included in the OIS-2008 were 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 home health hazards (insufficient heat, unhygienic conditions).

⁶⁷ Household type, structural type of dwelling and housing tenure, 2006 Census. Minister of Industry, 2008. 97-554-xcb2006028 Household type, structural type of dwelling and housing tenure.

Home health hazards were noted in 8% of substantiated maltreatment investigations (an estimated 3,078 substantiated maltreatment investigations); home injury hazards were noted in 4% of substantiated maltreatment investigations. Accessible weapons were indicated in 1% of substantiated maltreatment investigations while accessible drugs or drug paraphernalia were noted in 3% of substantiated maltreatment investigations. Drug production/trafficking in the home were noted

in 1% of substantiated maltreatment investigations. The presence of at least one household hazard was noted in 8% of substantiated maltreatment investigations.

FUTURE DIRECTIONS

The OIS 1993, 1998, 2003 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigation across Ontario over the last decade. The expanded 2008 sample also

provides the possibility to start examining investigations and services provided in Aboriginal run agencies. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the OIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.

Appendix A

OIS-2008 SITE RESEARCHERS

OIS-2008 Site Researchers provided training and data collection support at the 23 OIS agencies. 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 OIS-2008.

Tara Black (Co-Manager)

Factor-Inwentash
Faculty of Social Work
University of Toronto

Caroline Felstiner (Co-Manager)

Factor-Inwentash
Faculty of Social Work
University of Toronto

Tina Crockford

Factor-Inwentash
Faculty of Social Work
University of Toronto

Barbara Lee

Factor-Inwentash
Faculty of Social Work
University of Toronto

Barbara Fallon (Principal Investigator)

Factor-Inwentash
Faculty of Social Work
University of Toronto

Nicole Petrowski

Factor-Inwentash
Faculty of Social Work
University of Toronto

Elizabeth Fast

School of Social Work
McGill University

Kate Schumaker (Co-Manager)

Factor-Inwentash
Faculty of Social Work
University of Toronto

Pamela Weightman

School of Social Work
McGill University

DATA ENTRY

Data entry of the OIS-2008 Face Sheet was completed by Christine DuRoss and Melissa Van Wert in Toronto. Scanning for the OIS-2008 was completed by Adina Herbert in Toronto. Data cleaning for the OIS-2008 was completed by Joanne Daciuk.

DATA ANALYSIS

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

Appendix B

FIRST NATIONS CIS/OIS ADVISORY COMMITTEE

The First Nations CIS Advisory Committee's mandate is to ensure that CIS respects 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 a cyclical study which collects data on Aboriginal and non-Aboriginal investigations.

The following is a list of current members of the First Nations CIS-2008 Advisory Committee members.

Marlyn Bennett

First Nations Child & Family
Caring Society of Canada
Winnipeg, Manitoba

Betty Kennedy

The Association of Native
Child & Family Services Agencies
of Ontario
Thunder Bay, Ontario

Cindy Blackstock

First Nations Child & Family
Caring Society of Canada
Ottawa, Ontario

Judy Levi

North Shore MicMac District Council
Eel Ground, New Brunswick

Elsie Flette

Southern First Nations Network of Care
Winnipeg, Manitoba

Linda Lucas

Caring for First Nations Children Society
Victoria, British Columbia

Joan Glode (chair)

Mi'kmaw Family & Children's Services
of Nova Scotia
Shubenacadie Hants County, Nova Scotia

H. Monty Montgomery

University of Regina
Saskatoon, Saskatchewan

Richard Gray

First Nations of Quebec & Labrador
Health & Social Services Commission
Wendake, Québec

Stephanie O'Brien

Assembly of First Nations
Ottawa, Ontario

Shawn Hoey

Caring for First Nations Children Society
Victoria, British Columbia

Tara Petti

Southern First Nations Network of Care
Winnipeg, Manitoba

Appendix C

GLOSSARY OF TERMS

The following is an explanatory list of terms used throughout the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2008) report.

Aboriginal Peoples:^a The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people – Indians, Métis, and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

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

Annual Incidence Rate: The number of 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 sampling selection period.

Case Duplication: Children who are 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.

a <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>

Case Openings: Cases that appear on agency statistics as openings. These may be counted on a family basis or a child basis. Openings do not include referrals that have been screened-out.

Categories of Maltreatment: The five key classifications 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 Related Investigations: Case openings that meet the OIS-2008 criteria for investigated maltreatment (Figure 1-1).

Children’s Aid Societies: Refers to child welfare agencies that were included in the final OIS-2008 sample. A total of 23 child welfare agencies were included in the final sample.

Childhood Prevalence: The proportion of people maltreated at any point during their childhood.

Definitional Framework: The OIS-2008 provides an estimate of the number of cases (age under 16) of alleged child maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence) reported to and investigated by Canadian child welfare agencies in 2008 (screened-out reports are not included). The

estimates are broken down by three levels of substantiation (substantiated, suspected, unsubstantiated). Cases opened more than once during the year are counted as separate investigations.

