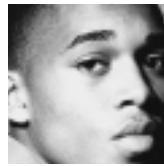


child

ABUSE REPORT

2003 – 2004



PEEL CHILDREN'S AID



CHERISHED CHILDREN | SUPPORTIVE FAMILIES | CARING COMMUNITIES

OUR MISSION

To protect children and to strengthen and support the well-being of children and their families.

VISION

Cherished Children
Supportive Families
Caring Communities



INTRODUCTION

This year, the Peel Children's Aid (Peel CAS) Child Abuse Report provides a statistical overview of the incidence of child abuse and neglect in the Region of Peel. This report marks the 27th year that Peel CAS has completed an annual Child Abuse Report.

Over the past six years, there have been numerous enhancements and changes to the child welfare field. In 1998, the Ontario Risk Assessment Model was implemented. This model standardized child welfare services and provided consistent tools to determine and assess eligibility for service, safety, and risk to children in the province. In March 2000, the Child and Family Services Act was amended.

The legislative changes expanded the definitions for a child to be *"in need of protection"* due to emotional harm or neglect and also increased the onus on professionals and the public to report situations of maltreatment and risk of maltreatment.

This combination of changes has resulted in an increased number of cases being referred to Peel Children's Aid. We are now involved earlier with more families around less severe issues than was previously the case.

This report reflects that we are now dealing with a lower percentage of *"extremely severe"* situations with the total number of cases that we see.

This allows for earlier intervention with *"moderately severe"* cases and the possibility for more prevention work that may stop situations from escalating further.

In the coming year, the Society will be exploring different distribution methods for this child abuse report (and other agency information) to broaden the readership, increase community knowledge around their role in preventing and reporting child abuse, in addition to creating a further awareness about the role of Peel Children's Aid in the community.

Peel Children's Aid has the primary responsibility, under the Child and Family Services Act, to investigate allegations or evidence that a child under the age of 16, may be in need of protection.

In 2003-2004, the Peel Children's Aid conducted 840 severe child abuse investigations, representing 7% of our total calls. While the overall percentage of abuse referrals has been decreasing over the past three years, child abuse continues to be a serious concern.

In the upcoming year, Peel Children's Aid will continue to show community leadership in the areas of child abuse prevention and parent support and education. We will continue to partner with community organizations to support our Vision for *"Cherished Children, Supportive Families, Caring Communities."*

PROFILE of CHILD Abuse in the Region of Peel

Investigations and Abuse Type

The 2003-2004 Child Abuse Report is based on the investigations opened by Peel Children’s Aid between April 1, 2003 and March 31, 2004, the Society’s fiscal year.

During 2003-2004, Peel Children’s Aid received 12,780 child protection referrals. Of these referrals, 5,288 were eligible for a child protection investigation. Of the 5,288 cases investigated, 840 or 7% of our total calls were designated severe child abuse investigations at the point of referral.

The number of child protection reports to Peel Children’s Aid has been increasing since 1998. However, the proportion of severe child abuse cases in comparison to our overall calls has gradually decreased over the past six years.

In 2003-2004, 16% of our child protection investigations were designated as “extremely severe” child abuse referrals compared to 30% in 1998.

The decline in severe abuse referrals may be the result of legislative changes, which have expanded the definition of reporting a child in need of protection producing more referrals of children who may be at risk of harm.

This earlier reporting may be contributing to a reduction in the incidences of the more serious forms of child maltreatment.

