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## TITLE: REPORTING OF CHILD ABUSE

### 1.0 Rationale:

All employees of District School Board Ontario North East share in the vital role of the identification and the prevention of child abuse. Board employees have the moral and legal responsibility to report any and all suspected cases of child abuse.

### 2.0 Definitions:

The Child and Family Services Act, 1990: SECTION 37 states:

#### **“Interpretation**

**37. (1)** In this Part,

“child” does not include a child as defined in subsection 3 (1) who is actually or apparently sixteen years of age or older, unless the child is the subject of an order under this Part; (“enfant”)

“child protection worker” means a Director, a local director or a person authorized by a Director or local director for the purposes of section 40 (commencing child protection proceedings); (“préposé à la protection de l’enfance”)

“parent”, when used in reference to a child, means each of,

- a) the child’s mother,
- b) an individual described in one of paragraphs 1 to 6 of subsection 8 (1) of the *Children’s Law Reform Act*, unless it is proved on a balance of probabilities that he is not the child’s natural father,
- c) the individual having lawful custody of the child,
- d) an individual who, during the twelve months before intervention under this Part, has demonstrated a settled intention to treat the child as a child of his or her family, or has acknowledged parentage of the child and provided for the child’s support,
- e) an individual who, under a written agreement or a court order, is required to provide for the child, has custody of the child or has a right of access to the child, and

- f) an individual who has acknowledged parentage of the child in writing under section 12 of the *Children's Law Reform Act*,

but does not include a foster parent; ("père ou mere")

"place of safety" means a foster home, a hospital, a person's home that satisfies the requirements of subsection (5) or a place or one of a class of places designated as a place of safety by a Director or local director under section 18, but does not include,

- a) a place of secure custody as defined in Part IV, or
- b) a place of secure temporary detention as defined in Part IV. ("lieu sûr") R.S.O. 1990, c. C.11, s. 37 (1); 2006, c. 19, Sched. D, s. 2 (5); 2006, c. 5, s. 6 (1,2).

### **Child in need of protection**

(2) A child is in need of protection where,

- a) the child has suffered 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;
- 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, including by child pornography, 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;

**See: 2008, c. 21, ss. 2, 6.**

- d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);
- e) the child requires medical treatment to cure, prevent, or alleviate physical harm or suffering 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, the treatment;
- 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 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;

- (f.1) the child has suffered emotional harm of the kind described in subclause (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 subclause (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 subclause (f) (i), (ii), (iii), (iv) or (v) and that 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;
- h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unable to consent to, treatment to remedy or alleviate the condition;
- i) the child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody;
- j) the child is less than twelve years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence 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, those services or treatment;
- k) the child is less than twelve years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately; or
- l) the child's parent is unable to care for the child and the child is brought before the court with the parent's consent and, where the child is twelve years of age or older, with the child's consent, to be dealt with under the Part. R.S.O. 1990, c. C.11, s. 37 (2); 1999, c. 2, s. 9.

### **Best interests of child**

(3) Where a person is directed in this Part to make an order or determination in the best interests of a child, the person shall take into consideration those of the following circumstances of the case that he or she considers relevant:

1. The child's physical, mental and emotional needs, and the appropriate care or treatment to meet those needs.
2. The child's physical, mental and emotional level of development.
3. The child's cultural background.
4. The religious faith, if any, in which the child is being raised.
5. The importance for the child's development of a positive relationship with a parent and a secure place as a member of a family.
6. The child's relationships and emotional ties to a parent, sibling, relative, other member of the child's extended family or member of the child's community.
7. The importance of continuity in the child's care and the possible effect on the child of disruption of that continuity.
8. The merits of a plan for the child's care proposed by a society, including a proposal that the child be placed for adoption or adopted, compared with the merits of the child remaining with or returning to a parent.
9. The child's views and wishes, if they can be reasonably ascertained.
10. The effects on the child of delay in the disposition of the case.
11. The risk that the child may suffer harm through being removed from, kept away from, returned to or allowed to remain in the care of a parent.
12. The degree of risk, if any, that justified the finding that the child is in need of protection.
13. Any other relevant circumstances. R.S.O. 1990, c. C.11, s. 37 (3); 2006, c. 5, s. 6 (3).