Differential or Alternate 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 reported to child welfare. Typically involves 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 Nation:^b A term that came into common usage in the 1970s to replace the word “Indian,” which some people found offensive. 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 Indian peoples have also adopted the term “First Nation” to replace the word “band” in the name of their community.

b <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>

First Nations Status:^c A person who is registered as First Nations under the *Indian Act*. The act sets out the requirements for determining who is First Nations for the purposes of the *Indian Act*.

Forms of Maltreatment: Specific types of maltreatment (e.g., hit with an object, sexual exploitation, or direct witness to physical violence) that are classified under the five OIS-2008 Categories of Maltreatment. The OIS-2008 captured 32 forms of maltreatment.

Inuit:^d An Aboriginal people in Northern Canada, who live in Nunavut, Northwest Territories, Northern Quebec, and Northern Labrador. The word means “people” in the Inuit language – Inuktitut. The singular of Inuit is Inuk.

Level of Identification and

Substantiation: There are four key levels in the case identification process: detection, reporting, investigation, and substantiation. *Detection* is the first stage in the case identification process. 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 as well to the general public. The OIS-2008 does not document unreported cases. *Investigated* cases are subject to various screening practices, which vary across agencies. The OIS-2008 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases. *Substantiation* distinguishes between cases where maltreatment is confirmed following an investigation,

and cases where maltreatment is not confirmed. The OIS-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 investigating worker, but cannot be substantiated.

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

Métis:^e People of mixed First Nation 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.

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

NIS: U.S. *National Incidence Study of Child Abuse and Neglect*.

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, etc.).

OIS: *Ontario Incidence Study of Reported Child Abuse and Neglect*.

Oversampling: Provinces could elect to oversample. Certain provinces, such as Ontario, provided additional funding for a representative number of agencies to be sampled for the province. This procedure ensures that the final sample includes a sufficient number of cases from the sub-group of interest. This way, it is possible to conduct separate analyses

on the data collected from the sub-group. Investigations from Ontario were oversampled to ensure that enough data were collected to provide provincial estimates.

Primary Sampling Unit: See definition of Child Welfare Agency. 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 OIS-2008, the initial stage of sampling occurred by randomly selecting child welfare agencies.

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

Reporting year: The year in which child maltreatment cases were opened (with a few exceptions). The reporting year for the OIS is 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 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.

c Ibid.

d Ibid.

e <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>

Risk of Harm: Placing a child at risk of harm implies 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.

Strata: To increase the sampling efficiency, child welfare agencies were grouped in strata from which CIS/OIS agencies were sampled. Child welfare agencies throughout Canada 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 Agencies.

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

Unit of Service: Some child welfare jurisdictions consider the entire family as the unit of service, while others only 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 D

CIS-2008/OIS-2008 MALTREATMENT ASSESSMENT FORM

The OIS-2008 Maltreatment
Assessment Form consists of:

- Intake Face Sheet;
- Household Information Sheet; and
- 2 identical Child Information Sheets.

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	
<input type="checkbox"/>	<input type="checkbox"/>

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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, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
 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

Please describe household composition at time of referral:

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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: _____ 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: _____ 16. Child custody dispute <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown 17. Housing <input type="radio"/> Own home <input type="radio"/> Rental <input type="radio"/> Public housing <input type="radio"/> Board housing <input type="radio"/> Unknown <input type="radio"/> Hotel/Shellter <input type="radio"/> Other: _____ 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		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 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		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 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"/> In-home family parent counselling <input type="radio"/> Other family or parent counselling <input type="radio"/> Drug or alcohol counselling <input type="radio"/> Welfare or social assistance <input type="radio"/> Food bank <input type="radio"/> Shelter services <input type="radio"/> Domestic violence services <input type="radio"/> Psychiatric or psychological services <input type="radio"/> Special education placement <input type="radio"/> Recreational services <input type="radio"/> Victim support program <input type="radio"/> Medical or dental services <input type="radio"/> Child or day care <input type="radio"/> Cultural services <input type="radio"/> Other: _____																																																																																																			

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CIS Maltreatment Assessment: Child Information

CIS OFFICE USE ONLY

- - -

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

Insert Maltreatment Codes in the boxes below
(Enter primary form of maltreatment first)

32. Alleged perpetrator (Fill in all that apply)

1st 2nd 3rd

Primary caregiver
 Second caregiver
 Other

If Other perpetrator:

a) Age <13 13-15 16-20
 21-30 31-40 41-50
 51-60 >60

b) Sex Male Female

33. Substantiation (Fill in only one per column)

1st 2nd 3rd

Substantiated } **a) Substantiated or suspected maltreatment, is mental or emotional harm evident?**
 Suspected } Yes No

Unfounded } **b) If yes, child requires therapeutic treatment**
 } Yes No

c) Was the unfounded report a malicious referral?
 Yes No Unknown

34. Was maltreatment a form of punishment? (Fill in only one per column)

1st 2nd 3rd

Yes } **d) If unfounded, is there a significant risk of future maltreatment?**
 No } Yes No Unknown
 Unknown

