



# Reporting of Child Protection and Child Abuse

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## Handbook and Protocols for Manitoba Service Providers

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A resource for those involved in  
identifying, reporting and dealing with  
a child in need of protection,  
including child abuse



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August 2013

Available in alternate formats upon request.

# Table of Contents

<b>Introduction</b> .....	5
<b>Section 1: Laws, Principles and Values Guiding Intervention in Child Abuse</b> .....	7
Guiding Legislation .....	7
Key Principles of Child Protection and Child Abuse .....	7
Values.....	8
<b>Section 2: Revised Provincial Guidelines on the Legislated Requirements Regarding Reporting a Child in Need of Protection, including Child Abuse</b> .....	11
<b>Section 3: Specific Professional Protocols on Reporting a Child in Need of Protection, including Child Abuse</b> .....	13
<b>Section 4: Child Abuse – Legal Definitions</b> .....	15
<b>Section 5: The Three Recognized Forms of Child Abuse</b> .....	17
Physical Abuse.....	17
Sexual Abuse Including Sexual Exploitation.....	18
Age of Consent in Canada.....	20
The Compliant Victim.....	21
Examples of Concerning Adult Behaviour.....	22
Emotional Abuse and Child Neglect .....	22
<b>Section 6: Possible Indicators of Child Abuse</b> .....	25
Possible Indicators of Physical Abuse.....	26
Possible Indicators of Sexual Abuse, Including Sexual Exploitation.....	28
Possible Indicators of Emotional Abuse.....	30
Possible Indicators of Child Neglect.....	31
Abuse Among Children with Disabilities.....	32
<b>Section 7: Handling a Disclosure and Responding to Observed Indicators of Child Abuse</b> .....	35
When a Child Discloses Incidents of Abuse.....	35
Disclosures of Past Abuse.....	37
When There are Indicators of Child Abuse.....	37
Documenting the Situation .....	37
Talking with the Parents or Guardians of the Child.....	39
The Need for Cross-Cultural Understanding .....	39
Reports Regarding Professionals who are Alleged to have Abused a Child .....	39

<b>Section 8: Reporting Child Abuse</b> .....	41
Legal Duty to Report .....	41
Consequences of Failure to Report.....	42
Making the Report.....	42
Information Sharing.....	43
Confidentiality and Protection of the Informant.....	43
Making a False Allegation .....	44
<b>Section 9: A Multidisciplinary and Collaborative Approach</b> .....	45
Multidisciplinary Approach to Abuse Investigations:	
Importance of Collaboration and Co-ordination .....	45
Role of the Child and Family Services (CFS) Agency.....	46
The Role of Police .....	46
The Role of Physicians and other Health Care Practitioners.....	47
The Role of Manitoba Victims Services Branch .....	47
The Role of Agency Child Abuse Committees.....	48
The Role of the Office of the Chief Medical Examiner .....	49
The Role of the Office of the Children’s Advocate.....	49
<b>Section 10: Taking Care of Yourself as a Service Provider</b> .....	51
<b>Section 11: Professional Protocols Regarding Mandatory Reporting of a Child in Need of Protection</b> .....	53
Protocol for Child and Youth Care Practitioners.....	53
Protocol for Corrections Staff.....	61
Protocol for Early Childhood Educators.....	71
Protocol for Nurses.....	80
Protocol for Physicians and Other Health Care Practitioners .....	87
Protocol for School Staff .....	99
Protocol for Social Workers .....	108
<b>Section 12: Increased Risk of Abuse and Important Considerations for Children with Disabilities</b> .....	115
<b>Appendix A: Revised Provincial Guidelines on the Legislated Requirements Regarding Reporting a Child in Need of Protection, Including Child Abuse</b> .....	129
<b>Appendix B: Overall Structure of Child and Family Services Authorities and Agencies</b> .....	149
The Four CFS Authorities .....	149
The All Nations Co-ordinated Response Network (ANCR).....	150
Designated Intake and Emergency After Hours Agencies (DIAs).....	150

**The overall goal of this handbook  
is to create a more competent  
and efficient process of  
identifying and reporting child abuse.**

This handbook was developed by members of the Provincial Advisory Committee on Child Abuse (PACCA), the Mandatory Reporting Subcommittee, with extensive input by experts from a number of disciplines.

