

**Policies and Practices of Child Welfare Agencies in
Response to Complaints of Child Sexual Abuse 1960 – 2006**

A Report to the Cornwall Public Inquiry

Final Report

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September, 2007

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A Report Requested by the Cornwall Public Inquiry

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Acknowledgments

We wish to thank the Directors of the three child welfare agencies who agreed to have their staff participate in the research completed for this report. We also thank all of the key informants who gave generously of their time and expertise. Thank you also to Louise Leck, Director of Education Services, Ontario Association of Children's Aid Societies for her valuable assistance with information about training child welfare workers. We also received valuable advice and information from John Liston, former Executive Director of the London and Middlesex Children's Aid Society, Rhonda Hallberg of the London and Middlesex Children's Aid Society, and Pamela Roddy, a retired child welfare social worker and supervisor. We also thank reviewers of earlier drafts of this report for helpful suggestions.

Executive Summary

The Cornwall Public Inquiry requested the authors of this report to provide a review of literature about the evolution, over the period 1960 – 2006, of child protection policies and practices in respect to complaints of child sexual abuse (CSA), and complaints by adults of historical CSA where the abuser may have continued contact with children. Also requested was a review of policies and practices to prevent CSA, over the same time period, within facilities or services provided by child protection agencies. Secondly, we were asked to conduct research regarding these policies and practices in three child welfare agencies – two agencies of differing size located in the province of Ontario, and one located outside the province.

The report has two parts: Part 1 is an extensive review of literature related to the above requests, relevant Ontario legislation, and pertinent standards and guidelines issued by the Ontario Ministries responsible for child welfare. Part 1 also includes information about the history of child protection worker training with respect to CSA in Ontario and a summary of applicable training curricula over the years.

Part 2 reports the findings of the research completed in two child welfare agencies in Ontario and one in a province outside of Ontario. We promised to keep the identity of the agencies and the key informants confidential in order that informants could feel secure in expressing their perceptions, experiences and memories as openly as possible. The report concludes with a summary of the similarities and differences between the three agencies studied.

Summary of Part 1

Evolution of Societal and Professional Understanding of Child Sexual Abuse

A review of literature describing the evolution of societal and professional understanding of CSA reveals that prior to 1970 1) little was written about the issue, 2) belief that it was a prevalent problem was denied, and 3) when it was discussed, the idea that the child or the child's mother was responsible for the abuse rather than the offender was frequently stated or implied. In the 1970's, increased awareness of the extent that children were being physically abused led to more research of child abuse in general. Studies (focusing on females) revealed that significant numbers of women reported experiences of CSA; concurrently, the feminist movement pushed for greater awareness about the startling numbers of children and adults who had been sexually abused. During the 1980's, disclosures of CSA to child welfare and police increased dramatically and numerous treatment centers for child victims and adult survivors were created. Protocols to coordinate community responses (especially child protection and law enforcement) to complaints of CSA were developed. However, little empirical research was available to guide these efforts.

During the 1990's a number of controversies developed including whether adults who accused others of CSA were suffering from a false memory syndrome and whether therapists were encouraging the development of "false memories". Considerable controversy also developed around the credibility of child witnesses. Research published since 2000 indicates a significant drop in the number of substantiated CSA

cases and it is currently unclear whether this drop is due to the success of earlier prevention and criminal justice interventions, to victims and their caregivers being less willing to disclose and report CSA, or to other factors.

Review of changes in professional understanding of CSA reveals that the field has focused on intrafamilial CSA in spite of more recent research indicating that more children, both girls and boys, are sexually abused by someone who is not a relative (but still someone known to them) than by a relative. Male children are at higher risk than female children to be abused by nonrelatives such as neighbours, friends of the family, authority figures such as teachers, employers, medical personnel, baby sitters, clergy and non-related caregivers (Bolen, 2001).

Relevant Legislation

Review of Ontario child welfare legislation indicates that the term “sexual molestation” was included in the definition of an abused child for the first time in 1978. The term was not defined until 1981. In 1984, a child who has been “sexually molested or sexually exploited” or who was seen to be at risk to be sexually molested or sexually exploited was included in the legislative definition of a child in need of protection. Furthermore, prior to 1981, child welfare agencies were required to report to the Child Abuse Register only those persons who had “care, custody, control or charge of a child” and had abused a child. In 1981, the definition of persons who could be reported to the Register for abuse of a child was expanded to include anyone “who has the responsibility of caring for a child on a short-term or long-term basis” as well as “a person without formal responsibility for the care of the child”. Abuse by a stranger was not reportable to the Child Abuse Register.

Specific reference to historical CSA within child welfare legislation and standards was made for the first time in 1992. This reference made clear that Children’s Aid Societies (CASs) were responsible to initiate an investigation only when there was an allegation or evidence that a child under the age of 16 years had been abused or was at risk to be abused.

Bill C -15, the Act to Amend the Criminal Code and the Canada Evidence Act (1988) created new criminal offenses related to the sexual abuse of children including sexual interference, sexual exploitation, and invitation to sexual touching. It changed rules of evidence and procedure to permit the prosecution of CSA without the legal necessity of having the testimony of children corroborated. Bill C-15 was also designed to increase the number of successful prosecutions, to bring sentences in line with the seriousness of the offence and to improve the experiences of child witnesses and victims (Hornick & Bolitho, 1992).

Multidisciplinary and Coordinated Responses to CSA in the US

Review of the literature regarding multidisciplinary and coordinated responses to CSA in the US reveals that multidisciplinary teams were first developed in response to concerns about child physical abuse in the 1970’s. At that time, it was seen as desirable to coordinate the efforts of child protection, social work and medical professionals and receive consultation from psychiatry, law enforcement, county attorneys, and youth

lawyers among others. This model was transferred to the management of CSA cases, with the police and child protection worker becoming the more central players at least in the initial stages. Child Advocacy Centers developed in some states beginning in 1985 and were seen as an advance because they both improved the coordinated response to CSA and also reduced stress on children and families. Research into the value of these initiatives suggested “a joint, collaborative approach to investigating child maltreatment by law enforcement and child protective services is seen as the preferred approach” (Winterfield & Sakagawa, 2003, p. 7). Another study found that sites with either Child Advocacy Centers or multidisciplinary interview centers offered advantages over agency-based investigations including more resources, a visible identity, a staff devoted to making the program work, better facilities and equipment for conducting child-friendly interviews, more accessible investigative team members and greater expertise among trained child interview specialists. Sites with centers also were more likely to have written protocols and more formalized joint investigations procedures (Sheppard & Zangrillo, 1996).

A joint coordinated approach to investigating CSA is seen as preferable because it reduces the number of interviews with the child about the abuse thereby reducing the stress and probability of retraumatization, and also because it is perceived generally to produce more thorough investigations. Many argue that it allows both police and child protection workers to provide their expertise and reduces the likelihood that the police investigation will be compromised by child protection intervention and that child protection concerns will be missed in the pursuit of criminal charges. Collaboration with other professions such as prosecutors, medical personnel, psychologists and victim advocates is seen as providing specialized expertise needed to respond effectively to abuse and neglect. A collaborative approach is also seen as better demonstrating that the community regards abuse and neglect of children as serious. Furthermore, it is seen as leading to evidence that is more likely to support criminal prosecution. In some cases it may facilitate access to victim compensation and payment for psychotherapy for victims (Winterfield & Sakagawa, 2003; Cross et al., 2005).

On the other hand, in various US regions, law enforcement has expressed concern that child protective services (CPS) involvement in some cases can lead to obstruction of criminal investigation and prosecution, or delays in taking necessary action. Concerns about CPS workers’ lack of skills in gathering evidence and that CPS workers are too much in favour of family preservation rather than child protection have been expressed. CPS workers have expressed concern about minimal communication from police, and unwillingness to conduct joint interviews. They also sometimes note that police have a more punitive attitude towards child abuse than other professionals, and that this may make attempts to work with the family more difficult; some have noted that police may be more likely to initiate removal of a child from the home and devalue CPS services such as family preservation and reunification (Cross, Finkelhor & Ormond, 2005).

Concerns about confidentiality are also expressed; a major challenge for collaborative teams has been rules regarding confidentiality that CPS workers are expected to observe. When the alleged perpetrator is not a family member, families may not be comfortable having CPS involved, and where prosecution is not appropriate, families may legitimately resent involvement of the police. Factors that seem to improve

the coordination process included co-location of police and CPS workers, joint training, establishment of a center that coordinates investigations on a 24-hour basis, and police child abuse specialists (Cross et al., 2005; Newman & Dannelfelser, 2005).

Multidisciplinary and Coordinated Responses to CSA in Canada

In this section, we review reports of specific community experiences, demonstration projects and evaluations of projects in a range of Canadian provinces and communities. These include a child abuse team developed in Dauphin, Manitoba in the late 1970's, a coordinated multidisciplinary response to CSA in Vancouver B.C, a coordinated CAS-police-criminal justice system response in Toronto, a multidisciplinary child protection team in Newfoundland, a coordinated response to CSA in rural Manitoba, and a protocol for the integration of social and judicial response to CSA in Montreal. We also compare the protocols for response to complaints of CSA in Saskatoon and Ottawa with that developed in Toronto in the late 1980's. Also reviewed are the findings and recommendations of the report of the Committee on Sexual Offenses against Children and Youth, (the Badgley Report), responses to the Badgley Report including Bill C-15, the role of Victim Witness Assistance programs in Ontario, and research evaluating Victim Witness Assistance Programs.

A number of themes run through these reports. Although some communities in Canada maintained that child abuse or CSA was not a problem in their community, it is clear that throughout the 1980's, professionals in many communities worked hard to develop a coordinated, integrated response to this issue. It was frequently recognized that child victims of CSA would be better served if police and CPS conducted joint investigations that would minimize the need for the child (and family members) to be repeatedly interviewed. Related to the needs of the child victim are themes about removing the offender from the home and not the child, police and CAS workers doing joint audio or videotaped interviews, the value of a child-friendly setting for the interview and the need for support and court preparation for child witnesses.

Also associated with the investigation of CSA is the theme of the need for investigators to be well trained, and the need for CAS and police to share information during the full course of the investigation. That joint training of CPS workers and police facilitated the success of the efforts to coordinate response was another strong theme. In more populated centers, having police officers and CPS workers who specialized in investigating CSA was seen as desirable. In some regions, joint training that also included crown attorneys, victim witness personnel, and mental health professionals was seen as best practice.

Repeated references to philosophical differences are noteworthy. These differences were related to: 1) the management of the offender – whether he/she should be forced to leave the home, whether he/she should be criminally charged, and if convicted, whether he/she should be mandated to receive treatment or serve jail time; 2) the child –whether young children could give valid accounts of their experience and how to guard against contamination of child's accounts; and 3) all members of the victim's family – whether the CAS should provide treatment or whether this was the responsibility of other agencies, and whether the police and criminal justice system should be involved in this aspect at all.

The research conducted to evaluate the impact of Bill C-15 highlighted that in the late 80's and early 90's considerable differences existed across the country in terms of response to the recommendations of the Badgley Report and to the changes in the Criminal Code and the Evidence Act. Many jurisdictions concluded that both the police and CPS should be made aware of and be involved in all referrals of CSA, and some communities wanted them to work as a team. Some communities saw the need to have a wider team – one that in addition to CPS representatives, police and Crown attorneys included physicians, probation officers, educators, and mental health professionals among others. Some saw the need to include community members and to have two tiers or subcommittees to fulfill different functions. But considerations related to limited resources (and perhaps also to philosophical differences, or both) often led to difficulties in implementing such teams and in having them continue over time. Limited resources appeared to lead to restrictions in the involvement of CPS in cases of extrafamilial CSA, and limited availability of police in some regions to conduct joint child interviews. Limited resources made providing treatment to victims and family members and perhaps especially to offenders difficult in some regions. Limited resources were particularly problematic in small communities or rural areas where costs in terms of time and travel made attendance at interagency meetings or coordinating committees difficult. Federal government funding that supported the development, maintenance and training of multi-disciplinary and specialized teams was helpful, but such funding did not continue indefinitely, and many initiatives and demonstration projects did not continue.

When protocols or guidelines were developed, they weren't always followed. In some cases, philosophical differences inhibited full commitment to the model on which the protocol was based; concerns about confidentiality, especially in small communities, challenged a coordinated approach; large workloads and failure to involve and educate players at all levels led to problems in implementation. Frequent transfer of police officers or turnover of CPS workers also made sustained coordinated response more difficult. The need to have a forum and the time to discuss conflict and problems in implementing the model was a strong theme.

An idea that arises frequently in this literature is that in order to be most effective and helpful to child victims, communities need to have an individual or an agency dedicated to the case management or coordination of all professionals and organizations involved in cases of CSA from initial disclosure to the conclusion of court involvement and even longer, in some cases. The need for a coordinator who operated as a center of communication was identified in the 1970's in the early development of child protection teams in the US. The study conducted in rural Manitoba in 1994 reported that a service coordinator is crucial to the success of a coordinated response. And in 2007, a study conducted with clients and professionals associated with the Victim Witness Assistance Program in Windsor, Ontario recommended the addition of a case manager in order to improve the system's responsiveness to the needs of abused children.

A final theme is the need to increase the accessibility of therapeutic interventions to the victims, family members and offenders involved not only in CSA that occurs within families but also for victims for whom the offender was not a relative.

The Evolution of Guidelines for Interviewing Children during Investigations of Allegations of CSA

The literature on the development of guidelines for interviewing children during investigations of CSA is very large. The brief review of this topic in this report indicates that over the last 20 years many improvements have been made in interviewing child victims. However, many controversies remain and the need to learn more about appropriate and effective interviewing techniques continues. According to Sgroi (2000), no single protocol for investigating allegations of child sexual abuse has been accepted uniformly.

Training Regarding Child Sexual Abuse for Child Welfare Workers in Ontario (1960 – 2006)

Prior to the 1980's, no formal training regarding how child welfare agencies should handle reports of child sexual abuse was offered on a provincial level. The first program was offered in 1982 by the Ministry of Community and Social Services. We provide a Table summarizing the training regarding CSA that was offered by The Institute for the Prevention of Child Abuse (IPCA) beginning in 1992 and by the Ontario Association of Children's Aid Societies (OACAS) since 1995.

In 1996, in partnership with the Ontario Police College, OACAS developed a five-day joint training program for police and child welfare social workers to replace the former IPCA sexual abuse training programs. In 1998/99, the Ontario Child Protection Training Program was developed by OACAS to address the competencies required for beginning child protection work. The focus of the "New Worker" training modules was to assist social workers new to child protection practice by training them on the minimum competencies required to begin practice. Because agencies typically assigned their more experienced workers to investigate allegations of child sexual abuse, this course did not focus heavily on sexual abuse investigations.

In 2003, the Ontario Police College (OPC) informed OACAS that the joint training developed in 1996 no longer met the police service standards as it addressed only child sexual abuse. Both OACAS and the OPC had previously identified logistical problems in delivering the program. While the course was evaluated as effective and was appreciated by both police and CAS workers who attended, it was designed for equal CAS and police participation. After 2000, OACAS was training 1200 to 1600 child protection workers each year and the joint program could not meet this heavy demand for forensic training. The OACAS further believed that Children's Aid Societies needed a forensic training program to address all forms of child maltreatment and that a more basic program than the joint training with the police was needed to train the large numbers of child protection workers who were just entering the field.

Thus, in 2004/2005 OACAS, under the direction of the Ministry of Child and Youth Services, developed a two-day forensic interviewing program for front-line CAS staff and a one-day forensic interviewing program for CAS supervisors. OACAS staff report that they and staff from the Ontario Police College planned to work together to develop a different training strategy and, in fact, developed a draft approach in 2004; however, other priorities for both organizations intervened and reportedly the opportunity to refocus on joint training has not re-presented itself.

OACAS reports that its current training program does not contain modules that focus heavily or exclusively on CSA and that the field has noted this as an area for further development. OACAS is currently in the process of developing a “New” New worker training series to incorporate the most recent changes in legislation, standards, policies and directives from the MCYS, changes that are quite extensive. These changes focus in a balanced way on the investigation and management of cases of child sexual, physical and emotional abuse, and child neglect.

Child Welfare Responses to Historical Child Sexual Abuse

To examine how child welfare has previously responded to and presently responds to allegations of historical child sexual abuse, we conducted an extensive literature search using library electronic databases. We were surprised to find that no documents, other than previously mentioned child welfare legislation and Ministry standards and guidelines, addressed the topic of how child welfare agencies have responded to allegations of historical CSA over the years. This speaks to the importance of obtaining data from practitioners who have been working in child welfare for many years, which was an objective of the research reported in Part II.

Preventing and Investigating Child Sexual Abuse in Settings Governed by Child Welfare Agencies

Child welfare agencies can be seen as employing two types of strategies in their attempts to prevent CSA in settings under their control. These include proactive and reactive strategies. The primary proactive strategies that have been implemented and eventually mandated by the legislation include: screening (including criminal record checks) of staff, volunteers, students and foster parents; screening and monitoring of the foster and institutional care environments; and mandatory licensing requirements for foster and institutional care facilities. The literature also suggests proactive strategies such as 1) increasing public awareness about institutional abuse and children’s rights, 2) educating children about safety and sexual behaviour, and 3) strategies to reduce the isolation of institutions (e.g., involving community volunteers in the institution) to help to reduce the incidence of child sexual abuse in child welfare organizations. Primary reactive responses emphasize 1) supporting supervising staff in their efforts to protect the child from further harm, 2) supporting the child’s disclosure, 3) documenting and reporting allegations of abuse, 4) maintaining these documents, and 5) ensuring objectivity during an investigation of abuse. The report contains a detailed description of the evolution of these strategies and a chart summarizing them.

Summary of Part II

Research Questions

For the research that was conducted for this report, the following research questions were identified.

1. What are the current policies and practices in two Ontario child welfare agencies and one agency outside of Ontario with respect to response to complaints of child sexual

abuse and historical child sexual abuse where the alleged abuser may have continued contact with children?

2. How have these policies and practices evolved between 1960 and 2006?

3. Do the two child welfare agencies in Ontario differ with respect to these policies and practices?

4. Do policies and practices with respect to response to complaints of child sexual abuse and historical child sexual abuse in another jurisdiction differ from those in the two Ontario child welfare agencies?

5. In all three agencies, what are the current policies and practices to prevent child sexual abuse in relation to facilities and services provided by the child welfare agencies (e.g. foster homes, group homes etc.) and how have these evolved?

Methodology

Two of three child welfare agencies in Ontario that were approached agreed to participate in the study. The first was a relatively large agency serving both an urban and rural population. The second was a smaller agency that served an urban and rural region that includes a small francophone population. The third organization was selected after consultation with the Provincial Director of child welfare in another Canadian province. A regional office in that province was selected as the third study site. This regional office serves an urban and rural population that includes a significant francophone population.

Semi-structured interview guides were developed for the collection of relevant data from managers, long-tenured employees and current front-line protection workers at each of the three agencies. Three of the informants were currently senior managers, one was a former Director, three were supervisors either currently or in the past, and four were currently front-line workers. The number of years that informants had worked in child welfare ranged from seven to well over 25 years.

We requested that the three agencies provide us with copies of current and past policies regarding the agency's response to allegations of recent CSA and historical CSA as well as policies to prevent CSA within the organization. Each Director was asked to provide the names of at least six individuals who could serve as key informants.

From the lists of names provided by the agency directors, a total of eleven informants were selected from the three agencies; a letter requesting their participation was sent to each. All agreed to participate and the researchers traveled to the geographical location of the agencies to conduct the interviews. Key informants were given the choice to be interviewed in a neutral location or in their agency office. The informants included four individuals who were either current or former employees of Agency A, four who were either current or former employees of Agency B, and two who were current employees of Agency C. The final informant had worked in another regional office in the province where Agency C is located, had many years experience responding to CSA referrals in that office, and was knowledgeable about policy and practices regarding CSA cases throughout that province.

Interviews were audio recorded and transcribed. The interview transcripts were coded using NVivo software. Based on the coded interview data and supplemented by information retrieved from documents provided by each agency, a draft report summarizing the information obtained was written for each agency. Key informants were consulted regarding the use of the quotations included in the report, and gave consent to have them included. We sent a draft of the report regarding his/her respective agency to each key informant and to the Director of each agency. We asked them to clarify some specific points and inform us of any errors or serious omissions. A copy of the final report for each agency was sent to key informants and agency Directors.

Similarities and Differences among the Three Agencies

The full report contains detailed description of policies and practices and direct quotes from the informants. Here, we summarize the similarities and differences between the three agencies. Agency A is the larger agency on Ontario; Agency B is the smaller agency in Ontario; Agency C is the regional office in another Canadian province. It seems clear that the three agencies are similar in most areas. Differences among them are relatively few.

Current practices in responding to allegations of child sexual abuse.

Similarities:

- All three agencies have a clearly defined intake process with steps outlined by legislation.
- All agencies immediately refer cases requiring CSA investigation to the police.
- All agencies view joint interviewing of the child with a trained police officer as the ideal.
- Videotaping the child's statement in a neutral location (not child's home), and usually at the offices of the CPS is standard practice.
- All agencies typically refer cases of intrafamilial abuse to ongoing child protection services, and the decision to refer extrafamilial cases to the ongoing protection department depends on the assessment of parents' abilities to be protective, or that they are requesting additional support from the child protection agency.
- Response times are dependent upon the degree of risk to the child in all agencies.
- All agencies have formal mechanisms requiring supervisor consultation throughout the investigation; all use Yuille's Step-Wise Interview, all use a statement validity analysis tool and all have a formal process to verify¹ whether sexual abuse occurred. All appear to consider similar factors in the process of verification including the validity of the child's statement, forensic evidence, etc.
- All agencies try to avoid repeated interviewing of child victims.

¹ The verification decision is made based on a careful analysis of all of the information obtained during the course of an investigation, and is based on the probability standard. This means that the investigating worker and his/her supervisor, conclude that it is more likely than not (more than a 50% likelihood), that the child has been sexually abused or is likely to be sexually abused.

- All agencies conduct a safety assessment of the child or children in the course of the investigation.

Differences:

- Informants from Agency C reported that the CPS worker and police officer normally interview all child victims of extrafamilial abuse jointly. In the Ontario agencies, informants indicated that CAS involvement in cases that do not fall within the criteria of the Eligibility spectrum (which includes many extrafamilial cases) is “discretionary”. Both Ontario agencies indicated that their staff will assist police in the investigation of extrafamilial cases if requested.
- Joint police/CAS interviewing does not always happen in the Ontario agencies because of the unavailability of police officers. In these cases, the interview is conducted by the CAS worker, videotaped and shared with the police. In Agency C, joint interviewing involving a police officer and a CPS worker is standard practice.
- Agency C reported a key difference in that, in addition to investigating abuse of children under 16 years, they are also responsible to investigate abuse of individuals 16 to 19 years with disabilities, and also abuse of elders.
- We did not hear of lengthy delays to complete investigations of lower priority cases in the Ontario agencies, but we did hear that Agency C may not respond to cases involving CSA by a noncaregiver for a lengthy period of time because of the very high caseloads and because these cases are not assessed as high priority. The cost of CPS involvement in all cases of extrafamilial abuse in Agency C may be the reason for delays in responding to situations where risk of future sexual abuse to the child is lower.
- Ontario agencies report open sharing of information to and from CAS and police regarding a current investigation only. They report it can be difficult to get information from police regarding historical sexual offences. Agency B indicates that having CPS workers located in police stations facilitates the sharing of information. Agency C reports more open sharing of information and report police as very willing to share information.

Past practices and evolution of response to allegations of CSA.

Similarities:

- All agencies report a marked increase in referrals of CSA in the mid 1980's. All agencies indicated that CPS workers had inadequate training to respond to the onslaught of CSA disclosures in the 1980's. All referred to receiving much needed training in the mid to late 1980's.
- Informants from both Ontario agencies said that in the past, child victims were often not believed, and signs and symptoms of possible sexual abuse, or attempts to disclose abuse were not recognized as they are today. Agency C informants stated that they did not know how to handle CSA cases when they first began to appear, and some cases were not referred to the police that would be today. Currently, all agencies are responding to cases of children with sexual behavior problems and view these behaviors as a potential indicator of CSA.

- Ontario agencies' informants reported that in the 1970's, CPS and police would do separate interviews. Agency C informants indicated that prior to province-wide joint CPS/police training in 1987, police were not always contacted. All agencies report a drop in the rates of substantiated CSA since the late 1990's. One informant at Agency C said that there has been a decline in reports of intrafamilial CSA but perhaps not in extrafamilial CSA. Several informants reported suspicion that real incidence of CSA may not have decreased, but that the attention of the public and the child welfare system has moved away from CSA and onto child neglect and domestic violence; others believe prevention efforts may have had an impact.

Coordination with other organizations in response to CSA.

Similarities:

- All agencies perceived current relationships between police as positive and viewed ongoing relationships between CAS and police investigators as in the best interests of the child and family. Having the opportunity to work with the same officers frequently makes the relationship better.
- All agencies described an evolution towards a formal, standardized response to complaints of CSA (as well as cases of serious physical abuse). Alleged offenders are now more likely to be removed from homes rather than the victims, and alleged offenders are more often charged than in the past.

Differences:

- With the reduction in reports of CSA during the 1990's, and funding shortfalls during the mid 1990's, the two Ontario agencies lost programs that provided specially trained police and CAS investigators and/or specially trained therapists for victims of CSA. Although funding by the Ontario government to child welfare has increased substantially in recent years, these specific programs have not been reinstated. Agency C still has a specially trained and very experienced investigator who works with specially trained police officers.

Protocols (past and present).

Similarities:

- Agency A developed its first written protocol with police in 1986. For Agency B, it was 1988 and for Agency C it was 1989.
- Protocols with police across all agencies currently define when each party is to contact the other organization, identify the steps to be followed in a joint investigation, identify how information is to be shared, clarify respective CAS/police roles and responsibilities during the investigation, state the need to videotape interviews, and provide guidance regarding how decisions about conducting interviews are to be made.
- All informants described CAS/police protocols in favorable terms; they reduced confusion regarding roles, helped build professional relationships amongst front-line investigators, defined sound investigation practices, educated novice investigators

and created a mechanism to resolve conflicts that may emerge during the course of an investigation.

- All agencies report the existence of protocols between the child protection agency and a range of community social service agencies, local hospitals, and boards of education. Agency A appears to invest considerable resources in the development and maintenance of community protocols. This may be related to the fact that Agency A is the largest agency studied. While it designates specific employees to do in-house training, the updating of protocols is not part of any specific department. If a Manager or Director is involved with a specific community committee they are given the task to work on the protocol.
- All agencies view protocols as a means of educating professionals on duty to report & subsequent CPS response.

Differences:

- Agency A updated their protocol with the police in 1995 and again in 2005. The provincial child victim and abuse protocols for Agency C were updated in the same years. The protocol between police and the criminal justice system and Agency B has not been updated since it was written in 1988; the need to update protocols has been recognized and steps are being taken to do this.
- Front-line workers in Agency A may have more direct awareness of their protocols and the agency occasionally brings medical staff from a hospital in to educate agency staff. Agency C workers are very aware of the provincial protocols and have access to them on-line. New workers at Agency B may not be as aware of the protocols with police, and may not have direct access to a copy of the protocol; however supervisors and longer-term workers are aware of them.
- Agency B noted that reports about suspected abuse from the Board of Education and daycare centres are, on occasion, not received as quickly as is mandated by the legislation. Other agencies did not report issues in this regard.
- Informants at Agency A and Agency C indicated that, in their opinion, protocols cannot replace worker training; solid social work knowledge and skills are necessary to practice effectively within the framework of protocols. Workers in Agency B may also hold this opinion but it was not expressed directly.

Practices in responding to reports of historical CSA.

Similarities:

- All currently limit their response to advising the adult survivor that he/she may contact police to report concerns; they also evaluate whether the alleged offender currently has access to children that presents a risk to specific identified children.
- All report that currently they rarely receive allegations directly from adult survivors. More often, reports of historical abuse come from community members advising that a woman is living with a known offender.
- Informants did not report experience with reports of historical abuse by a community member; they made reference to reports of alleged sexual abuse by individuals within education settings, but these were reports of recent abuse.

- All agencies, when historical abuse is reported to them and it is believed that a child under 16 years is at risk, do background checks, attempt to obtain police reports or past treatment reports on the alleged offender, and sometimes do a safety interview/screening with potential victims. The decision to take these steps depends on the degree of risk the alleged offender is perceived to pose, the availability of background information on the alleged offender, and the availability of staff to conduct safety assessments. Agency A spoke of cases where they would meet with the historical offender and suggest that he or she tell the new partner about his or her history of sexually abusing a child.
- All agencies indicated the response must be individualized to each case and balance the rights of the alleged offender with the degree of current risk to children.
- No agency had a specific written protocol or policy for responding to historical abuse allegations. Key informants from Ontario agencies pointed to current directives, which specify that for a case to be investigated by CPS, the alleged victim must be under the age of 16, and the report must meet the criteria for either extremely severe sexual abuse or moderately severe sexual abuse according to the Eligibility Spectrum (or the risk thereof).
- It should be noted that the Revised Eligibility Spectrum (OASW, 2006) states,

As in any situation where child protection decisions must be made, **worker judgment is an important factor in using the Spectrum**. . . . It is important that the Spectrum not be misused through too rigid or too literal an interpretation, which might result in a screening out of legitimate cases. When in doubt as to severity, err on the side of greater severity. . . . **The Spectrum is a guide, not a replacement for worker judgment** (p. 10-11 bolding in the original).

However, key informants in Ontario agencies suggested that current practice is usually guided by the scales contained in the Eligibility Spectrum.

Differences:

- Both Ontario agencies reported difficulty protecting children from historical offenders if the alleged offender has been found not guilty in a criminal court because this makes it more difficult to obtain a court decision that the child is in need of protection.
- Ontario agencies report it can be difficult to obtain information from police regarding historical sexual offences because of privacy concerns. Agency C appears to have more flexible sharing of information between police and the CPS.
- All agencies normally attempt to inform the potential child victim's caregiver that the historical offender poses a degree of risk; however, differences appear to exist regarding limits on what can be legally shared with guardians. Agency C spoke of child protection legislation in that province that limits the disclosure of information about an individual to five years after the date of an assault conviction or court order with regard to a child's safety. The informants interpreted this as meaning that they cannot legally inform a new partner of the offender's history of child abuse if the conviction or court order occurred more than five years previously. No such legislation was mentioned by Ontario agencies.

- Agency C indicated that sometimes the police in that province may inform parents of a new partner's or family friend's history of abusing children as they are permitted to do so. Also, intake workers at Agency C may encourage concerned community members to inform the parent themselves when they cannot legally share this information. Agency A has, in some cases, contacted individuals with a history of sexually abusing a child and strongly encouraged that person to share his or her history with a new partner or friend who has children. Agency B emphasized assessment of each situation, which often involves talking to the child or children that may be at risk.
- An informant for Agency C reported that in the 1980's, in a regional office that had a victim treatment program, workers provided counseling for some adult survivors who requested it during that time. The Ontario agencies did not report providing treatment to adults survivors.

Agency experience with multi-victim/multi-offender CSA allegations.

Similarities:

- All three agencies reported only a small number of cases of multiple victims and almost no cases involving multiple offenders. None of the agencies had a written protocol to deal specifically with these types of cases. All reported that they would rely on usual investigation protocols/standards for all cases.
- Multi-victim cases were seen by all agencies as needing increased information sharing and coordination of roles. Agencies A and B have used a team approach with cases of multiple victims, but Agency C has assigned one police officer and one CAS worker to do all of the interviews. All agencies saw these investigations as labour intensive and as exacting an emotional toll on the investigators who are required to hear detailed descriptions of multiple acts of sexual maltreatment.

Difference:

- Agency C informants spoke of protocols with the Board of Education for investigation of allegations against school staff that permitted a school board representative to observe police/CAS interviews.

Training of workers responding to CSA.

Similarities:

- All reported that no training specific to CSA existed prior to the 1980's. All began training with internationally acclaimed trainers by the mid to late 1980's.
- All agencies emphasized the value of locally based joint CPS/police training programs as they allow for the development of long lasting collegial relationships between CAS/police.
- All reported concern that CSA is falling off the radar as a result of fewer referrals of CSA, increased attention to neglect and domestic violence, and increased staff turnover.
- Ontario agencies do not view the current OACAS new worker training program as adequate to meet the needs of workers investigating CSA. Agency C also described

their core-training program as being only the “bare bones” in terms of investigation skills.

Difference:

- Both Ontario agencies reported that the current lack of joint CPS/police training is a concern. Agency C indicated that joint CPS/police training still occurs but less frequently than in the past.

Response to allegations of abuse within settings under the organization’s control.

Similarities:

- All require criminal record checks when hiring staff, or screening foster parents or volunteers.
- All have complaints procedures with similar steps for the resolution of client concerns.
- All request a neighboring agency to investigate allegations of child abuse by agency employees; employees are immediately removed from contact with children until the completion of the investigation.
- All have an experienced investigator conduct interviews of children when dealing with allegations against agency foster parents. The interviews are conducted in the same manner as other complaints of CSA. It is common practice to immediately remove all foster children from the foster home pending the investigation outcome. All agencies assign experienced worker(s) to conduct the investigation, and these workers do not have a working relationship with the foster family.
- All agencies that operate or have operated group homes reported having clear guidelines around staff/resident ratios and practices to protect children from abuse.

Differences:

- Ontario agencies are currently unable to use the Fast Track Information System or the Child Abuse Register to do background checks on potential employees or foster parents or volunteers. Informants from both Ontario agencies perceive this regulation as a flaw in the system. The Child Abuse Register is only used during the course of an investigation to see if a currently alleged offender has a past history of abusing children in Ontario. The Child Welfare Secretariat in the Ministry of Children and Youth Services reports that it is working closely with the Ontario Association of Children’s Aid Societies to develop and pilot test a new single information system for the child welfare system. This process is seen by the Ministry as an opportunity to find a way to increase the safeguard mechanisms for children while protecting the privacy of client personal information.
- Agency C is able to use their provincial child protection database to screen potential employees, foster parents and volunteers.

Perceptions regarding community professionals' awareness of their duty to report.

Similarities:

- All agencies reported an increase in community professionals' understanding of their duty to report and willingness to do so.
- All agencies reported that older physicians seem to be the group most reluctant to directly report abuse.
- All three agencies conduct community presentations to inform professionals of their duty to report.

Impact of funding levels.

Similarities:

- Ontario agencies' informants indicated that cuts to funding resulted in the removal of agency programs for the treatment of child victims of CSA in the late 1980's. A similar cut to treatment programs was also reported in the province in which Agency C is located.

Possible difference:

- Both Agency A and Agency B said that funding does not impact response to complaints of recent intrafamilial CSA because these cases fall within the primary mandate of the agencies. Agency C indicated that large caseloads do result in a slower response to cases involving CSA that are assessed as lower priority (often extrafamilial cases) – but cases assessed as high priority at Agency C are not affected by funding issues.

PART ONE

Introduction

Purpose of the Report

The Cornwall Public Inquiry asked the authors of this report provide a review of the literature about the evolution, over the period 1960 – 2006, of child protection policies and practices in respect to complaints of child sexual abuse (CSA) and complaints by adults of historical CSA where the abuser may have continued contact with children. Also requested was information about policies and practices to prevent CSA, over the same time period, within facilities or services provided by child protection agencies. Secondly, we were asked to conduct research regarding these policies and practices in three child welfare agencies – two agencies of differing size located in the province of Ontario, and one located outside the province.

The report has two parts: Part 1 is a review of published literature related to the above requests, relevant Ontario legislation, and pertinent standards and guidelines issued by the Ontario Ministry responsible for child welfare. Part 1 also includes information about the history of child protection worker training with respect to CSA in Ontario and a summary of applicable training curricula over the years. Much of this latter information on training was obtained with the assistance of the Ontario Association of Children's Aid Societies (OACAS).

Part 2 reports the findings of the research completed for this report, which investigated the policies and practices of interest in two child welfare agencies in Ontario and one in a province outside of Ontario. The report concludes with a summary of the similarities and differences between the three agencies studied.

Limitations of the Report

The authors believe that this report very adequately reviews a wide range of published literature including research, legislation, standards, guidelines and training curricula that are relevant to the purposes of the Inquiry. We also believe that the data obtained from the three agencies that agreed to participate in the research study will be informative and useful to the Inquiry. Time constraints have, however, limited our ability to analyze the material as comprehensively as we would have liked.

We also wish to underline the fact that the sample of agencies studied for this report is very small and it is impossible to know whether the two Ontario child welfare agencies selected for this study are representative of other child welfare agencies in Ontario. Similarly, we cannot know whether the regional office where we interviewed key informants in the province outside of Ontario is representative of other regional offices in that province. Policies and practices with respect to complaints of CSA in other Canadian provinces may also differ from those in the agencies we studied.

Our experience in preparing this report indicates that knowledge and understanding about the evolution since 1960 of child protection policies and practices with respect to complaints of CSA across Ontario and Canada is not easily obtained. No comprehensive study of these policies and practices in Ontario or Canada has been published. Data that informs such knowledge is found in diverse locations, can be difficult to access and, in some cases, may be impossible to retrieve because of the lack

of complete historical records. The agencies we studied were not able to provide us with copies of policies from the 1960's; the earliest policy documents obtained were dated 1977.

We hope that the information contained in this report will contribute to increased awareness and understanding of how our society and the child protection agencies that implement our society's values have evolved and changed over time with respect to the response to complaints of CSA.

Review of Relevant Literature

Evolution of Societal and Professional Understanding of Child Sexual Abuse²

1930's to 1990's

Authors agree that theorizing about CSA has moved through several stages since the time of Freud (Herman, 1992; Bolen, 2001; Rush, 1980). Although Freud initially believed that his female patients were reporting actual experience when they recalled incidents of childhood sexual molestation by adults, he ultimately rejected this "seduction hypothesis" and theorized that these reports were not based on real events but were instead, the result of fantasy. This response was in keeping with the denial within the wider society that sexual abuse of children by parents or other adults was possible. Bolen (2001) states, "With his reversal of the seduction theory, he [Freud] colluded with a society not willing to know the truth" (p. 20).

Freud's influence was significant, and in addition to damaging the credibility of adults who disclosed CSA, his theories gave strength to the idea that children were not reliable witnesses in legal contexts (Yuille, King & McDougall, 1988). From the 1930's until the 1960's little was written in the psychiatric or social science literature about CSA. The few articles that did appear hypothesized that the child might have been the actual seducer rather than the adult (Bender & Blau; Bender & Grugett as cited in Bolen, 2001). In 1953, Kinsey and colleagues published research indicating that 24% of female participants reported sexual abuse as children by adult men; however, these researchers concluded that it was not the sexual contact that was harmful but rather the reaction of adults around them that created distress for the child (Kinsey et al. as cited in Bolen, 2001). The period from 1900 to 1970 is seen as a time "largely marked by the suppression and distortion of information concerning the scope of child sexual abuse" (Bolen, 2001, p. 21).

In the 1970's and 1980's several important events contributed to a marked change in the denial of CSA as a social problem. These included 1) the opening in the United States of the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse, 2) the first comprehensive study of the incidence of child abuse and neglect by the US National Center for Child Abuse and Neglect, and 3) a study by Diane Russell (1983) that found in a random community sample of 930 women in San

² This section relies heavily on Rebecca Bolen's extensive review of professional literature and research regarding CSA in her book "Child Sexual Abuse: Its Scope and Our Failure", published in 2001. Dr. Bolen is a professor of social work at the University of Tennessee. She focuses on the experience in the US; as will be seen, developments in Canada have been greatly influenced by the experiences in the US.

Francisco that 38% reported childhood contact sexual abuse (Bolen, 2001). Feminist writing such as *The Best Kept Secret* by Florence Rush (1980) and *Father-Daughter Incest* by Judith Herman (1981) argued that the structure and values of a patriarchal society led many males to believe it was acceptable for them to use females and children for sexual pleasure; such widespread attitudes were seen as contributing to the sexual abuse of children.

By the end of the 1980's, appreciation of the extent of CSA was much clearer. The rate of reports of recent CSA had risen dramatically and a number of studies using random community samples had found that large numbers of adults reported having been sexually abused as children (Bolen 2001; Yuille et al., 1988). In 1984, the Badgley Report confirmed that 22% of Canadian women and 9% of Canadian men reported experiences of CSA before the age of 18 years (Committee on Sexual Offences Against Children and Youths, 1984). A significant professional response had developed with numerous treatment centers created for both child and adult victims. The professional response focused on preventing "system-induced trauma" in victims and developing modes of treatment and protocols for assessment (Bolen, 2001).

The 1990's have been described by a number of authors as a time of "backlash" (Bolen 2001; Faller, 1996). A number of controversies developed (Bolen, 2001). Examples include whether females were being under identified as offenders, whether mothers in custody disputes were falsely charging their partners with child sexual abuse, whether adults who accused others of sexual abuse were suffering from a "false memory" problem, and whether therapists were encouraging clients to develop false memories. Perhaps most relevant to the response from child welfare organizations was the controversy about whether professionals working with children were using leading or suggestive techniques that made the accuracy of their disclosures questionable (Bolen, 2001; Faller, 1996).

Bolen (2001) concludes that one of the factors contributing to the backlash was the lack of empirical research available to professionals. She writes,

In relation to the needs of clinicians and others directly involved in the assessment and identification of victims, the empirical knowledge base for child sexual abuse was clearly inadequate.... Because of the seriousness of the issue of child sexual abuse, however, clinicians were forced to make clinical judgments beyond the limits of the empirical research base available (p. 23).

A Decline in Substantiated Cases of CSA During the 1990's

Research published since 2000 has indicated that the number of CSA cases substantiated by child protective services (CPS) declined during the 1990's in the US and in Canada. Ontario saw a drop of 44% in these cases between 1993 and 1998 (Trocme, Siddiqi, Fallon, MacLaurin & Sullivan, 2002). Data from the US reveal a 39% decline nationwide (Jones & Finkelhor, 2003). Considerable debate has ensued about the reasons for this decline. Leventhal (2001) suggested that while most people want to believe it reflects successful prevention efforts, it could also reflect changes in the criteria used by child protective services (CPS) to identify a report that falls within its mandate, or to substantiate a case. He wrote,

For example, cases of sexual abuse by nonfamily members may have been accepted as 'reports' of sexual abuse in the 1980's and early 1990's, but as child

protective services policies were clarified, these cases may not have been accepted in the late 1990's and instead referred to police (Leventhal, 2001, p. 1137-1138).

Trocme et al. (2002), commenting on the decline in rates in Ontario, stated that while the decline could be attributed to effective prevention programs and criminal charging policies, "it is also possible that these same policies are causing victims and their parents to be less willing to disclose and report CSA" (p. 2).

A survey of child protection administrators in 43 US states revealed a variety of opinions as to the reason for the decline (Jones & Finkelhor, 2001). These opinions included restrictions in official CPS policy about the level of evidence needed to investigate or substantiate an allegation of CSA, the implementation of structured decision-making tools, and concern among workers about being sued for calling a case "confirmed". Some thought that the implementation of a Central Registry in some states might have led to greater reluctance among judges and caseworkers to "label" an individual as a sex offender. Eight of the respondents in this study mentioned that a stricter definition of "caretaker", or a clarification about existing policy had led to exclusion of cases where the offender was a "noncaretaker" or a juvenile, and referral to the police of these cases.

More recent studies in the US report that physical abuse rates based on child protection statistics have also declined significantly, whereas neglect has declined only a small amount (Finkelhor & Jones, 2004; Jones, Finkelhor & Halter, 2006). These authors conclude that at least part of the declines in physical and sexual abuse is likely to be real and possibly related to direct prevention efforts, economic improvements, more aggressive criminal justice efforts, dissemination of psychiatric medication, and generational changes (Jones et al., 2006). Little evidence was found to suggest that the decline in CSA was associated with failing to investigate cases of abuse perpetrated by a non-caregiver or tougher standards for substantiating cases (Finkelhor & Jones, 2004). Some mild evidence was found supporting the hypothesis that the decline was associated with changes in the ways that CPS collect data; however, this evidence was small and could not account for the 40% drop in national reports. No strong evidence was found to suggest that the decline was associated with a diminishing reservoir of older, ongoing cases, and evidence was mixed with respect to the idea that the decline was due to a backlash against professionals who report abuse (Finkelhor & Jones, 2004³).

In support of the decline being real is evidence from a number of sources reporting a 56% decline in self reports of juvenile experiences of CSA, and a greater decline in the most readily preventable cases such as those involving fathers; (prevention efforts and increased media attention may have acted as a deterrent to offenders with greater ability to control urges to offend, which is assumed to be the case for most father-offenders). Another factor that may have contributed to the decline in substantiated CSA in the US is the decline in related social problems (crime, violent crime, births to teen moms, children running away, children living in poverty and teen suicide) (Finkelhor & Jones, 2004). A final factor may be the increase in the incarceration of offenders, although Jones and colleagues (2006) state, "although

³ In the US some professionals have been the subject of lawsuits for reporting suspected abuse.

perhaps very successful, incarceration may have less of a population impact than broadly applied programs such as prevention or public education campaigns” (p. 117).

Caution is indicated in generalizing findings from the US to Canada with respect to the decline in CSA reports. Trocme, Fallon, MacLaurin & Neves (2005) found that unlike findings in US studies, rates of substantiated emotional abuse, physical abuse and neglect significantly increased in Ontario between 1993 to 1998, the same period that rates of substantiated CSA declined. Trocme et al., (2005) argue that the reasons for the changes in Canada are multiple and complex, and much remains unknown. Also, one must take into account that in 1993, the incidence of all forms of maltreatment in the US was more than double the rate in Ontario (Trocme, McPhee & Tam, 1995). All of these researchers, both in the US and in Canada (Leventhal, 2001; Jones & Finkelhor, 2003; Jones et al., 2006; Trocme et al., 2005) call for more adequate systems for the collection of relevant data in order to increase our ability to trust the numbers that are produced.

Professional Conceptualizations of CSA.

In social work and child welfare, family systems theory became very popular in the 1960's and 1970's and led to hypotheses that all members of a family in which father-daughter incest occurred were responsible for the initiation and maintenance of the CSA (Bolen, 2001). This theory had the effect of removing blame from the offender and focusing attention on father-daughter incest to the exclusion of other kinds of CSA. Theories about why certain individuals might abuse a child included sociobiological theories, feminist theory, attachment theory and behavioral theories. Bolen argues that with the exception of feminist theory, most theories have supported commonly held beliefs that the daughter is in some way complicit in the incest, that the mother colludes to allow it to continue and that incest is a symptom of a dysfunctional family. In contrast, feminist theories have been very influential in asserting that responsibility for CSA always rests with the offender regardless of the actions of others.