Figure 1: All Intake Referrals 1998-99 to 2003-04

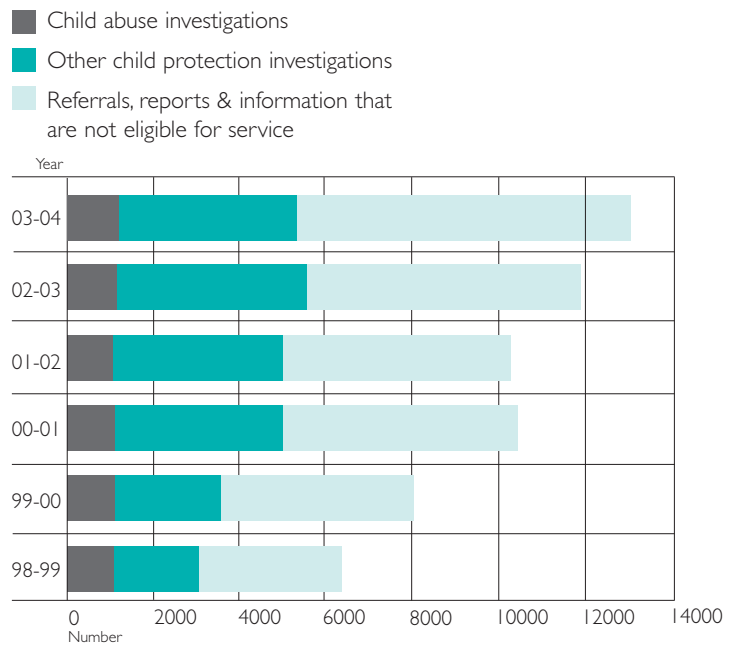
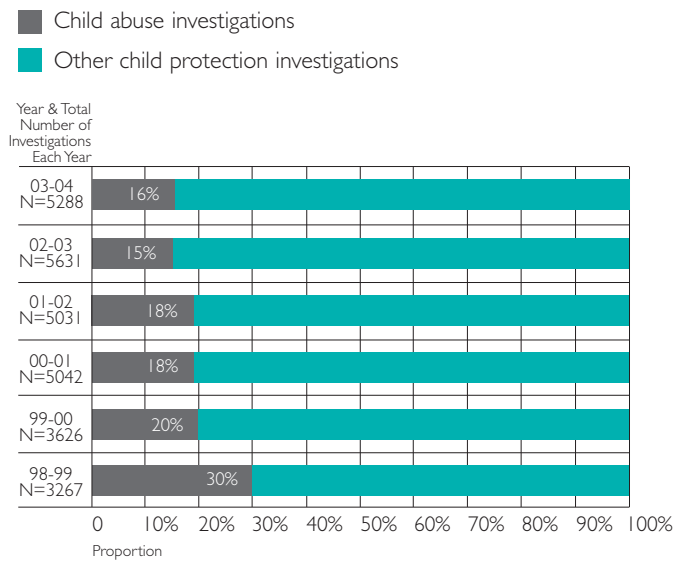


Figure 2: Proportion of Child Abuse Investigations 1998-99 to 2003-04





PHYSICAL ABUSE

Physical abuse encompasses those situations where a caregiver having charge of a child has utilized inappropriate or excessive force on a child resulting in physical injury.

Physical abuse ranges from situations where physical punishment has been inappropriate to excessive, resulting in injuries that can range from scrapes and bruises to cuts, burns, broken bones, shaking, internal injuries, and in extreme situations, death.

In 2003-2004, the Peel Children’s Aid investigated 473 severe physical abuse allegations or 56% of all child abuse investigations.

Of the 473 investigations, 84% were investigated and then closed, while 16% were transferred for ongoing protection services.

In many physical abuse cases, the Society is able to intervene, assess and provide a mandatory and educative intervention.