The range of knowledge and experience of the numerous partners who worked on this handbook give it credibility and strength. PACCA has always valued collaborative working partnerships. It is this guiding principle that results in sharing of information and expertise to enhance child safety in our province.

While the contributors are too numerous to list, the Manitoba government appreciates all the people who provided valuable input and helped develop this resource.

## Introduction

**This handbook was developed to help service providers and all people working with children to recognize and report suspected child abuse.**

Child abuse is a serious issue. The physical, sexual or emotional damage inflicted upon children can remain with them their whole lives. Children are considered our greatest natural resource. As such, they deserve the quality of care and protection that keeps them safe from harm. We all have a legal and moral obligation to promote the safety, and well-being of children; this includes responding efficiently and effectively to child abuse.

Although parents and guardians are primarily responsible for ensuring that children's rights are upheld, governments, service providers and community members also have an important role in protecting children.

*The overall goal of this handbook is to create a more competent and efficient process of identifying and reporting child abuse.*

Throughout Manitoba, service providers fulfill critical roles and responsibilities in working with children. Service providers are key players in the prevention, identification and reporting of child abuse. Child and Family Services (CFS) agencies, along with law enforcement, including the Winnipeg Police Service (WPS), the Royal Canadian Mounted Police (RCMP), and other police organizations are mandated to receive, investigate and manage reports of suspected child abuse.

**Remember:**  
**A child is anyone under 18 years of age.**

Although the lives of many children have been saved from serious harm and even death through early identification and reporting of child abuse, children continue to be harmed. One of the problems in dealing with child abuse is that one cannot tell by looking at a child that she/he is being abused. Children do not always show bruises or visible signs of abuse. The overall goal of this handbook is to facilitate a more competent and efficient process of identifying and reporting child abuse. This handbook provides information about child protection and child abuse, and the basic steps concerned with the processes of identifying, reporting, and responding to concerns of child abuse.

**In Manitoba, it is everyone's legal obligation to protect children by reporting suspected child abuse.**

**You do not have to know for sure if a child is in need of protection. If, in your honest judgment, you believe that a child may not be safe, you are legally required to report it.**

We all share responsibility for children's safety and well-being, and the most effective way to fulfill that responsibility is by working together. Collaboration is key at every level: in recognizing, reporting and responding to suspected child abuse, and in

offering the supports and services that enable families to provide safe, nurturing homes for their children. The better informed and educated everyone is about what to report and who to report it to, the more effective the whole process becomes.

Although this handbook is comprehensive in scope and touches on major issues, it does not detail all the information related to the complex topic of child abuse. Contact information and web links to additional resources are listed throughout the document.



## SECTION ONE

### Laws, Principles and Values Guiding Intervention in Child Abuse

#### Guiding Legislation

*The Child and Family Services Act* (the CFS act) is the legislative authority for child welfare in Manitoba. Its fundamental guiding principle is that the safety and well-being of children are paramount. The intent of the act is to ensure that appropriate steps are taken to protect children who may be in need of protection. For more information, go to [gov.mb.ca/laws/statutes/ccsm/c080e.php](http://gov.mb.ca/laws/statutes/ccsm/c080e.php)

*The Criminal Code of Canada* (the code) is also critical in ensuring the safety and well-being of children. The code provides police and law enforcement officers, as well as the criminal justice system, with the legal authority to enforce criminal law as it applies to the protection of all children, especially victims of child abuse. The code provides the basis for criminal offences, investigative procedures, the collection of evidence and prosecution and sanctions for offenders. For more information, go to [laws.justice.gc.ca/en/C-46/](http://laws.justice.gc.ca/en/C-46/)

#### Key Principles of Child Protection and Child Abuse

The key principles underlying and guiding all services to children and families in Manitoba are detailed in the **Declaration of Principles** under the CFS act.

