

# BRITISH COLUMBIA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (BCIS-2008)

## MAJOR FINDINGS



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**Bruce MacLaurin**

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# Dedication

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

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# Executive Summary

The British Columbia Incidence Study of Reported Child Abuse and Neglect-2008 (BCIS-2008) is the second province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by British Columbia child welfare offices. The BCIS-2008 tracked 1,543 child maltreatment investigations conducted in a representative sample of 17 Child Welfare Service offices across British Columbia in the fall of 2008.

Changes have occurred in investigation mandates and practices in British Columbia over the last ten years and this has had an impact upon the types of cases that fall within the scope of the BCIS-2008. In particular, child welfare authorities are receiving reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred. Because the BCIS is 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 BCIS-2008 was redesigned to separately track both types of investigations; however the previous cycle of the BCIS did not distinguish between investigations of risk and investigations of maltreatment, thus posing challenges in comparisons between cycles. For the purpose of

the present report, comparisons of the BCIS-2008 with the BCIS-1998 are limited to comparisons of rates of *all* investigations including risk-only cases. In contrast, risk-only cases are not included in the BCIS-2008 estimates of rates and characteristics of *substantiated* maltreatment.

Child welfare workers completed a three-page standardized data collection form. Weighted provincial annual estimates were derived based on these investigations. The following considerations should be noted in interpreting BCIS-2008 statistics:

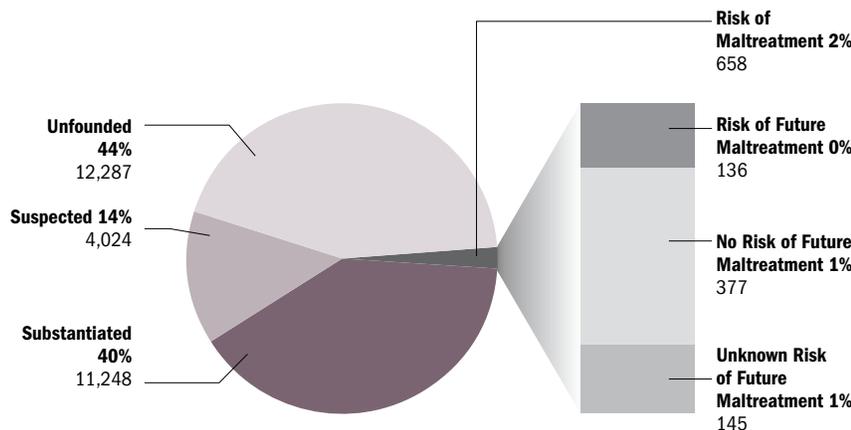
- the unit of analysis is the child maltreatment related investigation;
- the study is limited to reports investigated by child welfare offices and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported;
- the study is based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

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

## INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

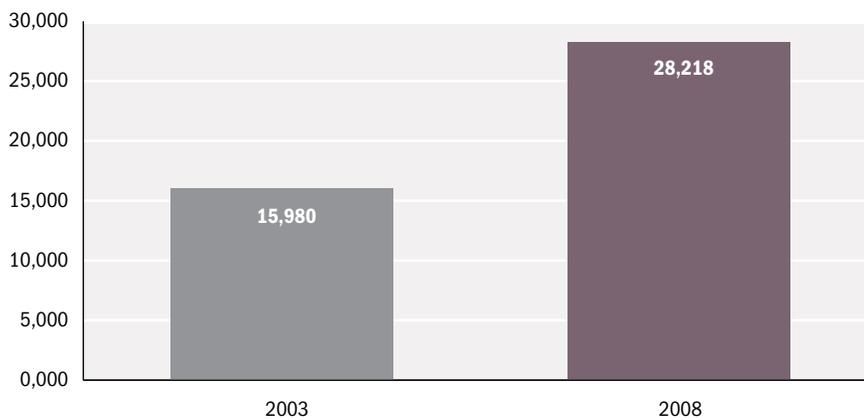
As shown in Figure 1, of the 28,218 child maltreatment investigations conducted in British Columbia in 2008, 98% of investigations focused on a concern of abuse or neglect (an estimated 27,560 child maltreatment investigations or 30.63 investigations per 1,000 children) and two percent of investigations were concerns about risk of future maltreatment (an estimated 658 investigations or 0.73 investigations per 1,000 children). Forty percent of these investigations were substantiated, an estimated 11,248 child investigations or 12.50 investigations per 1,000 children. In a further 14% of investigations (an estimated 4,024 child investigations, or 4.47 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. Forty-four percent of investigations (an estimated 12,287 child investigations, or 13.65 investigations per 1,000 children) were unfounded. In less than one percent of investigations, the investigating worker concluded there was a risk of future maltreatment (0.15 per 1,000 children, an estimated 136 child investigations). In one percent of investigations no risk of future maltreatment was indicated (an estimated 377 investigations, or 0.42 investigations per 1,000 children). In one percent of investigations workers could not determine if the child was at risk of future maltreatment.

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



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008.  
Total estimated number of investigations is 28,218 based on a sample of 1,541 investigations

**FIGURE 2: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 1998 and 2008**



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 28,218, based on a sample of 1,543 investigations.

## 1998–2008 COMPARISON

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

Changes in practice with respect to investigations of risk of future maltreatment pose a particular

challenge since these cases were not specifically identified in the 1998 cycle of the study. Because of these changes, the findings presented in this report are not directly comparable to findings presented in the BCIS-1998<sup>2</sup> report, which may include some cases of risk of future maltreatment in addition to maltreatment incidents. Because risk only cases were not tracked separately

<sup>2</sup> Sullivan, R., Stephenson, M., Annis, R., Trocmé, N., Douglas, J., Fallon, B., Groden, D., MacLaurin, B. & Wachtel, A., (ND), Where does it hurt?: The British Columbia incidence study of child maltreatment, Unpublished Draft Report Submitted to the Ministry for Children and Families, Government of British Columbia.

in the 1998 cycle of the BCIS, comparisons that go beyond a count of investigations are beyond the scope of this report. In addition, the BCIS-1998 report only reported on children 0–15 years of age to provide a comparison to CIS-1998 findings.

As shown in Figure 2 an estimated 15,980 investigations were conducted in British Columbia in 1998, a rate of 18.09 investigations per 1,000 children. There was a significant increase in the number of investigations between 1998 and 2008. In 2008, an estimated 28,218 maltreatment related investigations were conducted across British Columbia, representing a rate of 31.36 investigations per 1,000 children. This closely parallels the increase noted for the rest of Canada for this time period.

## PLACEMENT

The BCIS-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 2008, there were no placements in 88% of the investigations (an estimated 24,930 investigations). Twelve percent of investigations resulted in a change of residence for the child (3,522 investigations). Seven percent of children moved to an informal placement with a relative and five percent were placed in foster care or kinship care. Estimates for group home/residential secure treatment placements were too low to reliably report.

The incidence rate of informal placements increased from 1.08 in 1998 to 2.08 in 2008, while formal placements in foster care rose from 1.09 to 1.53 per 1,000 child investigations. Both increases were statistically non-significant. The

incidence of group home and residential placements decreased between 1998 and 2008 however estimates were too low to reliably report.

## ONGOING SERVICES

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Workers completed this question on the basis of the information available at the time or upon completion of the intake investigation.

Twenty-two percent of investigations in 2008 (an estimated 6,172 investigations) were identified as remaining open for ongoing services while 78% of investigations (an estimated 22,042 investigations) were closed. There was a statistically non-significant increase in the incidence of ongoing service provision between 1998 (5.38 investigations per 1,000 children) and 2008 (6.86 per 1,000 children). In contrast, there was a statistically significant increase in cases closed, documented from 12.64 per 1,000 children in 1998 to 24.49 per 1,000 children in 2008.

## KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN BRITISH COLUMBIA IN 2008

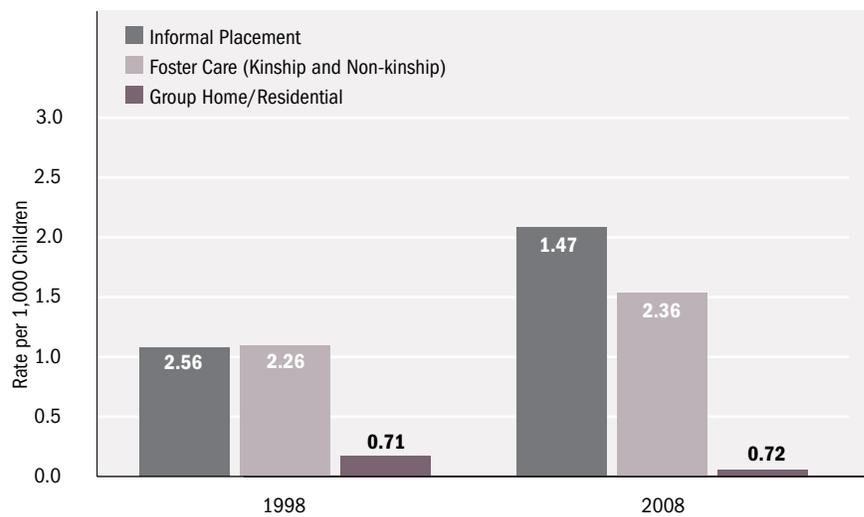
### Categories of Maltreatment

Figure 5 presents the incidence of substantiated maltreatment in British Columbia, broken down by primary category of maltreatment. There were an estimated 11,248 substantiated child maltreatment investigations in British

Columbia in 2008 (12.50 investigations per 1,000 children). The most frequent categories of substantiated maltreatment were exposure to intimate partner violence, neglect, and physical abuse. Thirty-two percent of all substantiated investigations identified exposure to intimate partner violence as the primary category of maltreatment (an estimated 3,633 cases or 4.04

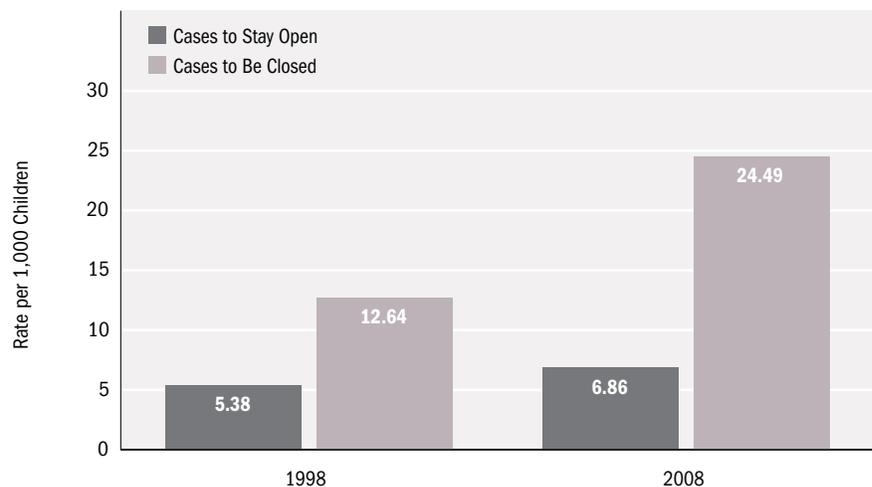
investigations per 1,000 children). Neglect and physical abuse were each identified as the overriding concerns in 29% of substantiated investigations – an estimated 3,242 investigations or 3.60 investigations per 1,000 children for cases of neglect, and 3,309 investigations or 3.68 investigations per 1,000 children for cases of physical abuse. Emotional maltreatment was

**FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 1998 and 2008**



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 28,218, based on a sample of 1,543 investigations.

**FIGURE 4: Provision of Ongoing Services Following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in British Columbia in 1998 and 2008**

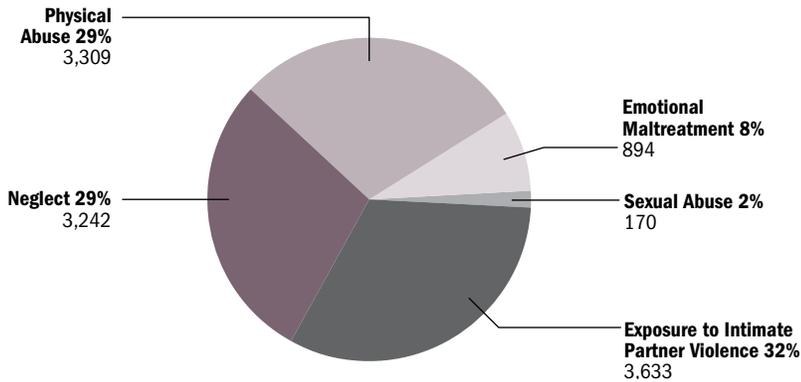


British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 28,218, based on a sample of 1,542 investigations.

identified as the primary category of maltreatment in eight percent of substantiated investigations (an estimated 894 investigations or 0.99 investigations per 1,000 children) and sexual abuse was identified as the

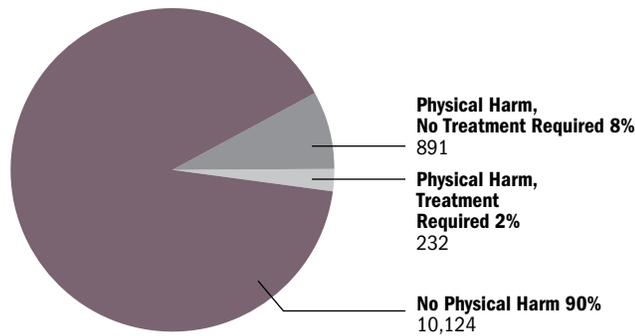
primary maltreatment category in two percent of substantiated investigations (an estimated 170 investigations or 0.19 investigations per 1,000 children).

**FIGURE 5: Primary Category of Substantiated Maltreatment in British Columbia in 2008**



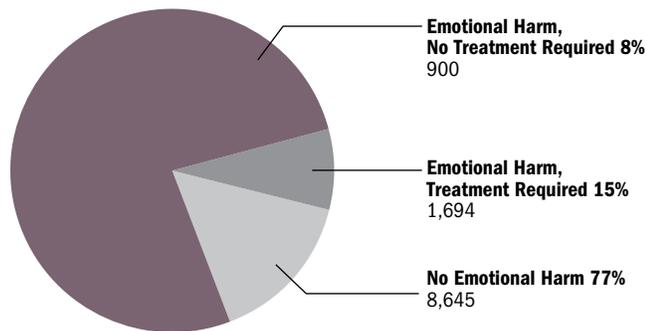
British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 11,248, based on a sample of 665 investigations.

**FIGURE 6: Documented Physical Harm in Substantiated Maltreatment Investigations in British Columbia 2008**



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 11,247, based on a sample of 660 investigations.

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



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 11,248, based on a sample of 664 investigations.

### Physical and Emotional Harm

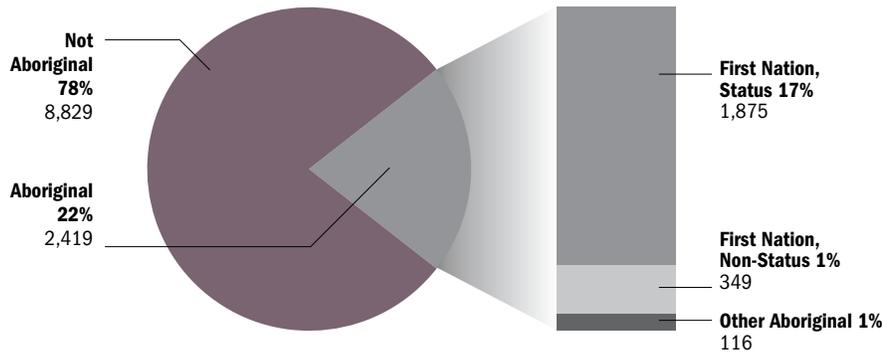
The BCIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two measures: one describing the nature of harm and one describing severity of harm as measured by the need for medical treatment.

