

A close-up photograph of an orange lily flower, showing the stamens and pistil in detail. The petals are a vibrant orange color, and the stamens have dark brown anthers. The background is blurred, showing more of the flower and some green foliage.

# SASKATCHEWAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (SIS-2008)

MAJOR FINDINGS

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# Dedication

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

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# Executive Summary

The Saskatchewan Incidence Study of Reported Child Abuse and Neglect-2008 (SIS-2008) is the first province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Saskatchewan child welfare offices. The SIS-2008 tracked 1,811 child maltreatment investigations conducted in a representative sample of 22 Child Welfare Service offices across Saskatchewan in the fall of 2008.

Changes have occurred in investigation mandates and practices in Canada over the last ten years and this has had an impact upon the types of cases that fall within the scope of this study. In particular, Canadian child welfare authorities are receiving more 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 SIS-2008 is designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between investigations where there is a risk of future maltreatment and investigations where maltreatment that may have already occurred. The SIS-2008 was designed to separately track both types of investigations.

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 SIS-2008 statistics:

- the unit of analysis is the child maltreatment related investigation;
- the study is limited to reports investigated by child welfare offices and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported;
- 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 SIS-2008 report cannot be directly compared to the previous CIS 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).<sup>1</sup>

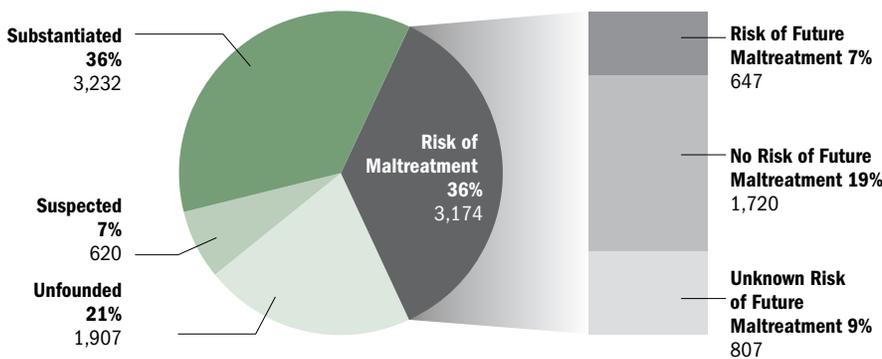
## INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

As shown in Figure 1, of the 8,933 child maltreatment investigations conducted in Saskatchewan in 2008, 64% of investigations focused on

a concern of abuse or neglect (an estimated 5,759 child maltreatment investigations or 28.39 investigations per 1,000 children) and 36% of investigations were concerns about risk of future maltreatment (an estimated 3,174 investigations or 15.64 investigations per 1,000 children). Thirty-six percent of these investigations were substantiated, an estimated 3,232 child investigations or 15.93 investigations per 1,000 children. In a further seven percent of investigations (an estimated 620 child investigations, or 3.06 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. Twenty-one percent of investigations (an estimated 1,907 child investigations, or 9.40 investigations per 1,000 children) were unfounded. In seven percent of investigations, the investigating worker concluded there was a risk of future maltreatment (3.19 per 1,000 children, an estimated 647 child investigations). In 19% of investigations no risk of future maltreatment was indicated (an estimated 1,720 investigations, or 8.48 investigations per 1,000 children). In nine percent of investigations workers could not determine if the child was at risk of future maltreatment.

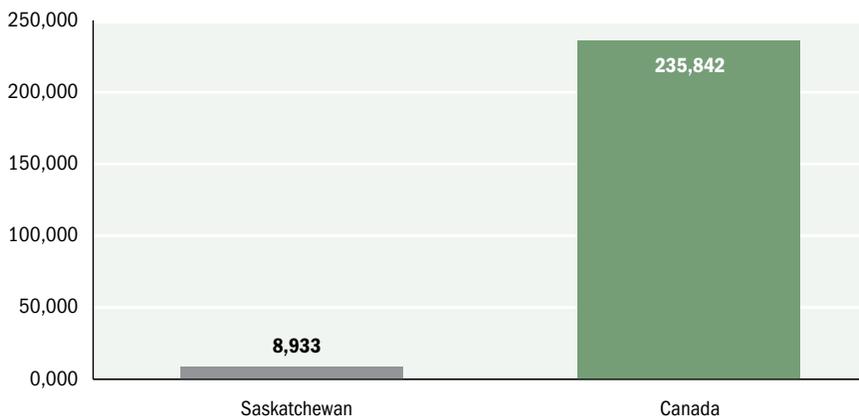
<sup>1</sup> Please see Chapter 2 of this report for a detailed description of the study methodology.

**FIGURE 1: Type of Investigation and Level of Substantiation in Saskatchewan in 2008**



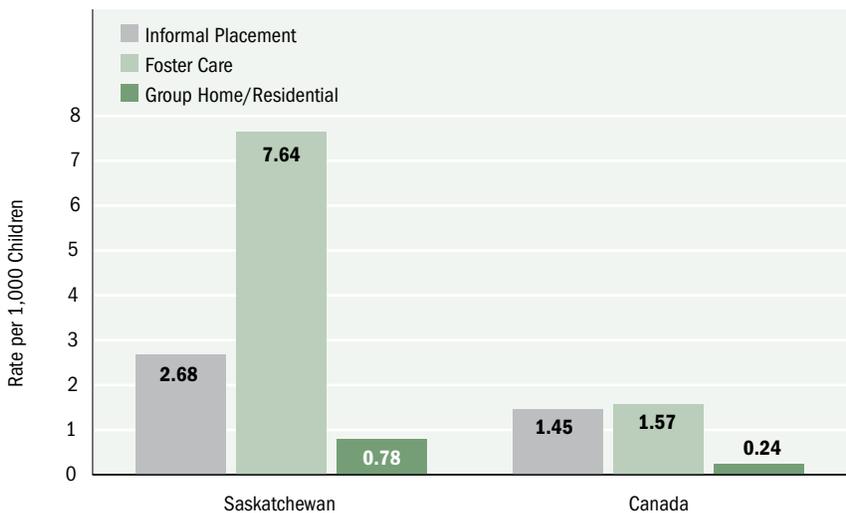
Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 8,933, based on a sample of 1,811 investigations.

**FIGURE 2: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 8,933, based on a sample of 1,811 investigations.

**FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 8,933, based on a sample of 1,811 investigations.

## CANADA 2008 AND SASKATCHEWAN 2008

As shown in Figure 2 in Saskatchewan in 2008, an estimated 8,933 investigations were conducted, a rate of 44.03 investigations per 1,000 children. In all of Canada, an estimated 235,842 maltreatment related investigations were conducted, representing a rate of 39.16 investigations per 1,000 children. Rates of investigation were slightly higher in Saskatchewan than in all of Canada.

## PLACEMENT

The SIS-2008 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 Saskatchewan in 2008, there were no placements in 75% of the investigations (an estimated 6,665 investigations). Twenty-five percent of investigations resulted in a change of residence for the child (2,252 investigations, or a rate of 11.10 investigations per 1,000 children): 17% of children moved to foster care or kinship care, six percent to an informal arrangement with a relative; and two percent to residential/secure treatment or group homes. When compared to placements rates in the CIS-2008, rates of placement in foster care and kinship care were noticeably higher in Saskatchewan (7.64 investigations per 1,000 children) than the rate of placement for Canada (1.57 investigations per 1,000 children).

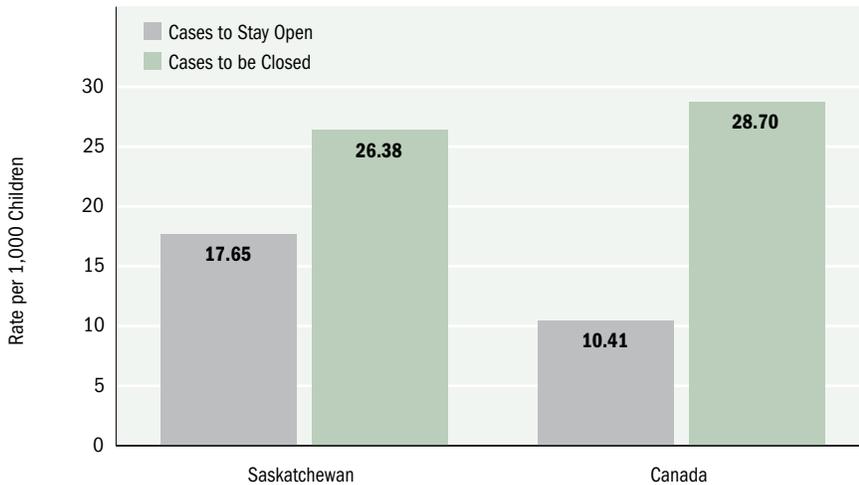
## ONGOING SERVICES

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.

Forty percent of investigations in Saskatchewan in 2008 (an estimated 3,581 investigations) were identified

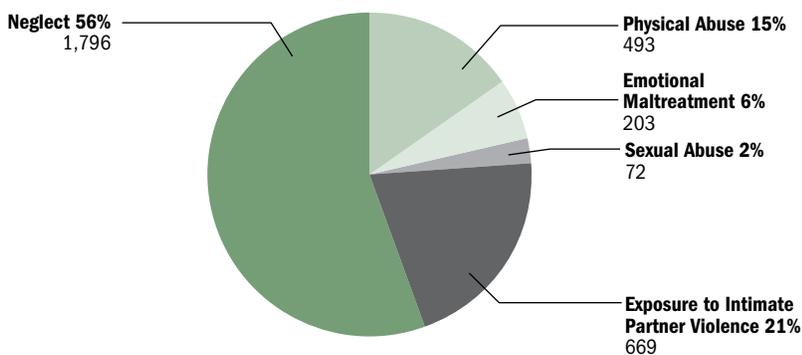
as remaining open for ongoing services while 60% of investigations (an estimated 5,352 investigations) were closed. In Canada in 2008, 27% of investigations (an estimated 62,715 investigations) were identified as remaining open for ongoing services while 73% of investigations (an estimated 172,782 investigations) were closed. Rates of cases remaining open for ongoing services were higher in Saskatchewan than in Canada as a whole.

**FIGURE 4: Provision of Ongoing Services Following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 8,933, based on a sample of 1,811 investigations.

**FIGURE 5: Primary Category of Substantiated Maltreatment in Saskatchewan in 2008**



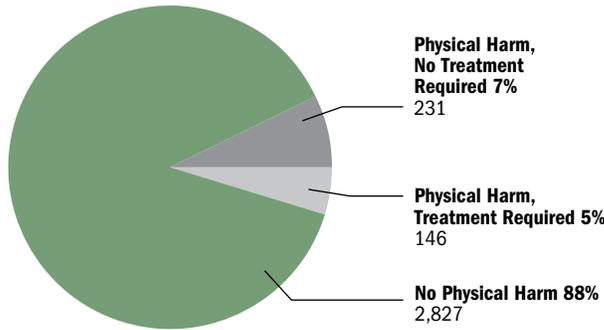
Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 3,323, based on a sample of 720 investigations.

## KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN SASKATCHEWAN IN 2008

### Categories of Maltreatment

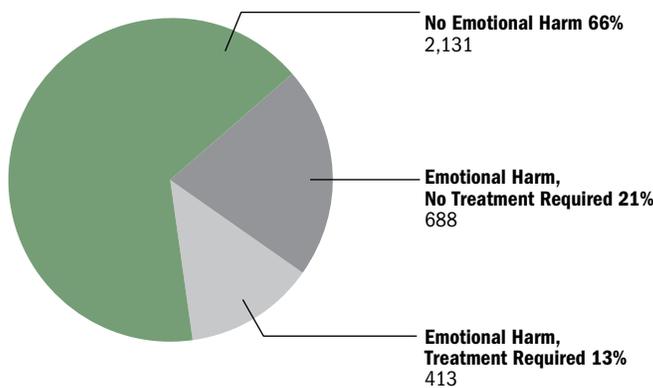
Figure 5 presents the incidence of substantiated maltreatment in Saskatchewan, broken down by primary category of maltreatment. There were an estimated 3,232 substantiated child maltreatment investigations in Saskatchewan in 2008 (15.93 investigations per 1,000 children). The most frequent category of substantiated maltreatment was neglect (an estimated 1,796 investigations or 8.85 investigations per 1,000 children), identified as the primary category of maltreatment in 56% of substantiated investigations. Twenty-one percent of all substantiated investigations identified exposure to intimate partner violence as the primary category of maltreatment (an estimated 669 cases or 3.30 investigations per 1,000 children). In 15% of substantiated investigations, or an estimated 493 cases, the primary form of maltreatment was identified as physical abuse (2.43 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in six percent of substantiated investigations (an estimated 203 investigations or 1.00 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment category in two percent of substantiated investigations (an estimated 72 investigations or 0.35 investigations per 1,000 children).

**FIGURE 6: Documented Physical Harm in Substantiated Child Maltreatment Investigations in Saskatchewan in 2008**



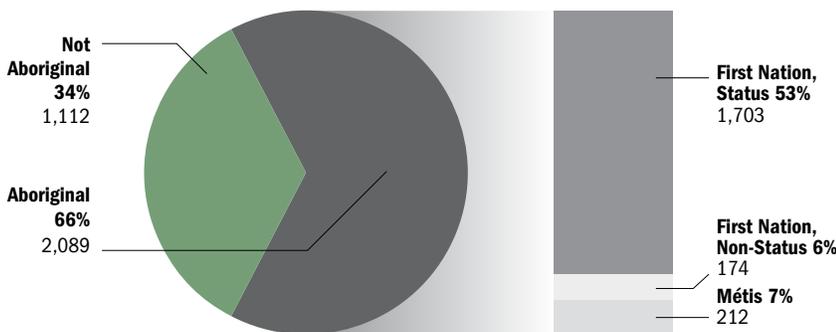
Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 3,232, based on a sample of 720 investigations.

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



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 3,232, based on a sample of 720 investigations.

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



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 3,232, based on a sample of 720 investigations.