35. Duration of maltreatment (Fill in only one per column)

1st 2nd 3rd

Not applicable (unfounded)
 Single incident
 Multiple incidents

36. Physical harm (Fill in all that apply)

No harm Bruises/Cuts/Scrapes
 Broken bones Burns and scalds
 Head trauma Fatal
 Other health condition: _____

37. Severity of harm

a) Medical treatment required Yes No N/A - no harm

b) Health or safety seriously endangered by suspected or substantiated maltreatment Yes No N/A - no harm

c) History of injuries Yes No Unknown

38. Physician/nurse physically examined child as part of the investigation
 Yes No

39. Placement during investigation

No placement required
 Placement considered
 Informal kinship care
 Kinship foster care
 Family foster care (non kinship)
 Group home
 Residential/secure treatment

40. Child welfare court
 No court considered Application considered
 Application made

a) Referral to mediation/alternative response
 Yes No

41. Previous reports

a) Child previously reported to child welfare for suspected maltreatment
 Yes No Unknown

b) If yes, was the maltreatment substantiated?
 Yes No Unknown

42. Caregivers use spanking as a form of discipline
 Yes No Unknown

43. Police involvement in adult domestic violence investigation
 None Charges laid
 Investigation only Unknown
 Charges being considered N/A

44. Police involvement in child maltreatment investigation
 None Charges being considered
 Investigation only Charges laid

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Appendix E

CIS-2008/OIS-2008 GUIDEBOOK

For a copy, please go to <http://www.cwrp.ca>

The following is the OIS-2008 Guidebook used by child welfare workers to assist them in completing the Maltreatment Assessment Form.



CIS-2008 Guidebook

Site Researcher: _____
Telephone: _____
Fax: _____
Email: _____
Mail: _____

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, Factor-Inwentash Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
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

Site Agency/Office: _____
Case Selection Starts: _____
Case Selection Ends: _____

Return all completed forms to your local Agency/Office Contact Person:
_____, located at _____.

**If your Site Researcher is not available, and your need immediate assistance,
please contact the CIS Central Office in Toronto, at (416) 978-2527**

THE CANADIAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT

2008 Guidebook

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*, 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, Quebec 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 Ecole 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

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

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, Quebec 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.

The *CIS Maltreatment Assessment Form* comprises 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, Quebec 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.

- a) **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 .
- b) **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.
- c) **Sex of child:** Indicate the sex of each child in the home.
- d) **Primary caregiver's relationship to child:** Describe the primary caregiver's relationship to each child, using the codes provided.
- e) **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.
- f) **Referred:** Indicate which children were noted in the initial referral.
- g) **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

- On or off reserve:** Identify if the caregiver is residing "on" or "off" reserve.
- 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).
- Caregiver attended residential school:** Identify if the caregiver attended a residential school.
- 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 issues. 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

- Accessible weapons:** Guns or other weapons that a child may be able to access.
- 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.
- 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).
- Chemicals or solvents used in production:** Industrial chemicals/solvent stored in such a way that a child might access and ingest or touch.
- 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.
- 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 counseling:** Refers to any other type of family or parent support or counseling not identified as “parent support group” or “in-home family/parenting counseling” (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 of 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 behavior, 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, the Ontario Incidence Study. 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 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

- 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.
- 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).

- 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).
- 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 33 c) 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 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.

THANK YOU FOR YOUR SUPPORT AND INTEREST IN THE THIRD CYCLE OF THE CANADIAN INCIDENCE STUDY.

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Appendix F

CIS-2008/OIS-2008 CASE VIGNETTES

For a copy, please go to <http://www.cwrp.ca>

The following is the case vignette used during training sessions on how to complete the OIS-2008 *Maltreatment Assessment Form*.

Intake Assessment: Sarah and Jason

File Number: 2345-234 G

Referring Source: Neighbour

Family Name: Smith

Mother's Name: Betsy Smith

Date of Referral: October 06, 2008

Ethno-racial group: White

Father's Name: Unknown

Children:	Date of Birth:
Sarah	May 05, 2003
Jason	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 8 or 9 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 her 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 G

VARIANCE ESTIMATES AND CONFIDENCE INTERVALS

The following is a description of the methodology employed to obtain the sampling error for the OIS-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^f

The OIS-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 province. The study estimates are based on the core OIS-2008 sample of 7,471 child investigations drawn from a total population of 4,415 family cases open for service in Ontario.

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 reported cases of medical neglect or the number of children under four years of age placed in the care of child welfare services. For extremely rare events, such as voyeurism, the margin of error is

very large, and such estimates should be interpreted as providing a rough idea of the relative scope of the problem rather than a precise number of cases.

Appendix G tables provide the margin of error for selected OIS-2008 estimates. For example, the estimated number of child maltreatment investigations in Ontario is 128,748. The lower 95 per cent confidence interval is 97,833 child investigations and the upper confidence interval is 159,663 child investigations. This means that there is a 95 per cent chance that the true number of substantiated maltreatment is between 97,833 and 159,633. In contrast, the estimated number of substantiated maltreatment investigations involving head trauma is 325, but the 95 per cent confidence interval is between 136 and 514 child investigations. The estimate of 325 is unlikely to be exactly correct; however, we can be reasonably sure that the actual number of cases involving head trauma investigated by child welfare services in Ontario is in the range of 136 to 514 investigations.