Physical harm was identified in 10% of cases of substantiated maltreatment (an estimated 1,123 substantiated investigations or 1.25 investigations per 1,000 children) (Figure 6). In eight percent of substantiated investigations (an estimated 891 investigations or 0.99 investigations per 1,000 children), harm was noted but no treatment was required. In a further two percent of substantiated investigations (an estimated 232 substantiated investigations or 0.26 investigations per 1,000 children), harm was sufficiently severe to require treatment. In 90% of all substantiated cases, no physical harm was noted (11.25 investigations per 1,000 children).

Figure 7 presents documented emotional harm identified during the child maltreatment investigations. Emotional harm was noted in 23% of all substantiated maltreatment investigations, involving an estimated 2,594 substantiated investigations (2.88 investigations per 1,000 children). In 15% of substantiated cases (an estimated 1,694 investigations or 1.88 investigations per 1,000 children) symptoms were severe enough 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

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



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
Total estimated number of investigations is 11,248, based on a sample of 665 investigations.

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.

### Children's Aboriginal Heritage

Aboriginal heritage was documented by the BCIS-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. Twenty-two percent of substantiated cases (an estimated 2,419 investigations) involved children of Aboriginal heritage (Figure 8).

Seventeen percent of substantiated maltreatment investigations involved children with First Nations status, three percent of substantiated investigations involved First Nation Non-Status children, and one percent of investigated children in substantiated child maltreatment

investigations were classified as "other" Aboriginal. Estimates for Métis or Inuit heritage in substantiated child maltreatment investigations 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.

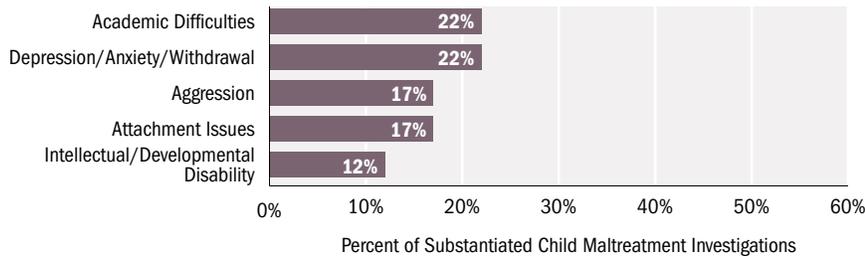
Figure 9 reflects the types of problems associated with physical, emotional and/or cognitive health, or with

behaviour-specific concerns. In 46% of substantiated child maltreatment investigations (an estimated 5,172 investigations, 5.75 investigations per 1,000 children) at least one child functioning issue was indicated by the investigating worker. Academic difficulties and depression/anxiety/withdrawal were the most frequently reported functioning concerns (22% each of substantiated maltreatment investigations). The second most common concerns were aggression (17% of substantiated maltreatment investigations) and attachment issues (another 17% of substantiated maltreatment investigations). Twelve percent of substantiated maltreatment investigations involved children with intellectual/developmental disabilities. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may become evident after that time.

### PRIMARY CAREGIVER RISK FACTORS

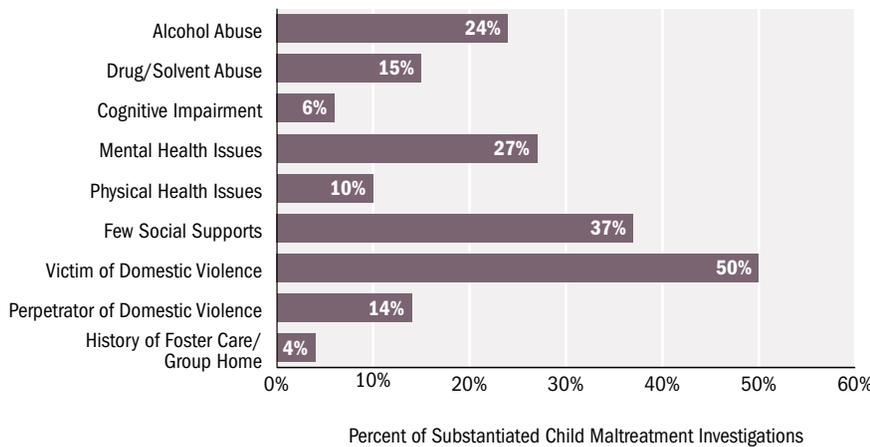
For each investigated child, the investigating worker was asked to indicate risk factors associated with the primary caregiver. In 72% of substantiated child maltreatment investigations (an estimated 8,102 investigations or 9.00 investigations per 1,000 children) at least one primary caregiver risk factor was indicated. A number of potential caregiver stressors were tracked by the BCIS-2008; participating child welfare workers completed a simple checklist of potential stressors that they had noted during the investigation. The most frequently noted concerns for primary caregivers were: being a victim of domestic violence (50%), few social supports (37%), mental health issues (27%), and alcohol abuse (24%) (Figure 10).

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



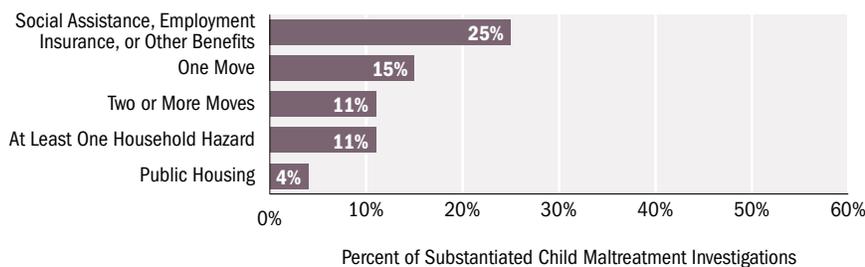
British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
 Total estimated number of investigations is 11,248, based on a sample of 665 investigations.

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



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
 Total estimated number of investigations is 11,248, based on a sample of 665 investigations.

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



British Columbia Incidence Study of Reported Child Abuse and Neglect 2008  
 Total estimated number of investigations is 11,248, based on a sample of 665 investigations.

## Household Risk Factors

The BCIS-2008 tracked a number of household risk factors including social assistance, two or more moves in 12 months, and household hazards. Household hazards included access to drugs or drug paraphernalia, unhealthy or unsafe living conditions and accessible weapons. Eleven per cent of households experienced at least one household hazard (see Chapter 5 for a full description of household hazards). Twenty-five per cent of households depended on social assistance or other benefits as their source of income. Fifteen per cent of substantiated investigations involved families that had moved once in the previous year while 11% had moved two or more times. Four per cent of substantiated investigations involved families living in public housing (Figure 11).

## FUTURE DIRECTIONS

The BCIS-1998 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigation across British Columbia over the last decade. The expanded 2008 sample also provides the possibility to start examining investigations and services provided in Aboriginal run agencies. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the BCIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.

# Chapter 1

## INTRODUCTION

The following report presents the major findings from the 2008 British Columbia Incidence Study of Reported Child Abuse and Neglect (BCIS-2008). The BCIS-2008 is the second 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 British Columbia. The estimates presented in this report are primarily based on information collected from child welfare investigators on a representative sample of 1,543 child welfare investigations conducted across British Columbia in 2008.

### BACKGROUND

Responsibility for protecting and supporting children at risk of maltreatment falls under the jurisdiction of the Government of British Columbia, specifically the Ministry of Children and Family Development. This work is mandated by the Children, Family and Community Services Act. Child protection services across the province are provided through ministry offices in 5 regions, in addition to delegated First Nations agencies. Because of challenges in reporting consistent service statistics, the (BCIS-2008) is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions. Additionally, comparing the BCIS-1998, the BCIS-2008, and future

BCIS cycles, offers an opportunity to document changes in children services in British Columbia over time.

The BCIS-2008 is funded in part by the British Columbia Ministry of Children and Family Development and 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 112 child protection offices, which included a core number of sites in British Columbia. The participation of additional offices was funded by the provincial ministry. 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.

This report presents a basic profile of British Columbia's investigations of child abuse and neglect from a representative sample of 1,543 during 2008. The Canadian Incidence Study of Child Abuse and Neglect (CIS) has been conducted in 1998, 2003 and in 2008, while the BCIS has also been conducted in 1998 and again in 2008. Readers should note that because of changes in the way child welfare

investigations are conducted and in the way the BCIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the BCIS-1998 report**.<sup>1</sup> Readers also should note that because of changes and variations to child protection services across Canada, comparisons should not be made between the result of individual provinces and other provinces. Given the growing complexity of child protection services in British Columbia more detailed analyses will be developed in subsequent reports and articles.<sup>2</sup>

### OBJECTIVES AND SCOPE

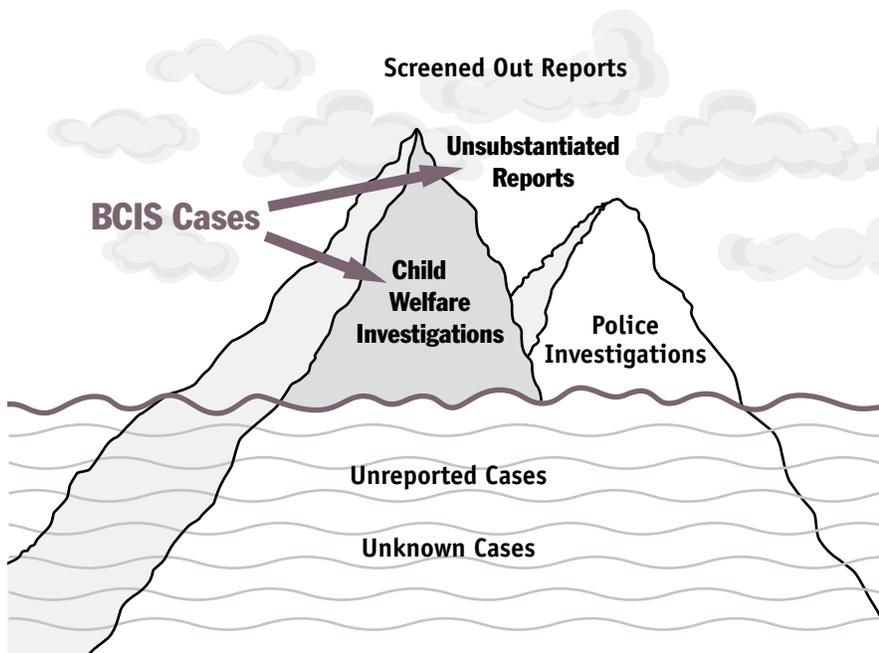
The primary objective of the BCIS-2008 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in British Columbia in 2008. Specifically, the BCIS-2008 is designed to:

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;

1 Sullivan, R., Stephenson, M., Annis, R., Trocmé, N., Douglas, J., Fallon, B., Groden, D., MacLaurin, B., Wachtel, A., (ND) Where does it hurt?: The British Columbia incidence study of child maltreatment, Draft Report Submitted to the Ministry of Children and Family Development

2 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/>

**FIGURE 1-1: Scope of BCIS-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.

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

The BCIS collects information directly from a provincial sample of child welfare workers at the point when an initial investigation regarding a report of possible child abuse or neglect is completed. The scope of the study is therefore limited to the type of information available to workers at that point. As shown in the BCIS 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>3</sup> Similarly, the BCIS-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**.

<sup>3</sup> 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.

Changes in investigation mandates and practices over the last five years have further complicated what types of cases fall within the scope of the BCIS. In particular, child welfare authorities are receiving many 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 BCIS 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 BCIS-2008 was redesigned to separately track both types of cases; however this has complicated comparisons with past cycles of the study. For the purpose of the present report, comparisons with previous cycles are limited to comparisons of rates of all investigations including risk-only cases. In contrast, **risk-only cases are not included in the BCIS-2008 estimates of rates and characteristics of substantiated maltreatment**.

## CHILD WELFARE SERVICES IN CANADA: A CHANGING MOSAIC

The objectives and design of the BCIS-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>4</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. 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.

Although provincial and territorial child welfare statutes apply to all Aboriginal people, special considerations are made in many statutes with respect to services to Aboriginal children and families. The responsibility for funding services to First Nations children and families living on reserve rests with federal

government under the *Indian Act*.<sup>5,6</sup> The structure of Aboriginal child welfare services is changing rapidly. A growing number of services are being provided either by fully mandated Aboriginal agencies or by Aboriginal counseling services that work in conjunction with mandated services.<sup>7</sup> In addition to variations in mandates and standards between jurisdictions, it is important to consider that these mandates and standards have been changing over time. From 1998 to 2003 the CIS found that rates of investigated maltreatment had nearly doubled.<sup>8</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>9</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>10</sup> These changes are consistent with changes in legislation and investigation standards in British Columbia where statutes and regulations have been broadened to include more forms of maltreatment and investigation standards, requiring that siblings of reported children be systematically investigated.

A file review of a sample of CIS-2003 cases conducted in preparation for the CIS-2008 and BCIS-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 and BCIS-2003 were not designed to track these cases, we cannot estimate the extent to which risk assessments may have contributed to the increase in cases between 1998 and 2003. The BCIS-2008 is designed to separately track risk-only cases.

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

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

6 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).

7 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.

8 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., Cloutier, R., (2005), *The Canadian incidence study of reported child abuse and neglect, CIS-2003: Major findings report*. Ottawa: Minister of Public Works and Government Services Canada

9 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.

10 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., Cloutier, R., (2005), *The Canadian incidence study of reported child abuse and neglect, CIS-2003: Major findings report*. Ottawa: Minister of Public Works and Government Services Canada

## CHILD WELFARE SERVICES IN BRITISH COLUMBIA

In British Columbia, the *Child, Family and Community Service Act (1996)*<sup>11</sup> governs child welfare services and outlines principles for promoting the best interests of children under the age of 19. Child welfare is funded and overseen by the provincial Ministry of Children and Family Development and alleged maltreatment is reported directly to a regional office. There are 5 ministry regions across the province overseeing offices that provide child protective services. In addition, there are a growing number of Delegated First Nations child welfare offices designed to offer services to Aboriginal communities. Regional offices work closely with non-profit organizations, which are often contracted to provide specific programs and services.<sup>12</sup>

The Ministry of Children and Family Development published a recent statement proposing five pillars of a strong, safe, and supported child and youth population.<sup>13</sup> These pillars address issues of prevention, early intervention, intervention and support, ensuring the delivery of effective Aboriginal services, and quality assurance (the latter based in part on recommendation from the *Hughes Review*). The report also details several initiatives which have effected change in support services, community strategies, and governmental investments.

Funding for on-reserve services is provided by the government at the

provincial level, and provinces and territories are subsequently reimbursed by the federal government under the guidelines of the 1965 Indian Welfare Agreement. The federal government pays the province an established share of its costs to deliver child welfare services to on-reserve First Nations people, including cost for children in care. In addition to regular funding, Indian and Northern Affairs of Canada (INAC) provides funding directly to First Nations as well as mandated and non-mandated child welfare agencies operated by First Nations for enhanced preventative services.