### Physical and Emotional Harm

The SIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information

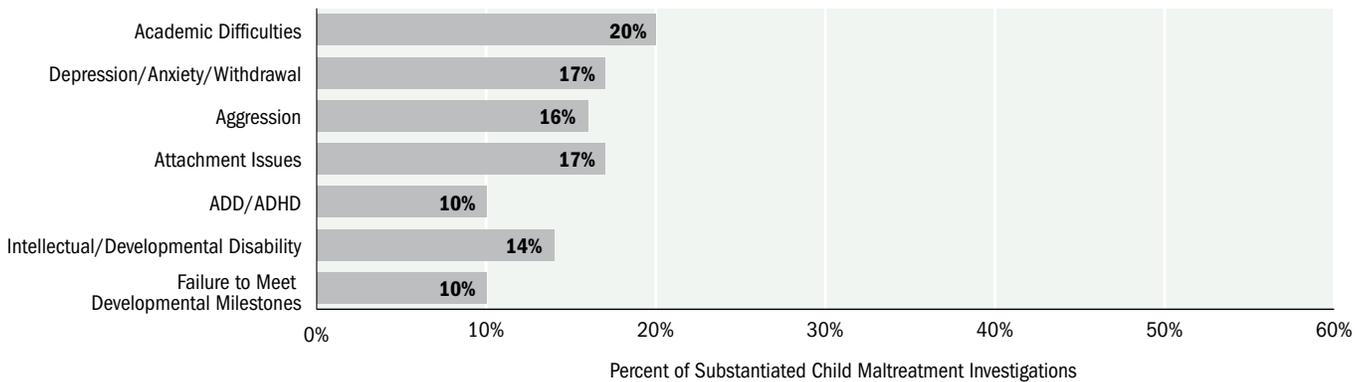
on physical harm was collected using two measures: one describing the nature of harm and one describing severity of harm as measured by the need for medical treatment.

Physical harm was identified in 13% of cases of substantiated maltreatment (an estimated 406 substantiated investigations or 2.00 investigations per 1,000 children) (Figure 6). In seven percent of substantiated investigations (an estimated 231 investigations or 1.14 investigations per 1,000 children), harm was noted but no treatment was required. In a further five percent of substantiated investigations (an estimated 146 substantiated investigations or 0.72 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 34% of all substantiated maltreatment investigations, involving an estimated 1,101 substantiated investigations (5.43 investigations per 1,000 children). In 13% of substantiated cases (an estimated 413 investigations or 2.04 investigations per 1,000 children) symptoms were severe enough to require treatment.

**FIGURE 9: Select Child Functioning Issues in Substantiated Child Maltreatment Investigations in Saskatchewan in 2008**



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
 Total estimated number of investigations is 3,232, based on a sample of 720 investigations.

### Children’s Aboriginal Heritage

Aboriginal heritage was documented by the SIS-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. Sixty-six percent of substantiated cases (an estimated 2,123 investigations) involved children of Aboriginal heritage (Figure 8).

Fifty-three percent of substantiated maltreatment investigations involved children with First Nations status, six percent of substantiated investigations involved First Nation Non-Status children, and seven percent of substantiated investigations involved Métis children. Estimates for children of Inuit or other Aboriginal heritage were too low to reliably report.

### 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 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.

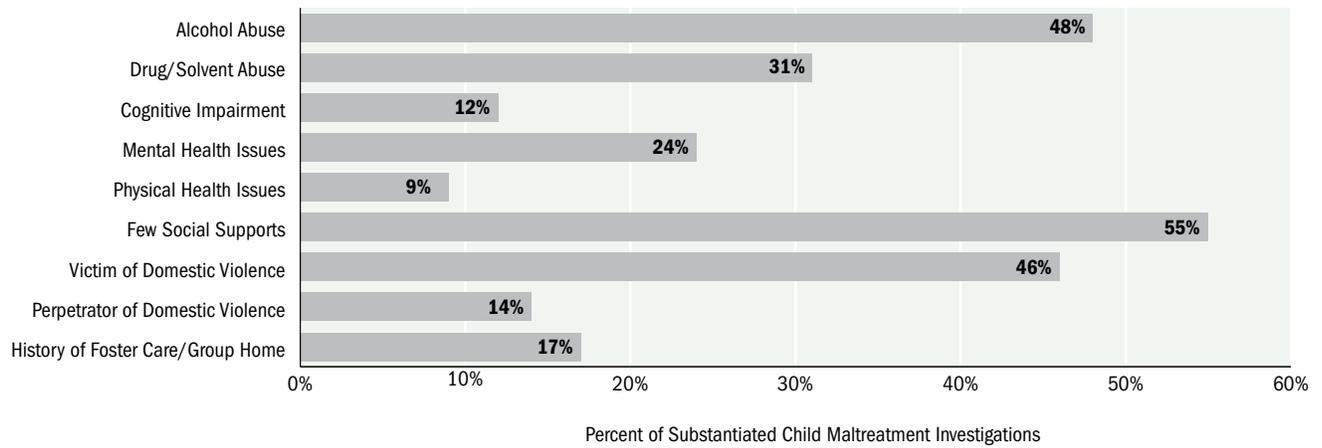
Figure 9 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 45% of substantiated child maltreatment investigations (an estimated 1,445 investigations, 7.12 investigations per 1,000 children) at least one child functioning 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 categories were depression/

anxiety/withdrawal and attachment issues (both 17% of substantiated maltreatment investigations). Sixteen percent of substantiated maltreatment investigations involved children with aggression, and 14% of substantiated maltreatment investigations involved intellectual/developmental disability. Ten per cent of substantiated maltreatment investigations indicated ADD/ADHD, and another 10% indicated a failure to meet developmental milestones.

### PRIMARY CAREGIVER RISK FACTORS

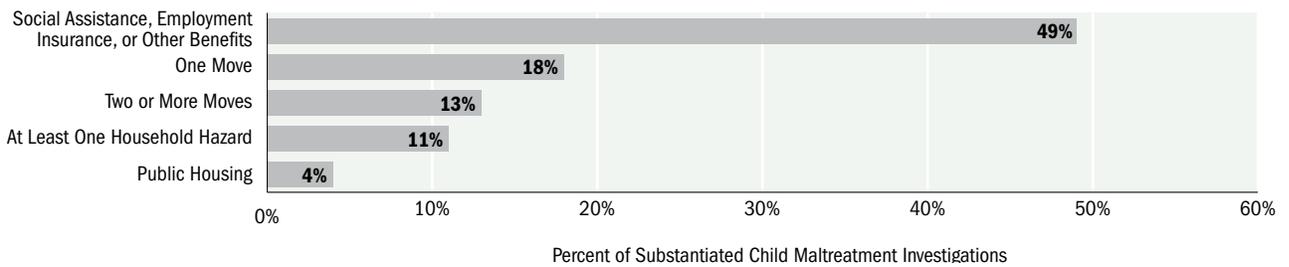
For each investigated child, the investigating worker was asked to indicate risk factors associated with the primary caregiver. In 91% of substantiated child maltreatment investigations (an estimated 2,928 investigations or 14.43 investigations per 1,000 children) at least one primary caregiver risk factor was indicated. A number of potential caregiver stressors were tracked by the SIS-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

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



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
 Total estimated number of investigations is 3,232, based on a sample of 720 investigations.

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



Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008  
 Total estimated number of investigations is 3,232, based on a sample of 720 investigations.

caregivers were: few social supports (55%), alcohol abuse (48%), being a victim of domestic violence (46%), and drug/solvent abuse (31%) (Figure 10).

### Household Risk Factors

The SIS-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, and unhealthy or unsafe living conditions. (See Chapter 5 for a full description

of household hazards). At least one household hazard was identified in 11% of households. Forty-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. Eighteen percent of substantiated investigations involved families that had moved once in the previous year while 13% had moved two or more times. Four percent of substantiated investigations involved families living in public housing (Figure 11).

### FUTURE DIRECTIONS

The SIS-2008 Canada and Saskatchewan datasets provide a unique opportunity to examine regional differences in maltreatment investigations. The expanded 2008 sample also provides the possibility to start examining investigations and services provided in Aboriginal run offices. For updates on the SIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.

# Chapter 1

## INTRODUCTION

The following report presents the major descriptive findings from the Saskatchewan Incidence Study of Reported Child Abuse and Neglect (SIS-2008). The SIS-2008 is the first province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child welfare services in Saskatchewan. The estimates presented in this report are primarily based on information collected from child welfare investigators on a representative sample of 8,933 child welfare investigations conducted across Saskatchewan.

### BACKGROUND TO THE SASKATCHEWAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (SIS-2008)

In Saskatchewan, responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of Ministry of Social Services and First Nations Child and Family Service Agencies, which have responsibility for protecting and supporting Aboriginal children on-Reserve. At the time of the study there were 19 Ministry offices (see Table 1-1), in addition to 17 First Nations Child and Family Service Agencies. 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. Because of challenges in reporting consistent service statistics, the Saskatchewan Incidence Study of Reported Child Abuse and Neglect (SIS-2008) is designed to provide such a profile by collecting information on a periodic basis from every office using a standardized set of definitions and instruments.

The SIS-2008 is funded in part by Saskatchewan's Ministry of Social Services and by the Public Health Agency of Canada (PHAC). Additional support was provided by the Faculty of Social Work at the University of Calgary. Funding from PHAC was provided to gather information from a nationally representative sample of child protection offices in Canada, which included two offices in Saskatchewan. The participation of additional offices was funded by the Ministry of Social Services. In addition to direct funds received from federal and provincial sources, all participating offices 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 participation of additional sites in Saskatchewan allowed for a universal sample of provincial run child welfare throughout the province.

This report presents an initial profile of investigations of child abuse and neglect sampled from investigations completed during 2008. Given the growing complexity of child protection services in Saskatchewan, more detailed analyses will be developed in subsequent reports and articles.<sup>1</sup> Readers should note that because of changes and variations to child protection services across Canada, comparisons should not be made between provinces.

### OBJECTIVES AND SCOPE

The primary objective of the SIS-2008 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in Saskatchewan in 2008. Specifically, the SIS-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;

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

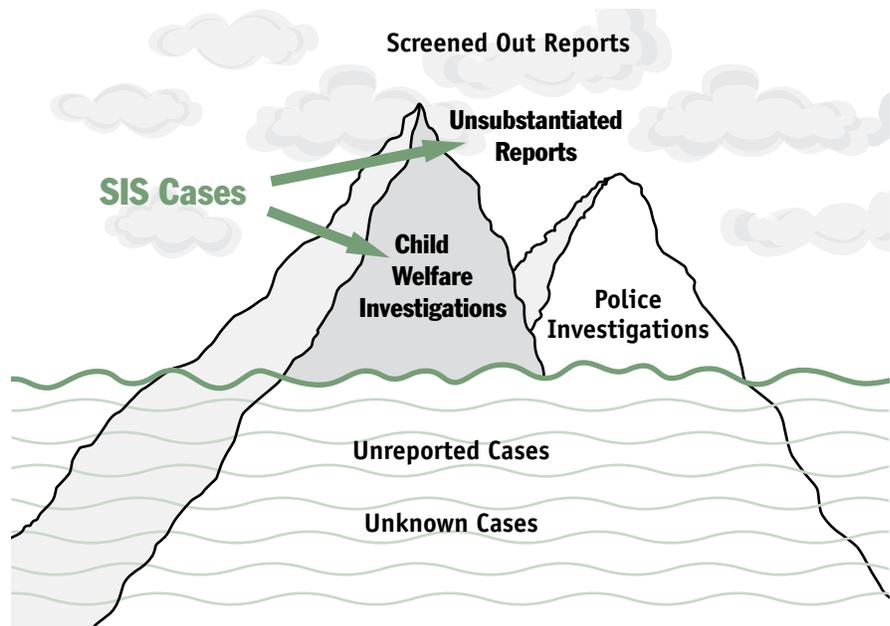
4. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, use of child welfare court; and
5. compare selected rates and characteristics of investigations between the CIS-2008 and the SIS-2008.

The SIS-2008 collects information directly from a provincial sample of child welfare workers at the point of completion of an initial investigation of child abuse. The scope of the study is therefore limited to the type of information available to workers at that point. As shown in the SIS Iceberg Model (Figure 1-1), the study only documents situations that are reported to and investigated by child welfare offices. The study **does not include** information about **unreported maltreatment** nor does it include cases that are **only investigated by the police.**<sup>2</sup> Similarly, the SIS-2008 **does not include** reports that are made to child welfare authorities 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 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 five years have further complicated what types of cases fall within the scope of the SIS-2008. In particular, child welfare authorities are receiving increasing numbers of reports concerning

2 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 SIS-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.

children at risk of future maltreatment, where there are no specific concerns about a specific incident of maltreatment. Because the SIS-2008 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 SIS-2008 was designed to separately track both types of cases.

## CHILD WELFARE SERVICES IN CANADA: A CHANGING MOSAIC

The objectives and design of the SIS-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.<sup>3</sup> Some provinces and territories operate under a centralized, government-run child welfare system; others have opted for decentralized models run by mandated offices. A number of provinces and territories have recently moved towards regionalized service delivery systems.

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

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.

Funding for on-reserve services is provided by the government at the federal level under the *Indian Act*.<sup>4</sup> 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 offices operated by First Nations for enhanced preventative services.

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 within Canada. From 1998 to 2003 the CIS found that rates of investigated maltreatment had nearly doubled<sup>5</sup>. Most of the available data point to changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused or neglected. Using the analogy of the iceberg (Figure 1-1), there is no indication

that the iceberg is increasing;<sup>6</sup> 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 CIS-2003 report points in particular to four important changes: (1) An increase in reports made by professionals; (2) an increase in reports of emotional maltreatment and exposure to intimate partner violence; (3) a larger number of children investigated in each family, and (4) an increase in substantiation rates.<sup>7</sup>

## CHILD WELFARE SERVICES IN SASKATCHEWAN

Child welfare legislation and services are organized at the provincial level in Saskatchewan. The Ministry of Social Services is responsible for providing protection services for children under the age of 16. At the time of the study, there were 19 Child Protection offices across the province, within five regions, and alleged maltreatment is reported directly to the child welfare offices in each of the five regional authorities (See Table 1-1 Child Welfare Authorities in Saskatchewan). Child protection services in Saskatchewan are based on shared responsibility for children's

safety and care. The Ministry of Social Services is mandated by *The Child and Family Services Act* to provide quality delivery of child welfare services. Additionally, First Nations Child and Family Services are mandated to serve children and families on reserves, resulting in the formation of 17 delegated First Nations agencies across the province.<sup>8,9</sup>

Over the past 20 years, Saskatchewan's child welfare practices have been based on *The Child and Family Services Act (CFSA)*, implemented in 1989. This legislation emphasizes family supports, with the goal of providing care and treatment for children in their own home. Removal of the child is seen as a last resort, and emphasis is placed on the use of community-based prevention services.<sup>10</sup> Other important legislation includes: the *Adoption Act* and the *Emergency Protection for Victims of Child Sexual Abuse and Exploitation Act*. In 2001, the Department of Social Services announced a Child Welfare Redesign initiative to address concerns with the child welfare system, such as foster home overcrowding, rapid out-of-home caseload increases, and safety concerns. This initiative involved the diversion of families at risk of child welfare involvement to services outside the child protection system, reserving Ministry supports for cases

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

5 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003 (CIS-2003): Major findings*. Minister of Public Works and Government Services Canada.