One of the earliest centers for the treatment of sexually abused children and their families, developed by Henry Giarretto in California in 1971, was based on a family systems understanding of CSA (Giarretto, Giarretto & Sgroi, 1978). This program became the model for a large number of treatment centers across the US and Canada. A few years later, programs based on feminist conceptualizations began to take root – leading to what some authors identified as a dilemma for the field. In 1982, MacFarlane and Bulkley stated, “A fundamental dilemma centers around professional and societal ambivalence about whether child sexual abuse should be regarded as a crime, a form of mental illness, or (particularly in cases of incest), as a major symptom of broader family dysfunction” (p. 70).

Canada's Commission on Sexual Offenses Against Children reported in 1984 that, in Canada, two philosophically different intervention strategies, termed 1) the child-centered and 2) the family-centered approach appeared to be guiding protection and assistance to sexually abused children. The Commission concluded that lack of research meant that the benefits of using either approach were unknown. However, from the information available they stated, “it is evident that the child-centred approach in comparison to the family-centered approach provides for more short-term benefits for sexually abused children” (Committee on Sexual Offenses Against Children and Youths, vol. 1, 1984, p. 636). The Commission found that the child-centered approach allowed

for more prompt initial assessments, more victims receiving medical examinations, broader and more extensive consultation with other disciplines, more victims, mothers and siblings being interviewed, more victims being counseled, more provision of counseling services to family members, and increased likelihood that the offender would be removed from the home. The Committee therefore recommended that child protection workers take “a child-centered approach combining interdisciplinary teamwork, a victim orientation and the use of child protection staff trained in sexual abuse procedures” (Schlesinger, 1986, p. 89).

Literature (reviewed later) suggests that most child protection agencies in Canada did acknowledge that CSA is a crime requiring police involvement during the 1980's and adopted a child-centered approach. However, tensions between different ways of conceptualizing CSA and associated differences in opinions about what should be emphasized in terms of policies and official responses have continued within child welfare and related fields.

Focus on Intrafamilial CSA

Bolen (2001) concludes that an important result of the lack of empirical knowledge about CSA in the late 1970's, and 1980's and the “historical often myth-bound conceptualization of child sexual abuse” (p. 255) has been the almost exclusive focus on intrafamilial CSA or incest. Bolen uses “incest” interchangeably with “intrafamilial CSA” and defines intrafamilial CSA as sexual abuse of a child by a relative. She points to research that indicates that in most cases of intrafamilial abuse, the offender is a father, sibling, grandfather, uncle, or cousin, and that incest by a female perpetrator is the least common. Extrafamilial CSA is defined as sexual abuse by anyone other than a relative. This includes acquaintances such as neighbours, friends of the family, authority figures such as teachers, employers, medical personnel, babysitters and clergy and non-related caregivers.

Bolen points out that in spite of prevalence studies reporting that extrafamilial CSA ranges from 62% to 81% of all CSA experienced by female children and from 84% to 94% for male children (Bolen, 2001, p. 93), official reports of CSA are weighted heavily towards intrafamilial abuse. This is attributed to the fact that child protective services are the institution to which most mandated reporting occurs (Bolen, 2001, p. 97). She argues that victims of father-daughter incest have been viewed as being most damaged by CSA because of the betrayal of trust inherent in abuse by a parent. She states, “Victims of pedophiles and other child molesters, while they were recognized to suffer from the abuse, did not experience the same betrayal of trust so could be expected to have fewer negative outcomes” (p. 97).

Bolen also notes that different systems were developed in the US (and in Canada) to deal with incest and extrafamilial abuse, and this is seen as contributing to the conceptualization of incest and child molestation as two different types of crimes. “[A]lthough incest victims are always routed through child protective services, extrafamilial abuse victims may be routed through law enforcement” (Faller as cited in Bolen, 2001, p. 97).

Bolen (2001) further points out that treatment populations are dominated by victims of intrafamilial abuse, and “the historical emphasis on intrafamilial abuse has led to biases in laws and policies designed to protect victims, the treatment of offenders and victims, the allocation of scarce resources, and the theoretical and empirical literature”

(p. 98). The results of minimizing the extent of extrafamilial abuse include less reporting and investigation of cases of extrafamilial CSA, treating incest offenders as less of a threat than extrafamilial offenders, and failing to recognize the societal factors and issues that are implicated when the focus changes to the prevalence of extrafamilial abuse. She argues that a greater appreciation of the scope of extrafamilial abuse would lead to less focus on dysfunctional families and more attention to “risk factors at the level of society that clarify why so many children are abused extrafamilially” (p. 112).

Bolen (2001) also argues that most efforts to prevent CSA are targeted at children and in particular children thought to be most at risk. She advocates moving from the question of who is abused, to “why are so many children abused?” thereby recognizing risk factors at the societal level. Her analysis includes macro factors such as the societal dynamics of power and oppression, the socialization of males and females, and a culture of denial. At the exosystem level, she suggests that the availability of safe and appropriate daycare, the connectedness of families to social networks, and the transmission of traditional gendered roles through the educational system may be related to risk of child sexual abuse.

The Special Advisor on Child Sexual Abuse to the Canadian Minister of Health and Welfare made similar reference to societal factors in his 1990 report. He wrote, One of the most disturbing discoveries for me has to do with the impact of underlying social attitudes and values related to male and female sexuality ...Our patriarchal society has set the conditions for sexual assaults and harassment, including the sexual abuse of children (Rogers, 1990, p. 4).

Bolen (2001) believes that, in the US, state and federal statutes are for the most part adequate to provide for the identification of victims of CSA, but the problem is in the implementation of these statutes. She recommends that necessary steps be taken to ensure equal access to resources for victims of both intrafamilial and extrafamilial abuse, and that an appeal system be developed for parents who believe their child has been inaccurately assessed as not having been abused. She also argues for more effective measures to protect children from persons known to have sexually offended against children, which means, in some cases, to move the responsibility for protecting victims from non-offending guardians to law enforcement.

The Evolution of Ontario Child Welfare Legislation and Standards Related to CSA

This section reviews changes to child welfare legislation and standards that, in our view, specifically influenced the child welfare response to allegations of child sexual abuse during the period under study. As we note below, a new differential response model of child protection service and new child protection standards have been introduced as the mandatory framework in Ontario during 2007. Clearly, the child welfare response to child abuse continues to evolve.

Evolution of Definitions of a Child in Need of Protection and of Child Sexual Abuse

In the 1960's, no legislation or standards related specifically to child sexual abuse existed. According to the Child Welfare Act of 1962, it appears that allegations of sexual mistreatment of a child would have had to fit under perceived criteria for a “neglected” child in order to be considered the responsibility of Children’s Aid Societies. The definition of a child in the legislation in the 1960's was a “boy or girl actually or

apparently under sixteen years of age” (1962, c. 53, s. 11(1)). The definition of a child has continued to refer to a child under the age of 16 years since that time.

In the Child Welfare Act of 1965, the section related to Duty to Report referred to the requirement that every person who has information about a “child in need of protection” should report it to a CAS or Crown Attorney, but the meaning of this phrase was open to interpretation. The Act of 1965 also stated that a person having care, custody, control or charge of a child who inflicts cruelty or ill-treatment upon the child is guilty of an offence. Cruelty and ill-treatment were not clearly defined.

During the 1970’s, increasing attention was being paid to child abuse, but it was only in the Child Welfare Act of 1978 that sexual molestation was included in the definition of an abused child. However, sexual molestation was not defined in this legislation. The Child Abuse Registry was also formalized in the Child Welfare Act of 1978 (see section below).

The Children’s Services Division of the Ministry of Community and Social Services (OMCSS) published an important document entitled “Standards and Guidelines for the Management of Child Abuse Cases under the Child Welfare Act, 1978 by the Children’s Aid Societies” in 1981. These Standards and Guidelines were the result of several years of close consultation between the Ministry and Children’s Aid Societies. This document provided direction to CAS’s regarding appropriate intervention in child abuse cases, and appears to have been the first document to provide clear guidelines for Ontario CASs. The document reminded the reader that according to The Child Welfare Act (1978), “‘abuse’ means a condition of, a) physical harm, b) malnutrition or mental ill-health to a degree that if not immediately remedied could seriously impair growth and development or result in permanent injury or death, or c) sexual molestation” (OMCSS, 1981, p. 2-3).

The goal of these Standards and Guidelines was, to assure as far as possible, an adequate and uniform level of service by Children’s Aid Societies for investigation and case management in cases of child abuse throughout the Province (p. 1)

Further, they sought to establish an approach to service that recognizes the importance of the child’s own family and the desirability of helping the family create a safe, healthy environment for the child, [while] at the same time the protection service’s responsibility to ensure, as far as possible, the health and safety of the child (p. 1).

This document further noted that

[t]hese two considerations must co-exist within the philosophy of the child protection service even though their interaction is often complicated by personal feelings, community pressures, and the attitudes of local courts. The dynamics of this inter-play often create serious dilemmas for the child protection service and for the individual protection worker (p. 1).

These standards and guidelines focused on responding to abuse from within a child’s immediate family and defined child abuse in social work terms as:

most often seen as a condition, or a continuum, rather than a single incident, and often substantial evidence is lacking. In these circumstances the child at risk and their families often need more help over a longer period of time than those where child abuse has been firmly established (p. 3).

The document defined the major factors to be considered when determining if child abuse occurred as

1) the condition of the child, 2) the circumstances surrounding the incident(s) of alleged or potential abuse, 3) the history of the child and family, 4) the potential danger to the child and 5) the potential of the family to provide a safe and healthy environment (p. 4).

The Standards and Guidelines published in 1981 also discussed the importance of police/CAS joint investigations of child abuse. They stated, “While local partnership arrangements will vary greatly, it is expected that a spirit of mutual cooperation will be developed and the best interests of both the child and the community will be promoted” (p. 33). The standards for police involvement included a joint plan to be developed to ensure that there was a cooperative working agreement, including plans for the mutual sharing of information regarding complaints of suspected child abuse. Primary responsibility for the protection of children was to remain with the local CAS, and primary responsibility for the enforcement of the law was to remain with the police.

Increased attention to child sexual abuse specifically was reflected by the fact that a definition of sexual molestation that was to be reported to the Child Abuse Registry was provided in the Guidelines for Reporting to the Child Abuse Register (1981). This document stated,

sexual molestation is to be reported if sexual activity has occurred or is occurring between an adult and a child. An adult who commits or permits such abuse may be identified as an alleged abuser. The consent of the child is irrelevant, as is the absence of physical injury. Inappropriate or excessive sexual activity between children beyond normal experimentation may constitute molestation if the difference in ages between the children is so significant that the older one is clearly taking sexual advantage of the younger, or if an adult in charge of either child knows about it and does nothing. In the latter case, the adult as the permitter of the abuse is also to be reported (p. 5).

The Child and Family Services Act of 1984 included “the child [who] has been sexually molested or sexually exploited” (1984, c.55, s. 2) in the definition of a child in need of protection. Also, included in the 1984 definition of a child in need of protection was a child “at risk” to be sexually molested or sexually exploited.

During the 1990’s, in response to inquests into the deaths of children who had been receiving services from CASs, a task force, and reviews commissioned by the Ministry of Community and Social Services, a series of reforms were introduced into the child welfare system. Legislative amendments proclaimed in 2000 confirmed the primacy of the child’s best interests and specifically included neglect as a condition for which a child required protection. Amendments also increased the attention of CASs to emotional maltreatment and children exposed to domestic violence.

The Ontario Risk Assessment Model (ORAM) introduced in 1997 clarified the types of sexual abuse to which Children’s Aid Societies were required to respond. According to the Eligibility Spectrum, which was part of the Ontario Risk Assessment Model, certain types of allegations fall above the “intervention line” and are consequently considered “eligible” for intervention by CAS. These allegations include those considered extremely severe: sexual abuse by primary caregiver, primary caregiver having knowledge that a child has been sexually abused, sexual abuse by

family member as caregiver, sexual abuse by community caregiver and physical indicators of sexual abuse with no perpetrator identified. They also include those considered moderately severe: child exhibiting sexual behaviour, sexual harm by family member who is not a caregiver, risk that a child is likely to be sexually harmed and risk that a child is likely to be sexually harmed/ questionable sexual activity.

Under ORAM, caregivers were seen as needing to make reasonable provision for the child's supervision and care, and to ensure that the child is free from physical or sexual harm. Caregivers were also required to ensure that alternate caregivers are capable of providing adequate care for the child. Failure on the part of a caregiver to make such reasonable provisions was grounds to find that a child is in need of protection. Allegations that fell above the intervention line included those considered extremely severe: "inadequate supervision resulting in injury/victimization", and those considered moderately severe: "inadequate supervision resulting in potential harm and/or distress to the child". Allegations that fell below the intervention line included those considered minimally severe: "marginal supervision", and those considered not severe: "adequate supervision".

The Eligibility Spectrum was revised in 2000 to reflect changes contained in the Child and Family Services Amendment Act (Child Welfare Reform), 1999, and revised again in October 2006. A copy of Section 1 Scale 3 – Abusive Sexual Activity and Section 5, Scale 1 from the current Eligibility Spectrum (2006) may be found in Appendix A. A comparison of the current rating scales with those in the 1997 Eligibility Spectrum suggests some change toward lowering the threshold for intervention in cases where child sexual abuse is alleged. For example, two categories of abusive sexual activity (Sexual Abuse by a Community Caregiver and Physical Indicators of Sexual Abuse – No Perpetrator Identified) that were originally included in the Moderately Severe category of the Abusive Sexual Activity Scale were moved up in priority to Extremely Severe. In addition, in the earliest Eligibility Spectrum, the category "Risk that the Child is Likely to be Harmed" fell below the intervention line whereas now it falls above the line and is classified as Moderately Severe. A new category (Risk that the Child is Likely to be Harmed/Questionable Sexual Activity) has also been added to the Moderately Severe classification. The latter category appears to be addressing possible patterns of "grooming" behaviour by a caregiver.

In the rating scale for "Caregiver Who Has History of Abusing/Neglecting", a sentence indicating that this scale is to be used in situations "where there is an introduction/re-introduction of a caregiver or adult with a history of partner violence or adult conflict that has previously resulted in harm/neglect to a child" has been added. It is clear that several additional changes to this section reflect increased attention to children who have been exposed to domestic violence. However, the effect seems to be that the threshold for intervention in all cases where a caregiver has a history of abuse or neglect has been lowered to some degree.

Another change noted is increased emphasis that the CPS worker should use the Eligibility Spectrum only as a tool in addition to other available information and his/her judgment when making a decision about how to proceed.

The strategic plan for child welfare transformation published in June 2005 noted, the profile of children and families served by the child welfare system has changed dramatically since the early 1990s. While the typical child welfare case

in the early 1990s involved acute problems such as sexual and severe physical abuse, child welfare service providers are increasingly addressing more chronic and multi-layered problems associated with neglect, exposure to domestic violence and socio-economic disadvantage (Ministry of Children and Youth Services, 2005, p. 4).

This report also noted that there had been a dramatic increase (nearly triple) in the number of child abuse and neglect investigations between 1993 and 2003, due in large part to increased attention to child neglect, emotional maltreatment and exposure to domestic violence. The change in the profile and number of cases, as well as a program evaluation conducted by the Ministry in 2002-2003 contributed to the decision of the new Ministry of Children and Youth Services (formed in 2003) to increase the focus of the system on prevention, early detection and intervention. The resulting “transformation agenda” has only recently been implemented with the introduction of new Child Protection Standards (February 2007a) and a Child Protection Tools Manual (February, 2007b). A key change is the move to a differential response model. The model is said to support two approaches to an investigation:

- the traditional approach for cases where a criminal assault is alleged against a child and/or for extremely severe cases
- the “customized” and more collaborative approach for lower risk cases (Ministry of Children and Youth, 2007a, p. 2).

This customized approach is seen as allowing the CPS worker more flexibility in order to better respond to the unique needs of children and families, and also encouraging a strengths based approach that supports collaboration with the child, his or her family and their support system in the decisions that affect them. (Ministry of Children and Youth Services, 2007a).

It is too early to comment on the effect the differential response model will have on the child welfare response to allegations of CSA. It seems clear that the response to cases perceived as involving a criminal assault (which include most reports of CSA) is not intended to change much from the practices employed since the introduction of ORAM in 1997. However, as noted above, changes to the Eligibility Spectrum since 1997 have lowered the threshold for intervention in some situations involving allegations of CSA.

Evolution of the Definition of a Caregiver

In the Child Welfare Act of 1965, the definition of a caregiver is implied when it states “any person having the care, custody, control or charge of a child who abandons, deserts or fails to support the child or inflicts cruelty or ill-treatment upon the child not constituting an assault or otherwise fails to protect the child is guilty of an offence” (1965, c. 14, s. 40(1)).

In the Child Welfare Act of 1978, the definition changed to include the term “abuse” so “no person having the care, custody, control, or charge of a child shall abandon or desert the child or inflict abuse upon the child or permit the child to suffer abuse” (1978, c. 85, s. 47(2)). The Standards and Guidelines for the Management of Child Abuse Cases under the Child Welfare Act (1978) by the Children’s Aid Societies

published in 1981 appear to have confirmed that the mandate of the CASs was child abuse that was perpetrated by a parent or caretaker. They state,

The legal aspects of child abuse center on serious harm, or potential serious harm to the child substantiated by specific evidence. For purposes of The Child Welfare Act this usually occurs in the context of a relationship between the child and the parent(s) or caretaker(s) (p. 3).

However, also published in 1981, the Guidelines for Reporting to the Child Abuse Register expanded the definition of persons who could be an alleged abuser to include:

therefore not only a parent, but anyone who has the responsibility of caring for a child on a short-term or long-term basis can be an alleged abuser.... However, persons without formal responsibility for the care of a child may also be identified as alleged abusers.... The abuse of a child by a person unknown to him (a stranger) is not reportable child abuse as defined in the Act (p. 6).

There were no further changes to the definition of a caregiver in the 1990's; (ORAM defined a caregiver as being any person having charge of a child who is less than 16 years of age). However, ORAM outlined the role of the caregiver and what allegations required intervention (as outlined above) and stated that a report where a family member who is not a caregiver is alleged to have done sexual harm to a child falls above the intervention line and is to be investigated by CAS.

The most recent version of the Eligibility Spectrum (Ontario Association of Children's Aid Societies, 2006) identifies three categories of caregiver:

- the primary caregiver, including mother, father, live-in partner, caregiver exercising access contact, adult with a custody and control order for the child in question, foster parent
- an assigned caregiver, including day care worker, babysitter, a family member providing temporary substitute care, a partner of the caregiver (with no legal relationship to the child)
- an assumed caregiver, including the teacher, the children's recreational group leader, the school bus driver (p. 12)

Evolution of Legislation Regarding Duty to Report

The first legislation regarding duty to report was proclaimed in 1966 and stated "every person having information of the abandonment, desertion, physical ill-treatment or need for protection of a child shall report the information to a children's aid society or Crown Attorney" (1965, c. 14, s. 41(1)).

In the Child and Welfare Act of 1978, the definition of duty to report changed to include the words "infliction of abuse". The legislation stated "every person who has information of the abandonment, desertion or need for protection of a child or the infliction of abuse upon a child shall forthwith report the information to a society" (1978, c. 85, s.49(1)). Also, the Child Welfare Act of 1978, for the first time, stated that professionals had a special duty to report. The Act stated:

notwithstanding the provisions of any other Act, every person who has reasonable grounds to suspect in the course of the person's professional or official duties that a child has suffered or is suffering from abuse that may have been caused or permitted by a person who has or has had charge of the child shall forthwith report the suspected abuse to a society (1978, c. 85, s.49(2)).

In the Child and Family Services Act of 1984 the definition of duty to report was amended to state, “a person who believes on reasonable grounds that a child is or may be in need of protection shall forthwith report the belief and the information upon which it is based to a society” (1984, c. 55, s.68(2)). Also in the Child and Family Services Act of 1984, the wording regarding professional duty to report was amended to include a list of professionals who fall under the definition of professional duty to report.

In 1999, the CFSA was again amended to state that professionals have a duty to report if they have reasonable grounds to suspect that a child has been sexually molested or sexually exploited or is at risk to be harmed in these ways. The previous legislation had said that professionals required reasonable grounds to believe that a child had been abused. Amendments in 1999 also made it clear that a professional who has made a report to the society must continue to make reports to the society as necessary. The Act states, “a person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child” (1999, c. 11, s. 22(1)). Another amendment required that professionals make the report directly to the Children’s Aid Society and not ask someone else to make the report on their behalf. It said, “a person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on his or her behalf” (1999, c. 11, s. 22(1)).

Evolution of a Child Abuse Register

In the 1960’s there is no reference to the child abuse register in the legislation. In the 1970’s, legislation began to refer to the child abuse registry stating every society shall report information of the abuse of a child to the Director of Child Welfare. In 1978, the Child Welfare Act stated the Director of Child Welfare must maintain a child registry for the purpose of recording information concerning the abuse of a child.

In 1981, Guidelines for Reporting to the Registry were issued. These Guidelines were created to reflect current policies and procedures and to replace previous guidelines (Child Abuse Reporting Laws, The Child Welfare Act, 1978). The three main purposes of the register included: to learn more about child abuse in Ontario for research and practical purposes, to assist in tracking abused children, their families, and suspected abusers so that protection efforts could continue uninterrupted, and to monitor child abuse case management and programs of the Children’s Aid Societies.

In 1987, new Guidelines for Reporting to the Child Abuse Register were issued to reflect appropriate statutory references to the Child and Family Services Act, 1984. These Guidelines noted that sexual abuse had been expanded to include not only molestation but also the term and definition of “sexual exploitation”. In the Child and Family Services Act, 1984, the previous legislation was changed to include:

the Director shall maintain a register in the manner prescribed by the regulations for the purpose of recording information reported to the Director under subsection (3), but the register shall not contain information that has the effect of identifying a person who reports to a society under subsection 68 (2) or (3) and is not the subject of the report (1984, c. 55, s.71(5)).

The Fast-Track Information System (FTIS) database was introduced when the Ontario Risk Assessment Model was implemented in 1998. The information from the

FTIS database is drawn directly from the files of Ontario CAS's and it is a limited subset of that information. It allows designated workers to check whether a referral has had prior contact with an Ontario Children's Aid Society. It should be noted that CPS workers are not permitted to access the Child Abuse Registry for information on new referrals unless they are conducting a child protection investigation. In contrast, the FTIS can be used at any time to check whether a client has had prior contact with an Ontario CAS.

Reference to Historical Abuse

In 1992, the Revised Standards for the Investigation and Management of Child Abuse Cases, made the first specific reference to historical abuse. The Standards state that anyone over the age of sixteen years who reports past abuse to a Children's Aid Society should be encouraged to report the abuse to the police and to seek therapy, legal assistance or other resources in the community. This document makes it clear that the Societies' responsibility is to initiate an investigation "only if there is an allegation or evidence that a child under the age of sixteen may be at risk or may have been abused" (p. 9).

In the version of the Eligibility Spectrum (OACAS, 2006) that is currently being used by Ontario CPS workers, reference is made to using the Abusive Sexual Activity scale for "allegations made about a child under the age of 16 of past (historical) sexual harm" (p. 25), and that the "Caregiver has History of Abusing/Neglecting" Scale should be used where there are "allegations of past sexual harm which suggest a current risk that other children may be harmed" (p. 25). These scales are reproduced in Appendix A. In the original Eligibility Spectrum (1997), the interpretation section stated "allegations of historical abuse should be plotted here" (p. 27), that is, on the Abusive Sexual Activity Scale.

Changes in Criminal Justice Legislation Intended to Protect Children

The increased attention to CSA in the 1980's is also reflected in the passage of Bill C-15 – the Act to Amend the Criminal Code and the Canada Evidence Act (1988). Bill C-15 created new criminal offenses related to the sexual abuse of children including sexual interference, sexual exploitation, and invitation to sexual touching. It changed rules of evidence and procedure to permit the prosecution of CSA without the legal necessity of having the testimony of children corroborated. Bill C-15 was also designed to increase the number of successful prosecutions, to bring sentences in line with the seriousness of the offence and to improve the experiences of child witnesses and victims (Hornick & Bolitho, 1992). This legislation clearly enhanced interest in improving techniques of interviewing children where abuse was alleged, and increasing training of those responsible for conducting the interviews, including CPS workers and police.

In 1993, Bill C-126 made more changes to laws in Canada involving child witnesses. These included elimination of the "Kendall warning" whereby the judge was required to warn the jury of the danger of convicting someone on the basis of children's evidence. Under Bill C-126, each case and its evidence was to be examined individually (Welder, 2000). "Judges were directed . . . not to make assumptions about the reliability of evidence because of a victim's age, and not to warn juries that children's testimonies

are frail, unreliable, or should be viewed with skepticism” (Sas, Wolfe, & Gowdey, 1996, p. 343)

Changes similar to those enacted through Bill C-15 and Bill C-126 were made to the Ontario Evidence Act in 1995 (proclaimed in 1996). In 2006, Bill C-2 An Act to Amend the Criminal Code and the Canada Evidence Act was passed, which built on Bill C-15 by providing that every child under the age of 18 (whether a victim or a witness) in any criminal case is entitled to apply for a testimonial aid, and that the request will be granted unless it will interfere with the proper administration of justice (Pamela Hurley, personal communication, July 9, 2007).

For further details about changes to the Criminal Code and the Canada Evidence Act related to CSA since 1993, see the Fact Sheet regarding the sexual abuse and exploitation of children and youth published by the Canadian Department of Justice at http://www.justice.gc.ca/en/ps/fm/sexual_abuse_fs.html

The Evolution of Models of Coordinated Community Responses to Cases of Child Sexual Abuse

This section of the literature review is divided into two parts. The first part reviews literature regarding the evolution of multidisciplinary and coordinated responses to CSA in the United States beginning in the 1970's. The second part reviews reports of several initiatives in a variety of Canadian provinces. It also includes reference to two Canadian government reports that studied Canada's response to the massive increase in reports of CSA during the 1980's and 1990's. It concludes with a summary of the themes that emerge from the review of the Canadian initiatives.

A Review of Literature Regarding the Evolution of Multidisciplinary and Coordinated Responses to CSA in the United States

1970's.

In 1971, Giarretto and colleagues began a Child Sexual Abuse Treatment Program (CSATP) in California (Giarretto, Giarretto & Sgroi, 1978). It provided services primarily to families in which incest was alleged, and the goals were “to teach people to assume personal responsibility for their actions, to reunite families whenever possible, [and,] to eliminate all incestuous relationships among family members” (Giarretto et al., 1978, p. 234). Giarretto recognized that the authority of the criminal justice system was crucial in treating incest, and consequently he and his colleagues expended much effort to develop cooperation between themselves and police, child protective services, probation officers, district attorneys and judges. Their program, which they claimed was very successful with cases involving incestuous child sexual abuse (especially father-daughter incest), included “a coordinated effort for creative management of cases involving child sexual abuse that is backed by the authority of the criminal justice system but enables intervention in a nonpunitive fashion” (Giarretto et al., 1978, p. 232). Other jurisdictions began to set up similar programs.

In 1978, multidisciplinary approaches to managing child abuse were becoming more common in the US. This was due at least in part to the experience of C. Henry

Kempe and colleagues in Colorado who had identified the “battered child syndrome”. They had formed the first hospital-based child protection team 25 years earlier, and over the ensuing 20 years the original team consisting of a hospital social worker, pediatrician and a nurse had expanded to include many professionals from psychology, psychiatry, law and education as well as representatives from child protective services (Kempe, 1978). During the same period, the number of community-based child protection teams under the leadership of child protection services had also increased. Kempe (1978) argued that both hospital-based and community based teams were required because families involved in child abuse and neglect were so complex and emotionally draining that the responsibilities of diagnosis, prognosis and treatment planning needed to be shared by a number of professionals and not carried solely by a child protection worker. The child protection team approach was seen as improving the quality of service to families, and also improving professional satisfaction.

These teams focused primarily on managing cases of physical child abuse and providing treatment to the families. A child protection team handbook published in 1978 (Schmitt, 1978) encouraged developments of teams composed ideally of five or six people, but at minimum, a social worker and a physician or nurse. The recommended philosophy was that “child abuse is a family problem” (p. 225), “not just the problem of the identified abuser or the child” (p. 225), and that treatment should be available to each family member. The major goals of the team were “to effectively diagnose and treat child abuse, and to coordinate the efforts of the many agencies involved” (p. 7). The model required that the team serve as the community’s “investigatory and accusatory body” (p. 8), allowing the team to be the target of parents’ anger and blame, thus permitting the Child Protective Services unit to become a helping agency. The goal was that the team would reach consensus on diagnosis and treatment, and a coordinator would function as the communication center for all agencies and professionals involved. The “nuclear” team members were seen as the team’s permanent social worker, the physician and the coordinator. Recommended members of the “consultative team” included a psychiatrist, a lawyer from juvenile court or the county attorney, a developmental specialist, a law enforcement officer and a public health nurse. The team’s permanent social worker could be a psychiatric social worker, a CPS supervisor, the CPS worker assigned to the hospital, or a full-time hospital-based social worker (Schmitt, 1978).

The Handbook’s guidelines suggested that the team should develop “standards of care”, and recommended a good communication system between police and child protective services as well as written working agreements indicating the cases in which the police will be involved and those where they will not be involved. They also noted that in cases of sexual abuse, “the police and child protection worker need to be involved in the investigation concurrently” (Schmitt, 1978, p. 150).

1980’s.

In terms of managing cases of child sexual abuse, the decade of the 80’s was dramatically different from the decades that preceded it. In the US in 1981, child sexual abuse represented only 7% of all referrals of child abuse and neglect (59,500 children) (American Humane Association as cited in Pence & Wilson, 1994). By 1991, sexual

abuse accounted for 15% of reports of child abuse and neglect or more than 400,000 children (National Committee on the Prevention of Child Abuse as cited in Pence & Wilson, 1994). Understandably, this huge increase in cases of CSA put tremendous pressure on child protective services, police, the criminal justice system and a number of other organizations and professions.

By 1982, Sgroi wrote, "it is practically 'un-American' for a community to lack a multi-disciplinary team of professionals to review cases of child maltreatment" (p. 335). Sgroi (1982) argued that multidisciplinary team review of child sexual abuse cases worked well because of its ability to "improve case management, increase the reservoir of professional knowledge within the community, train consultants, and improve liaisons among interveners" (p. 342). She argued for a separate child protection team that focused only on cases of child sexual abuse so that specific individuals could gain knowledge and expertise in this area. For her, the focus of the team should be on case management, but also take responsibility for evaluating how the community response could be improved and what could be learned from each case reviewed by the team.

Child Advocacy Centers (CACs).

Out of experience with interdisciplinary teams, the concept of a Child Advocacy Center (CAC) developed. The first CAC, formed in 1985 in Huntsville, Alabama (Smith, Witte & Fricker-Elhai, 2006), was intended to improve the coordinated community response to child abuse cases and reduce stress on children and families. In 2002, 458 CACs were full or associate members of the accrediting body (Cross et al., 2005). To be accredited the center requires a "child-friendly environment and the use of multidisciplinary teams, forensic interviews, medical evaluations, therapeutic interventions, and victim advocacy as well as thorough case review and case tracking" (Smith et al., 2006, p. 355). CACs are

organizationally distinct programs located within other organizations (e.g. district attorney's offices, hospitals) or existing as independent nonprofit centers. They provide coordinated investigations and MDTs [multidisciplinary teams] ... but must also meet an array of standards for quality investigations, medical and mental health care involvement, victim support and advocacy, and culturally competent services. In some CACs. . . individual investigators or investigative units of CPS and police are co-located at the CAC to facilitate coordination (Cross et al., 2005, p. 228).

1990 – present.

Studies of the implementation of a coordinated CPS-law enforcement response.

In 1994, Pence and Wilson, writing with primary focus on the investigation of child sexual abuse, reviewed the history of cooperation between child protective services and law enforcement. They noted that a variety of arrangements between these agencies were being called "joint investigation" or "teamwork", "ranging from sharing written case information or holding periodic meetings around specific high-profile cases to those communities where all the actors function as a cohesive unit" (p. 10). In some states, the team concept had been mandated by law (e.g. Tennessee), or a law had supported

team investigation (e.g. Colorado), but in others, the team was the result of the efforts of an individual or group of individuals. They concluded that while team investigations had worked well in some major cities and also in rural communities, it appeared that their success depended more on the will of those involved than on legislation and funding. They argued that in many communities the practices involved in the investigation of child sexual abuse did not meet the needs of those involved and were very far from the ideal. They described “team investigation” of child sexual abuse in 1994 as “an uneasy alliance”.

Winterfield & Sakagawa (2003) in a study of institutional arrangements for integrating and coordinating the activities of child protective services and law enforcement in child maltreatment investigation identified three models currently found in the US. They are:

- 1) *Minimal law enforcement involvement and coordination*, which is referred to as the traditional model for CPS. The two institutions may have a formal or informal agreement to share information or notify each other about reports of child abuse and neglect but they do not participate in joint activities.
- 2) *Joint or coordinated child abuse and neglect investigations*, where police are regularly involved by participating in investigations with CPS. Legislation may require that CPS and law enforcement cooperate in investigations, there may be a Memorandum of Understanding between the two agencies that guides the coordinated response or they may be a Multidisciplinary Team (MDT) or a Children’s Advocacy Center (CAC).
- 3) *Sole law enforcement investigation responsibility* where law enforcement is the only agency involved in the investigation of a significant proportion of cases, usually determined by the “seriousness” of the case (e.g. all serious physical and sexual abuse cases, all cases that are not solely neglect). Law enforcement makes decisions about whether a child should be removed from the home, and social services often become involved only after the investigation. Within this model, communities differ in terms of what proportion of cases law enforcement controls (e.g. all cases, certain cases, or discretionary as requested by CPS).

As of September 2000, 31% of states were using Model 1, 55% of states were using Model 2, and 14% of states were using Model 3. Representatives of eight national organizations as well as 70 professionals involved in investigations across six sites were surveyed as to their views of the strengths and weaknesses of the three models. They found, “Across sites, professional disciplines, and among all national representatives, a joint, collaborative approach to investigating child maltreatment by law enforcement and child protective services is seen as the preferred approach” (Winterfield & Sakagawa, 2003, p. 7).

Sheppard and Zangrillo (1996) also identified three types of joint police and child welfare coordinated approaches: 1) agency-based joint investigations, 2) multidisciplinary interview centers and 3) child advocacy centers. Their study of a national random sample of CPS and law enforcement agencies conducted in 1991-1992 found that 33 states required joint CPS and law enforcement investigations of reported child maltreatment, and 30 states also mandated or authorized multidisciplinary or multiagency child protection and treatment teams. These statutes usually named the

agencies that should participate and articulated the roles of team members. These researchers concluded:

Police usually report suspected abuse and neglect to CPS, even when not legally required to do so. More than 40 states have passed legislation requiring CPS agencies to notify the police of child abuse cases when there may have been a violation of criminal laws. In most states, CPS must notify police of at least the most serious types of abuse. Twenty-two states and the District of Columbia allow reporters of child abuse to contact either the child welfare agency or the police (Sheppard & Zangrillo, 1996, p. 23).

These researchers also found that sites with centers offered advantages over agency-based investigations including more resources, a visible identity, a staff devoted to making the program work, better facilities and equipment for conducting child-friendly interviews, more accessible investigative team members and greater expertise among trained child interview specialists. Sites with centers also were more likely to have written protocols and more formalized joint investigations procedures (Sheppard & Zangrillo, 1996).

Studies evaluating CACs and multidisciplinary collaboration.

Only a few studies evaluating CAC's and multidisciplinary collaboration have been published. Hochstadt and Harwicke (1985) reviewing all abuse and neglect cases evaluated by a multidisciplinary team over a two year period found that a much larger proportion of cases received recommended services (e.g. psychiatric and special education placement, individual or family therapy) than the proportion reported by a state where MDTs were not used. A study in 1994, in California, of CSA cases before and after the implementation of a multidisciplinary interview center found that the center was associated with fewer interviews, interviewers, and interview settings per case, and children rated the center-based interviews more positively than standard practices (Saywitz, Goodman & Lyon, 2002). This study did not find an association between the existence of the interview center and rates at which charges were filed in courts. Saywitz, et al. (2002) point out that although this research found that MDTs with high levels of coordination among law enforcement and social service agencies tend to reduce the number of interviews and the stress experienced by the child, "the costs associated with these benefits remain unknown" (Saywitz, Goodman & Lyon, 2002, p. 364).

A study of CACs in Utah (Jenson et al., 1996) found that children experienced lower levels of problem behaviour and placed fewer demands on parents after involvement with the CAC's, and parents were very satisfied with the services received; however, prosecution rates continued to be low and arrests of alleged perpetrators were made in only 2% of cases although 42% of cases contained some evidence that abuse had occurred. In contrast, in a region where an MDT created a close working relationship between law enforcement and CPS, three out of four cases were referred for criminal prosecution (Tjaden & Anhalt as cited in Portable Guides to Investigating Child Abuse, US Department of Justice, 2000). Joint investigations also were associated with more perpetrator confessions, more frequent victim corroboration, more criminal prosecutions and more guilty pleas compared to independent investigations

(Tjaden & Anhalt as cited in Cross et al., 2005). Faller and Henry (2000) found in a case study that a community with a coordinated CPS/law enforcement protocol had a sex offense confession rate of 64% and a sex offense plea rate of 70%.

Cross et al., (2005) compared cases of all types of child maltreatment investigation with police involvement and without police involvement and found that allegations were more likely to be judged credible when police also investigated, and the relationship between these two variables was quite large for sexual abuse. Families were more likely to receive various services when police were involved and when a multidisciplinary team was used. The authors concluded, "police do not appear to hinder CPS effectiveness and may, in fact, promote it" (Cross et al., 2005, p. 241). They recommended that police and CPS coordinate their investigations of child abuse and neglect in every community, develop policies and structures to deal with differences and implement more cross-training. They also argue that "the opposition to prosecution that fueled some of the difficulties between police and CPS seems to have waned as knowledge about child abuse has increased, the criminal justice system has prosecuted more child abuse cases and police and CPS have worked together more frequently" (p. 242).

Factors supporting joint coordinated approaches.

Authors agree that there are many reasons that the joint coordinated approach is seen as positive. The primary reason is that it reduces the number of interviews with the child about the allegations and the number of people involved in a case. These interviews are almost always stressful for the child. Having to repeat them with many different interviewers is seen as revictimization (Pence & Wilson, 1994; Sheppard & Zangillo, 1996; Winterfield & Sakagawa, 2003). The joint coordinated approach is also seen as producing more thorough investigations (Cross, Finkelhor & Ormond, 2005). Law enforcement is seen as providing expertise in criminal investigations and in the collection and preservation of evidence. Child protective services/ social work is seen as expert in conducting assessments of children and families and in making decisions about child and family needs. A joint investigation is seen by some as reducing the likelihood that a police investigation will be compromised by child protection interventions, and that child protection concerns will be missed in the pursuit of criminal charges (Sheppard & Zangrillo, 1996). Collaboration with other professions such as prosecutors, medical personnel, psychologists and victim advocates is seen as providing specialized expertise needed to respond effectively to abuse and neglect. A collaborative approach is seen as better demonstrating that the community regards abuse and neglect of children as serious. It is also seen as leading to evidence that is more likely to support criminal prosecution. It can improve concern about safety among CPS workers and creates greater accountability by investigators. In some cases it may facilitate access to victim compensation and payment for psychotherapy for victims (Winterfield & Sakagawa, 2003; Cross et al., 2005).

Concerns about joint coordinated approaches.

On the other hand, some reports indicate that law enforcement has expressed concern that CPS involvement in cases can lead to obstruction of criminal investigation and prosecution, or unnecessary delays in taking necessary action. Concerns about

CPS workers' lack of skills in gathering evidence and that CPS workers are too much in favour of family preservation rather than child protection have been expressed. CPS workers have expressed concern about minimal communication from police, and unwillingness to conduct joint interviews. They also sometimes note that police have a more punitive attitude towards child abuse than other professionals, and that this may make attempts to work with the family more difficult; some have noted that police may be more likely to initiate removal of a child from the home and devalue CPS services such as family preservation and reunification (Cross, Finkelhor & Ormond, 2005).

Concerns about confidentiality are also expressed; a major challenge for collaborative teams has been rules regarding confidentiality that CPS workers are expected to observe. Cross et al. (2005) point out that when the alleged perpetrator is not a family member, families may not be comfortable having CPS involved, and where prosecution is not appropriate, families may legitimately resent involvement of the police. Factors that seem to improve the coordination process included co-housing, cross training, establishment of a center that coordinates investigations on a 24-hour basis, and police child abuse specialists (Cross et al., 2005; Newman & Dannelfelser, 2005).

Coordinated response to investigating out-of-home CSA.

We found only one published article that specifically addressed the coordinated response to investigating "out-of-home" child sexual abuse cases. Smith (1989) reported the results of a study for the American Bar Association that explored the use of multidisciplinary child sexual abuse teams in investigating out-of-home abuse cases in six US sites. In two states, (Nevada and California) the child protective service agency did not have jurisdiction over out-of-home abuse cases and police investigated the allegations. However, in Nevada, police worked cooperatively with the State Welfare Licensing Department. In California, the special child abuse unit of the police coordinated with the prosecutor's office. In the other four sites, police and CPS workers investigated out-of-home abuse cases jointly. All interviewees indicated that maintaining an effective team is difficult and requires constant work and attention. All participants also stated that the multidisciplinary team approach can "vastly improve the response of the criminal justice system in out-of-home sexual abuse cases" (Smith, 1989, p. 11).

A Review of Literature Regarding Multidisciplinary and Coordinated Responses to CSA in Canada

In our searches using university library electronic databases, we have not found publications that summarize models of child welfare response to child sexual abuse across Canada either in the past or currently. What is available are reports of specific community experiences, demonstration projects and evaluations of projects in several Canadian provinces. We expect that documents exist that speak to developments in provinces that are not represented here; however, our review was restricted to those that were accessible to us through a search of library electronic databases. We have organized the projects according to date of implementation beginning in 1976.

A multidisciplinary child abuse team in Dauphin, Manitoba

According to the authors of a paper published in 1982, child protection teams to deal with child abuse developed rapidly in urban settings in Canada in the 1970's (Sigurdson & Jones, 1982). These authors report that, in 1976, Child and Family Services in the small city of Dauphin (Manitoba) attempted to develop a program to identify and treat child abuse. Initial response from other organizations to the suggestion that a team should be developed was not enthusiastic; many questioned the existence of child abuse in that community. During the next few years, attempts were made to educate various disciplines and agencies about child abuse, and a team was officially in existence but not very active. In 1980, when the team met to discuss a case of suspected incest, the group decided that it needed to become more active and to meet regularly. A protocol was developed and meetings became more frequent. Continuing education for members and other health professionals in the region was regarded as a priority, and cooperation with an urban hospital child abuse team enhanced the functioning of the rural team. Sigurdson and Jones (1982) saw the role of the family physician as very important to the development of such teams.

A coordinated multidisciplinary response to CSA in Vancouver, B.C.

Between 1977 and 1979 a Task Force on Family Violence in Vancouver B.C. conducted action research and program planning, and in 1981, created the Child Sexual Abuse Project. One of its objectives was to facilitate a coordinated multi-disciplinary approach to the problems of CSA (Child Sexual Abuse Project Advisory Committee, Vancouver, B.C. (CSAPAC, 1984). In 1984, implementation guidelines for an integrated response were published.

Vancouver City Police had established the Sexual Offence Squad in 1983 "to ensure continuity in case investigation provided by experienced staff working cooperatively with their counter parts in child protection services" (CSAPAC, 1984, p. 27). The guidelines included recommendations that police should investigate all complaints of child sexual abuse and refer all cases for the laying of criminal charges. Joint interviews by police and social workers were recommended as "common practice" (CSAPAC, 1984, p. 28), and cooperation between police and child protection workers was advised throughout the course of the case. Interviewing the child in a setting that the child perceived as safe, and the use of audio- or videotaping to reduce the number of interviews were also recommended.

Child protection social workers had reportedly taken a leadership role in the establishment of multi-disciplinary case review committees, including police and crown counsel. The guidelines recommended that child protection workers should work cooperatively with police and crown counsel and share all information at early and subsequent stages of cases. CPS workers were also advised that initiation of a family court protection hearing should not be seen as a substitute for criminal court action, and they were advised to make every effort to refer the victim and other family members for treatment, and to make regular reports to relevant agencies. This document suggests that the writers were referring primarily to intra-familial CSA, with frequent references to the non-offending parent being the mother and the offender needing to be removed from the home rather than the child (CSAPAC, 1984).

A coordinated CAS-Police-Criminal Justice System Protocol in Toronto.

In 1981, the Metropolitan Chairman's Special Committee on Child Abuse was formed in Toronto with the purpose of developing improved coordination and delivery of services to abused children and their families, with a focus on CSA. Between 1981 and 1983, this committee supported the development of a preventive education project for children in elementary schools, a crisis support group for mothers and children, and a treatment network to provide on-going therapeutic services for child victims, offenders and their families. In 1983, the Committee published the Child Sexual Abuse Protocol developed by persons representing crown attorneys, the police department, the two Children's Aid Societies, the Jewish Family and Children's Services, the provincial Secretariat for Justice, and the Metropolitan Community Services Department. The principles underlying the protocol included the following:

- child sexual abuse is an abusive and criminal act that should be investigated and prosecuted as such,
- conviction of offenders was not sufficient and that appropriate treatment of offenders was necessary to reduce reoffending,
- effective response required the full cooperation of all systems,
- specific individuals should be specially trained to investigate CSA,
- in cases of intrafamilial abuse every effort should be made to remove the offender from the home, not the child, and
- specialized crisis and treatment services for victims and non-offending family members should be developed.

The protocol required that all reports of CSA made to the Children's Aid Society (CAS) be reported to the police sexual abuse specialist before attending at the scene. The police specialist and the CAS specialist, acting as a team, were to conduct the interview of the child. The police specialist was to interview the alleged offender and, as soon as possible after the interview with the suspect, "to disclose fully what was learned" to the CAS specialist (Metropolitan Special Committee on Child Abuse, 1983).

Direction to begin referring extrafamilial CSA to Children's Aid Societies.

The 1983 Toronto protocol stated that traditionally when a case involved an offender who was outside the immediate family, the case was not reported to the CAS's. The new protocol required the police to report all cases of CSA (including those where the alleged offender was outside the immediate family) to the CAS sexual abuse specialist before conducting the investigative interview. The stated reasons for this were to

provide the C.A.S. with an opportunity to offer support, assistance and reassurance to all sexually abused children and their families; allow for an immediate response and continuity of follow-up, with minimal repetition of interviews; allow for immediate referral for treatment or support; free police for their investigation; and enable the C.A.S. to determine if any protection concerns exist with respect to the victim and to all other children at risk of the alleged abuser (Metropolitan Toronto Child Sexual Abuse Protocol, 1983, p. 1).