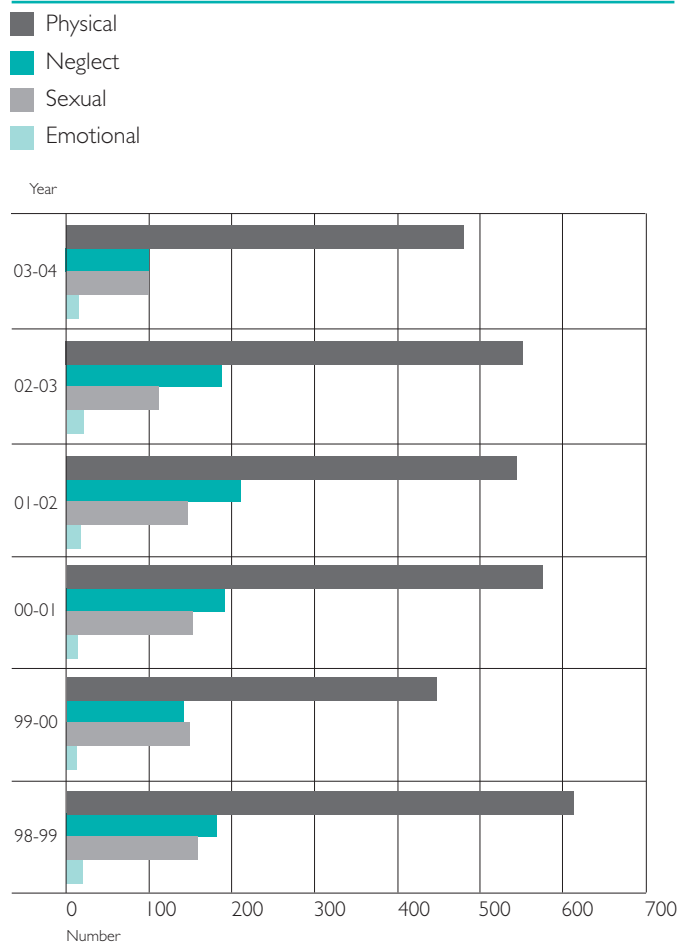
SEXUAL ABUSE

Sexual Abuse includes any sexual contact between a child and a caregiver. Sexual abuse may include sexual suggestiveness, voyeurism, sexual touching, sexual acts, or sexual penetration.

In 2003-2004, the Peel Children’s Aid investigated 99 severe sexual abuse allegations (12% of all child abuse investigations). Of these 99 investigations, 10% were transferred for ongoing protection services as the children were deemed to be in need of protection. The remaining (90%) cases were closed.

In most sexual abuse cases, Peel Children’s Aid was able to ensure the safety of the child, reduce the risk of further abuse and ensure that appropriate counseling services were provided.

Figure 3: Types of Child Abuse Investigations Opened 1998-99 to 2003-04





EMOTIONAL ABUSE

Emotional harm underlies all types of maltreatment and is not an isolated incident. Emotional or psychological maltreatment is a pattern of negative caregiver behaviours or repeated destructive interpersonal interactions by the caregiver to the child. A repeated pattern of extreme incidents of emotional harm may include spurning, terrorizing, isolating exploiting/corrupting, and denying emotional responsiveness.

In 2003-2004, the Peel Children's Aid investigated, 86 severe emotional abuse allegations, 10% of all child abuse investigations. Of the 86 investigations, 91% were investigated and then closed, while 9% were transferred for ongoing protection services.

Emotional harm can be the most difficult type of harm to define and often a clinical diagnosis needs to precede a legal intervention by CAS.