6 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.

7 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003 (CIS-2003): Major findings*. Minister of Public Works and Government Services Canada.

8 Saskatchewan Ministry of Social Services. *Child protection services*. Retrieved on May 25, 2010 from: <http://www.socialservices.gov.sk.ca/child-protection.pdf>

9 Gough, P. (2007). *Saskatchewan's child welfare system*. Information Sheet #47E. Centres of Excellence for Children's Well-Being. Retrieved November 25, 2010, from <http://www.cccw-cepb.ca/infosheets>

10 Federal/Provincial/Territorial Working Group on Child and Family Services Information (2002). *Child welfare in Canada 2000: The role of provincial and territorial authorities in the provision of child protection services*. Quebec: Author

of substantiated child maltreatment.<sup>11</sup> However, no expansion took place with respect to prevention and early intervention services for vulnerable families, and in 2008 the Saskatchewan government announced a full review of the child welfare system, prompted in part by a sharp escalation in the number of children coming into care, and a shortage of foster care resources.<sup>11,12</sup> As this review was initiated after the SIS-2008 data collection phase, results from the study will not reflect any changes to the child welfare system in Saskatchewan.<sup>13</sup>

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 the Federal government under the *Indian Act*.<sup>14,15</sup> The structure of Aboriginal child welfare services is changing rapidly. A growing number of services are being provided either by fully mandated Aboriginal offices or by Aboriginal counseling services that work in conjunction with mandated services to

reach Aboriginal families living on or off reserve.<sup>16</sup>

A file review of a sample of CIS-2003 cases conducted in preparation for the CIS-2008 and SIS-2008 identified a growing number of risk assessments 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 investigating worker was not assessing a specific incident of alleged maltreatment, but was assessing instead the risk of future maltreatment. Unfortunately, because the CIS-2003 was not designed to track these cases, we cannot estimate the extent to which risk assessments may have contributed to the increase in cases between the cycle years. The SIS-2008 and CIS-2008 are designed to separately track risk-only cases.

## THE SASKATCHEWAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (SIS-2008)

The first *Saskatchewan Incidence Study of Reported Child Abuse and Neglect (2008)*, serves as a foundation for subsequent cycles that will track changes to child welfare investigation cases over the years. The SIS-2008 is based on the original CIS-2003 methodology, designed by Nico Trocmé.<sup>17</sup> It was partially based on the design of the

**TABLE 1-1: Saskatchewan Child Protection Offices**

<b>Centre</b>	Kindersley	
	Rosetown	
	Saskatoon	
<b>Southwest</b>	Moose Jaw	
	Regina	
	Swift Current	
<b>Southeast</b>	Estevan	
	Fort Qu'Appelle	
	Weyburn	
	Wynyard	
<b>Northwest</b>	Yorkton	
	Buffalo Narrows	
	La Loche	
	Lloydminster	
<b>Northwest</b>	Meadow Lake	
	North Battleford	
	<b>Northwest</b>	Creighton
	La Ronge	
	Melfort	
	Nipawin	
<b>First Nations</b>	Prince Albert	
	Agency Chiefs CFS	
	Ahtahkakoop CFS	
	Athabasca Denesuline CFS	
	Battleford Tribal Council Human Services Corp.	
	Kanawayihimitowin CFS	
	Kanawayimik CFS	
	Lac La Ronge Indian Band CFS	
	Meadow Lake Tribal Council	
	Montreal Lake Child and Family Agency	
	Nehiyaw Awasis Siceca Cistinna Sturgeon Lake CFS Inc.	
	Nicapanak Centre CFS	
	Onion Lake Family Services	
Peter Ballantyne CFS		
Qu'Appelle CFS		
Saskatoon Tribal Council FS		
Touchwood CFS		
Yorkton Tribal Council & CFS		

11 Saskatchewan Child Welfare Review Panel. (2010). *Saskatchewan child welfare review panel report: For the good of our children and youth*. Retrieved April 19, 2011 from [saskchildwelfarereview.ca/CWR-panel-report.pdf](http://saskchildwelfarereview.ca/CWR-panel-report.pdf)

12 Dornstauder, E., and Macknak, D. (2009). *100 Years of Child Welfare Services in Saskatchewan: A Survey*. Retrieved December 3, 2009 from [http://www.sasw.ca/child\\_welfare.html](http://www.sasw.ca/child_welfare.html)

13 Saskatchewan Child Welfare Review Panel. (2010). *Saskatchewan Child Welfare Review Panel Report: For the good of our children and youth*. Retrieved April 19, 2011 from [saskchildwelfarereview.ca/CWR-panel-report.pdf](http://saskchildwelfarereview.ca/CWR-panel-report.pdf)

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

15 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).

16 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.

17 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.

U.S. National Incidence Studies.<sup>18</sup> Additional funding was provided by the Saskatchewan Ministry of Social Services, allowing for universal sampling of Saskatchewan agencies. Bruce MacLaurin (University of Calgary) is the principal investigator of the SIS-2008 and co-investigator of the CIS-2008. Nico Trocmé (McGill University) is the principal investigator of the CIS-2008 study. Barbara Fallon is a co-investigator of the SIS-2008 and the Director of the CIS-2008. Vandna Sinha is the co-investigator of the SIS-2008 and the principal investigator of the First Nations' CIS-2008. Rick Enns and Richard Feehan are co-investigators of the SIS-2008. David Rosenbluth is the Manager of Research and Evaluation, Strategic Policy Branch for the Saskatchewan Ministry of Social Services and assumed the lead role in the development of the SIS-2008. Please see Appendix A and

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18 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.

Appendix B for a full list of all the researchers and advisors involved in the SIS-2008.

The SIS-2008 will provide 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 in Saskatchewan. For example, the study draws attention to the large number of investigations involving neglect as the primary category of substantiated maltreatment. Findings from the previous national studies have assisted in better adapting child welfare policies to address the array of difficulties faced by victims of maltreatment and their families.

## ORGANIZATION OF THE REPORT

The SIS-2008 report presents the profile of substantiated child abuse and neglect investigations conducted across Saskatchewan in 2008 and a comparison of rates of investigations documented by the CIS-2008. This

report is divided into five chapters and six appendices. Chapter 2 describes the study methodology. Chapter 3 compares the incidence rates for investigations conducted by child welfare offices in Saskatchewan in 2008 and in Canada in 2008. Chapter 4 examines the characteristics of substantiated maltreatment investigations by type of maltreatment in Saskatchewan 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 investigations in Saskatchewan in 2008.

The **Appendices** include:

- Appendix A: SIS-2008 Site Researchers
- Appendix B: First Nations CIS Advisory Committee
- Appendix C: Glossary of Terms
- Appendix D: SIS-2008 Maltreatment Assessment Form
- Appendix E: SIS-2008 Guidebook
- Appendix F: Case Vignette



# Chapter 2

## METHODOLOGY

The SIS-2008 is the first provincial study examining the incidence of reported child abuse and neglect in Saskatchewan. The SIS-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 SIS-2008. A multi-stage sampling design was used, first to select a sample of 22 child welfare offices across Saskatchewan, and then to sample cases within these offices. Information was collected directly from the investigating workers at the conclusion of the investigation. The SIS-2008 sample of 1,811 investigations was used to derive estimates of the annual rates and characteristics of investigated children in Saskatchewan.

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 SIS-2008 methodology and discusses its strengths, limitations, and impact on interpreting the SIS-2008 estimates.

### SAMPLING

The SIS-2008 sample was drawn in three stages. First, a universal sample of 19 child welfare offices mandated by the Government of Saskatchewan

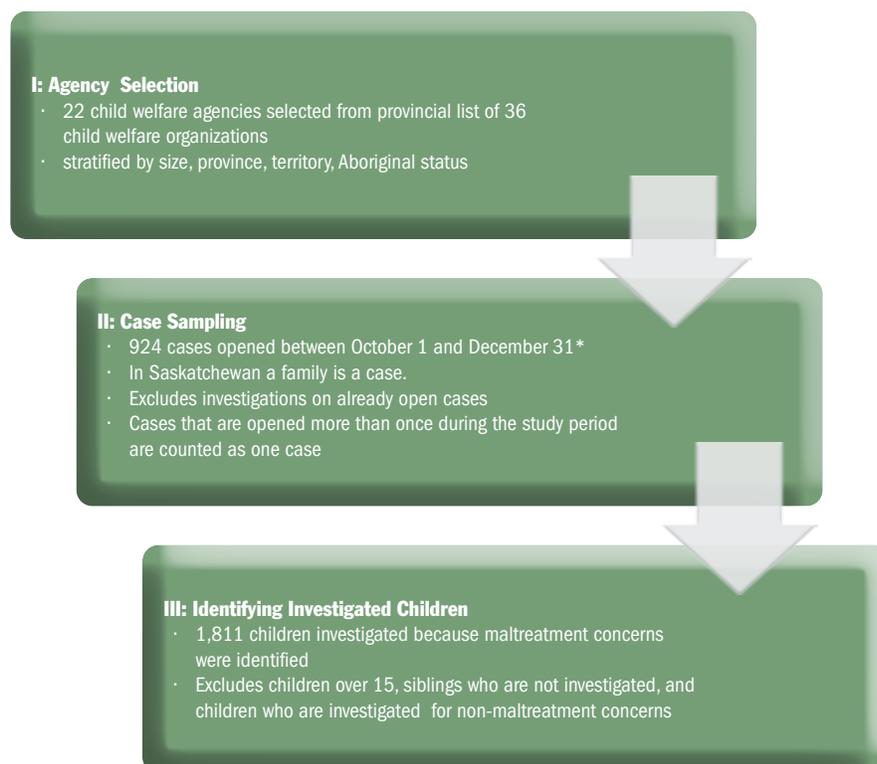
were involved in the study. In addition, a random sample of Delegated First Nations agencies were included in the study. Cases were then sampled over a three month period within each office, and finally child investigations that met the study criteria were identified from the sampled cases.

### SITE SELECTION

Child welfare offices are the primary sampling unit for the SIS-2008. The term child welfare office is used to describe any organization that has the

authority to conduct child protection investigations. In Canada, most offices were selected randomly within their regional strata using SPSS Version 15.0 random selection application. Exceptions included sites sampled with certainty, sites that could not be feasibly included because of size (less than 50 investigations a year) or distance, and First Nations offices 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). Offices in the largest metropolitan areas were

**FIGURE 2-1: Three Stage Sampling**



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

Region	Total Child Population (0-15)	Total Child Protection Offices	Number of SIS Offices	Total SIS Child Population (0-15)	Annual Office Case Openings	Case Openings Sampled for SIS
Centre	-	2	2	-	1,099	256
Southeast	-	4	4	-	373	103
Southwest	-	3	3	-	1,211	334
Northeast	-	5	5	-	524	132
Northwest	-	5	5	-	415	72
Aboriginal	15,245	17	3	3,195	316	88
<b>Saskatchewan</b>	<b>202,880</b>	<b>36</b>	<b>22</b>	<b>190,830</b>	<b>3,938</b>	<b>985</b>

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>

sampled with certainty. In total, seven sites declined to be involved because of their particular circumstances, and replacement sites were randomly selected from the remaining pool.

In Saskatchewan, child welfare offices serve the full population in a specific geographic area with the exception of delegated First Nations offices that serve First Nations children on reserve. In order to achieve a robust sample, Saskatchewan used a universal sample of all offices in each region of the province. All offices agreed to participate in the SIS-2008. As noted previously, delegated First Nations sites were not included in the provincial 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 19 Ministry offices and three First Nations offices<sup>1</sup> constitutes the sampling frame for the 2008 study (see Table 2-1).

## CASE SELECTION

The second sampling stage involved selecting cases opened in the study sites during the three month period of October 1, 2008 to December 31, 2008. Three months was considered

<sup>1</sup> 38 child welfare offices served Saskatchewan as of March, 2008.

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 services may affect estimates that are based on a three-month sampling period.

In small to mid-size offices every case opened during the three month sampling period was selected. In larger offices that conducted over 1,000 investigations per year, a random sample of 250 cases was selected for inclusion in the study.<sup>2</sup> In Saskatchewan, two of the 22 participating offices conducted just over 1,000 investigations per year, however fewer than 250 investigations were completed during the sampling period and there was no need to cap investigations at 250. In Saskatchewan, families are the **unit of service** at the point of the initial decision to open a case.

<sup>2</sup> 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.

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 indentifying 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 (see Figure 1-1). There is too much variation in screening procedure to be able to feasibly track these cases within the budget of the SIS-2008;
- 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

These procedures led to 924 family based cases being selected in Saskatchewan.

## IDENTIFYING INVESTIGATED CHILDREN

The final sample selection stage involved identifying children who had been investigated as a result of concerns related to possible

maltreatment. As noted above, since cases are opened at the level of a family in Saskatchewan, procedures had to be developed to determine which children in each family had been investigated for maltreatment-related reasons. Furthermore, cases can be opened for a number of reasons that do not necessarily involve maltreatment 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 Saskatchewan, children eligible for inclusion in the final study sample were identified by having child welfare workers complete the *Intake Face Sheet* from the *SIS-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 provincial sample of 1,811 children investigated because of maltreatment-related concerns.

## INVESTIGATED MALTREATMENT VS. RISK ASSESSMENTS

Maltreatment related investigations that met the criteria for inclusion in the SIS-2008 include situations where there are concerns that a child may have already been abused or neglected as well as situations where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed. Because of changes in investigation

mandates and practices over the last ten years, the SIS-2008 was redesigned to separately track risk assessments and maltreatment investigations.

The SIS-2008 asked investigating workers to complete a data collection instrument for investigations of future risk of maltreatment in addition to investigated events of alleged or suspected maltreatment. This change has complicated comparisons with estimates from previous national cycles of the study. Risk-only cases are not included in the SIS-2008 estimates of rates and characteristics of substantiated maltreatment.

## FORMS OF MALTREATMENT INCLUDED IN THE SIS-2008

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.<sup>3</sup> For instance, some child welfare authorities include only intra-familial sexual abuse, while the justice system deals with cases of extra-familial sexual abuse.

The SIS-2008 definition of child maltreatment, consistent with the CIS-2008 definition, includes **32 forms of maltreatment** subsumed under **five categories** of maltreatment:

<sup>3</sup> 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.