#### Declaration of Principles (*The Child and Family Services Act*)

1. The safety, security and well-being of children and their best interests are fundamental responsibilities of society.
2. The family is the basic unit of society and its well-being should be supported and preserved.
3. The family is the basic source of care, nurture and acculturation of children and parents have the primary responsibility to ensure the well-being of their children.
4. Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibilities of society.
5. Children have a right to a continuous family environment in which they can flourish.
6. Families and children are entitled to be informed of their rights and to participate in the decisions affecting those rights.
7. Families are entitled to receive preventive and supportive services directed to preserving the family unit.

8. Families are entitled to services which respect their cultural and linguistic heritage.
9. Decisions to place children should be based on the best interests of the child and not on the basis of the family's financial status.
10. Communities have a responsibility to promote the best interests of their children and families and have the right to participate in services to their families and children.
11. Indian bands are entitled to the provision of child and family services in a manner that respects their unique status as Aboriginal people.

Parents and guardians have a fundamental right and responsibility to raise their children as they see appropriate and society presumes that parents will act in their children's best interests. **When caregivers are unable and/or unwilling to protect** their children from harm and meet their basic needs in terms of safety, security and well-being, society has a responsibility to intervene to protect the health and welfare of each child.

Implicit in these principles is the **importance of accountability** for the provision of services to prevent child abuse and protect children. Service providers, especially those who are mandated to protect children, are accountable for what they do and/or fail to do.

## Values

The key principles relating to child protection shape the basic values underlying the community and professional responses to child abuse and neglect:

- **The need for prevention programs** to strengthen families and reduce the likelihood of child abuse. While there is no single known cause of child abuse, researchers have noted that some potential factors contributing to child abuse may be:
  - teen parenting
  - lack of knowledge of childhood development
  - unrealistic expectations
  - unemployment
  - parents who were abused as children
  - poor housing conditions
  - sudden changes in family circumstances
  - domestic and community violence
  - substance abuse
  - mental illness
  - poor family and neighbourhood supports

- **No one agency, organization or profession has all the knowledge, skills or resources to handle child abuse and neglect services alone.** The responsibility to protect children must be shared among service providers and the community-at-large. While child and family services agencies, law enforcement agencies and the courts have primary mandates and legal responsibilities to respond to reported cases of child abuse, other service providers working with children and families have key roles to play. A community-based and interdisciplinary response is critical to addressing this complex social problem.
- **Most parents want to be good parents** and have the strengths, skills and capacity, when properly supported, to care for their children and keep them safe.
- **When parents (or caregivers) are unable or unwilling to fulfill their responsibilities** to provide adequate care, custody and control to keep children safe and secure, child and family services agencies have the mandate and responsibility to intervene. Reasonable efforts must be taken to keep children safe, and wherever possible, to keep them with their immediate and/or extended family.
- **All service providers, agencies and communities must demonstrate a basic respect for the innate worth and dignity of the person** when helping families protect children. Child protection and social services should be child-centered and family-focused, mobilizing the inner strengths of the family and the external resources of the community.
- **First Nations and Indian bands along with Métis and Inuit communities are entitled to the provision of child and family services in a manner that respects their unique status as First Nations, Métis and Inuit people.**
- **Services should be designed to meet the individual needs of each family and be sensitive to their cultural beliefs and customs within the context of Canadian and Manitoba laws.**

*If you think a child under 18 years of age is being abused, you have the legal duty to report your concern to your local child and family services (CFS) agency.*

*For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency, or if it is after working hours, you can call the province-wide intake and emergency, after-hours child and family services line toll free at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police station.*



## SECTION TWO

### Revised Provincial Guidelines on the Legislated Requirements Regarding Reporting a Child in Need of Protection, including Child Abuse

The *Manitoba Guidelines on the Legislated Requirements Regarding Reporting a Child in Need of Protection (including Child Abuse)* were revised in 2013 to incorporate legislative changes that strengthen the protection of children. The guidelines serve as a basic summary and legal reference to help service providers carry out their responsibilities to protect children through child abuse identification and reporting.