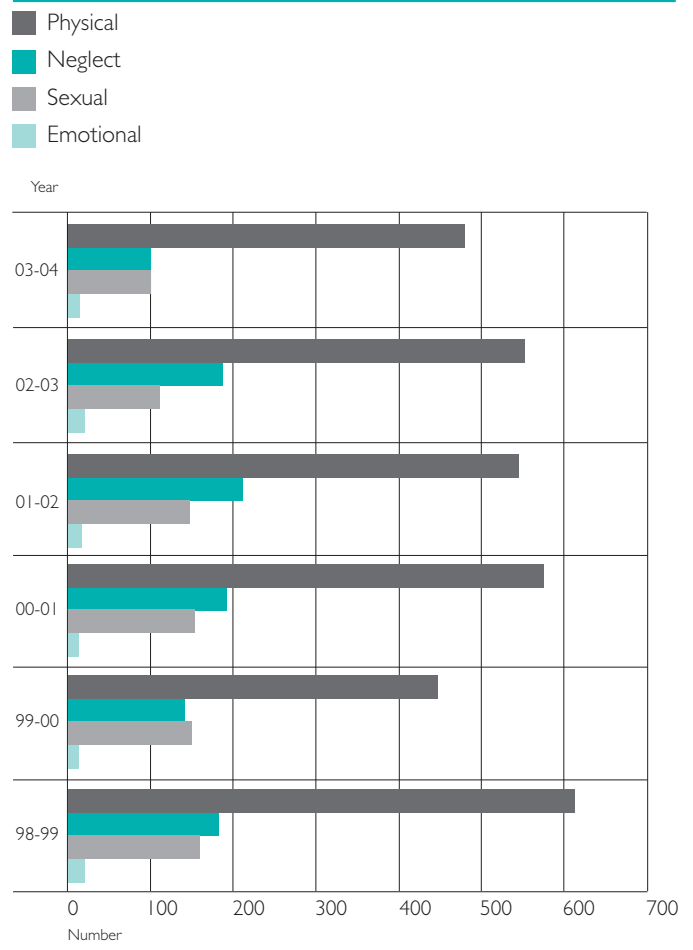
NEGLECT

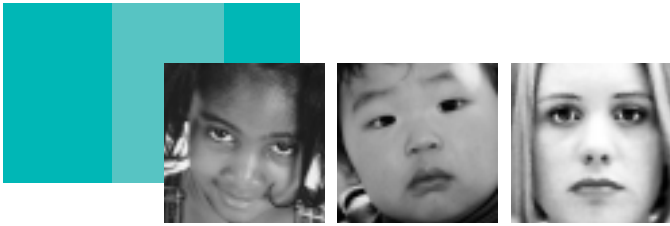
Neglect of a child's basic needs means that the child's caregiver either deliberately or through a lack of knowledge and/or lack of judgment and/or a lack of motivation, fails to provide a child with adequate food, shelter, clothing, safety, medical treatment, or treatment services, which results in the child experiencing injury, harm, or illness.

In 2003-2004, the Peel Children's Aid investigated 182 severe neglect allegations (22% of all child abuse investigations). Of these investigations, 9% were transferred for ongoing protection services. The remaining cases (91%) were closed.

Consequences of neglect can be far-reaching and longstanding. They can impact on a child's physical, social, intellectual, and emotional development, and have an incredible cost for families and for society.

Figure 3: Types of Child Abuse Investigations Opened 1998-99 to 2003-04





Referral Source

Referrals from schools, police services and health care professionals are the primary sources of referrals for child abuse investigations. Traditionally, schools have been the highest referral source. Over the past five years, police services referrals have significantly increased largely due to police services forwarding all domestic violence police occurrences to Peel Children’s Aid.

In the upcoming year, the Society will continue a strong community education campaign regarding the duty to report. This campaign will be aimed at clarifying reporting requirements for both professionals and the community.

Figure 4: Sources of Referral for Child Abuse Investigations 2003-2004

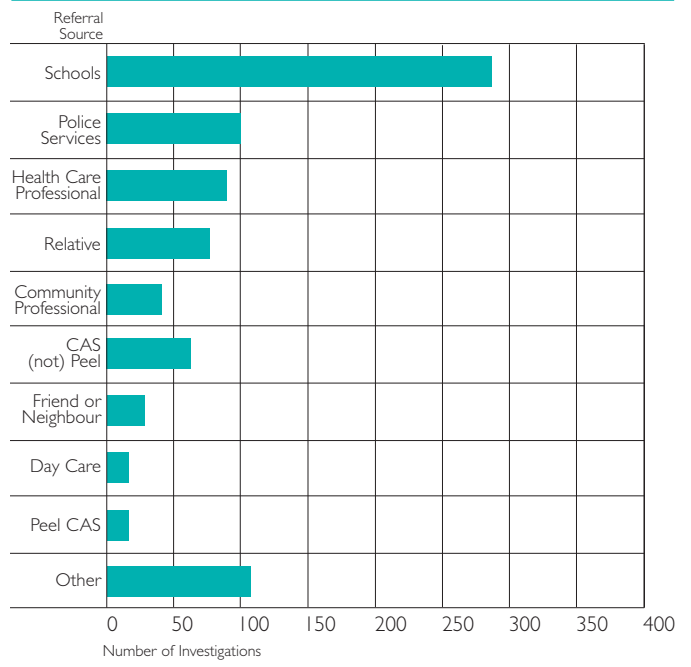
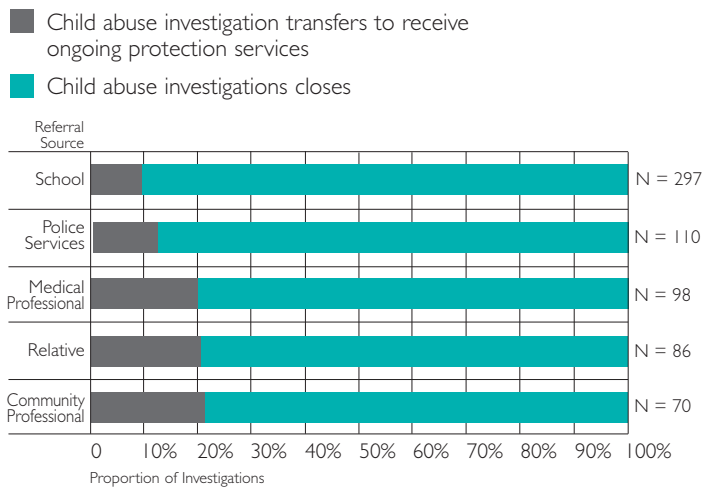
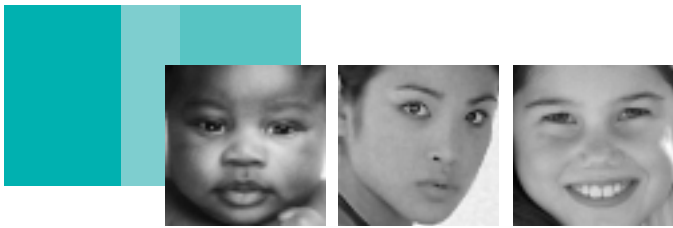