British Columbia has a large Aboriginal child protection and support system with a growing number of First Nations communities offering child protection and/or family support services under delegation agreements negotiated with the provincial government. The provincial and federal governments. British Columbia has a wide variety of governance models for Aboriginal child and family service provision, and the extent to which existing governance models affirm First Nations community child welfare lawmaking differs from one model to another. The Spallumcheen Band, for example, asserts sole jurisdiction over child and family services on its reserve lands under the authority of the federal *Indian Act* through a band by-law consistent with the CFCSA. The Nisga'a Lisims First Nations government, on the other hand, includes provisions in a treaty for the development of Nisga'a laws over child welfare services, provided these meet provincial laws and regulations. The Nisga'a community is currently developing their organizational capacity to deliver a full range of services under this delegation model. Other innovations are under development.<sup>14</sup>

## THE BRITISH COLUMBIA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (BCIS)

The first *British Columbia Incidence Study of Reported Child Abuse and Neglect*<sup>15</sup> was completed in 1998. It was the first study in British Columbia to estimate the incidence of child abuse and neglect that was reported to, and investigated by, the child welfare system. The BCIS-1998 was designed by Nico Trocmé and Richard Sullivan<sup>16</sup> and was partially based on the design of the earlier U.S. National Incidence Studies.<sup>17</sup> In 1998 and again in 2008, British Columbia's Ministry for Child and Family Development provided funding to augment the Public Health Agency of Canada's core funding for the British Columbia sample of the CIS. For the CIS-2008, Bruce MacLaurin (University of Calgary) is the principal investigator of the BCIS-2008 and Nico Trocmé (McGill University) is the principal investigator of the CIS-2008 study. Barbara Fallon is a co-investigator of the BCIS-2008 and the Director of the CIS-2008. Vandna Sinha is the co-investigator of the BCIS-2008 and

11 Child, Family and Community Services Act RSBC 1996.

12 Please visit the Statistics Canada report entitled Child Welfare in Canada 2000 <http://www.hrsdc.gc.ca/eng/cs/sp/sdc/socpol/publications/reports/2000-000033/page13.shtml>

13 Please see the Ministry of Children and Family Development report Strong, Safe, and Supported: A commitment to BC's children and youth. [http://www.mcf.gov.bc.ca/about\\_us/pdf/Strong\\_Safe\\_Supported.pdf](http://www.mcf.gov.bc.ca/about_us/pdf/Strong_Safe_Supported.pdf), Retrieved: May, 2010.

14 Refer to <http://www.cecw-cepb.ca/sites/default/files/publications/en/BCchildwelfaresystem54E.pdf> Retrieved: May 26, 2010

15 See: Sullivan, R., Stephenson, M., Annis, R., Trocmé, N., Douglas, J., Fallon, B., Groden, D., MacLaurin, B., Wachtel, A., (ND) Where does it hurt?: The British Columbia incidence study of child maltreatment, Draft Report Submitted to the Ministry of Children and Family Development

16 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. Dr. Richard Sullivan is the Principal Investigator of the BCIS-1998 and a Professor at the University of British Columbia

17 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.

**TABLE 1-1: British Columbia Child Protection Offices**

Region	Office
<b>Interior</b>	100 Mile House
	Ashcroft and Aboriginal
	Castlegar
	Clearwater
	Cranbrook
	Creston
	Fernie
	Golden
	Grand Forks
	Guardianship-merritt
	Invermere
	Kamloops
	Kelowna
	Lillooet
	Naksup
	Nelson
	Oliver
	Penticton and SOS
	Princeton
	Revelstoke
	Salmon Arm
	Summerland
	Trail
Vernon - Okanagan	
Williams Lake	
<b>Fraser</b>	Abbotsford
	Burnaby and Circle 6
	Chiliwack
	Delta
	Fleetwood/Cloverdale
	Guildford
	Hope and Circle 1
	Langley and Circle 4
	Mission
	New Westminster and Circle 6
	Newton
	Ridge Meadows and Circle 3
	Surrey and Circle 5
Tri-cities and Circle 6	
White Rock Youth Service and Probation	

Region	Office
<b>Vancouver Coastal</b>	Bella Coola
	Gibsons Family Services
	North Shore
	Pemberton Family Services
	Powell River Family Srvc
	Richmond
	Sechelt & Indian band
	Squamish
	Vancouver
	<b>Vancouver Island</b>
Comox Valley	
Duncan	
Nanaimo	
Parks	
Port Alberni	
Port Hardy	
Sooke & Aboriginal	
Victoria Sanich	
Westshore & Aboriginal	
<b>North Region</b>	Burns Lake
	Chetwynd
	Dawson Creek
	Dease Lake
	Fort Nelson
	Fort St John
	Ft. St. James
	Hazelton
	Kitimat
	Mackenzie
	Mcbride/Valemount
	Prince George
	Prince Rupert
	Queen Charlotte
	Quesnel
	Smithers/Houston
	Terrace - Team 1
Vanderhoof	
<b>First Nations</b>	Knucwentwecw Society
	Ktunaxa Kinbasket Child and Family Services
	Lalum'utul 'smu Neem
	NIha'7kapmx Child and Family Services Office
	Scw'exmx Child and Family Services Agency
	Usma Nuu-chah-nulth Family and Child Services
Xyolhemeylh Child and Family Services	

the principal investigator of the First Nations' CIS-2008. Janet Douglas is the Manager of the BCIS-2008. Please see Appendix A and Appendix B for a full list of all the researchers and advisors involved in the BCIS.

Using a standard set of definitions, the BCIS-1998 and 2008 provide the best available estimates of the incidence and characteristics of reported child maltreatment in British Columbia over a 10-year period. Findings from the BCIS-1998 and 2008 provides a foundation of which to base decisions by service providers, policy makers, and researchers seeking to better understand the children and families coming into contact with the child welfare system. For example, the CIS studies drew attention to the large number of investigations involving exposure to intimate partner violence. Findings from the studies have assisted in better adapting child welfare policies to address the array of difficulties faced by victims of maltreatment and their families.

## ORGANIZATION OF THE REPORT

The BCIS-2008 report presents the profile of substantiated child abuse and neglect investigations conducted across British Columbia in 2008 and a comparison of rates of investigations documented by the 1998 and 2008 cycles of the study. This report is divided into five chapters and seven appendices. Chapter 2 describes the study's methodology. Chapter 3 compares incidence across the two cycles for investigations and the types of investigations conducted by child welfare offices in British Columbia in

1998 and 2008. Chapter 4 examines the characteristics of substantiated maltreatment investigations by type of maltreatment in British Columbia 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 British Columbia in 2008.

Because of changes in the way child welfare investigations are conducted in British Columbia and in the way the BCIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the BCIS-1998**. The previous report does not separately track investigations of cases where future risk of maltreatment was the only concern. In addition, the CIS-1998 report focused on children between 0 and 15 years to allow comparison to the CIS-1998. More detailed analyses will be developed in subsequent reports and articles.<sup>18</sup>

The **Appendices** include:

Appendix A: BCIS-2008 Site  
Researchers

Appendix B: First Nations CIS  
Advisory Committee

Appendix C: Glossary of Terms

Appendix D: BCIS-2008 Maltreatment  
Assessment Form

Appendix E: BCIS-2008 Guidebook

Appendix F: Case Vignette

Appendix G: Variance Estimates and  
Confidence Intervals

Appendix H: Description of Weighting  
Procedure

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<sup>18</sup> Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca> and at PHAC website.

# Chapter 2

## METHODOLOGY

The BCIS-2008 is the second provincial study examining the incidence of reported child abuse and neglect in British Columbia. The BCIS-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 BCIS-2008. A multi-stage sampling design was used, first to select a representative sample of 17 child welfare offices across British Columbia, and then to sample cases within these

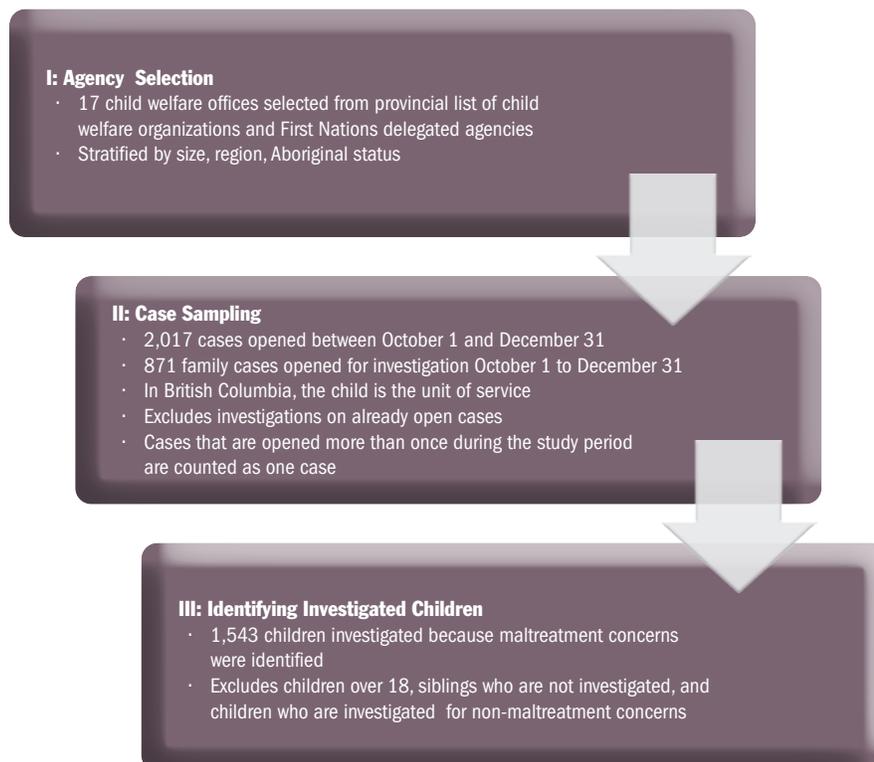
offices. Information was collected directly from the investigating workers at the conclusion of the investigation. The BCIS-2008 sample of 1,543 investigations was used to derive estimates of the annual rates and characteristics of investigated children in British Columbia.

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

### SAMPLING

The BCIS-2008 sample was drawn in three stages. First, a representative sample of child welfare offices mandated by the Government of British Columbia was involved in the study. In addition, a sample of Delegated First Nations agencies were randomly selected for participation in the study. A total of 17 sites were included. Cases were then sampled over a three month period within the selected offices, and finally child investigations that met the study criteria were identified from the sampled cases.

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



### Site Selection

Child welfare offices are the primary sampling unit for the BCIS-2008. The term child welfare office is used to describe any organization that has the authority to conduct child protection investigations. A minimum of one office was selected in each region of the province. In British Columbia, offices serve the full population in a specific geographic area; with the exception of delegated First Nations agencies that serve First Nations children on reserve. Aboriginal agencies were not included in the provincial/territorial 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 17 offices constitutes the sampling frame for the 2008 study (see Table 2-1).

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

Region	Child Population (0-18)	Total Child Protection Offices	Number of BCIS Offices	BCIS Agency Child Population (0-18)	Annual Office Case Openings	Case Openings Sampled for BCIS
Interior 1	48,510	NA	2	2,480	340	75
Interior 2	65,865	NA	2	43,680	2,042	357
North	60,910	NA	2	18,505	1,192	240
Fraser	286,000	NA	2	24,080	948	222
Vancouver Central	75,795	NA	2	30,955	917	234
Vancouver Island	112,830	NA	2	12,130	892	182
Vancouver Region	79,255	NA	1	79,255	2,130	551
Aboriginal	2,970	NA	4	1,625	706	156
<b>British Columbia</b>	<b>732,135</b>	<b>NA</b>	<b>17</b>	<b>212,710</b>	<b>9,167</b>	<b>2,017</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/app002.pdf>

Offices were stratified by size and by region. In addition, a separate stratum was developed for First Nations agencies. Stratification ensures that all subpopulations are represented in the sample. 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 agencies that were selected through the First Nations CIS Advisory Committee (see First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings). Offices in the largest metropolitan areas were sampled with certainty. Offices were not always able to participate due to their particular circumstances, and replacement sites were randomly selected from the remaining pool.

### 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 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 based upon analyses of the previous cycle for a reliability study.<sup>1</sup> In British Columbia, one of the 17 participating offices/offices conducted over 1,000 investigations per year and thus a cap of 250 was utilized during the case selection period. In British Columbia, families are the **unit of service** at the point of the initial decision to open a case.

1 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 BCIS-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 and;
- British Columbia has been developing differential or alternate response models that could have posed a challenge in capturing cases open to the alternate non-protection stream. The BCIS-2008 was able to capture both types of openings.

Using these procedures, a total of 2,017 family cases were opened between October 1<sup>st</sup> and December 31<sup>st</sup>, 2008 resulting in a total of 871 family based

cases being opened for a child protection investigation for this time period.

### 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, British Columbia cases are opened at the level of a family and procedures had to be developed to determine which children in each family had been investigated for maltreatment-related reasons. Furthermore, cases can be open for a number of different reasons that do not necessarily involve maltreatment 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 British Columbia, children eligible for inclusion in the final study sample were identified by having child welfare workers complete the *Intake Face Sheet* from the *BCIS-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 18 and under are included in the sample used in this report. These procedures yielded a final provincial sample of 1,543 children investigated because of maltreatment-related concerns.

### INVESTIGATED MALTREATMENT VS. RISK ASSESSMENTS

Maltreatment related investigations that met the criteria for inclusion in the BCIS-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. Risk of future maltreatment was not specifically included in the BCIS-1998 cycle. However, because of changes in investigation mandates and practices over the last ten years, the BCIS-2008 was redesigned to separately track risk assessments and maltreatment investigations.

The BCIS-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. Risk-only cases are not included in the BCIS-2008 estimates of rates and characteristics of substantiated maltreatment.

### FORMS OF MALTREATMENT INCLUDED IN THE BCIS-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>2</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 BCIS-2008 definition of child maltreatment, consistent with the

CIS-2008 definition, includes **32 forms of maltreatment** subsumed under **five categories** of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. This classification reflects a fairly broad definition of child maltreatment and includes several forms of maltreatment that are not specifically stated in British Columbia's child welfare statute (e.g. educational neglect). The BCIS-2008 is able to track up to three categories of maltreatment.

### INVESTIGATED MALTREATMENT VS. SUBSTANTIATED MALTREATMENT

The child welfare statute in British Columbia 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. The BCIS-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. An article, prepared by Trocmé et al., 2009, provides more information on the distinction between these three levels of substantiation.<sup>3</sup>

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between

2 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.

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

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 BCIS-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 BCIS-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 BCIS-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 BCIS-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 BCIS-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>4</sup> The section of the form containing partially identifying information was kept at the office. The remainder of the form was completed if abuse or neglect was suspected at any point during the investigation, or if the investigating worker completed a risk investigation only.<sup>5</sup>

4 The *BCIS-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."

5 The BCIS-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.

## Household Information Sheet

The *Household Information Sheet* was completed when at least one child in the family was investigated for alleged maltreatment or risk of maltreatment. The household was defined as all the adults living at the address of the investigation. The *Household Information Sheet* collected detailed information on up to two caregivers living in the home at the time of referral. Descriptive information was requested about the contact with the caregiver, other adults in the home, housing, housing safety, caregiver functioning, case status, and referral(s) to other services (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>6</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.

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

## 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 *BCIS-2008/CIS-2008 Guidebook* (see Appendix E).

## Revising and Validating the Child Assessment Form

The BCIS-2008/CIS-2008 data collection instrument was based on the CIS-2003,<sup>7</sup> and CIS-1998<sup>8</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

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: Major findings*. Minister of Public Works and Government Services Canada.

8 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.

maltreatment category on the form in the initial provincial incidence study conducted in Ontario in 1993. It was added in subsequent cycles of the study.

Changes to the BCIS-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 study, using data from the 2003 Canadian Incidence Study.<sup>9</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

9 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.

became apparent that despite specific instruction in 2003 to only include investigations of child maltreatment, a number of cases that appeared to only involve concerns about future risk had been coded as maltreatment investigations.

### Validation Focus Groups

The CIS-2008 Research Team conducted six focus groups with front-line child protection workers and supervisors across Canada from late July to late October 2007.<sup>10</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 Montreal, Toronto, St. John's, Halifax, Regina, and Calgary. One of the participating groups was a First Nations office.

### Reliability Study

A reliability study<sup>11</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>12</sup> Similar testing was conducted on the CIS-2003.<sup>13</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 BCIS-2008/CIS-2008 data collection instrument. The low reliability for secondary and tertiary maltreatment codes was similar to the BCIS-2003/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 BCIS/CIS data.