### **Where child an Indian or native person**

(4) Where a person is directed in this Part to make an order or determination in the best interests of a child and the child is an Indian or native person, the person shall take into consideration the importance, in recognition of the uniqueness of Indian and native culture, heritage and traditions, of preserving the child's cultural identity. R.S.O. 1990, c. C.11, s. 37 (4).

### **Place of safety**

(5) For the purposes of the definition of "place of safety" in subsection (1), a person's home is a place of safety for a child if,

- a) The person is a relative of the child or a member of the child's extended family or community; and
- b) A society or, in the case of a child who is an Indian or native person, and Indian or native child and family service authority designated under section 211 of Part X has conducted an assessment of the person's home in accordance with the prescribed procedures and is satisfied that the person is willing and able to provide a safe home environment for the child. 2006, c. 5, s. 6 (4).

**Note: Despite the proclamation of the Statutes of Ontario, 1999, chapter 2, section 9, section 37 of this Act, as it read before March 31, 2000, continues to apply with respect to any proceeding under Part III, including a status review proceeding, that was commenced before March 31, 2000. See: 1999, c.2, ss. 37 (5), 38."**

### 3.0 Policy:

It is the policy of District School Board Ontario North East that suspected cases of child abuse shall be reported to the appropriate Children's Aid Society.

## PROCEDURES:

(found in: <http://docushare.dsb1.edu.on.ca/docushare/dsweb/View/Collection-4120>;  
Forms from Procedures are found in Forms... Policy Manual Forms )

The **Reporting Child Abuse and Assault: Procedures Manual** has been developed for the purpose of ensuring that all partners are aware of the procedures that must be followed in the reporting of suspected abuse which include:

1. Procedures for suspected child abuse by a staff member on a student.
2. Procedures for suspected child abuse - occurring out of school.
3. Procedures for suspected abuse by a student on another student.
4. Procedures for suspicion of abuse where a student assaults a staff member.



# **Reporting Child Abuse and Assault**

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## **Procedures Manual**



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When in doubt, always call to consult.

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## **Allegation of Child Abuse - a Staff Member on a Student**

To assist the Principal with the process, please see *Principal's Check List - Appendix A*.

If a staff member has reasonable grounds to suspect child abuse of a student by another staff member, he or she has the duty to report to the appropriate children's aid society and notify the school Principal. In a case where the allegation has been made against the Principal, the teacher will notify the appropriate *Children's Aid Society* as well as the Supervisory Officer. The report must be made by the person who first suspects abuse and that duty cannot be delegated. It is not the duty of the teacher or principal to assess the severity of the abuse. **It is mandatory for teachers and principals to promptly report any and all cases where there are reasonable grounds to suspect that abuse has occurred; regardless of whether the injury is minimal.**

**Note:** Children of First Nation, Metis and Inuit ancestry may be better served by an Aboriginal Child Welfare agency that reflects their needs and delivers services in ways that respect their culture, heritage, and traditions.

If a staff member suspects abuse of a student who is actually or apparently sixteen years of age or older he or she must report to the police and notify the school Principal. In a case where the allegation has been made against the Principal, the teacher will notify the police as well as the Supervisory Officer. If the child is 16 years of age or older and presently under a child protection order the teacher must report to the children's aid society.

Under no circumstances should the implicated staff member be contacted regarding an allegation or disclosure until specific instructions are received from the investigating children's aid society. **Notwithstanding Section 18 (1) (b), Regulation made under the Teaching Profession Act, a teacher shall NOT report to a fellow teacher that an allegation or disclosure has occurred.** This procedure is designed to secure the safety of the student, to ensure that the rights of the victim and the accused person are protected and to prevent possible destruction of evidence.

If the case where an allegation has been made against a Principal, the Supervisory Officer will assume the duties of the Principal as outlined in this procedures manual.

### **Step One**

The immediate safety of the child and other students shall be ensured by the Principal and/or by the school board senior administration. Administration will consult with the appropriate children's aid society in regard to this matter. School personnel should not interview or discuss the incident or concern with the student.



## Step Two

The children's aid society will develop a plan of action that will include the following:

1. notification of parent(s)/guardian(s) of student
2. date, time, location and method of interview with child
3. interviews with witnesses
4. interview with the alleged offender

If at all possible, interviews will be held off school property.

## Step Three

During the investigation, the Principal/designate or senior administration will request where appropriate that the parent/guardian sign a Release of Information Form to allow the school regular contact with the children's aid society. (With no consent, no information will be shared). Once the form is signed, the Principal/designate or senior administrator will keep a copy of the form on file and send a second copy of the form to the appropriate Children's Aid Society.