Figure 5: Top 5 Referral Sources for Child Abuse Cases: What happens to cases referred? 2003-2004





Outcome of Child Abuse Investigations

In 2003-2004, the Peel CAS conducted 840 severe child abuse investigations. Of these investigations, 112 cases, or 13% of the cases, required the ongoing intervention of the Society to ensure the safety and well-being of children.

Ongoing child protection services ensure the ongoing safety of children in the care of their caregivers through various interventions that can include individual and/or family counseling and child management training.

In 62 cases or 7% of the 840 child abuse investigations, children were placed in the Society's care as a result of a child abuse investigation.

At times, placement can be temporary pending the initiation of assessments, counseling and/or court processes. In situations where children are placed in care, the Society will actively work with the caregivers to reduce risk factors in an effort to work towards a safe reunification.

Figure 7: Types of Child Abuse Investigations Transferred for Ongoing Intervention of Peel CAS 2003-2004

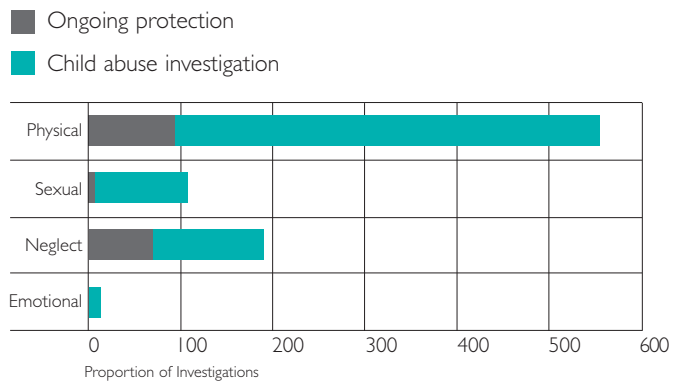


Figure 8: Types of Child Abuse Investigations where Children are placed in Care 2003-2004