The study team's review of the case narratives in the reliability study revealed that the newly developed procedures to categorize risk cases were creating confusion and inconsistent results. This led to an unplanned set of revisions to the way that risk was operationalized on the data collection instrument. Time constraints prevented final reliability testing of the child maltreatment assessment form. Although the final data collection instrument differed from the versions that had been tested, the final set of changes was limited to only a few items.

10 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., et al. (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 Landis and Koch, (1977). Measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159–174.

13 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.

## DATA COLLECTION AND VERIFICATION PROCEDURES

### Training

Site Researchers were assigned to coordinate site training and case selection at each BCIS-2008 office (see Appendix A). The case selection phase began with a training session, conducted by a Site Researcher to introduce participating child welfare workers to the BCIS-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 BCIS-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 approximately 30 days in British Columbia. In instances where a complex investigation takes more time, or when the investigation phase was delayed due to workload, workers were asked to complete the data collection instrument with their preliminary assessment report.

### Site Visits

Site Researchers visited the BCIS-2008 sites on a regular basis to collect forms, respond to questions, and monitor study progress. An average of six visits to each location were required.

Additional support was provided depending on the individual needs of workers at each site. Site Researchers collected the completed forms during each site visit and reviewed them for completeness and consistency. Every effort was made to contact workers if there was incomplete information on key variables (e.g. child age or category of maltreatment) or inconsistencies. Identifying information (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 by the Manager of the BCIS-2008 working for 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>14</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>15</sup> The overall participation rate suggests that sampled cases reflected the workload at all sites during the three-month case selection period. Participation rates below 95% were discussed with the BCIS-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 BCIS-2008 were weighted in order to derive provincial annual incidence estimates. Two sets of weights were applied. First, results were annualized to estimate volume of cases investigated by each office in 2008. The annualization weights were derived by dividing the

14 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.

15 Participation rate is the proportion of cases open between Oct. 1 and Dec. 31, 2008, for which the data collection form was completed.

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 4.54.<sup>16</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 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>17</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 18 year olds). The child population figures for BCIS-2008 sites are based on 2006 Census data.

### Case Duplication

Although cases reported more than once during the three month case sampling period were unduplicated,

16 The average annualization weight excluding offices with a cap of 250 investigations was 4.80.

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

the weights used to develop the BCIS-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 BCIS-2008 uses the term “child investigations” rather than “investigated children,” since the unit of analysis is the investigation of the child’s alleged maltreatment.

An estimate of how often maltreated children will be counted more than once can be derived from those jurisdictions that maintain separate investigation-based and child-based counts. The U.S. *National Child Abuse and Neglect Data System (NCANDS)*,<sup>18</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>19</sup> In Quebec, the recurrence rate was 8.8 per cent of screened-in investigations over a 12-month period.<sup>20</sup>

18 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.

19 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.

20 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.

### Sampling Error Estimation

Although the BCIS-2008 estimates are based on a relatively large sample of 1,543 child maltreatment investigations, sampling error is primarily driven by variability between the 19 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 design allowed the research team to assume that the variability between strata was zero and that the total variance at the provincial level was the sum of the variance for each stratum. In most instances, two offices, the primary sampling units, were chosen from each strata.<sup>21</sup> Variance estimates were calculated using WesVar 5.1, which computes estimates and their variance estimates from survey data using replication methods.

Standard error estimates were calculated for select variables at the  $p < 0.05$  level.<sup>22</sup> Most coefficients of variation were within the reliable range:<sup>23</sup> between 6.40% (First Nations non-status Aboriginal heritage) and 16.59% (children in maltreatment investigations aged eight to 11 years). Estimates that should be interpreted with caution ranged from 16.68% (exposure to intimate partner violence as a single form of maltreatment) to 32.97% (physical

21 In one strata there were three offices selected.

22 This means that 95% of random samples will yield estimates that will lie within one standard error above or below the estimate. In other words, if the study were repeated 100 times, in 95 times the estimates would fall within one standard error of the estimate.

23 The coefficient of variation (CV) is the ratio of the standard error to its estimate. Statistics Canada considers CVs under 16.60 to be reliable, warns that CVs between 16.60 and 33.30 should be treated with caution, and recommends that CVs above 33.30 not be used.

abuse and emotional maltreatment as multiple categories of maltreatment). There were a significant number of estimates based on 100 investigations with coefficients of variation greater than 33.30%, ranging from 34.00% (primary caregiver aged 19 to 21 years) to 100% (physical abuse, emotional maltreatment, and exposure to intimate partner violence as multiple categories of maltreatment). The significant number of estimates with high coefficients of variance might be explained by variation between individual child welfare sites in British Columbia. Estimates based on events that occurred in significantly fewer than 100 cases are not included in this report and are marked as blanks in the accompanying tables.

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

## ETHICS PROCEDURES

The BCIS-2008/CIS-2008 data collection and data handling protocols and procedures reviewed and approved by the Conjoint Research Ethics Board at the University of Calgary. Written permission for participating in the data collection process was obtained from the British Columbia Ministry of Children and Family Development. The study utilized a case file review methodology. The case files are the property of the delegated office or regional authority. Therefore, the

permission from British Columbia's Ministry for Children and Family Development 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 that the BCIS-2008 site researchers assigned, and also provided space for the first two letters of the family surname. This information was used for only verification purposes. Any names on the forms were deleted prior to leaving the office.

The data collection instruments (that contain no directly-identifying information) were either scanned into an electronic database at the Universities of Toronto or uploaded from encrypted CD's or data sticks. 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 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 to for secondary analyses that distinguish between First Nations and mainstream office must be approved by advisory committee.

This report contains only provincial estimates of child abuse and neglect and does not identify any participating office or 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 BCIS-2008 estimates as precise and reliable as possible, several limits inherent to the nature of the data collected must be taken into consideration:

- the BCIS-2008 only tracks reports investigated by child welfare services and do 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 at the time of investigation, for

instance depression or anxiety. However, these child functioning concerns were not verified by an independent source;

- as a result of changes in the way risk only cases are identified in the BCIS-2008, comparisons between study cycles must be done with caution. Tables in the BCIS-2008 report cannot be directly compared to tables in the previous report. Chapter 3 presents select comparisons across study cycles, and so interpretations of this chapter must be done with caution;
- the weights used to derive annual estimates include counts of children investigated more than once during the year, therefore the unit of analysis for the weighted estimates is a child investigation;

- the 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 BCIS-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 and Table 3-6 were affected by this limitation.<sup>a</sup>

# Chapter 3

## RATES OF MALTREATMENT RELATED INVESTIGATIONS IN THE BCIS-1998 AND BCIS-2008

This chapter primarily compares rates of maltreatment-related investigations documented by the 1998 and 2008 cycles of the BCIS. These results should be interpreted with caution since a number of factors are not controlled for in these descriptive tables. Changes in rates of maltreatment-related investigations can be attributed to a number of factors including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in the BCIS study procedures and definitions,<sup>1</sup> and (4) changes in the actual rate of maltreatment. As noted in the introductory and methods chapters of this report, changes in practices with respect to investigations of risk of maltreatment pose a particular challenge since these cases were not clearly identified in the 1998 cycle of the study. Readers are reminded that because of these changes, the findings presented in this report are **not directly comparable to findings presented in the BCIS-1998 report**. In addition, findings from the 1998 cycle of the BCIS-1998 report

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

findings on children between the age of 0 and 15 to allow comparisons to the CIS-1998 data. This chapter presents select comparisons with investigations from the BCIS-1998 and these comparisons are presented in Tables 3-1, 3-2, 3-3, 3-4a, 3-5, and 3-6a (rates 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 BCIS, 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 conducted in 1998 and 2008. The sampling design and weighting procedures specific to each study should be considered before inferences are drawn from these estimates (see the methods chapter of this report, as well as the methods chapter of the 1998 report).<sup>3</sup>

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

3 Sullivan, R., Stephenson, M., Annis, R., Trocmé, N., Douglas, J., Fallon, B., Groden, D., MacLaurin, B. & Wachtel, A., (ND), Where does it hurt?: The British Columbia incidence study of child maltreatment, Unpublished Draft Report Submitted to the Ministry for Children and Families, Government of British Columbia

Estimates presented from the BCIS-1998 and BCIS-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 age less than one to 18.<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. Because risk-only cases were not tracked separately in the 1998 cycle of the BCIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

4 The cut-off age of 18 (children under the age of 19) is the age legislated in British Columbia (Child Family and Community Service Act, 1996). Direct comparisons with the CIS-2008 report should not be made, as the cut-off age is 15 (children under the age of 16) 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.

**TABLE 3-1: Number and Incidence of Child Maltreatment Investigations in 1998, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008**

British Columbia 1998		British Columbia 2008	
#	Rate per 1,000 children	#	Rate per 1,000 children
15,980	18.09	28,218	31.36

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Based on a sample of 1,085 child maltreatment related investigation in 1998, and 1,543 child maltreatment and risk of future maltreatment related investigations in 2008  
There was a statistically significant increase in child investigations between 1998 and 2008

**TABLE 3-2: Age of Children in Child Maltreatment Investigations in British Columbia in 1998 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia 2008**

Child Age Group	British Columbia 1998			British Columbia 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
< 1 year	513	11.33	3%	1,684	42.30	6%
1-3 years	2,571	18.50	16%	5,932	48.90	21%
4-7 years	4,656	23.62	29%	6,697	39.50	24%
8-11 years	3,518	17.52	22%	5,581	29.07	20%
12-15 years	4,041	19.90	25%	6,512	5.37	23%
16-18 years	681	4.69	5%	1,813	10.96	6%
<b>Total Investigations</b>	<b>15,980</b>	<b>18.09</b>	<b>100%</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,085 child maltreatment related investigations in 1998, and 1,543 child maltreatment and risk of future maltreatment related investigations in 2008 with information about age of child.

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

There was a statistically significant increase in investigation rates for children aged <1 year, 1-3 years, and 12-15 years between 1998 and 2008, while differences for children aged 4-7, 8-11, and 16-18 years were non-significant.

## COMPARISONS BETWEEN BCIS-1998 AND BCIS-2008

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

## MALTREATMENT RELATED INVESTIGATIONS

Table 3-1 presents the number and incidence of maltreatment-related investigations in 1998 and 2008. In 1998 an estimated 15,980 investigations were conducted in British Columbia, a rate of 18.09 investigations per 1,000 children. In 2008, the number of investigations increased, with an estimated 28,218 investigations and a rate of 31.36 per 1,000 children. This represents a statistically significant increase.

## CHILD AGE IN INVESTIGATIONS

Table 3-2 describes the number and incidence of maltreatment-related

investigations by age group, in 1998 and 2008. In 2008, children aged one to three are the most likely to be investigated at a rate of 48.90 investigations per 1,000 children. Rates of investigations for children less than one year of age, and between four to seven years of age were 42.30 and 39.50 investigations per 1,000 children, respectively. Rates of investigations decreased for the next two age groups: 29.07 investigations per 1,000 children eight to 11 years old, and 5.37 investigations per 1,000 children 12 to 15 years old. Rates rose slightly for the oldest age group (16 to 18 years) at 10.96 investigations per 1,000 children. Children aged four to seven were most likely investigated in 1998, while one to three year olds were the most likely to be investigated in 2008. Comparing the

**TABLE 3-3: Type of Investigation and Level of Substantiation in Child Maltreatment Investigations in British Columbia in 1998, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008**

	British Columbia 1998			British Columbia 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Maltreatment and Risk Only Investigations						
Substantiated Maltreatment	7,086	8.02	44%	11,248	12.50	40%
Suspected Maltreatment	3,003	3.40	19%	4,024	4.47	14%
Unfounded Maltreatment	5,888	6.67	37%	12,287	13.65	44%
Total Investigated Incidence of Maltreatment	15,977	18.09	100%	27,560	30.63	98%
Risk of Future Maltreatment	n/a	n/a	n/a	136	0.15	0%
No Risk of Future Maltreatment	n/a	n/a	n/a	377	0.42	1%
Unknown Risk of Future Maltreatment	n/a	n/a	n/a	145	0.16	1%
Total Risk Investigation Only*	n/a	n/a	n/a	658	0.73	2%
<b>Total Investigations</b>	<b>15,977</b>	<b>18.09</b>	<b>100%</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008 and 1998

Percentages are column percentages

Based on a sample of 1,084 child maltreatment related investigations in 1998 and 1,543 child maltreatment and risk of future maltreatment related investigation in 2008, with information about the type and level of substantiation.

\* Risk investigations were not specified in the British Columbia Incidence Study of 1998

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

incidence of investigation by age group between 1998 and 2008, there has been a statistically significant increase in rates for children aged less than one year, one to three years, and 12 to 15 years. There has been a statistically non-significant increase in rates for children aged four to seven, eight to 11, and 16 to 18 years. 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 3-2 describes types of investigations and substantiation decisions resulting from maltreatment-related investigations conducted across British Columbia in 2008. The BCIS-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>5</sup>

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

<sup>5</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.

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

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

Of the 28,218 child maltreatment investigations conducted in British Columbia in 2008, 98% of investigations focused on a concern of abuse or neglect (an estimated 27,560 child maltreatment investigations or 30.63 investigations per 1,000 children) and two percent of investigations were concerns about risk of future maltreatment (an estimated 658 investigations or 0.73 investigations per 1,000 children). Forty percent of these investigations were substantiated, an estimated 11,248 child investigations (12.50 investigations per 1,000 children). In a further fourteen per cent of investigations (an estimated 4,024 child investigations, 4.47 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. Forty-four percent of investigations (an estimated 12,287 child investigations, 13.65 investigations per 1,000 children) were unfounded. In less than one percent of investigations, the investigating worker concluded there was a risk of future maltreatment (0.15 per 1,000 children, an estimated 136 child investigations). In one percent of investigations no risk of future maltreatment was indicated (an estimated 377 investigations or 0.42 investigations per 1,000 children). In one percent of investigations workers did not know whether the child was at risk of future maltreatment.

As shown in Table 3-3, rates of substantiated maltreatment increased from 1998 to 2008, from 8.02 per 1,000 children in 1998 to 12.50 per 1,000 children in 2008. This comparison, however, is complicated since the 1998 cycle of the BCIS did not specifically track risk-only investigations. As a result it is not possible to determine to what extent some confirmed risk only cases may have been classified as “substantiated” maltreatment. As noted in Chapter 2, a case file validation study using of a sub-sample of CIS-2003 investigations found that several cases had been miscoded in this manner. Including the 2008 confirmed cases of risk of future maltreatment (136 cases at a rate of 0.15 confirmed cases of risk per 1,000 children) with the 2008 rate of substantiated cases (12.50 per 1,000), yields a rate of 12.65 investigations per 1,000 children where either maltreatment has been substantiated or future risk has been confirmed. Further analysis of the BCIS-2008 risk only investigations is required before differences between categories of investigation outcomes can be appropriately interpreted.

## REFERRAL SOURCE

Table 3-4a describes the sources of referrals in 1998 and 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 BCIS-2008 *Maltreatment Assessment Form*.

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

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

### Professional Referral Sources

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

**Health Professional:** This includes hospital referrals that originate from a hospital made by either a doctor, nurse or social worker rather than a family physician’s office, community health nurse (nurses involved in services such as family support, family visitation programs and community medical outreach), and physician (any family physician with a single or ongoing contact with the child and/or family).

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

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

**Other child welfare services:** Includes referrals from mandated Child Welfare service providers from other jurisdictions or provinces.

**Police:** Any member of a Police Force, including municipal, provincial/territorial or RCMP.

## Other Referral Sources

**Anonymous:** A caller who is not identified.

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

In 2008, 37% of investigations or an estimated 10,327 investigations were referred by a non-professional sources (rate of 11.48 investigations per 1,000 children), and 61% of investigations were referred by professionals (an estimated 17,184

investigations or 19.10 investigations per 1,000 children). In eight percent of investigations (2.57 investigations per 1,000 children) the referral source was classified as other, either because it was anonymous or was categorized as an “other” source of referral.