## Step Four

Upon completion of the investigation, the Principal/designate and senior administration will request the results of the investigation.

## Step Five

Where a report is made to the children's aid society, the ***Report of Suspected Child Abuse or Neglect (Appendix B)*** is to be completed.

Where a report is made by a staff member contacting their local Child Welfare Agency by phone, the Principal will follow-up with a letter (***Sample Follow-up Letter to Children's Aid Society- Appendix C***).



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## **Allegation of Child Abuse - Occurring Out of School**

To assist the Principal with the process, please see *Principal's Check List - Appendix A*.

When a school employee has reasonable grounds to believe that a child under the age of sixteen (16) years (or who is already under a child protection order and is 16 or 17 years of age) may be in need of protection, that employee shall immediately report the concern in the following manner:

### **Step One**

The staff person receiving the disclosure or observing evidence of suspected child abuse will provide the child with a compassionate, non-judgmental and supportive response. A report shall be made forthwith by the school employee to the appropriate Children's Aid Society and the employee shall advise the Principal of the report. School personnel should not interview or discuss the incident or concern with the student

### **Step Two**

Within twenty-four (24) hours of making a report to the appropriate Children's Aid Society, a written report will be prepared by the employee (with assistance from the Principal/Vice Principal if required) - see *Report of Suspected Child Abuse or Neglect (Appendix B)*.

### **Step Three**

The Principal will follow-up with a letter to the Executive Director of the children's aid society, copied to the Supervisory Officer - see *Sample Letter to appropriate Children's Aid Society (Appendix C)*.

### **Step Four**

Any response received by the Principal/designate regarding the report may be shared with the school employee who made the report. **The information will be retained (in the school Record of Suspected Child Abuse or Neglect file) as long as it is deemed relevant by the Principal, in their absolute discretion.**

### **Step Five**

The school will **NOT** inform the parent/guardian of the disclosure. Notification will be done by the appropriate Children's Aid Society. The purpose of this is to ensure the protection of the child in his/her home environment. The school will consult with the appropriate Children's Aid Society team before allowing the child to go home at lunch or after school if the interview has not yet taken place. If an inquiry is made by the parent/guardian surrounding the whereabouts of the child, the parent/guardian will be directed to contact the local appropriate Children's Aid Society for further information.



## Step Six

In the event that the parent/guardian contacts the school inquiring about the report to the appropriate Children's Aid Society, the parent/guardian will be directed to contact the appropriate local Children's Aid Society for further information.

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## Allegation of Child Abuse - a Student on a Another Student

To assist the Principal with the process, please see *Principal's Check List - Appendix A*.

### Step One

If a teacher or principal has reasonable grounds to suspect that a student is or may be the victim of sexual molestation or sexual exploitation by another student or there is a risk of such sexual molestation or sexual exploitation, the teacher or principal should report promptly to the appropriate children's aid society.

If a teacher or principal observes that a child has a mental, emotional or developmental condition that could seriously impair the child's development, should the source of the condition be another student, that principal or teacher has the duty to report to the appropriate children's aid society when the parent/guardian of the child does not consent to appropriate treatment.

Incidents involving violence or the imminent threat to the safety and security of the school community will require that the teacher notify the police and the Principal. Incidents to be reported include:

- Physical assault causing bodily harm;
- Sexual assault;
- Criminal harassment;
- Hate and/or bias motivated incidents; and
- Threats of serious physical injury.

### Step Two

When appropriate, the child is informed that the appropriate Children's Aid Society must be notified.

The Principal/designate will ensure that the students are separated while awaiting the arrival of the appropriate Children's Aid Society and/or local Police Service team.

School personnel should not interview or discuss the incident or concern with the student(s).

### Step Three

The Principal will ensure that the parents of the victim and the parents of the offender (if under 18) are informed immediately.



## Confidentiality and Protection for Persons Making a Report

Educators are obliged to report child abuse even though they may have obtained knowledge of such abuse in confidence from the victim, the abuser or a third party. This applies even if the person has specifically requested that the information not be divulged to authorities.

The *Teaching Profession Act Regulations* states that a member shall "*on making an adverse report on another member furnish him (her) with a written statement of the report at the earliest possible time and not later than three days after making the report.*" However, where the adverse report involves abuse of a student; the reporting teacher is relieved of that obligation.