In this first protocol, in cases of both intrafamilial and extrafamilial abuse, the police-CAS team was responsible for defining a specific management plan for each case and for identifying a support person for the child.

In 1986, a revised version of the Metropolitan Toronto Child Sexual Abuse Protocol was issued. It stated that the CAS worker was responsible for: 1) ensuring that the child victim of intra-familial abuse received ongoing emotional support vis a vis the family and during Family and Criminal court proceedings, 2) that coordination occurred between the child, family, Police, CAS, Crown Attorney and treatment programs, and 3) that the child was aware of her/his right to apply to the Criminal Injuries Compensation Board. This revised protocol further stated, "In extra-familial cases of child sexual abuse, the team shall offer to refer the family to an appropriate resource for supportive counseling. The designated police officer shall assume primary responsibility for liaison and preparation of the child and non-offending family for court proceedings" (p. 18). The changes in the protocol between 1983 and 1986 suggest that the plan to have the CAS provide support, assistance and reassurance to all sexually abused children and their families had been difficult to implement. In fact, the protocol of 1986 states that the guidelines regarding support for the child, "reflect the realities of existing resources" (p. 17). It appears that these realities required that the CAS worker be relieved of responsibility to ensure that victims of extrafamilial abuse received ongoing emotional support; the CAS worker's role in these cases (in conjunction with the police officer) was limited to referral of the child victim and family to other counseling services.

Regarding the responsibilities of the CAS for extra-familial CSA cases, the 1989 protocol for the Ottawa-Carleton, Ontario area (discussed in more detail below) states, In defining reportable child abuse, section 68(1) [CFSA 1984] raises the question of the role which the parent or caregiver may have played in either an active or passive manner in the apparent abuse of a child. It is with this initial focus in mind that the CAS will receive all referrals of child abuse (including both intra- and extra-familial) from the community (Ottawa-Carleton Child Abuse Protocol, 1989, p. 7).

This document goes on to say that the police and CAS worker should consult and mutually decide their respective roles in the follow-up of the referral and that in cases of extrafamilial abuse, the police may do the primary investigation with the CAS playing the secondary role. It states that in these cases the CAS is responsible for assessing the need for protection, if any, for the victim(s) and any other children whom the alleged abuser may have access to in his/her personal life and/or job, but where no protection issues exist, the CAS can offer support, assistance and reassurance to the child and family, as well as referral for treatment (Ottawa-Carleton Child Abuse Protocol, 1989).

An evaluation of the Toronto protocol.

In late 1984, a study was commissioned by Toronto's Chairman's Special Committee to determine the extent to which the protocol that took effect in January 1984 had been implemented.

The study reported that several of the goals of the protocol had been realized:

- the coordinated, joint Police-C.A.S. approach was resulting in less redundancy;
- investigative interviews with the child victim were being audiotaped in the majority of cases;
- in situations where the offender and child lived together, the offender was now more likely to be removed than the child;

- orders restricting the offender's access to the child were now being routinely requested and granted at bail hearings
- participating professionals expressed greater clarity about their particular roles and those of colleagues in other systems in relation to child sexual abuse cases;
- for the first time, the criminal justice system was beginning to assign greater priority to these cases; and,
- in general, the increased awareness and knowledge within the range of systems involved was believed to be increasing the general quality of protection for children (Metropolitan Special Committee on Child Abuse, 1986, p. iii).

Among the problems identified were philosophical conflicts regarding sentencing (mandated treatment versus jail sentences). Some participants in this study believed "that the pendulum had swung too far in the direction of believing the child and that in their view, there are some reports in which careful screening is warranted" (Metropolitan Special Committee on Child Abuse, 1986, Appendix C, p. 6).

A comparison of the 1986 Toronto protocol with Saskatoon's and Ottawa's protocols.

In the early to mid 1980's other communities in Canada were also developing protocols for the coordination of child protection and police investigations in cases of child abuse. For purposes of this report, the Saskatoon Sexual Abuse of Children Protocol (1986) and the Child Abuse Protocol for the Regional Municipality of Ottawa-Carleton (1989) were compared with the 1986 protocol developed in Toronto. Compared to the Toronto protocol, the Saskatoon Protocol appears to have considerably less emphasis on the police officer and the CPS worker working as a team. It does not use the word "team" as the Toronto and Ottawa protocols do. The Saskatoon document states, "An Officer of the Department (of Social Services) and/or a Police Officer will initiate an appropriate interview procedure with the reported victim as soon as possible following receipt of a report" (Ottawa-Carleton Child Abuse Protocol, 1989, p. 8). The commentary for this section states, "IDEALLY, one interview with both an officer of the Department and a Police Officer present, should be sufficient in the initial investigation to determine if sexual abuse has occurred" [large caps in original](Ottawa-Carleton Protocol, 1989, p. 8). In contrast, the Toronto document states, "The Police-C.A.S. team should see the child together as soon as possible" (Metropolitan Toronto Child Sexual Abuse Protocol, 1986, p. 6). In the Saskatoon document, both the CPS worker and the police officer are instructed to request the assistance of the other "within its mandate" (p. 7) in the preliminary investigation, and to "co-operate (with each other) in the investigation of the reported incident" (p. 8). In most other respects the protocol in Saskatoon was quite similar to that developed in Toronto.

When comparing the Ottawa-Carleton Protocol to the Toronto protocol, it should first be noted that the Ottawa document to which we had access replaces an earlier document entitled *Child Sexual Abuse Procedure for Professionals in the Regional Municipality of Ottawa-Carleton*, which was published in 1985. The 1989 document "integrates investigative procedures for all forms of child abuse and neglect into one manual" (Ottawa-Carleton Child Abuse Protocol, 1989, p. 1). As mentioned above, the Ottawa document, like the Toronto one, refers to the police officer and CAS worker working as a team, and states that the child protection worker assigned to the case

consults immediately with police. Together they determine how the Criminal and Child welfare Investigation should proceed in all cases where there is an allegation of sexual abuse (Ottawa-Carleton Child Abuse Protocol, 1989, p. 13).

Differences between the Toronto and Ottawa document include that Toronto had a Crisis Support Group Program to which the non-offending parents could be referred; the alleged offender could also be referred to the support group program if he or she confirmed the abuse and indicated a desire to seek help. The Ottawa document makes reference to a Child Abuse Review Committee within the Ottawa CAS to which the CPS worker was required to refer all abuse cases after investigation. In the Ottawa document, reference is made to limited availability of treatment services, at least for offenders. It states, "Where a pre-sentence report has been ordered, the Crown should request a statement of the availability of treatment," (p. 43) and that the Crown Attorney should ensure that the court is aware of "a plan for treatment – where appropriate and/or available" (Ottawa-Carleton Child Abuse Protocol, 1989, p. 43).

Both the Toronto and the Ottawa documents recommend that a worker from the CAS provide continuing support for the child victim of intrafamilial abuse. But as noted above, for victims of extrafamilial abuse, both protocols assign responsibility to the CAS-police team to refer the child and family to an appropriate resource for counseling or support. In the Toronto protocol, the designated police officer is responsible for liaison and preparation of the child and non-offending family for court proceedings. There is no specification of this responsibility in the Ottawa document, although reference is made to a Victim Witness Program in discussing support for victims of intrafamilial abuse.

Multidisciplinary child protection teams in Newfoundland.

According to Crocker (1996), in the middle of the 1980's multidisciplinary child protection teams began to emerge in communities in Newfoundland. The Department of Social Services in that province provided some direction to encourage this development. In 1989, 24 teams were identified although many were not active. Most were following a case consultation model, which included social workers, public health nurses, law enforcement officials and other relevant professionals who held formal consultations to review important decisions in specific cases (Crocker, 1996).

A survey in 1989 found that these teams were working in isolation (Hanrahan as cited in Crocker, 1996), and no support mechanisms were ensuring that the teams could continue to function. In 1992, Health Canada funded a project intended to promote coordinated approaches to child protection in Newfoundland, and this funding facilitated the development of new and more active teams. That project identified obstacles faced by teams in Newfoundland that required a change in the way they functioned. Crocker (1996) describes professional frustration regarding mistrust by community members; community members tended to view the professionals as outsiders. Also, many members of the community denied that child abuse and neglect were problems in their community. Confidentiality in small rural communities also became a problem. Team members expressed discomfort about the team's lack of accountability because the responsibilities of multidisciplinary teams were not referenced in the province's Child Welfare Act.

Recognizing that “community people have the skills and ability to solve their own problems” (Crocker, 1996, p. 209), the mandate of the teams evolved to include enhancing public awareness of child abuse and supporting community development to respond to these issues. As a result, the composition of the child protection teams changed to include community members, which was seen as essential to the goal of changing attitudes and behaviour. The model that was developed was termed a “hybrid” or “two-tiered approach” because the team was divided into tiers or subcommittees; professionals directly involved in cases of abuse or neglect were still sometimes holding case conferences, but the other team members were involved in public education projects as well as fund raising to support team projects. Many teams also began to organize workshops to increase professional development, and there was increased recognition that team members could learn a great deal from each other.

In 1997, Newfoundland developed a formal provincial policy, the “Interdepartmental Coordination of Services to Children and Youth” to facilitate integration of services between the departments of Education, Health, Justice and Social Services (Hicks & Tite, 1998). However, in spite of policy and protocols prescribing specific roles, evidence suggested, “professionals respond to sexually abused children differently depending on their attitudes toward the victim and the offender and their views about the availability of treatment options” (Hicks & Tite, 1998, p. 37). In a survey of social workers, teachers and police in Newfoundland, these researchers found that professional responses varied by gender, professional group, and the individual’s personal history of abuse. “[S]ocial workers find children significantly more credible than do police and school personnel, females find children significantly more credible than males, and all respondents find young children more credible than adolescents” (Hicks & Tite, 1998, p. 43). They expressed concern that professionals with the least experience with real cases of CSA and the least knowledge about the relationship between CSA and adolescent behaviour are the ones most likely to be the first point of contact for reports or disclosures. They recommended more study of how professionals learn and attain their knowledge about CSA and how they use that knowledge in their work.

A coordinated response to CSA in rural Manitoba.

In 1994, Trute, Adkins & MacDonald reported on a three year project, funded by Health and Welfare Canada that implemented and evaluated a coordinated response to child sexual abuse in rural Manitoba. They pointed to interdisciplinary competitiveness and agency protectionism as barriers to coordination of services, and also to the strong emotional issues associated with CSA that can result in polarization with some professionals advocating for the victim, family or perpetrator and others pushing for punishment. Another problem identified by Trute et al. (1994), was the lengthy time periods between disclosure of the abuse and provision of treatment services. They wrote,

Unfortunately, within the Canadian judicial system most victims and their non-offending parents are left in a state of legal limbo while the investigation process is conducted. Often mental health treatment is withheld as well, pending the disposition of investigative findings. In the short-term, too few children and their families receive family-focused counseling, help with key intimate relationships in

their life, or help coping with the social and psychological consequences of the disclosure of child sexual abuse (Trute et al., 1994, p. 8).

Trute and colleagues (1994) encountered a number of difficulties. Although managerial support for the coordinated model was obtained from all participating organizations, ongoing support in terms of active promotion of the approach and support for worker participation in regular meetings did not always materialize. Professionals from the legal sector (law enforcement and the probation office) were not able to attend the regularly scheduled meetings. Time pressures were identified as a key element in making a more coordinated approach for the statutory agencies very difficult.

Joint interviews involving police and child welfare investigative workers did occur regularly but some police investigators did not adhere to the Manitoba provincial policy calling for joint consultation on all child abuse allegations. Contributing to the problem was the number of detachments and constabularies within the project's geographical area, and the frequent transfer of police officers. Also, police and child protection workers sometimes did not agree on next steps following joint interviews and resolution of these differences was problematic because of the difficulty in bringing players together (Trute et al., 1994).

The researchers emphasized that although "coordinated services must be primarily implemented, monitored, and maintained by line-level service providers" (Trute et al., 1994, p. 193), commitment to coordination at senior administrative levels in all participating agencies is crucial as is support from provincial government departments to make sure that interdepartmental bridging and key policies are developed. They acknowledged that maintaining the coordinated approach especially in a rural location requires some increased costs.

It should be noted that this model put a strong emphasis on providing a coordinated approach to treatment in addition to investigation of the abuse, protection of the child victim, and prosecution of the offender. Having one individual or agency assume formal responsibility for the coordination of each sexual abuse case throughout the entire life of the case was seen as critical. This individual person or agency took responsibility for "facilitation of communication between those investigating the abuse, those providing treatment, and the members of the family in which incest has occurred" (Trute et al., 1994, p. 9). The researchers argued that the formal creation of a service coordinator position specifically for child sexual abuse services was important because in addition to facilitating communication and appropriate treatment, such a position could facilitate professional and community education, training, prevention and research.

The integration of a social and judicial response to CSA in Montreal.

In the province of Quebec, the percentage of cases classified as CSA referred to child protective authorities rose from 18% in 1979 to 29% in 1982 (Thomson-Morton, 1992). By 1988-89, 13.5% of all referrals were for CSA, but the overall number of cases referred to CPS increased 100% between 1981-82 and 1988-89 (Thomson-Morton, 1992). Thomson-Morton, for her Master's in Social Work thesis, studied changes at the Ville Marie Social Service Centre in Montreal following the introduction of a protocol for an integrated social and judicial approach to CSA. Representatives of three social

service centres, the Crown Prosecutor's Office, and the Montreal Urban Community Police developed this protocol and announced it to the public in May 1986.

Thomson-Morton examined the effect of the protocol on social service intervention and on case outcomes for referrals of CSA. She compared case records before and after introduction of the protocol, and interviewed some key informants. Data were collected for the 1984-85 and 1986-87 years. She concluded that although workers did initiate contact with police more often and the police and criminal justice system were more involved in child protection cases following the introduction of the protocol, "there was no evidence of a true psycho-social-judicial approach to child abuse investigations" (Thomson-Morton, 1992, p. 67). The training seemed to have a paradoxical effect, with those workers who received the training calling the police less, using the Youth Court less, and closing more cases without offering additional services than those workers who did not receive the training.

Possible reasons for these unexpected findings were many: according to the researcher they included managerial practices, worker behaviours, case processing problems, problems in the interface of the systems involved and a lack of overall leadership or coordinating mechanisms. She speculated that the training may have inadvertently led workers to have less confidence in the court process, and be more aware of the crisis that disclosure of CSA creates for the family. A significant lack of experienced CPS workers and large caseloads were also seen as contributing to the problems, and the criteria for cases requiring police investigation were not clear. Changes in the Quebec Youth Protection Act 1984 that did not give CPS workers a mandate to intervene without clear evidence also contributed.

This student-researcher concluded that an interagency coordinating committee and joint training programs were essential to enhance communication, clarify roles and contribute to better understanding of the responsibilities and limitations of each system. She stated, "Within the agency as within the larger society, there was not consensus about the theoretical framework on which the Protocol was based nor about the most appropriate kind of intervention" (Thomson-Morton, 1992, p. 22). The concerns focused on the following:

- Opposition to the criminalization of intrafamilial child sexual abuse
- Lack of confidence in the criminal court process
- Disagreement with aspects of the training program
- Difficulty with some of the premises of the training and protocol (e.g. believing the child)
- Belief that the resources needed to implement the investigation process were not available.

The Montreal protocol was to be used in:

Those situations where the abuser is in a position of authority and/or trust by virtue of his special relationship with the child or adolescent (biological parent, foster parent, teacher, sibling, neighbour, uncle etc.) the act and/or behaviour having placed the child in an exploitive situation (The Montreal protocol, as cited in Thomson-Morton, 1992, p. 19).

It should be noted that this study had considerable limitations because a significant amount of data was found to be missing from files.

A two-stage model for inter-agency training and cooperation.

In 1990, Hunter and Yuille wrote in an article in Canada's *Mental Health* that conflict between the mandates of the different agencies involved in responding to allegations of CSA had hampered adequate interventions. They argued that inter-agency cooperation was an essential prerequisite for an effective response and outlined a model of interagency training and cooperation. This model called for an investigative interview conducted jointly by a social worker and a police officer both trained to the same skill level "so either could conduct the interview, with one taking the active role and the other, a passive one" (Hunter & Yuille, 1990, p. 16). They described a five-day Child Sexual Abuse Training workshop that had been offered jointly to child protection workers, police officers and Crown prosecutors in New Brunswick, British Columbia, Alberta, Ontario Quebec and Newfoundland. They argued that joint training of personnel was the initial and essential stage in developing an effective response, but the second stage involved the creation of inter-agency committees including child protection, police, the Crown, therapists (of both victims and offenders) physicians, victim assistance groups and other appropriate agencies that would be responsible for meeting regularly, "to provide a forum to discuss difficult cases and to develop initiatives for community and agency response" (Hunter & Yuille, 1990, p. 17).

Before summarizing the important themes arising from these initiatives across Canada, it is relevant to include some salient issues affecting the child welfare response to CSA that arose out of two reports commissioned by the Government of Canada and released in 1984 and in 1990. These are the Badgley Report and the Rogers Report.

The Badgley Report.

In 1980, in response to increased concern about the prevalence of child sexual abuse, the Government of Canada created a Committee to inquire into (among other issues) the extent of child sexual abuse in Canada, and to make recommendations about how young victims could be better protected from sexual abuse. The commission's report, which was released in 1984, is often referred to as the Badgley Report.

The report noted, "the majority of provincial legislatures have not given specific consideration to child sexual abuse in framing their child welfare legislation" (Committee on Sexual Offences Against Children and Youths, vol. 1, 1984, p. 548). While some provinces had created summary conviction offences for any one who neglects, abandons, ill-treats or abuses a child in his or her care, the Report noted, "none expressly makes an offence of child sexual abuse" (p. 548). The report went on to note that provincial legislation was not helpful in "specifying clearly the basis upon which decisions are to be made whether incidents of child sexual abuse are to be dealt with under the terms of child protection legislation or under the sexual offences in the *Criminal Code*" (Committee on Sexual Offences Against Children and Youths, vol. 1, 1984, p. 548-549). It concluded, "it is the organization of services not the specific wording of any provincial statute, that affects the provision of assistance to sexually abused children" (p. 549).

The report noted that different approaches have evolved in the administration and operation of different child protection services within Canada, which appeared to have different consequences for protecting and helping sexually abused children. The

Committee recommended a full review by the provinces regarding whether clear specification of investigative responsibility for physical and child sexual abuse would lead to more congruence between response and public expectations (Committee on Sexual Offences Against Children and Youths, vol. 1, 1984).

With respect to child protection services, the research done by the Committee found that when charges were laid against an alleged perpetrator, initial assessments by CPS were more promptly undertaken, more children received medical examinations, there was broader consultation with other helping services, more interviews were held with victims, their mothers and other children in the family, more victims were counseled and treated, and the alleged offender was more likely to be removed from the home (Committee on Sexual Offences Against Children and Youths, vol. 1, 1984, p. 636).

The report noted that in Ontario in 1981, there were 53 planning and coordinating groups concerned with CSA in 40 Ontario communities, Parents' Anonymous groups had formed in 17 areas, and "48 interdisciplinary treatment or community access teams were functioning in 33 localities" (Committee on Sexual Offences Against Children and Youths, vol. 1, 1984, p. 555).

The Badgley Report also recommended changes to the legal definition of offences related to the sexual abuse of children, and improved coordination and cooperation among police, social workers and legal professionals. The Committee further recommended that the appropriate government and nongovernmental agencies:

1. Develop minimum standards of services to be provided by each of the main public services (police, medical and child protection services) in relation to the investigation, assessment and care of sexually abused children. These standards, pertaining to each service, should specify, among other considerations, that:

- I. everyone must report cases of child sexual abuse to the police and/or to child protection services
- II. it be mandatory that everyone must report all cases of child sexual abuse that constitute sexual offences under the Criminal Code be reported to the police;
- III. an initial assessment is to be made promptly and no later than 24 hours following notification;
- IV. a medical assessment be made of the physical and mental state of all cases of child sexual abuse;
- V. there be clear documentation of services provided and that long-term monitoring be undertaken to assure that the child is at no further risk of being harmed; and
- VI. a procedure be established to review reports of child sexual abuse and ensure that the needs of the children are being adequately met.

2. That legislation be enacted to specify these standards and to assure that they are being met in the assessment and care of these children (Committee on Sexual Offences Against Children and Youths in Canada, vol. 1, 1984, p. 636-637)

Responses to the Badgley Report

Until the 1980's, it was rare for a child to appear as a witness in a Canadian court (Yuille et al., 1988; Welder, 2000). In response to the dramatic increase in awareness of CSA during the late 1970's and early 1980's, and to the recommendations of the Badgley Report, the Canadian Department of Justice initiated a process to consider more flexible rules of evidence that would allow children to provide evidence in a court, and at the same time be protected from unnecessary stress and trauma. A review of legal cases and legislation pertaining to children as witnesses in Canadian courts noted that in 1986, judges, juries and legislators were very apprehensive about the reliability of children's evidence (Lilles, 1986). The reviewer stated, "Even when the child is capable of being sworn, logically, the younger the subject, the less inherent credibility the testimony has" (Lilles, 1986, p. 240).

The Badgley Report had suggested reducing the requirement that a child be capable of taking an oath before being allowed to testify. It had also recommended that even young children should be permitted to testify and that the judge or jury should free to decide how much weight to put on the child's evidence (Lilles, 1986). The Badgley Report had also taken issue with the requirement "for the corroboration of an unsworn child's evidence" (Lilles, 1986, p. 241). Children could not be "sworn" unless they were judged to be capable "to understand both the nature and consequences of an oath" (Lilles, 1986, p. 238). This meant that in order to be received by a court, evidence provided by a child who was judged not capable of swearing an oath had to be corroborated by another person who was capable of swearing an oath. The Badgley report recommended that this requirement for corroboration be abolished (Lilles, 1986).

In response to a request from the Department of Justice in 1986, Yuille et al., (1988) reviewed and critically assessed social science literature, empirical research and legal literature related to the witness abilities of children. He concluded that children are able to be as accurate as adults in describing an event; however, a child is usually able to supply less information than an adult and the younger the child the less information he or she is able to provide. He argued that no empirical support existed for the practice, at that time, whereby courts treated children's testimony differently than that of an adult. However, Yuille emphasized that children needed to be interviewed very carefully because of their vulnerability to suggestion and leading questions. He called for training that would allow individuals charged with obtaining testimony from child witnesses to be knowledgeable about children's abilities and problems in giving evidence, and for more research to focus on the best methods of obtaining testimony from children.

In response to the Badgley Report and further study, Bill C-15 (1987) was drafted and proclaimed in 1988. It had the following goals:

- a) to provide better protection to Canadian children through the provision of several new sexual abuse offences,
- b) to enhance the successful investigation and prosecution of cases in court by allowing more children to access the court to give their testimony,
- c) to give more weight to children's evidence,
- d) to allow younger children to testify,
- e) to allow sexually abused children to testify through the use of a screen,
- f) to allow videotaped testimony, (Wilson as cited in Welder, 2000, p. 161).

As mentioned previously, three new criminal offences relating to CSA were enacted and rules of evidence and judicial procedure were changed to permit the prosecution of CSA without the legal necessity of having the testimony of children corroborated. Bill C-15 also required that Parliament review the impact of the new legislation before the end of 1992. The Department of Justice accordingly conducted a number of research projects on the impact of these significant changes. Hornick & Bolitho (1992) summarized and compared the findings of three studies that had been conducted in Alberta, Saskatchewan and Hamilton-Wentworth (Ontario) between 1989 and 1992, all of which were designed to determine whether the goals of Bill C-15 were being realized. They concluded, overall, that the parts of the Bill identifying new sexual offences against children were providing better protection to children who had been sexually abused, that the procedural changes were contributing to successful prosecution of cases of CSA and that the innovations introduced into court proceedings were improving the experience of children when they were required to provide testimony in courts (Hornick & Bolitho, 1992).

However, these researchers also documented the differences in findings among the three study sites. Here we focus on the differences related to the child welfare response. In Alberta, the child protection agency became involved in investigations of allegations of CSA only when the alleged offender was a family member. However, in spite of the fact that inter-agency cooperation between police and child protection was not required, in the city of Calgary considerable inter-agency cooperation and case conferencing was reported when the offender lived with the child. In Edmonton, there seemed to be a broader interpretation of the child protection mandate and "data suggest that Edmonton social services included a considerable proportion of extrafamilial abuse cases" (Hornick & Bolitho, 1992, p. xviii). Information about cooperation between police and child protection was not collected in the Saskatchewan study.

In Hamilton, Hornick and Bolitho reported that both police and child protection agencies received reports of CSA and the protocol required police and child protection services to inform each other of a possible offence. Interestingly, within the city of Hamilton the two Children's Aid Societies had different practices: the Catholic Children's Aid Society tended to be involved with police in all cases of CSA, whereas the nonreligiously affiliated Children's Aid Society "tends to concentrate on the intrafamilial cases" (p. 26).

Hornick and Bolitho reported considerable variation among the three sites in the proportion of total cases involving CSA that were opened by both child welfare agencies and police. In Hamilton it was 87%, in Calgary it was 41% and in Edmonton it was 48%. Regarding the use of videotapes the report indicated that 34% of Saskatchewan cases involved videotaping the victim whereas only 18% of victims were videotaped in Edmonton and only three cases in Calgary. No videotaping was reported in the Hamilton study. Very few of the videotapes were used in court in Alberta apparently because an Alberta court had ruled against their use in 1989. Data suggested that children were often being sworn, and it was concluded that this provision had been readily implemented. The data also supported the conclusion that the changes had contributed to more successful prosecutions. Conviction rates ranged from a low of 59% in Edmonton to a high of 83% in Hamilton (Hornick & Bolitho, 1992).

Also contracted by the Department of Justice during this period, Kerr and Roberts (1992) surveyed police officers that were front-line investigators across Canada about the processing of child sexual abuse cases. Two thirds of the police officers reported substantial increases in their caseloads with regard to child sexual abuse, 56% believed there had been a change in the number of children who testified in court, and almost half believed there had been an increase in the conviction rate. Most attributed these changes to Bill C-15. The survey also found that among a lengthy list of court procedures, those that were most often observed by the police officers in cases of CSA were a ban on publication, the presence of a support adult in the courtroom, and the procedure of clearing spectators from the courtroom. The least frequently noted were use of experts as interpreters and the use of closed circuit television. The police officers reported that the most useful procedures were use of microphones to amplify the child's voice, booster seats, and experts acting as the child's interpreter. The authors of this report also noted that considerable variation could be observed across the country in terms of the ways CSA cases were being prosecuted (Kerr & Roberts, 1992).

Also in its attempt to evaluate changes in the reporting and processing of sexual offences against children at the national level, the Department of Justice contracted Roberts and Grossman (1992) to investigate the feasibility of using the information systems available through the Canadian Centre for Justice Statistics (CCJS) for such an evaluation. Roberts and Grossman (1992) concluded that the state of criminal justice statistics in 1992 precluded a broad and comprehensive analysis. While the CCJS databases could provide some useful data, reports based on these databases at that time would show only part of the picture. They explained that the Centre was dependent on the provinces to supply the data, and "some provinces are slower than others to come 'on-line'" (p. 22). A second obstacle was associated with the fact that sexual crimes against children were "scattered across several different offences" (p. 22). They noted that a system to link various databases was being tested at that time, and so an improvement in available statistics was possible in the future.

Beisenthal and Clement (1992) relying on an analysis of the limited data available in the CCJS databases, concluded that compared to statistics available for the 1980's, a larger proportion of child sexual abuse victims were reporting sexual offences to the police. They also noted that further research was required to better understand how to work with young sex offenders.

Another research project funded by the Canadian Department of Justice and Health and Welfare Canada in response to Bill C-15 was a program review of the Child Victim-Witness Support Project (CVWSP) operated by the Metro Toronto Special Committee on Child Abuse. This program was a demonstration project funded by the Department of Justice for a two year period beginning April 1, 1987. Campbell Research Associates collected data from police, court and CVWSP records, CAS workers, crown attorneys, children who had attended the CVWSP, CVWSP program staff, and representatives of justice and child welfare systems. The CVWSP prepared children who were expected to testify in court through four one-and-a-half hour group programs carried out on a weekly basis every other month.

Most police, CAS workers and crown attorneys surveyed named specific benefits of the CVWSP for the child welfare and criminal justice systems and only a small

number described negative impacts of the CVWSP for the criminal justice system. Participants also offered a variety of suggestions for improvement, one of which was the need for more resources as the CVWSP was not able to meet the current demand for preparing child witnesses. The researchers concluded that both the child welfare and the criminal justice systems lacked adequate data to provide a good basis for planning programs and services, that the implementation of Bill C-15 would lead to an increase in the number of children called to testify, that there would be a parallel need for professionals in the criminal justice and child welfare systems to be better prepared for dealing with child witnesses and that resources allocated at that time to implement Bill C-15 were inadequate. This situation created a dilemma for the CVWSP because as they increased education activities aimed at justice system members they could expect a concomitant increase in the demand for the court preparation of children, a demand that they were already unable to meet (Campbell Research Associates, 1992).

Reaching for solutions – The Rogers Report.

In 1990, Rix Rogers, who had been appointed Special Advisor on Child Sexual Abuse to the Minister of Health and Welfare in 1988 submitted his report entitled “Reaching for Solutions”. He noted that progress in dealing with CSA in Canada had been limited since the Badgley Report. He argued that to address a significant social problem “all sectors of society must join together and that co-ordination and involvement at the neighbourhood level is essential if real change is to be realized” (Rogers, 1990, p. 5). He recommended a federal-provincial/territorial cost-sharing program be established in the area of child abuse and include support for local child abuse coordinating committees and costs of child abuse coordinators at the community level. The report also recommended, “that protocols be developed in each local community and rural region to facilitate interdisciplinary and inter-jurisdictional co-operation among service providers and various systems in combating child abuse” (Rogers, 1990, p. 13).

Victim Witness Assistance Programs in Ontario

As was noted in the review of the evolution of a coordinated community response in the US, some states have developed Child Advocacy Centers. Cross et al. (2005) defined CACs as:

organizationally distinct programs located within other organizations (e.g. district attorney’s offices, hospitals) or existing as independent nonprofit centers. They provide coordinated investigations and MDTs [multidisciplinary teams] ... but must also meet an array of standards for quality investigations, medical and mental health care involvement, victim support and advocacy, and culturally competent services. In some CACs. . . individual investigators or investigative units of CPS and police are co-located at the CAC to facilitate coordination (p. 228).

It appears that although Ontario has instituted Victim Witness programs in many parts of the province, a system of centers like the CACs that are intended to coordinate all of the organizations and professionals involved in cases of CSA from disclosure through to the completion of court proceedings has not been developed.

The Victim/Witness Assistance Program (V/WAP) in Ontario began in 1987 (Ministry of Attorney General, Ontario). Currently in Ontario, 26 V/WAPs exist, with 31

new sites in stages of development. The Ministry of the Attorney General funds all of these programs. Seven Ontario sites offer specialized services for children and youth victims/witnesses. The Ministry of the Attorney General funds the specialized programs in Toronto and London, but the remaining specialized centres for children report various sources of funding (Department of Justice Canada, 2007).

Our reading of the limited literature regarding Ontario V/WAPs, including specialized programs for children and youth, suggests that these programs do not fulfill the comprehensive coordination function described by the Child Advocacy Centers in the US. The V/WAPs usually receive their referrals from the police following investigation, and while they attempt to coordinate their responsibilities with other professionals involved, the literature indicates that they do not serve as the coordinating agency for the case from the beginning of the investigation through to the closure of the case with the CAS or to the completion of criminal court proceedings. An example is the Child Victim Witness Program (CVWP) developed in 1988 in Welland Ontario. This program was reported in 1997 to employ victim advocates who received referrals from the police once the police had filed charges.

Upon receipt of the referral s/he makes contact with the investigating police officer, the child protection worker, and the prosecuting attorney's office to confirm the information contained in the referral and coordinate activities.

The advocate meets with the child and her family in the child's home to review the program and to discuss the parent's and child's concerns. . . .Using a psycho-educational model and working with each child individually, the advocate provides factual information and support as necessary (Doueck, Weston, Filbert, Beekhuis & Redlich, 1997, pp 115-116).

Pamela Hurley, the Director of the Child Witness Project in London, Ontario confirmed that these programs are different from the Child Advocacy Centers in the US. They become involved only when the investigation of the allegations of child sexual abuse by the police is completed and criminal charges have been laid. She states, "A strong recommendation is that referrals to child witness court preparation programs or Victim Witness Assistance Programs be made at the time the charge is laid so that no child is missed, and adequate time is available for court preparation services and planning for any necessary testimonial aids" (personal communication, July 9, 2007). Hurley also notes the importance of good coordination among all organizations involved in these cases.

Research regarding Victim Witness Assistance Programs in Ontario

A small number of studies have investigated the effectiveness of victim witness assistance programs in Ontario. Researchers associated with the Child Witness Project in London, Ontario (now called the Centre for Children and Families in the Justice System of the London Family Court Clinic) have provided much of what is available. The London Child Witness Project was created in 1987 with funding from Health and Welfare Canada and funding included a program evaluation component. The goal of the project was "to prepare child witnesses for their court experience in an effort to reduce the potential trauma caused by the criminal justice system when children are required to testify as a result of a sexual abuse victimization"A secondary goal was to monitor

the implementation of the federal Bill C-15 provisions in Middlesex county (Child Witness Project, 2002, p. 9).

The program evaluation, originally reported in 1991, compared two models of court preparation. One model offered stress reduction and education about court delivered in individual sessions, and the other model provided *status quo* court orientation and tour offered by the Victim Witness Assistance Program. It was reported that court preparation benefited child witnesses in four ways:

- a) by educating them about court procedures
- b) by helping them deal with their stress and anxieties related to the abuse and to testifying
- c) by helping them give full evidence on the stand,
- d) by providing an advocacy role on their behalf with the other mandated agencies in the criminal justice system (Sas, Wolfe & Goudey, 1996, p. 353).

The study also found that the children in both conditions learned much important information about the court system, but those who received the individual court preparation learned significantly more than the children who received status quo orientation and tour. Children receiving the individual stress reduction also showed significantly fewer fears than did the control group at the time of the court testimony, and both the children and their parents rated the stress reduction component highly (Sas, et al., 1996). Crown counsel indicated that the children who had received the enhanced model preparation “performed better as witnesses and the outcomes were better than for the less well-prepared children” (Wachtel, 1994, p. 16).

A follow-up study three years later of 126 children (primarily victims of intrafamilial abuse) who were referred for court preparation in 1988 and 1989 indicated that even though they had had the advantage of every support then available, they still

had a difficult experience being court witnesses to their own victimization. In the courtroom, few concessions had been made to accommodate for their age or vulnerability and many of them made simple and sensible suggestions for alterations in procedures (Sas, Hurley, Hatch, Mala & Dick, 1993, p. xviii).

The researchers did not find any negative long-term consequences associated with testifying per se. Negative court outcome tended to be associated with more emotional distress and poorer adjustment, and cases in which the abuser was the father were also more likely to be associated with poorer adjustment. The most important protective factor was a supportive mother (Sas et al., 1996).

An evaluation of the Child Victim Witness Program in Welland, Ontario was published in 1997 (Doueck et al., 1997). Twelve parents, foster parents or guardians representing 14 children were interviewed as well as police, prosecuting attorneys and provincial court judges. Participants were generally positive about the program’s usefulness in preparing children to testify and helping them to be more relaxed during the court process. Recommendations were for closer collaboration between the victim advocates and prosecutors and more follow up contact by the victim advocate following the court appearance. Noteworthy is the comment that the caregivers were not aware that the victim advocate was attempting to coordinate the efforts of the prosecuting attorney’s office, the police and investigative worker. The researchers recommended

joint training for law enforcement, child protection investigators, victim advocates and prosecuting attorneys. They also supported the need for the systemic changes recommended by a House of Commons justice committee including faster prosecutions, a more child-friendly courtroom, better training for police, prosecutor, and judges, use of a screen or closed circuit television for any victim under 14, changes in the law relative to child pornography, as well as an expansion of child victim witness support programs (Doueck et al., 1997).

A 2002 publication of the Child Witness Project in London notes “the [justice] system is slow and reluctant to implement change. The Child Witness Project in London continues to advocate for many of the same recommendations the program first made in 1991” (Child Witness Project, 2002, p. 13). It also points out “the initially promising expansion of specialty programs begun in the 1990s has stopped. Generic victim/witness service is becoming the norm” (Child Witness Project, 2002, p. 15).

A very recent study of the Victim Witness Program in Windsor-Essex (Harper, Cassan, Wilson, Santarossa, Ball et al., 2007) asked professional service providers, caregivers and children what was helpful and unhelpful with respect to the preparation and support children and families received before, during and after the child testified in court. It is important to note that the court support program in this jurisdiction is not specific to child witnesses (children compose 25% of the total clients served). The study made a number of recommendations, but perhaps the most important from the perspective of this review is the recommendation that a case management program be established to provide a child and/or family upon disclosure of abuse with “a dedicated children’s worker who would connect the child and family with appropriate services and support systems. . . and that “a case management program be developed that could provide information and support from the point of disclosure regardless of whether criminal charges are laid” (Harper et al., 2007, pp. xii-xiii) . This recommendation supports our earlier contention that Victim Witness Support Programs in Ontario are not currently fulfilling a coordinating function for the full duration of the case from disclosure of abuse to the completion of court proceedings as Child Advocacy Centers in the US are intended to do. It should also be noted that in order to be accredited, Child Advocacy Centers in the US must meet standards regarding the involvement of mental health care for child victims of CSA. We do not see this requirement incorporated into the mandate of any of the organizations involved with child victims of CSA in Ontario.

A summary of themes arising from the coordinating efforts across Canada.

A number of themes run through the reports of the various initiatives to develop multidisciplinary teams, coordinated community responses and victim witness programs in Ontario and Canada. Although some communities maintained that child abuse or CSA was not a problem in their community, it is clear that throughout the 1980’s, professionals in many communities worked hard to develop a coordinated, integrated response to this significant issue. It was frequently recognized that child victims of CSA would be better served if police and CPS conducted joint investigations that would minimize the need for the child (and family members) to be repeatedly interviewed. Related to the needs of the child victim are themes about removing the offender from the home and not the child, police and CAS workers doing joint audio or videotaped

interviews, the value of a child-friendly setting for the interview and the need for support and court preparation for child witnesses.

Also associated with the investigation of abuse is the theme of the need for investigators to be well trained, and the need for CAS and police to share information during the full course of the investigation. That joint training of CPS workers and police facilitated the success of the efforts to coordinate response was another strong theme. In more populated centers, having police officers and CPS workers who specialized in investigating CSA was seen as desirable. In some regions, joint training that also included crown attorneys, victim witness personnel, and mental health professionals was seen as best practice.

Repeated references to philosophical differences are noteworthy. These differences were related to: 1) the management of the offender – whether he/she should be forced to leave the home, whether he/she should be criminally charged, and if convicted, whether he/she should be mandated to receive treatment or serve jail time; 2) the child –whether young children could give valid accounts of their experience and how to guard against contamination of child's accounts; and 3) all members of the victim's family – whether the CAS should provide treatment or whether this was the responsibility of other agencies, and whether the police and criminal justice system should be involved in this aspect at all.

The research conducted to evaluate the impact of Bill C-15 highlighted that in the late 80's and early 90's considerable differences existed across the country in terms of response to the recommendations of the Badgely Report and to Bill C-15. It appears that many jurisdictions concluded that both the police and CPS should be made aware of and be involved in all referrals of CSA, and some communities wanted them to work as a team. Some communities saw the need to a wider team – one that in addition to CPS representatives, police and Crown attorneys included physicians, probation officers, educators, and mental health professionals among others. Some saw the need to include community members and to have two tiers or subcommittees to fulfill different functions. But considerations related to limited resources (and perhaps also to philosophical differences, or both) often led to difficulties in implementing such teams and in having them continue over time. Limited resources appeared to lead to restrictions in the involvement of CPS in cases of extrafamilial CSA, and limited availability of police in some regions to conduct joint child interviews. Limited resources made providing treatment to victims and family members and perhaps especially to offenders difficult in some regions. Limited resources were particularly problematic in small communities or rural areas where costs in terms of time and travel expenses made attendance at interagency meetings or coordinating committees difficult. Federal government funding that supported the development, maintenance and training of multi-disciplinary and specialized teams was helpful, but such funding did not continue indefinitely, and many initiatives did not continue.

When protocols or guidelines were developed, they weren't always followed. In some cases, philosophical differences inhibited full commitment to the model on which the protocol was based; concerns about confidentiality, especially in small communities, challenged a coordinated approach; large workloads and failure to involve and educate players at all levels led to problems in implementation. Frequent transfer of police officers or turnover of CPS workers also made sustained coordinated response more

difficult. The need to have a forum and the time to discuss conflict and problems in implementing the model was a strong theme.

An idea that arises frequently in this literature is that in order to be most effective and helpful to child victims, communities need to have an individual or an agency dedicated to the case management or coordination of all professionals and organizations involved in cases of CSA from initial disclosure to the conclusion of court involvement and even longer, in some cases. We note that the need for a coordinator who operated as a center of communication was identified in the 1970's in the early development of child protection teams in the US. Trute et al (1994) in the study in Manitoba viewed a service coordinator as crucial to the success of a coordinated response. And, as recently as this year, Harper et al. (2007) recommended the addition of a case manager in order to improve the system's responsiveness to the needs of abused children who had received services from the child victim witness program in Windsor, Ontario.

Another theme that can be identified is that along with including mental health professionals in the coordinated community response to complaints of CSA, a need exists to increase the accessibility of therapeutic interventions to victims, offenders and family members.

As will be seen later in this document, the themes identified in the literature will also be found in the information and perceptions we heard as we interviewed key informants for this report.

The Evolution of Guidelines for Interviewing Children During Investigations of Allegations of CSA

Interviewing children about possible sexual abuse is a relatively recent practice beginning in the early 1980's (Faller, 1996). However, a very large body of literature has developed since that time. The following is a brief overview of literature addressing changes affecting the way children are interviewed during investigations of CSA.

Obtaining evidence of child sexual abuse is difficult because the abuse usually takes place within a context of secrecy and may not leave physical evidence. Consequently, interviewing the child to obtain the child's account of the event(s) is often the only way to obtain evidence (Coolbear, 1992). In the early 1980's, interviewing children was the responsibility of the front-line child protection workers or law enforcement officials (Faller, 1996). Child protection workers often had only a bachelor's degree, worker turnover was high and caseloads were heavy; consequently, interviews were conducted by professionals with little training and insufficient time. Law enforcement officials were trained in interrogation and not accustomed to interviewing children. As a result, interviewers from all disciplines relied on subjective judgments based on personal experience and common sense (Faller, 1996).

One of the outcomes of this period was the belief among many professionals that children do not make false allegations about CSA (Faller, 1996). Faller points out that children generally gain nothing from making false allegations of CSA and in fact, often suffer negative outcomes as a result of the allegations. However, by approximately 1983, as more CSA cases were prosecuted and defended, the credibility of the victims and the skills of the interviewers were being called into question (Faller, 1996). As a

result of some landmark court cases demonstrating poor interviewing skills, articles about appropriate interviewing techniques and validation criteria began to appear in the literature (Faller, 1996). Faller states the first may have been a booklet by Jones and McQuiston (1985) where information had been gathered from professionals conducting child interviews in cases of suspected sexual abuse. It included information about child development, memory and suggestibility. Recommendations were made to include assessment of the child's affective and behavioural functioning, family dynamics, and information from other avenues when looking for indicators of sexual abuse.

In 1986, the American Professional Society on the Abuse of Children (APSAC) was created as a multidisciplinary organization designed to clarify the response to child sexual abuse (Faller, 1996). A main goal of APSAC was to develop a consensus among professionals who worked in child sexual abuse and to bring key professionals together to help create guidelines for investigative interviewing. APSAC put forth several guidelines to assist professionals in child interviewing. The guidelines included recommendations regarding the following: who should conduct the evaluation; the components of an evaluation; interviewing structure and process; tools to be used; and formation and documentation of conclusions.

Controversy continues to exist regarding child interviewing. Faller (1996) divides the controversies into four overlapping categories:

1) *The ability of the interviewer to conduct a competent interview.* Criticisms against the professionals who have conducted child interviews (child protection workers, law enforcement officials, mental health professionals, etc.) have been an issue; interviewers have been criticized for their poor interviewing skills, which in some cases can lead to false allegations. A factor that may lead to false allegations is an ongoing custody battle. However, an allegation of CSA during a custody dispute does not automatically mean a false allegation (Coolbear, 1992);

2) *The competence of the child to describe actual events.* This controversy is concerned with the competence of children to describe actual events including issues such as, children's willingness to describe their experiences, their memories, their vulnerability to suggestion, and their propensity to lie and fantasize. As mentioned previously, in 1988, Canadian psychologist John Yuille reviewed the social science literature and concluded that "children over the age of six (age markers are intended only as rough guidelines) are as capable of providing testimony about a witnessed event as an adult" (Yuille, 1988, p. 55). Yuille has since written extensively regarding systematic interview procedures and reliable ways of assessing the credibility of a child's statement.

3) *Interview structure and process.* These controversies focus on who should be interviewed, the number of interviews that should be conducted, record keeping, and the use of media, such as anatomical dolls. Consensus exists that all interviews should be videotaped so the child does not have to be interviewed a second time at a later date. One interview strategy is using anatomical dolls as aids to assist a child to talk about parts of the body; however, no standardized approach to using the dolls has been developed and it continues to be unclear how to interpret a child's response to the dolls (Sgroi, 2000). Consequently many child welfare agencies have ceased using these aids.

One example of a structured interview approach is the Step-Wise Interview that was developed by John Yuille with the goals of minimizing trauma to the child, minimizing contamination of evidence, maintaining the integrity of the evidence and providing sufficient information to assess the child protection issues. The steps involved in the interview include: rapport building, discussion of truth, introducing the topic of concern, free narrative, open questions, specific questions (if necessary) and interview aids (if necessary). This interview is seen as encouraging and facilitating the child's recall of the event(s) by asking non-leading, open-ended questions. The interview proceeds from the most general to more specific aspects – a more specific method is taken only when required.

4) *Decision making about the likelihood of sexual abuse.* Validation strategies have been developed to help professionals make decisions about the accuracy of an account of child sexual abuse (Coolbear, 1992). One validation strategy is the Statement Validity Analysis (SVA) (Raskin & Esplin, 1991), which is a comprehensive technique that uses various types of information and procedures to arrive at a conclusion regarding the validity of the allegation. A component of the SVA is the investigative interview described above. Another major component of the SVA is the criteria-based content analysis that begins with an evaluation of the general characteristics of the statement, followed by identification of specific contents that may be present, and ending with identification of contents that indicate the motivation of the child. The Validity Checklist is also sometimes employed (Raskin & Esplin, 1991). It directs the validation process to consider psychological characteristics of the child, interview characteristics, motivational factors and questions that arise about the credibility of the account. Sgroi (2000) argues that considerable research has indicated that even preschoolers can give reliable reports of sexual abuse.