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 many child welfare statutes (e.g. educational neglect). The SIS-2008 is able to track up to three categories of maltreatment.

## INVESTIGATED MALTREATMENT VS. SUBSTANTIATED MALTREATMENT

The child welfare statute in Saskatchewan 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. Saskatchewan uses a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases. The SIS-2008 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., 2009<sup>4</sup> for more information on the distinction between these three levels of substantiation).

In reporting and interpreting maltreatment statistics, it is important

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

to clearly distinguish between risk assessments, maltreatment investigations, and substantiated cases of maltreatment. Estimates presented in Chapter 3 of this report include investigations and risk assessments 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 offices investigate and intervene in many situations in which children have not yet been harmed, but are **at risk of harm**. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not yet been harmed.

Provincial and territorial statutes cover both children who have suffered from demonstrable harm due to abuse or neglect, and children at risk of harm. Substantiation standards in all jurisdictions across Canada include situations where children have been harmed as a result of maltreatment as well as situations where there is no evidence of harm but where children are at substantial risk of harm as a result of maltreatment. The SIS-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 (see Chapter 4). The SIS-2008 documents both physical and emotional harm; however, definitions of maltreatment used for the study do not require the occurrence of harm.

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 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 SIS-2008/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 (see Chapter 1), a key challenge in designing the SIS-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 SIS-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 (see 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).<sup>5</sup> The section of the form containing partially identifying information was kept at the office. The remainder of the form was

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

completed if abuse or neglect was suspected at any point during the investigation, or if the investigating worker completed a risk investigation only.<sup>6</sup>

### Household Information Sheet

The *Household Information Sheet* was completed when at least one child in the family was investigated for alleged maltreatment or risk of maltreatment. The household was defined as all adults 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 (see Appendix D).

### 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.<sup>7</sup> 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 assessments, 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 *SIS-2008/CIS-2008 Guidebook* (see Appendix E).

### Revising and Validating the Child Assessment Form

The SIS-2008/CIS-2008 data collection instrument was based on the CIS-2003<sup>8</sup> and CIS-1998<sup>9</sup> data collection instruments in order to maximize the potential for comparing 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 lead to the development of a simpler question about families running out of money at the end of the month. In addition, changes over time in child welfare practices may also require that changes be made to the data collection forms. For example, exposure to intimate partner violence was, until recently, generally not considered to be a form of maltreatment and was not a specific maltreatment category on the form in the initial incidence study conducted in Ontario in 1993. It was added in subsequent cycles of the study.

Changes to the SIS-2008/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 previous cycles, analysis of response rates, validation file review study, focus group consultations with child welfare workers in several jurisdictions, and a reliability study used to compare different points in time.

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 measure; more specific intimate partner violence maltreatment codes; and revised emotional maltreatment categories.

### Case File Validation Study

The review of the data collection instrument for the 2008 cycle of the study began with a case file validation

6 The *SIS-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.

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

8 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003: Major findings*. Minister of Public Works and Government Services Canada.

9 Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., et al. (2001). *Canadian incidence study of reported child abuse and neglect: Final report*. Minister of Public Works and Government Services Canada.

study using data from the 2003 Canadian Incidence Study.<sup>10</sup> Data collected in 2003 using the CIS-2003 version of the form was compared to information in the case files from one of the larger offices that participated in the CIS-2003. 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 SIS-2008/CIS-2008 Research Team conducted six focus groups with front-line child protection workers and supervisors across Canada from late July to late October 2007.<sup>11</sup> The purpose of the groups was to receive feedback on the proposed changes to the CIS-2008 data collection instrument. The process was iterative. Feedback from each focus group was used to make changes to the instrument prior to the next focus group. Groups were held in Montréal, Toronto, St. John's, Halifax, Regina, and Calgary. One of the participating groups was a First Nations office.

### Reliability Study

A reliability study<sup>12</sup> 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 offices 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 at 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 offices 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 sites were collapsed, yielding a sample of 100 children from 68 households. Two measures of agreement were calculated for categorical variables: percent agreement and the Kappa statistic. The

Kappa statistic adjusts for agreement that occurs by chance alone; values between 0.4 and 0.6 are usually interpreted as moderate agreement; between 0.6 and 0.8 substantial agreement; and values that exceed 0.8 reflect excellent agreement.<sup>13</sup> Similar testing was conducted on the CIS-2003.<sup>14</sup>

The vast majority of items on the CIS-2008 form showed good to excellent test re-test reliability. Among the most reliable groups of variables were primary forms of maltreatment, family's maltreatment history, child age and gender, case disposition items, and indices related to emotional harm. "Any service referral" and "any family-focused referral," and the majority of items related to household and caregiver characteristics also showed 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 SIS-2008/CIS-2008 data collection instrument. The low reliability for secondary and tertiary maltreatment codes was similar to the CIS-2003 data collection instrument. Analysis of secondary and tertiary maltreatment should be interpreted with caution. However, co-occurring maltreatment has been a significant predictor of service intrusiveness in multiple secondary analyses of the CIS data.

The study team's review of the case narratives in the reliability study

10 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.

11 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.

12 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.

13 Landis & Koch. (1977). Measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159-174.

14 Knoke, D., Trocmé, N., MacLaurin, B., & Fallon, B. (2009). Reliability of the Canadian Incidence Study data collection instrument. *The Canadian Journal of Program Evaluation*, 23(1), 87-112.

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 site training and case selection at each SIS-2008 office (see Appendix A). In Saskatchewan, centralized training sessions occurred in two large urban centers over four days. Participating workers from all sites were scheduled to attend one of these sessions. The case selection phase began with a training session, conducted by a Site Researcher to introduce participating child welfare workers to the SIS-2008 instruments and case selection procedures. After a review of the forms and procedures, workers completed the form for selected case vignettes (see 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 a SIS-2008/CIS-2008 Guidebook, which included definitions for all the items and study procedures (see 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. The length of time between the receipt of the referral and the completion of the written assessment is 30 days in Saskatchewan. In instances where a complex investigation takes more time, workers were asked to complete the data collection instrument with their preliminary assessment report.

### Site Visits

Site researchers liaised with child welfare workers at each SIS-2008 site on a regular basis to collect forms, respond to questions, and monitor study progress. In most instances several visits to each location were required. Additional support was provided depending on the individual needs of workers at each site. Site Researchers collected the completed forms during each site visit and reviewed them for completeness and consistency. Every effort was made to contact workers if there was incomplete information on key variables (e.g. child age or category of maltreatment) or inconsistencies. Identifying information (located on the bottom section of the *Intake Face Sheet*, see Appendix D) was stored on site, and non-identifying information was sent to the central data verification locations.

### Data Verification and Data Entry

Data collection forms were verified three times for completeness and inconsistent responses: first on site by the Site Researchers or Liaison personnel, a second time at the University of Calgary, Faculty of Social Work, then a third time at

the University of Toronto or McGill University, prior to data entry. 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 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 site and deleted on the basis of office 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.<sup>15</sup>

The participation rate was estimated by comparing actual cases opened during the case selection period (October 1 to December 31, 2008) with the number of cases for which data collection instruments were completed.<sup>16</sup> The overall participation rate suggests that sampled cases

<sup>15</sup> 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.

<sup>16</sup> Participation rate is the proportion of cases open between October 1 and December 31, 2008, for which the data collection form was completed.

reflected the workload at all sites during the three-month case selection period. Participation rates below 95% were discussed with the SIS-2008 liaisons for each office to examine the possibility of skewed sampling. In all cases low participation could be attributed to external events (e.g. staff holidays, staff turnover), and no evidence of systematic bias was found.

## ESTIMATION PROCEDURES

### Weighting

The data collected for the CIS-2008 were weighted in order to derive national annual incidence estimates. Two sets of weights were applied. First, results were annualized to estimate volume of cases investigated by each office in 2008. The annualization weights were derived by dividing the total number of cases opened by site in 2008 by the number of cases sampled from that site. For example, if 225 cases were sampled over 3 months in a site that opened 1,000 cases over the year, a weight of 4.44 (1,000/225) was applied to all cases in the site. The average annualization weight was 4.31.<sup>17</sup> While this annualization method provides an accurate estimate of overall volume, it cannot account for qualitative differences in the types of cases referred at different times of the year.

To account for the non-proportional sampling design, regional weights were applied to reflect the relative sizes of the selected sites. Each study site was assigned a weight reflecting the proportion of the child population

17 This average includes 14 offices where case sampling during the 3 months generated more than the SIS-2008 cap of 250 cases. The average annualization weight for offices without a cap of 250 investigations was 4.14.

of the site relative to the child population in the stratum or region that the site represented. For instance if a site with a child population of 25,000 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 site. This involved aggregating Census subdivisions.<sup>18</sup> 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 CIS/SIS-2008 sites are based on 2006 Census data. In Saskatchewan annualization weighting occurred in a similar manner to the CIS-2008. However, regionalization weighting for sites organized by the Ministry of Social Services was not required due to the universal sample.

### Case Duplication

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

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

“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)*,<sup>19</sup> reports that for substantiated cases of child maltreatment, the 6 month recurrence rate during 2003 was 8.4 per cent. Further estimates of recurrence have been made by Fluke and colleagues (2008). During a 24-month period which followed all investigations from eight states, 16% of children were re-reported within 12 months, and another six percent were re-reported in the subsequent 12 months.<sup>20</sup> In Québec, the recurrence rate was 8.8 per cent of screened-in investigations over a 12-month period.<sup>21</sup>

### Sampling Error Estimation

With the CIS-2008, sampling error is primarily driven by variability between the selected sites. Sampling error estimates were calculated to reflect the fact that the survey population had been stratified and that primary sampling units (offices) had been selected randomly from each stratum. To calculate the variance, the stratified

19 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.

20 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.

21 Hélie, 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.

design allowed the research team to assume that the variability between strata was zero and that the total variance at the national level was the sum of the variance for each stratum. In most instances, two offices, the primary sampling units, were chosen from each strata.<sup>22</sup> Given that universal sampling was used in Social Service offices in Saskatchewan, coefficients of variation (CVs) were not calculated for the study.

## ETHICS PROCEDURES

The SIS-2008/CIS-2008 data collection and data handling protocols and procedures were reviewed and approved by the Conjoint Research Ethics Board of the University of Calgary. Permission for participating in the data collection process was obtained from the Provincial Director of Child Welfare. The study utilized a case file review methodology. The case files are the property of the province. Therefore, the permission from the Ministry of Social Services was required in order to access the case files. Confidentiality of case information and participants, including workers and offices, 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 office assigns, the study number the SIS-2008 site researchers assigned, and also provided space for the first two letters of the family surname. This information was used only for verification purposes. Any names on the forms were deleted prior to leaving the office.

The data collection instruments (that contain no directly-identifying

information) were either scanned into an electronic database at the University of Toronto or McGill. 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 study 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.

### Aboriginal Ethics

The First Nations component of the CIS-2008 adhered to the principles of ownership, control, access and possession (OCAP) which must be negotiated within the context of individual research projects. In the case of the First Nations component of the 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 First Nations ownership of and control over the project, has a mandate of ensuring that the CIS respects OCAP principles to the greatest degree possible given that the CIS is a cyclical study which collects data on First Nations, other Aboriginal, and non-Aboriginal investigations. The First Nations CIS is grounded in an understanding that the CIS research team will not collect or analyze First Nations specific data without the approval and guidance of the advisory committee and that proposals for secondary analyses that distinguish between First Nations and mainstream offices must be approved by advisory committee.

This report contains only provincial estimates of child abuse and neglect

and does not identify any participating office. Information about additional analyses is available on the Canadian Child Welfare Research Portal website at: <http://www.cwrp.ca>.

## STUDY LIMITATIONS

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

- the SIS-2008 **only tracks reports investigated by child welfare services** 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 Canada. This number does not include incidents of intimate partner violence that were investigated only by the police, and it does not include incidents of intimate partner violence that were never reported to either the police nor child welfare authorities;
- 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 that were known or observable to the worker at the time of the investigation, for instance depression or anxiety. However, these child functioning concerns were not verified by an independent source;

22 In one strata there were three offices selected.

- 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 annual 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 or fatality could not be reported due to the small sample sizes;
- the SIS-2008 tracks **information during the first 30 days** of case activity; 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, Table 3-6a and Table 3-6b were affected by this limitation.

# Chapter 3

## RATES OF MALTREATMENT RELATED INVESTIGATIONS IN THE CIS-2008 AND SIS-2008

This chapter primarily compares rates of maltreatment-related investigations documented by the 2008 cycles of the SIS and CIS. These results should be interpreted with caution since a number of factors are not controlled for in these descriptive tables. Differences in rates of maltreatment-related investigations can be attributed to a number of factors including (1) differences in public and professional awareness of the problem, (2) differences in legislation or in case-management practices, and (3) changes in the actual rate of maltreatment.<sup>1</sup> This chapter presents select comparisons with investigations from the CIS-2008 and these comparisons are presented in Tables 3-1, 3-2, 3-3, 3-4a, 3-5 & 3-6a (rate of investigations, age of children, substantiation rates, transfers to ongoing services, child welfare placements, and use of child welfare court). Given the growing complexity of the CIS, more detailed analyses will be developed in subsequent reports and articles.<sup>2</sup>

The estimates presented in the tables in this chapter are weighted estimates derived from child maltreatment investigations from representative samples of child welfare offices or

areas in Saskatchewan and all of Canada, conducted in 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 CIS-2008 report).<sup>3</sup>

Estimates presented from the SIS-2008 **do not include** (1) incidents that were not reported to child welfare offices, (2) reported cases that were screened out by child welfare offices before being fully investigated, (3) new reports on cases already open by child welfare offices, and (4) cases that were investigated only by the police.

Data are presented in terms of the estimated annual number of investigations, as well as the incidence of investigations per 1,000 children aged less than one to 15.<sup>4</sup> 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.

### COMPARISONS BETWEEN SIS-2008 AND CIS-2008

Chapter 3 presents comparison between the SIS-2008 and the CIS-2008. Comparisons focus on the incidence of reported and substantiated investigations, child age, referral source, and short-term outcomes of the investigation.

### MALTREATMENT RELATED INVESTIGATIONS

Table 3-1 presents the number and incidence of maltreatment-related investigations in Saskatchewan and in all of Canada in 2008. In Saskatchewan, an estimated 8,993 investigations were conducted, a rate of 44.03 investigations per 1,000 children. In Canada, an estimated 235,842 investigations were conducted, a rate of 39.16 investigations per 1,000 children.<sup>5</sup> Rates of investigated maltreatment were higher in Saskatchewan than for Canada.