**TABLE 3-4a: Referral Source in Child Maltreatment Investigations in British Columbia in 1998 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia 2008**

Referral Source	British Columbia 1998			British Columbia 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Any Non-Professional Referral Source	8,653	9.79	54%	10,327	11.48	37%
Any Professional Referral Source	5,411	6.13	34%	17,184	19.10	61%
Other/Anonymous Referral Source	2,160	2.45	14%	2,310	2.57	8%
<b>Total Investigations</b>	<b>15,980</b>	<b>18.09</b>	<b>100%</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence of Reported Child Abuse and Neglect 2008 and 1998

Percentages are column percentages

Based on a sample of 1,085 child maltreatment related investigations in 1998 and 1,543 child maltreatment and risk of future maltreatment related investigations in 2008, with information about the referral source

Column numbers may not add up to indicated total because workers selected multiple categories

There was a statistically significant increase in professional referral sources between 1998 and 2003, while differences for non-professional and other referral sources were non-significant

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

Referral Source	#	Rate per 1,000 children	%
<b>Non Professional</b>			
Custodial or Non Custodial Parent	2,706	3.01	10%
Child (Subject of Referral)	1136	1.26	4%
Relative	2,585	2.87	9%
Neighbour/Friend	2,306	2.56	8%
<b>Professional</b>			
Community, Health or Social Services	2,120	2.36	8%
Hospital (Any Personnel)	1,106	1.23	4%
School	5955	6.62	21%
Other Child Welfare Service	706	0.78	3%
Day Care Centre	343	0.38	1%
Police	6,458	7.18	23%
Anonymous	1582	1.76	6%
Other	728	0.81	3%
<b>Total Investigations</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,543 investigations in 2008 with information about referral source.

Column numbers may not add up to indicated total because workers selected multiple categories

From 1998 to 2008 the incidence of both professional and non-professional referrals rose. This increase was statistically significant for professional referrals, and statistically non-significant for non-professional referrals. However, in 1998, more than half of referrals were non-professional. This decreased to about one-third in 2008. The increase in referrals from “other” sources was statistically non-significant.

Table 3-4b presents specific non-professional and professional referral sources, as well as the “other” category, for all investigations conducted in 2008. Some specific referral sources have been collapsed into categories: custodial parents and non-custodial parent (Custodial or Non Custodial Parent) and social assistance worker, crisis service/shelter, community 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 police: 23% of investigations or an estimated 6,458 investigations (rate of 7.18 investigations per 1,000 children). The second largest source of referral was school, at 21% of investigations (an estimated 5,955 investigations or a rate of 6.62 investigations per 1,000 children). Custodial or non-custodial parents were

the largest non professional referral source (10% of investigations or a rate of 3.01 per 1,000 children).

## 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 BCIS-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 BCIS-2008.

## Ongoing Child Welfare Services

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Table 3-5). An estimated 6,172 (22%) investigations in 2008 were identified as remaining open for ongoing services while an estimated 22,042 (78%) investigations were closed.

There was a statistically non-significant increase in the incidence of investigations open for on-going services from 5.38 investigations per 1,000 children in 1998 to 6.86 per 1,000 children in 2008. There was a statistically significant increase in the incidence of investigations closed.

## Out-of-Home Placement

The BCIS-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-

**TABLE 3-5: Ongoing Child Welfare Services in Child Maltreatment Investigations in 1998, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigation in British Columbia in 2008**

	British Columbia 1998			British Columbia 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Provision of Ongoing Services						
Case to Stay Open for Ongoing Services	4,757	5.38	30%	6,172	6.86	22%
Case to be Closed	11,165	12.64	70%	22,042	24.49	78%
<b>Total Investigations</b>	<b>15,923</b>	<b>18.02</b>	<b>100%</b>	<b>28,214</b>	<b>31.35</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,542 child maltreatment related investigations in 2008 and 1,082 child maltreatment related investigations in 1998, with information about the type and level of substantiation

There was a non significant increase in cases to be closed between 1998 and 2003, and a statistically significant increase in cases open for ongoing services

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

In 2008, there were no placements in 88% of investigations (24,930 investigations or 27.70 investigations

**TABLE 3-6a: Placement in Child Maltreatment Investigations in 1998, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008**

Placement Status	British Columbia 1998			British Columbia 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Remained at Home	13,919	15.76	87%	24,930	27.70	88%
Child with Relative (Not a Formal Child Welfare Placement)	950	1.08	6%	1,876	2.08	7%
Foster Care (Includes Foster and Kinship Care)	961	1.09	6%	1,366	1.52	5%
Group Home/Residential Secure Treatment	149	0.17	1%	-	-	0%
<b>Total Investigations</b>	<b>15,980</b>	<b>18.09</b>	<b>100%</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008 and 1998

Percentages are column percentages

Based on a sample of 1,543 child maltreatment related investigations in 2008 and 1,085 in 1998, with information about child welfare placement

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

There was a statistically significant increase in rates of children not placed between 1998 and 2003, while differences in formal and informal placements were non-significant

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

Placement status	#	Rate per 1,000 children	%
No Placement Required	24,328	27.04	86%
Placement Considered	603	0.67	2%
Informal Kinship Care	1,876	2.08	7%
Kinship Foster Care	212	0.24	1%
Foster Care	1,154	1.28	4%
Group Home	-	-	0%
Residential Secure Treatment	-	-	0%
<b>Total Investigations</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,543 child maltreatment related investigations in 2008, with information about child welfare placement

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

per 1,000 children). Twelve percent of investigations resulted in a change of residence for the child: seven percent to informal kinship care (an estimated 1,876 investigations or 2.08 investigations per 1,000 children), and five percent to foster care or kinship care (an estimated 1,366 investigations or 1.52 investigations per 1,000 children). Estimates for group home/residential secure treatment placements were too low to reliably report.

There was a statistically significant increase in rates of children not placed between 1998 and 2008, and statistically non-significant increases in rates of informal placement with relatives and formal placements in foster care. There was a statistically non-significant decrease in rates of placement in group homes or residential treatment.

Table 3-6b presents specific placements for all investigations conducted in 2008. The vast majority of investigations required no placement (86% of investigations or an estimated 24,328 investigations, a rate of 27.84 investigations per 1,000 children) and in two percent of investigations placement was considered. Seven percent of substantiated investigations resulted in an informal kinship care (1,876 investigations or a rate of 2.08); four percent of investigations resulted in foster care placement (an estimated 1,154 investigations or a rate of 1.28 investigations per 1,000 children); and one percent in kinship foster care (212 investigations or a rate of 0.24). Investigations involving residential secure treatment or group homes were too low to report.

### Previous Child Maltreatment Investigations

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

A higher proportion of children were investigated in 1998 (56%) as compared to 2008 (51%). In 2008, in 51% of investigations, workers indicated that the child had been referred previously for suspected maltreatment (14,393 investigations representing a rate of 15.99 per 1,000 children). In 49% of investigations, the child had not been previously investigated for suspected maltreatment (13,740 investigations, representing a rate of 15.27 investigations per 1,000 children).

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

	British Columbia 1998			British Columbia 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Previous Investigations						
Child Previously Investigated	9,033	10.23	56%	14,393	15.99	51%
Child Not Previously Investigated	6,464	7.32	41%	13,740	15.27	49%
Unknown	431	0.49	3%	-	-	0%
<b>Total Investigations</b>	<b>15,928</b>	<b>18.03</b>	<b>100%</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008 and 1998

Percentages are column percentages

Based on a sample of 1,543 child maltreatment related investigations in 2008 and 1,081 in 1998, with information about previous child welfare investigations

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

There was a statistically significant increase in rates of children previously investigated and non previously investigated between 1998 and 2003, and there was a statistically significant decrease in unknown previous investigations

**TABLE 3-8: Applications to Child Welfare Court in Child Maltreatment Investigations in British Columbia 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008**

	British Columbia 1998			British Columbia 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Welfare Court						
No Application to Court	14,585	16.51	98%	26,735	29.71	95%
Court Application Made	1,111	1.26	2%	1,483	1.65	5%
<b>Total Investigations</b>	<b>15,969</b>	<b>18.08</b>	<b>100%</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>

British Columbia Incidence of Reported Child Abuse and Neglect 2008 and 1998

Percentages are column percentages

Based on a sample of 1,543 child maltreatment related investigations in 2008 and 1,084 in 1998, with information about applications to Child Welfare Court

There was a statistically significant increase in investigations where no court application was made between 1998 and 2003, while differences for court application rates were non-significant

Estimates for unknown history of previous investigations were too low to reliably report.

There was a statistically significant increase in the rate of previous referrals between the BCIS-1998 (10.23 per 1,000 children) and BCIS-2008 (15.99 per 1,000 children). There were also statistically significant increases in cases without previous referrals.

### **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 BCIS-2008 can only track applications made during the investigation period, the BCIS-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 BCIS-2008, five percent of all child investigations (an estimated 1,483 investigations or a rate of 1.65 court applications per 1,000 children) resulted in an application to child welfare court, either during or at the completion of the initial maltreatment investigation. This is a statistically non-significant increase from 1998, in which two percent of all child investigations (an estimated 1,111 investigations or a rate of 1.26 court applications per 1,000 children) resulted in an application to court.



# Chapter 4

## CHARACTERISTICS OF MALTREATMENT

The BCIS-2008 definition of child maltreatment includes 32 forms of maltreatment subsumed under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (see Question 31: Maltreatment Codes in BCIS-2008/CIS-2008 Guidebook in Appendix E). The 32 forms of maltreatment tracked by the BCIS-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 2,314 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>

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 BCIS-2008 report** (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 British Columbia in 2008. The maltreatment typology in the BCIS-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; indirect exposure to physical violence; and exposure to emotional violence. See BCIS-2008/CIS-2008 Guidebook (Appendices E) for specific definitions of each maltreatment form.

1 The BCIS classification protocol was modified since the 1998 cycle 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. The CIS-1998 dataset and analyses were revised to reflect this modification for this report.

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

There were an estimated 11,248 substantiated child maltreatment investigations in British Columbia in 2008 (12.50 investigations per 1,000 children). Exposure to domestic violence represents the largest proportion of substantiated maltreatment investigations. Thirty-two percent of all substantiated investigations identified neglect as the primary type of maltreatment, an estimated 3,633 cases (4.04 investigations per 1,000 children). Neglect and physical abuse were each identified as the primary concern in 29% of substantiated investigations, an estimated 3,242 investigations (3.60 investigations per 1,000 children) for cases of neglect, and an estimated 3,309 investigations (3.68 investigations per 1,000 children) for cases of physical abuse. Emotional maltreatment was identified as the primary category of maltreatment in eight percent of substantiated investigations (an estimated 894 investigations or 0.99 investigations per 1,000 children) and sexual abuse was identified as the primary maltreatment form in two percent of substantiated investigations (an estimated 170 investigations or 0.19 investigations per 1,000 children).

## SINGLE AND MULTIPLE CATEGORIES OF MALTREATMENT

The BCIS-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 (80%) only one category of substantiated maltreatment was documented, in 20% of cases multiple categories of substantiated maltreatment were documented.

### Single Categories of Maltreatment:

In 80% of substantiated cases, one category of maltreatment was identified, involving an estimated 8,933 child investigations (9.93 investigations per 1,000 children). Exposure to intimate partner violence was identified as the single category of maltreatment in 30% of substantiated investigations; neglect in 22%; physical abuse in 21%; emotional maltreatment in six percent; and sexual abuse in one percent.

### Multiple Categories of Maltreatment:

Twenty percent of substantiated investigations involved more than one category of substantiated maltreatment, an estimated 2,315 child investigations (2.57 investigations

per 1,000 children). The most frequently identified combinations were neglect and exposure to intimate partner violence (0.62 investigations per 1,000 children), physical abuse and emotional maltreatment (0.60 investigations per 1,000 children), physical abuse and exposure to intimate partner violence (.30 investigations per 1,000 children), neglect and emotional maltreatment (.30 investigations per 1,000 children), and emotional maltreatment and exposure to intimate partner violence (0.21 investigations per 1,000 children).

## PHYSICAL HARM

The BCIS-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 10% of cases of substantiated maltreatment (Table 4-3). In eight percent of cases (an estimated 891 substantiated investigations, or 0.99 investigations per 1,000 children)

**TABLE 4-1: Primary Category of Substantiated Maltreatment in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008**

Primary Category of Maltreatment	#	Rate per 1,000 children	%
Physical Abuse	3,309	3.68	29%
Sexual Abuse	170	0.19	2%
Neglect	3,242	3.60	29%
Emotional Maltreatment	894	0.99	8%
Exposure to Intimate Partner Violence	3,633	4.04	32%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence of Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 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 British Columbia in 2008**

	#	Rate per 1,000 children	%
<b>Single Form of Substantiated Maltreatment</b>			
Physical Abuse Only	2,362	2.62	21%
Sexual Abuse Only	93	0.10	1%
Neglect Only	2,486	2.76	22%
Emotional Maltreatment Only	642	0.71	6%
Exposure to Intimate Partner Violence Only	3,350	3.72	30%
<b>Subtotal: Only One Form of Substantiated Maltreatment</b>	<b>8,933</b>	<b>9.93</b>	<b>80%</b>
<b>Multiple Categories of Substantiated Maltreatment</b>			
Physical Abuse and Neglect	140	0.16	1%
Physical Abuse and Emotional Maltreatment	541	0.60	5%
Physical Abuse and Exposure to Intimate Partner Violence	273	0.30	2%
Sexual Abuse and Neglect	-	-	0%
Sexual Abuse and Physical Abuse	-	-	0%
Neglect and Emotional Maltreatment	266	0.30	2%
Neglect and Exposure to Intimate Partner Violence	562	0.62	5%
Emotional Maltreatment and Exposure to Intimate Partner Violence	188	0.21	2%
Physical Abuse, Sexual Abuse and Neglect	-	-	0%
Physical Abuse, Neglect, Emotional Maltreatment	97	0.11	1%
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	-	-	0%
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	0%
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	0%
<b>Subtotal: Multiple Categories</b>	<b>2,315</b>	<b>2.57</b>	<b>20%</b>
<b>Total Substantiated Maltreatment</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated investigations in 2008

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

harm was noted but no treatment was required. In a further two percent of cases (an estimated 232 substantiated investigations, or 0.26 investigations per 1,000 children), harm was sufficiently severe to require treatment.

**Physical Abuse:** Physical harm was indicated in 30% of investigations where physical abuse was the primary substantiated maltreatment, an estimated 1,002 child investigations. In 25% of cases a physical injury had been documented but was not severe enough to require treatment.

In another five percent of cases, medical treatment was required. The fact that no physical harm was noted in 70% 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 by medical treatment in substantiated sexual abuse investigations were too low to reliably report.

**Neglect:** Estimates for physical harm by medical treatment in substantiated sexual abuse investigations were too low to reliably report.

**Emotional Maltreatment:** Estimates for physical harm by medical treatment in substantiated sexual abuse investigations were too low to reliably report.

**Exposure to Intimate Partner Violence:** Estimates for physical harm by medical treatment in substantiated sexual abuse investigations were too low to reliably report.