Where the alleged offender is not another teacher, that person does not have to be told who reported the abuse.



## **Allegation of Child Abuse - Assaulting a Staff Member**

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To assist the Principal with the process, please see *Principal's Check List - Appendix A*.

### **Step One**

A staff member assaulted by a student shall immediately report the assault to the Principal/designate.

### **Step Two**

The Principal/designate must ensure that the safety of the employee, students and other staff members is secure. The Principal/designate shall review the situation, document and determine the consequences according to the *Student Code of Conduct*.

### **Step Three**

If the student is twelve (12) years or over, the Principal/designate will recommend that the staff member report the incident to the local Police Service.

If the student is under the age of twelve (12), the situation is handled at the school level.

If the situation is not settled within the school, because of a lack of cooperation from the parents/guardians, the Principal/designate notifies the appropriate children's aid society. If the alleged offender is under the age of eighteen (18) years, the Principal/designate will notify the parents/guardians. The Principal/designate will notify his/her Supervisory Officer.

### **Step Four**

The local Police Service will be requested to maintain regular contact with the Principal/designate to keep the school apprised of the investigation. If regular contact is not made, the Principal/designate will communicate with the Police Service for information.



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**PRINCIPAL'S CHECKLIST**

Date: \_\_\_\_\_

Re incident involving: \_\_\_\_\_

**In the case of an allegation occurring outside of school**

- (Under 16 or already under a child protection order who is 16 or 17 years of age) Ensure the staff member / individual has called the appropriate Children's Aid Society
- (16 or over and not under a child protection order) With the permission of the student, where appropriate, ensure the staff member has contacted the Police
- If requested, provide a support person for the victim during interviews.
- Within 24 hours, complete Appendix B - *Report of Suspected Child Abuse and/or Neglect Form*
- Complete Appendix C - *Follow-up Letter* to the appropriate Children's Aid Society
- Notify the Supervisory Officer

**In the case of an allegation – student on another student**

- Ensure the children are separated while awaiting arrival of the agency team and/or Police
- (Under 16) Ensure the staff member has reported the allegation to the appropriate Children's Aid Society
- (16 or over) With the permission of the student, ensure the staff member has contacted the Police
- If requested, provide a support person for the victim during interviews
- If under 18, immediately inform the parents of the alleged victim
- Within 24 hours, complete Appendix B – *Report of Suspected Child Abuse and/or Neglect Form*
- Complete Appendix C – *Follow-up Letter* to the appropriate Children's Aid Society
- Notify the Supervisory Officer



- In the case of an allegation involving a student assaulting an employee:**
  - Ensure the safety of the employee, students and other staff is secure.
  - Review the situation and document the allegation.
  - Notify the Supervisory Officer of the allegation.
  - If requested, provide a support person to the person(s) involved during interviews.
  - Student under the age of 18 – notify parent/guardian.
  - Student 12 years or older – recommend employee report incident to Police.
  - Student under the age of 12 – situation is handled at school level with parents.
    - If not resolved – contact the appropriate agency.
  - If incident is reported to Police, maintain regular contact with Police as investigation continues.
  
- In the case of an allegation involving employees:**
  - Ensure the immediate safety of the child and other students.
  - Notify the Supervisory Officer and consult with him/her to determine next steps, eg., if the employee needs to be removed from their assignment.
  - At no time does the principal or designate/fellow employee discuss the allegation about the staff member until specific instructions are received from supervisory officer, the investigating police or agency. Advise the employee to contact their union representative.
  - Record information received, date and sign your notes, cooperate in any investigation that is initiated.
  - (Under 16) Notify the parent/guardian of the allegation of abuse but do not identify the employee accused.
  - (16 or over) With student's permission, contact the parent/guardian but do not identify the employee accused.
  - If requested, provide a support person for the victim during interviews.
  - Complete Appendix B - *Report of Suspected Child Abuse or Neglect*.
  - Complete Appendix C - *Follow-up Letter* to the appropriate Children's Aid Society.