Cronch, Viljoen, and Hansen, (2006) write that new directions in forensic interviewing include structured interviews that allow for flexible protocols, limited training requirements and those that are user-friendly. An example is the extended evaluation model where the focus is to allow the child to disclose over a period of time in a non-threatening environment to determine if abuse has occurred and if so, by whom (Cronch, Viljoen, & Hansen, 2006). Another relatively new development is the previously mentioned Child Advocacy Center Model, (CAC), which is based in safe, child-friendly facilities where children and families can receive a range of services (Cronch, Viljoen, & Hansen, 2006). This model is intended to improve the coordinated community response to child abuse cases and reduce stress on children and families. Advantages of the CAC model are more resources, better facilities and equipment for conducting child-friendly interviews, more accessible investigative team members and greater expertise among trained child interview specialists (Sheppard & Zangrillo, 1996).

Awareness is also increasing that when conducting forensic interviews, special considerations need to be made based on the child's age and developmental stage. Adaptations also need to be made when interviewing children with disabilities, when dealing with multi-victim investigations, and when dealing with kidnappings (Perona, Bottoms, & Sorenson, 2006). Perona et al., (2006) note that in the case of multi-victim cases, if a large number of child victims need to be interviewed a coordinator should be designated to arrange scheduling and transportation arrangements and to caution

potential witnesses and caretakers against talking with other witnesses and caretakers. They also stress that forensic interviewing techniques must be continuously informed by updated and current research.

Over the last 20 years many improvements have been made in child interviewing, however, many controversies remain and the need to learn more about appropriate and effective interviewing techniques continues. Authors point out that staff turnover and burnout continues to be high in CPS and needs to be addressed to ensure consistency and effective training in interviewing (Sgroi, 2000). According to Sgroi (2000), no single protocol for investigating allegations of child sexual abuse has been accepted uniformly.

Training Regarding Child Sexual Abuse for Child Welfare Workers in Ontario (1960 – 2006)

The following is a description of the training programs available to child protection workers in Ontario with respect to child sexual abuse from the 1960's to the present. Please see Table A for a listing of the content and objectives of the training programs. We wish to acknowledge that Louise Leck, Director of Education Services at the Ontario Association of Children's Aid Societies (OACAS) provided much of the following information.

Prior to the 1980's no formal training regarding how child welfare agencies should handle reports of child sexual abuse were offered on a provincial level. Our review indicates that the first training program for CAS staff regarding child sexual abuse was written in 1982 and was prepared by Ross Dawson in association with Penlieu Consultants for the Ministry of Community and Social Services. In the late 1980's another training program designed specifically for CAS workers was developed and delivered by The Institute for the Prevention of Child Abuse (IPCA). This Institute was originally known as the Center for the Prevention of Child Abuse and received funding from the Ministry of Community and Social Services (MCSS). A privately appointed Board of Directors operated it.

Training programs offered by IPCA typically lasted from three to five full days and attendees received a corresponding training manual for each program. Only the IPCA programs relevant to the investigation and management of child sexual abuse will be described here. Courses entitled "Child protection Parts I, II and III" were offered during the same period by IPCA but were focused on the full range of child protection investigations and referred only briefly to child sexual abuse.

Children Sexual Abuse Part I (1992-1995) was a specific training program for the investigation and management of child sexual abuse cases. Child Sexual Abuse Part II (1992-1994) was a three day training program designed to address ongoing case management issues in the aftermath of child sexual abuse investigations. The areas addressed by this training program included: defining the nature of child sexual abuse, understanding the impact, responding to the crisis of disclosure, assessing the family functioning and conducting ongoing risk assessments, establishing treatment goals and establishing therapeutic interventions with children. Child Sexual Abuse Part III (1993-1995) was designed by IPCA as a four-day training program in the area of investigation

and assessment of sexual abuse of very young children. Child protection social workers and police officers attended this program together.

From 1990 to 1992, the Ontario Association of Children's Aid Societies researched the training needs of Children's Aid Societies and available training resources, and in 1993, submitted a proposal to the MCSS for the formation of a comprehensive, competency-based in-service child welfare training system. While the OACAS reported an estimate of over \$2 million dollars was being spent annually by OACAS, CAS agencies, IPCA and the MCSS on child welfare training, this fragmented approach prevented accurate evaluation of the content or effectiveness of the training that was being offered. The ministry accepted the OACAS proposal, and in April of 1994, the Ontario Child Welfare Training System was born. This training system was funded by the MCSS and by CAS agencies. The agencies contributed funds based on the numbers of employees in their organizations. IPCA continued in 1994 to provide front-line and sexual abuse training while OACAS worked with the Institute for Human Services in Ohio to adapt its caseworker and manager core training series for use in the Ontario Child Welfare Training system -- and to train trainers to deliver these programs. In 1995, the Ontario Child Welfare Training system's Caseworker Core Modules replaced IPCA's training programs for frontline workers.

In 1996, as part of the Ontario Child Welfare Training System and in partnership with the Ontario Police College, OACAS developed a five-day joint training program for police and child welfare social workers to replace the former IPCA sexual abuse training programs. This program, entitled "Investigating Sexual Offences Against Children" (ISOAC), was revised in 1998 and again in 2002 with the duration of the program being reduced to four days in 2002.

In 1998/99, under contract with the Ministry of Community and Social Services, the Ontario Child Protection Training Program was developed by OACAS to address the competencies required for beginning child protection work. The focus of the "New Worker" training modules was to assist social workers new to child protection practice by training them on the minimum competencies required to begin practice. Because agencies typically assigned their more experienced workers to investigate allegations of child sexual abuse, this course did not focus heavily on sexual abuse investigations. "*New Worker Training Module Four*" of the Ontario Child Protection Training Program was designed as a two-day curriculum to enable participants to accurately identify the physical, emotional and behavioral indicators of child physical, sexual and emotional maltreatment.

In 2003, the Ontario Police College (OPC) informed OACAS that the ISOAC training no longer met the police service standards as it addressed only child sexual abuse. Furthermore, OACAS and the OPC had previously identified logistical problems in delivering the program. While the course was evaluated as effective and was appreciated by both police and CAS workers who attended, it was designed for equal CAS and police participation. After 2000, OACAS was training 1200 to 1600 child protection workers each year and the ISOAC program could not meet this heavy demand for forensic training. The OACAS further believed that Children's Aid Societies needed a forensic training program to address all forms of child maltreatment and that a more basic program than ISOAC was needed to train the large numbers of child protection workers who were just entering the field.

Thus, in 2004/2005 OACAS, under the direction of the Ministry of Child and Youth Services, developed a two-day forensic interviewing program for front-line CAS staff and a one-day forensic interviewing program for CAS supervisors. OACAS staff report that they and staff from the Ontario Police College planned to work together to develop a different training strategy and, in fact, developed a draft approach in 2004; however, other priorities for both organizations intervened and reportedly the opportunity to refocus on joint training has not re-presented itself.

OACAS reports that its current training program does not contain modules that focus heavily or exclusively on child sexual abuse and that the field has noted this as an area for further development. OACAS is currently in the process of developing a “New” New worker training series to incorporate the most recent changes in legislation, standards, policies and directives from the MCYS, changes that are quite extensive. These changes focus in a balanced way on the investigation and management of cases of child sexual, physical and emotional abuse, and child neglect.

**Table 1: Summary of Curriculum of Child Welfare Sexual Abuse Training Programs
Late 1980's to present**

<p>Sexual Abuse of Children: A Training Program for Children's Aid Society Staff providing services to sexually abused children and their families. (1982) Prepared for: The Ministry of Community and Social Services. By: Ross Dawson in association with Penlieu Consultants The manual for this program is Volume 7 of a series of training manuals designed to train front-line protection staff, trainers for front-line protection staff, and supervisors.</p> <p>Curriculum:</p> <ul style="list-style-type: none"> • Nature and extent of child sexual abuse • Self-awareness and management of sexual abuse • Recognizing family sexual abuse of children • The characteristics of sexual abuse • Intervention, verification, interviewing • Treatment approaches • Other types of family sexual abuse <p>Each chapter contained various definitions, articles, and activities.</p>
<p>Child Sexual Abuse I⁴: Investigating Child Sexual Abuse (1992 to 1995) A joint police/CAS training program developed jointly by the Institute for the Prevention of Child Abuse (IPCA) and the Ontario Police College (OPC)</p> <p>Curriculum:</p> <ul style="list-style-type: none"> • child centered investigation strategies • interviewing children • assessing children's disclosure statement • adapting investigative methods to meet the requirements of the criminal justice and child welfare systems • criteria for assessment of allegations of child sexual abuse. <p>Program resource manual included a collection of theoretical and practice based articles relevant to each category.</p>
<p>Child Sexual Abuse II: Interventions with Children and Families (1992-1994) A child protection worker training program developed by IPCA</p> <p>Curriculum:</p> <ul style="list-style-type: none"> • Defining the problem which included: 1) CSA definitions, 2) causes of CSA, 3) the process of victimization, 4) individual and family characteristics and the dynamics of CSA • Personal, professional, legal and social issues affecting practice • The impact of CSA on children and families and the impact on non-abusing families • Responding to the crisis of the disclosure

⁴The summary of the IPCA training curriculum was based on a review of training manuals from course attendees. We are also grateful to Ross Dawson for providing us with information related to the Child Sexual Abuse II training program. However, it is acknowledged that this summary may not fully reflect the full content of the IPCA training courses.

- Assessing the sexually abused child and their family which included: 1) assessment of risk, 2) trauma assessments, and 3) assessing families for reunification
- Developing therapeutic interventions with children, including: 1) developing treatment goals and plans, 2) evaluating intervention outcomes and 3) helping children “survive the survival”

Child Sexual Abuse III: The *Investigation and Assessment of Sexual Abuse Regarding Very Young Children*

(1993 to 1995) A joint police/CAS training program developed by IPCA and OPC

Curriculum:

Fourteen modules covering

- child development
- children’s behavior
- interviewing children
- validation and verification of child sexual abuse
- joint interviewing of preschool children regarding a staged event

Each module contained a collection of articles to supplement the training course materials. Three of the modules included activities for course attendees to practice some of the skills taught in the program.

Investigation of Sexual Offences Against Children (ISOAC)⁵

(1996 to 2004) Joint police/CAS training program developed by OACAS and OPC and offered as part of the Ontario Child Welfare System and in 2000 by the Ontario Child Protection Training Program

The OACAS training calendar (1996-1997) documented that this program emphasized joint CAS/Police investigations of allegations of child sexual abuse and included the following content areas

- the incidence and dynamics of child sexual abuse
- issues relevant in child disclosures
- legal issues including the Child and Family Services Act and Revised Standards and the Criminal Code
- the coordinated investigative process
- the implication of child development when interviewing children
- Raskin’s model for investigation interviews and “Criteria Based Content Analysis and Validity” model
- interviewing the alternate caregiver
- interviewing alleged sexual offenders
- post investigative considerations
- conducting a joint video taped interview with a grade one student regarding a non-abuse related staged event

The ISOAC training program sought to assist child welfare social workers to develop the following competency areas:

- knowing the range of behaviors that are classified as child sexual abuse
- identifying the physical, behavioral, and emotional indicators of both intrafamilial and extrafamilial sexual abuse and assessing the risk to a child of remaining in her or her family
- recognizing the patterns of interaction in families that maintain intrafamilial sexual abuse, and knowing how to identify family strengths that can mitigate risk and protect the child
- recognizing age-appropriate sexual knowledge and awareness in children and identifying abnormal

⁵ Sections of the training curriculum from this point forward have been reproduced with permission from OACAS course outlines

and/or precocious sexual knowledge or preoccupation

- using authority appropriately when conducting a sexual abuse investigation, knowing proper investigation practices and procedures, and knowing how to jointly plan and conduct an investigation with local law enforcement agencies
- understanding individual and family dynamics of child sexual abuse and eliciting and identifying these dynamics during a sexual abuse assessment interview
- understanding the elements of coercion and secrecy in sexual abuse cases and structuring the investigation, assessing the risk to the child and implementing necessary protective measures
- implementing strategies to engage non-voluntary or hostile family members in cases of sexual abuse
- developing an awareness of the frequent developmental and psychological consequences of sexual abuse on children, assessing their impact on the child and referring the child for supportive or therapeutic services
- recognizing the problems resulting from stress, disturbed relationships, and low self-esteem in offenders, spouses and other family members and making appropriate referrals for further assessment and therapy
- understanding the role and responsibility of other disciplines in the investigation, prosecution and treatment of sexual abuse and working jointly with these practitioners to manage and serve cases of sexual abuse
- becoming aware of emotional responses to sexual abuse and of the potential for these social worker responses to interfere with the casework process

Ontario Child Protection Training Program - New Worker Training Program

(2000-2007) A Ministry of Community and Social Service Program developed and piloted tested by OACAS to be in place until March of 2007 when a “New” New Worker series will be implemented. A 22 day competency based child welfare training program. The following modules relate to responding to child sexual abuse allegations:

Module 4: “*Identifying and Responding to Child Maltreatment*”, Part I and II (offered over 2 days). Module covers all forms of child maltreatment

Curriculum and competency levels specific to responding to child sexual abuse include:

- developing knowledge and skills necessary to accurately identify, at a minimum competency level, the physical, emotional and behavioral indicators of child physical, sexual and emotional maltreatment
- articulating how individual, family, developmental and situational and environmental factors contribute to child maltreatment and assessing these factors in a family
- identifying the range of behaviors that constitute child sexual abuse and recognizing the dynamics of families where abuse is intra familial
- refining the skills and knowledge necessary to conduct a child protection investigation completing all of the necessary steps, interviews and consultations during the course of the investigation
- understanding the elements of coercion and secrecy in sexual abuse cases and structuring an investigation, assessing risk to the child and implementing necessary protective measures

Module 8: “*Interviewing Children*” (offered over 2 days) Module is designed to enable child protection workers to conduct effective child-centered interviews when responding to allegations of any form of child maltreatment

Curriculum and competency levels:

- exploring interview techniques and strategies with an emphasis on how the child's age, language, cognitive and
- distinguishing between forensic and therapeutic interviewing and the subsequent implication for interview styles
- identifying non-leading and open ended questions and identifying the range of non-leading questions appropriate to a child centered interview
- describing and demonstrating strategies that are useful with children to gather information pertinent to assess risk and safety factors

Ontario Child Protection Training Program – Authorized Child Protection Worker Curricula

AW#1A “*Forensic Interviewing*” (2004/2005 to present) A two day training program for protection staff developed by OACAS and the Ministry of Child and Youth Services

Curriculum and competency levels:

- understanding the impact of child development on forensic interviewing and applying this knowledge to the forensic interview
- understanding the purpose and importance of the forensic interview in child welfare practice
- developing forensic interviewing skills with children of all ages and at all stages of development and applying these skills to practice interviews and/or interviews with children
- applying Lamb and Poole’s (1998) Flexible Interview Protocol.
- understanding and applying the phases of the forensic interview protocol to interviews with children
- referring to relevant protocols with police

Ontario Child Protection Training Program

M #7 “*Supervising Forensic Interviews*”(2004/2005 to present) A one day training program for supervisors developed by OACAS and the Ministry of Child and Youth Services

Curriculum and competency levels:

- understanding the content of the “*Forensic Interviewing*” course provided to child protection workers
- applying the forensic interviewing model and providing guidelines for coaching child protection workers to integrate the model and new interviewing skills into practice
- formulating and communicating performance expectations in behavioral and measurable terms
- using strategies to assist in the transfer of knowledge and skills learned
- understanding the strategies and methods required to support skillful forensic interviews by child protection workers

Child Welfare's Responses to Allegations of Historical Child Sexual Abuse

In an attempt to examine how child welfare has previously responded to and presently responds to allegations of historical child sexual abuse, we conducted an extensive literature search using library electronic databases. Approximately thirty documents appeared to be somewhat relevant: however, on closer examination, none of these documents addressed how child welfare agencies previously responded to and/or presently respond to allegations of historical child sexual abuse.

Two government documents provide a few words on this subject. The Child and Family Services Act, 1984, identifies a caregiver's responsibility to protect a child by supervising the child to prevent the child from experiencing abuse, including sexual molestation and sexual exploitation (1984, c.55, s. 75), and if a caregiver fails to supervise the child, "a society may apply to the court to determine whether a child is in need of protection" (1984, c. 55, s. 40(1)). Also the *Revised Standards for the Investigation and Management of Child Abuse Cases by the Children's Aid Societies Under the Child and Family Services Act* (1992) provides some brief recommendations on how to respond to allegations of historical child abuse.

The person over the age of sixteen who reports past abuse should be encouraged to report the abuse to the police and should be helped to take advantage of whatever victim assistance, therapy, and legal assistance resources exist in the community. The society will initiate a further investigation only if there is an allegation or evidence that a child under the age of sixteen may be at risk or may have been abused (Ontario Ministry of Community and Social Services, 1992, p. 9).

As a result of this lack of literature, reports from professionals in this field are especially important in answering the question of how child welfare has previously responded to and presently respond to allegations of historical child sexual abuse.

Preventing and Investigating Child Sexual Abuse in Settings Governed by Child Welfare Agencies

This section attempts to answer the question, "What steps have been taken to reduce the incidence of child sexual abuse by staff members, foster parents, and volunteers in settings governed by child welfare agencies? The section is divided into two subsections: 1) Proactive Strategies for Preventing Child Sexual Abuse in Child Welfare which are recommended by the literature and implemented by the legislation from 1960 to 2006 and 2) Reactive Responses for Investigating Allegations of Child Sexual Abuse in Child Welfare as identified by the literature and mandated by the legislation from 1960 to 2006.

Proactive Strategies for Preventing Child Sexual Abuse in Child Welfare

The primary proactive strategies that have been implemented and eventually mandated by legislation include: screening (including criminal record checks) of staff, volunteers, students and foster parents; screening and monitoring of the foster and institutional care environments; and mandatory licensing requirements for foster and institutional care facilities. The literature also suggests additional proactive strategies such as increasing public awareness about institutional abuse and children's rights; educating children about safety and sexual behaviour; and strategies to reduce the isolation of institutions (e.g., involving community volunteers in the institution) to help to reduce the incidence of child sexual abuse in child welfare organizations.

1960s.

The Child Welfare Act, Revised Statutes of Ontario, 1960 came into effect in 1960 and was amended in 1961-1962. Although this Act's primary purpose was to protect children, it does not mention child sexual abuse and it does not have standards to directly or indirectly prevent child sexual abuse.

In addition to the Child Welfare Act, two other Acts, The Children's Boarding Homes Act and the Children's Institutions Act, were used to regulate child welfare institutions during the 1960s. The Children's Institutions Act came into effect on September 1, 1963. Before this time, children's institutions that were not identified under The Children's Boarding Homes Act, The Children's Mental Hospitals Act, The Training Schools Act, or The Day Nurseries Act were governed under The Charitable Institutions Act. Like The Charitable Institutions Act, provincial supervisors ensured that the children's institutions complied with the regulations under The Children's Institutions Act by conducting an inspection of the buildings and facilities whenever necessary (LaMarsh, 1965).

Under The Children's Institutions Act (1963) the following standards were implemented to regulate the qualifications and duties of staff:

In each children's institution, there is to be at least one competent staff member on full-time duty for every four residents in the institution. Institutions classified under Schedule 3 are to have at least one child care worker for every ten residents, those classified under Schedule 4 are to have one child care worker for every six residents and at least one person skilled in group activities and services for recreational rehabilitative and restorative purpose. A "child care worker" is defined as "a person qualified by education, formal training or experience to work with children in a children's institution and whose duties are limited to the direct relationship and supervision of the residents" (LaMarsh, 1965, p.7).

The Child Welfare Act was updated in 1965. For the first time, legislation required systematic assessment of foster families and the foster home environment. The regulations under this Act required that all foster parent applicants be screened by conducting an investigation that included:

(b) interview[ing] separately and jointly the male and female applicants and assess[ing] the consequences for other children in the home of the applicants of granting the application;

- (c) record[ing] a description of the home and an assessment of its competence and suitability as a foster or adoptive home; and
- (d) re-assess each foster home at intervals of not less than six months and record the re-assessment (O. Reg. 271/65, 1965, s. 18).

1970s.

The regulations under The Child Welfare Act, Revised Statutes of Ontario, 1970, introduced standards for staffing qualifications. These standards required staff to have minimum amounts of relevant education, work experience, and for some positions, required staff to be a minimum age in order to hold certain child welfare positions (R.R.O. 1970, Reg. 86, s. 11 – 13).

Following some reports of the sexual abuse of children in care, the Ontario Ministry of Community and Social Services (OMCSS) sent a memorandum on November 16, 1976, requiring all Ontario Children's Aid Societies to review their screening policies and procedures for "individuals entrusted with supervision or care of children" (p.1). Although it was not mandatory, the Ministry also recommended that questions regarding a criminal record be asked of all foster parent and volunteer applicants during their screening interview (OMCSS, 1976).

Only two sections of The Children's Boarding Homes Act, 1977 are relevant to this report. These sections required all residential care facilities caring for three or more children to be licensed, and the maximum number of children in each boarding home was determined by the Director, previously known as the Registrar, of this Act (s. 5 & 7).

The OMCSS launched a study in 1977 that developed unified provincial standards and guidelines for children's services including children's foster care and residential care facilities. These proposed standards integrated Children's Rights under the children's services legislation and "establish[ed] a single structure for the licensing of all operators that provide residential care for three or more unrelated children" (cited in OMCSS, 1995, p. 1). The study suggested that the new standards be integrated into the new Children's Residential Services Act (OMCSS, 1978).

According to this study, the following proposed standards would help to prevent child abuse from occurring in foster and residential care facilities:

- 1) manuals, accessible to all staff, containing clear policies and procedures for hiring staff, "job descriptions,... staff code of conduct,... disciplinary procedures,... staff ratios" (OMCSS, 1978, OMS – 11.2, p. 63)
- 2) children have the right to send and receive uncensored correspondence (OMCSS, 1978, BCPS – 16.1)
- 3) clear written policies detailing acceptable and unacceptable procedures for controlling, disciplining, and punishing children in care (OMCSS, 1978, BCPS – 19)
- 4) the Ministry must authorize the use of all locked isolation and children's rooms (OMCSS, 1978, SPS – 3)
- 5) all new staff shall be orientated to emergency procedures and the policies and procedures manuals within a timely manner (OMCSS, 1978, HRS – 18)
- 6) "In every children's residence providing basic care there shall not be less than an average of 1 direct care worker on duty for every 8 children and an additional staff person on call at all times" (OMCSS, 1978, HRS – 34.1, p. 205).

Also in 1978, for the first time, The Child Welfare Act clearly stated, “No person having the care, custody, control or charge of a child shall abandon or desert the child or inflict abuse [including sexual molestation] upon the child or permit the child to suffer abuse” (1978, c. 85, s. 47(2)). Other changes to this Act affected child welfare responses to allegations of child sexual abuse, and will be reviewed in the second part of this section.

Apart from the legislation, there is a lack of Canadian literature in the 1970s for preventing and responding to child sexual abuse in child welfare governed institutions. However, the United States first released a manual, in 1979, called the *Early Childhood Programs and the Prevention and Treatment of Child Abuse and Neglect*, which helped to address some of these issues. A manual similar to this was produced in Canada in 1990. This manual was called, *Preferred Practices for Investigating Allegations of Child Abuse in Residential Care Settings* and is discussed later.

1980s.

The Child Welfare Act was amended again in 1980. However, these amendments did not affect how child welfare prevents or responds to child sexual abuse in child welfare governed institutions.

After examining reports of abuse perpetrated by foster parents in Ontario during the early 1980s, Dawson (n.d.) provided some recommendations for preventing abuse in foster care. His suggestions included:

- 1) developing a screening process for foster parent applicants, including:
 - a. police checks
 - b. checks of the Central Child Abuse Register
 - c. guidelines for conducting a family assessment – including information collection, analysis and the minimum amount of contact with the family during the course of the assessment
 - d. “The utilization of currently available scales which could assist in quantifying the information obtained during the family assessment interview” (p. 11).
- 2) mandating training for both foster parents and social workers
- 3) clearly defining the “roles, rights, and responsibilities” (p. 12) for the child in care, the biological family and the foster parents
- 4) making revisions to foster placements:
 - a. reduce “the number of emergency placements... [and] the number of children in each foster home” (p. 12)
 - b. improve “matching procedures... [and] placement monitoring” (p. 12)
 - c. complaint processes available for both children and adults
 - d. exit interviews for children
- 5) providing more assistance and support for foster parents of children in their care
- 6) ensuring that children in care are aware of and understand their rights

In addition to these preventative strategies, Dawson (n.d.) also provided recommendations for responding to allegations of abuse in foster care which are reviewed later.

In 1984, The Child Welfare Act and The Children’s Residential Services Act were integrated under a new act called the Child and Family Services Act. This Act

contained the 1978 proposed standards for The Children's Residential Services Act, aspects of and revisions to the Child Welfare Act, as well as, a few additional standards. One important addition to this Act is the standard requiring that the child's reasonable wishes be taken into account when a child is to be placed in a residential care facility or transferred to another residential care facility (1984, c.55, s.27).

Also when the Act's regulations were updated in 1985, the following sections were added. The maximum ratio of children was set at four children per foster home (O. Reg. 550/85, 1985, s. 110). In residential care facilities, a maximum of eight children per residential staff person was required and when only one staff person was on the premises, another adult was to be on call (O. Reg. 550/85, 1985, s. 97). Sections 105, 109, 111, 112, 113 and 114 of these regulations helped to ensure that foster homes were adequately screened and supervised by:

- 1) preventing the placement of children until the licensee:
 - a. "conducts at least one planned interview with a foster parent applicant in the applicant's home;
 - b. where more than one adult who lives in the home will be providing foster care in the home, conducts an interview individually and together with each adult;
 - c. in addition to the adults referred to in clause (b), meets with other family member of the applicant that live with the applicant and all other persons living in the home;
 - d. receives from the applicant the names of at least three persons in the community as references for the applicant;
 - e. contacts the references referred to in clause (d) by letter, telephone or in person and makes a record of their comments regarding the suitability of the applicant to provide foster care;
 - f. obtains a written statement from a physician or an individual approved by the local medical officer of health regarding the general health and specific illnesses or disabilities of the foster parent applicant and family members and whether or not they might interfere with the provision of foster care; and
 - g. visits the applicant's home to determine whether or not it is suitable for placement of a foster child" (O. Reg. 550/85, 1985, s.111(1), c. a – g).
 - h. the proposed sleeping room for the child is inspected (O. Reg. 550/85, 1985, s. 112) – "No foster child share a bed or sleeping room with an adult couple or adult of the opposite sex" (O. Reg. 550/85, 1985, s. 112(4)).
- 2) licensee implementing a system for recruiting, screening, supervising, and evaluating (annually) foster families and homes (O. Reg. 550/85, 1985, s. 109)
- 3) creating a foster care service agreement outlining:
 - a. both the foster parent(s) and the licensee's responsibilities and roles
 - b. training and support available to foster parent(s)
 - c. reasons for terminating this agreement
 - d. at minimum an annual review and update of the agreement (O. Reg. 550/85, 1985, s. 113)
- 4) assigning a staff person to support and supervise the foster family who will:

- a. “visit the foster family home where the child is placed and consult with at least one foster parent within seven days of the placement, within thirty days of the placement and every three months thereafter” (O. Reg. 550/85, 1985, s. 114(2), c. a).
- b. respond, within 24 hours, to a foster parent’s contact (O. Reg. 550/85, 1985, s. 114)

An additional strategy for preventing child sexual abuse in foster and residential care facilities was implemented by the Ministry of Community and Social Services in 1986. Criminal reference checks were now required, by the Ministry, to “be part of the selection criteria for persons applying for positions involving direct service to children and vulnerable adults” (as cited in OMCSS, 1995, p.1).

1990s.

The Child and Family Services Act was amended again in 1990, but the changes did not affect provisions intended to prevent or respond to child sexual abuse in foster or residential care facilities. However, in December 1990, the Ontario Ministries of Community and Social Services and Correctional Services released a report entitled “Review of Safeguards in Children’s Residential Programs” which examined “how residential services are currently provided, how children and youth are protected against abuse while living in these [residential] programs [and] what response is made to allegations of abuse when they occur” (OMCSS & OMCS, 1990, p. 1). This report contained 67 recommendations for improvement in areas such as “rationalization of the structure of the service delivery system; assessment of program quality; staff training; special attention for isolated children and youth; and, empowerment of children and youth to question the way they are treated” (OMCSS & OMCS, 1990, p.13). Significant ways the Ministries implemented these recommendations included releasing clearer guidelines for ‘serious occurrence’ reporting and finalizing and distributing to the Children’s Aid Societies the “Revised Standards for the Investigation and Management of Child Abuse Cases by the Children’s Aid Societies under the Child and Family Services Act in 1992. The report also recommended finalizing the manual entitled “Preferred Practices for Investigating Allegations of Child Abuse in Residential Care Settings” which was at that time being developed by The Institute for the Prevention of Child Abuse (IPCA)

This manual, which was also released in 1990, provided guidelines for preventing and responding to child abuse in children’s residences. Since a number of the suggested proactive strategies have already been reviewed, only those not previously mentioned will be reviewed here.

IPCA (1990) identified good supervision and training as two primary means for preventing child abuse in residential care facilities. Aside from policies and procedures mandated by the legislation, IPCA (1990) recommended that children’s residential facilities have policies and procedures for the screening of volunteers and staff and clear directives regarding the locations of children and staff during sleeping hours. To screen new staff and volunteers, employers were advised to:

carry out a police check; obtain at least two references (one from a past employer); determine the person’s interest and past experience in working with children; [and] ensure the person’s education/training is appropriate to the task (Appendix D, p. ii).

Finally, it was recommended that employers promote community involvement with both the children and the residential staff by encouraging residential children's involvement with community children, by encouraging community members to volunteer in the residential facility and by encouraging staff members' involvement in the community. This was believed to help in both preventing and responding to child abuse by decreasing the isolation of the residence from the larger community (IPCA, 1990).

In 1994, the OMCSS released a revised Foster Care Licensing Manual, which also helped to clarify the licensing legislation regarding foster care.

Although other literature exists (e.g., Raychaba, 1991, Bloom 1992) regarding the prevention of child sexual abuse by staff in foster and residential care facilities, the findings of these studies were published after 1990 and either similar findings were reported in earlier studies or the Ontario legislation already contained these preventative strategies.

2000 – 2006.

From 2000 to 2006, the Child and Family Services Act, R.R.O. 1990, was in effect. The changes to the Act and its regulations did not change the sections of the legislation that are intended to prevent or respond to child sexual abuse in foster or residential care facilities.

In an attempt to repair some of the harm caused by child physical and sexual abuse in government funded institutions, the Law Commission of Canada (2000) conducted a study examining preventative and reactive responses to child abuse in institutions. The following contains only a brief synopsis of their final report "Restoring Dignity: Responding to Child Abuse in Canadian Institutions". Twelve preventative strategies were identified which could be implemented by institutions to help prevent child abuse. These strategies are:

- i. Building Public Awareness
- ii. Educating Children and Youth About Sex and Personal Safety
- iii. Educating Everyone About Children's Rights
- iv. Opening Up Institutions [minimize institutional isolation]
- v. Adopting Prevention Practices for Recruitment
- vi. Ensuring Appropriate Training and Professional Development
- vii. Establishing Clear and Formal Rules of Operation
- viii. Actively Supervising People Who Work with Children
- ix. Conducting Safety and Quality of Care Audits
- x. Establishing Reporting and Investigation Protocols
- xi. Creating an Independent Process to Resolve Children's Complaints
- xii. Providing Adequate Institutional Resources (p.356 - 357)

Green (2001) identified limited placement planning and preparation, poor training and supervision of employees, different responses for sexualized behaviours on the basis of the child's gender, and limited use of procedures for child protection as factors associated with child sexual abuse in homes for children. This study also found that stress, isolation, and lack of support from management were potential factors in staffs' failure to respond appropriately to allegations of child sexual abuse.

Coulborn Faller (2003) wrote that the greatest predictor of risk for child sexual abuse in the present is a foster parent who previously sexually abused a child. She recommended routinely asking foster parents about any personal experiences of

childhood abuse, and about “intimate relationships and sexual activity, [so] the worker can [directly and] indirectly ask about sexual abuse” (p. 209) during the application process. She also recommended that during the foster parent evaluation interview, assessors ask about the range of activities the foster parent has engaged in with children in the past and to request permission to contact these references.

Recent initiatives

In February 2006, as part of the Ministry of Children and Youth’s child welfare transformation initiatives, a regulation was established identifying the requirements of Children’s Aid Societies for completing an assessment, including background checks, of kin wishing to care for a child receiving child protection services. This is the first time the Ministry has regulated “out of care” placements. The requirements include that information be collected on all adults residing in the kin home and on the nature of the relationship between the child and each adult in the home. Whenever possible the child is to be interviewed prior to moving to the home of kin to determine the child’s wishes about the plan, and home visits and private interviews with the child within 7 days of the placement are required. (Child Welfare Secretariat, Ministry of Children and Youth)

In August 2006, as part of the permanency planning initiative that is a key component of the transformation agenda, the Ministry of Children and Youth Services issued a Policy directive that implements a framework intended to better assess the safety needs of children going into foster or adoptive homes, and to better support foster parents. The framework has three components: 1) Structured Analysis Family Evaluation (SAFE); 2) Parent Resource for Information, Development and Education (PRIDE); and 3) Ontario Looking After Children (OnLac). SAFE is a comprehensive set of home study assessment tools, PRIDE is a standardized practice model to train and support foster parents, and OnLac is a strengths based case management tool that monitors and support the development and well-being of children and youth in care (Child Welfare Secretariat, Ministry of Children and Youth).

Reactive Responses for Investigating Allegations of Child Sexual Abuse in Child Welfare

Like preventative strategies, literature and legislation regarding investigations of allegations of child sexual abuse in child welfare governed foster and residential care facilities has changed considerably during the last 50 years. Since it is impossible to completely prevent child sexual abuse, standards and guidelines are necessary to help professionals conducting such investigations. Primary reactive responses emphasize supporting supervising staff in their efforts to protect the child from further harm, supporting the child’s disclosure, documenting and reporting allegations of abuse, maintaining these documents, and ensuring objectivity during an abuse investigation.

1960s.

Although child sexual abuse was not mentioned in The Child Welfare Act, Revised Statutes of Ontario, 1960, the Act clearly stated that a child can be removed from a foster home or another society supervised institution at any time, if “in the opinion of the Director, or the local director, the welfare of the ward so requires” (1960, c.53, s.32(2)). In addition to this, the Act detailed the charges for a conviction of inflicting “unreasonable cruelty or ill-treatment” upon a child (1960, c.53, s.34(1)).

Similarly, The Children's Institutions Act, 1963 did not mention child sexual abuse. However, two external professionals, a physician and the provincial supervisor, were required to interact with the children in these institutions. The provincial supervisor was required to inspect all the buildings and facilities regulated by the Act. A physician was required to conduct a complete annual medical examination of every child in the institution (LaMarsh, 1965).

The Regulations Made Under the Child Welfare Act, 1965, also required all children in care to have an annual physical examination (O. Reg. 271/65, 1965, s.14). In addition, these regulations outlined the involvement of the child's social worker and his or her biological family. As part of their duties, social workers were required to visit a child in care "(a) within seven days after the child's admission to the home; (b) at least once within thirty days after the visit referred to in clause a; and (c) at least once every three months thereafter" (O. Reg. 271/65, 1965, s. 16). These regulations also state, "When the society believes it is in the child's best interests, their relationships with family members will be maintained" (O. Reg. 271/65, 1965, s.15). Dawson (n.d.) reported that the more contact the child has with his or her social worker and his or her family members, the greater the chances that a child will disclose if abuse is occurring in the foster home.

1970s.

Following a number of deaths and reports of sexual molestation of children in care, the OMCSS sent a memorandum in 1976 that all Children's Aid Societies continue to notify them "promptly in some detail of any serious and controversial cases in which the Society may become involved in adverse publicity or public criticism" (as cited in OMCSS, 1995, p. 2).

According to the Explanatory Notes for Draft Amendment to The Children's Boarding Homes Act, 1977, a provisional supervisor conducted assessments of the boarding homes, at any given time, to ensure that these residences were operated in accordance with the Act (s. 12). Also, the Director had the power to "provisionally refuse renewal of or suspend a licence... [where there existed, in his/her opinion,] an immediate threat to the safety or welfare of the children" (s. 8d.).

A number of proposed standards for the new Children's Residential Services Act also had implications for responding to allegations of child sexual abuse. The following list is a summary of these proposed standards for residential services (OMCSS, 1978):

- 1) manuals, accessible to all staff, containing clear policies and procedures for "child abuse allegations" (OMCSS, 1978, OMS – 11.2, p. 63) and "children's grievance procedures" (OMCSS, 1978, OMS – 11.3, p. 64)
- 2) maintenance of a daily log which includes documentation of all health and safety concerns or events affecting staff and/or residents (OMCSS, 1978, OMS – 12.1)
- 3) annual physical examinations of all children in care (OMCSS, 1978, BCPS – 18)
- 4) when staff violate control, disciplinary, or punishment practices, send staff's and program operator's recordings of this event and actions taken to the Ministry (OMCSS, 1978, BCPS – 19).

5) procedures for children to place internal (e.g., at housing meetings) and external grievances (e.g., to the Ministry) need to be clearly explained to all children in care (OMCSS, 1978, BCPS – 25).

6) all serious occurrences (e.g., abuse of a child by staff) need to be documented in the child's file and the child's parents, case manager and the Ministry must be notified within 24 hours (OMCSS, 1978, BCPS – 29 & 35)

Under The Children's Residential Services Act, 1978, the Director had the power to suspend a licence "where there is an immediate threat to the health or safety of children in a residential facility" (s. 2.2). Like the previous provincial supervisors, the program advisors had the right to enter and inspect all residential facilities at any given time (OMCSS, 1978, s. 4).

A report was released in October of 1979 called Guidelines and Procedures for the Reporting and Follow-up of Serious Occurrences. This report provided guidelines for responding to allegations of abuse, including child sexual abuse, of children in care. In these cases, it was mandatory for the Children's Aid Society, the Ministry Program Advisor, the child's guardian and the police or Crown Attorney to be notified immediately and a preliminary inquiry could be conducted by the supervisor. Every person who knew of the occurrence was to remain on the premises until they completed their oral report of their knowledge of the occurrence to the supervisor, signed the preliminary report and were dismissed by the supervisor. A medical examination of the child was to be conducted and recorded when the supervisor suspected that a child had been abused. It was also the supervisor's duty to write the preliminary report and immediately notify the agency Director of the occurrence. The agency Director and the Board of Directors were required to decide whether to recommend that the Ministry conduct an investigation and whether it was necessary to suspend the accused staff member (OMCSS, 1979).

1980s.

In addition to recommending preventative strategies, Dawson (n.d.) also suggested ways to improve reporting and investigating procedures for allegations of abuse in foster care. He indicated that these improvements might be made by providing "clear directives on reporting abuse" (p. 13), investigating all allegations of abuse in foster care, educating all employees of their duty to report and the consequences for not reporting, reducing conflicts of interests when investigating, providing clear directives for when to remove children and close the foster home, reducing the size of case loads to enable the social worker to visit the foster home more, and developing "a specialized reporting form for all cases of verified abuse in foster care reported to the Child Abuse Register" (p.14). Similarly, a study conducted in the United States also highlighted the conflict of interest encountered when societies who licence foster and residential care facilities also investigate allegations of abuse in these institutions. This study suggested legislation changes to remove the dual responsibility of societies (Gil, 1982).

Along with the 1978 proposed standards that arose from the OMCSS study (described in part one of this section), the following changes were added to the Child and Family Services Act, 1984, to help strengthen child welfare's response to child sexual abuse in foster and residential care facilities. The section allowing the society to remove children from a foster or residential care facility was revised to say:

The society having care of a child may remove the child from a foster home or other residential placement where, in the opinion of a Director or local director, it is in the child's best interest to do so (1984, c. 55, s. 57(6)).

Two added sections, in the Act, directly stated that all societies and as well as residential service providers must have clearly defined complaints procedures which were to be accessible to everyone, including children (1984, c.55, s.64 and s.105, respectively). If the person was not satisfied with the results of the internal complaints review, he or she could request the Minister to appoint a non-service provider to conduct a further review; a report his or her findings were to be provided to the complainant, the service provider, and the Minister (1984, c.55, s. 106).

The Child and Family Services Act, 1984, also allowed the Minister to establish Residential Placement Advisory Committees consisting of service providers, other individuals concerned about the welfare of children, one Ministry representative and where appropriate one or more band representatives.

When the regulations were revised in 1985, some new regulations were inserted into the Act. One section required licensees to keep all residential case records for a minimum of twenty years after the final entry is entered into the record (O. Reg. 550/85, 1985, s. 92). Another section clearly outlined that the resident's parents, the placing worker, the placing society and a Director must be notified within 24 hours of a serious occurrence which included allegations of abuse by a staff person (O. Reg. 550/85, 1985, s. 95).

1990s.

A few changes to the Child and Family Services Act in 1990 had legislative implications for preventing and responding to child sexual abuse in foster or residential care facilities. Two sections of the Act clarified that Residential Placement Advisory Committees were to assess and reassess the appropriateness of residential placements (1990, c. 11, s. 34) and report their recommendations to the Minister (1990, c.11, s. 35).

Also, the introduction of the OMCSS' Foster Care Licensing Manual - 1994 helped to clarify the licensing legislation regarding responding to abuse in foster care.

As mentioned previously, the release of IPCA's (1990) manual regarding preferred practices for Investigating Allegations of Child Abuse in Residential Care Settings, provided clarification regarding legislative response to child sexual abuse and additional recommendations for responding to the allegations of child sexual abuse in residential care facilities. Only the guidelines suggested by IPCA (1990), which have not been mentioned previously, are included in the next paragraph.

Because an investigation, if conducted in a residential care facility governed by the society, could create a conflict-of-interest if this investigation was conducted by the governing society, it was recommended that the investigation be conducted by either (a) the society's specialized intake department (not connected to the residential care facility), (b) a society from a different country or district, or (c) an independent team of investigators established by the Ministry of Community and Social Services. This manual provided much detail regarding how to conduct the investigation. The following points were key: 1) the safety of the child must always be paramount; and 2) to ensure this safety, it may be necessary to add residential staff to prevent the alleged abuser from having unsupervised access to children, to remove the alleged abuser, or to remove the child.

Apart from the IPCA (1990) manual, some research studies provided recommendations for responding to allegations of child sexual abuse in foster and residential care facilities during this period. In Bloom's (1992) study, the following guidelines were suggested: Protect the child by believing child abuse can happen, "take allegations seriously... suspend the employee with pay during the investigation... reach out to the child's family... act to cut off retribution by staff and peers... flood the child with support" (p. 132 – 136); support the staff (including the alleged abuser); work to maintain the organization by informing shareholders and the media of the allegations and actions being taken by the society and prepare for possible legal action.

Another study (Barter, 1999) examined the experiences of social workers who conducted investigations into allegations of child abuse by residential staff member(s). Participants spoke about the challenges of conducting such investigations: with the majority of participants reporting that they would have preferred to interview all staff, including management, and any children whom they felt were appropriate. Previous research has highlighted how blame for institutional abuse often focuses on the individual staff members rather than the broader system, thus diverting attention away from those responsible for its management (p. 399). Participants expressed concerns about the lack of investigation protocols for residential facilities, about their own objectivity if they had any previous contact with the residential facility, how their involvement in the investigation would impact on their relationships with residential colleagues and colleagues from other agencies, and whether any of their recommendations were ever implemented. On this last point, the study suggested that the recommendations be presented to an external committee such as, "the Area Child Protection Committee (ACPAC), which would then be in a position to evaluate the investigation's recommendations and could monitor any practice or policy developments" (p. 402).

2000 – 2006.

As mentioned previously, from 2000 to 2006, the Child and Family Services Act, R.R.O. 1990 was in effect. The changes to this Act and its regulations did not change the sections of the legislation that are intended to prevent or respond to child sexual abuse in foster or residential care facilities.

In the report by the Law Commission of Canada (2000), one recommendation was made that has not been mentioned previously, namely, that when available, the child should be made aware that he or she might report allegations of abuse to child advocates, which are independent from the foster or residential care facility and the placement process. It was noted that children may not disclose abuse to employees or workers associated with their placement in foster or residential care facilities. This report also stated that without the "authority to report their [child advocate's] findings and recommendations directly and publicly to the legislature, they [child advocates] may not be perceived as truly independent, and their credibility may be compromised" (p. 368).

Relevant to reactive strategies is the recent strengthening of the client complaint process. Amendments to the Child and Family Services Act proclaimed in November 2006 provide for agencies to have written and readily accessible complaints review procedures and for an interdependent Child and Family Services Review Board that will

conduct a review in the first instance or when a client complaint cannot be resolved at the local Society level. See Appendix B.

Summary.

The following table presents a brief summary of some proactive strategies and reactive response to allegations of child sexual abuse found in the standards of the legislation and recommendations outlined in the literature.