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

Severity of Physical Harm	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	%
No Medical Treatment Required	829	0.92	25%	-	-	0%	-	-	0%	-	-	0%	-	-	0%	891	0.99	8%
Medical Treatment Required	173	0.19	5%	-	-	0%	-	-	0%	-	-	0%	-	-	0%	232	0.26	2%
Sub-total: Any Physical Harm Documented	1,002	1.11	30%	-	-	0%	-	-	0%	-	-	0%	-	-	0%	1,123	1.25	10%
No Physical Harm Documented	2,307	2.56	70%	170	0.19	100%	3,173	3.53	98%	866	0.96	97%	3,608	4.01	99%	10,124	11.25	90%
<b>Total Substantiated Investigations</b>	<b>3,309</b>	<b>3.68</b>	<b>100%</b>	<b>170</b>	<b>0.19</b>	<b>100%</b>	<b>3,241</b>	<b>3.60</b>	<b>100%</b>	<b>894</b>	<b>0.99</b>	<b>100%</b>	<b>3,633</b>	<b>4.04</b>	<b>100%</b>	<b>11,247</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 660 substantiated child maltreatment investigations in British Columbia 2008 with information on documented physical harm and primary category of substantiated maltreatment

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

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

## NATURE OF PHYSICAL HARM

Investigating workers were asked to document the nature of physical harm that was suspected or known to have been caused by the investigated maltreatment. These ratings are based on the information routinely collected during the maltreatment investigation. While investigation protocols require careful examination of any physical injuries and may include a medical examination, it should be noted that children are not necessarily examined by a medical practitioner. Seven possible types of injury or health conditions were documented:

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

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

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

**Broken Bones:** The child suffered fractured bones.

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

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

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

Table 4-4 presents six types of physical harm (and no physical harm investigations) reported in the BCIS-2008. Physical harm was documented in 10% of cases of substantiated maltreatment involving an estimated 1,123 children (1.25 investigations per 1,000 children).

Physical harm primarily involved bruises, cuts, and scrapes (eight percent), and other health conditions (one percent of substantiated maltreatment). Estimates for burns and scalds, broken bones, and head trauma in substantiated maltreatment investigations were too low to reliably report. Estimates of the rate of child fatalities cannot be derived from the BCIS-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 BCIS-2008 is limited to the initial assessment period and therefore may under-count emotional harm. If the maltreatment was

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

Nature of Physical Harm	#	Rate per 1,000 children	%
No Physical Harm	10,125	11.25	90%
Bruises, Cuts and Scrapes	929	1.03	8%
Burns and Scalds	-	-	0%
Broken Bones	-	-	0%
Head Trauma	-	-	0%
Fatality	-	-	0%
Other Health Conditions	115	0.13	1%
At Least One Type of Physical Harm	1,123	1.25	10%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated investigations in 2008 with information on nature on physical harm

Rows and columns may not add up to total because children may have experienced multiple types of harm

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

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 BCIS-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 23% of all substantiated maltreatment investigations, involving an estimated 2,594 substantiated investigations. In 15% of substantiated cases (1.88 investigations per 1,000 children) symptoms were severe enough to require treatment in the workers' opinion.

**Physical Abuse:** Emotional harm was noted in 19% of cases where physical abuse was the primary substantiated maltreatment and 13% of physical abuse cases indicated symptoms were severe enough to require treatment.

**Sexual Abuse:** Estimates for emotional harm by treatment in substantiated sexual abuse investigations were too low to reliably report. As noted above, the BCIS-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 20% of investigations where neglect was the primary

substantiated maltreatment; in 11% of cases harm was sufficiently severe to require treatment.

**Emotional Maltreatment:** Emotional harm was identified in 40% of investigations where substantiated emotional maltreatment was the primary concern, and was sufficiently severe to require treatment in 24% of cases. While it may appear surprising to some readers that no emotional harm had been documented for such a large proportion of emotionally maltreated children, it is important to understand that the determination of emotional maltreatment includes parental behaviours that would be considered emotionally abusive or neglectful even though the child shows no symptoms of harm.

**Exposure to Intimate Partner Violence:** Emotional harm was identified in 24% of investigations where exposure to intimate partner violence was the primary substantiated maltreatment; in 17% of cases harm was sufficiently severe to require treatment.

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

Documented Emotional Harm	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	%
No treatment required	195	0.22	6%	-	-	0%	306	0.34	9%	142	0.16	16%	257	0.29	7%	900	1.00	8%
Treatment required	437	0.49	13%	-	-	0%	340	0.38	11%	218	0.24	24%	622	0.69	17%	1,694	1.88	15%
Sub-total: Any Emotional Harm Documente	632	0.70	19%	-	-	0%	646	0.72	20%	360	0.40	40%	879	0.98	24%	2,594	2.88	23%
No documented Emotional harm	2,668	2.96	81%	93	0.10	55%	2,596	2.88	80%	534	0.59	60%	2,754	3.06	76%	8,645	9.61	77%
<b>Total Substantiated Investigations</b>	<b>3,300</b>	<b>3.67</b>	<b>100%</b>	<b>170</b>	<b>0.19</b>	<b>100%</b>	<b>3,242</b>	<b>3.60</b>	<b>100%</b>	<b>894</b>	<b>0.99</b>	<b>100%</b>	<b>3,633</b>	<b>4.04</b>	<b>100%</b>	<b>11,239</b>	<b>12.49</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 664 substantiated child maltreatment investigations with information about documented emotional harm and primary category of substantiated maltreatment

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

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

**TABLE 4-6: Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment in British Columbia 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	1,702	1.89	52%	-	-	0%	1,466	1.63	45%	306	0.34	34%	2,134	2.37	59%	5,650	6.28	50%
Multiple Incidents	1,600	1.78	48%	128	0.14	75%	1,776	1.97	55%	588	0.65	66%	1,465	1.63	41%	5,557	6.18	50%
<b>Total Substantiated Investigations</b>	<b>3,310</b>	<b>3.68</b>	<b>100%</b>	<b>170</b>	<b>0.19</b>	<b>100%</b>	<b>3,242</b>	<b>3.60</b>	<b>100%</b>	<b>894</b>	<b>0.99</b>	<b>100%</b>	<b>3,599</b>	<b>4.00</b>	<b>100%</b>	<b>11,207</b>	<b>12.45</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated child maltreatment investigations with information about duration of maltreatment

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

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

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

## 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 BCIS-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 50% of

substantiated investigations (an estimated 5,650 child investigations, or 6.28 investigations per 1,000 children) involved single incidents of maltreatment and 50% involved multiple incidents of maltreatment (an estimated 5,557 child investigations, or 6.18 investigations per 1,000 children).

**Physical Abuse:** Maltreatment was indicated as a single incident in 52%

of cases with physical abuse as the primary substantiated concern, and multiple incidents in 48% of physical abuse cases.

**Sexual Abuse:** Maltreatment was indicated as multiple incidents in 75% of sexual abuse investigations. Estimates for substantiated sexual abuse as a single incident were too low to reliably report.

**Neglect:** Maltreatment was indicated as a single incident of neglect in 45% of cases where neglect was the primary substantiated maltreatment. Neglect involved multiple incidents in 55% of these cases.

**Emotional Maltreatment:**

Maltreatment was indicated as a single incident in 34% of cases where sexual abuse was the primary substantiated concern, and multiple incidents in 66% of sexual abuse investigations

**Exposure to Intimate Partner**

**Violence:** Fifty-nine percent of cases with exposure to intimate partner violence as the primary substantiated maltreatment were single incident cases, 41% involved multiple incidents.



# 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 British Columbia estimates derived from child maltreatment investigations conducted in 2008 in a sample of British Columbia 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). Readers are cautioned that the findings presented in this chapter are **not directly comparable to findings presented in the BCIS-1998 report** (see Chapter 1).

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

Table 5-1 presents the children's age and sex in all maltreatment-related investigations as well as in substantiated child maltreatment investigations. The incidence of maltreatment-related investigations was very similar for males (30.01 investigations per 1,000 children) and females (32.78 per 1,000 children). There was some variation by age and sex in incidence of investigated maltreatment with rates being highest for the 1–3 age group (48.12 investigations per 1,000 female infants and 46.45 per 1,000 infant males). Rates of maltreatment-related investigation were similar by sex for four to seven year olds (39.23 and 39.74 per 1,000 girls and boys age four to seven years old, respectively). In the age range of 8 to 11 year olds, the incidence rate for females is 28.14 (per 1,000), and 29.94 (per 1,000) for boys. The twelve to fifteen year old range demonstrated the largest gap in genders, with a rate of 37.21 (per 1,000) for girls, and 24.65 (per 1,000) for boys. The oldest age range, that of 16–18 years old, represented the lowest rates for both girls and boys; 10.81 (per 1,000) and 11.10 (per 1,000), respectively.

The incidence of substantiated maltreatment was similar for males (11.76 per 1,000 boys) and females (13.28 per 1,000 girls). For males, incidence rates were highest for those aged seven years (18.24 per 1,000 boys), five years (17.95 per 1,000 boys), and one year (17.03 per 1,000 boys). For females, incidence rates were highest for those aged less than one year (24.44 per 1,000 girls), three years (23.33 per 1,000 girls), and two years (21.06 per 1,000 girls). Rates of substantiated maltreatment were similar by sex for four to seven year olds, while males were more often represented in the eight to 11 year old group, and females more often in the adolescent group.

### DOCUMENTED CHILD FUNCTIONING

Child functioning was documented on the basis of a checklist of challenges that child welfare workers were likely to be aware of as a result of their investigation. The child functioning checklist (see Appendix D *BCIS-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

<sup>1</sup> 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 British Columbia in 2008**

		Child Population in British Columbia	All Investigations*			Substantiated Maltreatment**		
			#	Rate per 1,000 Children	%	## of Investigations	Rate per 1,000 Children	%
<b>0-18 Years</b>	<b>All Children</b>	<b>899,860</b>	<b>28,218</b>	<b>31.36</b>	<b>100%</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>
	Females	437,870	14,352	32.78	51%	5,817	13.28	52%
	Males	461,990	13,866	30.01	49%	5,432	11.76	48%
<b>0-3 Years</b>	<b>Females</b>	<b>78,760</b>	<b>3,790</b>	<b>48.12</b>	<b>13%</b>	<b>1,727</b>	<b>21.93</b>	<b>15%</b>
	<b>Males</b>	<b>82,360</b>	<b>3,826</b>	<b>46.45</b>	<b>14%</b>	<b>1,337</b>	<b>16.23</b>	<b>12%</b>
< 1 Year	Females	19,435	908	46.72	3%	475	24.44	4%
	Males	20,375	776	38.09	3%	317	15.56	3%
1 Year	Females	19,630	836	42.59	3%	371	18.90	3%
	Males	20,375	1,439	70.63	5%	347	17.03	3%
2 Years	Females	19,850	955	48.11	3%	418	21.06	4%
	Males	20,700	705	34.06	2%	335	16.18	3%
3 Years	Females	19,845	1,090	54.93	4%	463	23.33	4%
	Males	20,910	907	43.38	3%	338	16.16	3%
<b>4-7 Years</b>	<b>Females</b>	<b>82,760</b>	<b>3,247</b>	<b>39.23</b>	<b>12%</b>	<b>1,285</b>	<b>15.53</b>	<b>11%</b>
	<b>Males</b>	<b>86,780</b>	<b>3,449</b>	<b>39.74</b>	<b>12%</b>	<b>1,363</b>	<b>15.71</b>	<b>12%</b>
4 Years	Females	19,830	1,181	59.56	4%	289	14.57	3%
	Males	20,930	683	32.63	2%	307	14.67	3%
5 Years	Females	20,275	720	35.51	3%	358	17.66	3%
	Males	21,335	762	35.72	3%	383	17.95	3%
6 Years	Females	20,995	590	28.10	2%	265	12.62	2%
	Males	21,980	868	39.49	3%	262	11.92	2%
7 Years	Females	21,660	756	34.90	3%	374	17.27	3%
	Males	22,535	1,137	50.45	4%	411	18.24	4%
<b>8-11 Years</b>	<b>Females</b>	<b>93,055</b>	<b>2,619</b>	<b>28.14</b>	<b>9%</b>	<b>982</b>	<b>10.55</b>	<b>9%</b>
	<b>Males</b>	<b>98,915</b>	<b>2,962</b>	<b>29.94</b>	<b>10%</b>	<b>1,103</b>	<b>11.15</b>	<b>10%</b>
8 Years	Females	21,810	626	28.70	2%	249	11.42	2%
	Males	22,980	751	32.68	3%	377	16.41	3%
9 Years	Females	22,780	844	37.05	3%	413	18.13	4%
	Males	24,350	720	29.57	3%	302	12.40	3%
10 Years	Females	24,000	609	25.38	2%	200	8.33	2%
	Males	25,280	842	33.31	3%	206	8.15	2%
11 years	Females	24,465	540	22.07	2%	121	4.95	1%
	Males	26,305	649	24.67	2%	219	8.33	2%
<b>12-15 Years</b>	<b>Females</b>	<b>102,885</b>	<b>3,828</b>	<b>37.21</b>	<b>14%</b>	<b>1,592</b>	<b>15.47</b>	<b>14%</b>
	<b>Males</b>	<b>108,895</b>	<b>2,684</b>	<b>24.65</b>	<b>10%</b>	<b>1,253</b>	<b>11.51</b>	<b>11%</b>
12 Years	Females	24,850	772	31.07	3%	280	11.27	2%
	Males	26,290	884	33.62	3%	416	15.82	4%
13 Years	Females	25,480	1,000	39.25	4%	532	20.88	5%
	Males	26,890	538	20.01	2%	312	11.60	3%
14 Years	Females	25,950	1,331	51.29	5%	488	18.81	4%
	Males	27,510	668	24.28	2%	229	8.32	2%
15 Years	Females	26,605	725	27.25	3%	292	10.98	3%
	Males	28,205	594	21.06	2%	296	10.49	3%
<b>16-18 Years</b>	<b>Females</b>	<b>80,415</b>	<b>869</b>	<b>10.81</b>	<b>3%</b>	<b>231</b>	<b>2.87</b>	<b>2%</b>
	<b>Males</b>	<b>85,045</b>	<b>944</b>	<b>11.10</b>	<b>3%</b>	<b>375</b>	<b>4.41</b>	<b>3%</b>
16 years	Females	27,185	263	9.67	1%	128	4.71	1%
	Males	28,805	278	9.65	1%	145	5.03	1%
17 years	Females	27,065	527	19.47	2%	99	3.66	1%
	Males	28,680	447	15.59	2%	170	5.93	2%
18 years	Females	26,165	80	3.06	0%	4	0.15	0%
	Males	27,560	219	7.95	1%	60	2.18	1%

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages. Individual cells may not add up to totals because of rounding.

\* Based on a sample of 1,543 child maltreatment investigations with information about child age and sex.

\*\* Based on a sample of 665 substantiated child maltreatment investigations with information about child age and sex.

Columns may not add up to total due to rounding

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 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.

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 BCIS-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 BCIS-2008.

4 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.

**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.

Table 5-2 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 46%

of substantiated child maltreatment investigations (an estimated 5,172 investigations, 5.75 investigations per 1,000 children) at least one child functioning issue was indicated by the investigating worker. Academic difficulties and depression/anxiety/withdrawal were the most frequently reported functioning concerns (22% each of substantiated maltreatment investigations). The second most common concerns were aggression (17% of substantiated maltreatment investigations) and attachment issues (another 17% of substantiated maltreatment investigations). Twelve percent of substantiated maltreatment investigations involved children with intellectual/developmental disabilities. Each of the remaining concerns were

experienced by less than 10% of the population. 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 BCIS-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

**TABLE 5-2: Child Functioning Concerns in Substantiated Child Maltreatment Investigations in British Columbia in 2008**

Child Functioning Concern	#	Rate per 1,000 children	%
Depression/Anxiety/Withdrawal	2,505	2.78	22%
Suicidal Thoughts	573	0.64	5%
Self-Harming Behaviour	538	0.60	5%
ADD/ADHD	916	1.02	8%
Attachment Issues	1,957	2.17	17%
Aggression	1,931	2.15	17%
Running (Multiple Incidents)	436	0.48	4%
Inappropriate Sexual Behaviours	471	0.52	4%
Youth Criminal Justice Act Involvement	264	0.29	2%
Intellectual/Developmental Disability	1,299	1.44	12%
Failure to Meet Developmental Milestones	764	0.85	7%
Academic Difficulties	2,497	2.77	22%
FAS/FAE	365	0.41	3%
Positive Toxicology at Birth	-	-	0%
Physical Disability	116	0.13	1%
Alcohol Abuse	596	0.66	5%
Drug/Solvent Abuse	665	0.74	6%
Other Functioning Concern	533	0.59	5%
At Least One Child Functioning Concern	5,172	5.75	46%
No Child Functioning Concern	6,076	6.75	54%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated child maltreatment investigations with information about child functioning.