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 agency to agency. 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 OIS-2008 estimates, sampling errors were calculated from the sample with reference to the fact that the survey population had been stratified and that a single cluster (or agency) had been selected randomly from each stratum. From the selected cluster all cases in the three-month period were sampled. In a few situations, a shorter period of time was sampled or every random cases were 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 agencies represented regions or strata.

Sampling errors were calculated by determining the sampling variance and then taking the square root of this variance. The sampling variability that was calculated was the variability due to the randomness of the cluster selected. Had a different cluster been selected, then a different estimate would have been obtained. The sampling variance and sampling error calculated are an attempt to measure this variability. Thus, the measured variability is due to the cluster. We did not measure the variability, however, because only three months were sampled, not a full year, and in some situations only every second case was sampled.

^f Statistical consultation and sampling error estimation were provided by Health Canada, Social Survey Method Division, Jane Mulvi-hill, Senior Methodologist.

To calculate the variance, the stratified design allowed us to assume that the variability between strata was zero and that the total variance at the Ontario level was the sum of the variance for each strata.

Calculating the variance for each strata was a problem, because only one cluster had been chosen in each strata. To overcome this problem we used the approach given in Rust and Kalton (1987).^g

This approach involved collapsing stratum into groups (collapsed strata); the variability among the clusters within the group was then used to derive a variance estimate. Collapsing of strata was done to maintain homogeneity as much as possible.

^g Rust, K., & Kalton, G. (1987). Strategies for collapsing strata for variance estimation. *Journal of Official Statistics*, 3 (1): 69–81.

The estimated population of incidences ($\hat{\tau}$) with the characteristic of interest is:

$$\hat{\tau} = \sum_{h=1}^H \hat{\tau}_h$$

Where $\hat{\tau}_h$ is the population of incidences with the characteristic of interest for the h^{th} stratum.

$$\hat{\tau}_h = \sum_i w_h y_{hi}$$

where:

w_h is the weight for the h^{th} stratum
 y_{hi} is 1 if the i^{th} unit (case) in stratum h has the characteristic of interest, is 0 if the i^{th} unit (case) in stratum h does not have the characteristic of interest, and we sum over all the i units (cases) in the h^{th} stratum.

For our study the H strata were partitioned into J groups of strata, known as collapsed strata, and there were $H_j \geq 2$ strata in the collapsed

stratum j . Stratum h within collapsed stratum j is denoted by $h(j)$. The collapsed strata estimator of the variance $\hat{\tau}$ is

$$\text{var}(\hat{\tau}) = \sum_j \frac{H_j}{(H_j - 1)} \sum_h \left[\hat{\tau}_{h(j)} - \frac{\hat{\tau}_j}{H_j} \right]^2$$

Where $\hat{\tau}_{h(j)}$ denotes the unbiased estimator of $\hat{\tau}_{h(j)}$, the parameter value for stratum h in collapsed stratum j , and

$$\hat{\tau}_j = \sum_h \hat{\tau}_{h(j)}$$

The following are the variance estimates and confidence intervals for OIS-2008 variables of interest. The tables are presented to correspond with the tables in the chapters of the Major Findings Report. Each table reports the estimate, standard error, coefficient of variation, lower and upper confidence interval.

APPENDIX G: Table 3-1a

Number and Rate of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Number of Investigations	128,722	15,779	12.26	97,795	159,649
Incidence per 1,000	54.05	6.63		41.06	67.04

APPENDIX G: Table 3-2

Age of Children in Child Maltreatment Investigations in Ontario in 1998 and 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<1 year	9,286	1,368	14.73	6,605	11,967
Incidence per 1,000	70.25	10.35		49.97	90.53
1–3 years	22,199	2,036	13.27	18,209	26,189
Incidence per 1,000	55.08	5.05		45.18	64.98
4–7 years	31,222	4,143	13.38	23,101	39,343
Incidence per 1,000	55.93	7.43		41.37	70.49
8–11 years	32,939	4,407	12.12	24,301	41,577
Incidence per 1,000	53.07	7.09		39.17	66.97
12–15 years	33,102	4,012	12.12	25,239	40,965
Incidence per 1,000	49.56	6.01		37.78	61.34

APPENDIX G: Figure 3-1

Type of Investigation and Level of Substantiation in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Substantiated	38,571	3,981	10.32	30,769	46,373
Incidence per 1,000	16.19	1.67		12.92	19.46
Suspected	8,640	1,579	18.27	5,546	11,733
Incidence per 1,000	3.63	0.66		2.34	4.92
Unfounded	39,814	5,224	13.12	29,575	50,052
Incidence per 1,000	16.71	2.19		12.42	21.00
Risk of Future Maltreatment	8,237	1,363	16.55	5,565	10,908
Incidence per 1,000	3.46	0.57		2.34	4.58
No Risk of Future Maltreatment	27,764	4,267	15.37	19,400	36,127
Incidence per 1,000	11.66	1.79		8.15	15.17
Unknown Risk of Future Maltreatment	5,723	730	12.75	4,292	7,153
Incidence per 1,000	2.40	0.31		1.79	3.01