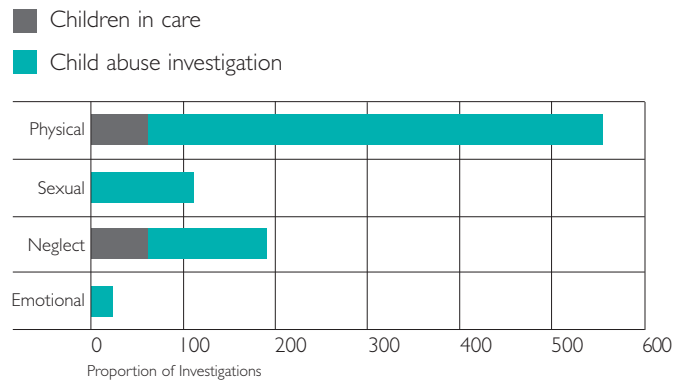
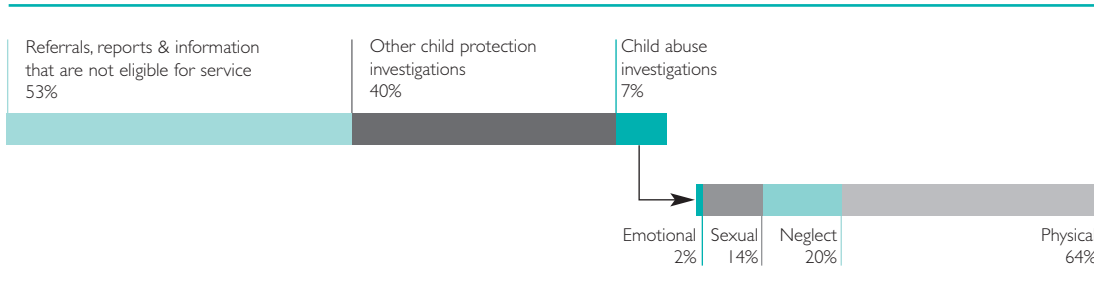


Figure 6: Intake Referrals and Types of Child Abuse Investigations 2003-2004



AGENCY INITIATIVES

The Peel Children's Aid continues to support and develop a variety of initiatives and programs to inform and enhance the community's knowledge and awareness of child maltreatment, as well as providing a range of services to assist children and families who require clinical interventions.

Over the past year, Peel Children's Aid has supported the following initiatives:

Community Education

Both senior and front-line staff have continued to provide community education on issues related to the duty to report, child abuse and child protection issues.

This year, Peel Children's Aid will be looking to expand our community profile through the use of external publications. As well, our brochures and other community information (*Positive Discipline Paper, Home Alone, Checklist for Child Safety, Babysitting* etc.) remain available on our web site: www.peelcas.org.

Working Together to Keep Children Safe Protocol

"Working Together to Keep Children Safe" protocol has been completed and is now being used for training extensively within Peel Region. This protocol provides guidelines and standards of care for children being looked after in licensed daycare centres, licensed home care agencies and by independent caregivers. It outlines an integrated response to child abuse allegations in Peel between police services, Peel Children's Aid and licensed daycare service providers.

Review of Existing Protocols

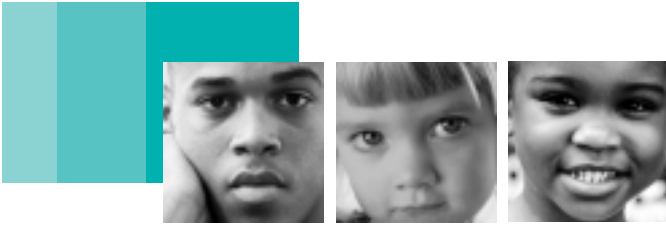
At this time, the Child Abuse Investigation protocol is being reviewed as part of its terms of reference with all of the signatories. The purpose of the review is to ensure that the protocol is still meeting the needs of all service providers and is reflective of current practice and existing legislation. Following the review process the protocol may be updated or revised as required.

The existing protocol with Peel Health (Healthy Babies/Healthy Children) and Peel Children's Aid has been revised and updated. The protocol was revised to reflect current standards, policies and practices for all service providers since its inception. The revised protocol will be distributed to all staff and training will be done to ensure all service staff are knowledgeable around the updated protocol.

Missing Children Initiative

The Missing Children Initiative is being developed to ensure a coordinated response within Peel Region to allegations that a child or family has gone missing. The school boards, police services and Peel Children's Aid have been meeting to develop clearer understandings about what each service provider does in circumstances when a family or child goes missing.