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

in the foster care system.<sup>5</sup> Table 5-3 shows that the rate of substantiated child maltreatment investigations was three times higher in Aboriginal child investigations than non-Aboriginal child investigations (33.55 per 1,000 Aboriginal children versus 10.86 per 1,000 non-Aboriginal children).

Twenty-two percent of substantiated investigations involved children of Aboriginal heritage (Table 5-3). Seventeen per cent of substantiated maltreatment investigations involved children with First Nations status, three percent involved First Nations Non-Status children, and one percent were children with other Aboriginal heritage. Estimates for Métis or Inuit heritage in substantiated child maltreatment investigations were too low to reliably report.

## PRIMARY CAREGIVER AGE AND SEX

For each investigated child, the investigating worker was asked to indicate who was the primary parent, and to specify their age and sex. Eight age groups were captured on the *Intake Face Sheet*, enabling the workers to estimate the caregiver's age (see Appendix D, *Maltreatment Assessment Form*). Table 5-4 shows the age and sex distribution of primary caregivers. In 92% of substantiated investigations the persons considered to be the primary caregiver were female. Nearly half (43%) of substantiated investigations involved caregivers between the ages of 31 and 40. Estimates for caregivers under age 19 and over age 60 were too low to reliably report.

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 British Columbia in 2008**

Aboriginal Heritage	#	Rate per 1,000 children	%
First Nation, Status	1,875	9.24	17%
First Nation, Non-Status	349	1.72	3%
Métis	-	-	0%
Inuit	-	-	0%
Other Aboriginal	116	-	1%
Sub-total: All Aboriginal	2,319	32.17	20.6%
Non-Aboriginal	8,829	10.86	78.5%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia 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

**TABLE 5-4: Age and Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in British Columbia 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	321	0.36	3%
	Males	-	-	0%
22-30	Females	2864	3.18	25%
	Males	348	0.39	3%
31-40	Females	4611	5.12	41%
	Males	177	0.20	2%
41-50	Females	1802	2.00	16%
	Males	356	0.40	3%
51-60	Females	619	0.69	6%
	Males	-	-	0%
>60	Females	-	-	0%
	Males	-	-	0%
Unknown	Females	-	-	0%
	Males	-	-	0%
Total	Females	10,348	11.50	92%
	Males	900	1.00	8%
<b>Total Substantiated Investigations</b>		<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated child maltreatment investigations with information about primary caregiver age and sex.

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

## PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD

The BCIS-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 British Columbia in 2008. Ninety-three percent of substantiated investigations involved children whose primary caregiver was a biological parent, and three percent lived with a primary caregiver who was a parent's partner or an adoptive parent. Three percent of substantiated child investigations involved a grandparent as primary caregiver, and one percent lived with another relative. Estimates for foster parents as primary caregivers were too low to reliably report.

## 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

6 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 British Columbia in 2008**

Primary Caregiver's Relationship to the Child	#	Rate per 1,000 children	%
Biological Mother	9,703	10.78	86%
Biological Father	789	0.88	7%
Parent's Partner	135	0.15	2%
Foster Parent	-	-	0%
Adoptive Parent	150	0.17	1%
Grandparent	363	0.40	3%
Other Relative	109	0.12	1%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated child maltreatment investigations with information about primary caregiver's relationship to the child.

Columns may not add up to total due to rounding

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

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:

**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 72% of substantiated maltreatment investigations (an estimated 8,102 child investigations). The most frequently noted concerns were victim of domestic violence (50%) few social supports (37%), mental health issues (27%), alcohol abuse (24%), and drug or solvent abuse (15%).

7 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.

## 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 British Columbia in 2008**

Caregiver Risk Factors	#	Rate per 1,000 children	%
Alcohol Abuse	2,663	2.96	24%
Drug/Solvent Abuse	1,720	1.91	15%
Cognitive Impairment	711	0.79	6%
Mental Health Issues	3,056	3.40	27%
Physical Health Issues	1,147	1.27	10%
Few Social Supports	4,137	4.60	37%
Victim of domestic violence	5,613	6.24	50%
Perpetrator of Domestic Violence	1,527	1.70	14%
History of Foster Care/Group Home	464	0.52	4%
At Least One Primary Caregiver Risk Factor	8,102	9.00	72%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

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

Based on a sample of 665 substantiated child maltreatment investigations with information about primary caregiver's risk factors.

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

Household Source of Income	#	Rate per 1,000 children	%
Full-Time Employment	6,005	6.67	53%
Part-Time/Multiple Jobs/Seasonal Employment	1,303	1.45	12%
Benefits/EI/Social Assistance	2,864	3.18	25%
Unknown	871	0.97	8%
None	205	0.23	2%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 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 BCIS-2008. Fifty-three percent of investigations (or 6,005 substantiated investigations) involved children in families that derived their primary income from full-time employment. Twenty-five percent involved children whose families received other benefits/EI/social assistance as their primary source of income (2,864 substantiated investigations). Twelve percent of families relied on part-time work, multiple jobs or seasonal employment. In eight percent of substantiated investigations the source of income was unknown by the workers, and in two percent of substantiated investigations no reliable source of income was reported.

## 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, 50% of all substantiated investigations involved children living in rental accommodations (46% private rentals and four percent public housing), 37% involved children living in purchased homes, one percent lived in band housing, and less than one percent in other accommodations and in shelters or hotels. In 10% percent of substantiated investigations, workers did

not have enough information to describe the housing type. According to the 2006 Census, 78% of households owned their home, and 22% rented their home.

## 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 42% of substantiated investigations involved families that had not moved in the previous 12 months (5.30 investigations per 1,000 children), whereas 15% had moved once (1.94 investigations per 1,000 children) and 11% had moved two or more times (1.42 investigations per 1,000 children). In 31% 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 British Columbia in 2008**

Housing Type	#	Rate per 1,000 children	%
Own Home	4,098	4.55	37%
Rental Accomodation	5,169	5.74	46%
Public Housing	465	0.52	4%
Band housing	167	0.19	1%
Shelter/Hotel	139	0.15	1%
Other	158	0.18	1%
Unknown	1,052	1.17	10%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated child maltreatment investigations with information about housing type.

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

Frequency of Family Moves	#	Rate per 1,000 children	%
No Moves in Last 12 Months	4,765	5.30	42%
One Move	1,742	1.94	15%
Two or More Moves	1,276	1.42	11%
Unknown	3,466	3.85	31%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 665 substantiated child maltreatment investigations with information about family moves.

## EXPOSURE TO HAZARDS IN THE HOME

Exposure to hazards in the home was measured by investigating workers who indicated the presence or absence of hazardous conditions in the home (Table 5-10). Hazards included in the BCIS-2008 were presence of accessible weapons, the presence of accessible drugs or drug paraphernalia, evidence of drug production or drug trafficking in the home, chemicals or solvents used in drug production, home injury hazards (poisons, fire implements, or electrical hazards) and home health hazards (insufficient heat, unhygienic conditions).

Home health hazards were noted in 4% of substantiated investigations (an estimated 502 substantiated investigations); home injury hazards were noted in one percent of substantiated maltreatment investigations. Accessible weapons

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

Housing Conditions	#	Rate per 1,000 children	%
Accessible Weapons	107	0.12	1%
Accessible Drugs or Drug Paraphernalia	457	0.51	4%
Drug Production/Trafficking in Home	338	0.38	3%
Chemicals or Solvents Used in Production	271	0.30	2%
Other Home Injury Hazards	162	0.18	1%
Other Home Health Hazards	502	0.56	4%
<b>Total Substantiated Investigations</b>	<b>11,248</b>	<b>12.50</b>	<b>100%</b>

British Columbia Incidence Study of Reported Child Abuse and Neglect 2008

Percentages do not add up to 100% because investigating workers could identify more than one hazard in the home. Based on a sample of 665 substantiated child maltreatment investigations with information about housing conditions.

were indicated in one percent of substantiated investigations while accessible drugs or drug paraphernalia were noted in four percent of substantiated investigations. Drug production/trafficking in the home were noted in three percent of substantiated investigations. The presence of at least one household hazard was noted in 11% of substantiated investigations.

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 BCIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.

## FUTURE DIRECTIONS

The BCIS, 1998 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigation across British Columbia over the last decade. Furthermore,



# Appendix A

## BCIS-2008 SITE RESEARCHERS

BCIS-2008 Site Researchers provided training and data collection support at the 17 BCIS 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 BCIS-2008.

**Janet Douglas** (Manager BCIS-2008)  
Ministry of Children  
and Family Development  
Vancouver

**Jordan Gail** (Research Associate)  
Faculty of Social Work  
University of Calgary

**Alison Barker** (Research Associate)  
Ministry of Children  
and Family Development  
Vancouver

**Scott Horvath** (Research Associate)  
Ministry of Children  
and Family Development  
Prince George

**Olivia Kitt** (Research Associate)  
Faculty of Social Work  
University of Calgary

**Laura Hamilton** (Research Associate)  
Faculty of Social Work  
University of Calgary

**Shelley Thomas Prokop**  
(Research Associate)  
First Nations Family  
and Community Institute

**Carolyn Zelt** (Research Associate)  
Faculty of Social Work  
University of Calgary

**Bruce MacLaurin**  
(Principle Investigator)  
Faculty of Social Work  
University of Calgary

**Elizabeth Fast** (CIS-2008 Co-Manager)  
School of Social Work  
McGill University

### DATA ENTRY

Data entry of the BCIS-2008 Face Sheet was completed by Christine DuRoss and Melissa Van Wert in Toronto, as well as Abu Sayem in Montreal. Scanning for the BCIS-2008 was completed by Adina Herbert in Toronto. Data cleaning for the BCIS-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.



# Appendix B

## FIRST NATIONS CIS/BCIS ADVISORY COMMITTEE

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

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

**Marlyn Bennett**

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

**Betty Kennedy**

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

**Cindy Blackstock**

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

**Judy Levi**

North Shore MicMac District Council  
Eel Ground, New Brunswick

**Elsie Flette**

Southern First Nations  
Network of Care  
Winnipeg, Manitoba

**Linda Lucas**

Caring for First Nations Children  
Society  
Victoria, British Columbia

**Joan Glode (chair)**

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

**H. Monty Montgomery**

University of Regina  
Saskatoon, Saskatchewan

**Richard Gray**

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

**Stephanie O'Brien**

Assembly of First Nations  
Ottawa, Ontario

**Shawn Hoey**

Caring for First Nations Children  
Society  
Victoria, British Columbia

**Tara Petti**

Southern First Nations  
Network of Care  
Winnipeg, Manitoba



# Appendix C

## GLOSSARY OF TERMS

The following is an explanatory list of terms used throughout the British Columbia Incidence Study of Reported Child Abuse and Neglect (BCIS-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.

**Age group:** The age range of children included in the BCIS-2008 sample. Unless otherwise specified, all data are presented for children between newborn and 18 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.

**BCIS:** *British Columbia Incidence Study of Reported Child Abuse and Neglect.*

**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 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 BCIS-2008 defined child as age newborn to 18 years inclusive.

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

**Child Welfare Offices:** The primary sampling unit for the BCIS-2008 is the local child welfare office responsible for conducting child maltreatment related investigations. In British Columbia they are local offices for the provincial or territorial child protection authority. A total of 200 child welfare offices were identified across British Columbia for the BCIS-2008/CIS-2008, of which 17 were selected for the final sample.

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

**Definitional Framework:** The BCIS-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 British Columbia 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.

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

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

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

**Forms of Maltreatment:** Specific types of maltreatment (e.g., hit with an object, sexual exploitation, or direct witness to physical violence) that are classified under the five BCIS-2008 Categories of Maltreatment. The BCIS-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 BCIS-2008 does not document unreported cases. *Investigated* cases are subject to various screening practices, which vary across agencies. The BCIS-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 BCIS-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 BCIS-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 British Columbia, provided additional funding for a representative number of agencies to be sampled for the province. This procedure ensures that the final sample includes a sufficient number of cases from the sub-group of interest. This way, it is possible to conduct separate analyses on the data collected from the sub-

group. Investigations from British Columbia 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 BCIS-2008, the initial stage of sampling occurred by randomly selecting child welfare agencies.

**Regionalization Weight:** Based on the child population, regionalization weights were determined by dividing the child population (age 0–18) in the strata by the child population (age 0–18) 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 BCIS 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

3 Ibid.

4 Ibid.

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

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 grouped in strata from which CIS/BCIS agencies were sampled. In British Columbia they were further stratified by size and by region. In addition, separate strata were developed for First Nations Agencies.

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

The BCIS-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



# Appendix E

## CIS-2008/BCIS-2008 GUIDEBOOK

The following is the BCIS-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. 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/BCIS-2008 CASE VIGNETTES

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

**Intake Assessment: Sarah and Jason**

**File Number:** 2345-234 G

**Referring Source:** Neighbour

**Date of Referral:** October 06, 2008

**Family Name:** Smith

**Ethno-racial group:** White

**Mother's Name:** Betsy Smith

**Father's Name:** Unknown

**Children:      Date of Birth:**

Sarah              May 05, 2003

Jason              February 02, 2008

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

---

**Referral Summary:**

**Date: Oct 6/08** A caller contacted the office with concerns that Jason, a young baby, was being left alone by his mother. The caller lives across the street from Ms. Smith and has known the family for four or five months. The caller indicated that Ms. Smith lives in an apartment with her little girl who looks about four or five, and her baby boy who is about 8 or 9 months old. The caller has watched Ms. Smith leave the house with her daughter at lunchtime, walking the girl to school a few blocks away. The baby is not with her. Ms. Smith sometimes returns within 10 or 15 minutes, and other times she returns after a longer period. The caller has watched this happen six or seven times since the start of the school year. Today she noted that Ms. Smith was gone for at least 45 minutes and that the baby was alone in the apartment the whole time, although Ms. Smith was now back at home. The caller knows that Ms. Smith has a boyfriend who stays overnight occasionally.

**Date: Oct 7/08** The worker attended the home of Ms. Smith (26) at 10 am. Ms. Smith was surprised to see the worker at her home but agreed to let the worker in. She apologized for the house being untidy as she had not been able to clean up yet this morning.

The kitchen had a large pile of dirty dishes on the counter and in the sink, including several half-full baby bottles. The worker looked in the fridge and cupboards, and noted adequate provisions. Crumbs and pieces of dirt were stuck to the carpet. Toys and dirty dishes were all about the living area. The beds were all unmade and Sarah's bed had no sheets. Jason's crib was sour smelling but free of toys. The bathroom was very dirty. The window was broken and a large piece of glass was on the floor.

Ms. Smith indicated that she has been unemployed since Sarah was born. She relies on social assistance to pay her bills. She has used the food bank a few times. She has more money since moving to this subsidized apartment four months ago. She indicated that she has an on-and-off boyfriend named John; he does not help with the kids. Ms. Smith was raised in another town. Her parents and two brothers remain there. Ms. Smith has no history of CAS involvement as a child.

Sarah was talkative and friendly. She showed no signs of anxiety or fear in front of her mother. Sarah proudly told the worker what a big girl she was as she could dress herself and make her own breakfast. She thought it was nice to let her mom sleep in.

**Intake Assessment: Sarah and Jason**

**File Number:** 2345-234 G

**Referring Source:** Neighbour

**Date of Referral:** October 06, 2008

**Family Name:** Smith

**Ethno-racial group:** White

**Mother's Name:** Betsy Smith

**Father's Name:** Unknown

**Children:      Date of Birth:**

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:**

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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.