1 These changes are discussed in Chapter 2

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

3 Trocmé, N., Fallon, B., MacLaurin, B., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003: Major findings*. Ottawa, Minister of Public Works and Government Services Canada

4 The cut-off age of 15 (children under the age of 16) is the age legislated in Saskatchewan (Child and Family Services Act, 1999) 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.

5 Trocmé, N., Fallon, B., MacLaurin, B., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003: Major findings*. Ottawa, Minister of Public Works and Government Services Canada

**TABLE 3-1: Number and Incidence of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**

Saskatchewan 2008		Canada 2008	
# of Investigations	Rate per 1,000 children	# of Investigations	Rate per 1,000 children
8,933	44.03	235,842	39.16

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Based on a sample of 1,811 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 15,980 child maltreatment and risk of future maltreatment investigations in Canada in 2008

**TABLE 3-2: Age of Children in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**

Child Age Group	Saskatchewan 2008			Canada 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
< 1 year	876	75.23	10%	17,501	51.81	7%
1-3 years	1,853	54.08	21%	43,694	43.14	19%
4-7 years	2,267	47.62	25%	58,405	41.73	25%
8-11 years	2,072	40.10	23%	57,601	36.92	24%
12-15 years	1,865	32.33	21%	58,641	34.26	25%
<b>Total Investigations</b>	<b>8,933</b>	<b>44.03</b>	<b>100%</b>	<b>235,842</b>	<b>39.16</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,811 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 15,980 child maltreatment and risk of future maltreatment investigations in Canada in 2008 with information about age of child

## CHILD AGE IN INVESTIGATIONS

Table 3-2 describes the number and incidence of maltreatment-related investigations by age group, for both Saskatchewan and Canada in 2008. In Saskatchewan, children under the age of one year were most likely to be investigated at a rate of 75.23 investigations per 1,000 children. Rates of investigations for one to three years of age and four to seven years of age were 54.08 and 47.62 investigations per 1,000 children, respectively. Rates of investigations decreased for the next two age groups: 40.10 investigations per 1,000 children eight to 11 years old, and 32.33 investigations per 1,000 children 12 to 15 years old.

Infants were the most likely to be investigated in both Saskatchewan and Canada. Comparing the incidence of investigation by age group between

the two regions, Canadian rates were noticeably lower for all age groups. In Canada, children under the age of one year were most likely to be investigated at a rate of 51.81 investigations per 1,000 children. Rates of investigations for one to three years of age and four to seven years of age were 43.14 and 41.73 investigations per 1,000 children, respectively. Rates of investigations were lower for the next two age groups: 36.92 investigations per 1,000 children eight to 11 years old, and 34.26 investigations per 1,000 children 12 to 15 years old. 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.

## TYPES OF INVESTIGATIONS AND SUBSTANTIATION DECISIONS

Figure 3-3 describes types of investigations and substantiation decisions resulting from maltreatment-related investigations conducted across Saskatchewan in 2008. The SIS-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:<sup>6</sup>

- substantiated: the balance of evidence indicates that abuse or neglect has occurred;

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

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

The outcomes 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

Of the estimated 8,933 child maltreatment investigations conducted in Saskatchewan in 2008, 64% of investigations focused on a concern of abuse or neglect (an estimated 5,759 child maltreatment investigations or 28.39 investigations per 1,000 children) and 36% of investigations were concerns about risk of future maltreatment (an estimated 3,174 investigations or 15.64 investigations

per 1,000 children). Thirty-six percent of all investigations were substantiated, an estimated 3,232 child investigations. In a further seven percent of investigations (an estimated 620 child investigations, 3.06 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. Twenty-one percent of investigations (an estimated 1,907 child investigations, 9.40 investigations per 1,000 children) were unfounded. In seven per cent of investigations, the investigating worker concluded there was a risk of future maltreatment (3.19 per 1,000 children, an estimated 647 child investigations). In 19% of investigations no risk of future maltreatment was indicated (an estimated 1,720 investigations or 8.48 investigations per 1,000 children). In nine per cent of investigations workers did not know whether the child was at risk of future maltreatment.

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

abuse or neglect (an estimated 174,411 child maltreatment investigations or 28.96 investigations per 1,000 children) and 26% of investigations were concerns about risk of future maltreatment (an estimated 61,431 investigations or 10.20 investigations per 1,000 children). Thirty-six percent of all investigations were substantiated, an estimated 85,440 child investigations or 14.19 investigations per 1,000 children. In a further eight per cent of investigations (an estimated 17,918 child investigations, 2.98 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 percent of investigations (an estimated 71,053 child investigations, 11.80 investigations per 1,000 children) were unfounded. In five per cent of investigations, the investigating worker concluded there was a risk of future maltreatment (2.00 per 1,000 children, an estimated 12,018 child investigations). In 17% of investigations no risk of future maltreatment was indicated (an estimated 39,289

**TABLE 3-3: Type of Investigation and Level of Substantiation in Saskatchewan and Canada in 2008**

	Saskatchewan 2008			Canada 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Maltreatment and Risk Only Investigations						
Substantiated Maltreatment	3,232	15.93	36%	85,440	14.19	36%
Suspected Maltreatment	620	3.06	7%	17,918	2.98	8%
Unfounded Maltreatment	1,907	9.40	21%	71,053	11.80	30%
Total Investigated Incidence of Maltreatment	5,759	28.39	64%	174,411	28.96	74%
Risk of Future Maltreatment	647	3.19	7%	12,018	2.00	5%
No Risk of Future Maltreatment	1,720	8.48	19%	39,289	6.52	17%
Unknown Risk of Future Maltreatment	807	3.98	9%	10,124	1.68	4%
Total Risk Investigation Only	3,174	15.64	36%	61,431	10.20	26%
<b>Total Investigations</b>	<b>8,933</b>	<b>44.03</b>	<b>100%</b>	<b>235,842</b>	<b>39.16</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,811 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 15,980 child maltreatment and risk of future maltreatment investigations in Canada in 2008 with information about the type and level of substantiation

investigations or 6.52 investigations per 1,000 children). In four percent of investigations workers did not know whether the child was at risk of future maltreatment. Rates of maltreatment investigations were quite similar for Saskatchewan and all of Canada in 2008 (28.39 and 28.96, respectively), while rates of risk-only investigations were higher in Saskatchewan (15.64) than in all of Canada (10.20).

## REFERRAL SOURCE

Table 3-4a describes the sources of referrals in Saskatchewan and Canada in 2008. Each independent contact with the child welfare office regarding a child (or children) was counted as a separate referral. The person who actually contacted the child welfare office 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 office, 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 SIS-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 workers (involved with the household), crisis service/shelter workers (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 Saskatchewan in 2008, 33% of investigations or an estimated 2,955 investigations were referred by a non-professional source (rate of 14.57 investigations per 1,000 children), and 59% of investigations were referred by professionals (an estimated 5,296 investigations or 25.97 investigations per 1,000 children). In six percent of investigations (2.63 investigations per 1,000 children) the referral source was classified as "other" or anonymous.

In Canada in 2008, 26% of investigations or an estimated 57,847 investigations were referred by a non-professional sources (rate of 12.40 investigations per 1,000 children), and 68% of investigations were referred by professionals (an estimated 148,555 investigations or 31.83 investigations per 1,000 children). In nine percent of investigations (4.06 investigations per 1,000 children) the referral source was classified as "other" or anonymous. In 2008, rates of non-professional referral sources were higher in Saskatchewan than in all of Canada, while rates of professional and anonymous or "other" referral sources were higher in Canada than in Saskatchewan.

Table 3-4b presents specific non-professional and professional referral sources for Saskatchewan, 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 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: 20% of investigations or an estimated 1,783 investigations (a rate of 8.79 investigations per 1,000 children). The second largest source of referral was community/health/social services, in

16% of investigations (an estimated 1,445 investigations or a rate of 7.12 investigations per 1,000 children). Custodial or non-custodial parents were the largest non professional referral source (12% of investigations or a rate of 5.22 per 1,000 children).

**TABLE 3-4a: Referral Source in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**

Referral Source	Saskatchewan 2008			Canada 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Any Non-Professional Referral Source	2,955	14.57	33%	57,847	12.40	26%
Any Professional Referral Source	5,269	25.97	59%	148,555	31.83	68%
Other/Anonymous Referral Source	534	2.63	6%	18,932	4.06	9%
<b>Total Investigations*</b>	<b>8,933</b>	<b>44.03</b>	<b>100%</b>	<b>217,960</b>	<b>46.68</b>	<b>100%</b>

Saskatchewan Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,811 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 14,050 child maltreatment and risk of future maltreatment investigations in Canada in 2008 with information about the referral source

Column numbers may not add up to indicated total because workers could identify more than one referral source

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

Referral Source	#	Rate per 1,000 children	%
<b>Non Professional</b>			
Custodial or Non Custodial Parent	1,059	5.22	12%
Child (Subject of Referral)	136	0.67	2%
Relative	963	4.75	11%
Neighbour/Friend	589	2.90	7%
<b>Professional</b>			
Community, Health or Social Services	1,445	7.12	16%
Hospital (Any Personnel)	416	2.05	5%
School	1,783	8.79	20%
Other Child Welfare Service	416	2.05	5%
Day Care Centre	104	0.51	1%
Police	990	4.88	11%
Anonymous	429	2.11	5%
Other	8,435	41.58	94%
<b>Total Investigations</b>	<b>8,933</b>	<b>44.03</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,811 investigations in 2008 with information about referral source

Column numbers may not add up to indicated total because workers could identify more than one referral source

## RATES OF ONGOING 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 is made to close a case or provide on-going services. While the SIS-2008 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 offices 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 SIS-2008.

### Ongoing Child Welfare Services

Within Saskatchewan, 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 3,581 (40%) investigations in 2008 were identified as remaining open for ongoing services while an estimated 5,352 (60%) investigations were closed.

In Canada, investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation. An estimated 62,715 (27%) investigations in 2008 were identified as remaining open for ongoing services while an estimated 172,782 (73%) investigations were closed. The incidence rate of cases remaining open for ongoing services was higher in Saskatchewan than for Canada in 2008, while the rates of cases closed were slightly lower.

### Out-of-Home Placement

The SIS-2008 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.

**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):** 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 3-6a these placement categories were combined into four broader categories: child remained at home (no placement

**TABLE 3-5: Provision of Ongoing Services Following Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**

Provision of Ongoing Services	Saskatchewan 2008			Canada 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Case to Stay Open for Ongoing Services	3,581	17.65	40%	62,715	10.41	27%
Case to be Closed	5,352	26.38	60%	172,782	28.70	73%
<b>Total Investigations*</b>	<b>8,933</b>	<b>44.03</b>	<b>100%</b>	<b>235,497</b>	<b>39.11</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,811 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 15,945 child maltreatment and risk of future maltreatment investigations in Canada in 2008

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 Saskatchewan in 2008, there were no placements in 75% of investigations (6,665 investigations or 32.85 investigations per 1,000 children). Twenty-five percent of investigations resulted in a change of residence for the child: seventeen

percent to foster care or kinship care (an estimated 1,550 investigations or 7.64 investigations per 1,000 children), six percent to informal kinship care (an estimated 544 investigations or 2.68 investigations per 1,000 children); and two percent to residential/secure treatment or group homes (an estimated 158 investigations or 0.78 investigations per 1,000 children).

In Canada in 2008, there were no placements in 92% of investigations (215,878 investigations or 35.85 investigations per 1,000 children). Eight percent of investigations resulted

in a change of residence for the child: four percent to informal kinship care (an estimated 8,713 investigations or 1.45 investigations per 1,000 children); and four percent to foster care or kinship care (an estimated 9,454 investigations or 1.57 investigations per 1,000 children). Rates of children not placed were similar in Saskatchewan and Canada. Rates of placement in informal care, formal foster care and group homes/residential and secure treatment were higher in Saskatchewan than for Canada.

**TABLE 3-6a: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**

Placement Status	Saskatchewan 2008			Canada 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Remained at Home	6,665	32.85	75%	215,878	35.85	92%
Child with Relative (Not a Formal Child Welfare Placement)	544	2.68	6%	8,713	1.45	4%
Foster Care (Includes Foster and Kinship Care)	1,550	7.64	17%	9,454	1.57	4%
Group Home/Residential Secure Treatment	158	0.78	2%	1,432	0.24	0%
<b>Total Investigations*</b>	<b>8,917</b>	<b>43.95</b>	<b>100%</b>	<b>235,477</b>	<b>39.10</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,810 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 15,945 child maltreatment and risk of future maltreatment investigations in Canada in 2008 with information about child welfare placement

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

Placement status	#	Rate per 1,000 children	%
No Placement Required	6,434	31.71	72%
Placement Considered	231	1.14	3%
Informal Kinship Care	544	2.68	6%
Kinship Foster Care	588	2.90	7%
Foster Care	962	4.74	11%
Group Home	97	0.48	1%
Residential Secure Treatment	61	0.30	1%
<b>Total Investigations</b>	<b>8,917</b>	<b>43.95</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,810 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008 with information about child welfare placement

## Previous Child Maltreatment Investigations

Workers were asked if the investigated child had been previously reported to child welfare office for suspected maltreatment. As seen in Table 3-7, in 54% of investigations, workers indicated that the child had been referred previously for suspected maltreatment (4,784 investigations representing a rate of 23.58 per 1,000 children). In 42% of investigations, the child had not been previously investigated for suspected maltreatment (3,770 investigations, representing a rate of 18.58 investigations per 1,000 children). In four percent of investigations, the investigating worker did not know whether the child had been previously reported for suspected maltreatment (an estimated 364

investigations, representing a rate of 1.79 investigations per 1,000 children).

Across Canada, workers were asked if the investigated child had been previously reported to child welfare services for suspected maltreatment. In 48% of investigations, workers indicated that the child had been investigated previously for suspected maltreatment (an estimated 103,810 investigations or 22.26 investigations per 1,000 children). In 51% of investigations, the child had not been previously investigated for suspected maltreatment (an estimated 111,084 investigations, or 23.82 investigations per 1,000 children). In one percent of investigations, the investigating worker did not know whether the child had been previously investigated for suspected maltreatment (an estimated 3,003 investigations, representing

a rate of 0.64 investigations per 1,000 children). Rates of previous investigations were similar in Saskatchewan and Canada in 2008.