Table 2. Child Sexual Abuse in Foster and Residential Care Facilities

Proactive Strategies	Reactive Responses
<ul style="list-style-type: none"> • increase public awareness about institutional abuse¹ • educate children regarding personal safety & sex¹ • create awareness about Children’s Rights^{1,2} • involve the community to minimize institutional isolation^{1,3} • screen all individuals who have contact with the children by: <ul style="list-style-type: none"> • interviewing the candidate^{4,5} • criminal record checks^{2,3,6} • Child Abuse Register checks² • contacting references^{3,5,7} • examining previous experiences with children^{3,5} • examining qualifications^{3,8} • asking about intimate relationships⁵ • policies & procedures for hiring, training, supervising & disciplining staff - accessible to staff⁹ • staff – child ratios⁹ • clear definitions of childcare providers’ roles & responsibilities^{2,7,9} • criteria for recruiting, screening, supervising, and evaluating foster families & foster homes^{4,7} • providing support to foster parents^{2,7} • mandatory training for childcare providers^{2,3,7} • audit quality of care & safety^{1,2} 	<ul style="list-style-type: none"> • educate children about their rights^{1,2} • consider child’s wish in residential care placements/transfers¹⁰ • involve external professionals: <ul style="list-style-type: none"> • child’s physician–yearly exam^{4,9,11} • child’s social worker^{4,11} • program advisors^{9,11} • procedures for placing internal & external complaints - accessible & clearly explained to children^{2,9,10} • exit interviews for children² • maintain a daily log⁹ • maintain child residential records for a minimum of 20 years⁷ • guidelines for reporting suspicions of abuse² • protect the abused child by: <ul style="list-style-type: none"> • adding staff³ • removing alleged abuser³ • removing the child³ • reporting serious occurrences (e.g., child sexual abuse) to: <ul style="list-style-type: none"> • the Ministry^{6,9,12} • child’s parents^{9,12} • child’s case manager^{9,12} • conduct independent investigations by using: <ul style="list-style-type: none"> • specialized intake department³ • an external society³ • Ministry investigation team³ • report verified allegations to the Child Abuse Register²

End Notes for This Section

1. Law Commission of Canada. (2000). *Restoring dignity: Responding to child abuse in Canadian Institutions*. Ottawa, ON: Law Commission of Canada.
2. Dawson, R. (n.d.). *The abuse of child in foster care: A study of incidence, characteristics, and precipitating factors*. Toronto, ON: Ontario Association of Children's Aid Societies.
3. IPCA. (1990). *Preferred practices for investigating allegations of child abuse in residential care settings*. Toronto, ON: The Institute for the Prevention of Child Abuse.
4. Regulations Made Under the Child Welfare Act, 1965: Ontario Regulation (O. Reg.) 271/65.
5. Coulborn Faller, K. (2003). Sexual abuse in family foster care. In K. Coulborn Faller, *Understanding and assessing child sexual maltreatment* (2nd ed., pp. 191 – 214).
6. Ontario Ministry of Community and Social Services (OMCSS). (1995). *Memorandum to: All service providers, Re: Criminal reference Checks*. Ottawa, ON: OMCSS.
7. Ontario Regulation (O. Reg.) 550/85, 1985: Under the Child and Family Services Act, 1984.
8. Regulations Made Under the Child Welfare Act, 1970: Revised Regulations of Ontario (R.R.O.) 86.
9. Ontario of Ministry of Community and Social Services (OMCSS). (1978). *Children's residential care facilities: Proposed standards and guidelines*. ON: Children's Services Division.
10. Child and Family Services Act, 1984: Statutes of Ontario, 1984: Chapter 55.
11. LaMarsh, J. (1965). *Changes in child welfare legislation in Canada 1962 and 1963*. Ottawa, ON: Research and Statistics Division, Department of National Health and Welfare.
12. Ontario Ministry of Community and Social Services (OMCSS). (1979). *Guidelines and procedures for the reporting and follow-up of serious occurrences*. ON: Children's Services Division.

PART TWO

A Report of the Study of Policies and Practices With Respect to CSA in Three Child Welfare Agencies

Part II begins with identification of the research questions that guided the study of the policies and practices regarding CSA in three child welfare agencies, followed by a description of the study's methodology. Three sections follow, each describing the information obtained from one of the three agencies. Part II concludes with the results of a broad comparison of the policies and practices described by key informants from the three agencies.

Research Questions

The researchers began by examining some of the public submissions and testimony to the Cornwall Public Inquiry to provide background information about the issues of concern and to assist in the clarification of the main research questions. The following research questions were identified:

1. What are the current policies and practices in two Ontario child welfare agencies and one agency outside of Ontario with respect to response to complaints of child sexual abuse and historical child sexual abuse where the alleged abuser may have continued contact with children?
2. How have these policies and practices evolved between 1960 and 2006?
3. Do the two child welfare agencies in Ontario differ with respect to these policies and practices?
4. Do policies and practices with respect to response to complaints of child sexual abuse and historical child sexual abuse in another jurisdiction differ from those in the two Ontario child welfare agencies?
5. In all three agencies, what are the current policies and practices to prevent child sexual abuse in relation to facilities and services provided by the child welfare agencies (e.g. foster homes, group homes etc.) and how have these evolved?

Methodology

Three semi-structured interview guides were developed for the collection of relevant data from managers, long-tenured employees and current front-line protection workers at each of the three agencies. The researchers consulted with the Policy Analyst for the Cornwall Public Inquiry and the Counsel for the Commissioner regarding the relevancy of the questions included in the interview guides. The proposed methodology was submitted for approval to the WLU Ethics Review Board.

Three child welfare organizations in Ontario were initially identified for possible participation in the study. Letters were written to the Directors of the two Ontario agencies and the Provincial Director for child welfare in a province outside of Ontario explaining the nature of the research. Included with the letters to the agencies were letters of introduction from the Director of Policy of the Cornwall Public Inquiry

requesting the agencies' support and cooperation with the researchers. The letters were followed by a phone call to each Director. The agencies were advised that the identity of the agencies and of the key informants would be confidential. We believed that employees of the selected agencies would be willing to be more candid, especially regarding current practices, if they knew that the public would not have access to their specific identities.

One Ontario agency Director declined to participate, noting that staff were already overburdened. The Directors of the two remaining Ontario agencies agreed to participate. The first was a relatively large agency serving both an urban and rural population. The second was a smaller agency that served an urban and rural region that includes a small francophone population. The third organization was selected after consultation with the Provincial Director of child welfare in the other province. A regional office in that province was selected as the third study site. This regional office serves an urban and rural population that includes a significant francophone population.

The letter sent to the agency directors requested that they provide us with copies of current and past policies regarding the agency's response to allegations of recent CSA and historical CSA as well as those referred to above (policies to prevent CSA within the organization, and interaction with other institutions and organizations). Copies of the semi-structured interview guides were included in the letter and each Director was asked to provide the names of at least six individuals who could serve as key informants.

From the lists of names provided by the agency director, a total of eleven informants were selected from the three agencies; a letter requesting their participation was sent to each. All agreed to participate and the researchers traveled to the geographical location of the agencies to conduct the interviews. Key informants were given the choice to be interviewed in a neutral location or in their agency office. Interviews were audio recorded and transcribed. Key informants included four individuals who were either current or former employees of Agency A, four who were either current or former employees of Agency B, and two who were current employees of Agency C. The final informant had worked in another regional office in the province where Agency C is located, had many years experience responding to CSA referrals in that office, and was knowledgeable about policy and practices regarding CSA cases throughout the province. Three of the informants were currently senior managers, one was a former Director, three were supervisors either currently or in the past, and four were currently front-line workers. The number of years that informants had worked in child welfare ranged from seven to well over 25 years.

The interview transcripts were coded using NVivo software. Based on the coded interview data and supplemented by information retrieved from documents provided by each agency, a draft report summarizing the information obtained was written for each agency. The earliest policy documents received dated from 1977. One Ontario agency was able to provide copies of annual reports dating back to 1937-1938. An examination of these annual reports revealed that the number of alleged child abuse cases was not included in the statistical reports until 1983.

Key informants were consulted regarding the use of the quotations included in the report, and gave consent to have them included. We asked them to clarify some specific points and inform us of any errors or serious omissions when they received a copy of the draft report. A copy of the final report for each agency was sent to key informants and agency Directors.

Policies and Practices Regarding Response to CSA at Ontario Agency A (Larger Agency)

Description of the Agency

Agency A currently employs individuals in approximately 390 full time equivalent positions. The Intake Department has 38 workers, 5 screeners and 5 support staff. The Family Services department includes 93 workers and 15 supervisors. The agency is located in an urban/rural area with a population of approximately 375,000 people.

The agency provided the following statistics for the 2005/2006 fiscal year. The cases are categorized according to the Eligibility Spectrum Code assigned to the case.

Cases for which sexual abuse was the primary reason for opening the case:

Extreme severity	52
Moderate severity	158
Minimally/not Severe	12

Cases for which sexual abuse was the primary reason for transfer to Ongoing Services

Extreme severity	9
Moderate severity	11
Minimally/Not severe	0

Referrals regarding possible child sexual abuse represented 6% of all referrals to the agency in 2004-2005 and 7% of all referrals in 2005-2006.

The following are the numbers of reports to the Child Abuse Register regarding sexual abuse:

2001	44
2002	19
2003	20
2004	14
2005	11
2006	10

Records show that in 1990 the agency did 130 cases of sexual abuse investigations (this number included alleged abuse, risk of abuse and verified abuse). In the same year, the agency did 235 physical abuse investigations.

Some History of the Agency

During the 1960's and 1970's informants recalled that the agency had Protection, Unmarried Parents, Foster and Child-in-Care, and Adoption Departments. In the mid-1970's an Intake department separate from the Protection department was formed. Prior to the development of an intake department, abuse investigations were assigned

on a rotational basis to the units within the Protection department. The unit supervisor then assigned the case to an individual worker.

Current Practices in Responding to Allegations of Child Sexual Abuse

Experience level of investigating social workers.

Informants from Agency A report that all intake workers and family service workers are trained to respond to an allegation of child sexual abuse (CSA). The agency has two senior experienced workers that are available to assist a less experienced worker with any investigation of an allegation of CSA or other forms of child maltreatment

Screening and case management/criteria for referral to police.

The agency has policy and procedures manuals that according to one informant “follow the Standards and Guidelines”. A call alleging that child sexual abuse has occurred is responded to first by a screener who codes the eligibility of the case for service by the agency using the Eligibility Spectrum. The case is then referred to an Intake supervisor, who checks the decision regarding eligibility, and all cases that are eligible for services are assigned to an Intake worker. Ongoing Family Service workers also use the Eligibility Spectrum to assess any allegations of abuse with respect to families who are already clients of the agency. Workers next check to see if either the family or alleged offender has had any previous contact with Agency A or with any other agency in Ontario (through the Fast Track Information System)⁶.

If the referral is regarding a child who has made a clear disclosure of child sexual abuse, the police are contacted immediately and arrangements are made for a videotaped interview with the child. Medical examinations are arranged immediately if the last alleged incidence of sexual abuse occurred within 48 hours and it is expected that there will be forensic evidence, or that the child may have an injury. The agency has a protocol with a hospital where physicians and nurses who are expert in medical examinations for CSA are located; someone is on call 24 hours per day. If the disclosure is regarding a sexual assault that is not very recent, a medical examination is usually done at a later date that can accommodate the family’s schedule.

In the past, CAS workers and police did joint investigations and a police officer and a CAS worker would interview the child together and the interview would be videotaped. Currently, with a child who has made a clear disclosure, both a CAS worker and a police officer may do the interview, but this happens less routinely because informants stated, “the police [now] also have domestic violence attached to their portfolio”, and “there’s a real manpower problem with the police in this jurisdiction”

In the case of a child where, at time of referral, a clear disclosure has not been made, the CAS worker usually does a videotaped interview with the child and contacts the police only if the child discloses CSA. (The worker also makes arrangements for a medical examination, the timing of which again depends on the circumstances). In this

⁶ This is a provincial child protection database that allows specific staff in individual CAS's to determine whether or not a person who is the subject of the search is a person to whom an Ontario CAS is currently providing a child protection service, the subject of a record extracted from any CAS's on-line case management system, the subject of a Child Protection Alert, or is listed on the Ontario Child Abuse Register.

type of case, the police department sends a constable to the agency and he/she takes a statement from the CAS worker and obtains the original videotape. (The agency keeps a copy of the videotape). The worker gives the police officer the information that led to a disclosure and case notes describing the information that the agency was able to obtain during the course of the investigation. The investigating social worker's case notes and the videotaped statement from the child are then forwarded to a police detective who works with the assigned CAS worker as the case progresses.

It was noted that sometimes a period of time passes between the time of the referral to the police and the contact with the detective – a gap that didn't occur as often in the past when joint interviewing of the child with a police officer was more common. On rare occasions, the police may conduct another videotaped interview with the child if they need to clarify details of the child's original statement. The police interview the alleged offender. The key informants indicated that because of the protocol the agency has with the police, CAS workers can consult with them at anytime. Informants indicated that representatives of the agency have recently met with the police to discuss issues that arise when an untrained constable is sent to meet with the CAS worker rather than a detective.

The agency does not contact the police regarding every case where there are concerns of a sexual nature. For example, if someone is reporting that a child under the age of 12 years is engaging another child in questionable sexual activity, the CAS would investigate without police involvement. This investigation would depend upon the extent of the sexualized behaviour as some would be viewed as indicative of normal sexualized play. Specifically, if the behaviour is such that it is beyond what would be expected from a child based on the child's developmental stage, for example, if a child was asking another child to engage in oral sex, then this agency would screen the child for possible sexual abuse by an adult in a caregiving role.

It was also noted that every child who is referred to the agency is screened for sexual abuse ("not a full-fledged sexual abuse interview") because the Safety Assessment requires screening for this type of abuse. An informant advised that with younger children this screening involves a diagram of the front and back of a person with no genitalia being shown to the child. The child is asked to identify all the parts of the body, one by one, as the worker points to them. The child is asked if anyone has ever touched those places and if the child says yes, non-leading questions are then asked to obtain more information. Older children can usually identify (without the worker pointing to them) the location of private places on this type of human figure diagram when asked. They may be asked if anyone has ever touched those places. Children are also asked if they know what right and wrong touches are and are then asked to clarify their understanding. If there is a disclosure, then non-leading questions are again used to try and determine what may have happened to the child.

The steps of the investigation process are the same for disclosures made by children currently receiving CAS services. These allegations are investigated by the family services/ongoing protection worker who has responsibility to manage the protection case file.

Investigative interview.

According to the Intake Services policy manual, the agency routinely uses the "Step-Wise Interview" (developed by Dr. John Yuille specifically for use in cases of child

sexual abuse), when interviewing a child during the course of a sexual abuse investigation. The steps involved in the interview include: Rapport building, Discussion of truth, Introducing the topic of concern, Free narrative, Open questions, Specific questions (if necessary) and Interview aids (if necessary). This interview is seen as encouraging and facilitating the child's recall of the event(s) by asking non-leading, open-ended questions. The interview proceeds from the most general to more specific aspects – a more specific method is taken only when required.

Supervisor consultation.

The informants emphasized that every effort is made to avoid having the child interviewed multiple times, and to be sensitive to the trauma the child may experience when charges are laid and/or the child needs to testify in court. Informants also emphasized that a supervisor is very involved with the investigating worker at each step. An investigation is not begun without consultation with a supervisor, the supervisor reviews the investigation plan, and the supervisor must approve the Safety Assessment. An informant said, "In some cases, where it is going to court, [the supervisor might] actually view the videotape with the worker, to look at the disclosure".

Response time.

The seriousness of the alleged abuse determines the response time. Some allegations require an immediate response; others must be responded to within 7 days. An informant said, "If it's high-risk, it's immediate response, and if it's a seven [a low to moderate risk] you have a maximum of seven-day response". Key informants indicated this agency has a very high compliance rate in this area. The worker has 24 hours to document the Safety Assessment after interviewing the child and the supervisor is required to sign off the Safety Assessment within 30 days.

Verification of abuse.

Following the completion of all sexual abuse investigations, as well as investigations of other forms of child abuse, the investigating worker and his or her supervisor meet to review the investigation information and to come to a joint decision as to whether or not abuse can be verified to have occurred. The verification decision is made based on a careful analysis of all of the information obtained during the course of the investigation, and is based on the probability standard. This means that the investigating worker and his/her supervisor, conclude that it is more likely than not (more than a 50% likelihood), that the child has been sexually abused or is likely to be sexually abused. Agency A provided us with a list of what must be assessed and considered during the verification process. It includes the techniques and procedures for evaluating statements by children called Statement Validity Analysis (SVA) as described by Raskin & Esplin (1991). SVA includes using the Criteria-Based Content Analysis and a Validity Checklist.

Clarity re type of maltreatment requiring investigation by Agency A.

Key informants believe that currently, the kinds of cases that are the responsibility of the CAS and those that are not the responsibility of the CAS are quite clear. It is quite clear that if the alleged victim is over 16 years of age, it is not a case for

which the CAS is responsible; such a case would clearly be the responsibility of the police. It was noted that even when the allegation is sexual assault of a child by a stranger, which is seen as the responsibility of the police because the offender is not a caregiver, when the child is “younger” sometimes the police contact the CAS and ask for assistance to conduct the interview with the child because of the CAS’ expertise in working with younger children. It was noted that the Eligibility Spectrum indicates that if the alleged perpetrator of a sexual assault is “not a caregiver, not a community member” then, the case is not included in the category of eligible CAS cases. This does not mean, however, that the CAS cannot become involved – but it is a discretionary decision for the CAS.

Sharing information between Agency A and the police.

In some cases, it is the police who contact Agency A. Information is shared with the police but there are limits on what information the CAS can share with the police, just as there are limits on what the police can share with the CAS. If the police are doing a child abuse investigation, the CAS will share information relevant to that investigation. However, they do not share information with the police unless it is directly related to a current child abuse investigation.

High-risk committee.

The agency has recently re-instated a committee that follows high-risk families. Agency representatives that sit on this committee include the Director of Intake, the Director of Family Service, an Intake Supervisor, a Family Service Supervisor, a frontline intake worker, a frontline family service worker and an agency lawyer. Representatives from other organizations such as Healthy Babies, Healthy Children are invited to attend meetings of this committee when the case being discussed falls within that organization’s area of expertise.

Past Practices and Evolution of Response to Allegations of CSA

Changes in training/experience level of investigating workers.

An informant who worked in the agency in the 1960’s and 1970’s recalled that in the 1960’s few people working on the front lines in child protection had professional social work training. New workers learned from more experienced workers on-the-job. No training regarding investigating allegations of child sexual abuse was available, and social work degree programs during this period seldom included content about child sexual abuse.

Changes in numbers of CSA reports.

According to two informants who were working in the field at the time, reports of sexual abuse were almost non-existent during the 1960’s and 1970’s. One informant said,

There weren’t very many of them and the ones you had was if the child did tell you somebody was touching them, then you took steps to make sure the person wasn’t around them. Just like the kid whose, like, health or morals is endangered, . . .this is what it [the Child Welfare Act] said before . . . so if a conduct was assessed to be hazardous in some way, then you dealt with that.

This informant pointed out that events such as the Poppen Inquiry in the 1970's had an impact on legislation and policy – particularly the changes that were introduced into the Child Welfare Act of 1978 and the introduction of the Child Abuse Registry. However, these changes were primarily focused on preventing and intervening in cases involving physical child abuse.

All informants agreed that sexual abuse investigations became more common in the early 1980's, and that the number of referrals of CSA has leveled off in recent years. One informant suggested that part of the reason for the increase of reports in the early 1980's may have been related to:

education and family support... that there was a lot of support given to women, you know, the development of women's shelters and avenues for them to get away from physical or sexual abusers. More support for them to protect their children.

Changes in case management/coordination with police.

When reports of CSA began to be received by the agency (in the early 1980's), investigations were conducted in the same way as any protection investigation, and workers were not advised to handle these reports any differently than others:

You interviewed the child and you interviewed the alleged abuser if the police weren't involved. If the police were involved then you had some difficulty of them not wanting you to interview or immediately, if they got a lawyer, then there was difficulty in doing interviews with the alleged abusers. And, of course, the non-offending family members as well.

Informants reported that in approximately 1985, the local police department had a sexual abuse team and the agency sexual abuse team worked closely with that team in response to allegations of CSA. The CAS worker would often contact a detective directly and the people involved in both organizations knew each other because they worked together frequently and were doing joint investigations. This continued for some years, but although the two organizations continue to work well together, workers currently do not experience the same degree of familiarity with the police personnel. The change appears to be related to the increased demand for police to be involved in domestic violence situations, leaving fewer resources for joint CSA interviews and investigations. Informants felt that this change was regrettable in that the flow of information and quick response are somewhat impeded.

Changes in response times/documentation.

Informants noted that over time a change has occurred in expectations regarding immediacy of response to a report of possible CSA. At one point in the past, allegations of CSA had to be responded to within 21 days. Now, the response time must be either immediate or within 7 days (determined by level of seriousness according to Eligibility Spectrum Criteria). Informants noted that there are also increased demands in terms of what must be documented and the time in which documentation must be completed. They noted that in the distant past, documentation was considerably less complex, and often involved only a date and a narrative report of what had occurred.

Changes in frequency of consultation with supervisor.

As noted above, currently intake workers are required to consult with a supervisor before doing an investigation, to have their investigation plan reviewed and to have the safety assessment approved. In the past, workers would talk with their supervisors weekly in scheduled supervision “and you knew that was the right thing to do,” but it was not mandatory as it is now.

Changes in verification procedures.

In the late 1970's and early 1980's, when a worker had a case of alleged abuse, the worker would meet with the unit manager and the other workers in that unit to review the information and go through the steps to verify it in the manner first described by a memorandum dated June 4, 1979 from the Ministry of Community and Social Services, and later by the Standards and Guidelines of 1981. If that group of workers concluded that it should be verified, the worker and unit manager would bring the case to the verification committee, which consisted of a number of unit managers. This committee would make a recommendation about verification to the Director of the agency who was charged with officially verifying the abuse. Verified cases of abuse were sent to the Child Abuse Register.

Changes in understanding how children disclose.

One informant, who was working in another jurisdiction in the late 1960's and 1970's, stated:

It was from '68 through to '77, '79, uh, I can't recall a single case of child sexual abuse. Uh... the cases that were obvious, the rapes, the prostitution and so on, uh, tended to be dealt with by the police and the police, although they recognized the difference between the exploitative behaviour towards children and so on, again, only saw the secondary characteristics of sexual abuse, which were drug abuse, the promiscuity, the self-harming behaviour, the poor self-esteem, I mean, all of those were characteristics that were under the title of “loser” from a police perspective, and that judgmental attitude towards victims was one that was really hard to get close to, because to understand why those characteristics show themselves, you have to begin understanding what life is like as a victim of sexual abuse. And that's getting into an area of insight that, to be empathic, you really have to get into that, as a good social worker and that's getting into areas where it's a cultural taboo so that social workers like myself and others who were concerned about it had to wrestle with our own inner thoughts and appreciations and there wasn't a forum for us where it was free to talk.

Another informant who worked in the field in the 60's and 70's recalled a case in which a girl in a foster home told her worker that she was uncomfortable with the foster father. The response was, “We'll find you another home.” In retrospect, this informant thinks that something sexually inappropriate may have been happening, but although the worker responded to the child's discomfort, there was no awareness that perhaps it should be investigated as possible child sexual abuse.

Informants noted that policy and practice have definitely evolved in terms of recognizing the various ways that children may disclose CSA, and the best ways of securing a valid disclosure from a child. It was noted that in the 80's if someone reported that a child was exhibiting sexualized behaviour, this may not have been seen

as reason to do an investigation. As professional understanding of the way children respond to sexual abuse has increased, “questionable sexual activity” in a child may now be seen as sufficient reason to investigate whether the child’s sexualized behaviors are in reaction to their having been sexually abused by an adult and to assess if the parent is able to adequately supervise the sexualized child’s contact with other children. The intent of the investigation in these cases is to clarify what the behavior means and create a safety plan.

Changes in views of victim’s credibility.

Another change that was noted by informants is the way that professional judgments are made about the credibility of a child’s disclosure of sexual abuse. In the past, informants indicated that sometimes it was the child whose credibility was judged rather than “the statement” that the child made. For example, if a child or adolescent was behaving inappropriately (e.g. using drugs or alcohol, or running away) they might be judged to be less credible. Currently, it is the statement that the child makes that is used to judge the credibility of the disclosure; specific criteria developed by Yuille, Raskin and others are used to make judgments about the credibility or validity of the child’s statement.

Response historically when alleged offender was highly respected.

It was stated that in the past (e.g. 1960’s and 1970’s), if a child alleged that the person who had abused them was an individual respected in the community, the child’s report would often be seen as lacking in credibility. An informant said, “A lot of emphasis was put on who the alleged perpetrator was”. One informant gave an example from the period 1973-1984 where a girl disclosed to a teacher that her father was sexually abusing her. The parents were “the pillars of the church” and the informant said, “she actually got punished in the school for even suggesting that these two people [her parents] who had such a high respect in the church would ever do something like that”. A second example during this same period was described where a female child reported that her father was sexually abusing her, but because he was a member of a respected profession, she was not believed.

Changes in clarity re cases that are the responsibility of the CAS.

An informant recalled that in the 1970’s there was some lack of clarity regarding cases of physical abuse – some, which the police called “assault”, were seen as needing the involvement of police whereas others labeled “abuse” were seen by some as needing only the involvement of the CAS. The informant noted that in his/her opinion, they all involved some kind of assault.

Agency A provided us with a copy of a Child Abuse – High Risk Manual of Policy and Procedures dated August 1980. We note that this manual states the following:

Caretaker

This includes any person who has care and/or control of a child for any length of time – example babysitters; relatives or neighbours watching children. There is no clear distinction as to who constitutes a caretaker for the purposes of reporting to the Central Abuse Register. In each case the worker should determine if the abuser was a “caretaker”.

[The worker should] Keep in mind the possibility of ongoing contact with the child in considering whether a caretaker should be reported to the Central Abuse Register.

Persons who have seriously abused a child, but who were only temporarily in contact with the child (and who will probably not have much further contact) should be reported to the police for tracking purposes rather than the Central Abuse Register. The reason for this is that the Central Abuse Registry is mainly concerned with serious abuse of children by persons who have the responsibility for the children's ongoing care and well being (p. 7).

The same manual in a section describing situations in which the CAS worker should call police includes the following, "alleged abuser is not a family member, is not the person caring for the child".

Informants said that in the early 1980's the legislation included only two categories of child sexual abuse: child sexual abuse and risk of child sexual abuse – which meant that what was the responsibility of the CAS to investigate was "open to a lot of interpretation". As the individuals working in the field learned more about CSA, more indicators of possible CSA were identified such as questionable sexual activity, and distinctions were made between age-appropriate sexual play and activity that was beyond what a child of a certain age would normally be aware of. Informants indicated that cases that are the responsibility of the CAS have become clearer over time. Currently, it is clear that the CAS is not responsible for sexual abuse cases where the victim is over 16 years of age or where someone who is not in a caregiving position sexually assaults the child. However, the agency does become involved in some cases of assault by a non caregiver especially when the police ask for assistance. The introduction of the Eligibility Spectrum in the late 1990's is seen as making the responsibility of the CAS clearer.

Coordination with Other Organizations in Response to CSA

Informants indicated that agency efforts to work with other community agencies go back many years. An informant recalled that in the early 1970's, workers from the agency and professionals from other organizations in the community began a Child Abuse and Neglect Association, which aimed to educate community professionals about child abuse. Teachers, doctors and police among others were involved in this education effort. The focus at that time was on physical abuse. This organization later became a Child Abuse Council for the community.

As the legislation changed in 1978 to specifically require that professionals report child abuse and neglect to the CAS, Agency A became more involved in educating other organizations about their duty to report. An informant recalled that initially many community professionals were reluctant to report possible abuse to the agency as the perception was that the agency would immediately remove the children, and that there would be negative repercussions for the person who made the report. This informant also recalled community resistance to education about both physical and sexual abuse in the earlier days. Some individuals expressed concern that parents and teachers would be falsely accused and reported if they even touched a child in a non-sexualized manner.

Informants indicated that currently in responding to allegations of CSA that the agency works closely with police, the Crown's office, the Victim Witness Office and health officials. As will be seen in the next section, the agency has also developed protocols with a large number of community organizations that make reporting responsibilities clear when professionals suspect that a child may have been abused.

The Risk Assessment Model introduced in 1998 is seen by one informant as possibly having made collaboration with other agencies less common; the CAS workers have been required to focus on meeting minimum standards and strict response times making it less likely that they will have time to work cooperatively with other organizations to find creative solutions.

Protocols (Past and Present)

Protocol with police.

Agency A has a written child/abuse maltreatment protocol with all of the police forces that have jurisdiction in the area that the agency serves. The first formal child abuse protocol with the police was developed in approximately 1985 apparently in response to increased referrals of CSA cases and funding for sexual abuse teams located in the police department and in Agency A.

The Child Abuse High-Risk Manual (1980) provided to us by Agency A states that police should be contacted by phone immediately in serious cases of child abuse. It also states that in a case of alleged child abuse, if the police were jointly conducting an investigation to determine if a criminal offence had occurred, it was the agency's responsibility "to establish clear contact between police and CAS for the responsibility of conducting this investigation while assuring protection for the child or children involved" (p. 19). The Manual includes a list of situations in which the worker should call police and complete a Police-CAS Child Abuse Exchange of Information form. This would suggest that as early as 1980 it was Agency A's policy to work cooperatively with police in investigations of child abuse.

The most recent protocol is dated November, 2005. The purpose of the current protocol is "to ensure a coordinated approach to the investigation of child maltreatment" in the region. Principles include that disclosure of information important to the investigation is paramount to the safety and protection of children, and consequently all relevant information is to be shared between the police and the CAS. A second principle is that the coordinated approach must appreciate the roles, responsibilities and mandate of both organizations as defined by law.

The protocol requires police to report suspected abuse or child maltreatment and children in need of protection to the CAS forthwith. It states that the two organizations are jointly involved in the investigation of reports of child abuse and the protection of children, and that the CAS will contact police on all sexual abuse allegations. It states that "when practical" the videotaped interview shall be conducted by one police officer and one member of the CAS, with the two interviewers deciding between them who will lead the interview. The videotaped interviews are to be conducted in the offices of the CAS.

The protocol further instructs that the police will decide whether or not to have the CAS worker present during the interviewing of suspects, but that when the CAS worker is not present, police will make a verbal disclosure of admissions or denials made by the alleged offender "as soon as practicable". It also clarifies that the CAS

worker in consultation with the CAS supervisor makes decisions related to the safety of the child or other children, and that the police officer in consultation with the police supervisor makes decisions regarding the laying of charges.

Informants indicated that for a number of years beginning in the late 1980's, joint interviews were the norm, but that has become less so in recent years.

Impact of protocol with police.

Informants agreed that the initial protocol with the police definitely changed working relationships between the agency and the police. One informant said, "There were specific people, like the police, that did these kinds of investigations. There were specific people at the agency that did. They were on a first name basis. You got to know who and you got to be able to have confidence in the other person's abilities and information. You didn't have to sit down and say, well, this is what Children's Aid does. . ."

Informants also noted that clients were better supported as a result of this protocol; rather than having them hear that one organization was going to report them to the other, they saw that the two organizations were working together.

Development and review of protocols.

The agency currently has about 34 written protocols with community organizations. These include protocols with the local Board of Education, with every residential facility for children in the community, with Mental Health services, with a local hospital, with Social Services, with the local Women's shelter, and with the Healthy Babies, Healthy Children program. The agency works together with the other organizations to develop these protocols, and they are reviewed approximately every two years. A protocol with the hospital also articulates the procedure that the CAS should follow when a child who may have been sexually abused needs to be seen for a specialized forensic/medical examination.

Protocol with Board of Education.

We note that the protocol for agency response to a referral from the local Board of Education is included in the current Intake Services Policy Manual. This protocol describes very clearly the steps that the worker should take in responding to a referral from the Board, as well as the responsibilities of the school. It instructs that siblings of an alleged victim must be interviewed. It states that it is the responsibility of the Child Protection Worker to notify the referral source of the results of the investigation provided the parents of the child or children have executed appropriate releases of information. The worker is expected to make every effort to have releases signed by the parents.

Impact of protocols with community agencies.

An informant noted that the development of these protocols has, over the years, helped the agency to educate other professionals about possible signs of abuse. An informant gave an example of the kind of information provided:

If you have a child that begins acting out sexually in the classroom, you might want to be asking what goes on here? You don't ignore it. And these are the ways you can do it. So, I think they became aware from our training as well on things to look for; and [regarding] developing of protocols, when you sat down

and talked with them about the referring procedure, then you had a chance to say, well, these are the kind of things you can look for to refer, so I think protocols helped educate them in referral as well.

Currently, in addition to having a protocol with the women's shelter, a representative from the agency meets on a monthly basis with personnel from the shelter to discuss mutual cases, what is working or not working, and training needs. The agency also meets on a monthly basis with the Board of Education, and is working on a new protocol with a shelter for individuals with substance abuse problems.

Informants indicated that a protocol that is combined with regular meetings or a training presentation by the CAS is preferable to simply having a written protocol. Meetings and training sessions allow community partners to become familiar with the CAS and, therefore, more likely to consult with the agency or make problems and concerns known to them. Currently with changes being introduced into the child welfare system (the Transformation Agenda) more emphasis is being put on collaborating with community partners to enhance services to children and families.

Access to protocols.

Workers have access to written protocols through the agency's intra-net system. Some workers copy and paste from the intranet system to their personal computer, those protocols to which they need to refer often, and some keep printed copies of them. The agency requires that workers read the protocols and sign off that they have read them.

Informants acknowledged that it is challenging to keep new workers informed about protocols. The personnel from the hospital who are involved in the protocol to deal with medical examinations of children who may have been sexually abused come to the agency on occasion to educate new workers about appropriate procedure. All of the written protocols are available to the public on request.

Limits of protocols.

One informant noted that protocols need to be accompanied by a comprehensive knowledge base:

Protocols are fine as far as they go.it's like a map – it'll take you to the streets and you can get from A to B by knowing what the pathways are, but it doesn't tell you about the shops along the way. It doesn't tell you about the road works. It doesn't tell you about the detours....protocols are excellent and nobody can survive without them, but to use them you have to have the capacity to understand what it is that you're doing and that means going beyond event-oriented interventions where you're [simply] child-centred.

This informant emphasized that in order to intervene effectively, CAS workers need to be well-trained social workers who can fully understand the context of the family and the dynamics of the family situation, and intervene based on that understanding.

Practices in Responding to Reports of Historical CSA

An informant from Agency A suggested that the agency's role in cases of historical CSA was made somewhat clear in the Child and Family Service Act (CFSA) of 1984, and even clearer in the Standards and Guidelines in 1992. In the CFSA of 1984,

the definition of a “child in need of protection” changed to include “where the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person, where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child” and also where “there is a substantial risk that the child will be sexually molested or sexually exploited”. This new definition made it clearer that if a person who was not a caregiver sexually abused a child and a parent knew or should have known that the abuse was occurring and did not protect the child from this individual, the child met the definition of a child in need of protection. Also, it suggested that if a parent or caregiver did not take steps to prevent a child from being alone with a person who had previously sexually abused a child, the agency could see this as putting the child at risk to be sexually molested or sexually exploited.

The Standards of 1992 are quite clear that the CAS should direct reports of historical abuse to the police. The Revised Standards for the Investigation and Management of Child Abuse Cases by the Children’s Aid Societies Under the Child and Family Services Act, (1992) state,

The person over the age of sixteen who reports past abuse should be encouraged to report the abuse to the police and should be helped to take advantage of whatever victim assistance, therapy, and legal assistance resources exist in the community. The society will initiate a further investigation only if there is an allegation or evidence that a child under the age of sixteen may be at risk or may have been abused (p. 9).

Prior to having these standards and guidelines, one informant said that in cases where an adult reported to the agency that she or he had been abused by someone in the past, “the major issue was always, is a child, by definition under the age of 16, endangered by this person?” This informant went on to say that a worker could not go back and deal with the abuse of someone who was now an adult. Workers at that time did inform the adult that they could report the information to the police. This informant said the agency worker did not have the authority to make the report to the police on the adult’s behalf, because the individual was an adult. In order for the agency to become involved, there would have to be an allegation that a child was currently in need of protection, that is, there would have to be a direct allegation that this person was abusing or neglecting a child at the time of the report.

According to informants, the current Eligibility Spectrum makes it clear that the agency needs to have information that an individual with a past history of child sexual abuse is in contact with a specific child or children under the age of 16 years before they can begin an investigation. Informants stated that if an adult reports to the CAS about past abuse, and has no information about the alleged abuser’s current contact with children, the CAS provides information about what steps they can take, such as going to the police. If an adult reporting past child sexual abuse expresses concerns about specific children being abused by the person who historically abused him or her, one informant said, “then we would potentially screen those children”.

Informants stated that in recent times the agency seldom hears about past abuse directly from an adult victim. The more usual experience is that another person reports to the CAS that a mother with a child or children is living with someone previously convicted of sexual abuse. In response to that kind of report, the agency does an investigation that includes reviewing the information provided, checking to see if the agency has any history of contact with the alleged offender, and checking with police to

see if they have information about this person. Next, the child is screened and his or her current safety assessed. In cases where there is a record of past abuse, the agency normally contacts the person with the history of abusing children and advises that person to inform the parent with whom he/she is living about his/her history of abusing children. An informant stated, "We may go to the person and say, 'we'll come with you when you tell her'". It was also stated that the exact procedure would be determined by the reported severity of the historical abuse. The agency attempts to find out as much information as possible about what kinds of situations are high-risk to the person who has previously offended.

It was noted that through experience, the agency has learned that they should not accept that there is no or limited risk to the child if the person with the offending history says that he or she has received treatment. In a case where they are told this, currently they ask the person to sign releases so that they can obtain information from the treatment provider. The informants indicated that in a number of cases like this where they assessed that the child was at possible risk, they have been successful in obtaining the consent of the family to open a protection file and supervise the home for a period of time. If the parent of the child does not believe that the new companion actually did abuse children in the past (and the agency has information indicating that he or she did), the agency takes a more intrusive action – perhaps seeking a court order to supervise the family. If the historical abuse is very serious, the agency requires that either the offender leave the home or the child be removed.

One of the challenges the agency has faced is when a verification conference concludes that using the test of a balance of probabilities, the child is at risk to be sexually abused but the parent refuses to require the partner to leave the home. If there is not enough evidence regarding the partner's prior behaviour to meet the legal test of guilt beyond a reasonable doubt, the agency has had difficulty obtaining a supervision order from the court. In this type of situation, the members of the agency's High-Risk Committee have found it useful to have legal representation on the committee, according to one informant "because we have had to push the envelope sometimes".

The informants indicated that experience has helped the agency to recognize that if one person in a family has been abused in any way, for example, if a child has been physically abused, or if there is a report of domestic violence, it is wise to talk with all of the children in the family about their experiences with the caregivers. This represents a change in practice because, in the past, when they did not interview every child in a family that had come to the attention of the CAS, they sometimes missed identifying children who were being abused, sometimes sexually. Current practice was described as looking at some situations in terms of "a liability and risk of harm perspective".

Agency Experience with Multi-Victim/Multi-Offender CSA Allegations

Informants indicated that the agency has had some experience with multi-victim cases over the years. The practice is to put a supervisor in charge of the investigation and a specialized team reports to the supervisor. According to one informant, a multi-victim case in approximately 1984 was "a real orchestrated, sit down with police, have a specialized team, and it got dealt with in that way". Informants noted that a significant challenge is the workload involved in a multi-victim situation – many workers need to be

assigned to the multi-victim case; this puts added pressure on other workers who have to deal with the overflow. Also, this type of case usually requires that workers attend at court, which also puts pressure on other workers to cover cases for them.

Another informant referred to a case in the early 1990's that involved multiple victims within one extended family. The investigation involved several police officers, a director and several workers and their supervisors from the agency, and personnel from more than one school. A lot of coordination was needed in order for everyone to be prepared to play his or her appropriate role at the "right time". Informants agreed that clear direction from the top is needed so that everyone knows what he or she needs to do and relevant information gets communicated adequately. Multi-victim cases were described as "like peeling an orange or an onion in a sense", in that you need to use protocol and structure to get through the layers of the situation to determine the facts.

Another challenge with multi-victim cases is presented when the CAS wants to interview children who have been identified as potential victims. For example, many children might have had contact with a teacher who has been accused by another child or children of having sexually abused them. Some parents say to CAS workers – "the police are going to deal with it", "I don't want you to interview my child". One informant said, "And we really don't have the authority when there's not a child protection concern to push the envelope on that". Yet another challenge that was mentioned in this context is that children who have been sexually abused often abuse alcohol or drugs as they grow into adolescence – this behaviour (which the informant called secondary symptoms) can make the adolescent less credible.

While this agency does not have a written protocol or policy for dealing with multi-victim, multi-offender cases, they report that they would follow the Standards and Guidelines with respect to conducting a sexual abuse investigation and orchestrate an investigation plan specific to the reported incident. This agency's intake department would always be responsible for these cases.

Training of Workers Responding to CSA

Informants noted that in the 1960's and 1970's there was no training in child sexual abuse.

Worse, there was an unwillingness to recognize the existence, or the condition of sexual abuse, the misuse of children by caretakers or people in authority. And as a consequence, it was very difficult for individuals to communicate in a working environment around an issue that was taboo. I mean, sex with kids was a taboo subject. Now social workers are not the run-of-the-mill, but at the same time, we all come from an environment where we were brought up not talking about sexuality in an easy fashion.

The agency had a sexual abuse team from 1984 until 1987 and well-known trainers from the US such as Kathleen Faller and Suzanne Sgroi trained members of that team, some of whom continue to work in the agency. This team of specialists in CSA investigations was disbanded when funding provided by the Ministry was withdrawn in 1987. One informant recalled working closely in the mid 1980's with a mental health facility that was providing treatment for sexual offenders. The police also worked closely with the mental health facility and "would get them into [mental health facility] pretty quick to get treatment".

One informant recalled attending training offered by the Institute for the Prevention of Child Abuse (IPCA) in the late 1980's: they were trying to be a step ahead of the field in terms of recommending different things for implementation once they got information from other people in the community.

Informants spoke very positively about the value of joint training with the police: One said,

Because you begin to see the issues from the other person's point of view. When you start to say, well, you should've... and then you understand, when you get a copy of the pocket criminal code and you start looking at all the stuff they have to check, [and] when they say—"I didn't know that was in the Child Welfare Act." You begin to say a little less of, "why the heck didn't you do that?" as to, "well, I understand, but can we . . . work this out?" You're less combative and that's the only way that you can deal with a family.

Another informant said, "you can work together more easily that way". Reference was also made to training in the past that involved both CAS workers and police and followed John Yuille's recommendations regarding a coordinated response and instruction regarding how to do the "Stepwise Interview". This was repeated on several occasions in the Agency A area, but according to one informant, "OACAS tried to replicate that, and it fell by the wayside". This informant indicated that when the CAS training is done without the police,

it's less structured. When the training was more together, I think we were more liable to have said, 'here's when you have a joint investigation'. Now, it's, 'we're too busy' potentially. So I think it's led, and that's to a large degree, to perhaps not being on the same page sometimes

In the past, to assist in joint CAS/police training programs, children were brought in from community schools and the police and the CAS workers interviewed these children on video tape and were given feedback about the interview. This joint training occurred at a time when the police in this jurisdiction had a dedicated child abuse team.

Currently, workers who respond to allegations of CSA must have taken, at the minimum, the New Worker Training and a separate unit on specialized sexual abuse training, all of which is offered by OACAS. It was noted that a specialized sexual abuse training unit offered by OACAS that did not follow the Yuille approach was found not to be meeting the needs of workers. It was understood by informants from this agency that OACAS is in the process of reviewing the training in this area.

Some of the Agency's current workers and supervisors received training when it was offered by IPCA; supervisors who were not in the agency at that time have received the specialized training on sexual abuse investigations offered by OACAS. The current training includes specific modules for supervisors "and we [the agency] have almost everybody trained in that regard"

Informants referred to being trained in the past to conduct a sexual abuse investigation interview so that the information obtained is valid—"to conduct your interviews in a non leading way so that the information comes from the child, that it doesn't involve yes or no type questions". In the past, they sometimes used anatomically correct dolls, but this is no longer done because they were deemed by courts to be too suggestive. The emphasis remains on non-leading questions and being very careful in terms of how the interviewer responds to the child's statements.

The agency also supplements the training offered by OACAS with in-house training. Managers are currently planning to bring well-known speakers to the agency to strengthen employees' skills in areas such as solution-focused interventions.

It was noted that OACAS is currently very busy making the New Worker Training and other training modules compatible with the Transformation Agenda. Informants from Agency A believe it may be necessary to look again at sexual abuse training for their own agency and "perhaps do a community strategy around training for sexual abuse using our police and bringing somebody in".

When asked to compare training offered in the past by IPCA to that currently offered by OACAS, informants believe the current training has more focus on liability and quality assurance – but they believe that the relevant content in terms of how to do a sexual abuse investigation is still there.

Response to Allegations of Abuse Within Settings Under the Organization's Control

Hiring policies.

Informants reported that all employees, foster parents and agency volunteers must have a police check before working for the agency. Children's Aid Societies are not allowed to do checks with the Child Abuse Register or Fast track for this purpose, a situation that one informant said the agency has tried to challenge.

Complaints procedure.

Agency A has a complaints procedure. All individuals/families investigated by an Intake worker are given information about the complaints procedure and that they have a right to make a complaint if they wish to. Clients or others are encouraged to put their complaints in writing, but this is not necessary. There are four possible steps to response to a complaint. Step one is an attempt by the worker to resolve the complaint with the client. Step two involves the supervisor, Step three brings the Department Director into the attempt to resolve the issue, and Step four is a meeting with the Director of the agency. Reference was made to section 68 of the Child and Family Services Act, which outlines the procedures by which members of the Boards of CAS's become involved in reviewing a complaint that is not resolved by the previous four steps. It was noted that there will be changes to this procedure when the Transformation Agenda is implemented. Under the new regulations, informants stated that it was their understanding that when the worker or supervisor is not able to resolve the issue, a Department Director from a different department will be involved instead of the Director of the department in which the worker works.⁷

Policy re abuse allegations against an employee.

If there is an allegation that an agency employee has abused a child the situation is referred to another CAS for investigation. He or she would be suspended with pay and relieved of his or her duties until the end of the investigation. What happens next depends on the conclusions of the investigation. Staff members from Agency A have been called upon to investigate allegations of maltreatment by staff at other CAS's. The

⁷ Additional details about recent changes directed by the Ministry of Children and Youth Services to the Client Complaint process are provided in Appendix A.

involvement of another CAS was seen as necessary in order that the investigation is as objective as possible.

Policy re allegations of abuse against a foster parent.

Agency A has a written policy regarding response to a situation where a foster parent is accused of maltreating a child. The agency's Intake workers do all investigations into allegations against foster parents and an Intake worker interviews the child. The child's worker (from the Resources Department) is also present during the interview because the child knows him or her. The same procedure is followed as in other allegations of child maltreatment, i.e. the child is interviewed, other potential witnesses are interviewed, and other children in the home including the foster parent's own children are interviewed. Generally, all foster children in the home are removed pending the completion of the investigation-especially if the child has given a credible disclosure. In some extreme circumstances, it has been necessary to remove the biological children of the foster parents or develop a safety plan where the alleged offender may be asked to leave the home pending completion of the investigation. Another alternative that has sometimes been followed involves having the children in the home moved to a safe place with relatives.

Occasionally, foster children may remain in the foster home pending the outcome of an investigation, for example, in situations where an older crown ward (16-18 years old) has not made any disclosure and is refusing to leave the home and is the opposite sex of the alleged victim. However, this decision would depend on the nature of the allegation and is made in consultation with workers, supervisors and the appropriate Director of Service. The fact that the victim was of the opposite sex is not given a tremendous amount of weight.

A supervisor in Intake and a supervisor from the Resources department are involved when a child in the care of the Society alleges abuse. A conference is held to discuss the situation at the conclusion of the investigation, and if the maltreatment is verified a recommendation is made to the Resources Department as to whether the foster home should be closed. The Resource Department has the authority to make the final decision. Informants indicated that an investigation of CSA in a foster home can be complicated if there are several children in the home. Even if other children are not making an allegation, they need to be interviewed and coordinating the interviews with the Resource workers who need to be present is sometimes difficult. The child is usually brought to the agency to be interviewed rather than conducting the interview at the foster home or the school. Again, if there is a disclosure, the police are contacted. This situation meets criteria for a "Serious Occurrence" and is reported to the Ministry as required by legislation.