*Professionals in Manitoba should be familiar with the revised Manitoba guidelines and the legal requirements involved in identifying and reporting children in need of protection.*

The guidelines explain the basic obligations under the CFS act to report a child in need of protection. It also outlines the steps to be followed by the various disciplines involved in the investigation and management of child abuse and child protection. There are five parts to the guidelines:

- **Child Protection:** explains the meaning of a child in need of protection and the legal obligations for reporting a child in need of protection.
- **Child Abuse:** discusses child abuse as a major protection issue and the reasons for children needing protection.
- **Abuse Investigation:** outlines procedures in the investigation of child abuse.
- **Disclosure:** explains the limitations on sharing information about a child in need of protection.
- **Provincial Child Abuse Registry:** summarizes the purpose and the process for the listing of a person's name on the registry and how to access that information.

Each part references specific, current sections of the CFS act by explaining the meaning of the legislation, the legal obligations, the required procedures and the overall process from identification to investigation of suspected child abuse. A full-text version of the revised guidelines can be found in Appendix A of this handbook and on the following site: [pacca.mb.ca/publications.html](http://pacca.mb.ca/publications.html)

#### ***Why are the revised guidelines important?***

*They incorporate legislative changes and explain the basic obligations under the CFS act to report a child in need of protection. The guidelines also outline the steps to be followed by the various disciplines involved in the investigation and management of child abuse and child protection.*



## SECTION THREE

### Specific Professional Protocols on Reporting a Child in Need of Protection, including Child Abuse

For professionals, especially those in positions of trust, there are high expectations about their obligation to report children who may be in need of protection, including child abuse.

The duty to report applies even when the service provider has acquired the information through the discharge of professional duties or within a confidential relationship such as a physician-patient relationship.

*For professionals, especially those in positions of trust, there are high expectations about their obligation to report children who may be in need of protection, including child abuse.*

While a service provider may want to collect more information before reporting suspected child abuse, she/he must exercise reasonable judgment about waiting for that proof without placing the child (and possibly other children such as siblings) in continuing danger.

When a professional, and those who are certified, licensed or otherwise authorized to carry out their work by a licensing body, fail to report a child in need of protection in specific circumstances, they may be subject to an offence punishable on summary conviction, imprisonment and/or to disciplinary proceedings. For more information, see Sections 3 and 4 of the revised guidelines, found in Appendix A of this handbook.

Professional protocols on reporting child abuse provide clear guidance on what to report. Service providers should be familiar with any protocols or procedures their organization or professional body has in place. In case of any inconsistency between protocols/procedures and the *Revised Provincial Guidelines on the Legislated Requirements Regarding Reporting a Child in Need of Protection*, the guidelines take precedence.

Section 11 of this handbook includes a full text version of the protocols on reporting child abuse, for the service providers listed below:

- child and youth care practitioners
- corrections staff
- early childhood educators
- nurses
- physicians and other health care practitioners
- school staff
- social workers

*Service providers should be familiar with any protocol their organization or professional body has in place, about reporting child abuse.*

*Professional protocols and procedures are essential in ensuring an effective, collaborative and co-ordinated response to the intervention process.*





## SECTION FOUR

### Child Abuse – Legal Definitions

To respond effectively to a child in need of protection, **service providers should have a basic understanding of the legal definitions and appropriate action to ensure the safety and well-being of children.** Statutory definitions determine minimum standards for the care and protection of children. They serve as important guidelines for service providers to determine the nature of the situation and the circumstances under which an intervention is required.

**Under section 17(1) of *The Child and Family Services Act*, a child is in need of protection, where “the life, health or emotional well-being of the child is endangered by the act or omission of a person.”**

Subsection 17(2) of the act outlines specific examples where a child ought to be considered in need of protection. The following list can help service providers identify circumstances in which children are in need of protection. Any one or a combination of these situations can lead to the preliminary determination that a child is or may be at risk.

#### Illustrations of a child in need of protection

A child is in need of protection when she/he:

- (a) is without adequate care, supervision or control
- (b) is in the care, custody, control, or charge of a person
  - (i) who is unable or unwilling to provide adequate care, supervision or control of the child, or
  - (ii) whose conduct endangers or might endanger the life, health or emotional well-being of the child, or
  - (iii) who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner
- (c) is abused or is in danger of being abused, including where the child is likely to suffer harm or injury due to child pornography
- (d) is beyond the control of a person who has the care, custody, control or charge of the child
- (e) is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child
- (f) is subjected to aggression or sexual harassment that endangers the life, health, or emotional well-being of the child

- (g) is, being under the age of 12 years, left unattended and without reasonable provision being made for the supervision and safety of the child; or
- (h) is the subject, or is about to become the subject of an unlawful adoption under *The Adoption Act*, or of a sale under section 84.