**Appendix B**

**REPORT OF SUSPECTED CHILD ABUSE AND/OR NEGLECT FORM**

**SCHOOL INITIATED**

School: \_\_\_\_\_

Date: \_\_\_\_\_

Background Information:

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Details of Report:

Date: \_\_\_\_\_

Reported to:  Kuuwanimano

Child and Family Services Agency

Reported to by: \_\_\_\_\_

***Name of Children's Aid Society Worker:*** \_\_\_\_\_

***Information concerning Suspected Abuse:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signatures:

\_\_\_\_\_

Employee

\_\_\_\_\_

Principal/Vice-Principal

Appendix C (Follow up letter) sent to Executive Director of appropriate agency, cc.'d to Supervisory Officer



**Sample Follow-up Letter to Children’s Aid Society**

**(on school letterhead)**

**Date**

To: **Name**, Executive Director  
**Appropriate Agency**  
**Address**

Re: **Student’s Name** **DOB:** **Grade:**  
**Student’s Address**

**Name(s) of Parent/Guardian**  
**Home Phone # or other contact number**

Dear **insert name of Executive Director**

In accordance with the District School Board Ontario North East and Child & Family Services Protocol, I am writing to confirm the telephone conversation with **insert name of person reporting possible abuse** on **insert date of telephone call**.

During this conversation, **insert name of person reporting abuse** reported concerns regarding the above-named child. Our specific concerns were:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This report was made to \_\_\_\_\_ **(name of Child Protection Worker who received the call)**.

Sincerely,

**Name of Principal**  
**Name of School**



## **Possible Indicators of Abuse**

Below is a list of indicators of possible child abuse. The following list is not comprehensive. Care must be taken not to generalize through observation of insufficient or isolated indicators. It must be stressed that indicators when found in various combinations, in patterns or certain conditions or when observed over a period of time can point to suspected child abuse. It is by observation and documentation that reasonable grounds for suspecting child abuse can be established.

**N.B. Any abuse or neglect disclosed by a child must be reported.**

### **Indicators**

It must be strongly stressed again that, only through careful observation and documentation of relevant facts and observations, can it be determined that there may be child abuse.

### ***A. Possible Indicators of Physical Abuse***

#### **Child's Physical Condition:**

**1. bruises and welts, including:**

- multiple bruises in various stages of healing
- any multiple bruises on very young children
- bruises and welts on face, lips and mouth
- bruises on large areas of torso, back, buttocks or thighs (normal accidental bruising areas: elbow, knees, shins and forehead)
- bruises on face, neck or body suggesting pressure from a thumb and/or fingers
- unusual bruise patterns or clustered bruises suggesting use or repeated use of an instrument (belt, stick, wooden spoon) or blows from a hand or a fist
- any human bite marks

**2. burns, ranging in degree of injury from first to third:**

First Degree: painful redness of the skin

Second Degree: blisters formed

Third Degree: skin and underlying tissue destruction

- any burns suggesting use of a cigarette or cigarany glove, sock-like or doughnut-shaped burns on the buttocks and/or external genitalia indicative of immersion in hot water
- any burns suggesting use of rope or restraint on arms, legs, neck or torso
- patterned burns showing the shape of the instrument used to inflict them (electric burner, iron)



### 3. fractures:

- any multiple fractures
- any multiple fractures in various stages of healing
- fractures of the skull; physically indicated by possible swelling, pain, unequal dilation of the pupils, nausea, dizziness, bleeding from scalp wound, or nose, periods of unconsciousness
- fractures of the jaw or nose; physically indicated by distorted appearance or position, swelling, pain and bleeding, sagging or useless jaw
- spiral fractures of the long bones (limbs: arms and legs) caused by twisting or pulling; physically indicated by swelling, pain, uselessness of limb, rarely resulting from deformity or out of position
- fractures of the ribs; physically indicated by painful breathing, difficulty raising arms
- dislocations, as of the hip and shoulder sockets; physically indicated by pain, limp or “hanging” out of normal limb position, uselessness of limb

### 4. head injuries, including:

- absence of hair in patches and bruising due to pulling
- subdural haematoma (bleeding between the skull and brain) are almost always caused by violent blows to the head or severe shaking; physically indicated by signs similar to those for skull fracture
- retinal detachments or hemorrhaging (serious inner eye injury) caused by violent blows to the head or severe shaking; physically indicated by severe eyeball pain, visual problems, nausea, tearing and sensitivity to light

### 5. “whiplash effect”

- caused by severe back and forth or side to side shaking or force; physically indicated by pain and weakness in the arms