Policy re abuse allegations against volunteers.

A similar policy is followed if an agency volunteer is alleged to have mistreated a child. The volunteer is immediately relieved of all responsibilities, and the Intake Department investigates the allegation. When they are trained for the volunteer position, agency volunteers are advised of the possibility of being accused of abusing a child, and that if this happens, a complete investigation must be conducted.

Past policy/practices regarding group homes.

This agency does not currently run its own group homes. In the past, one informant recalled that between 1988 and 1991, a period when the agency did run groups homes, clear regulations were in place regarding how many staff had to be present per number of children in a group home. During this period there were also policies about things like staff avoiding shutting the bedroom door if they were in the room with a child. However, according to one informant in the late 1970's no regulations were in place about how many staff had to be present per child in a group home.

Practice regarding gender of worker/volunteer and child.

One informant recalled that in the past, he/she advised new workers to avoid interviewing a client of the other sex when they were alone in the agency offices, especially at night. Male workers were especially cautioned about putting themselves in ambiguous situations with adolescent girls. This informant said,

[that males would be more aggressive] was certainly the feeling that, they are going to be able to come onto a girl, but of course, a female worker is not going to do that with their teenage boy client. I mean, [we've] certainly, got enough evidence going right now about the female teachers and teenage boys, but that was the perception of the time, that a female worker could have a teenage boy there in the office and wouldn't—nobody would think about it, but, a male worker seeing this teenage girl and he's only in the agency at night, well, some eyebrows would raise.

Currently, it is the practice that during after hours if an "acting-out" female child with a history of sexual abuse needs to be transported the worker assigned would not be a male worker. To do so according to the informant, "you are setting the child up, you're setting the worker up". Similarly, efforts are made to avoid having a female worker alone drive a male youth who has a tendency to lose control – for the worker's safety.

Other measures to protect children in care.

It was also noted that there are regular visits by workers to children in care as mandated by the child-in-care statutes, and that when foster home licenses are reviewed some of the children are interviewed separately from their foster parents. Reference was also made to regulations that the foster child needs to be interviewed alone and separately from the foster parents on a regular basis, and that this needs to be documented.

It was emphasized that the agency treats every allegation of abuse as serious – that even if the child is seen as having a lot of problems, the complaint or allegation is given serious attention.

Perceptions Regarding Community Professionals' Awareness of their Duty to Report

One informant suggested that perhaps one of the reasons the numbers of reports of CSA increased in the 1980's had to do with education the agency was providing regarding duty to report. Agency staff met frequently with community agencies to alleviate fears such as being charged if one made a report about suspected abuse and

it turned out to that it was not substantiated. In this informant's opinion, these education efforts made professionals more aware of their legal duty to report and helped them have a more realistic understanding of the CAS and its role.

Agency A appears to have continued to invest a considerable amount of staff time in training regarding duty to report and protocols for staff in other organizations including the local Board of Education, Healthy Babies, Healthy Children, residential facilities, women's shelter etc. – all of the agencies that have protocols with Agency A around duty to report. Informants noted that many organizations now are required to have policies and procedures in place regarding reporting to the CAS. Informants believe that community professionals' awareness of their duty to report suspected child abuse "has come a long way" primarily because of the requirements to have policies and procedures in this area. We were told that the agency has recently been getting calls from churches whose insurance companies are requiring that the church staff be trained to understand their duty to report.

The current training that is offered carefully explains the legislation that states that one does not need to be certain that a child is being abused – only that there are reasonable grounds to suspect abuse. It also explains that even if the agency is not able to intervene based on one report, the person should report additional concerns because "sometimes the whole picture come to us incrementally". The training also emphasizes that the person seeing and hearing the information that leads to the suspicion of abuse must be the one who reports it to the CAS. It was noted that Emergency Room physicians are sometimes reluctant to make the call directly and prefer that a nurse do it.

The employee who provides training to other organizations encourages individuals to call an Intake supervisor if they are unsure whether they should report a particular situation. It is explained that the person can give the details without identifying information to find out whether the situation meets the criteria of something that should be reported.

In general, informants believed that community professionals are quite aware of their duty to report suspected CSA, and that "for the most part they do err on the side of caution and call us". The primary change that was noted is that professionals are clearer now than in the past about what they should report; an informant said,

at one point in time. ...they would contact us about just about anything. And, over a period of time they've learned that these calls are being responded to. There are certain things that you call the Children's Aid for.

Role of the Agency in Prevention and Public Education re CSA

It appears that the investment in developing protocols with a large number of agencies and providing training in understanding professionals' responsibilities is serving a public education function in this community. The training of community professionals by the agency began in the 1980's and has increased in terms of the number of agencies involved. Informants indicated that when training is done with community agencies, a check list (written by Tony Cavanagh Johnson) that helps to distinguish normal sexual behaviour in children from behaviour that would be of concern is often distributed. Agency A also helps in the funding of the Child Abuse Council that meets at the agency. This Council currently provides a "Kids on the Block" prevention

program in community schools and arranges community-based workshops. The “Kids on the Block” program uses puppetry to help children understand the importance of disclosing any form of unwanted sexual touching.

Impact of Funding Levels

Informants said that in the early 1980’s the agency had a sexual abuse team that had been trained by experts in CSA such as Suzanne Sgroi and Katherine Faller. The team was apparently offering treatment to child survivors of sexual abuse including a play therapy component. In 1987, funding cutbacks required its termination, and this was seen as a significant loss.

When asked whether funding levels would have impacted at any time the agency’s response to concerns about children in contact with someone who had historically abused a child, informants said that the mandate of the agency has always been to give priority to reports that indicate a child may be at risk of harm, and so they did not think funding levels would have affected this response in a significant way.

One informant said that cuts to agency funding over the years have affected the agency’s ability to provide services intended to prevent neglect and physical abuse in families, but did not see large effects on the response to CSA.

Policies and Practices Regarding Response to CSA at Ontario Agency B (Smaller Agency)

Description of the Agency

This agency currently employs 33 full time social workers, and has an intake department, three ongoing protection teams, a children's services team and an on-site legal team. Agency staff had more generalized roles prior to approximately 1980 when the agency restructured into an Intake Department and an Ongoing Department. A legal team was located in the agency beginning in 2000. The region served by this agency is geographically large; several satellite offices are located throughout the catchment area. Approximately 5% of the region's population is Francophone.

In the late 1980's, the agency wished to implement practices that supported the idea that child protection and child welfare were not the responsibilities of the CAS alone. The agency began a process of developing working partnerships with other community organizations. At present, the agency has nine child protection workers located inside schools; the CAS and the Board of Education share the cost of employing these workers. Some CAS workers are also located in the offices of police departments "primarily for the purpose of following domestic assault occurrences but also for the purpose of ensuring instant response to assault and sexual assault allegations" (letter). Since 1985, this agency has also shared office space with the local Crown Attorney and a number of other agencies, including a Ministry of Community and Social Services/Children and Youth Services office, a victim witness program, and probation services. For a time, a children's mental health agency was also located in the same building as the CAS.

Since 1998, the number of children in care has doubled and consequently staff in the children's services department has increased. One informant stated "Our children in care numbers have not increased in admissions, they don't leave anymore" There is nothing out there for people anymore to get help." The informant said that in his/her opinion, this is the result of the political move to the right in Ontario that has left the poor without adequate financial and social supports.

Currently, child sexual abuse cases constitute only 5% of cases referred to the agency.

Current Practices in Responding to Allegations of Child Sexual Abuse

Experience level of investigating social workers.

All workers in the intake department of this agency have been trained to respond to reports of child sexual abuse in the community. Cases are assigned to intake workers on a rotational basis. Because of staff turnover, some of the current Intake workers have relatively little experience doing sexual abuse investigations, and therefore more experienced intake workers often mentor less experienced workers in an informal way. On occasion, a more experienced worker will conduct the investigative interview with the child and the less experienced worker who is assigned to the case will observe.

If a child in the agency's care discloses CSA, the family services worker assigned to the case would in most cases do the investigation. However, if the worker is not

trained to do these investigations or doesn't feel sufficiently skilled, a worker from the Intake department would investigate.

One informant had this to say about a position where a worker was assigned to do only abuse investigations:

I know we had looked at it from an agency perspective of assigning it, but it's a difficult thing just to do abuse investigations, especially sexual abuse investigations, I think. . . it would be a very difficult position to handle. Not even just because of the seriousness of the cases, I mean, our police workers as well, sometimes you hear and see a lot of difficult material.

Screening and case management/referral to police.

This agency does not employ screeners in the Intake department. Intake workers respond from the first contact to all reports of child abuse or neglect. Informants advised that the first step is to document the referral and do record checks both internally and externally. Agency records are checked for previous reports about the child, family or adult in question, and when the allegation relates to abuse the Child Abuse Registry is checked, and also the Fast Track provincial database that records the names of persons who have been investigated by any Ontario CAS regarding the protection of children. If there is a record of previous involvement, details of that history are obtained as soon as possible. Informants stated that they are required to check these records within three days of the referral.

In the case of an allegation of child sexual abuse, the police are contacted immediately. The protocol with the police requires that the two organizations conduct a joint investigation where possible. An informant stated,

Sometimes police don't have the resources to come and if it's an immediate concern, we may need to go out and do it on our own. We'll videotape to make sure that there's documentation of any interview.

When a police officer is available, a joint interview of the alleged child victim is completed. An informant explained,

We usually, as CAS workers, take the lead, and most police officers are comfortable with that. They feel that we're more of the experts in dealing with children and then they will obviously get to ask any questions they have at the end of the interview to deal with the police matter. We obviously like to have police officers come not dressed in their uniform. Sometimes that's not always possible, depending on the response . . . [but] they [usually] come in plain clothes and, as I say, interviews are usually done in a child-friendly environment, usually done at our agency versus a police station.

Informants said that police departments are usually able to assign a detective with experience investigating CSA. If such a detective is not available, another officer is assigned "who may or may not be that skilled, but they try to assign a detective first".

Informants stated that interviews with children following reports of possible child sexual abuse are almost always videorecorded. If the interview must be done in the child's home, an audiorecording might be done, but it is very rare that the interview is not recorded. The relationship between the victim and the alleged perpetrator has no bearing on the decision to videorecord because the protocol requires that the interview with all victims of CSA be videotaped. Videotaping is usually not done when the report has to do with sexual acting out between children "unless they [the child or children]

make [a] very clear allegation against someone". The original video recording is sent to the police's criminal investigation department and Agency B keeps a copy.

The CAS worker also does a Safety Assessment, which must be completed within 12 hours when a referral involves a child that may be in immediate danger. Documentation of the Safety Assessment must be completed within 24 hours of the referral. An informant explained that the Safety assessment includes 11 questions:

We are looking at things like physical safety, if there's been violence. So it's a wide range of safety features, supervision [of the child] is one of those things, so although we do an actual abuse investigation, we're required to answer all 11 of those questions. Sometimes we don't get those done initially if we're just dealing with the allegation of abuse in that interview, but we do try and bring those in throughout the course of the disclosure.

Informants indicated that the relationship between CAS workers and police is for the most part positive. It is seen as particularly good for those CAS workers who are located in police department offices because they come to know officers and vice versa. One informant said,

[Workers] who do a generic kind of... caseload would see [a] variety of different styles of police officers and their [CAS workers] styles would be different as well too and so, of course, then it's a little difficult sometimes to [decide] who's going to do what and, . . . we try to decide and I know some of the police officers . . . will be gung-ho and want to take over and . . . I'll try and say, we got to settle this before, the child's in our interview room. But for the most part, once they have a positive experience, I think that they have a tendency to let us use our experience that way.

Cases that are verified as sexual abuse are usually referred to the Ongoing Services department of the agency. Even when criminal charges are not laid or are withdrawn, the agency will continue to work with the family "to make sure that . . . the children are protected from any future. . . abuse or harm". This sometimes happens even when the family is saying that they don't believe the child was sexually abused.

Verified cases that involve an offender who is not the child's caregiver are not usually referred to Ongoing Services unless there are other family issues about which the agency can provide support. Families who are having difficulty coping with the reality that their child has been sexually abused are offered services on a voluntary basis.

Supervisor consultation.

Informants told us that the intake worker consults with the supervisor at the beginning of a referral regarding the eligibility for service, and again regarding the safety assessment and safety planning for the child after the worker has interviewed the child and family members. Workers also have a "verification conference" with their supervisor following the investigative interview with the child to make a decision about whether the alleged abuse is "verified". An informant noted that supervisors are consulted throughout the life of the case.

Verification of abuse/Abuse Committee.

An informant explained,

In our recording package right now, [are] a number of validation questions that

we would answer as a child protection worker around things like . . . the quantity of details, the quality of details, . . . any interruptions in the course of the disclosure, whether there's some free flow talk, whether, . . . just unleading questions and that type of thing, . . . so right now it's done with a supervisor.

This informant stated that many factors are taken into account when considering whether the abuse can be verified. These include such things as the statement from the alleged offender and the history of the family. The abuse is considered verified when the worker and the supervisor believe that based on the "balance of probabilities", the report that the child was sexually abused is factual. Sometimes the decision is delayed because the agency must wait for the outcome of a sexual offender assessment or the findings of a criminal case. "But we usually can tell based on the type of interview and the disclosure, whether or not we can substantiate the concerns based on that."

The informant went on to say,

And we do, and not meeting very regularly, have an Abuse Committee that, once we validated, that file would be reviewed by this committee and then referred out to the Child Abuse Registry, so we're sort of bypassing that committee right now only because we haven't met for a while and there's been some changes in our staffing.

The informant clarified that normally the Abuse Committee is chaired by a supervisor from a department that is not responsible for Intake, and includes the intake supervisor and the worker assigned to the case under review. Cases are reviewed regularly – every month or every two months depending on the details of the case.

Response time.

An informant stated the following in response to a question about response times:

Obviously, if the allegation speaks to a . . . a risk that the child is at immediate danger of being sexually abused or has noted that they have been abused, then that becomes an immediate response and immediate safety has to be determined. We have a 12-hour response time, . . . we have 24-hours to record the referral, but usually when we get an abuse, we drop everything and run with it right away, because it is a serious kind of situation. If it's historical [sexual abuse], it's still considered a 12-hour, given the coding in our eligibility spectrum, but we can deviate because there's no immediate risk whether they have any contact with the alleged offender or anything like that, so there is some deviation that way if the child is not in any immediate risk of having contact with the alleged abuser.

The informant explained further,

if they [referrals] came in after-hours, for instance, and there was no . . . immediate risk, the child's not going to see that caregiver for another day, let's say it's an access visit or something like that, then it can be put off to the next day and then an emergency worker wouldn't have to deal with it in the middle of the night or evening.

It was also noted that if the report is judged to meet the criteria for a 12-hour response, standards require that a safety assessment of the child must be done within 12 hours.

Clarity re type of maltreatment requiring investigation by Agency B.

Informants at this agency indicated that it has been clear for a long time that they should respond not only to sexual abuse cases involving a caregiver, but also to cases involving community caregivers such as teachers, baby sitters, and coaches. They also indicated that an investigation involving extrafamilial child sexual abuse is handled the same way as an investigation involving intrafamilial CSA. An informant noted that even in cases of sexual abuse of a child by a stranger,

We would, first of all, notify the police and want the police involved, but we would offer to... interview the child, assist in whichever way the police might want, but at the same time, probably regard it as primarily a police matter. But then . . . where we might become more involved would be if there was a lack of a full response on the part of the parent to protect the child.

Informants indicated that while they believe it has been quite clear for some time what cases the agency should respond to, the introduction of the eligibility spectrum has made the responsibilities of the agency clearer regarding some types of referrals. One informant said,

Probably the only area of the sexual abuse piece is more in that 5-1, 5-2, category, . . . like the sort of, offender in the home, or you know, that type of piece has probably added some clarity. And also some clarity around... the... child doing things that are seen to be beyond their developmental level. Do I intervene or not intervene? It has added some clarity there.

This informant was quite definite that if a known sexual offender is reported to be living with a new family with children, the parent of the children would be told about the person's prior offending behaviour and the children would be interviewed.

Another informant said,

I think it is [clear] because we have the eligibility spectrum. It's clearly outlined. There is some level of give and take, but we have to consult the supervisor, so there's two of us making a decision versus someone who's just making it on their own, ... and we usually err on the side of caution, so if we think, and I hate to use codes, because people are not codes, but you know, if we think, A or B, we'd probably go with the A versus the B and, conduct our investigation that way. We'd rather downgrade it later. .

Sharing information between Agency B and the police.

Referring to sharing of information between the police and the Agency B intake worker, one informant said,

Our records are confidential. We have different protocols in [different] offices and that's just because of the letter of understanding that was drawn up. At the [location] police station, the worker doesn't get to see the actual police reports. Occasionally, they will let the worker review it briefly, but it's a summary of a report. If the worker needs a copy of a report, they have to go through Freedom of Information to get it. I believe at the [another] police station, [the CAS worker] has access to the database, and she/he can review the reports there. Of course, they don't go on our file as part of our record anyway, but the information and how it's shared is just done differently . . .

This informant stated that usually an alleged offender of child sexual abuse is asked to consent to permit the police to share the results of his or her criminal background check

with the CAS. An informant said,

Right now, if I have a file that's open and it's not a police file, I can't go to the police and say, 'can you run a background check on him?' The way we run it, which I think is [the way it's] run, for the most part, across the province, is if we're doing a joint investigation, then obviously, we know some of that information is part of it, but, it's not, we don't . . . get background information on people that they don't have an [current] investigation on.

Another informant pointed out that having CAS workers located in police stations has facilitated the sharing of information considerably. This informant said,

We also provide information, anything that's gleaned during the investigation we would provide to the police as a matter of course and they, too, are much more forthcoming when it's something we're doing jointly, so in terms of the current information, I think it flows pretty freely.

Another informant said that the respectful nature of the relationship between the police and CAS workers means that appropriate information sharing is fairly easy. There are, however, times when staff members from the two organizations have discussions about issues regarding the sharing of information. As is noted below in the section regarding allegations of historical CSA, obtaining information about an alleged sexual offender's history can sometimes be difficult because of confidentiality rules and privacy legislation, but the organizations work together to try to protect children without violating individuals' rights to privacy.

Investigations involving schools.

One informant noted that sometimes the agency encounters difficulties when allegations of child abuse regarding school personnel arise. The Board of Education has a protocol that they follow when a child discloses abuse by school personnel. In a case where it is alleged that a teacher has abused a child, the informant said,

Sometimes we don't hear about that in a timely fashion because they're doing their own sort of protocol following and then we'll hear it through maybe the community at large or a parent phones us and says, you know, this was alleged X number of days ago, and it's like, oh! So that doesn't happen all the time, but occasionally we find that there are sort of the little boxes that we all get into and . . . "this is my role", and forgetting about those kinds of things, . . . but . . . daycares are the same thing. We'll start notifying, "this is how we're going to investigate this" and as soon as we get the information, but if we don't get the information right away, it's kind of hard to do that.

Impact of Risk Assessment Model.

One informant believes that the risk assessment model has had more impact on decisions related to cases of neglect than to decisions regarding physical and sexual abuse. The eligibility spectrum is seen, however, as helping workers better distinguish that some reports are referring to relatively normal sexual behaviour between children that do not need to be the focus of an investigation while other types of sexual behaviour might indicate that a child had been abused. This informant also said that while the eligibility spectrum is a very good tool and clarifies the responsibility of the agency in many cases, it falls short regarding cases involving child pornography.

A second informant said that prior to the introduction of the Risk Assessment model, Agency B had begun “tagging” files and tracking cases involving physical and sexual abuse to be sure that a stringent protocol was followed in those cases. This informant believes that the risk assessment model advanced this effort at standardizing the agency’s response in terms of procedure and response time, and that the eligibility spectrum clarified a number of issues and helped make the agency’s response more orderly.

Past Practices in Responding to Allegations of CSA

Changes in the frequency of CSA referrals.

An informant who began working in child welfare in the early 1970’s was asked about how sexual abuse cases came to the agency’s attention at that time.

I think that they came in much the same way as they do now. People would phone with a complaint or a referral or a suspicion. But... probably just much less frequently than they do today. That’s how we received it and for sexual abuse it would probably most often come from outside, that is, not from the family, [not] a self-referral, but somebody might believe something to be happening if... but it was pretty rare, I can hardly think of any referrals for sexual abuse back in the early days when I was working here.

Informants agreed that reports of child sexual abuse increased in the mid-1980’s, apparently in response to augmented public awareness of the issue and greater readiness to believe victim’s reports of CSA.

Informants also noted that the numbers of CSA referrals seemed to decline “at the end of the 1990’s”. When asked about thoughts as to why this might have happened one informant said,

Well, I think that probably publicity did it. Some... criminal trials that were publicized through that time and then as... you know, we tend to go from one extreme to another in so many ways that gradually, somewhat of a reaction against that, but I think publicity and the media has a lot to do with it, as they turn to other issues . . . over time.

Later, this informant also said,

The province, the government tends to move, - the pendulum swings back and forth. And we have, almost a flavour of the month as to what receives attention and gets funded and dealt with and looked at . . . I think we talked a little bit that the number of referrals and cases, have eased off, but there might be different reasons for that and part of it, that [child sexual abuse] is just not what is being looked at today.

This informant also noted that some of the increase in CSA statistics in the 1980’s and early 1990’s may have included people reporting CSA that had begun much earlier. Over time, such cases would “catch up” and numbers would be expected to even out. Another informant pointed out that the issue of domestic assault is currently receiving more attention than it did in the past, and a significant proportion of current referrals to the agency are related to this problem. This informant questioned whether the number of referrals related to CSA has really declined or whether they are now simply a smaller proportion of total referrals.

Changes in coordination with police.

With respect to coordinating with the police, one informant said, “a coordination effort is long established, i.e. back to the late 1970’s”. This informant also noted “It is, of course, our experience that we must get to the direct service level in any protocol arrangement in order for it to be effective.” Another informant said that prior to the development of protocols in the 1980’s, investigative interviews with children were not done with a police officer:

No. If we thought there was a criminal aspect, we would notify the police and they would do their thing and we would do ours, but nary shall the two meet. . . And I think it created tensions in the relationships because we didn’t always see it the same way. . . I think that the police were probably often less inclined to believe it than we were, and, of course, then, as now, they had to have beyond a reasonable doubt and our standard being somewhat less, I don’t think that we understood each other and so, there wasn’t that shared approach to it, and then it became very subjective in terms of what should be done if, on one occasion we said, well, we don’t think you should lay a charge and the next time the worker might say, yeah, I think you should. . . There was a lot of confusion as to how we both were working and what was expected.

This informant also said that before the protocol with police was developed, “there was very little sharing at all and then it was kind of haphazard what [information] one might receive.” Another informant stated that there has been a good working partnership with police since the late 1980’s and this facilitates regular updating of information between the two organizations. Workers have been located in two police stations for approximately the past 10 years. An informant noted the unique benefit of this arrangement:

So that in itself, occasionally we’ll have a referral made to police that doesn’t get to [Agency B’s] desk and then they’ll start an investigation and [later, say] oh, maybe we should call [Agency B] after the time, and usually those people get reprimanded in a nice formal way and saying, you know, you just made work for two organizations when you were still looking for the same information.

This informant also said,

one of the reasons why we set up the police position was, I think, to do a lot of preventative work and to really bolster the relationship that should be there. And it’s been a very positive experience for our agency over the 10 years.

Changes in the types of CSA cases referred.

In terms of changes over time in the types of sexual abuse cases referred to the agency, one informant said,

I believe that in the... in the earliest time [mid to late 1970’s]... primarily it would have been an incest, actual incest and probably... where there had been intercourse. I’m talking about the very purist form of that, and then it would have been... probably nothing else... that I was aware of anyway. And then gradually as awareness grew and publicity grew, then we became much more involved in the full gamut in terms of risk as well as what [abuse] had actually happened, so... but again, . . . through the 70s and early 80s, . . . [referrals] were virtually non-existent. . . . and certainly not something we would go looking for, we wouldn’t have been aware in terms of trying to be proactive in dealing with it.

Another informant noted that when CSA cases began to be referred to the agency in the 1980's the abuse reported tended to have been going on for a period of time – it had advanced over time from grooming behaviour by the offender to more intrusive sexual acts. This worker thinks that current disclosures of CSA are happening much earlier in the process of the abuse. The informant said,

I think children are far better, have a far better understanding, or we prepare our children to tell someone and to tell someone until you're heard, and so I think it is picked up earlier in the victim's situation.

Changes in views re credibility of victim.

An informant recalled that in the mid-1970's,

If one received an allegation, then I think we followed up . . . as we would with any other case and... but tended not, probably, to really believe that these things happened. Actually, the first time when I heard of a case, probably I wasn't as a young [person], supposed to know about these things, like it was a big secret in the agency and ... when somebody denied it, we were quite happy, I think, to accept the denial and go on from there.

Another informant who had worked for the agency for many years talked about how in the 1970's if an individual did disclose that they had been sexually abused, they were frequently not believed.

I don't think this was an agency attitude, but earlier victims weren't believed as much by their family or supported, and so the child had to be brought into care to protect. As sexual abuse became more understood by the greater public, the abuser was removed or if the child's non-offending parent didn't support, there was at least an aunt or uncle or other extended family members who were clear that, you know, children are victimized, and will come forward as protectors and believers.

An informant noted that the increase in public awareness of child sexual abuse appeared to contribute to the increase in reports of CSA in the mid 1980's. This informant also said

Abuse has always happened... disclosure happens... increases when people are believed. . . . Well, once they [victims of CSA] discovered that someone told, someone was listened to, someone was believed. . . Once victims learn, if they speak out, they will be believed and heard, it [disclosure] will happen.

This informant also confirmed that as people's attitudes changed, children who disclosed CSA were less often removed from their homes and the alleged offender was more often required to leave the home. The informant also recalled that in the 1970's and early 1980's when allegations were made against teachers or clergy, the practice was to move the accused individual to another region.

It really wasn't until the '80s, the... mid '80s... the latter '80s that... now believing, heard, and a process was followed as opposed to... an appropriate process as opposed to a... at best, an inappropriate one [referring to the practice of moving the alleged offender to another region].

One informant noted that even today there is still a reluctance to fully accept that child sexual abuse happens; the informant was aware of an instance where it appeared that a judge did not fully accept that a father could possibly sexually abuse his child.

Changes in documentation requirements.

Requirements of workers regarding documentation of events have dramatically increased over time. Informants noted that in 1998 the documentation requirements were standardized requiring considerably more time to be spent in this activity. One informant recalled being consulted by a worker who had been reviewing a file from the early 1980's in which she found only one sentence stating that the child had been sexually abused and apprehended. The informant recalled,

That was it! and she said, "Can we start recording like this?" I mean, . . . she was joking, but it was like, can you believe it? I mean, one sentence!

Change in a specialized treatment worker position.

From March of 1987 until June of 1995, this agency had a specialized treatment worker whose work was entirely with victims of child sexual abuse and their families. This position was terminated for several reasons, including 1) it was seen as requiring a person with a PhD, and it was difficult to attract such a person to the agency, and 2) the position was changed into one that included supervising an employee who was doing psychological testing, and finally, when cuts to the agency's budget were necessary, it was eliminated.

Coordination with Other Organizations in Response to CSA

As will be discussed in the next section, documents confirm that Agency B was involved in 1983 in a process intended to improve the communication and coordination of police and the agency in the investigation of cases of child abuse. In 1988, a formal protocol was completed that clarified the roles of the agency, the police and the Crown Attorney's office in cases of child abuse. Also, since the late 1980's, the agency has shared office space with the office of the Crown Attorney and other social agencies, and for approximately 10 years, some agency workers have been located in police offices. Informants indicated that co-location certainly improves communication and facilitates faster response to allegations of child abuse. Informants also pointed out that in a small community it is not uncommon for social workers and police officers to be spouses, and for Agency workers to meet members of other community organizations socially, suggesting that some coordination between community organizations occurs informally.

The region does not currently have a child abuse council or a committee that follows high-risk cases. In the past, a child death review committee existed, but has not met in a long time. A high-risk domestic violence committee is currently operating. The agency has worked closely with other agencies such as the women's shelter and organizations representing people with special needs to develop protocols with these groups.

Protocols – Past and Present

Protocol with police and crown attorney.

Agency B provided a copy of a letter sent to local police forces showing that a process to develop a working agreement had begun in February 1983, and that it was intended to support and enhance the existing "good working relationship" between the Agency and the local police forces. The letter states that the objectives of the working agreement were:

- 1) Directing staff in preferred procedures
- 2) Establishment of a Liaison Committee

This action was in response to the Standards and Guidelines on Child Abuse, Ministry of Community and Social Services, February 1981, which stated that it was important that a working partnership be developed and sustained between Children's Aid Societies and police with respect to cases of child abuse. The 1983 draft working agreement indicates that initial screening was to be done by the CAS to assess the nature and urgency of the child abuse case. It states further,

It can be acceptable to not report to Police every referral of alleged abuse. When there is a question of appropriateness, Police should be consulted. It is preferable to (sic) on the side of reporting (Draft working agreement, 1983).

The draft also clearly indicates that police assistance was to be requested in the investigation when there was a report of ongoing sexual abuse.

The agency also provided a copy of a written protocol dated 1988, the purpose of which was to coordinate response to child abuse in the region and articulate investigative/evaluative procedures to be followed by Agency B and the police. The organizations involved in the development of this protocol included Agency B, the Crown Attorney's office and three police forces. This 1988 document requires that the CAS worker and the police officer conduct the investigative interview with the child jointly, with either individual being designated as primary interviewer "depending on the rapport with the child". It also requires that the interview be audiotaped or videotaped. The protocol states that the role of the CAS is equally valid in extrafamilial child abuse cases, and that it is the responsibility of the CAS "to assess the degree of risk, if any to the victim(s) and to any children of the alleged abuser and further to play a significant role in assessing the credibility of statements made by parties who are alleging physical or sexual abuse" (Child Abuse protocol, 1988). Informants indicated that this protocol is still in effect.

The informants recalled that prior to the mid-1980's no formal protocols for handling cases of sexual abuse existed. They believe that it was the increase in allegations of CSA that dictated the need for protocols. Informants also noted that in many ways policy followed practice experience, and then, policy helped to standardize the practices. Individuals involved in investigating CSA in the 1980's recognized that the lack of coordination was harmful to the child victims and their families. One informant said that the police were often frustrated by what they saw as inconsistency between CAS workers – one worker supporting the laying of charges and another worker not supporting a charge. And CAS workers would be frustrated by what they perceived as inconsistencies between police officers.

And we each did it separately and so we could interview the child today and they would interview the child later in the day or... or the other way around. And so the families were also, I think, inundated and didn't know what to expect because we were not together and they were through this any number of times and then the Crown would do their piece.

Informants agreed that the introduction of protocols helped to establish some guidelines for how workers should conduct their investigations. An informant who began working in the agency in the mid-1980's said,

In the beginning, as I recall, as a newbie coming out of university, there wasn't a standard response to child sexual abuse.

Impact of protocol with police and crown attorney's office.

An informant described a greater understanding of roles as an impact of the development of protocols,

When... [the] protocol really came in through the early time, we did a lot of joint training so as we understood the police and they understood us. I think that certainly we worked better together and also the expectation and our ability to let them come to their conclusion as to whether they could or couldn't lay a charge and their understanding that our needs were different. That is, we were there to protect the child. They were there to deal with the offender, ... understanding that and dealing with that, we could let each other do what had to be done and assist in terms of that as opposed to working at cross purposes. So I think it put us on the same track. And then there was just the willingness to be there. That is, if we wanted the police, ... well, there was no question, we did this together and... and we were a team as opposed to two individuals.

Another informant said,

Well, standardization is good. It also enabled a better working relationship with the collaterals in this community, of course, and... and it enabled the new workers coming into the office to be trained in a very specific manner as well. And we... for the last 15... 15 years, we've simply taken it for granted, it's just the way you do things and there's very little deviation from that.

When asked what would lead to protocols not being followed, informants cited staff turnover and workers being unaware of the protocols. It was suggested that this did not happen often.

Development of protocols.

When asked who was involved in the development of the protocol, an informant said,

I think mostly it was with the group with whom we were developing the protocol. For instance, with the police [protocol], it was the police and the Crowns that were part of that.

Review of protocols.

One informant said that the child abuse protocol has not been revised since 1988. However, another informant thought that the protocol had recently been revisited and those involved recognized that it needed to be updated. The former informant stated that in the last couple of years changes have occurred in the upper levels of the police organization and the Crown Attorney's office, and he/she was aware that staff in the victim witness office had suggested that the protocol needed to be revised. This informant also noted,

There have been many, many other protocols that have come into place such as [for] people with special needs, the domestic violence protocols and... those protocols, well. . . those protocols are much larger in terms of [the number of] partners. And so, I don't know if . . . the child abuse protocol needs to be updated in terms of it only included police, Crown, CAS, [it] never [included] the treatment end . .

Another informant spoke about revising protocols and finding better ways for new CAS workers and police to be aware of and have access to the protocols,

Today, I think we're getting to the place where we need to go through that all again. . . . the protocol is available on our computer system and there are, for those of us who have been around for a while, we have hard copies, but I would think that many of the new workers and many of the new police aren't as familiar with it and so we're talking about re-writing it and going through that process somewhat again.

Protocols with schools and community agencies.

This agency has a formal protocol on reporting and investigation with at least one Board of Education in its catchment area and with a day care centre. The agency also has a written policy approved in November 2000 outlining investigation procedures in school and day care settings. This policy clarifies that the presence of police officials during the initial interview with a child victim who is at school "shall be determined in consultation with supervisory staff and police officials". If a police officer does not need to be present, the child is to be interviewed in the school or day care setting. If it is decided that a police officer should be present, "the interview should take place in the agency". It is the CAS worker's responsibility to notify the parents before or after an initial interview with the child. This policy also states, "School authorities are expected to cooperate with investigations based on their concern for the best interests of a child. Releases of information from school authorities should be expected with the consent of the parent or by use of accepted legal procedures (warrant)."

The agency also has protocols with the local women's shelter, Healthy Babies Healthy Children, the Community Care and Access Centre and a Special Needs Protocol, which involves a variety of organizations).

Access to protocols.

Informants agreed that some newer workers may not know how to access the protocols but access is available to them. It was pointed out that supervisors certainly know of the existence of protocols and make reference to them, and through the internal training and the new worker training, workers would have access to this information.

Informants noted the public would "likely" have access to protocols, although they did not know of any instances where the public had actually asked to access the protocols. They are not seen as confidential documents.

Practices in Responding to Reports of Historical CSA

Informants said that referrals regarding historical CSA have not been common. According to one informant, during the period 1990 to 2000, the agency received reports of historical abuse "a couple of times a year". An informant said that serving a relatively small community facilitates awareness of the presence in the community of some individuals with histories of sexual offending. This informant said,

We certainly know people who are at risk [of offending], it's like, guess who he's with now, so that's really common, I mean, that's ... part of the norm here. And we have a pretty good track on our ... offenders who are still in the community and who they're living with, I mean, they don't stay hidden very long.

Another informant noted that this type of referral did not seem to occur at all in the 1970's and certainly no "tracking" of these kinds of referrals occurred in the 1970's. One informant said that to his/her knowledge, reports of historical CSA were not

investigated by the agency prior to the mid 1980's. This informant believes that before the mid-1980's, employers or those who became aware of suspicious behaviour encouraged alleged offenders to leave the community rather than report suspicions or even disclosures of CSA to the police and/or CAS.

The informant said,

One incident I recall, I heard, and I can't even remember how it came back into this agency, but this allegation came in and this person was around children, and I was told that that person had worked with children, had had allegations and... was... no longer on the staff any longer and went somewhere else, and then came back to be around children in this county and there was no paper trail at all to say not [to] rehire. So, that's the sort of moving around [the informant had referred to earlier].

Informants in Agency B noted that how cases of historical CSA are handled depends on a number of factors. The agency does not have a written protocol regarding these cases. One informant stated, "They are in the first instance treated as assault matters, i.e. criminal in nature but not necessarily evoking a child welfare response". One informant described the difference between a CAS matter and a situation for the police,

From a child welfare point of view, if there are possible other victims, it is child welfare [issue], if it's strictly of a historical nature, its... it's a criminal matter.

There's often a police record request... to see if anything ever came in there.

When asked what would lead the agency to become involved in a situation involving historical abuse, one informant replied,

Probably the vulnerability of the child, the risk to the child. . . every one has to be evaluated on their own. It's a struggle, because we know we have people walking about in this community who have been convicted in the past and who still have contact with children and [we are] feeling powerless to do anything about it. But it has to, each situation is . . . individual and really [the criteria is] risk to a specific child. The vulnerability of that child, the particular family circumstance.

Another informant responded,

I suppose it largely depends on [the credibility of] who's calling but if somebody would call and say, . . . I believe this person [an offender] is with children, then we would want to interview the children and follow up using, first of all, the eligibility spectrum and doing a safety [assessment] and if there weren't children, then we would probably regard it as a police matter.

Informants indicated that the key factor was whether the alleged offender had access to children currently. When asked if there was a statute of limitations around responding to a referral regarding someone with a history of sexually offending the informant replied,

Not in my mind and I don't believe, in the agency. What I would want to find out is how that was dealt with in the past. . . . Has the offender had treatment? And does he have a safety plan? And does the family have a safety plan should there be any reoccurrence or drift in that direction? So the key would be assessment and treatment and how he [the offender] ... and how the family is dealing with it . . . Is this something that they're aware of? Or is it a secret in the closet?

When asked about how the agency would respond to a situation where the Children's Aid had verified that 15, 20 years ago that an individual had sexually offended, but no charges were laid, the informant said that whether a charge was laid or not would not affect the agency's decision to investigate.

The most difficult [situation] would be if he was charged and acquitted and he thinks, or the family thinks, “that means he didn’t do it”, whereas in our minds, it may mean it could be a pure technicality that he was not convicted or that there was some doubt, which would criminally, then, be fatal, but it doesn’t mean that he didn’t do it and that there isn’t a risk that he, ... to my mind, at least, the fact that he wasn’t charged is not as serious a problem as that he was [charged] and then ... wasn’t convicted.

In evaluating cases of historical CSA, an informant described the following process:

We would at least attempt to interview those children to see if there are any current issues. And again, it depends on the nature of the allegation that comes forward. . . Occasionally, someone will make a historical allegation and then we find out that that person had actually received treatment, been criminally charged, whatever. Not often that they’re criminally charged but an adult will just be concerned based on their own personal experience that, now so-and-so has a new family or is babysitting their grandchildren and so we would want to interview those children and assess any safety concerns. And we do that, I think, on a routine basis. If we get an allegation, usually it’s investigated in some capacity, unless there’s something that would lead us to believe that the allegation is... false.

This informant pointed out that if the person reporting the concern does not have information about specific children or where the alleged offender and a child are currently residing, the agency would not be able to intervene.

Another informant was quite definite about how she/he would handle a report of historical abuse by a person who is currently having contact with children.

I would see if I couldn’t glean any information from police. I would have an interview with that person [who reported historical CSA]. I would also forward her to the police and then I would evaluate the family situation that she’s describing and the contact between the children and that particular offender. Supervision would also be key, maybe the family is aware and is in a position to protect and to supervise, but I think it has to be evaluated, it has to be... assessed.

This informant said that the decision to interview the children would depend on the specifics of the case.

Barriers in handling cases of historical CSA include issues such as excessive workload and privacy considerations. One informant describes the issue of workload,

The only barrier would be workload, that would just, to some extent, be a prioritizing [factor], if it doesn’t meet my mandate in terms of, there’s no child at risk now, this doesn’t involve us, ... as opposed to a good victim service... That is the only barrier, but there are no barriers when there’s a child, child victims at risk I think the police would disclose. . . If an alleged perpetrator were in contact with children or suspected to be around children, then the police would make a referral to the agency.

When asked about obtaining information about an offender’s past, an informant responded,

Well, it can be still difficult. Yesterday, [I was] actually trying to strategize how we might get, information, historically. A fellow was not convicted and why he wasn’t convicted and what the allegations were. I think we will eventually get the information, but. . . there’s still the reluctance to provide it up front and privacy concerns have, I think, fed into that and I think we all want privacy, but there still

needs to be a balance and the willingness to protect kids and that's not always there, so... you kind of sometimes feel that you're fighting the same battles over again. But I think that . . . we're still very far ahead of where we were and even in the case that I allude to, I think that the desire is there to give it [the requested information]], and the Crown's office is saying, . . .if you do this... but . . . we're still not where we would always like to be in terms of finding that out.

Another informant noted that a barrier to investigating these cases is some people's preference after a period of time "to give the benefit of the doubt to the person, and [they] feel that he may have done his time, or he's received enough punishment, [and say] 'why don't you leave him alone?'" This informant believes that this attitude illustrates that there is still some resistance within our society to really accepting that children are sexually abused.

According to another informant, the challenge with these cases is the difficulty in determining whether there is risk to a child in the present – the information provided about what happened in the past "has to be relevant to the present". The informant said that while information from many years ago cannot be dismissed, for Agency B to intervene it has to be relevant in terms of risk to a child in the here and now. This often depends on what is known about the history of the alleged offenses.

Agency Experience with Multi-Victim/ Multi-Offender CSA Allegations

Policy and practice.

Informants stated they were not aware of any specific protocols regarding multi-victim/multi-offender CSA allegations. Informants spoke of having experience with cases involving several victims but none recalled a case with several offenders. One informant said that in a case involving multi-victims, two staff would be assigned to the case to manage the workload and the process of the investigation. One informant recalled a case where the perpetrator was not a family member and consequently the role of the agency was not seen as significant as the role of the police or Crown Attorney's office.

I think, [in these cases] . . . the coordination, for the most part, comes from the police department. And the Crown attorney's office. . . generally in those situations, the case that I can think of... it hasn't been a family member that's been the perpetrator. It's an external community person, so our role of protecting the child is not as great. It's . . . jointly assisting police and the family and to help processing for them.

One informant described how the investigation process in a case involving several victims is the same as in single victim cases in terms of interviewing and notifying the police.

We just conduct our investigation as we normally would in terms of seeing all the children, if they're verbal enough for us to interview. Again, we notify police, all of those things work in a joint fashion.

Challenges of these cases.

When referring to the challenges of a multi-victim investigation, one informant spoke of the stress for workers related to hearing repeated disclosures from children and being confronted with the fact that an individual has victimized many children. Another informant described the process of keeping the investigation organized as a challenge:

Well, it's the timing, . . . of how you go about, . . . even notifying the parties involved of that, you know, if one person knows before [an]other, . . . whether there's any interference. So . . . you really do need to look at making sure your ducks are all in a row before you . . . start making phone calls or asking people to come in . . .

Another informant spoke to the difficulties in investigating professional groups:

I think that the cases in which we were somewhat involved was where there was school personnel and you have a whole bureaucracy there, the protection of professional groups coming to the fore, like the teachers' association. As soon as the word gets out that you're investigating something there, of course, everything begins to close down very quickly at least on some levels.

Informants also talked about the difficulties associated with situations where the children targeted by the offender are very vulnerable. One informant said,

The one I remember really well . . . the perpetrator, actually, a lot of them do, the perpetrator really focused on very dysfunctional children from very dysfunctional families.

Another informant also spoke of the difficulty associated with the (relatively rare) cases when the alleged child victims are seen as having multiple problems, which may lead to reluctance to believe the children. This informant said,

The offender tends to pick his victims very carefully and often, the children are not very readily believed.

Training of Workers Responding to CSA

An informant said, "This agency, like many, has invested significantly in training using Professor John Yuille from UBC and a specific protocol for interviewing and validity analysis of statements". The process of statement validity analysis is a well established forensic protocol in North America and has been in place for about 20 years in this environment." Yuille first did training at the agency in the late 1980's and has returned every few years, totaling three or four times. We were also advised that the agency has involved its staff in training that included police and health personnel and this was done every two to three years across many years. The agency made use of the IPCA training in the mid 80's, and the agency itself sponsored training that was made available to other child welfare agencies in the surrounding area of the province.

An informant who received training from IPCA in the late 1980's and from John Yuille said that it was very helpful,

First of all, in putting the framework around child sexual abuse, . . . getting to be somewhat aware of some of the research that was taking place. . . . and then. . . very practical steps in terms of how to interview a child in sexual abuse [cases] and . . . getting so you weren't afraid of... even the mention of it, the ability to talk about it, because prior to the training, people didn't talk about it, even. . . within the staff. It gave just that comfort level in terms of addressing some things that otherwise people, that is, polite society, don't deal with.

This informant also said that the training helped staff to learn to make good judgments about the validity of disclosures.

The joint training workers receive with police officers is cited as beneficial because it keeps them on the "same page",

I think the benefit is really coming from the same page and learning the same

information and understanding we come from two different backgrounds, but we can achieve the same goal and do a clean investigation and really benefit from both sides. . The law is upheld and we protect children and that is sort of the basis of what we can do and I don't think anybody wants to re-interview somebody who's just been interviewed and re-victimize them.

Another informant said,

Now, there's emphasis, of course on the Mary Wells training and the John Yuille Stepwise Interview and that's been, that's been refined over the years too. What I see now, though, perhaps it's just maybe my observation, officers who have more training and feeling a little bit more skilled, a little bit more practiced and wanting to take the lead in an interview. Before, that ultimately fell to the social worker, no question about it, but officers are being better trained, now we're receiving more detectives from the local office, and many of them, there's a discussion before you walk into an interview who's going to do it, rather than an assumption that the worker will take the lead. That, perhaps, is a bit of a change and, again, I think that's as a result of the extensive training that they have received.

One informant addressed how the joint training has "dropped off" but in his/her opinion needs to happen again.

I absolutely believe in joint training. I don't think the [current] OACAS process is very good because... the... working partnerships, you know, you really need a large group of staff from an agency and a police force. Partnership is just vital, so that ... sending a worker or two workers . . .from this agency with like a whole bunch of others [from different agencies], it doesn't quite create that relationship. . . that's just very important and I don't know if it's different in a small . . versus a larger urban center.

Informants also commented on the core training that all new workers currently receive through OACAS:

I don't think there's anything beyond a very... surface look, but... again, the eligibility spectrum, I think, is a wonderful tool, and being out there to define at least, you know, this is our mandate... this is how you respond to these cases, this is the [response] time, so that piece would be part of... of sexual abuse [training]. . . .

This informant also expressed concern that workers are not getting adequate training about child pornography and victimization via the Internet. The agency had some in-house training about this aspect of sexual exploitation a few years ago, but the informant questioned whether agency workers know what to look for.

This informant also commented,

I would say... at least... in the 2000s, in this century I guess, child sexual abuse has really almost fallen off the radar screen.