Under section one of *The Child and Family Services Act*, **abuse** means an act or omission by any person where the act or omission results in:

- (a) physical injury to the child,
- (b) emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- (c) sexual exploitation of the child with or without the child's consent.

The definition of child abuse has been expanded **to include any person and is not limited to parents and/or persons having care, custody, control or charge of children**. It is the primary mandate and responsibility of CFS agencies to investigate reports within the family or the extended family system. Cases of child abuse involving third parties such as strangers, however, are investigated only by the police unless there are circumstances surrounding the alleged incident(s) that generate protection concerns.

*The definition of child abuse has been expanded to include any person and is not limited to parents or persons having care, custody, control or charge of children.*

*If you think a child under 18 years of age is being (or has been) abused, you have the legal duty to report your concern to your local child and family services (CFS) agency.*

*For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency, or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police.*

## SECTION FIVE

### The Three Recognized Forms of Child Abuse

Child abuse is a serious problem that knows no social, economic, religious, cultural, racial or ethnic barriers. Knowing about the various forms of child abuse is critical to ensuring the safety and well-being of children. The CFS act points to three recognized forms of child abuse:

- physical abuse
- emotional abuse defined as an emotional disability of a permanent nature
- sexual abuse including sexual exploitation

#### Physical Abuse

Physical abuse can be a **deliberate or intentional assault or act** by a person that results in, or is likely to result in, physical injury or harm to a child. It can be the outcome of physical punishment, including spanking. The injury may be the result of a single incident or a pattern of episodes and can range in severity from soft tissue injury, bruising, burns, welts, or bite marks to major bone fractures, skull injuries and, in extreme situations, the death of the child.

*Remember:  
A child is anyone under  
18 years of age.*

**An act of omission** (ex: where there is a failure to act or intervene when a child is being abused) can also constitute a form of abuse, especially if the lack of action results in the child continuing to be abused or neglected.

It is also important to note that any **physical punishment** which results, intentionally or unintentionally, in injury or tissue damage to a child is considered physical abuse and may result in a criminal charge. Punishment resulting in an injury is reportable to a CFS agency.

Increasingly, countries around the world are prohibiting physical punishment of children. Research clearly demonstrates that physical punishment is associated with an increased risk for negative outcomes, including increased aggression, antisocial behaviour, mental health issues and physical injury.

Section 43 of *The Criminal Code of Canada* states that a parent is “justified in using force of correction...if the force does not exceed what is reasonable under the circumstances.” The Supreme Court of Canada has noted seven criteria to distinguish between reasonable and abusive corrective force with children. Physical punishment of children is deemed reasonable if:

- it is administered by a parent (teachers are not permitted to use corporal punishment)
- the child is between the ages of two and 12, inclusive
- the child is capable of learning from correction
- it constitutes minor corrective force of a transitory and trifling nature

- it does not involve the use of objects or blows or slaps to the head
- it is used for “educative or corrective purpose” and does not stem from a caregiver’s frustration, loss of temper, or abusive personality
- it is not degrading, inhuman, or harmful

**In Manitoba, foster parents or service providers working in residential care facilities are not allowed to inflict any form of physical punishment towards children in care.**

Service providers can communicate to parents and guardians that physical punishment as a form of discipline is ineffective and associated with negative outcomes. They can also provide information on constructive ways of responding to parent-child conflict and help parents to understand and communicate with their children more effectively.

## Sexual Abuse Including Sexual Exploitation

**Sexual abuse, including sexual exploitation** is when a child is used for the sexual gratification of another person **with or without the child’s consent**. Typically, most sexual abuse reports involve situations where a child is abused within the immediate or extended family system. However, a child may be sexually abused and exploited by others outside the family, including a known adult, peer or stranger. The perpetrator may be either the same or the opposite sex as the victim.