## Child Behaviour

### The child:

- reports physical injury inflicted by parent/guardian/care giver
- is reluctant to or distressed at having to explain an injury
- seems anxious, apprehensive, even fearful of contact; especially of physical contact, with parent/care giver, other adults and/or even other children; also of returning home, of adult disapproval
- behaves in either an extremely demanding or manipulative, aggressive disruptive or destructive manner, or in a very withdrawn (inattentive, shy, daydreaming), overly passive, apologetic or compliant manner
- tends to appear very unhappy, tense, emotionally flat or ‘joyless’; seems to have poor self-esteem
- has poor social relationships with peers; difficulty cooperating, sharing and taking turns
- shows evidence of developmental lags, especially in language and motor functioning
- tends to resist changes in routine, staff, persons and surroundings



- tends to resist limits and reacts with tantrums or rages when faced with a difficult situation
- is frequently absent, with signs of healing injury on returning

## **Parent/Guardian/Care Giver Behaviour**

### **The parent/guardian/care giver:**

- comments on or shows indications of history of abuse as a child
- shows inadequate knowledge of child development; has unrealistic expectations of child's behaviour relative to the child's age and ability
- reacts inappropriately relative to the situation, child's condition, behaviour and capability; both overly harsh reaction, such as severe discipline or punishment, and unaware of the seriousness of either the punishment or its effects
- shows hostility to child openly, especially if approached about a possible 'problem'
- seems unconcerned about the child's well-being
- shows signs of emotional disturbance (medically diagnoses as psychopathic or psychotic, etc.)
- misuses alcohol or other drugs
- appears to have very little support or parental relief; to be socially isolated; has few close relations or friends and is unable to make use of community supports
- describes the child as 'different' or 'bad' or as the cause of own life disappointments; or as being 'like me'
- describes the child as having frequent minor complaints and needing to be taken to the doctor frequently; states that the doctor dislikes parent/guardian/care giver for some unknown reason
- resists initial attempts to discuss the child's condition or family situation; seems suspicious of such approaches
- offers illogical, inconsistent/contradictory, unconvincing or no explanation for the child's injury; projects blame onto a third person, attempts to conceal child's injury or protect identity of person responsible
- continues to complain about irrelevant problems unrelated to the child's injury

## ***B. Possible Indicators of Sexual Abuse***

### **Child's Physical Condition:**

- has torn, stained or bloody underclothing
- experiences pain or itching in the genital area or throat; difficulty going to the bathroom or swallowing
- has bruises or bleeding of external genitalia, vagina, penis or anal regions
- has difficulty or pain upon sitting down or walking
- has swollen or red vulva, perineum, penis or rectum; enlarged introitus
- has vaginal odor or discharge
- has semen around mouth, genitalia or on clothing
- has venereal disease medically diagnosed



## **Child's Behaviour:**

- states that he or she has been sexually approached or assaulted by parent/guardian/care giver
- makes frequent complaints of abdominal pain or discomfort
- is unwilling or reluctant to participate in physical activities
- resists being undressed or undressing, shows apprehension, even fear
- shows fear of closed places (closets, bathrooms)
- appears withdrawn, preoccupied; engages in an unusual amount of fantasy or infantile behaviour
- presents noticeable mood or personality swings
- seems sad, unhappy, appears to have poor self-esteem
- tries very hard to be 'good' (overly compliant)
- indicates sexual knowledge and/or interest beyond appropriate developmental level; uses explicit sexual language; makes sexually explicit drawings
- exhibits excessive oral or genital preoccupation in play (e.g. masturbation)
- often misses attendance, with questionable excuses
- resists going home or contact with parent/guardian/care giver
- has poor social relationship with peers

## **Parent/Guardian/Care Giver Behaviour:**

- comments on having been abused as a child
- shows signs of or indicates marital or relationship difficulties with adults
- indicates social isolation, loneliness (both psychological and physical)
- is frequently alone with the child
- shows signs of emotional disturbance, impulsiveness or immaturity and/or great emotional stress
- misuses alcohol or other drugs
- acts extremely overprotective in manner; discourages social contact of child with adults or peers
- clings, both physically and emotionally, for comfort to the child
- appears to treat child as potential or actual lover; acts jealously of child
- tends to blame others for life problems and difficulties and for the child's inappropriate sexual behaviour
- may accuse child of causing abuse, or try to minimize the seriousness of the situation
- permits or encourages the child to engage in sexual behaviour, even prostitution, sometimes in own presence