APPENDIX G: Table 3-4b

Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Mal-treatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Non Professional					
Custodial or Non Custodial Parent	14,914	2,261	15.16	10,483	19,345
Incidence per 1,000	6.26	0.95		4.40	8.12
Child (subject of referral)	1,217	333	27.34	565	1,869
Incidence per 1,000	0.51	0.14		0.24	0.78
Relative	6,597	842	12.76	4,947	8,247
Incidence per 1,000	2.77	0.35		2.08	3.46
Neighbour/friend	7,566	947	12.51	5,711	9,421
Incidence per 1,000	3.18	0.40		2.40	3.96
Professional					
Community, Health or Social Services	14,863	2,478	16.67	10,007	19,719
Incidence per 1,000	6.24	1.04		4.20	8.28
Hospital (any personnel)	6,506	1,091	16.77	4,368	8,644
Incidence per 1,000	2.73	0.46		1.83	3.63
School	32,372	5,481	16.93	21,630	43,114
Incidence per 1,000	13.59	2.30		9.08	18.10
Other child welfare service	8,154	814	9.98	6,559	9,749
Incidence per 1,000	3.42	0.34		2.75	4.09
Day care centre	1,571	282	17.96	1,018	2,124
Incidence per 1,000	0.66	0.19		0.29	1.03
Police	29,525	3,366	11.40	22,928	36,122
Incidence per 1,000	12.39	1.41		9.63	15.15
Anonymous	7,459	1,035	13.87	5,431	9,487
Incidence per 1,000	3.13	0.44		2.27	3.99
Other	345	218	63.13	-82	772
Incidence per 1,000	0.14	0.09		-0.04	0.32

APPENDIX G: Table 3-5

Provision of Ongoing Services Following an Investigation in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Case to Stay Open for Ongoing Services	31,664	3,652	11.54	24,506	38,822
Incidence per 1,000	13.29	1.53		10.28	16.30
Case to be Closed	97,058	12,724	13.11	72,119	121,997
Incidence per 1,000	40.75	5.34		30.28	51.22

APPENDIX G: Table 3-6a

Placement in Child Maltreatment Investigations and Risk of Future Mal-treatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Remained at Home	121,436	15,130	12.46	91,781	151,091
Incidence per 1,000	50.98	6.35		38.53	63.43
Child with Relative (not a formal child welfare placement)	3,616	544	15.04	2,550	4,682
Incidence per 1,000	1.52	0.23		1.07	1.97
Foster Care (includes kinship care)	3,004	289	9.63	2,438	3,570
Incidence per 1,000	1.26	0.12		1.02	1.50
Group Home/Residential Secure Treatment	692	251	36.27	200	1,184
Incidence per 1,000	0.29	0.11		0.08	0.50

APPENDIX G: Table 3-7

History of Previous Investigations in Child Maltreatment Investigations and Risk Of Future Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Previously Investigated	59,039	4,571	7.74	50,080	67,998
Incidence per 1,000	24.79	1.92		21.03	28.55
Child Not Previously Investigated	68,849	12,227	17.76	44,884	92,814
Incidence per 1,000	28.9	5.13		18.84	38.96
Unknown	821	208	12.27	413	1,229
Incidence per 1,000	0.34	0.04		0.26	0.42

APPENDIX G: Table 3-8

Applications to Child Welfare Court in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Court Considered	122,162	15,437	12.64	91,905	152,419
Incidence per 1,000	52.56	6.64		39.54	65.58
Application Made	3,551	498	14.03	2,575	4,527
Incidence per 1,000	1.49	0.21		1.08	1.90

APPENDIX G: Table 4-1

Primary Category of Substantiated Maltreatment in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Physical Abuse	7,936	1,742	21.95	4,522	11,350
Incidence per 1,000	3.33	0.73		1.90	4.76
Sexual Abuse	771	131	17.03	514	1,028
Incidence per 1,000	0.32	0.05		0.21	0.43
Neglect	11,894	1,116	9.38	9,707	14,081
Incidence per 1,000	4.99	0.47		4.07	5.91
Emotional Maltreatment	2,884	195	6.75	2,502	3,266
Incidence per 1,000	1.21	0.08		1.05	1.37
Exposure to Intimate Partner Violence	15,087	1,679	11.13	11,796	18,378
Incidence per 1,000	6.33	0.70		4.95	7.71