Young children and children with disabilities are especially vulnerable to sexual abuse, as they may not have the language or knowledge to understand or tell others that they are being abused. Boys are as susceptible to sexual abuse as girls, but appear to be far more reluctant to disclose their situation. In addition, children living on the street are at high risk of experiencing sexual exploitation. Children exploited in the sex trade are not prostitutes or criminals. They are victims of abuse.

*Children exploited in the sex trade are not prostitutes or criminals. They are victims of abuse.*

Sexual abuse includes:

- touching or an invitation to touch for sexual purposes
- oral, anal or genital penile penetration or intercourse
- anal or genital digital or other forms of penetration
- genital contact or touching without penetration
- fondling of a child’s breasts, buttocks, or other body parts
- indecent exposure or deliberate exposure of the child to sexual activity or material
- sexual acts involved in organized or ritual abuse
- any acts that are used for sexual gratification

**Sexual exploitation** is a form of sexual abuse that occurs when a child becomes engaged in sexual activities as a result of coercion or manipulation, in exchange for money, drugs, food, shelter or other considerations. Sexual exploitation can involve:

- performing sexual acts in exchange for the basic necessities of life (ex: survival sex)
- involvement in sexually explicit activity for entertainment
- involvement with escort or massage parlour services
- appearing in pornographic images

**Child pornography** constitutes a pervasive form of sexual exploitation. When children are involved in child pornography they continue to be further victimized since the pornographic representations (ex: photographs, films, videos) can be distributed through the Internet or cell phones. All children under 18 years of age must be protected from sexual exploitation and pornography. **In Manitoba, it is mandatory to report all forms of child pornography.** Section 1(1) of *The Child and Family Services Act* defines child pornography as:

- (a) a photographic, film, video or other visual representation, whether or not it was made by electronic or mechanical means,
  - (i) that shows a child engaged in, or depicted as engaged in, explicit sexual activity, or
  - (ii) the dominant characteristic of which is the depiction, for a sexual purpose, of a sexual organ of a child or the anal region of a child,
- (b) any written material, visual representation or audio recording that advocates or counsels sexual activity with a child that would be an offence under The Criminal Code (Canada);
- (c) any written material whose dominant characteristic is the description, for a sexual purpose, of sexual activity with a child that would be an offence under The Criminal Code (Canada), or
- (d) any audio recording that has as its dominant characteristic the description, presentation or representation, for a sexual purpose, of sexual activity with a child that would be an offence under The Criminal Code (Canada).

For more information about prevention programs related to child abuse, visit the Kids In the Know Program offered by the Canadian Centre for Child Protection: [kidsintheknow.ca/app/en/](http://kidsintheknow.ca/app/en/)

*If you have come across an image of child pornography, you need to make an online report to [www.cybertip.ca](http://www.cybertip.ca).*

*If you know a child under 18 years of age who has been (or is) involved in child pornography or other forms of sexual exploitation, you have the legal duty to report the incident to your local child and family services (CFS) agency.*

*If you think the child is in immediate danger, call 911 or your local police.*

## Age of Consent in Canada

The age of consent refers to the age at which a young person can legally consent to sexual activity. All sexual activity without consent, regardless of age, is a criminal offence. As stipulated in *The Criminal Code of Canada*, **the age of consent for sexual activity is 16 years**. This means, for example, that if a 55-year old adult became sexually engaged with a 15-year old, that adult would no longer have a defence that the teenager consented to that activity. The age of consent applies to all forms of sexual activity, ranging from sexual touching, to kissing, to sexual intercourse.

**The age of consent is 18 years where the sexual activity exploits the young person** – when it involves prostitution, pornography or occurs in a relationship of authority, trust or dependence (ex: with a teacher, coach or baby sitter). Sexual activity can also be considered exploitative based on the nature and circumstances of the relationship, such as the young person's age, the age difference between the young person and their partner, how the relationship developed (quickly, secretly, over the Internet) and how the partner may have controlled or influenced the young person.

