



CIS-2008 Guidebook

Site Researcher:

Telephone:

Fax:

Email:

Mail:

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 you need immediate assistance,
please contact the CIS Central Office in Toronto, at (416) 978-2527**

THE CANADIAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT

2008 Guidebook

BACKGROUND

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

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

OBJECTIVES

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

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

SAMPLE

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

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

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

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

CIS MALTREATMENT ASSESSMENT FORM

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

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

The *CIS Maltreatment Assessment Form* examines a range of family, child, and case status variables. These variables include source of referral, Tfirove, dam osditio, kely, Tfirove, fucitiodingissuees, houding andhcom. It also includis ut com

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Face Sheet will be stored in a locked area at your agency/office until the study is completed, and then will be destroyed.

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

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

COMPLETING THE *CIS MALTREATMENT ASSESSMENT FORM*

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

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

FREQUENTLY ASKED QUESTIONS

1. FOR WHAT CASES SHOULD I COMPLETE A *CIS MALTREATMENT ASSESSMENT FORM*?

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

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

2. SHOULD I COMPLETE A FORM FOR ONLY THOSE CASES WHERE ABUSE AND/OR NEGLECT ARE SUSPECTED?

Complete an *Intake Face Sheet* and the tear-off portion of the *Intake face Sheet* for all cases opened during the data selection period at your agency/office (e.g., maltreatment investigations as well as prenatal counselling, child/youth behaviour problems, request for services from another agency/office, and, where applicable, screened-out cases) or for all cases identified in the random selection process. If maltreatment was alleged at any point during the investigation, complete the remainder of the *CIS Maltreatment Assessment Form* (both *Household Information* and *Child Information Sheets*). Maltreatment may be alleged by the person(s) making the report, or by any other person(s), including yourself, during the investigation (e.g., complete a *CIS Maltreatment Assessment Form* if a case was initially referred for parent/adolescent conflict, but during the investigation the child made a disclosure of physical abuse or neglect). Also complete a *Household Information Sheet* and relevant items on the *Child Information Sheet* (questions 25 through 30, and questions 39 through 41) for any child for whom you conducted a risk assessment. For risk assessments only, do not complete the questions regarding a specific event or incident of maltreatment. An *event* of child maltreatment refers to something that may have happened to a child whereas a *risk* of child maltreatment refers to something that probably will happen.

3. SHOULD I COMPLETE A CIS MALTREATMENT ASSESSMENT FORM ON SCREENED-OUT CASES?

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

4. WHEN SHOULD I COMPLETE THE CIS MALTREATMENT ASSESSMENT FORM?

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

5. WHO SHOULD COMPLETE THE CIS MALTREATMENT ASSESSMENT FORM IF MORE THAN ONE PERSON WORKS ON THE INVESTIGATION?

The *CIS Maltreatment Assessment Form* should be completed by the worker who conducts the intake assessment and prepares the assessment or investigation report. If several workers investigate a case, the worker with primary responsibility for the case should complete the *CIS Maltreatment Assessment Form*.

6. WHAT SHOULD I DO IF MORE THAN ONE CHILD IS INVESTIGATED?

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

7. WILL I RECEIVE TRAINING FOR THE *CIS MALTREATMENT ASSESSMENT FORM*?

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

8. WHAT SHOULD I DO WITH THE COMPLETED FORMS?

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

9. IS THIS INFORMATION CONFIDENTIAL?

The information you provide is confidential, and no identifying information will leave your agency/office. Your Site Researcher will code any near-identifying information from the bottom portion of the *Intake Sheet*. Where a name has been asked for, the Site Researcher will black out the name prior to the form leaving your agency/office. Refer to the section above on confidentiality.

DEFINITIONS: *INTAKE FACE SHEET*

QUESTION 1: DATE REFERRAL WAS RECEIVED

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

QUESTION 2: DATE CASE OPENED

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

QUESTION 3: SOURCE OF ALLEGATION/REFERRAL

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

- **Custodial parent:** Includes parent(s) identified in Question 5: Caregiver(s) in the home.
- **Non-custodial parent:** Contact from an estranged spouse (e.g., individual reporting the parenting practices of his or her former spouse).
- **Child (subject of referral):** A self-referral by any child listed on the *Intake Face Sheet* of the *CIS Maltreatment Assessment Form*.