APPENDIX G: Table 4-2

Single and Multiple Categories of Substantiated Child Maltreatment in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Single Form of Substantiated Maltreatment					
Physical Abuse Only	6,192	1,423	22.98	3,403	8,981
Incidence per 1,000	2.60	0.60		1.43	3.77
Sexual Abuse Only	605	115	18.94	380	830
Incidence per 1,000	0.25	0.05		0.16	0.34
Neglect Only	10,616	964	9.08	8,727	12,505
Incidence per 1,000	4.46	0.40		3.67	5.25
Emotional Maltreatment Only	2,257	144	6.36	1,975	2,539
Incidence per 1,000	0.95	0.06		0.83	1.07
Exposure to Intimate Partner Violence Only	14,160	1,529	10.79	11,163	17,157
Incidence per 1,000	5.94	0.64		4.68	7.20
Multiple Categories of Substantiated Maltreatment					
Physical Abuse and Neglect	323	76	23.59	174	472
Incidence per 1,000	0.14	0.03		0.08	0.20
Physical Abuse and Emotional Maltreatment	872	198	22.65	484	1,260
Incidence per 1,000	0.37	0.08		0.21	0.53
Physical Abuse and Exposure to Intimate Partner Violence	654	127	19.36	405	903
Incidence per 1,000	0.27	0.05		0.17	0.37
Neglect and Emotional Maltreatment	454	147	32.30	166	742
Incidence per 1,000	0.19	0.06		0.07	0.31
Neglect and Exposure to Intimate Partner Violence	1,264	317	25.11	643	1,885
Incidence per 1,000	0.54	0.14		0.27	0.81
Emotional Maltreatment and Exposure to Intimate Partner Violence	778	226	29.07	335	1,221
Incidence per 1,000	0.33	0.10		0.14	0.52
Physical Abuse , Neglect, Emotional Maltreatment	101	48	47.10	7	195
Incidence per 1,000	0.04	0.02		0.00	0.08

APPENDIX G: Table 4-3

Physical Harm in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Physical Harm	35,791	3,586	10.02	28,762	42,820
Incidence per 1,000	15.03	1.51		12.08	17.98
Physical Harm, No Medical Treatment Required	1,654	289	16.83	1,088	2,220
Incidence per 1,000	0.69	0.12		0.46	0.92
Physical Harm, Medical Treatment Required	1,063	210	19.76	651	1,475
Incidence per 1,000	0.45	0.09		0.28	0.62

APPENDIX G: Table 4-4

Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Bruises, Cuts, Scrapes	1,792	308	17.17	1,188	2,396
Incidence per 1,000	0.75	0.13		0.50	1.00
Head Trauma	197	92	46.50	17	377
Incidence per 1,000	0.08	0.04		0.01	0.15
Other Health Conditions	836	137	16.39	567	1,105
Incidence per 1,000	0.35	0.06		0.24	0.46

APPENDIX G: Table 4-5

Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Emotional Harm	28,273	3,232	11.43	21,938	34,608
Incidence per 1,000	11.87	1.36		9.21	14.53
Signs of Emotional Harm, No Treatment Required	3,528	378	10.72	2,787	4,269
Incidence per 1,000	1.48	0.16		1.17	1.79
Emotional Harm, Treatment Required	6,478	724	11.18	5,059	7,897
Incidence per 1,000	2.72	0.30		2.12	3.32

APPENDIX G: Table 4-6

Duration of Maltreatment in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Single Incident	17,498	2,109	12.05	13,364	21,632
Incidence per 1,000	7.34	0.88		5.61	9.07
Multiple Incident	21,029	2,110	10.04	16,893	25,165
Incidence per 1,000	8.83	0.89		7.09	10.57

APPENDIX G: Table 5-2

Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Depression/Anxiety/Withdrawal	7,038	978	13.89	5,121	8,955
Incidence per 1,000	2.95	0.41		2.15	3.75
Suicidal Thoughts	1,330	262	19.70	816	1,844
Incidence per 1,000	0.56	0.11		0.34	0.78
Self-Harming Behaviour	1,520	248	16.31	1,034	2,006
Incidence per 1,000	0.64	0.10		0.44	0.84
ADD/ADHD	4,421	492	11.12	3,457	5,385
Incidence per 1,000	1.86	0.21		1.45	2.27
Attachment Issues	4,834	580	11.99	3,697	5,971
Incidence per 1,000	2.03	0.24		1.55	2.51
Aggression	6,182	813	13.14	4,589	7,775
Incidence per 1,000	2.58	0.34		1.92	3.24
Running (Multiple Incidents)	1,375	178	12.92	1,027	1,723
Incidence per 1,000	0.58	0.07		0.43	0.73
Inappropriate Sexual Behaviours	1,120	200	17.90	728	1,512
Incidence per 1,000	0.47	0.08		0.31	0.63
Youth Criminal Justice Act Involvement	902	49	5.40	806	998
Incidence per 1,000	0.38	0.02		0.34	0.42
Intellectual/Developmental Disability	4,023	599	14.88	2,849	5,197
Incidence per 1,000	1.69	0.25		1.20	2.18
Failure to Meet Developmental Milestones	2,169	342	15.76	1,499	2,839
Incidence per 1,000	0.91	0.14		0.63	1.19
Academic Difficulties	7,799	1,039	13.33	5,763	9,835
Incidence per 1,000	3.27	0.44		2.42	4.12
FAS/FAE	619	144	23.33	337	901
Incidence per 1,000	0.26	0.06		0.14	0.38
Positive Toxicology at Birth	217	38	17.60	143	291
Incidence per 1,000	0.09	0.02		0.06	0.12
Physical Disability	458	147	32.13	170	746
Incidence per 1,000	0.19	0.06		0.07	0.31
Alcohol Abuse	1,040	176	16.95	695	1,385
Incidence per 1,000	0.44	0.07		0.29	0.59
Drug/Solvent Abuse	1,300	160	12.31	986	1,614
Incidence per 1,000	0.55	0.07		0.42	0.68
Other Functioning Concern	1,332	422	31.69	505	2,159
Incidence per 1,000	0.56	0.18		0.21	0.91