The goal is to ensure that service is coordinated amongst the various services to be proactive in locating children at high risk of harm when they are reported missing. This initiative arose out of the presentation concerning Randall Dooley who had gone missing from his school prior to his death. This protocol will assist us in being proactive in similar future situations.



Neglect Position Paper

Peel Children's Aid has developed a position paper entitled *Child Neglect* – aimed at raising awareness of child neglect, its symptoms and impact, and creating solutions with community partners. *Child Neglect* will soon be accessible through our web site: www.peelcas.org. The position paper will also be distributed throughout the Region of Peel. Ontario's Child and Family Services Act obligate professionals working with children to report all suspicions of child maltreatment, including neglect, to the local Children's Aid Society.

Neglect Conference

As a follow-up to the launch of *Child Neglect*, Peel Children's Aid is planning to form a working group of community service providers who specialize in the area of neglect to develop a conference.

The purpose will be to develop a world-class educational forum for the community and service providers to learn about neglect and to make prevention a priority within the Region. The conference is being tentatively planned for October 2005.

Emotional Maltreatment Position Paper

The Emotional Maltreatment position paper, once completed, will explore child emotional and psychological abuse and the problems faced by child protection, education and medical systems in identifying, determining risk and working with families to raise emotionally healthy children.

This position paper is in the final stages of completion and it is hoped to be available early 2005. When available it will be accessible through our web site: www.peelcas.org. Ontario's Child and Family Services Act obligate professionals working with children to report all suspicions of child maltreatment, including emotional abuse, to the local Children's Aid Society.

Duty to Report Poster Campaign

The Duty to Report Poster Campaign is now an ongoing service available to our community and fellow service providers throughout the Region. Five different posters may be ordered through our web site: www.peelcas.org, or by contacting our Communications department.

Child Welfare Review Teams

Peel Children's Aid continues to be a member of the Child Welfare Review teams operating at William Osler Hospital, Credit Valley Hospital, and the Trillium Health Centre.



Community Partnerships

Peel Children's Aid continues to be involved in ongoing partnerships with: Peel Health (Healthy Babies/Healthy Children); Region of Peel Child Care Services; School Boards; Peel Regional Police Service; Caledon OPP; Police Services; Peel Children's Centre; Peel Collaborative; Success by Six; Early Years Conference; Child Abuse Consultation Program with Dr. Huyer (of the Child Maltreatment Program Medical Consultation Service for Peel Region with William Osler and Trillium Health Centre; Child Witness Preparation Program.

Peel Children's Aid Foundation

Peel Children's Aid Foundation has been established and is now well underway raising funds through a variety of initiatives for much-needed programs and services for our children in care.

Collaboration with Police Services

Peel Children's Aid has established strong linkages with both Peel Regional Police and OPP (Caledon) child abuse and sexual assault bureaus. Working closely with these bureaus ensures improved coordination with investigations and communications resulting in better outcomes for children, their families and investigators. Ongoing consultation has resulted in improved child and worker safety.

Staff Orientation

All new front line staff at Peel Children's Aid attend core curriculum training approved by the Ontario Association of Children's Aid Societies. The training focuses on identifying and investigating child abuse and neglect and interviewing children. Training is also offered to foster parents to assist them in identifying and supporting children who have been maltreated.

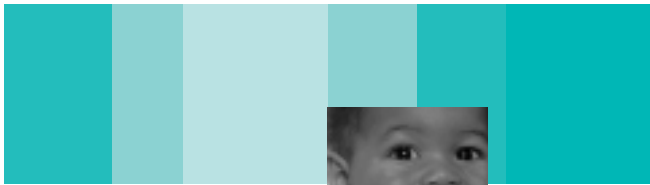
New training initiatives this year will include a mentoring program, a Positive Space Campaign, and Diversity training.

Support Programs

The High Risk Infant Program, established in 1998, includes four nurses on staff to assist in high-risk infant cases.

The Child Abuse Treatment programs provide counseling support to children in care who have been victims of maltreatment.

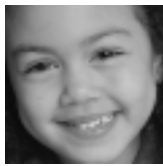
The Day Care Program, in collaboration with the Region of Peel, provides subsidized daycare services for children at risk receiving ongoing protection services from the Society.



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