# Appendix G

## VARIANCE ESTIMATES AND CONFIDENCE INTERVALS

The following is a description of the method employed to develop the sampling error estimation for the BCIS-2008. As well as the variance estimates and confidence intervals for the BCIS-2008 estimates. Variance estimates are provided for the statistics in the “total” column for most tables in this report.

### SAMPLING ERROR ESTIMATION<sup>1</sup>

The BCIS-2008 uses a random sample survey method to estimate the incidence and characteristics of cases of reported child abuse and neglect across the country. The study estimates are based on the core BCIS-2008 sample of 1,543 child investigations drawn from a total population of 871 family cases open for service in British Columbia. The size of this sample ensures that estimates for figures such as the overall rate of reported maltreatment, substantiation rate, and major categories of maltreatment have a reasonable margin of error. However, the margin of error increases for estimates involving less frequent events, such as the number of reported cases of medical neglect or the number of children under four years of age placed in the care of child welfare services.

For extremely rare events, such as voyeurism, the margin of error is very large, and such estimates should be interpreted as providing a rough idea of the relative scope of the problem rather than a precise number of cases.

Appendix G tables provide the margin of error for selected BCIS-2008 estimates. For example, the estimated number of child maltreatment investigations in British Columbia is 28,218. The lower 95 per cent confidence interval is 20,432 child investigations and the upper confidence interval is 36,004 child investigations. This means that there is a 95 per cent chance that the true number of substantiated maltreatment is between 20,432 and 36,004.

The error estimates do not account for any errors in determining the annual and regional weights. Nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from office to office. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends on the extent to which the sampling period is representative of the whole year.

To assess the precision of the BCIS-2008 estimates, sampling errors were calculated from the sample with reference to the fact that the survey population had been stratified and that a single cluster (or office) had been

selected randomly from each stratum. From the selected cluster all cases in the three-month period were sampled. In a few situations, a shorter period of time was sampled or every random cases were sampled. An annualization weight was used to weight the survey data to represent annual cases. A regionalization weight was used to weight the survey data so that data from offices represented regions or strata.

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

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

Calculating the variance for each strata was a problem, because only one cluster had been chosen in each strata. To overcome this problem we used

<sup>1</sup> Statistical consultation and sampling error estimation were provided by Health Canada, Social Survey Method Division, Jane Mulvihill, Senior Methodologist.

the approach given in Rust and Kalton (1987).<sup>2</sup>

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

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

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

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

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

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

where:

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

For our study the  $H$  strata were partitioned into  $J$  groups of strata, known as collapsed strata, and there were  $H_j$  ( $H_j \geq 2$ ) strata in the collapsed stratum  $j$ . Stratum  $h$  within collapsed stratum  $j$  is denoted by  $h(j)$ . The collapsed strata estimator of the variance  $\hat{\tau}$  is

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

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

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

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

**APPENDIX G: Table 3-1a**

Number and Rate of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Number of Investigations	28,218	3,972	14.08%	20,432	36,004

**APPENDIX G: Table 3-2**

Age of Children in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<1 year	1,684	318	18.90%	1,060	2,307
1-3 years	5,932	1,193	20.11%	3,594	8,270
4-7 years	6,697	1,445	21.57%	3,865	9,528
8-11 years	5,581	926	16.59%	3,766	7,396
12-15 years	6,512	829	12.74%	4,886	8,137
16-18 years	1,813	267	14.70%	1,291	2,336

**APPENDIX G: Figure 3-3**

<b>Substantiation Decisions in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Substantiated	11,248	1,805	16.05%	7,710	14,787
Suspected	4,024	499	12.39%	3,047	5,001
Unfounded	12,287	2,182	17.76%	8,010	16,565
Risk of Future Maltreatment	136	60	44.30%	18	255
No Risk of Future Maltreatment		136	36.15%	110	645
Unknown Risk of Future Maltreatment	145	75	52.04%	-3	293

**APPENDIX G: Table 3-4a**

<b>Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Any Non-Professional Referral Source	10,327	1,793	17.37%	6,812	13,842
Any Professional Referral Source	17,184	2,446	14.24%	12,390	21,979
Other/Anonymous Referral Source	2,310	729	31.57%	880	3,739

**APPENDIX G: Table 3-4b**

<b>Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<b>Non Professional</b>					
Custodial or Non Custodial Parent	2,706	584	21.59%	1,561	3,851
Child (Subject of Referral)	1,136	423	37.21%	307	1,964
Relative	2,585	631	24.40%	1,349	3,822
Neighbour/Friend	2,306	907	39.32%	529	4,083
<b>Professional</b>					
Community, Health or Social Services	2,120	445	20.99%	1,248	2,993
Hospital (Any Personnel)	1,106	595	53.85%	-61	2,272
School	5,955	755	12.67%	4,476	7,435
Other Child Welfare Service	706	446	63.24%	-169	1,581
Day Care Centre	343	146	42.70%	56	630
Police	6,458	1,169	18.11%	4,166	8,750
Anonymous	1,582	616	38.97%	374	2,790
Other	728	145	19.89%	444	1,011

**APPENDIX G: Table 3-5**

<b>Provision of Ongoing Services Following an Investigation in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Case to Stay Open for Ongoing Services	6,172	959	15.54%	4,292	8,051
Case to be Closed	22,042	3,391	15.39%	15,395	28,689

**APPENDIX G: Table 3-6a**

<b>Placements in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Remained at Home	24,930	3,480	13.96%	18,110	31,751
Child with Relative (Not a Formal Child Welfare Placement)	1,876	500	26.65%	896	2,856
Foster Care (Includes Kinship Care)	1,366	186	13.64%	1,001	1,731
Group Home/Residential Secure Treatment	-	-	-	-	-

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

**APPENDIX G: Figure 3-6b**

<b>Placements in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Placement Required	24,328	3,485	14.32%	17,498	31,158
Placement Considered	603	165	27.39%	279	926
Informal Kinship Care	1,876	500	26.65%	896	2,856
Kinship Foster Care	212	54	25.64%	106	319
Foster Care	1,154	195	16.90%	772	1,536
Group Home	-	-	-	-	-
Residential Secure Treatment	-	-	-	-	-

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

**APPENDIX G: Table 3-7**

<b>History of Previous Investigations in Child Maltreatment Investigations and Risk of Future Maltreatment Investigation in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Previously Investigated	14,393	2,342	16.27%	9,803	18,983
Child Not Previously Investigated	13,740	2,115	15.40%	9,594	17,886
Unknown	-	-	-	-	-

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

**APPENDIX G: Table 3-8**

<b>Applications to Child Welfare Court in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Court Considered	26,735	3,872	14.48%	19,145	34,325
Application Made	1,483	370	24.94%	758	2,208

**APPENDIX G: Figure 4-1**

Primary Category of Substantiated Maltreatment in British Columbia in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Physical Abuse	3,309	683	20.63%	1,971	4,648
Sexual Abuse	170	87	51.02%	0	340
Neglect	3,242	613	18.91%	2,040	4,443
Emotional Maltreatment	894	217	24.28%	468	1,319
Exposure to Intimate Partner Violence	3,633	649	17.86%	2,361	4,905

**APPENDIX G: Table 4-2**

Single and Multiple Categories of Substantiated Child Maltreatment in British Columbia in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<b>Single Form of Substantiated Maltreatment</b>					
Physical Abuse Only	2,362	491	20.78%	1,400	3,324
Sexual Abuse Only	93	59	62.73%	-21	208
Neglect Only	2,486	535	21.50%	1,439	3,534
Emotional Maltreatment Only	642	170	26.54%	308	976
Exposure to Intimate Partner Violence Only	3,350	559	16.68%	2,255	4,445
<b>Multiple Categories of Substantiated Maltreatment</b>					
Physical Abuse and Neglect	140	59	42.35%	24	257
Physical Abuse and Emotional Maltreatment	541	178	32.97%	191	891
Physical Abuse and Exposure to Intimate Partner Violence	273	131	48.11%	16	530
Sexual Abuse and Neglect	-	-	-	-	-
Sexual Abuse and Physical Abuse	-	-	-	-	-
Neglect and Emotional Maltreatment	266	68	25.66%	132	400
Neglect and Exposure to Intimate Partner Violence	562	179	31.88%	211	913
Emotional Maltreatment and Exposure to Intimate Partner Violence	188	102	54.09%	-11	388
Physical Abuse, Sexual Abuse and Neglect	-	-	-	-	-
Physical Abuse, Neglect, Emotional Maltreatment	97	93	96.00%	-85	279
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	-	-	-	-	-
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	93	93	100.00%	-89	275
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	-	-	-
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	-	-	-
Sexual Abuse, Neglect and Emotional Maltreatment	-	-	-	-	-
Sexual Abuse, Neglect and Exposure to Intimate Partner Violence	-	-	-	-	-
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	208	68	32.56%	75	341

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

**APPENDIX G: Figure 4-3**

<b>Severity of Physical Harm by Primary Category of Substantiated Child Maltreatment in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Physical Harm	10,125	1,748	17.26%	6,700	13,551
Physical Harm, No Medical Treatment Required	856	224	26.13%	417	1,294
Physical Harm, Medical Treatment Required	232	94	40.75%	47	417

**APPENDIX G: Table 4-4**

<b>Nature of Physical Harm in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Bruises, Cuts, Scrapes	929	265	28.49%	410	1,448
Burns and Scalds	-	-	-	-	-
Broken Bones	-	-	-	-	-
Head Trauma	-	-	-	-	-
Fatality	-	-	-	-	-
Other Health Conditions	115	28	24.25%	60	169

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

**APPENDIX G: Figure 4-5**

<b>Documented Emotional Harm in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Emotional Harm	8,645	1,427	16.51%	5,849	11,442
Signs of Emotional Harm, No Treatment Required	900	226	25.14%	456	1,343
Emotional Harm, Treatment Required	1,694	445	26.26%	822	2,566

**APPENDIX G: Figure 4-6**

<b>Duration of Maltreatment in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Single Incident	5,650	993	17.57%	3,704	7,595
Multiple Incident	5,557	1,271	22.87%	3,067	8,047

**APPENDIX G: Table 5-2**

<b>Child Functioning Concerns in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Depression/Anxiety/Withdrawal	2,505	338	13.50%	1,842	3,168
Suicidal Thoughts	573	281	49.10%	22	1,125
Self-Harming Behaviour	538	294	54.65%	-38	1,113
ADD/ADHD	916	211	23.04%	502	1,330
Attachment Issues	1,957	453	23.15%	1,069	2,844
Aggression	1,931	370	19.18%	1,205	2,657
Running (Multiple Incidents)	436	162	37.16%	118	753
Inappropriate Sexual Behaviours	471	178	37.82%	122	819
Youth Criminal Justice Act Involvement	264	146	55.38%	-23	551
Intellectual/Developmental Disability	1,299	271	20.83%	769	1,829
Failure to Meet Developmental Milestones	764	104	13.59%	560	967
Academic Difficulties	2,497	559	22.40%	1,401	3,594
FAS/FAE	365	175	47.92%	22	707
Positive Toxicology at Birth	-	-	-	-	-
Physical Disability	116	71	61.29%	-23	255
Alcohol Abuse	596	342	57.29%	-73	1,266
Drug/Solvent Abuse	665	346	52.07%	-14	1,343
Other Functioning Concern	533	115	21.57%	308	758

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

**APPENDIX G: Table 5-3**

<b>Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<b>Aboriginal Heritage</b>					
Not Aboriginal	8,829	1,206	13.65%	6,466	11,193
First Nation, Status	1,875	753	40.14%	400	3,350
First Nation, Non-Status	349	22	6.40%	305	393
Métis	79	30	37.68%	21	137
Inuit	-	-	-	-	-
Other Aboriginal	116	68	58.29%	-17	249

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

**APPENDIX G: Table 5-4a**

<b>Age of Primary Caregiver in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<16 years	-	-	-	-	-
16-18 years	-	-	-	-	-
19-21 years	321	109	34.00%	107	534
22-30 years	3,212	883	27.49%	1,482	4,942
31-40 years	4,788	1,034	21.60%	2,761	6,815
41-50 years	2,158	446	20.68%	1,283	3,032
51-60 years	638	198	30.95%	251	1,025
>60 years	-	-	-	-	-

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

**APPENDIX G: Table 5-4b**

<b>Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Females	10,348	1,623	15.69%	7,167	13,530
Males	900	265	29.49%	380	1,420

**APPENDIX G: Table 5-5**

<b>Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Biological Parent	10,491	1,883	17.95%	6,800	14,183
Parent's Partner	135	50	31.31%	36	233
Foster Parent	-	-	-	-	-
Adoptive Parent	150	143	94.85%	-129	430
Grandparent	363	251	69.08%	-128	854
Other	109	59	54.14%	-7	226

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

**APPENDIX G: Table 5-6**

<b>Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Alcohol Abuse	2,663	461	17.30%	1,761	3,566
Drug/Solvent Abuse	1,720	373	21.69%	989	2,451
Cognitive Impairment	711	281	39.51%	161	1,262
Mental Health Issues	3,056	543	17.76%	1,992	4,121
Physical Health Issues	1,147	550	47.91%	70	2,224
Few Social Supports	4,137	719	17.38%	2,728	5,546
Victim of Domestic Violence	5,613	788	14.03%	4,069	7,157
Perpetrator of domestic Violence	1,527	194	12.68%	1,147	1,906
History of Foster Care/Group Home	464	169	36.41%	133	795

**APPENDIX G: Table 5-7**

<b>Household Source of Income in Substantiated Investigations in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Full-Time Employment	6,005	1,135	18.90%	3,781	8,229
Part-time/Multiple Jobs/ Seasonal Employment	1,303	550	42.19%	226	2,381
Benefits/El/Social Assistance	2,864	455	15.90%	1,972	3,757
Unknown	871	220	25.23%	440	1,302
None	205	54	26.45%	99	311

**APPENDIX G: Table 5-8**

<b>Housing Type in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Own Home	4,098	597	14.58%	2,927	5,269
Rental Accommodation	5,169	1,153	22.31%	2,908	7,430
Public Housing	465	87	18.77%	294	636
Band housing	167	65	38.77%	40	293
Shelter/Hotel	139	49	35.12%	43	235
Other	158	64	40.38%	33	284
Unknown	1,052	297	28.25%	469	1,635

**APPENDIX G: Table 5-9**

<b>Family Moves Within the Last 12 Months in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Moves in Last 12 Months	4,765	774	16.24%	3,248	6,282
One Move	1,742	429	24.63%	901	2,582
Two or more moves	1,276	456	35.71%	383	2,169
Unknown	3,466	981	28.31%	1,543	5,389

**APPENDIX G: Table 5-10**

<b>Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in British Columbia in 2008</b>					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Accessible Weapons	107	50	46.80%	9	206
Accessible Drugs or Drug Paraphernalia	457	187	40.99%	90	824
Drug Production/Trafficking in Home	338	248	73.43%	-148	824
Chemicals or Solvents Used in Production	271	244	90.15%	-208	750
Other Home Injury Hazards	162	89	54.76%	-12	337
Other home health hazards	502	214	42.55%	83	921



# Appendix H

## DESCRIPTION OF WEIGHTING PROCEDURE

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

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

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

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

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

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

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

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

proportional to office child population and it does not account for variations in the per capita rate of investigations.

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

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

### Annualization

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

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

Two key limitations of the annualization weight must be noted. This factor corrects for

seasonal fluctuation in the number of investigations, but it does not correct for any seasonal variations in investigation/maltreatment characteristics. In addition, while cases reported more than once during the three-month case sampling period were unduplicated (see Case Selection section in this chapter), the weights used for BCIS-2008 annual estimates include an unknown number of “duplicate” cases, i.e. children or families reported and opened for investigation two or more times during the year. Accordingly, the weighted annual estimates presented in this report represent new child maltreatment-related investigations conducted by the sampled offices in 2008, rather than investigated children.