APPENDIX G: Table 5-4

Age of Primary Caregiver in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<16 years					
Incidence per 1,000					
16-18 years	552	114	20.65	329	775
Incidence per 1,000	0.23	0.05		0.14	0.32
19-21 years	1,321	148	11.19	1,031	1,611
Incidence per 1,000	0.55	0.06		0.43	0.67
22-30 years	10,674	977	9.15	8,759	12,589
Incidence per 1,000	4.48	0.41		3.68	5.28
31-40 years	17,539	2,156	12.29	13,313	21,765
Incidence per 1,000	7.36	0.90		5.59	9.13
41-50 years	7,114	1,115	15.67	4,929	9,299
Incidence per 1,000	2.99	0.47		2.07	3.91
51-60 years	816	114	14.00	593	1,039
Incidence per 1,000	0.34	0.05		0.25	0.43
>60 years	310	98	31.68	118	502
Incidence per 1,000	0.13	0.04		0.05	0.21

Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Ontario in 2008

Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Females	77,444	4,128	5.33	69,353	85,535
Incidence per 1,000	12.86	0.67		11.54	14.18
Males	7,965	803	10.08	6,391	9,539
Incidence per 1,000	1.32	0.13		1.06	1.58

APPENDIX G: Table 5-5

Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Biological Parent	35,664	3,989	11.19	27,846	43,482
Incidence per 1,000	14.97	1.68		11.69	18.25
Parent's Partner	1,276	331	25.98	627	1,925
Incidence per 1,000	0.54	0.14		0.27	0.81
Foster Parent	183	92	50.25	0	363
Incidence per 1,000	0.08	0.04		0.00	0.16
Adoptive Parent	218	56	25.71	108	328
Incidence per 1,000	0.09	0.02		0.04	0.14
Grandparent	683	79	11.61	528	838
Incidence per 1,000	0.29	0.03		0.22	0.36
Other	548	131	24.07	291	805
Incidence per 1,000	0.23	0.06		0.12	0.34

APPENDIX G: Table 5-6

Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Alcohol abuse	5,335	754	14.15	3,857	6,813
Incidence per 1,000	2.24	0.32		1.62	2.86
Drug/solvent abuse	4,455	447	10.15	3,579	5,331
Incidence per 1,000	1.87	0.19		1.50	2.24
Cognitive impairment	1,686	199	11.79	1,296	2,076
Incidence per 1,000	0.71	0.08		0.55	0.87
Mental health issues	9,729	843	8.67	8,077	11,381
Incidence per 1,000	4.08	0.35		3.39	4.77
Physical health issues	3,254	256	7.87	2,752	3,756
Incidence per 1,000	1.37	0.11		1.16	1.58
Few social supports	13,675	1,470	10.75	10,794	16,556
Incidence per 1,000	5.74	0.62		4.53	6.95
Victim of domestic violence	17,813	2,110	11.84	13,677	21,949
Incidence per 1,000	7.47	0.88		5.74	9.20
Perpetrator of domestic violence	3,799	597	15.71	2,629	4,969
Incidence per 1,000	1.59	0.25		1.10	2.08
History of foster care/group home	1,892	408	21.56	1,092	2,692
Incidence per 1,000	0.79	0.17		0.46	1.12

APPENDIX G: Table 5-7

Household Source of Income in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Full-Time Employment	21,503	3,367	15.66	14,904	28,102
Incidence per 1,000	9.03	1.41		6.26	11.80
Part-time/Multiple Jobs/Seasonal Employment	3,742	351	9.40	3,054	4,430
Incidence per 1,000	1.57	0.15		1.28	1.86
Benefits/EI/Social Assistance	11,276	711	6.31	9,882	12,670
Incidence per 1,000	4.73	0.30		4.15	5.31
Unknown	1,600	576	36.02	471	2,729
Incidence per 1,000	0.67	0.24		0.20	1.14
None	448	122	27.21	209	687
Incidence per 1,000	0.19	0.05		0.09	0.29

APPENDIX G: Table 5-8

Housing Type in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Own Home	13,948	2,170	15.56	9,695	18,201
Incidence per 1,000	5.86	0.91		4.07	7.65
Rental Accomodation	14,906	1,318	8.85	12,323	17,489
Incidence per 1,000	6.25	0.55		5.17	7.33
Public Housing	4,634	570	12.30	3,517	5,751
Incidence per 1,000	1.95	0.24		1.48	2.42
Band housing	1,206	219	18.15	777	1,635
Incidence per 1,000	0.52	0.09		0.34	0.70
Shelter/Hotel	927	225	24.89	486	1,368
Incidence per 1,000	0.39	0.10		0.20	0.58
Other	1,094	248	22.74	608	1,580
Incidence per 1,000	0.46	0.10		0.25	0.67
Unknown	1,853	475	25.65	922	2,784
Incidence per 1,000	0.78	0.20		0.39	1.17