The informant hypothesized that other training needs related to changes in 1998 to the Risk Assessment model were seen as having priority.

They [OACAS] were very clear when their, um... I can't remember what they called it, but their sexual abuse training, became outdated. To update it, just wasn't the priority given other demands that were coming forward, particularly with the transformation [agenda], now. So that's probably why. I mean, very much the training that was in agencies up until OACAS was... I guess actually up to the '98 Risk Management model coming forward, . . .training was really up to

agencies... and... so, how much that [CSA] was on their radar depended on the agency. It was pretty high on our radar. . .

Measures Taken to Protect Children from Abuse within Settings Under the Organization's Control

Checks when hiring.

Police checks are done when hiring all employees of Agency B and this has been a practice in this agency for over 15 years. Police checks are also done when recruiting foster parents and agency volunteers. The informants at this agency agreed with informants in the other Ontario agency that they are not permitted to check the FAST TRACK system or the Child Abuse Register when hiring staff or screening foster parents and volunteers. An informant told us that the Child Abuse Register is of little use because everyone whose name is on the Register would also have a criminal record, which would be picked up when doing a police check. It was also pointed out that the Child Abuse Register is provincial not national, and so individuals with a history of abusing a child who come from another province would not be listed in the Register. According to this informant, the agency is permitted to check the Register only to see whether the name of an alleged abuser who is the subject of a current abuse investigation is in the Child Abuse Register. This informant's opinion was that agencies should be able to check the Fast Track system when recruiting foster parents if the potential foster parent gives consent.

Abuse allegations against staff persons.

Informants stated that if a staff person in the agency were accused of maltreating a child, a neighboring CAS would do the investigation into the allegation. Informants could not recall such an allegation toward a staff person, but they would expect that the employee would be suspended from duties with pay while the investigation was conducted. Further steps would depend on the outcome of the investigation. One informant recalled an issue involving staff (not an allegation of CSA) when the agency consulted with John Yuille to obtain an outside opinion regarding how the agency should deal with the issue.

Abuse allegations against foster parents.

If a foster parent is accused of child maltreatment, an intake worker from a distant office within the agency usually does the investigation. Because the agency is large geographically, staff located in offices at one end of the region normally have no contact with foster parents at the other end of the region. For this reason, informants believed that in most cases the intake worker could conduct the investigation in a neutral way. One informant noted that the only difference between an allegation against a foster parent and an allegation against a community member is that more people in the agency need to be kept informed. Another informant noted that employees in the Resource department need to know what is happening. The police work closely with the intake worker in these cases as they do in other investigations. When asked about whether the children are removed when a foster parent is accused of sexually abusing a child, one informant said,

Yes, across the board, that's always been a standard. They're removed, even in the middle of the night, we have to remove them and then, again, a review of

their status as a foster parent is made based on the allegation and the outcome of the investigation. Sometimes foster parents will say, I'm going to withdraw our service, sometimes they'll say, . . it was a false allegation, but we'll still continue to foster . . and know that everything's been documented and it's objective . .

Another informant noted,

We've have had some allegations and... they're difficult . . . because even if you don't know them, you know of them, often. So that does create... a feeling of tension and apprehension within the organization and... people doing the... investigation need to be supported and helped through it. We would conference casesso that everybody [managers in different parts of the agency] is aware of what's happening.

The informant clarified that conferences would involve at least middle levels of management and the front-line intake worker. This informant acknowledged that the challenge when dealing with these kinds of situations is

in dealing objectively and not . . following what might . . . be somewhat of a natural desire to treat these people differently because they're part of your organization.

An informant noted that the privacy of foster parents and other "working collaterals" who may be unjustly accused of abuse is also a concern in view of the small community. This is another reason why efforts are made to have agency staff that work at some distance from the foster home do investigations of allegations of maltreatment.

It was also noted that an allegation that a child in care has been abused meets the criteria for a "Serious Occurrence" and Ministry standards require that the supervisor be informed immediately and a report be sent to the Ministry within 24 hours.

Practice regarding gender of worker/volunteer and child.

No written policy exists regarding workers of one gender transporting children of the other gender, but workers are provided with information about how to protect themselves from an allegation. One informant recalled being consulted by a male worker during after hours when the worker was being asked by police to take an adolescent girl who had run away from another jurisdiction to a foster home. The worker was advised to ask the police to deliver the girl and they agreed to do so. An informant also noted that male volunteer drivers are not asked to drive an adolescent female and female volunteers are not asked to drive adolescent males.

The agency does not currently have group homes but is planning to move in that direction within the next year. Guidelines regarding association and supervision are being prepared. The agency is planning to segregate residential care by gender.

Complaints procedures.

The agency has had a written complaints procedure in place since at least 1998, and one informant said the policy has been in place for the past 15 years. It involves several steps beginning with encouraging the client with a complaint to talk with his or her worker; if the matter is not resolved, the supervisor meets with the client to try to resolve the issue. Unresolved issues are referred next to a departmental director and there are several more steps ending with members of the Board of the agency begin consulted.

Perceptions of Community Professionals' Awareness of their Duty to Report

The informants from this agency believe that most community professionals have a very clear awareness of their duty to report suspected child abuse. They pointed out that the agency has been doing in-service training at hospitals, schools and other community organizations for some time, and in their experience many professionals call to check whether something they have observed should be reported. When the agency does training, community professionals are encouraged to call an intake worker to “run by” a situation without identifying information if they are not certain that it warrants a formal report. One informant believes that the changes coming to the child welfare system will require that CAS workers do even more education sessions with community professionals so they understand the changes associated with the transformation agenda.

One informant said that the requirement that professionals make a direct report rather than have someone else in the organization make the report appears to have been accepted by most professionals. “We’re finding doctors now calling themselves [instead of having a nurse or social worker make the call].” Several informants said that some doctors are still reluctant to report suspicions of abuse, and that professionals within the medical community are among those who have the lowest rates of reporting. Another informant said that in his/her opinion the medical community is poorly informed, do not view themselves as team players and would prefer to treat rather than get involved. The agency investigated a failure to report by a professional on one occasion, but chose not to proceed with legal action based on a negotiated agreement at the last moment.

As mentioned previously, informants said that on occasion a school board or day care center will follow an internal protocol and not contact the agency immediately as they are required to do by law. Also, at times the principal of a school may want to make the report on behalf of a teacher, but they are reminded that a change in the law in 1998 requires that the person who received the information that led to a suspicion of abuse must report directly the agency. A second change in the law at that time was the requirement to report ongoing concerns about possible abuse, that is, to make additional reports to the Agency if the suspicions continue. Informants said that representatives of the agency tried to speak to many different groups in the community when these changes in the law were enacted.

One informant said, regarding teachers and other community caregivers:

We’re getting more calls from those professionals and they’re coming directly from the people who actually have the information, which is good, and it’s timely, for the most part.

Another informant said that he/she has not seen any change in professionals’ reporting behaviour since the changes in the legislation in 1998. This informant sees the only change in reporting behaviour with respect to sexual abuse as being in the 1980’s when people became more aware of the existence of child sexual abuse. When asked about how allegations against individuals with status in the community (such as teachers) are handled, one informant said,

We’ve had a few in our agency that we’ve had to [investigate], that were pretty contentious issues and I think that the community at large sees us as the experts in that [CSA], so they do like us to investigateIt makes it very uncomfortable, especially with school obligations, that kind of thing, but the fact [is] that we do

have credibility and we can go through a very distinctive process in how we investigate and it can be objective, I think.

Informants talked about how some professionals want to do their own investigation and be sure that abuse really happened before making the report. The agency trainers and intake workers encourage everyone to report their suspicions immediately and to report all suspicions of abuse.

Role of the Agency in Prevention and Public Education

An informant said that the education about child sexual abuse that is being provided to children in schools is very effective in terms of making children more aware of how to protect themselves and the measures that are in place to protect them from sexual abuse. One informant said,

Prevention has always been a dream, I think, . . . it's been something that's there and is talked about, but, o do much in that line hasn't been within the grasp [of the agency] . . . and that would certainly be a funding issue. I think that... we would like to think of our school program as being of a preventative nature where we have social workers in several schools. [That program] tries to, first of all, break down some of the barriers that Children's Aid is all about snatching kids, and develop some kind of a rapport with people, and then earlier identification so you're able to deal with things before they're full-blown problems. So hopefully that has both a preventative aspect and a public education part to it. I think that we respond to requests for . . . speakers and present presentations to the public so that you try to get the word out there, but I think prevention is still something that's kind of a dream or chimera, or a mirage.

Informants also noted that most agency efforts to provide public education are not specifically about child sexual abuse, but are more general. At times the agency partners with other agencies such as the women's shelter and the sexual assault clinics to provide public education. One informant said that since the late 1980's the agency has participated in ongoing public speaking at a variety of places, and public education increases during times of change such as changes in legislation as in 1998. This informant also said,

I think the dollars that have gone to prevention have been directed into public health, uh, sex abuse, I mean there's been, sometimes, elements [of prevention] in there. . . . there are a variety of other organizations outside of child welfare [involved in prevention], I think.

Impact of Funding Levels

Informants were asked how funding of their agency had affected recent response to allegations of child sexual abuse. Informants agreed that lack of funding does not affect child sexual abuse referrals to which the agency is mandated to respond because child abuse investigations are seen as a priority. However, several informants expressed concern about the lack of resources to provide follow-up after the investigation. One informant noted that Ministry policies seem to be concerned only with the safety of the victim rather than the longer-term effects of abuse on the victim. This informant said, "The lack of focus on child development will eventually disrupt and minimize any good investigative process." Another informant said,

I think we're fairly heavily invested in our front end [intake], so we try to respond to all calls . . . I think the problem is largely . . . in terms of follow up and in terms of how much you can do with the cases. So you... verify that you've got a case of child sexual abuse. What happens, the mental health facilities are stretched and to get an assessment is very difficult, ... then people [need] to get lawyers and if you're going to court and they are represented and you can move it through court without getting bogged down waiting. I mean, there's a lot of different ways in which the funding levels in our society impact [child sexual abuse cases] not only on, the number of intake workers that we have.

Informants were less sure about how funding may have impacted response to historical abuse. One informant pointed out that if a case of historical abuse presented at a very busy time for the intake department it might affect the agency's ability to assist the police in such a case.

*Policies and Practices Regarding Response to Child Sexual Abuse at
Agency C (Outside of Ontario).*

Description of the Agency

Agency C was selected for this study because it is located in a province outside of Ontario and its catchment area includes a Francophone community. It is located in a city of approximately 60,000 people. Another 55,000 people live within a 15-kilometre radius. Within that wider area, approximately 65% are Anglophone and 33% are Francophone. Like most provinces in Canada except Ontario, the province in which Agency C is located provides child protection services through regional offices of the provincial department responsible for child protection. Agency C is one such regional office.

Since 1989, this province has had written protocols for dealing with child victims of abuse and neglect that are the result of interdepartmental collaboration at the provincial level. Representatives of the Ministries responsible for family, community, justice, health, public safety and education services have signed the protocol document, and the protocols apply to all regional offices in the province.

Current Practices in Responding to Allegations of Child Sexual Abuse

Experience level of investigators.

Informants reported that in this regional office, a worker who has been doing these investigations since the mid-80's is assigned to most child sexual abuse (CSA) investigations. Another experienced worker provides back up. Informants believe that the practice of having only workers with experience do CSA investigations is the norm in other offices in this province, although most offices would not have someone with over 25 years experience. The minimum educational requirements of all workers who do child protection investigations is a BSW.

Screening and case management.

This province uses a risk management system that was introduced in the 1995-96 fiscal year and most recently updated in April 2005. This system is similar in some ways to the risk assessment approach used in Ontario. The model is organized around nine risk decision points, the first one being whether to investigate a referral or not. We were provided with a detailed manual used by access and assessment workers⁸ and their supervisors to make these decisions. Informants stated that the social worker receiving the report first completes a preliminary assessment of any report of abuse or neglect involving a child younger than 16 years, or a person between 16 and 19 years who has specific physical or mental disabilities. In addition to intervening when parents or care providers fail to meet their responsibilities for the care and protection of children, this Agency also responds to allegations of abuse by someone who is not a parent or caregiver. The written protocol for this province states,

⁸ These workers are similar to what is termed "Intake workers" in other organizations

Child protection social workers may also intervene in child abuse situations that occur outside the family. The mandate to protect children remains the same as in intra-familial abuse, but the process of intervention will usually be different. In extra-familial abuse situations, the parents normally are fulfilling their parental responsibilities and the effort of the child protection social worker is to support the parents and the child in eliminating future abuse and assist the family to obtain counseling services, where appropriate. (Child Victims of Abuse and Neglect Protocols).

Informants indicated that a sexual abuse investigation is completed on all cases where the child (or person under 19 years with disabilities) has disclosed sexual abuse. The difficult cases in terms of decisions about whether to proceed with a sexual abuse investigation are those “when it’s third-hand disclosures from a third party”, meaning that the report may not include a specific child’s name, or the report is very unclear about whether the facts or “credible information” provide reasonable grounds to believe that a child has been sexually abused or is at risk to be sexually abused.

Workers are required to provide professional referral sources with the results of the investigation and intended course of action following completion of the investigation. Referral sources are encouraged to report additional concerns regarding the child if they arise in the future (Child Victims of Abuse and Neglect Protocols)

Referral to police.

Cases that are assessed as requiring investigation are assigned to a worker who does a record check regarding prior contact with CPS and, in high priority cases, calls the police immediately. A supervisor in the police department assigns an officer and arrangements are made to do a videotaped interview involving both the child protection worker and the police officer. The officers that are involved in sexual abuse investigations are experienced in this kind of investigation, and are well known to the CPS workers who do these investigations. On occasion, the CPS assessment worker when responding to a referral in a rural area may work with an inexperienced officer, but the police officer is made aware that the CPS worker in Agency C has much experience and the officer is usually willing to allow the CPS worker to take the lead. The interviews are routinely done in the offices of Agency C, and the police officer attends in plain clothes. The abuse protocols state that the videotaped interview “should take place at the facilities of the [CPS] in each region”. If the police receive the complaint about child sexual abuse they also contact CPS immediately.

In most cases in this jurisdiction, the CPS worker takes the lead in conducting the interview because this individual has much experience and is very comfortable talking with children. It was noted however that if the child were particularly impressed with the opportunity to talk with a police officer, then the officer would take the lead. The police in this region have the facilities to videotape interviews as well and sometimes when the room at the Agency C office is busy and the child is “older”, the interview may be done in the police department’s offices. It was also noted that on occasion when a teenager is making the allegation and it is suspected that it is an untruthful referral, that is, “a false allegation, a vindictive or a malicious referral, the police will take a written statement” and the adolescent will be asked to make a sworn statement in the presence of a commissioner of oaths. These interviews are also usually done at the offices of Agency

C. Informants described a very good relationship with the police, although informants indicated it required many years to establish this relationship. One informant said, We're very lucky, because we have a general investigations unit that all sex crimes are assigned to, an investigative police officer, an . . officer who has experience.

One informant said that in some of the rural areas of this province in the recent past the CPS workers would sometimes do "pre-interviews" in which the CPS worker would meet with the child and contact the police only "if there is substance to that allegation". This informant believes that this practice developed because the police communicated that they did not want to be called until there was a clear disclosure of abuse.

In Agency C, the practice is to involve the police "right from the start". However, police are not contacted in the case of referrals that involve inappropriate sexual behaviours between similar aged children. In these cases, the CPS worker interviews the children but does not involve the police.

Response time/supervisor consultation.

The second "decision point" according to the Risk Management system is to determine the response time to a referral; informants talked about a Priority 1, 2, 3, or 4. Criteria for determining response time depend on an assessment of the seriousness and imminent danger (life-threatening) to the child arising from the allegation. Decisions about priority are always made in consultation with a supervisor. A case in which the alleged perpetrator is living with the victim would be seen as "severe and serious sexual abuse" and assigned a Priority One or Two. The child would be seen immediately. Similarly, if the alleged offender were a babysitter who came to the home every day, the case would be Priority Two, meaning the standards require that the child be interviewed immediately.

The standards indicate that in cases assigned to Priority Three, an investigation should begin within two working days, and in priority four cases, an investigation should begin within 12 working days. Agency C routinely meets the standards for Priority One and Two cases, but not always for Priority Three and Four. One informant said that at Agency C, one worker can receive up to 15 new calls in a day, and out of these, five, six or even nine could be child protection referrals. This makes it extremely difficult to meet all of the standards. Another informant said,

We do meet standards on the emergencies. I must say that. The [Priority] 1's and the 2's, absolutely. We do. Everything else stops, we deal with them. But for the 3's and the 4's, we do not.

An example given for a Priority Four case is one in which a child has reported that a relative that visits only in the summer sexually touched her. The report (from the parent) is not received by the agency until October. An informant explained:

"Uncle Bob" lives in Timbuktu and he's not going to come back until next summer, so that's a Priority 4, so that child is not in immediate danger. That child might be in crisis emotionally, but she's not in immediate danger so we have to look at that, . . . I don't contact the parents on those cases that I know I can't get to, until I'm ready to do the investigation. Sometimes the parents call me and say, "I referred this two months ago and where are you? . . and how come you haven't called me?" And I say, I can only do what I can do and I'm not going to make any excuses, but your child's not in immediate danger.

The provincial protocols for Child Protection Services require that once the investigation phase is completed and intervention is judged as required, a formal documented intervention plan is to be developed by the social worker and supervisor in consultation with the child, the family, and with community professionals as appropriate.

Investigative interview.

Both child protection investigators and police investigators have been trained in John Yuille's Statement Validity Analysis model and routinely integrate knowledge of this model throughout the child interview and the investigation process. Currently, workers rarely apply this model to a child's statement on paper; however, this practice occurred more routinely when investigators had been recently trained in the model's application.

Verification of abuse.

Informants reported that regarding every case, the worker and the supervisor meet to come to a verification decision. They review the information from the investigation and come to a decision as to whether or not sexual abuse occurred. They then complete a "Verification Decision" form, which becomes a part of the case file. This is Risk Decision # 4 in the Risk Management Model. The verification decision is based on the balance of probability, and 10 factors are to be considered. These factors include the validity of any statement made by the child who is the subject of the report, statements made by witnesses or the alleged abuser, physical and medical evidence, certificates of criminal conviction etc.

An informant provided us with a copy of a "Validity Checklist" adapted from one developed by Steller, Raskin, Yuille & Esplin that assists investigators in considering the child's behaviour during the interview, interview characteristics, motivational characteristics and other evidence when assessing the validity of the child's statement. This checklist is included in materials for training workers regarding investigation and assessment of child sexual abuse.

Sharing of information between Agency C and the police.

Informants noted that information regarding an investigation is shared openly with police. The provincial protocols state that one of the factors that is critical to a successful joint investigation is "sharing information with the objectives of protecting the child and obtaining sufficient information to determine if charges are warranted". An informant stated that police provide copies of witness statements, will share copies of polygraph statements and provide copies of the alleged offender's past criminal records if the offences indicate potential risk to children. Sometimes police will not provide copies of the alleged offender's police statement but will provide the investigating social worker with a verbal summary of this statement.

Referral to ongoing child protection services.

It was explained that cases are referred to ongoing services when the comprehensive risk assessment (Risk decision # 5) indicates the need for further service. Intrafamilial sexual abuse cases are always referred to a social worker in the Ongoing Services department at the completion of an investigation if it is perceived there is continued risk to the children. Usually the agency addresses the immediate risk

by removing or advising the family member who is believed to be the offender (e.g. dad, step-dad, a brother) to leave the home. The Ongoing social worker continues to monitor and address the risk of future abuse.

Cases of extrafamilial sexual abuse are referred to ongoing services when the sexual abuse has caused significant family disruption and there is a need to provide support to the family and to be sure that the children are no longer at risk. One informant noted that it is how the family is coping with the disclosure of extrafamilial abuse that determines the service provided – not the relationship of the victim to the perpetrator.

One informant advised that periodically children are referred to the department due to out of control behaviors and it is later learned that these behaviors were a result of “intense” extrafamilial sexual abuse that occurred over a long duration.

Differences in response associated with culture/language.

We asked informants from this Agency if they believed that referrals involving CSA of Anglophone children were responded to any differently than referrals involving Francophone children. Informants indicated that the agency’s response to CSA was the same for both populations both currently and in the past. One informant said the following regarding the department’s response to child abuse in the Aboriginal community,

Certainly in some other forms of abuse [physical or emotional abuse or neglect], I know, we responded a bit differently because we had a bit of understanding of their [Aboriginal] sense of community, so we kind of looked at a community to care for the children in a way that we wouldn’t in our own. But with sexual abuse, I don’t think so. I think we had this way of intervening. And I think we pretty well put it across [the board].

Past Practices in Responding to Allegations of CSA

Changes in experience and training regarding CSA.

One informant who began working in child protection with a BSW degree in this province in 1982 recalled,

all of a sudden we started having two or three a year of CSA reports that came in. And I mean absolutely no idea what to do with this, how to intervene. . . .no script for questioning. . .we didn’t have a form . . . we didn’t understand. . . we didn’t even know if these were going to go to court, or how you got them to court. . . We knew that obviously a crime had been committed but not sure how to respond to that, or how to use the police in that.

An informant who began working in child protection in 1985 recalled being appalled by how a co-worker handled a CSA investigation, “I felt he was disrespectful and kind of dropped the bomb on them in a very harsh manner”. This informant recalled that in 1987 there seemed to be an influx of CSA investigations and “nobody really knew how to do anything properly”. One informant said,

We had to learn how to respond to this onslaught. So rather than it just being the new kid that was going to get them [CSA cases], obviously there was some other people who had to figure out, what we did or how to respond better. It was, “Okay, how do we work together? How do we devise some kind of an approach?” The Policy came afterwards. It was kind of like we developed, we learned best

practice, we were hungry, we just sought out anything at that point. And I think North America was figuring it out together.

In 1987, the province provided a two-week training course in a central location for all professionals in the province involved in CSA investigations, including CPS staff and police. Experts were brought in to be the trainers. One informant said,

I felt this training was a godsend because from that training, we established subcommittees, everybody went out into their own areas and we formed subcommittees; it was committees of people who were involved in doing sexual abuse investigations and we met regularly to talk about how to proceed and how things worked best and we called it our Sexual Abuse Committee and then at one point somebody said, it's not really a good name for a committee so we changed our name to Child Abuse Awareness Committee, but in fact, we were people that were involved in doing sexual abuse investigations and [it included] the crown prosecutors, there was always a crown prosecutor and way back, there was even a doctor or two on these committees because we'd have to have doctors examine the children. . .

Changes in collaboration with police.

Informants noted that even before the provincial training in 1987 and the protocols in 1989, some CPS workers were working closely with police.

So, if you had some good relationships with some particular officers, that's who you'd call up and say, "is Constable so-and-so on today?" And if they were, great. And so I do think practice [preceded policy] and when practice didn't work, I think, that's when we said, okay, we need some help here, we need some governing guidelines.

Another informant also indicated that attempts to collaborate with police raised questions such as "whose case is it?" and "who will take the lead?" in doing an interview with the child. Prior to the province-wide training, this informant perceived some police officers as reluctant to be involved in CSA investigations:

for each police officer that you had, you had a different level of comprehension of what sexual abuse was and the majority of police officers at that time did not want to do sexual abuse investigations because they weren't comfortable with the subject matter and they would—they would not want to be in the interview room. I did that for years, having the police officer in the observation room, didn't want to be in the interview room with me. . .

Informants also commented on how the training helped the police to better understand the role of the CPS worker and vice versa.

It opened their [police officers'] eyes to the whole problem of sexual abuse. They said, I never realized that it would have that effect. And so it was a great awakening for them, and it was an awakening for us and it was an appreciation of their job and their appreciation of our job and we realized that we both have a common goal. We take different directions after the investigation, but our goal is to protect children.

The joint training with police facilitated sharing of information between CPS workers and police. An informant who worked in another office in this province during the 1980's and 1990's said,

We always had a very open sharing of information...I would share a lot about the dynamics and the effect on family members, in the hope that the Police would learn that responses to this are not black and white...and what is “normal”, is relative to the folks involved. My experience was that all relevant information was shared [with police].

Changes in the child protection response to allegations of CSA.

Informants noted that in addition to more collaboration with police, child protection practice changed dramatically following the province-wide training:

Drastic—we as social workers learned about the profile of the offender as well, and talked about grooming and stuff that had never really been talked about before. You kind of know that stuff, but you don't really know it. Your common sense tells you some things, but you don't really know it and/or it's not said out loud, about grooming and about the different degrees of sexual abuse and what constitutes sexual abuse and the effects, the effects on the child, the long-term, short-term effects, the effects on the family, the ripple effect and the different types of offender. As I said, it opened our eyes to what the police have to do and their job in getting a confession and dealing with witness statements and all that stuff.

While previously, in cases of father-daughter CSA the child was often removed from the home, now, it was more likely that the father would be required to leave the home.

A second example of change in how cases were handled by CPS was described. Prior to the training, if, for example, the offender was an uncle who did not live with the family, the abuse might not have been seen as serious, and the agency might not have notified police. In these cases, CPS might simply have advised the parents to prevent the uncle from coming to the house.

I'm not saying there weren't any criminal charges laid, there were, but in the lesser cases, stuff now that would go to court would never have gone to court back then. A lot of stuff was swept under the carpet and, I could tell you a hundred stories about stuff like that, but [someone would say], “I'll talk to him, make sure he doesn't do it again”, and that was basically it, maybe a lecture on—“you can't do that to a kid, so don't do it anymore”.

An informant noted that with training and experience and perhaps with help from the risk management model, workers also learned how to distinguish between behaviour that was relatively normal for children and sexualized behaviour that warranted further investigation.

We got better at what we should be investigating. And I think the tools helped us with doing that. I think with those [cases] we investigated, we got better at saying, ‘Is there really something there?’ The little guy that maybe was masturbating in class, I don't think we open that anymore - or I hope we don't — versus in the early nineties or eighties we probably would have gone in and done a fair amount of stuff in that family, not understanding.

Changes in approach to investigative interviews.

Prior to the development of the provincial protocols for dealing with child abuse and neglect, interviews with children were not videotaped, whereas all investigative interviews are currently videorecorded. An informant recalled that investigators were

initially resistant to being videotaped, but now most are very accepting of this procedure and recognize its importance. The formal protocols also affected where interviews with children were conducted. Prior to the protocols,

We'd go to the school and talk to the kids there, there was no set formal method of interviewing the child, of advising the parents, we just kind of went by the seat of our pants. And if it was a situation where the parents weren't aware of the abuse, we'd go to the school and talk to the children, if it was preschool aged children, we'd call the parents and sometimes we'd go to the house and interview the children and the children would run all over the place, they didn't want to talk to us. They'd want to go play in the living room and we'd be sitting at the table and saying, can you come here and talk with us?

As mentioned earlier, these interviews are now conducted in an office in Agency C that is equipped for videorecording. The room is set up so that others may observe the interview through a one-way mirror.

Changes in numbers and types of CSA cases.

One informant recalled that it was the mid 1980's when "the lid really came off" in terms of numbers of reports of CSA. Other informants agreed that this was the period when numbers increased rapidly. However, informants differed to some extent in their perception of changes in the rate of reports of CSA more recently. One informant said, I think that in [this province], we peaked around '92 or '93. And then there was this absolute decline, to the point that the team that — I was on a sexual abuse team in [area] of the province for many years, that the team disbanded, simply because from a management point of view they looked at it and said, "why would we invest all of this work or time and money when all the reports are going down?" Not only the reports went down, investigations went down, and the opening of cases all went down.

Another informant said that a definite drop has been observed in recent years in cases of father-daughter and step-father-daughter CSA, but not in brother-sister or step-brother-step-sister CSA. It was noted that the agency currently receives a considerable number of referrals in cases where custody is being contested. They also receive a large number of referrals of children under 12 years engaged in sexual play with other children. Another informant noted that there seems to be more cases recently involving teenage prostitution that meets criteria for sexual exploitation, and the agency has had some experience investigating a victim of an internet child pornography ring.

Informants agreed that the education that children are receiving about appropriate touch might have contributed to the decline in parent-child CSA. One informant suggested there may be other reasons.

I think there are many reasons why this happened. I think there was some absolute backlash from how, perhaps, we intervened and how we responded to CSA. When we had this massive response and [we were] encouraging children and encouraging women and men to tell us about what's happened, and I don't think our response was always that great. We encouraged it but then what they were met with was, perhaps, a lot of difference, depending on where you were, in what region. Did it always go to court? No. Was the outcome always good? They were left with, you know, these families who were torn apart. And we weren't always very good at helping them repair some of those relationships.

This informant believes that many workers were not well prepared to provide treatment or support to families after a child disclosed sexual abuse, and often the victim and other family members were offered only a referral for support or treatment. This may have had the effect of discouraging other victims from disclosing their experiences.

Impact of risk management system.

Informants had somewhat differing opinions about the impact of the risk management system introduced in 1995-1996 on the response of the agency to CSA. One informant saw it as having both positive and negative effects. It provided structure to the assessment of a child and family that was seen as needed in the wake of inquiries into child deaths, but,

CSA didn't fit into that tool quite as nicely or appropriately as some of the other things we assessed for. . . So I think because it didn't fit properly, how we viewed CSA then changed a little bit, that maybe it wasn't quite as serious. We didn't have to intervene in quite the same way because the boxes weren't ticking off quite the same.

The informant went on to explain that the Risk Management tool focuses on whether the parent or caregiver represents a risk to the child, and "as we know in CSA it is not always the parent who is potentially harming the child, but perhaps the parents weren't able to protect". This informant expressed concern that currently, newer workers may not have as complete an understanding of the dynamics of CSA as those who were dealing with it in the 1980's and 1990's, and that the system may be missing some victims because the "tools are guiding our practice" rather than starting with people first. This informant said,

Where is our social work practice of engaging people and meeting them where they're at and having appreciation that they're probably doing the best they can, given this horrendous ordeal? So let's start there.

A second informant thought that the risk management model had not changed how the Agency responded to CSA allegations. This informant said that it is a tool to be used to get more information. The chief benefit, from this worker's perspective, is that the risk management model requires an immediate safety assessment and so it helps in prioritizing one's daily tasks.

Coordination with Other Organizations in Response to CSA

The current provincial protocols describe processes that are intended to assist the employees of six provincial departments to work collaboratively "to prevent and intervene in cases of child abuse". They include directives that affect a wide range of services including foster homes, children's group care facilities, schools, early childhood development programs, police, crown attorneys, criminal and family courts, victim assistance programs, probation services, secure and open custody services for youth, adult correctional facilities, hospitals, addiction services, mental health centres, physicians, public health programs, employment standards services, and the provincial human rights commission. Our informants were not able to provide detail about how these protocols were developed. It appears that they are reviewed regularly and amended by officials at the central provincial office.

The provincial CPS Practice Standards and Guidelines note, "The Child Protection Social Worker must follow all protocols for child protection and information

sharing with police, education, health, and other agencies and organizations” (p. 7). In addition, the Standards state, “regions have developed their own protocols. It is the responsibility of the Child Protection Social Worker to know and follow these” (p. 8). One informant noted that even though in his/her view the intent of the protocols was excellent, the goal to have all departments assume ownership of the responsibility to protect children has not consistently translated into practice. This informant noted that the protocols are not on all government employees’ bookshelves, and Child Protection Services still carry the major responsibility for protecting children.

Following a provincial report in 1996, the provincial department established community-based Child At Risk Teams (CART) in each region. These teams were intended to improve cooperation and collaboration amongst partners in the provision of services to children at risk for abuse and neglect. An informant advised that a new social worker position recently approved for Agency C will facilitate the reinstatement of a CART team in the region. Historically, CART teams met to discuss procedures and policies and to develop professional networks in the area of child abuse. The CART team did not follow or provide consultation about specific cases of CSA and the current plan for the CART team does not include this role. This informant advised that the CART team was more active in approximately 1996 in response to heightened public attention to several children having died in their province and to the recommendations of a child death review committee. Over time, as public attention moved away from this issue and as other responsibilities placed demands on workers’ time, the CART team became inactive.

Protocols (Past and Present)

Access to protocols.

The provincial protocols are available to every worker in the department. An informant said, “they’re on the website and most workers have them on their shelf [in a binder].” They are also available to the public on the provincial department’s web site.

Impact of protocols.

Informants agreed that the introduction of the provincial protocols in 1989 were very helpful,

That was an exciting time. And we had all the departments that worked with you and with the children, were at the table, [such as] policing agencies, foster parent associations, and signed off on these protocols. So, it was great. It was about how are we going to respond? what do we look for? . . . And everybody, you know, all the Ministers signed saying we all have a piece of this. Again, great intent. And I think, it certainly started us on the right road. We revised those in the late nineties, I believe.

Informants noted that in many ways policies followed practice experiences. People involved in investigating CSA recognized that the lack of coordination was harmful the child victims and their families. One informant said,

Well certainly, [the impact] of not having it [the protocol] just left us. . . it was just a whim, right? Depending on who perhaps was in the policing agency at the time, and whether they wanted to respond in a collaborative way or not. It was just too, ‘by the seat of our pants’. And the more we knew about it, the more we knew we needed to be partners in this. And the protocols just cemented that, I

think it just affirmed, so that people didn't have an out. There wasn't that, 'Well I don't think I'll phone them today.'

Another informant said,

I think that it's [having protocols] an absolutely terrific idea because we get new workers in and we say there's a provincial protocol that warrants it. We do it this way and it's been tried, tested and we know that this is the best way to do it. The same thing when we get a new police officer, . . . the experienced police officers, the senior police officers will tell the new ones, "this is how we have to do it". So everybody knows what their role is, what they have to do. . . . But every now and then you get somebody who's gung-ho, especially if it happens at night and they go out and they take statements and they ask leading questions, and, it just makes a mess.

One informant noted that recently this province provided training to a range of professionals involved in protecting vulnerable adults from abuse. This initiative was designed to support relatively new protocols around protecting adults from abuse, a responsibility that is held by the same provincial department that is responsible for child protection. This was seen as an example illustrating the province's commitments to making sure employees are adequately trained to fulfill their mandate and follow interdepartmental protocols.

Limits of protocols.

Informants acknowledge, however, that even with a province wide protocol, practices do differ from region to region.

We're a very diverse province. We're so spread out. And, folks have to make it work for them. So what do you need in your community? And I guess I've always been an encourager of that. [I have said] 'It's got to work for you.' So, if there's some room for interpretation, people have certainly exercised that. The downside of that is the service that some folks might get in one area doesn't necessarily translate that they get that same service or extent of service in another. The team that I was part of believed that we had the responsibility to assist and support families through this process. So we provided some therapy to them in-house. Certainly that wasn't believed to be our role throughout the province and it caused a lot of discussion, but healthy discussion.

This informant noted that from approximately 1993 until 2001-2002 at least one regional office in the province had a treatment team housed within the Child Protection Services department. This team provided much support to nonoffending parents at the time of a child's disclosure of CSA. Other regional offices chose to contract for treatment services from outside the child protection department.

Protocols with schools/daycare centres.

The interdepartmental Child Victims of Abuse and Neglect Protocols include guidelines for the process to be followed when a school or a day care centre is involved in a disclosure of CSA. Informants stated when a child discloses possible sexual abuse to a teacher, the teacher is required to report it directly to the CPS. The CPS then reports it to the police and a joint interview with the child is conducted. An informant said that the police and Agency C have advised school officials repeatedly over the years not to do their own investigation, because the police and Agency C must do it.

A somewhat different process is followed when a school employee is alleged to have sexually abused a child. One informant explained that a very formal process is followed with this kind of allegation. The allegation is immediately referred by the Board of Education to Agency C and Agency C refers it to the police as with all allegations of CSA. The Board of Education employs a person who has experience as a police officer, and this person also becomes involved in the investigation. This person usually observes the interview with the alleged child victim, if the parents agree. The informant said that even if the police lay no criminal charges, this employee of the Board of Education does an internal (to the Board of Education) investigation.

Practices in Responding to Reports of Historical CSA

An informant who had worked in another region of this province said that in the late 1980's quite a few adults came to the regional office wanting to talk about sexual abuse they had experienced as a child. If they were not expressing concern about a child at risk at that time, a case would not be opened. However,

We gave them time. . . we said, this is somebody who is in pain from child abuse that happens to have been historical, but it's still child abuse. And again, we were trying to sift through what's our role in this.

This informant said that most of these adult survivors were women and mothers who recognized that their personal experiences of CSA might be interfering with their parenting. This informant recalled seeing some adult male survivors:

Smaller numbers, but certainly I remember spending time with young men who'd come in. There just wasn't a natural path for them to follow as male survivors. And I think Mental Health kind of eventually stepped up to the plate and took in adult survivors and saw that more as Mental Health issues actually than child welfare.

This informant recalled that up until the mid-1990's the region of the province she worked in offered some service to mothers with a history of CSA. This was a region that had a treatment component attached to the child protection services. This same informant acknowledged that the criteria that led a child protection social worker to provide service to an adult survivor reporting historical abuse during the late 1980's were "quite grey". In this informant's opinion, one would not have found a consistent practice around the province during that time. Some agencies took the position that if the report did not state that a child under the age of 16 was being sexually abused, the agency had no business being involved.

Other folks, maybe, would have relied on their partnership of policing to call and say, "I've just received some information, I'm a little concerned, can you check this and see if anything has ever come up? We're going to check our system and see if there's any children and let's just do that, and at least alert us".

The informant believed that the response would often depend on the information the agency received from the original victim.

If he or she told us about the modus operandi of the offender . . . probably the more horrendous the abuse, the more scared we would be — just human nature. If we knew that he was living with children that were of similar age or whatever, I think all of those things added up. There would be a cluster of factors. And then, I also think, as a human factor, it depended on who your investigators were, as I

think some people had very clear guidelines that, "I'm not deviating from that", but other people would go out on it anyway.

This informant said that workload would certainly affect these decisions.

And I think that's where it evolved. So, when you had so many coming through the door you had to say, well, if we don't have anything really clear on this, we're not doing that. And, as we developed the protocols, as we worked together, as we gained more information from around the country, it was, "what are other people doing with this?"

This informant indicated that in the late 1980's child protective services were on 'hyper-alert', and may have responded to some situations that would not be responded to now. It was noted that because understanding of CSA was at a "base level", "we believed we had to go out and intervene in all these situations. And I think, [we] believed that the impact was across the board horrendous". This informant indicated that he/she still thinks, "situations have to be assessed individually, case by case". It was also acknowledged that if the person being accused of having offended against a child were someone in a high profile position, workers involved would get together and say, "We don't want to ruin reputations" . . . again with the best of intentions, not doing it out of trying to harm anyone, just saying, "how can we help everybody in this situation?" . . . There were often a few people around a table saying, "what do you think, how should we handle this one?"

Informants agreed that currently when an adult who reports historical CSA to the agency, the Intake worker must have information that a specific child or children might be at risk in order for the agency to become involved. If an adult is reporting historical CSA and is not expressing concerns about a current child, he or she is referred to the police. One informant said,

When we talk to children, if we see that mom is reacting very, very, very strongly and breaks down crying and says it happened to me years ago . . . we don't look into [investigate] it, I don't interview that mom regarding that [historical abuse], I acknowledge it and I say, "obviously, you're more sensitive to this because of what you've experienced" and the police officer will usually say, "if you want to talk to me about that, we can do that at another time", so that happens a lot.

When asked whether there was any scenario that would lead the agency to become involved when an adult reported historical CSA, one informant said,

If that person's been convicted within the last five years of sexually assaulting a child, we have the right to go in, speak with the children and speak with the mom and advise her of the fact that he's been convicted within the last five years of sexually molesting a child and that we want to speak with her children. I've done those situations in the past and in most of the circumstances, the children have not been abused. In some, they have been.

This informant is referring to a section of the provincial Act regarding protection services that permits the agency to provide information to a child, the parent or guardian of a child, or an organization providing services to children about 1) the conviction of a person for sexual assault, 2) about a court order in relation to danger to a child's safety or 3) the findings or conclusions of an investigation in relation to a child's safety.

However, this permission to release this information applies only to information about an individual who has been convicted of an assault or sexual assault or posed a danger to a child or children within the previous five years. This section of the Act has been in effect since the mid to late 1990's.

The informant went on to say:

but, if it's been over 5 years, we cannot intervene, but what we do is, we can tell that person, "do you know the woman that he's living with?" If she says, "No I don't, but my friend knows who she is", well then you say, "there's nothing stopping you from calling her and advising her." We cannot... we cannot call her. We cannot intervene . . . because you're innocent until found guilty. . . . Because it can so easily be perceived as being a witch hunt. And you have to be extremely cautious about confidentiality and the person's reputation . . .

This informant pointed out that in a situation where the finding of child abuse is more than five years prior, the adult victim has the option of making a complaint about the alleged offender to the police.

Another informant stated that an amendment was made to this Act in 1999 that made it permissible to disclose information about an individual's history of sexual offending if the conviction, court order or child protection investigation is more distant in time than the previous five years; however, when the concerning events happened more than five years previously, the release of this kind of information by the CPS is permissible only if there is evidence that it is necessary to protect the "health, safety and security" of an individual.

One informant recalled a case "not too long ago", where the police advised Agency C that a male who had been convicted of sexually abusing a child many years ago, was currently living with a woman and two children. The worker interviewed the children to assess their safety. However, if this man had not been convicted, it is very unlikely that the agency would have become involved. This informant advised that the police in the region believe that all past criminal records are public knowledge and are willing to share this information with caregivers in relationships with historical offenders. Police will sometimes advise caregivers in relationships with historical offenders of their new partner's offending history, even when it occurred more than five years ago, given that there is no restriction upon the police regarding disclosure of this information. According to this informant, police will generally advise women when the convicted offender is living with children who are in the same age range as the children that he was charged with having offended.

Informants agreed that historically there was some lack of clarity about the role of child protection in response to reports of historical abuse and that even today some cases require a "judgment call". One informant said,

... bluntly, it requires somebody calling and saying, that man she's now living with, he's a known pedophile. That would be one way of receiving that kind of referral. What is tricky is that he may be a known pedophile, but we don't have any disclosure, we don't know if that child was [abused]. The only reason why they're calling it in is because, they, as a neighbour, say he's a known pedophile, but we don't, in this province, . . . we don't have access to a list. What we do though is that when we take a referral, we put [the name of the alleged offender] into a general information [system] that we call into our computer.

This informant also noted that in cases where the agency has had previous involvement with an individual because of allegations of CSA, even if no charge was laid, the agency can advise the primary caretaker of the children that the agency has some information that suggests it would not be wise to leave the children alone with this person. The informant said,

[even if there had been] no police involvement or he wasn't charged formally, we would still interview him and sit down with his family, and [say] we know, we have information and we know stuff happened so how are you going to make sure that [it doesn't happen again]?

Informants agreed that situations like this have to be decided carefully. Even in cases where an individual has been convicted within the last five years and is now living with children, one informant said that to do a formal sexual abuse investigation it would have to be seen as a high-risk situation if the report does not include a disclosure of recent CSA. If the alleged offender was considered a lower risk, the informant said, an formal investigation would likely not be done. Instead, the primary caretaker would likely be advised that the agency has information that this person may be a risk to children and would ask her not to leave your children alone with this person. This informant said that without a report involving a disclosure of abuse, the agency cannot interview a child without the parent's consent, and so the agency worker might only be able to speak with the caregiver about the concerns.

Agency Experience with Multi-Victim/ Multi-Offender CSA Allegations

Informants indicated that they had had experience with a number of cases involving multiple victims; they did not have experience with cases involving multiple offenders. However, one informant spoke of investigating a situation where it was alleged that a male and female working together had sexually abused one victim. Informants were not aware of written protocols that specifically address response to multi-offender cases.

The central office provided us with copies of written policies regarding response to abuse in community placement resources or institutions. These policies recommend that in regions where there is an institution, "a regional mechanism, such as an official liaison, should be developed to respond to institutional reports" (Child Abuse and Neglect Protocols), and that any investigation is to be carried out according to the procedures described in the written standards and guidelines. The standards require a joint investigation with police of all allegations of child sexual abuse when there are reasonable grounds to believe that a criminal offence has been committed.

The child abuse and neglect protocols also include procedures for reporting suspicions of child abuse/neglect of young persons residing in both secure and open custody facilities. Both the child protection services and the police are to be notified and these investigations are to follow the standards and guidelines that govern other child abuse investigations, including joint CPS-police investigations.

As noted above, written guidelines are also available to all CPS workers regarding the investigation of allegations of sexual abuse of a child or children in a daycare setting and in school settings. Agency C has investigated allegations that a teacher had sexually abused students. As noted above, the school board has an official who works closely with the CPS worker and the police in these cases. That official (along with the police officer) usually observes the CPS worker interviewing the children behind the one-way mirror.

Informants agreed that it was important that the same social worker and the same police officer interview all of the alleged child victims. One informant said, The consistency of having the same social worker and the same police officer involved in a multi-investigation like that is very important because you know

what the other children have said and you get to know what the M.O. was by this particular offender and how he groomed the children, so you know that when you're hearing something, [you know] what he used on the other child, so it gives more credibility, if you wish, to the other child's disclosure.

Another informant, referring to the challenges of a multi-victim investigation, said, It's the amount of time it takes and you really need to be able to devote however many resources whether it's one worker, two workers, [and] police officers to that particular situation if you're talking about a large-scale one because the information, (you can't divide it up) because the information they receive, it's just building. They start to understand patterns. And if you've got that divided up between two or three people they just don't get it the same way unless that team is meeting all the time.

The practice in Agency C, when investigating a case with many alleged victims, is that the same child protection worker and police officer do all of the interviews with all of the victims. In the case of allegations of CSA in a daycare setting, an informant said, "We interview all the kids that have been identified as victims and offer the other parents the opportunity to bring their children in if they so wish to do so."

The informant noted that in some cases much pressure is placed on the social worker and police officer by parents to interview their child immediately. The informant said, "you can't do nine children in a day. . . It's a period of maybe over a week that you schedule". This informant also spoke of the "mass hysteria" that can develop quickly.

All the moms and dads talk to each other, they feed off the frenzy of the other and all of a sudden there is a lynch mob out there, out to get this guy before we even have a chance [to investigate] . . .

It appears that current policy regarding notifying all the parents who have children in a daycare setting where CSA is being investigated may have changed over the years. An informant said she wasn't certain but she thought, "Maybe in years gone by we wouldn't have contacted all the parents." This informant saw the change to the current policy as a definite improvement in practice.

An informant also noted that doing these kinds of investigations is very hard on the child protection worker.

It's tough when you see the magnitude of something like that. The community that I was working in when I was working with these young women, and they were all from the same community and to see them in a room [together] and them all responding, 'He did that to you?' It's quite overwhelming that somebody was able to do that.