## ***C. Possible Indicators of Neglect***

### **Child's Physical Condition:**

- developmental problems in language and motor development, with subsequent acceleration of development following appropriate stimulation and care



...Appendix D continued

- no laboratory evidence of systemic disease or abnormality to account for initial growth failure
- clinical signs of deprivation which improve with a more nurturing environment; impetiginous skin lesions, diarrhea, vomiting, anemia, acute or recurrent respiratory involvement
- behavioural signs in some children that also improve with a more nurturing environment; lack of response and eye contact generally associated with significant environmental psychosocial disruption in the home. These disruptions include alcoholism, severe poverty, serious parental sexual incompatibility, promiscuity, illness, childhood deprivation, inexperience in nurturing, job instability, etc.

### **The Child:**

- is consistently dirty, unwashed and/or dressed in inappropriate clothing for weather, or clothing that is torn, dirty
- has 'dull-eye', listless appearance
- has inappropriately treated or unattended physical, dental problems or injuries; lacks routine medical or dental care
- shows evidence of malnutrition or dehydration, indicated by low weight, tendency to be ill, etc.

### **The Child's Behaviour:**

- appears to be consistently hungry and thirsty; begs for or steals food; lunches are often 'forgotten', or consistently inadequate or inappropriate
- seems consistently tired or listless; falls asleep often
- rarely or inconsistently attends school; consistently arrives very early and is picked up late; with questionable excuses; loiters after the program finishes for the day; appears reluctant to go home
- shows or indicates lack of supervision for long periods or in potentially dangerous activities
- seems to demand much physical contact and attention
- may appear withdrawn or depressed
- has poor social relationships with peers
- assumes role of adult or parent in the family, with own parent
- is engaging in delinquent acts (e.g., absenteeism, vandalism, drinking, drug use, prostitution)

### **Parent/Guardian/Care Giver Behaviour:**

- comments of being neglected
- maintains a chaotic home life with little evidence of regular, healthful routines
- does not supervise child for extended periods of time or when involved in dangerous activities
- abandons child; leaves child in care of inappropriate care givers
- gives child inappropriate food, drink, medicine and/or physical care
- consistently delivers child to school very early or picks up very late



...Appendix D continued

- appears apathetic towards school events; is very difficult to reach by phone or fails to keep appointments to discuss child and any concerns
- exploits, overworks or otherwise keeps child from attending school
- shows evidence of general apathy or feelings of futility; unresponsiveness when approached with concerns
- has long-term chronic illness
- appears to be very depressed, under great emotional stress or emotionally disturbed
- engages in promiscuous behaviour
- misuses alcohol or other drugs

## ***D. Possible Indicators of Emotional Abuse***

### **Child's Physical Condition:**

- Physical signs of emotional abuse are often less tangible than other forms of child abuse and neglect. The child's appearance may not indicate or even suggest the extent of his or her difficulties. Clothing, nutrition and general physical care may be adequate. However, facial expression and body carriage may reveal feelings of sadness, lack of confidence, timidity, confusion, discouragement or just-under-the-surface anger.

### **Child's Behaviour:**

- demonstrates extremely aggressive, demanding, angry and/or defiant behaviour or appears overly compliant, apologetic, passive and undemanding
- seems to have poor self-image; is overly self-critical and/or sets such high self-expectations that frustration and failure result
- shows inappropriate adult or infantile behaviours; takes on role of 'adult' with own parent/care giver or other children; or sucks thumb, rocks constantly and lacks bladder control; behaviour is not appropriate for developmental level
- acts anxious or fearful of failure; concentration on learning difficulties contribute to frustration and failure
- shows developmental lags
- has poor social relationships with peers, yet appears in great need of attention, emotional and physical contact
- talks about or attempts suicide

### **Parent/Guardian/Care Giver Behaviour:**

- tends to blame, belittle or find fault with child before learning truth of situation
- withholds comforting when the child is really frightened or distressed; is cold or rejecting of child
- treats and/or describes the child as 'different' from other children or siblings; is more critical, less affectionate with child
- seems unconcerned about the child's problems; unaware of severity of child's condition



- describes child as 'bad', 'stupid', or deliberately stubborn; predicts a bad future or failure as an adult (e.g., 'end up as a bum', 'in prison') and talks this way within child's hearing
- holds the child responsible for own adult difficulties and disappointments
- identifies child with a disliked or hated relative