## Child Welfare Court Applications

Table 3-8 describes any applications made to child welfare court during the investigation period. Applications to child welfare court can be made for a number of reasons, including orders of supervision with the child remaining in the home, as well as out-of-home placement orders 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 SIS-2008 can only

**TABLE 3-7: History of Previous Investigations in Child Maltreatment Investigations and Risk Of Future Maltreatment Investigations in Saskatchewan and Canada in 2008**

	Saskatchewan 2008			Canada 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Previous Investigations						
Child Previously Investigated	4,784	23.58	54%	103,810	22.26	48%
Child Not Previously Investigated	3,770	18.58	42%	111,084	23.82	51%
Unknown	364	1.79	4%	3,003	0.64	1%
<b>Total Investigations*</b>	<b>8,918</b>	<b>43.96</b>	<b>100%</b>	<b>217,897</b>	<b>47.09</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,810 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 14,046 child maltreatment and risk of future maltreatment investigations in Canada in 2008 with information about previous child welfare investigations

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

	Saskatchewan 2008			Canada 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Welfare Court						
No Application to Court	8,092	39.89	91%	223,063	37.04	95%
Court Application Made	825	4.07	9%	12,700	2.11	5%
<b>Total Investigations*</b>	<b>8,917</b>	<b>43.95</b>	<b>100%</b>	<b>235,763</b>	<b>39.15</b>	<b>100%</b>

Saskatchewan Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,810 child maltreatment and risk of future maltreatment investigations in Saskatchewan in 2008, and 15,972 child maltreatment and risk of future maltreatment investigations in Canada in 2008 with information about applications to Child Welfare Court

track applications made during the investigation period, the SIS-2008 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.

**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 SIS-2008, nine percent of all child

maltreatment-related investigations (an estimated 825 investigations or a rate of 4.07 per 1,000 children) resulted in an application to child welfare court, either during or at the completion of the initial maltreatment investigation. In 91% of investigations, no court applications were made. In Canada, five percent of all child maltreatment-related investigations (an estimated 12,700 investigations or a rate of 2.11 per 1,000 children) resulted in an application to child welfare court, either during or at the completion of the initial maltreatment investigation. In 95% of investigations, no court applications were made. The incidence rate of applications to child welfare court was slightly higher for Saskatchewan than for Canada in 2008.



# Chapter 4

## CHARACTERISTICS OF MALTREATMENT

The SIS-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 1: Maltreatment Codes in SIS-2008/CIS-2008 Guidebook in Appendix E). The 32 forms of maltreatment tracked by the SIS-2008 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 24% 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.<sup>1</sup>

1 The SIS/CIS classification protocol was modified since the CIS-2003 to avoid confusion in cases wherein one form of maltreatment is substantiated and one is not. If the primary investigated form was not substantiated but a secondary form was, the substantiated form was recoded as the primary 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 offices 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 offices (2) reported cases that were screened out by child welfare offices before being fully investigated, (3) new reports on cases already open by child welfare offices, (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 other provincial incidence 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 Saskatchewan in

2008 and in all of Canada in 2008. The maltreatment typology in the SIS-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.<sup>2</sup> Exposure to intimate partner violence was comprised of three forms: direct witness to physical violence;

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

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

There were an estimated 3,232 substantiated child maltreatment investigations in Saskatchewan in 2008 (15.93 investigations per 1,000 children). Neglect and exposure to intimate partner violence represent the largest proportion of substantiated maltreatment investigations. Fifty-six percent of all substantiated investigations identified neglect as the primary form of maltreatment, an estimated 1,796 cases (8.85 investigations per 1,000 children). In another 21% of substantiated investigations, exposure to intimate partner violence was identified as the overriding concern, an estimated 669 investigations (3.30 investigations per 1,000 children). In 15% of substantiated investigations, or an estimated 493 cases, the primary form of maltreatment identified was physical abuse (2.43 investigations per 1,000 children). Emotional maltreatment was identified as the primary form of maltreatment in six percent of substantiated investigations (an estimated 203 investigations or 1.00 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment form in two

percent of substantiated investigations (an estimated 72 investigations or 0.35 investigations per 1,000 children).

## SINGLE AND MULTIPLE CATEGORIES OF MALTREATMENT

The SIS-2008 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 (76%) only one category of substantiated maltreatment was documented, in 24% of cases multiple categories of substantiated maltreatment were documented.

### Single Categories of Maltreatment:

In 76% of substantiated cases only one category of maltreatment was identified, involving an estimated 2,464 child investigations (12.15 investigations per 1,000 children). Neglect was identified as the single category of maltreatment in 44% of substantiated investigations, exposure to intimate partner violence in 18% of investigations, physical abuse in nine percent of investigations, emotional maltreatment in four percent of investigations, and sexual abuse in one percent of investigations.

### Multiple Categories of Maltreatment:

Twenty-four percent of investigations involved more than one category of substantiated maltreatment, an estimated 769 child investigations (3.79 investigations per 1,000 children). The most frequently identified combinations were neglect and emotional maltreatment (225 investigations), neglect and exposure to intimate partner violence (197 investigations), and physical abuse and emotional maltreatment (132 investigations).

## PHYSICAL HARM

The SIS-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 13% of cases of substantiated maltreatment (Table 4-3). In seven percent of cases (an estimated 231 substantiated investigations, or 1.14 investigations per 1,000 children) harm was noted but no treatment was required. In a further five percent of cases (an estimated 146 substantiated investigations, or 0.72

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

Primary Category of Maltreatment	#	Rate per 1,000 children	%
Physical Abuse	493	2.43	15%
Sexual Abuse	72	0.35	2%
Neglect	1,796	8.85	56%
Emotional Maltreatment	203	1.00	6%
Exposure to Intimate Partner Violence	669	3.30	21%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence of Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 720 substantiated child maltreatment related investigations in 2008 with information about the primary category of maltreatment

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

	#	Rate per 1,000 children	%
<b>Single Form of Substantiated Maltreatment</b>			
Physical Abuse Only	295	1.45	9%
Sexual Abuse Only	46	0.23	1%
Neglect Only	1,438	7.09	44%
Emotional Maltreatment Only	116	0.57	4%
Exposure to Intimate Partner Violence Only	569	2.80	18%
<b>Subtotal: Only One Form of Substantiated Maltreatment</b>	<b>2,464</b>	<b>12.15</b>	<b>76%</b>
<b>Multiple Categories of Substantiated Maltreatment</b>			
Physical Abuse and Sexual Abuse	-	-	0%
Physical Abuse and Neglect	-	-	0%
Physical Abuse and Emotional Maltreatment	132	0.65	4%
Physical Abuse and Exposure to Intimate Partner Violence	-	-	0%
Sexual Abuse and Neglect	-	-	0%
Sexual Abuse and Emotional Maltreatment	-	-	0%
Sexual Abuse and Exposure to Intimate Partner Violence	-	-	0%
Neglect and Emotional Maltreatment	225	1.11	7%
Neglect and Exposure to Intimate Partner Violence	197		6%
Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	0%
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 and Emotional Maltreatment	-	-	0%
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	-	-	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%
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	0%
<b>Subtotal: Multiple Categories</b>	<b>769</b>	<b>3.79</b>	<b>24%</b>
<b>Total Substantiated Maltreatment*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated investigations in 2008

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Column numbers may not add up to indicated total due to rounding

(-) Estimates of less than 100 weighted investigations are not shown

investigations per 1,000 children), harm was sufficiently severe to require treatment.

**Physical Abuse:** Physical harm was indicated in 45% of investigations where physical abuse was the primary substantiated maltreatment, an

estimated 223 child investigations. In 36% of cases a physical injury had been documented but was not severe enough to require treatment. Estimates for physical harm requiring medical treatment in substantiated physical abuse investigations were too low to

reliably report. The fact that no physical harm was noted in 55% 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.

**Sexual Abuse:** Estimates for physical harm in substantiated sexual abuse investigations were too low to reliably report.

**Neglect:** Physical harm was indicated in eight percent of investigations where neglect was the primary substantiated maltreatment. Estimates for physical harm by medical treatment in substantiated neglect investigations were too low to reliably report. No physical harm was noted in 92% of neglect investigations.

**Emotional Maltreatment:** Estimates for physical harm by medical treatment in substantiated emotional maltreatment investigations were too low to reliably report. No physical harm was noted in 85% of emotional maltreatment investigations.

**Exposure to Intimate Partner**

**Violence:** No substantiated investigations of exposure to intimate partner violence reported physical harm.

## 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. Includes cases where maltreatment was eventually unfounded.

Table 4-4 presents six types of physical harm (and no physical harm investigations) reported in the SIS-2008. Physical harm was documented in 13% of cases of substantiated maltreatment involving an estimated 406 children (2.00 investigations per 1,000 children). Physical harm primarily involved

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

Severity of 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	%
No Medical Treatment Required	179	0.88	36%	-	-	0%	-	-	0%	-	-	0%	-	-	0%	231	1.14	7%
Medical Treatment Required	-	-	0%	-	-	0%	-	-	0%	-	-	0%	-	-	0%	146	0.72	5%
Sub-total: Any Physical Harm Documented	223	1.10	45%	-	-	0%	149	0.73	8%	-	-	0%	-	-	0%	406	2.00	13%
No Physical Harm Documented	270	1.33	55%	-	-	0%	1,647	8.12	92%	173	0.85	85%	669	3.30	100%	2,827	13.93	87%
<b>Total Substantiated Investigations</b>	<b>493</b>	<b>2.43</b>	<b>100%</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>1,796</b>	<b>8.85</b>	<b>100%</b>	<b>203</b>	<b>1.00</b>	<b>100%</b>	<b>669</b>	<b>3.30</b>	<b>100%</b>	<b>3,233</b>	<b>15.94</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Based on a sample of 720 substantiated child maltreatment investigations in Saskatchewan 2008 with information about documented physical harm and primary category of substantiated maltreatment

(-) Estimates of less than 100 weighted investigations are not shown

bruises, cuts, and scrapes (seven percent) and other health conditions (four percent of substantiated maltreatment). Because the SIS-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. Estimates of the rate of child fatalities cannot be derived from the SIS-2008.

## 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. The information collected in the SIS-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 SIS-2008 underestimates the emotional effects of maltreatment. Table 4-5 presents whether or not emotional harm was identified during the child maltreatment investigation within each of the primary categories of maltreatment. 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 34% of all substantiated maltreatment investigations, involving an estimated 1,101 substantiated investigations. In 13% of substantiated cases (2.04

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

**Physical Abuse:** Emotional harm was noted in 46% of cases where physical abuse was the primary substantiated maltreatment; in more than half of those cases (28%), no treatment was required. Estimates for emotional harm requiring treatment in substantiated physical abuse investigations were too low to reliably report.

**Sexual Abuse:** Estimates for emotional harm by treatment in substantiated sexual abuse investigations were too low to reliably report. As noted above, the SIS-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 33% of investigations where neglect was the primary substantiated maltreatment; in 11% of cases harm was sufficiently severe to require treatment.

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

Nature of Physical Harm	Total		
	#	Rate per 1,000 children	%
No Physical Harm	2,826	13.93	87%
Bruises, Cuts and Scrapes	233	1.15	7%
Burns and Scalds	-	-	0%
Broken Bones	-	-	0%
Head Trauma	-	-	0%
Fatality	-	-	0%
Other Health Conditions	143	0.70	4%
At Least One Type of Physical Harm	406	2.00	13%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated investigations in 2008 with information on nature on physical harm

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(-) Estimates of less than 100 weighted investigations are not shown

**Emotional Maltreatment:** Emotional harm was identified in 63% of investigations where substantiated emotional maltreatment was the primary concern. Estimates for emotional harm by treatment in substantiated emotional maltreatment investigations were too low to reliably report.

**Exposure to Intimate Partner Violence:** Emotional harm was identified in 19% of investigations where exposure to intimate partner violence was the primary substantiated maltreatment. Estimates for emotional harm by treatment in substantiated emotional maltreatment investigations were too low to reliably report.

## DURATION OF MALTREATMENT

Workers were asked to describe the duration of maltreatment by classifying suspected or substantiated 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 SIS-2008 questionnaire, it was not possible to gather additional information on the frequency of maltreatment in order to distinguish between long-term situations with infrequent maltreatment and long-term situations with frequent maltreatment.

Table 4-6 shows that 42% of substantiated investigations (an estimated 1,351 child investigations, or 6.66 investigations per 1,000 children) involved single incidents of maltreatment and 58% involved multiple incidents of maltreatment (an estimated 1,873 child investigations, or 9.23 investigations per 1,000 children).

**Physical Abuse:** Maltreatment was indicated as a single incident in 58% of cases with physical abuse as the primary substantiated concern, and multiple incidents in 42% of physical abuse cases.

**Sexual Abuse:** Estimates for single and multiple incidents of maltreatment

in substantiated sexual abuse investigations were too low to reliably report.

**Neglect:** Maltreatment was indicated as a single incident of neglect in 43% of cases where neglect was the primary substantiated maltreatment, and multiple incidents in 57% of neglect cases.

**Emotional Maltreatment:** Maltreatment was reported as multiple incidents in 83% of sexual abuse investigations. Estimates for single incidents of maltreatment in substantiated emotional maltreatment investigations were too low to reliably report.

**Exposure to Intimate Partner Violence:** Maltreatment was indicated as a single incident of neglect in 27% of cases where neglect was the primary substantiated maltreatment, and multiple incidents in 73% of neglect cases.