- **Relative:** Any relative of the child in question. If child lives with foster parents, and a relative of the foster parents reports maltreatment, specify under “Other.”
- **Neighbour/friend:** Includes any neighbour or friend of the child(ren) or his or her family.
- **Social assistance worker:** Refers to a social assistance worker involved with the household.
- **Crisis service/shelter:** Includes any shelter or crisis service for domestic violence or homelessness.
- **Community/recreation centre:** Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- **Hospital:** Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor’s office.
- **Community health nurse:** Includes nurses involved in services such as family support, family visitation programs and community medical outreach.
- **Community physician:** A report from any family physician with a single or ongoing contact with the child and/or family.
- **Community mental health professional:** Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/Child Welfare/*Youth Justice Act* (YJA) setting.
- **School:** Any school personnel (teacher, principal, teacher’s aide, school social worker etc.).
- **Other child welfare service:** Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- **Day care centre:** Refers to a child care or day care provider.
- **Police:** Any member of a police force, including municipal or provincial/territorial police, or RCMP.
- **Community agency:** Any other community agency/office or service.
- **Anonymous:** A referral source who does not identify him- or herself.
- **Other:** Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

QUESTION 4: PLEASE DESCRIBE REFERRAL, INCLUDING ALLEGED MALTREATMENT OR RISK OF MALTREATMENT (IF APPLICABLE) AND RESULTS OF INVESTIGATION

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

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

Provide a short description of the referral, including, as appropriate, the investigated maltreatment or the reason for a risk assessment, and major investigation results (e.g., type of maltreatment,

substantiation, injuries). If the reason for the case opening was not for alleged or suspected maltreatment, describe the reason (e.g., adoption home assessment, request for information).

QUESTION 5: CAREGIVER(S) IN THE HOME

Describe up to two caregivers in the home. Only caregiver(s) in the child's primary residence should be noted in this section. Provide each caregiver's age and sex in the space indicated.

QUESTION 6: LIST ALL CHILDREN IN THE HOME (<20 YEARS)

Include biological, step-, adoptive and foster children.

- a) **List first names of all children (<20 years) in the home at time of referral:** List the first name of each child who was living in the home at the time of the referral .
- b) **Age of child:** Indicate the age of each child living in the home at the time of the referral. Use 00 for children younger than 1.
- c) **Sex of child:** Indicate the sex of each child in the home.
- d) **Primary caregiver's relationship to child:** Describe the primary caregiver's relationship to each child, using the codes provided.
- e) **Other caregiver's relationship to child:** Describe the other caregiver's relationship to each child (if applicable), using the codes provided. Describe the caregiver only if the caregiver is in the home.
- f) **Referred:** Indicate which children were noted in the initial referral.
- g) **Risk investigation only:** Indicate if the child was investigated because of risk of maltreatment only. Include only situations in which **no allegation** of maltreatment was made, and **no specific incident of maltreatment** was suspected at any point during the investigation (e.g., include referrals for parent-teen conflict; child behaviour problems; parent behaviour such as substance abuse, where there is a risk of future maltreatment but no concurrent allegations of maltreatment. Investigations for risk may focus on risk of several types of maltreatment (e.g., parent's drinking places child at risk for physical abuse and neglect, but no specific allegation has been made and no specific incident is suspected during the investigation).
- h) **Investigated incident of maltreatment:** Indicate if the child was investigated because of an allegation of maltreatment. In jurisdictions that require that all children be routinely interviewed for an investigation, include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment (e.g., include three siblings ages 5 to 12 in a situation of chronic neglect, but do not include the 3-year-old brother of a 12-year-old girl who was sexually abused by someone who does not live with the family and has not had access to the younger sibling).

TEAR-OFF PORTION OF INTAKE FACE SHEET

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

WORKER'S NAME

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

FIRST TWO LETTERS OF PRIMARY CAREGIVER'S SURNAME

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

CASE NUMBER

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

DEFINITIONS: COMMENT SHEET

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

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

DEFINITIONS: HOUSEHOLD INFORMATION SHEET

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

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

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

QUESTION 8: PRIMARY INCOME

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

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

QUESTION 9: ETHNO-RACIAL GROUP

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

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

QUESTION 10: IF ABORIGINAL

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

QUESTION 11: PRIMARY LANGUAGE

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

QUESTION 12: CONTACT WITH CAREGIVER IN RESPONSE TO INVESTIGATION

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

QUESTION 13: CAREGIVER RISK FACTORS

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

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

QUESTION 14: OTHER ADULTS IN THE HOME

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

QUESTION 15: CAREGIVER(S) OUTSIDE THE HOME

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

QUESTION 16: CHILD CUSTODY DISPUTE

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

QUESTION 17: HOUSING

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

- **Own home:** A purchased house, condominium or townhouse.

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

QUESTION 18: HOME OVERCROWDED

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

QUESTION 19: NUMBER OF MOVES IN PAST YEAR

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

QUESTION 20: HOUSING SAFETY

- Accessible weapons:** Guns or other weapons that a child may be able to access.
- Accessible drugs or drug paraphernalia:** Illegal or legal drugs stored in such a way that a child might access and ingest them, or needles stored in such a way that a child may access them.
- Drug production or trafficking in the home:** Is there evidence that this home has been used as a drug lab, narcotics lab, grow operation or crack house? This question asks about evidence that drugs are being grown (e.g., marijuana), processed (e.g., methamphetamine) or sold in the home. Evidence of sales might include observations of large quantities of legal or illegal drugs, narcotics, or drug paraphernalia such as needles or crack pipes in the home, or exchanges of drugs for money. Evidence that drugs or narcotics are being grown or processed might include observations that a house is “hyper-sealed” (meaning it has darkened windows and doors, with little to no air or sunlight).
- Chemicals or solvents used in production:** Industrial chemicals/solvent stored in such a way that a child might access and ingest or touch.
- Other home injury hazards:** The quality of household maintenance is such that a child might have access to things such as poisons, fire implements or electrical hazards.
- Other home health hazards:** The quality of living environment is such that it poses a health risk to a child (e.g., no heating, feces on floor/walls).