Training of Workers Responding to CSA

Informants reported that in the early 1980's no training regarding CSA was available. However, one informant recalled feeling encouraged in the mid 1980's, when changes in the Criminal Code made it easier for children to testify in a courtroom. This informant also recalled that in the late 1980's and early 1990's a lot of training became available:

Then, when everybody else was feeling that they needed it, when the country was feeling they needed it, there was lots of training and there certainly seemed to be lots of funds here provincially, to bring the experts in and get us equipped. And so there was a lot of that, late eighties, early nineties. Every year we had

folks coming in to help us understand this better. And they did. . . . And then the training became very specific to the forensic side of things. So, John Yuille has been to our province many, many times and he was here just two years ago as well. And we had people train the trainer so that they could deliver that. So we've adopted certainly Step-Wise [Interviewing] since way back in the nineties and have modeled that form since then.

Several informants spoke about a two-week training in 1987 that brought police and child protection workers from all over the province together to be trained in a coordinated approach; this training was seen as strongly improving communities' responses to CSA at that time.

For two weeks, the gurus came in from everywhere. We had Crowns that were freed up, we had the police officers. They stayed actually in residences in [City]. So, there was this whole team-building experience that they sat around at night and maybe had a beer and chatted about how are we going to do this when we get back to the region. It was phenomenal. And the effects of that and the buy-in lasted for years. And it was so supported that the leaders, the administrators from those sectors said, "you have to go", this was not a choice. And some of the poor Crowns and police went kicking and screaming and thought, what are we doing? But absolutely, it was amazing to see the buy-in. So, for as long as those particular folks stayed in those positions, it was a really neat thing to be part of.

However, this informant believes that the "buy-in" to a coordinated response may have dissipated to some degree in parts of the province as people have changed jobs over time. It was noted, however, that when John Yuille visited the province two years ago a number of spots were available to each of the policing agencies and they were all filled quickly.

Currently, across the province, new child protection workers are required to complete a number of core training modules during their first year of employment, and the forensic training for interviewing child victims is one of these modules. We were told that this provincially funded core training was developed, at least in part, in response to an inquiry into the death of a child under the supervision of the child protection services. Our informants agreed that it is "a really wonderful training system" for child welfare workers. It began being offered in approximately 2001. Prior to the implementation of this system, new workers learned to do child protection work by shadowing more experienced workers. One informant recalled that in the early 1990's in another region of the province she did interviews with children in cases of CSA having learned only by watching another worker do such interviews. However, at a later point he/she attended training to learn the approach advocated by John Yuille.

Although the core training is seen as excellent, according to one informant, the forensic interviewing module is only "the bones" of what is required to train someone to do investigations of CSA cases. It is not always clear how much time is spent in the regional offices coaching and mentoring newer workers so that they "really appreciate how to interview child victims, and again, to understand what's happening on the other side of the table with the child and outside of the room with the family". Furthermore, joint training of CPS workers and police officers is not currently happening on a regular basis. The provincial department responsible for child protection provides funds for training CPS workers and the department responsible for public safety provides separate training for police officers. Opportunities for CPS workers and police officers to attend the same training happen only periodically, the last time being two years ago.

Informants noted that regions are sometimes doing joint training but the directives from the central offices requiring joint CPS-police training have been coming less frequently. This is seen as being related to the drop in number of referrals of CSA cases and fewer resources.

Child sexual abuse has gone to the back burner and has been for probably the last eight years, maybe longer, but certainly the last eight, since [child] neglect has come to the top. And it's a shame when one comes up [higher], the rest have to go away. But absolutely, following the child deaths in the country, the folks that have been working in [child] sexual abuse, certainly, it was taken off the front burner.

This informant went on to say that in the last five years, domestic violence cases have also received greater attention from CPS than previously, further taking attention away from CSA issues.

The core child protection training is provided in this province in both French and English. The courses are offered in different centres around the province to make them as accessible as possible. Informants also noted that in addition to the core training, "a lot of training is within house". In addition to the core modules, supervisors "do case studies" with new workers, and regions make arrangements for outside people to train their workers when they see a need.

One informant expressed regret that newer social workers are not currently getting the same intensity of training regarding CSA as was available earlier. Although Agency C has a social worker with many years experience doing CSA investigations, many regions do not have workers with as much experience. The informant said, We need folks like Colleague #1 to be mentoring and looking at tapes. We did that way back, years ago. [Now], there's not time to do that level [of training] or there doesn't seem to be. So we've lost and children have lost. Children and families have lost because there aren't a lot of Colleague #1's left in the province. So it's important, I think, that we get back there.

One informant believes that the provincial department's goal is to have all CPS workers take an advanced training module on doing joint investigations with police. This informant pointed out that the same interview techniques are used for gathering information from a child about alleged physical abuse. The informant said,

The first wave of people [doing the advanced training module on joint investigations] was two years ago and now the second wave has done two sessions already and we're talking a lot of people. The goal is to have everybody trained in doing that. . .

Even workers who have been doing joint interviews with child victims of CSA for a long time continue to attend training. One informant said,

I'm going to the three-session training, I did that two years ago with Dr. John Yuille again and with Julie Canesten for a week and, wow. It's that they give you new [ideas]. The dangers of being in the same job for a long time is that you sometimes get in a rut of bad habits and it [training] makes you look at the way you do your job.

Response to Allegations of CSA Within Settings Under the Organization's Control

Hiring policies.

Informants stated that all employees hired to work in Agency C have had police

checks for any criminal record and the province's child protection database is also checked to make sure there are no previous concerns regarding these individuals with regard to the protection of children. No one with a criminal record or history of child maltreatment is employed by the agency. Similarly, checks for criminal records and via the provincial child protection database for any history of concerns about child protection are completed for all individuals applying to become a foster parent or to work in an agency-run group home. These checks are also done for anyone who might baby sit in a foster home. This regional office also does checks of the child protection database with respect to potential employees of other organizations that work with children in the community.

Policy re abuse allegations against an employee.

If an allegation of CSA (or any child protection concern) is made regarding a social worker that works for Agency C, another agency is asked to investigate. Informants indicated that in the past the agency might have investigated their own employee, but in approximately the mid 1990's, this practice was discontinued.

Policy re abuse allegations against a foster parent/group home worker.

If an allegation of CSA is made against a foster parent, the foster children in that home are removed and the allegation is usually investigated by Agency C in the same way as any other allegation of CSA at Agency C – the police are informed and the worker with expertise in interviewing children regarding sexual abuse conducts a videotaped interview with the alleged child victim. A police officer is present during these interviews, and the foster child's social worker from the resource unit observes the interview. An informant said the only difference compared to an investigation of a child in the community is that the resource unit is kept informed of developments. We also learned that the biological children of the foster parents are not always removed; this decision depends on the circumstances of the allegation.

Informants noted that foster parents are informed about the policy regarding response to allegations of abuse against foster parents when they receive foster parent training. A provincial policy dated 1997 states that the Regional Director, in consultation with appropriate staff, determines if an investigation of a foster home should be carried out by the local or a neighbouring office or region.

Informants indicated that allegations against a group home employee are handled similarly to those against foster parents except that the group home worker would be removed from the group home immediately rather than the children in care.

If an adult reports historical sexual abuse by a foster parent (and the alleged offender is still a foster parent), the agency contacts the police and advises the resource unit about this allegation. An informant said,

We'd liaise with the police to find out exactly what's gone on. We would not be involved directly in doing an investigation with her [the adult victim], but we'd gather some information from that person.

The resource unit would advise the social workers assigned to the children currently in the foster home about the allegation. These workers would in turn speak with the children in the care of the foster family to determine risk.

Other practices to protect children in care and staff.

Informants also indicated that there are written standards regarding the ratio of number of children per staff in residential settings. They also noted that workers are encouraged to avoid interviewing children in their offices (these areas are seen as personal space), and instead use meeting rooms that are close to well-populated areas of the agency's offices. In some cases, two workers are assigned to situations that might put workers at risk in terms of allegations of abuse.

Abuse investigations are routinely conducted by a social worker and police officer, and, in situations where the investigating social worker may be meeting with a child alone, the interview is always videorecorded. These would be situations of young children having engaged in sexual activity with one another and the parents are requesting that the children be interviewed.

This informant indicated that when children are brought into care two social workers are involved. In situations where workers are going to a home where there could be some risk to the worker's safety, another worker will accompany them. In situations where there are substantial concerns about potential violence, the workers will ask for police assistance.

Complaints procedures.

An informant stated that when an individual has a complaint about the worker with whom he or she has interacted, the client is first encouraged to discuss the complaint with the worker. If the problem is not resolved, the worker's supervisor meets with the individual to attempt to resolve the issue. Further steps, if the issue is not resolved, involve the unit manager, the regional director, and officials in the central provincial office.

The department has a written procedure outlining the steps to be followed if a complaint is received regarding a foster family. The child's social worker and the Children's Residential Services worker meet

to review the information and identify the approach to be taken to address the complaint; the information is shared openly in a meeting with the foster family as soon as possible, and a decision is made regarding any further actions to be taken (Family Foster Care Standards, p. 46).

The foster family is notified in writing of any action required.

Perceptions of Community Professionals' Awareness of their Duty to Report

The current legislation in this province appears to be very similar to Ontario's in terms of professionals' duty to report. Informants told us that professionals are required to report to the CPS if they suspect that a child has been abused or neglected. The legislation requires that the professional who has the suspicion or who received information from a child that leads one to suspect abuse is required to make the report directly – it is not to be delegated to someone else. The penalty for failing to report in this province is different from Ontario. In the province in which Agency C is located, the Minister may require a professional body to investigate, rather than a maximum fine of \$1000.00, as is the case in Ontario.

Informants believe that all professionals are very aware of their duty to report suspected child abuse or neglect. The agency has given many presentations to schools

over the years, and the perception is that teachers are very aware and that Agency C receives excellent cooperation from the schools. They also believe that police, day care staff, mental health counselors, and therapists are very aware of their duty to report; it was noted that older doctors are “not always forthcoming”. One informant said physicians are much better in terms of reporting suspected abuse than in the past, “but still, not all doctors report”.

In terms of the lay public, some informants were not sure whether there is an increased awareness of or willingness to report suspicions of CSA. One informant said, I can't say they're a whole lot better than they were. They're more aware. I think they're, people are more educated nowadays and, there's so much publicity about child abuse and things like that, and our local paper has a police beat and there's rarely a day that goes by that there's not some kind of sexual offense that's occurred that's been, written up, but... do I think that there's still people who turn their backs to it? Absolutely. Absolutely. Do I think that there are still people in this community that believe that it doesn't really exist, that it's just in the child's mind? Absolutely. .

Another informant perceived that willingness to report possible CSA has swung from one extreme to another like a pendulum. This person said,

[In the] late eighties/early nineties again, when we were dealing with that mass [of referrals of CSA], I think we got calls on everything because people, a little bit of knowledge is a dangerous thing. But we were saying, if you're not sure, call. But we were absolutely flooded with, “so-and-so is doing this; so-and-so is rubbing herself so does that mean . . ? All the yeast infections with little girls, it was just beyond. So I think with some level of education, it has come back, but I think we've moved . . I think people got so saturated with information, that I think in some ways they dismissed it. It was almost like, “you guys see sexual abuse everywhere”. And I do believe that we got to a point, and whether we're back into the middle again, I'm not sure, but my experience in the last few years I was involved with them, which was certainly in the early 2000's, people were just kind of tired of talking about it. It was like 'That's been done already.'

Role of the Agency in Prevention and Public Education about CSA

One informant thought that, provincially, child protection is doing more than in the past in terms of interventions designed to prevent families from becoming open protection cases. We were told that a major project at the provincial level is looking at prevention. Every regional office currently employs or contracts early intervention social workers that are responsible for preventive interventions with children and families. These efforts are primarily focused on children under five years of age and are done in collaboration with Public Health, providing parents with education and, in some cases, in-home support. They are not specifically focused on CSA.

One informant said that staff members in Agency C do some public education but the protection workload prevents them from doing as much as they would like to. Another informant said that the social worker from Agency C who does sexual abuse investigations regularly attends professional development days for police officers to communicate the role of child protection workers, what CPS expects of police, and what they can expect of the social workers. This informant believes that this helps to maintain

the good working relationship between the two organizations.

Agency C social workers who investigate CSA also give talks to the non-offending parent groups and crisis intervention groups at the local counseling agency, and also to the staff of day care centres, Headstart programs, and both staff and volunteers in the Victim Services office. For the last 20 years, they have been asked to address social work students at the local university regarding the responsibilities of child protection workers including what is involved in responding to reports of CSA. In the past, CPS workers spoke regularly to teachers and other staff in schools about duty to report and possible indicators of child abuse, but this role has been taken over more recently by school social workers.

Impact of Funding Levels

One informant expressed concern that in some parts of the province complaints of CSA may not always receive the same quality of response as is provided by Agency C because not all have the very experienced workers and excellent relationship with the police that Agency C enjoys. This informant also said that in his/her opinion when resources are limited, cases involving historical offenders are likely to receive less attention. Other informants did not think that funding levels affected the agency's response to cases involving historical offenders because the assessment of risk determines the agency's response.

We were told that workers in Agency C are carrying very large case loads, and while high priority reports of CSA are responded to within the required time frames, this often means that other cases must wait longer for services and therefore referrals that are rated as a lower degree of risk including ones involving possible sexual abuse of a child must wait longer to be seen. Although Agency C has recently been able to hire a few more social workers, they are still substantially short of the number required to respond well to all child protection concerns. Informants differed about whether training for CPS workers has received less funding – one informant thought less training specifically for CSA was available than in the past; another informant had not noticed any change.

A Broad Comparison of the Three Agencies Selected for Study

The similarities and differences among the three agencies will be discussed according to the subheadings used to describe the policies and practices of the agencies.

Current Practices in Responding to Allegations of Child Sexual Abuse.

In terms of current response to complaints of child sexual abuse, all three agencies were similar in the following ways:

- All three agencies have a clearly defined intake process with steps outlined by the legislation, namely 1) document the referral, 2) conduct background checks, 3) determine eligibility for service and response time, 4) consult with supervisor, 5) assign to CPS worker.
- All agencies immediately refer cases requiring CSA investigation to the police.
- All agencies view joint interviewing of the child with a trained police officer as ideal. It does not always happen in the Ontario agencies because of the unavailability of trained police officers. In these cases the interview conducted by the CAS worker is videotaped.
- Videotaping of the child's statement in a neutral location (not child's home), and usually at the offices of the CPS is standard practice in all agencies.
- All agencies would not normally involve the police to respond to cases of children under 12 who are engaged in sexualized behaviors
- All agencies typically refer cases of intrafamilial abuse to ongoing child protection services, and the decision to refer extrafamilial cases to the ongoing protection department depends on the assessment of parents' abilities to be protective or that they are requesting additional support from the child protection agency.
- All agencies report response times are dependent upon the degree of risk to the child, with intrafamilial sexual abuse rated as high or very severe degree of risk; the child's potential contact with the alleged offender is a significant factor in determining risk.
- All agencies have formal mechanisms requiring supervisor consultation throughout the investigation; all use Yuille's Step-Wise Interview, all use a statement validity analysis tool and all have a formal process to verify whether sexual abuse occurred. All appear to consider similar factors in the process of verification including the validity of the child's statement, forensic evidence, etc.
- All agencies try to avoid repeated interviewing of child victims

- All agencies conduct a safety assessment of the child or children in the course of the investigation.
- All agencies view investigation of reports of intrafamilial sexual abuse of children less than 16 years to be the agency's primary mandate.

In terms of current policies and practices, the agencies differ in the following ways:

- Agency C reported a key difference in that in their province, in addition to investigating abuse of children under 16 years, they are also responsible to investigate abuse of children 16 to 19 years with disabilities, and also abuse of elders.
- Informants from Agency C said that the CPS worker and police officer normally interview all child victims of extrafamilial abuse jointly. In the Ontario agencies, informants indicated that CPS involvement in cases that do not fall within the criteria of the Eligibility spectrum is "discretionary". Police do request the assistance of the Ontario agencies' CPS investigators to interview children where there is a complaint of CSA by someone outside the family (including a stranger), but it appears that CPS involvement in cases in Ontario where the parents are appropriately protective is discretionary.
- The provincial protocols for Agency C clearly state that CPS workers may intervene in child abuse situations that occur outside the family and that their mandate remains the same as in intrafamilial abuse. Where there are no protection concerns, "the effort of the CPS worker is to support the parents and the child in eliminating future abuse and assist the family to obtain counseling services, where appropriate".

It is possible that practice is not actually very different between Ontario and the other province; however, the practice of doing joint interviews with all child victims of CSA in Agency C may mean that Agency C is more likely to be involved in some cases of extrafamilial CSA than are Ontario agencies. On the other hand, Agency C may not respond to cases involving CSA by a noncaregiver for a lengthy period of time because of their high caseloads and the fact that these cases are not assessed as high priority.

- Agency A reported the most concerns regarding police availability to conduct joint interviews with the child. However, the other two agencies also indicated that there are times when a police officer is not immediately available. An informant at Agency C reported that in rural centers of the province the CPS worker may do a "pre-interview" to determine if the report has substance, before requesting police assistance to interview the child.
- An Agency A informant said that workers screen all children who come to the attention of the agency for possible sexual abuse by conducting a safety assessment. We are unclear whether a safety assessment of all children conducted at the other agencies would include screening for possible sexual abuse.
- Ontario agencies (A and B) report open sharing of information to and from CAS and police regarding a current investigation only. They report it can be difficult to get information regarding historical sexual offences. Agency B indicates that having CPS

workers located in police stations facilitates the sharing of information. Agency C reports more open sharing of information and report police as very willing to share information.

- CPS workers at Agency C seem to have very large caseloads and informants indicated that CSA referrals rated as priority three or four are often not seen as quickly as the standards require. The Ontario agencies indicated that they do for the most part meet the standards in terms of response time for all cases deemed as requiring their intervention.

Past Practices and Evolution of Response to Allegations of CSA.

Regarding past practices and changes over time, all three agencies were similar in the following ways:

- All agencies report having a marked increase in referrals of CSA in the mid 1980's. Informants from Agencies A and B who were working in the agency in the 1960's and 1970's reported CSA seemed non-existent prior to the early 1980's. All agencies indicated that CPS workers had inadequate training to respond to the onslaught of CSA disclosures at least in the early 1980's. Workers in Agency C received excellent province wide training in 1987; the Ontario agencies also spoke of receiving training during the 1980's as the need for it became clear.
- Informants from both Agencies A and B reflected that in the past, child victims were often not believed, and signs and symptoms of possible sexual abuse, or attempts to disclose abuse were not recognized as they are today. Agency C informants stated that they did not know how to handle CSA cases when they first began to appear, and some cases were not referred to the police that would be today. Currently, all agencies are responding to cases of children with sexual behavior problems and view these behaviors as a potential indicator of CSA.
- Agencies A and B informants who were employed prior to early 1980's reported that in the 1970's, CPS and police would do separate interviews. The protocol requiring joint interviews whenever possible came into effect in Agency A's region in 1986, and in Agency B's region in 1988. Agency C informants indicated that prior to joint CPS/police province-wide training in 1987, allegations of CSA were handled the same way as other child protection referrals. Police were not always contacted. The protocol requiring joint interviews was implemented in that province in 1989.
- All agencies report a drop in the rates of substantiated CSA since the late 1990's. One informant at Agency C said that there has been a decline in intrafamilial CSA but perhaps not in extrafamilial CSA. Several informants reported suspicion that real incidence of CSA may not have decreased but that the attention of the public and the child welfare system has moved away from CSA and onto neglect and domestic violence; others believe prevention efforts may have had an impact.

Coordination with Other Organizations in Response to CSA.

With respect to coordination with other organizations in response to CSA, all three agencies were similar in the following ways:

- All agencies perceived current relationships between police as positive and viewed ongoing relationships between CAS and police investigators as in the best interests of the child and family. A consistent theme across sites was that having the opportunity to work with the same officers frequently makes the relationship better.
- All agencies described an evolution towards a formal, standardized response to complaints of CSA. Alleged offenders are now more likely to be removed from homes rather than the victims, and alleged offenders are more often charged than in the past.
- With the reduction in reports of CSA during the 1990's, and funding shortfalls during the mid 1990's, the two Ontario agencies lost programs that provided specially trained police and CAS investigators and/or specially trained therapists for victims of CSA. Although funding by the Ontario government to child welfare has increased substantially in recent years, these specific programs have not been reinstated. Agency C still has a specially trained and very experienced investigator for CSA cases. However, we were told that in another regional office in that province a specialized treatment team was discontinued in the late 1990's, and currently many offices have less experienced investigators than does Agency C.
- In the past, all agencies had some form of community council that followed either high-risk cases, (Agency B had a death review committee) or as a communication forum to discuss investigation/case management issues. All three agencies reported these committees disbanded over time.

Some slight differences between the three agencies were noted in the following areas:

- Agency A informants seemed the most aware of the process of professionals coming together to develop protocols and a community response, but informants at Agency B also recalled that police, crown attorney and agency representatives were involved in the development of that protocol, and that protocols with other community agencies had been developed. Agency C informants were less aware of the process involved in developing the protocols probably because they were developed at the provincial level.
- Agency B shares its office building with a number of community agencies and has CPS workers located in police offices and schools. Agency A provides funding and space for the offices of the Child Abuse Council in its building. Agency C's protection services are only one section of a larger regional office that provides a range of social, family and community services.

Protocols (Past and Present)

All three agencies were similar in the following ways:

- Agency A developed the first written protocol with police in 1986. For Agency B, it was 1988 and for Agency C it was 1989.
- Protocols with police across all agencies currently define when each party is to contact the other organization, identify the steps to be followed in a joint investigation and how information is to be shared, clarify respective CAS/police roles and responsibilities during the investigation, state the need to videotape interviews and provide guidance regarding how decisions about conducting interviews are to be made.
- All informants described CAS/police protocols in favorable terms; they reduced confusion regarding roles, helped build professional relationships amongst front-line investigators, defined sound investigation practices, educated novice investigators and created a mechanism to resolve conflicts that may emerge during the course of an investigation.
- All three agencies report the existence of protocols between the child protection agency and a range of community social service agencies, local hospitals, and boards of education. Agency A appears to invest considerable resources in the development and maintenance of community protocols. All agencies view protocols as a means of educating professionals on duty to report & subsequent CAS response.

Some small differences were noted as follows:

- Agency A updated their protocol with the police in 1995 and again in 2005. The provincial child victim and abuse protocols for Agency C were also updated in 1995 and again in 2005. The protocol with police and Agency B has not been updated since 1988 but informants noted that the need to update these protocols with the police, victim assistance services and Crown Attorney has been recognized and steps are being taken to do this.
- Workers in Agency A may have more direct awareness of their protocols and we were told the agency occasionally brings medical staff from a hospital in to educate agency staff about steps to be taken when a child needs a medical examination in the course of an investigation. Agency C workers are very aware of the provincial protocols and have easy access to them on-line. New workers at Agency B may not be as aware of the protocol with police, and may not have direct access to a copy of the protocol; however supervisors and longer-term workers are aware of them.
- Agency B noted that reports about suspected abuse from the Board of Education and daycare centres are, on occasion, not received as quickly as is mandated by the legislation. Other agencies did not report issues in this regard.

- Informants at Agency A and Agency C indicated that in their opinion, protocols cannot replace worker training; solid social work knowledge and skills are necessary to practice effectively within the framework of protocols. Workers in Agency B may also hold this opinion but it was not expressed directly.

Practices in Responding to Reports of Historical CSA.

All three agencies are similar in the following ways:

- In response to allegations of historical CSA, all three agencies currently limit their response to advising the adult survivor that he/she may contact police to report concerns; all agencies also evaluate whether the alleged offender currently has access to children that presents a risk to specific identified children.
- All agencies report that currently they rarely receive allegations directly from adult survivors. More often, reports of historical abuse come from community members advising that a woman is living with a known offender. Informants did not report experience with reports of historical abuse by a community member; they made reference to reports of alleged sexual abuse by individuals within education settings, but these were reports of recent abuse.
- All agencies, when historical abuse is reported to them and it is believed that a child under 16 years is at risk, do background checks, sometimes seek out police or past treatment reports on the alleged offender, and sometimes do a safety interview/screening with potential victims. The decision to take these steps depends on the details of the case – with potential risk to a child determining what steps will be taken. All spoke of legal limits in their ability to advise new partners of the historical offender’s history, but several spoke of cases where they would meet with the historical offender and suggest that he or she tell the new partner about his or her history of sexually abusing a child.
- Across agencies, response is dependent upon the degree of risk the alleged offender is perceived to pose, the availability of background information on the alleged offender, and the availability of staff to conduct safety assessments.
- All agencies indicated the response must be individualized to each case and balance the rights of the alleged offender with the degree of current risk to children.
- No agency had a specific written protocol or policy for responding to historical abuse allegations. Those in Ontario pointed to guidelines in 1992 that stated cases of historical abuse should be referred to the police, and investigated by the CPS only if there is an allegation or evidence that a child under the age of 16 may be at risk or may have been abused. They also pointed to the ORAM, which specifies that for a case to require investigation by child protection services, the child must be under the age of 16 and the report must meet the criteria for either extremely severe sexual abuse or moderately severe sexual abuse according to the Eligibility Spectrum, or the risk thereof. It should be noted that the Revised Eligibility Spectrum (OASW, 2006) states,

As in any situation where child protection decisions must be made, **worker judgment is an important factor in using the Spectrum**. . . . It is important that the Spectrum not be misused through too rigid or too literal an interpretation, which might result in a screening out of legitimate cases. When in doubt as to severity, err on the side of greater severity. . . . **The Spectrum is a guide, not a replacement for worker judgment** (p. 10-11 bolding in the original).

However, key informants in Ontario agencies suggested that current practice is usually guided by the scales contained in the Eligibility Spectrum.

Some differences were identified:

- Both Ontario agencies reported difficulty protecting children from historical offenders if the offender has been found not guilty in a criminal court because this makes it more difficult to obtain a court decision that the child is in need of protection.
- Ontario agencies report it can be difficult to obtain information from police regarding historical sexual offences because of privacy concerns. Agency C appears to have more flexible sharing of information between police and the CPS.
- The Ontario informants mentioned no statute of limitation to addressing an offender's history with a caregiver; however, informants from Agency C spoke of child protection legislation in that province that limits the disclosure of information about an individual to five years after the date of an assault conviction or court order with regard to a child's safety. The informants saw this as meaning that they cannot legally inform a new partner of the offender's history of child abuse if the conviction or court order occurred more than five years previously.
- All agencies normally attempt to inform the potential child victim's caregiver that the historical offender poses a degree of risk; however, as noted above, differences appear to exist regarding what information can be legally shared with guardians. Agency C informants indicated that sometimes the police may inform parents of a new partner's or family friend's history of abusing children or the child protection agency may encourage concerned community members to inform them when workers at Agency C do not believe they can legally share this information. Agency A informants said that they have in some cases contacted individuals with a history of sexual abuse of a child and strongly encouraged that person to share his or her history with a new partner or friend who has children.
- An informant for Agency C reported that in the 1980's, in a regional office that had a victim treatment program, workers provided counseling for some adult survivors who requested it during that time. The Ontario agencies did not report providing treatment to adult survivors.

Agency Experience with Multi-Victim/Multi-Offender CSA Allegations

In this category the agencies were similar in the following ways:

- All three agencies reported having responded to a small number of cases involving multiple victims; Agency C reported experience with one case involving two offenders (male and female partners), but the other two agencies reported no experience with cases involving multiple offenders. None of the agencies had a written protocol to deal specifically with these types of cases. All reported that they would rely on usual investigation protocols/standards for all cases.
- Multi-victim cases were seen by all agencies as needing increased information sharing and coordination of roles. Agencies A and B have used a team approach with cases of multiple victims but Agency C has assigned one police officer and one CAS worker to do all of the interviews. All agencies saw these investigations as labour intensive and as exacting an emotional toll on the investigators who are required to listen to detailed descriptions of multiple acts of sexual maltreatment.

One difference among the three agencies included:

- Agency C informants spoke of protocols with the Board of Education for investigation of allegations against school staff that included a school board representative who observed police/CAS interviews. Agencies A and B referred to protocols with local Boards of Education, but these seemed more related to the duty to report any allegation of child maltreatment directly to CAS.

Training of Workers Responding to CSA

The similarities in this category included:

- All three agencies reported that no training specific to CSA existed prior to the 1980's. All began training with internationally acclaimed trainers such as Suzanne Sgroi and John Yuille by the mid to late 1980's. All described this training in very positive terms, in that it prepared workers to practice with more confidence and resulted in improved consistency of response.
- Both Ontario agencies sent staff to the Institute for the Prevention of Child Abuse (IPCA) and appreciated that these training programs were innovative at the time.
- All informants stated that joint CPS/police training is preferred because it allows for increased understanding of the role and mandate of personnel in the other organization and assists in the development of professional relationships between police and CPS workers.
- All informants emphasized the value of local joint CPS/police training programs as they allow for the development of long lasting collegial relationships between CAS/police.

- All agencies have brought in their own well-known trainers from time to time to address gaps.
- Informants from all three agencies reported concern that CSA is falling off the radar as a result of fewer referrals of CSA, increased attention to neglect and domestic violence, and increased staff turnover.

Agencies differed to some degree in terms of current availability of joint police/CPS training:

- Both Ontario agencies reported that the current lack of joint CPS/police training is a concern because it may be contributing to loss of gains that were made in the past. Informants in Agency C indicated that joint CPS/police training still occurs but perhaps less frequently than in the past. Informants from the Ontario agencies do not view the current OACAS new worker training program as adequate to meet the needs of workers. Agency C also described their core-training program as being only the “bare bones” in terms of investigation skills.

Response to Allegations of Abuse within Settings under the Organization’s Control

The three agencies are similar in the following ways:

- All three agencies require criminal record checks when hiring staff, or screening foster parents or volunteers.
- All three agencies have complaints procedures with similar steps for the resolution of client concerns: 1) address with worker, 2) with worker & supervisor, 3) with senior manager, 4) with board member or Ministry representative
- All three agencies request a neighboring agency to investigate allegations of child abuse by agency employees; employees are immediately removed from contact with children until the completion of the investigation.
- All three agencies have an experienced investigator conduct interviews of children when dealing with allegations against agency foster parents. The interviews are conducted in the same manner as other complaints of CSA. It is common practice to immediately remove all foster children from the foster home pending the investigation outcome. All agencies assign experienced worker(s) to conduct the investigation, and who do not have a working relationship with the foster family. All agencies involve Resource Department social workers to provide support to the foster children during the investigation of the foster home and to keep that department informed of the progress of the investigation. These allegations are reported to senior management and ministry staff persons because these events are seen as “serious occurrences”.
- All three agencies reported taking steps to protect staff from being accused of sexually harming a child. Agency C informants were most clear about never

interviewing children alone and without video recording

- All agencies that operate or have operated group homes reported having clear guidelines around staff/resident ratios and practices to protect children from abuse.

Differences among the agencies included:

- Ontario agencies are unable to use the Fast Track Information System or the Child Abuse Register to do background checks on potential employees or foster parents or volunteers. Informants from both agencies perceive this regulation as a flaw in the system. The Child Abuse Register is only used during the course of an investigation to see if a currently alleged offender has a past history of abusing children in Ontario. The Child Welfare Secretariat in the Ministry of Children and Youth Services reports that it is working closely with the Ontario Association of Children's Aid Societies to develop and pilot test a new single information system for the child welfare system. This process is seen by the Ministry as an opportunity to find a way to increase the safeguard mechanisms for children while protecting the privacy of client personal information.
- Agency C is able to use their provincial child protection database to screen potential employees, foster parents and volunteers. A supervisor in Agency C conducts checks of the provincial child protection database at the request of community agencies providing direct services to children in order to screen potential employees for these agencies.

Perceptions Regarding Community Professionals' Awareness of their Duty to Report

All three agencies reported an increase in community professionals' understanding of their duty to report and their willingness to do so. Ontario and the other Canadian province have very similar duty to report legislation.

- All three agencies reported that older doctors seem to be the group most reluctant to directly report abuse.
- Agency A and Agency B both stated that they encourage community members to do a non-identifying "run by" with intake staff regarding any situations about which they are uncertain in terms of their duty to report.
- All three agencies conduct community presentations to inform professionals of their duty to report.

Role of the Agency in Prevention and Public Education re CSA.

- Agency A's public education and prevention efforts focus on the development and maintenance of duty to report protocols and other practice-based protocols. They also schedule regular meetings with some community organizations with whom they work closely in order to maintain cooperative relations. Agency A's region also has a Child Abuse Committee with whom the agency works that conducts education programs in the schools.

- Agency B's prevention efforts center around having social workers in the schools to assist families to prevent child protection concerns. This agency also has CPS workers located in two police stations to enhance coordinated response and possibly prevent domestic/family problems from becoming more serious.
- Agency C has staff doing a number of community presentations to groups such as police, universities, parents groups & teachers. Agency C informants also describe the province as engaged in a large prevention project.

Impact of Funding Levels

Agencies were similar with regard to the following:

- Both Agency A and Agency B informants indicated that cuts to funding resulted in the removal of agency programs for the treatment of child victims of CSA in the late 1980's. A similar cut to treatment programs was also reported in the province in which Agency C is located.
- With respect to CPS response to cases involving historical CSA, workers stated that any case where a child is assessed to be at high risk is responded to as required by the standards, and that funding does not affect this.

Some difference appears with regard to the following:

- Both Agency A and Agency B said that funding does not impact response to complaints of recent CSA because these cases are seen as falling within the primary mandate of the agencies. Agency C indicated that large caseloads do result in a slower response to cases involving CSA that are assessed as lower priority – but cases assessed as high priority at Agency C are not affected by funding issues.

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Appendix A

The following two sections from the Ontario Child Welfare Eligibility Spectrum (2006) are reproduced with the permission of the Ontario Association of Children's Aid Societies.

SECTION 1 – Scale 3 (pp. 24-27)

ABUSIVE SEXUAL ACTIVITY

Child and Family Services Act References

37(2)

A child is in need of protection where:

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c).

Interpretation

Abusive sexual activity/exploitation includes, but is not limited to, any sexual contact between a child and caregiver, or family member or community caregiver having charge of the child regardless if the sexual contact is accomplished by force, coercion, duress, deception, or the child understands the sexual nature of the activity (Tower, 1996). Sexual activity may include sexual penetration; sexual touching; or non-contact sexual acts such as exposure, sexual suggestiveness, sexual harassment or voyeurism.

In assessing abusive sexual contact between children, significant disparity in age, development, or size rendering the younger child incapable of giving informed consent needs to be considered (Ryan, 1991).

Definition of abusive sexual activity/exploitation includes the following:

- **Extreme Sexual Abuse**

Child was ritually and/or sadistically abused and/or physical violence occurred during the sexual activity.

- **Sexual Intercourse**

Child was sexually abused – sexual intercourse occurred (oral, anal and genital).

- **Sexual Molestation**

Person has sexually molested the child (e.g. fondled breast or genitals; made child exhibit himself or herself), but there was no sexual intercourse between them.

- **Sexual Exhibitionism**

Person has exhibited himself or herself sexually in front of the child (e.g. exposure of genitals, masturbation). The child may have been pressured to participate, but did not do so.

- **Sexual Harassment**

Child is being harassed, encouraged, pressured, or propositioned to perform sexually. No sexual activity has actually occurred.

- **Sexual Suggestiveness**

Sexually provocative comments are made to a child, or a child is shown pornographic photos. There have been no sexual approaches to the child, and no molestation is suspected.

- **Other Sexual Abuse**

Sexually abusive activities other than those described above such as exploitation for the purpose of pornography, voyeurism, observation of adult sexual behaviour, “grooming” activities, etc. have occurred.

Allegations made about a child under the age of 16 of past (historical) sexual harm should be plotted on this scale. Allegations of past sexual harm which suggest a current risk that other children may be harmed, should be plotted on Section 5, Scale 1, “Caregiver has History of Abusing/Neglecting”.

Rating Scale for Abusive Sexual Activity

Extremely Severe

A Sexual Abuse - Prime Caregiver

It is alleged/verified that child sustained abusive sexual activity by a prime caregiver of the child (See Explanatory Note on page 6, e.g. mother, father, stepfather, live-in partner). A caregiver having an access visit is included here.

B Sexual Abuse - Prime Caregiver Had Knowledge

It is alleged/verified that child sustained abusive sexual activity by someone other than the prime caregiver, but the prime caregiver had full knowledge of what was happening and allowed it to occur.

C Sexual Abuse - Family Member As Caregiver

It is alleged/verified that child sustained abusive sexual activity by a family member who was in a caregiving role at the time of the offense, but who is not a primary caregiver (e.g. grandfather, aunt, uncle) and has regular access to the child.

Prime caregiver did not have knowledge of this and/or did not allow it to occur.

A parent having an access visit is considered a prime caregiver so should be scored as A above.

D Sexual Abuse - Community Caregiver

It is alleged/verified that child sustained abusive sexual activity by a person outside the family, but someone in a caregiving role (e.g. babysitter, teacher, recreational leader).

Prime caregiver did not have knowledge of this and/or did not allow it to occur.

- E Physical Indicators of Sexual Abuse - No Perpetrator Identified**
It is alleged/verified that child has physical indicators of abusive sexual activity (e.g. sexually transmitted disease, trauma to genital area), but no specific abuse allegation has been made and the specific identity of the perpetrator is unknown.

Moderately Severe

- F Child Exhibits Sexual Behaviour - No Perpetrator Identified**
It is alleged/verified that child exhibits unexplained sexual behaviour indicative of knowledge/experience beyond his/her age and development (e.g. young child simulating intercourse with dolls or another child). No specific abuse allegation has been made.
- G Sexual Harm - Family Member - Not a Caregiver**
It is alleged/verified that child sustained harmful sexual activity at the hands of a family member who was not in a caregiving role (e.g. sibling). The caregiver of the victim has not condoned the activity, but has not been able to protect the child.
- H Risk That The Child is Likely To Be Sexually Harmed**
It is alleged/verified that child is likely to be sexually harmed as described in A, B, C and D above.
- I Risk That The Child is Likely To Be Sexually Harmed/Questionable Sexual Activity**
It is alleged/verified that child is likely to be sexually harmed as a result of an escalating pattern of questionable sexual activity by a caregiver of the child. This could include such activities as adults being indiscreet in performing sexual relations, adults continuing to bathe with older children, adults continuing to share a bed with older children, or other questionable sexual activity when it is also alleged/verified that there is sexual intent and the child is viewing the activities as threatening or as inappropriate.

Intervention Line

Minimally Severe

- J Questionable Sexual Activity**
It is alleged/verified that a caregiver engages in activities that may not be appropriate around a child. These concerns would not fall into the definitions of abusive sexual activity or questionable sexual activity (as in I above) which causes a risk of harm; but could include the same activities (such activities as adults being indiscreet in performing sexual relations, adults continuing to bathe with older children, adults continuing to share a bed with older children, etc.) when sexual intent is not alleged/verified nor is the child seeing these activities as threatening or as necessarily inappropriate.
- K Sexual Harm - Not a Family Member - Not a Caregiver**
It is alleged/verified that child sustained abusive sexual activity at the hands of a person outside the family and not in a caregiving role.

Prime caregiver did not have knowledge of this and/or did not allow it to occur.

This section should be scored as not eligible for protection services, meaning that the family or community colleague will not receive a child protection service beyond a community link service; or cases that receive more extensive service through the agency should be scored in the following manner: Families who request counselling for sexual assault or abuse -- see Section 6 "Request for Counselling". Community colleagues who request abuse expertise and/or assistance with a sexual assault investigation -- see Section 10 Request for Assistance.

If the child has been harmed by a non-family member who is not a caregiver due to a caregiver lack of supervision, score under Section 2, Scale 1, Inadequate Supervision. If the child has not been harmed but there is a concern of risk of harm by a non-family member - not a caregiver, score under Section 5, Scale 2, Caregiver Inability to Protect.

Not Severe

L No Sexual Abuse or Harm

It is alleged/verified that child sustained no abusive sexual activity and there are no other current conditions and/or safety or risk factors which indicate a likelihood of maltreatment.

Section 5 – Scale 1: Caregiver Has History of Abusing/Neglecting Scale 1 (p. 76-79)

CAREGIVER HAS HISTORY OF ABUSING/NEGLECTING
Child and Family Services Act References

37(2)

A child is in need of protection where:

- (b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - (i) failure to adequately care for, provide for, supervise or protect the child, or
 - (ii) pattern of neglect in caring for, providing for, supervising or protecting the child.
- (c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;
- (d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);
- (f) the child has suffered emotional harm, demonstrated by serious,
 - (i) anxiety, (ii) depression, (iii) withdrawal, (iv) self-destructive or aggressive behaviour, or (v) delayed development and there are reasonable grounds to believe that the emotional harm suffered by the child results from actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
- (f.1) the child has suffered emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (g) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) resulting from the actions, failure to act, or pattern of neglect on the part of the child's parent or the person having charge of the child.
- (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in sub clause (f) (i), (ii), (iii), (iv), or (v) and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

Interpretation

This section is to be used to identify those situations where there is

- a caregiver who has a history of perpetrating child abuse/neglect

or

- there is an introduction/re-introduction of a caregiver or adult with a history of partner violence or adult conflict that has previously resulted in harm/neglect to a child

- and
- that caregiver is currently in a caregiving role or has on-going access to children

- and
- circumstances precipitating the previous abuse/neglect have not changed

- and
- there is no current allegation or evidence that harm is occurring

Due to the caregiver's history of child abuse/neglect and the likelihood of the maintenance of abusive or neglectful interactional patterns by the caregiver there is a risk that a child is likely to be abused/neglected again.

Examples of such caregivers are: parents of newborns where one/both parent has a history of abusive/neglectful parenting; people who have a history of abusing children have moved into caregiving positions such as step-parents or teachers; a convicted paedophile; an adult with a history of partner violence or adult conflict where the conflict resulted in harm to a child.

In situations where evidence exists that requires a caregiver's own children to be the subject of a CAS investigation due to allegations received about that caregiver from another family's child(ren), score in this section.

If evidence exists that the child has already been harmed/neglected and would fall above the intervention line in a previous Spectrum section, score in the appropriate section.

Rating Scale For Caregiver Who Has History of Abusing/Neglecting

Extremely Severe

A Criminally Convicted Paedophile

It is alleged/verified that person in a caregiving role with the child is a criminally convicted paedophile (e.g. has committed numerous sexual offenses against children has been convicted, and has been determined to be "Untreatable").

If the person has not been determined to be a paedophile, see Level B, C, or D below.

B Previous Abuse/Neglect of Specific Child - No Change in Precipitating Circumstances

It is alleged/verified that person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/neglected, that specific child or children and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (e.g. perpetrator has not received counselling, financial stresses continue, alcoholism continues, etc).

C Previous Abuse/Neglect of Similar Children - No Change in Precipitating Circumstances

It is alleged/verified that a person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/neglected, another child of similar description and it is suspected that circumstances precipitating the previous

abuse/neglect have not changed (e.g. perpetrator has not received counselling, financial stresses continue, alcoholism continues, etc.).

D Previous Perpetrator of Child Exposure to Conflict Causing Harm - Specific Child, No Change in Precipitating Circumstances

It is alleged/verified that a person with a history of partner violence or adult conflict that previously resulted in physical, mental, emotional harm, a developmental condition or neglect to a specific child is again in a relationship with a caregiver or adult (in that child's family) with whom there has been a pattern of violence and it is suspected that circumstances precipitating the previous harm have not changed (e.g. couple that previously experienced partner violence resulting in child exposure that caused harm has reunited without resolving issues, perpetrator has not received counselling, alcoholism continues etc.).

Moderately Severe

E Previous Abuse/Neglect of Different Children - No Change in Precipitating Circumstances

It is alleged/verified that a person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/neglected, another child or children of a different description and it is suspected that circumstances precipitating the previous abuse/neglect have not changed (e.g. perpetrator has not received counselling, financial stresses continue, alcoholism continues, etc.).

F Previous Perpetrator of Child Exposure to Conflict Causing Harm - Different Child, No Change in Precipitating Circumstances

It is alleged/verified that a person with a history of partner violence or adult conflict that previously resulted in physical, mental, emotional harm, a developmental condition or neglect to a child is in a relationship with an adult or parent/caregiver of a different child; and it is suspected that the circumstances precipitating the previous violence and resulting harm to a child have not changed (e.g. perpetrator has joined another family with children but perpetrator has not received counselling, alcoholism continues etc.).

Intervention Line

Minimally Severe

G Previous Abuse/Neglect of Children - Changed Precipitating Circumstances

It is alleged/verified that person in a caregiving role with the child has previously abused/neglected, or is alleged to have abused/ neglected, a child or children but the circumstances precipitating the previous abuse/neglect are believed to be no longer relevant (e.g. counselling has been received, financial stresses relieved, alcoholism overcome, etc.). Confirmation of these precipitating circumstances having changed (e.g. notation in previous file that counselling was completed) has been received.

H Previous Perpetrator of Child Exposure to Conflict Causing Harm - Changed Circumstances

It is alleged/verified that a person with a history of partner violence or adult conflict that previously resulted in physical, mental, emotional harm, a developmental condition or neglect to a child is in a relationship with an adult or parent/caregiver of a child but the

circumstances precipitating the previous harm are no longer relevant (e.g. perpetrator has received treatment and overcome propensity to violence) and confirmation of the changes have been received from appropriate collaterals.

Not Severe

I No History of Abuse/Neglect

Caregiver of child has no alleged/verified history of abuse/neglect and there are no other current conditions and/or safety risk factors which indicate a likelihood of maltreatment.

Appendix B

Improving the Client Complaint Process⁹

Bill 210 strengthens accountability in the child welfare system by creating an improved client complaint review procedure that means:

- Societies will set in place a written complaints review procedure that is easy to understand and readily accessible to all clients;
 - Societies will adhere to consistent steps and timeframes when processing client complaints in order to build integrity in the system; and
 - Clients will have an opportunity to voice their concerns and work together with Society staff through the complaint resolution procedure.
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- The new client complaint review procedure also establishes the Child and Family Services Review Board as an objective, independent body to conduct a review in the first instance or when a client complaint cannot be resolved at the local Society level.

 - The kinds of complaints that can be reviewed by the Board are as follows:
 - the removal of a Crown ward from a foster placement;
 - the refusal to place a particular child with a particular family for adoption, or the decision to remove a child after he or she has been placed for adoption;
 - alleged inaccuracies in a Society's files or records;
 - allegations that a Society refused to proceed with a complaint;
 - allegations that a Society failed to respond within a reasonable timeframe to the complaint;
 - allegations that a Society failed to comply with the complaint review procedure;
 - allegations that a Society has failed to ensure that children and their parents have an opportunity to be heard and represented when decisions affecting their interests are made, or when they have concerns about the services they are receiving;
 - allegations that a Society failed to provide reasons for a decision that affects the complainants interests; and
 - allegations that a Society failed to comply with its internal complaint review procedure.

⁹ This information was provided by the Child Welfare Secretariat of the Ontario Ministry of Children and Youth Services.