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

	Primary Category of Substantiated Maltreatment																	
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment			Exposure to Intimate Partner Violence			Total		
Documented Emotional Harm	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
No treatment required	140	0.69	28%	-	-	0%	405	2.00	23%	-	-	0%	-	-	0%	688	3.39	21%
Treatment required	-	-	0%	-	-	0%	194	0.96	11%	-	-	0%	-	-	0%	413	2.04	13%
Sub-total: Any Emotional Harm Documented	228	1.12	46%	-	-	0%	599	2.95	33%	127	0.63	63%	126	0.62	19%	1,101	5.43	34%
No documented Emotional harm	265	1.31	54%	51	0.25	71%	1,197	5.90	67%	76	0.37	37%	542	2.67	81%	2,131	10.50	66%
<b>Total Substantiated Investigations</b>	<b>493</b>	<b>2.43</b>	<b>100%</b>	<b>72</b>	<b>0.35</b>	<b>100%</b>	<b>1,796</b>	<b>8.85</b>	<b>100%</b>	<b>203</b>	<b>1.00</b>	<b>100%</b>	<b>668</b>	<b>3.02</b>	<b>100%</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 720 substantiated child maltreatment investigations with information about whether or not there was emotional harm documented

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(-) Estimates of less than 100 weighted investigations are not shown

**TABLE 4-6: Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment in Saskatchewan 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	287	1.41	58%	-	-	0%	766	3.78	43%	-	-	0%	180	0.89	27%	1,351	6.66	42%
Multiple Incidents	206	1.02	42%	-	-	0%	1,025	5.05	57%	125	0.62	62%	485	2.39	73%	1,873	9.23	58%
<b>Total Substantiated Investigations</b>	<b>493</b>	<b>2.43</b>	<b>100%</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>1,791</b>	<b>8.83</b>	<b>100%</b>	<b>203</b>	<b>1.00</b>	<b>62%</b>	<b>665</b>	<b>3.28</b>	<b>100%</b>	<b>3,224</b>	<b>15.89</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Rows and columns may not add up to total because low frequency estimates are not reported but are included in total

Based on a sample of 720 substantiated child maltreatment investigations with information about duration of maltreatment and primary category of substantiated maltreatment

(-) Estimates of less than 100 weighted investigations are not shown



# Chapter 5

## CHARACTERISTICS OF CHILDREN AND FAMILIES

This chapter provides a description of cases of substantiated maltreatment<sup>1</sup> in terms of the characteristics of the children, their caregivers and their homes. The estimates presented in this chapter are weighted Saskatchewan estimates derived from child maltreatment investigations conducted in 2008 in a sample of Saskatchewan child welfare offices. 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 offices, (2) reported cases that were screened out by child welfare offices before being fully investigated, (3) new reports on cases already open by child welfare offices, (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).

### 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 (41.72 investigations per 1,000 children) and females (46.44 per 1,000 children). There was some variation by age and sex in incidence of investigated maltreatment with rates being highest for infants (73.11 investigations per 1,000 female infants and 77.41 per 1,000 infant males). Rates of maltreatment-related investigation were similar by sex for eight to 11 year olds (40.00 and 40.15 investigations per 1,000 children, for females and males respectively). Females were more often represented in the four to seven year old group and in the adolescent group (ages 12 to 15).

The incidence of substantiated maltreatment differed slightly between males (14.50 per 1,000 boys) and females (17.43 per 1,000 girls). However, there was some variation by age group and sex in the incidence of substantiated maltreatment. For males, incidence rates were highest for those aged less than one year (28.21), 11 years (21.41), and two years (20.02). For females, incidence rates were highest for those aged two years (30.06), six years (24.48), and four years (23.74). Rates of substantiated maltreatment were similar by sex for infants, while males were more often represented in the eight to 11 year old group, and females more often in the four to seven year old group and 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 *SIS-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.<sup>2</sup> The checklist only documents problems that are known to investigating child welfare workers and therefore may undercount the occurrence of some child functioning problems.<sup>3</sup>

Investigating workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating

2 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 SIS-2008.

3 Although child welfare workers assess the safety of children, they do not routinely conduct a detailed assessment of child functioning. Items on the checklist included only issues that workers happened to become aware of during their investigation. A more systematic assessment would therefore likely lead to the identification of more issues than noted by workers during the SIS-2008.

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

**TABLE 5-1: Child Age and Sex in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations, and in Substantiated Child Maltreatment Investigations in Saskatchewan in 2008**

		Child Population in Saskatchewan	All Investigations*			Substantiated Maltreatment**		
			#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
<b>0-15 Years</b>	<b>All Children</b>	<b>202,880</b>	<b>8,933</b>	<b>44.03</b>	<b>100%</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>
	Females	99,070	4,601	46.44	52%	1,727	17.43	53%
	Males	103,820	4,331	41.72	48%	1,505	14.50	47%
<b>0-3 Years</b>	<b>Females</b>	<b>22,455</b>	<b>1,328</b>	<b>59.14</b>	<b>15%</b>	<b>487</b>	<b>21.69</b>	<b>15%</b>
	<b>Males</b>	<b>23,455</b>	<b>1,401</b>	<b>59.73</b>	<b>16%</b>	<b>482</b>	<b>20.55</b>	<b>15%</b>
< 1 Year	Females	5,690	416	73.11	5%	118	20.74	4%
	Males	5,955	461	77.41	5%	168	28.21	5%
1 Year	Females	5,540	341	61.55	4%	103	18.59	3%
	Males	5,750	342	59.48	4%	110	19.13	3%
2 Years	Females	5,655	292	51.64	3%	170	30.06	5%
	Males	5,945	363	61.06	4%	119	20.02	4%
3 Years	Females	5,570	280	50.27	3%	97	17.41	3%
	Males	5,805	235	40.48	3%	85	14.64	3%
<b>4-7 Years</b>	<b>Females</b>	<b>23,315</b>	<b>1,249</b>	<b>53.57</b>	<b>14%</b>	<b>485</b>	<b>20.80</b>	<b>15%</b>
	<b>Males</b>	<b>24,295</b>	<b>1,017</b>	<b>41.86</b>	<b>11%</b>	<b>320</b>	<b>13.17</b>	<b>10%</b>
4 Years	Females	5,645	365	64.66	4%	134	23.74	4%
	Males	5,940	287	48.32	3%	85	14.31	3%
5 Years	Females	5,745	247	42.99	3%	70	12.18	2%
	Males	5,960	283	47.48	3%	106	17.79	3%
6 Years	Females	6,005	286	47.63	3%	147	24.48	5%
	Males	6,140	251	40.88	3%	79	12.87	2%
7 Years	Females	5,920	352	59.46	4%	134	22.64	4%
	Males	6,255	196	31.33	2%	50	7.99	2%
<b>8-11 Years</b>	<b>Females</b>	<b>25,275</b>	<b>1,011</b>	<b>40.00</b>	<b>11%</b>	<b>322</b>	<b>12.74</b>	<b>10%</b>
	<b>Males</b>	<b>26,400</b>	<b>1,060</b>	<b>40.15</b>	<b>12%</b>	<b>426</b>	<b>16.14</b>	<b>13%</b>
8 Years	Females	6,040	304	50.33	3%	55	9.11	2%
	Males	6,255	297	47.48	3%	87	13.91	3%
9 Years	Females	6,190	257	41.52	3%	97	15.67	3%
	Males	6,560	225	34.30	3%	101	15.40	3%
10 Years	Females	6,400	176	27.50	2%	73	11.41	2%
	Males	6,625	257	38.79	3%	89	13.43	3%
11 years	Females	6,645	274	41.23	3%	97	14.60	3%
	Males	6,960	281	40.37	3%	149	21.41	5%
<b>12-15 Years</b>	<b>Females</b>	<b>28,025</b>	<b>1,012</b>	<b>36.11</b>	<b>11%</b>	<b>433</b>	<b>15.45</b>	<b>13%</b>
	<b>Males</b>	<b>29,670</b>	<b>853</b>	<b>28.75</b>	<b>10%</b>	<b>277</b>	<b>9.34</b>	<b>9%</b>
12 Years	Females	6,720	229	34.08	3%	89	13.24	3%
	Males	7,095	354	49.89	4%	102	14.38	3%
13 Years	Females	6,880	238	34.59	3%	85	12.35	3%
	Males	7,280	154	21.15	2%	45	6.18	1%
14 Years	Females	7,080	326	46.05	4%	151	21.33	5%
	Males	7,445	192	25.79	2%	57	7.66	2%
15 Years	Females	7,345	219	29.82	2%	108	14.70	3%
	Males	7,850	153	19.49	2%	74	9.43	2%

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages. Individual cells may not add up to totals because low frequency estimates are not reported but are included in totals

\* Based on a sample of 1,811 child maltreatment investigations with information about child age and sex.

\*\* Based on a sample of 720 substantiated child maltreatment investigations with information about child age and sex.

Column numbers may not add up to indicated total due to rounding

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.<sup>4</sup> 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.

**Self-harming 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.

<sup>4</sup> 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 Saskatchewan in 2008**

Child Functioning Concern	#	Rate per 1,000 children	%
Depression/Anxiety/Withdrawal	542	2.67	17%
Suicidal Thoughts	140	0.69	4%
Self-Harming Behaviour	177	0.87	5%
ADD/ADHD	325	1.60	10%
Attachment Issues	538	2.65	17%
Aggression	526	2.59	16%
Running (Multiple Incidents)	269	1.33	8%
Inappropriate Sexual Behaviours	186	0.92	6%
Youth Criminal Justice Act Involvement	99	0.49	3%
Intellectual/Developmental Disability	462	2.28	14%
Failure to Meet Developmental Milestones	338	1.67	10%
Academic Difficulties	662	3.26	20%
FAS/FAE	289	1.42	9%
Positive Toxicology at Birth	-	-	0%
Physical Disability	-	-	0%
Alcohol Abuse	153	0.75	5%
Drug/Solvent Abuse	250	1.23	8%
Other Functioning Concern	-	-	0%
At Least One Child Functioning Concern	1,445	7.12	45%
No Child Functioning Concern	1,788	8.81	55%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated child maltreatment investigations with information about child functioning

Columns may not add up to total because low frequency estimates are not reported but are included in totals, and investigating workers could identify more than once child functioning concern

Table 5-2 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 45% of substantiated child maltreatment investigations (an estimated 1,445 investigations, 7.12 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 categories were depression/anxiety/withdrawal and attachment issues (both 17% of substantiated maltreatment investigations). Sixteen percent of substantiated maltreatment investigations involved

children with aggression, and 14% of substantiated maltreatment investigations involved intellectual/developmental disability. Ten per cent of substantiated maltreatment investigations indicated ADD/ADHD, and another 10% indicated a failure to meet developmental milestones. 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 SIS-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.<sup>5</sup> Table 5-3 shows that the rate of substantiated child maltreatment investigations was more than 5 times higher in Aboriginal child investigations than non-Aboriginal

5 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 Saskatchewan in 2008**

Aboriginal Heritage	#	Rate per 1,000 children	%
First Nation, Status	1,703	NA	53%
First Nation, Non-Status	174	NA	6%
Métis	212	NA	7%
Inuit	–	NA	0%
Other Aboriginal	–	NA	0%
Sub-total: All Aboriginal	2,123	39.45	66%
Non-Aboriginal	1,112	7.47	34%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages.

\*Based on a sample of 720 substantiated child maltreatment investigations with information about the child's Aboriginal heritage

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(–) Estimates of less than 100 weighted investigations are not shown

child investigations (39.45 per 1,000 Aboriginal children versus 7.47 per 1,000 non-Aboriginal children).

Sixty-six percent of substantiated investigations involved children of Aboriginal heritage (Table 5-3). Fifty-three percent of substantiated maltreatment investigations involved children with First Nations status, six percent involved First Nations Non-Status children, and seven percent were Métis children. Estimates for Inuit and other Aboriginal heritage were too low to reliably report.

## PRIMARY CAREGIVER AGE AND SEX

For each investigated child, the investigating worker was asked to indicate the identity of 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 93% of substantiated investigations the persons considered

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

Age of Primary Caregiver	Sex of Primary Caregiver	#	Rate per 1,000 children	%
<16	Females	–	–	0%
	Males	–	–	0%
16–18	Females	–	–	0%
	Males	–	–	0%
19–21	Females	250	1.23	8%
	Males	–	–	0%
22–30	Females	934	4.60	29%
	Males	–	–	0%
31–40	Females	1261	6.22	39%
	Males	128	0.63	4%
41–50	Females	343	1.69	11%
	Males	–	–	0%
51–60	Females	112	0.55	3%
	Males	–	–	0%
>60	Females	–	–	0%
	Males	–	–	0%
Total	Females	2,995	14.76	93%
	Males	238	1.17	7%
<b>Total Substantiated Investigations*</b>		<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated child maltreatment investigations with information about primary caregiver age and sex

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Column numbers may not add up to indicated total due to rounding

(–) Estimates of less than 100 weighted investigations are not shown

to be the primary caregiver were female. Nearly half (43%) of substantiated investigations involved caregivers between the ages of 31 and 40. Caregivers who were under 22 were relatively rare (eight percent), as were caregivers over 50 (three percent). Estimates for caregivers under age 19 and over age 60 were too low to reliably report.

## PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD

The SIS-2008 gathered information on up to two of the child's parents or caregivers living in the home.<sup>6</sup> 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 only the primary caregiver's relationship to the child in substantiated maltreatment investigations in Saskatchewan in 2008. Ninety-one percent of substantiated investigations involved children whose primary caregiver was a biological parent, and five percent lived with a primary caregiver who was a grandparent. Estimates for other types of caregiver relationships were too low to reliably report.

<sup>6</sup> The two-caregiver limit was required to accommodate the form length restrictions set for the *Household Information Sheet*.

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

Primary Caregiver's Relationship to the Child	#	Rate per 1,000 children	%
Biological Mother	2,729	13.45	84%
Biological Father	216	1.06	7%
Parent's Partner	-	-	0%
Foster Parent	-	-	0%
Adoptive Parent	-	-	0%
Grandparent	174	0.86	5%
Other Relative	-	-	0%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated child maltreatment investigations with information about primary caregiver's relationship to the child

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(-) Estimates of less than 100 weighted investigations are not shown

## 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.<sup>7</sup> The checklist is not a validated measurement instrument. The checklist only documents problems that are known to investigating child welfare workers.

The checklist included:

<sup>7</sup> 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.

**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 91% of substantiated maltreatment investigations (an estimated 2,928 child investigations). The most frequently noted concerns were few social supports (55%), alcohol abuse (48%), victim of domestic violence (46%), drug or solvent abuse (31%), and mental health issues (24%).

## 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 5-6: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Saskatchewan in 2008**

Caregiver Risk Factors	#	Rate per 1,000 children	%
Alcohol Abuse	1,566	7.72	48%
Drug/Solvent Abuse	1,012	4.99	31%
Cognitive Impairment	376	1.85	12%
Mental Health Issues	789	3.89	24%
Physical Health Issues	288	1.42	9%
Few Social Supports	1,775	8.75	55%
Victim of domestic violence	1,479	7.29	46%
Perpetrator of Domestic Violence	460	2.27	14%
History of Foster Care/Group Home	556	2.74	17%
At Least One Primary Caregiver Risk Factor	2,928	14.43	91%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated child maltreatment investigations with information about household source of income

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

Household Source of Income	#	Rate per 1,000 children	%
Full-Time Employment	1,022	5.04	32%
Part-Time/Multiple Jobs/Seasonal Employment	315	1.55	10%
Benefits/EI/Social Assistance	1,575	7.76	49%
Unknown	303	1.49	9%
None	-	-	0%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated child maltreatment investigations with information about household source of income

Table 5-7 collapsed income sources into full time employment, part time employment (which include 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 SIS-2008. Forty-nine percent of investigations (or 1,575 investigations) involved children in families who received benefits/EI/ social assistance as their primary source of income. Thirty-two percent (or 1,022 substantiated investigations) involved children whose families derived their primary income from full-time employment. Ten percent of families relied on part-time work, multiple jobs or seasonal employment. In nine per cent of substantiated investigations the source of income was unknown by the workers.