QUESTION 21: HOUSEHOLD REGULARLY RUNS OUT OF MONEY FOR BASIC NECESSITIES

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

QUESTION 22: CASE PREVIOUSLY OPENED

Describe case status at the time of the referral.

Case previously opened: Has this family previously had an open file with a child welfare agency/office? For provinces where cases are identified by family, has a caregiver in this family been part of a previous investigation even if it was concerning different children? Respond if there is documentation, or if you are aware that there have been previous openings. Estimate the number

of previous openings. This would relate to case openings for any of the children identified as living in the home (listed on the *Intake Face Sheet*).

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

QUESTION 23: CASE WILL STAY OPEN FOR ONGOING CHILD WELFARE SERVICES

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

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

QUESTION 24: REFERRAL(S) FOR ANY FAMILY MEMBER

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

- **No referral made:** No referral was made to any programs.
- **Parent support group:** Any group program designed to offer support or education (e.g., Parents Anonymous, Parenting Instruction Course, Parent Support Association).
- **In-home family/parenting counselling:** Home-based support services designed to support families, reduce risk of out-of-home placement, or reunify children in care with their family.
- **Other family or parent counseling:** Refers to any other type of family or parent support or counseling not identified as “parent support group” or “in-home family/parenting counseling” (e.g., couples or family therapy).
- **Drug or alcohol counselling: Addiction program (any substance) for caregiver(s) or children.**
- **Welfare or social assistance:** Referral for social assistance to address financial concerns of the household.
- **Food bank:** Referral to any food bank.
- **Shelter services:** Regarding domestic violence or homelessness.
- **Domestic violence services:** Referral for services/counselling regarding domestic violence, abusive relationships or the effects of witnessing violence.
- **Psychiatric or psychological services:** Child or parent referral to psychological or psychiatric services (trauma, high risk behaviour or intervention).
- **Special education placement:** Any specialized school program to meet a child’s educational, emotional or behavioural needs.
- **Recreational services:** Referral to a community recreational program (e.g., organized sports leagues, community recreation, Boys and Girls Clubs).
- **Victim support program:** Referral to a victim support program (e.g., sexual abuse disclosure group).

- **Medical or dental services:** Any specialized service to address the child’s immediate medical or dental health needs.
- **Child or day care:** Any paid child or day care services, including staff-run and in-home services.
- **Cultural services:** Services to help children or families strengthen their cultural heritage.
- **Other:** Indicate and specify any other child- or family-focused referral.

DEFINITIONS: CHILD INFORMATION SHEET

QUESTION 25: CHILD NAME AND SEX

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

QUESTION 26: AGE

Indicate the child’s age.

QUESTION 27: TYPE OF INVESTIGATION

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

QUESTION 28: ABORIGINAL STATUS

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

QUESTION 29: CHILD FUNCTIONING

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

- **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child’s ability to manage at home and at school.
- **Suicidal thoughts:** The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.
- **Self-harming behaviour:** Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.
- **ADD/ADHD:** ADD/ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically

seen in children of comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school or in the community.

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

QUESTION 30: IF RISK INVESTIGATION ONLY, IS THERE A SIGNIFICANT RISK OF FUTURE MALTREATMENT?

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

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

QUESTION 31: MALTREATMENT CODES

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

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

Physical Abuse

The child was physically harmed or could have suffered physical harm as a result of the behaviour of the person looking after the child. Include any alleged physical assault, including abusive incidents involving some form of punishment. If several forms of physical abuse are involved, **identify the most harmful form** and circle the codes of other relevant descriptors.

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

Sexual Abuse

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

- **Penetration:** Penile, digital or object penetration of vagina or anus.
- **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
- **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
- **Fondling:** Touching or fondling genitals for sexual purposes.
- **Sex talk or images:** Verbal or written proposition, encouragement or suggestion of a sexual nature (include face to face, phone, written and Internet contact, as well as exposing the child to pornographic material).
- **Voyeurism:** Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.
- **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
- **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
- **Other sexual abuse:** Other or unspecified sexual abuse.

Neglect

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

- **Failure to supervise: physical harm:** The child suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
- **Failure to supervise: sexual abuse:** The child has been or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.
- **Permitting criminal behaviour:** A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
- **Physical neglect:** The child has suffered or is at substantial risk of suffering physical harm caused by the caregiver(s)' failure to care and provide for the child adequately. This includes inadequate nutrition/clothing, and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

- **Medical neglect (includes dental):** The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to the treatment. This includes dental services when funding is available.
- **Failure to provide psych. treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional or developmental condition that could seriously impair the child's development. The child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.
- **Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.
- **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), or fail to enroll the child, or repeatedly keep th

- **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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