APPENDIX G: Table 5-9

Family Moves Within the Last Twelve Months in Substantiated Child Mal-treatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Moves in Last Twelve Months	19,459	2,476	12.72	14,606	24,312
Incidence per 1,000	8.17	1.04		6.13	10.21
One Move	8,181	751.00	9.18	6,709	9,653
Incidence per 1,000	3.43	0.31		2.81	4.05
Two or more moves	2,787	334	11.98	2,133	3,441
Incidence per 1,000	1.17	0.14		0.90	1.44
Unknown	8,006	1,083	13.53	5,883	10,129
Incidence per 1,000	3.36	0.45		2.47	4.25

APPENDIX G: Table 5-10

Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Ontario in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Accessible Weapons	278	65	23.50	151	405
Incidence per 1,000	0.12	0.03		0.06	0.18
Accessible drugs or drug paraphernalia	1,220	170	13.95	887	1,553
Incidence per 1,000	0.51	0.07		0.37	0.65
Drug Production/Trafficking in home	335	152	45.21	37	633
Incidence per 1,000	0.15	0.07		0.02	0.28
Other home injury hazards	1,407	292	20.76	835	1,979
Incidence per 1,000	0.59	0.12		0.35	0.83
Other home health hazards	1,887	292	15.46	1,315	2,459
Incidence per 1,000	1.29	0.20		0.90	1.68

Appendix H

DESCRIPTION OF WEIGHTING PROCEDURE

Weighting involves multiplying sampled data by factors which adjust the representation of each case in the data in order to correct for disproportionate representation of certain groups of interest and generate a sample which conforms to known population distributions on specified variables.

Conceptually, the weights used to maintain provincial representativeness of the data included in OIS-2008 can be viewed as three distinct factors which are multiplied by one another.

Agency weight – The first factor, which we can call W_s , represents the ratio of the total number of agencies in a stratum (a group of agencies within a geographic region from which agencies were randomly sampled) to the number of agencies sampled from that stratum.

$$W_s = \frac{\# \text{ of agencies in stratum}}{\# \text{ of agencies sampled in stratum}}$$

Subsampling weight – In most agencies, data were collected for every new, maltreatment-related investigation opened during the three month data collection period; however, in order to reduce burden on workers, sample size was limited to 250, randomly selected investigations in 20 very large agencies. Accordingly, *unweighted* data from the province underrepresents the investigations conducted by large agencies. The second factor, which we can call W_{ss} , accounts for the random sampling of

investigations within the three-month data collection period. This factor represents the ratio of the number of investigations opened by an agency during the three-month data collection period to the number of investigations from that agency which were included in the OIS sample.

$$W_{ss} = \frac{\# \text{ of investigations Oct. 1–Dec. 31}}{\# \text{ of investigations sampled}}$$

Agency Size Correction – Child welfare agencies, including those in the study sample, vary greatly in terms of the number of children they serve and the number of investigations they conduct. The “agency weight” described above adjusts for differences in the number of agencies selected from each stratum, but does not account for variations in the size of the agencies within these strata. The third factor, which we can call PS_r , is intended to adjust for variations in the size of agencies within a stratum. It represents the ratio of the average child population served by agencies sampled within a stratum to the average child population for all agencies in the stratum. Ideally, this factor would adjust for variations in the number of investigations opened by agencies within a stratum. But, because reliable statistics on number of investigations completed by an agency have not been consistently available, child population is used as a proxy for agency size. Accordingly, this factor assumes that the numbers of investigations opened

by the agencies within a stratum are strictly proportional to agency child population and it does not account for variations in the per capita rate of investigations.

$$PS_r = \frac{\text{average child population in sampled agencies}}{\text{average child population in agencies in stratum}}$$

Together, these three factors, $W_s \times W_{ss} \times PS_r$ are used to create estimates of the number of investigations completed within the three-month data collection period by all Ontario agencies.

Annualization

In addition to the weight adjustment of data from the province all data presented in this report were weighted in order to derive annual estimates. Because the OIS collects data only during a three-month period from a sample of child welfare agencies, data are weighted to create estimates of the number of investigations conducted by sampled agencies during 2008. Accordingly, all data are multiplied by a factor, which we can call PS_a , which represents the ratio of all investigations conducted by sampled agencies during 2008 to all investigations opened by the sampled agency during the Oct. 1–Dec. 31 quarter.

$$PS_r = \frac{\# \text{ of investigations in 2008}}{\# \text{ of investigations Oct. 1–Dec. 1}}$$

Two key limitations of the annualization weight must be noted. This factor corrects for seasonal fluctuation in the number of investigations, but it does not correct for any seasonal variations in investigation/maltreatment characteristics. In addition, while cases reported more than once during the three-month case sampling period were unduplicated (see Case Selection section in this chapter), the weights used for OIS-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. Accordingly, the weighted annual estimates presented in this report represent new child maltreatment-related investigations conducted by the sampled agencies in 2008, rather than investigated children.