## HOUSING TYPE

Table 5-8 presents housing type for substantiated 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, 59% of all substantiated investigations involved children living in rental accommodations (55% private rentals

and four percent in public housing), 15% involved children living in purchased homes, and 15% lived in Band housing. In eight percent of substantiated investigations, workers did not have enough information to describe the housing type. Estimates for shelters/hotels or other housing types were too low to reliably report. According to the 2006 Census, 78% of households owned their home, and 22% rented their home.<sup>8</sup>

## 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 one third of substantiated investigations involved families that had not moved in the previous 12 months (31% or 5.01 investigations per 1,000 children), whereas 18% had moved once (2.44 investigations per 1,000 children) and 13% had moved two or more times (2.07 investigations per 1,000 children). In 40% of substantiated investigations, whether the family had recently moved was unknown to the workers.

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

Housing Type	#	Rate per 1,000 children	%
Own Home	480	2.37	15%
Rental Accomodation	1,763	8.69	55%
Public Housing	142	0.70	4%
Band housing	500	2.46	15%
Shelter/Hotel	-	-	0%
Other	-	-	0%
Unknown	251	1.24	8%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated child maltreatment investigations with information about housing type

Column numbers may not add up to indicated total due to rounding

(-) Estimates of less than 100 weighted investigations are not shown

**TABLE 5-9: Family Moves Within the Last 12 Months in Substantiated Child Maltreatment Investigations in Saskatchewan in 2008**

Frequency of Family Moves	#	Rate per 1,000 children	%
No Moves in Last 12 Months	1,017	5.01	31%
One Move	496	2.44	18%
Two or More Moves	420	2.07	13%
Unknown	1,300	6.41	40%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

\* Based on a sample of 720 substantiated child maltreatment investigations with information about family moves

## EXPOSURE TO HAZARDS IN THE HOME

Home health hazards were noted in 13% of substantiated investigations (an estimated 415 substantiated investigations); home injury hazards were noted in 10% of substantiated maltreatment investigations. Accessible drugs or drug paraphernalia were noted in six percent of substantiated investigations. The presence of at least one household hazard was noted in 11% of substantiated investigations.

<sup>8</sup> Household type, structural type of dwelling and housing tenure, 2006 Census. Minister of Industry, 2008. 97-554-xcb2006028

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

Housing Conditions	#	Rate per 1,000 children	%
Accessible Weapons	–	–	0%
Accessible Drugs or Drug Paraphernalia	199	0.98	6%
Drug Production/Trafficking in Home	–	–	0%
Chemicals or Solvents Used in Production	–	–	0%
Other Home Injury Hazards	330	1.63	10%
Other Home Health Hazards	415	2.05	13%
<b>Total Substantiated Investigations*</b>	<b>3,232</b>	<b>15.93</b>	<b>100%</b>

Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008

\* Based on a sample of 720 substantiated child maltreatment investigations with information about housing conditions

Columns may not add up to total because low frequency estimates are not reported but are included in totals and because investigating workers could identify more than one hazard in the home

(–) Estimates of less than 100 weighted investigations are not shown

## FUTURE DIRECTIONS

The SIS 2008 and CIS 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigation across Saskatchewan over the last decade. 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 SIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.



# Appendix A

## SIS-2008 SITE RESEARCHERS

SIS-2008 Site Researchers provided training and data collection support at the 22 SIS offices. 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 SIS-2008.

### **Jill Holroyd**

(SIS-2008 Data Collection & Training)  
Policy Analyst, Strategic Policy Branch  
Saskatchewan Ministry of Social Services

### **David Rosenbluth** (Co-Investigator)

Manager of Research and Evaluation,  
Strategic Policy Branch  
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### **Rick Enns** (Co-Investigator)

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### **Jordan Gail** (Research Associate)

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### **Carolyn Zelt** (Research Associate)

Faculty of Social Work  
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### **Shelley Thomas Prokop**

(Research Associate)  
First Nations Family and Community  
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### **Janet Farnell** (SIS-2008 Training)

Policy Analyst, Strategic Policy Branch  
Saskatchewan Ministry of Social Services

### **Richard Feehan** (Co-Investigator)

Faculty of Social Work  
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### **Olivia Kitt** (Research Associate)

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### **Bruce MacLaurin**

(Principal Investigator)  
Faculty of Social Work  
University of Calgary

## DATA ENTRY

Data entry of the SIS-2008 Face Sheet was completed by Christine DuRoss and Melissa Van Wert in Toronto. Scanning for the SIS-2008 was completed by Adina Herbert in Toronto and Abu Sayem in Montreal. Data cleaning for the SIS-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, School of Social Work, McGill University.

## ELECTRONIC FORMATTING

This document was formatted by Leah Gryfe.



# Appendix B

## FIRST NATIONS CIS/SIS 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

**Cindy Blackstock**

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

**Elsie Flette**

Southern First Nations  
Network of Care  
Winnipeg, Manitoba

**Joan Glode (chair)**

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

**Richard Gray**

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

**Shawn Hoey**

Caring for First Nations Children  
Society  
Victoria, British Columbia

**Betty Kennedy**

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

**Judy Levi**

North Shore MicMac District Council  
Eel Ground, New Brunswick

**Linda Lucas**

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**H. Monty Montgomery**

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**Stephanie O'Brien**

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Ottawa, Ontario

**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 Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008) report.

**Aboriginal Peoples:**<sup>1</sup> 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.

**AIS:** *Alberta Incidence Study of Reported Child Abuse and Neglect.*

**Age group:** The age range of children included in the AIS-2008 sample. Unless otherwise specified, all data are presented for children between newborn and 17 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.

**Case Openings:** Cases that appear

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

on office 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:** The AIS-2008 defined child as age newborn to 17 years inclusive.

**Child Maltreatment Related Investigations:** Case openings that meet the AIS-2008 criteria for investigated maltreatment (Figure 1-1).

**Child Welfare Offices:** The primary sampling unit for the AIS-2008 is the local child welfare office responsible for conducting child maltreatment related investigations. In Alberta they are local offices for the provincial child protection authority. A total of 77 child welfare offices were identified across Alberta for the AIS-2008/CIS-2008, of which 14 were selected for the final sample.

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

**Definitional Framework:** The AIS-2008 provides an estimate of the number of cases (age under 18) of alleged child maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence) reported to and investigated by Alberta child

welfare offices 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:**<sup>2</sup> 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.

**First Nations Status:**<sup>3</sup> A person who is registered as First Nations under the *Indian Act*. The act sets out the

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

3 Ibid.

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 AIS-2008 Categories of Maltreatment. The AIS-2008 captured 32 forms of maltreatment.

**Inuit:**<sup>4</sup> 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 AIS-2008 does not document unreported cases. *Investigated* cases are subject to various screening practices, which vary across offices. The AIS-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 AIS-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:**<sup>5</sup> 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 AIS-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.).

**Oversampling:** Provinces could elect to oversample. Certain provinces, such as Alberta, provided additional funding for a representative number of offices 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 Alberta were oversampled to ensure that enough data were collected to provide provincial estimates.

**Primary Sampling Unit:** See

definition of Child Welfare Office. 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 AIS-2008, the initial stage of sampling occurred by randomly selecting child welfare offices.

**Regionalization Weight:** Based on the child population, regionalization weights were determined by dividing the child population (age 0-17) in the strata by the child population (age 0-17) 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 AIS 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.

**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 offices were

4 Ibid.

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

grouped in strata from which CIS/AIS offices were sampled. In Alberta, they were further stratified by size and by region. In addition, separate strata were developed for First Nations Offices.

**Unit of Analysis:** The denominator used in calculating maltreatment rates. In the case of the AIS-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/SIS-2008 MALTREATMENT ASSESSMENT FORM**

The SIS-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"/>	<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

Please describe household composition at time of referral:

CIS OFFICE USE ONLY

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<b>Primary Caregiver :</b> _____ <b>A8. Primary income</b> <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		<b>Second Caregiver in the home :</b> _____ <input type="radio"/> No other caregiver in the home <b>B8. Primary income</b> <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																																																																																																					
<b>A9. Ethno-racial</b> <input type="radio"/> White <input type="radio"/> Black (e.g., African, Haitian, Jamaican) <input type="radio"/> Latin American <input type="radio"/> Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan) <input type="radio"/> Aboriginal <input type="radio"/> South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan) <input type="radio"/> Chinese <input type="radio"/> Southeast Asian other than Chinese (e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese) <input type="radio"/> Other: _____		<b>B9. Ethno-racial</b> <input type="radio"/> White <input type="radio"/> Black (e.g., African, Haitian, Jamaican) <input type="radio"/> Latin American <input type="radio"/> Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan) <input type="radio"/> Aboriginal <input type="radio"/> South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan) <input type="radio"/> Chinese <input type="radio"/> Southeast Asian other than Chinese (e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese) <input type="radio"/> Other: _____																																																																																																					
<b>A10a) If Aboriginal</b> <input type="radio"/> On reserve <input type="radio"/> Off reserve <b>b)</b> <input type="radio"/> First Nations status <input type="radio"/> First Nations non-status <input type="radio"/> Métis <input type="radio"/> Inuit <input type="radio"/> Other: _____ <b>c) Caregiver attended residential school</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>d) Caregiver's parent attended residential school</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>B10a) If Aboriginal</b> <input type="radio"/> On reserve <input type="radio"/> Off reserve <b>b)</b> <input type="radio"/> First Nations status <input type="radio"/> First Nations non-status <input type="radio"/> Métis <input type="radio"/> Inuit <input type="radio"/> Other: _____ <b>c) Caregiver attended residential school</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>d) Caregiver's parent attended residential school</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown																																																																																																					
<b>A11. Primary language</b> <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other: _____		<b>B11. Primary language</b> <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other: _____																																																																																																					
<b>A12. Contact with caregiver in response to investigation</b> <input type="radio"/> Co-operative <input type="radio"/> Not co-operative <input type="radio"/> Not contacted		<b>B12. Contact with caregiver in response to investigation</b> <input type="radio"/> Co-operative <input type="radio"/> Not co-operative <input type="radio"/> Not contacted																																																																																																					
<b>A13. Caregiver risk factors</b> <table border="1"> <thead> <tr> <th></th> <th>Confirmed</th> <th>Suspected</th> <th>No</th> <th>Unknown</th> </tr> </thead> <tbody> <tr><td>Alcohol abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Drug/solvent abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Cognitive impairment</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Mental health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Physical health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Few social supports</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Victim of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Perpetrator of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>History of foster care/group home</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table>			Confirmed	Suspected	No	Unknown	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<b>B13. 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<b>14. Other adults in the home (fill in all that apply)</b> <input type="radio"/> None <input type="radio"/> Grandparent <input type="radio"/> Children >19 <input type="radio"/> Other: _____		<b>20. Housing safety</b> <b>a) Accessible weapons</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>b) Accessible drugs or drug paraphernalia</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>c) Drug production or trafficking in the home</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>d) Chemicals or solvents used in production</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>e) Other home injury hazards</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>f) Other home health hazards</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>23. Case will stay open for on-going child welfare services</b> <input type="radio"/> Yes <input type="radio"/> No <b>a) If yes, is case streamed to differential or alternative response</b> <input type="radio"/> Yes <input type="radio"/> No																																																																																																			
<b>15. Caregiver(s) outside the home (fill in all that apply)</b> <input type="radio"/> None <input type="radio"/> Father <input type="radio"/> Mother <input type="radio"/> Grandparent <input type="radio"/> Other: _____		<b>21. Household regularly runs out of money for basic necessities</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>22. Case previously opened</b> <input type="radio"/> Never <input type="radio"/> 1 time <input type="radio"/> 2-3 times <input type="radio"/> >3 times <input type="radio"/> Unknown <b>a) If case was opened before, how long since previous opening</b> <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		<b>24. Referral(s) for any family member (fill in all that apply)</b> <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: _____																																																																																																			
<b>16. Child custody dispute</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>17. Housing</b> <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: _____		<b>18. Home overcrowded</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown																																																																																																			
<b>19. Number of moves in past year</b> <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more <input type="radio"/> Unknown		<b>20. Housing safety</b> <b>a) Accessible weapons</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>b) Accessible drugs or drug paraphernalia</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>c) Drug production or trafficking in the home</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>d) Chemicals or solvents used in production</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>e) Other home injury hazards</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <b>f) Other home health hazards</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		<b>23. Case will stay open for on-going child welfare services</b> <input type="radio"/> Yes <input type="radio"/> No <b>a) If yes, is case streamed to differential or alternative response</b> <input type="radio"/> Yes <input type="radio"/> No																																																																																																			

38112



**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 - Shako, 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 only one category)

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 }  
 Suspected }  
 Unfounded }

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

1st  2nd  3rd

Yes  
 No  
 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

CIS OFFICE USE ONLY

CIS OFFICE USE ONLY

CIS OFFICE USE ONLY

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# Appendix E

## CIS-2008/SIS-2008 GUIDEBOOK

The following is the SIS-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.<sup>1</sup> One hundred and eighteen child welfare agencies/offices across Canada were randomly selected

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<sup>1</sup> 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

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

#### QUESTION 11: PRIMARY LANGUAGE

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

#### QUESTION 12: CONTACT WITH CAREGIVER IN RESPONSE TO INVESTIGATION

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

#### QUESTION 13: CAREGIVER RISK FACTORS

These questions pertain to the primary caregiver and/or the other caregiver, and are to be rated as “Confirmed,” “Suspected,” “No,” or “Unknown.” Fill in “Confirmed” if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the caregiver. Use the “Suspected” category if your suspicions are sufficient to include in a written assessment of the household or a transfer summary to a colleague. Fill in “No” if you do not believe there is a problem and “Unknown” if you are unsure or have not attempted to determine if there was such a caregiver functioning 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/SIS-2008 CASE VIGNETTES

The following is the case vignette used during training sessions on how to complete the SIS-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

<b>Children:</b>	<b>Date of Birth:</b>
Sarah	May 05, 2003
Jason	February 02, 2008

**Case Record:** Investigation in 2006, lack of supervision of 3-year-old Sarah.

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### 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**