**The Criminal Code provides a close-in-age or peer group exception** to the age of consent. This exception permits 14 and 15 year olds to engage in sexual activity with a partner who is less than five years older than they are, and with whom there is no relationship of trust, authority or dependency or any other exploitation of the young person. If the partner is five years or older than the 14 or 15 year old, any sexual activity will be considered a criminal offence unless it occurs after they are married to each other. There is also a close-in-age exception for 12 and 13 year olds. This means that a 12 or 13 year old can consent to sexual activity with another young person who is less than two years older and with whom there is no relationship of trust, authority or dependency or other form of exploitation of the young person. The Criminal Code protects 16 and 17 year olds against sexual exploitation. As well, 16 and 17 year olds cannot consent to sexual activity that involves prostitution or pornography, or any form of sexual exploitation.

*If you think a child under 18 years of age is being (or has been) abused, you have the legal duty to report your concern to your local child and family services (CFS) agency. For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency, or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police.*

## The Compliant Victim

Survivors of child sexual abuse often find it difficult to place the blame for their abuse where it really lies: on the shoulders of the perpetrator. The offender may be a person that the child loves, such as a parent or a family member. The offender may also be a person that the child's parent loves, such as a step-parent.

The abuser may twist aspects of the abuse so that the child is made to feel at fault or somehow complicit in the abuse. The child may be told that the abuse is their fault. The abuser may mask the abuse as punishment, entwine the abuse together with expressions of love and affection, or even manipulate the child to initiate incidents of abuse.

A child cannot truly understand the power play and the control that the perpetrator has in these situations and will often take that self-blame and internalize it. This can lead to feelings of worthlessness, guilt, depression, self-hatred, inability to self-care and risky behaviours.

Offenders have a special ability to identify and exploit children's vulnerabilities. For example, younger or compromised children are especially vulnerable as they do not have the language or knowledge to understand or tell others what is happening. Children who rely on the offender for care, love, affection or other things will also be vulnerable to the demands of the abuser.

Offenders use a range of strategies to engage the child in a relationship where the abuse can happen and to desensitize the child to sexual abuse and exploitation. This is sometimes called the grooming process. Grooming usually begins with subtle behaviours that do not appear to be inappropriate, and that may in fact indicate that the adult (offender) is very good with children. Understanding the many ways in which abusers target their victim and groom them for the sexual abuse can be one step towards placing the blame where it belongs and releasing it from the shoulders of the child. Some grooming strategies include:

- **Gaining trust:** The offender may take steps to gain the trust of the child's parent or guardian, to gain access to the child. The perpetrator will also begin to spend more time with the child, listening to them, treating them as special, or giving them compliments, presents or favours.
- **Isolation/secretcy:** The offender will isolate the child from their siblings and protective parent(s) or caregiver(s). The favouritism shown to the victim often promotes alienation from siblings. Statements like, "Mom wouldn't understand how special we are together" and "Ours is a special love that others wouldn't understand" contribute to a climate of secretcy.
- **Testing the child's boundaries:** A process of desensitization is used to test the child's resistance and engage them in the abuse. Offenders may use touching as a game or introduce sexual touching as accidental. They may blur the boundaries of ordinary affection so the child confuses this with the abuse. This often occurs around the child's daily activities (ex: dressing or bathing). The perpetrator will try to gain compliance of the victim by assuring the child of the rightness of what they are doing through statements such as: "This is a way

we can show we love each other...I am teaching you...It's not doing any harm." Throughout the process of engaging the child in the abuse, the offender is evaluating whether the child has been groomed sufficiently (ex: whether they will keep compliant and maintain secrets about the abuse).

For more information, please go to: [pandys.org/index.html](https://pandys.org/index.html)

## Examples of Concerning Adult Behaviour

The following are examples of behaviours by adults towards children that may be of concern. Not all of these behaviours necessarily constitute an attempt to be sexually gratified by a child. However, these actions with loose, permeable boundaries must be addressed for the safety of children.

It is important to watch for any of the following behaviours (pay attention to the frequency, intensity and any combinations of behaviours):

- deliberately walking in on a child who is changing or using the washroom
- asking or having a child watch the adult change or use the washroom
- 'accidentally' touching genitalia
- activities that involve the removal of clothing (massage, swimming, etc.)
- wrestling or roughhousing
- telling a child sexually explicit jokes
- teasing a child about breast or genital development
- discussing sexually explicit information while pretending to teach a child sex education
- bathing a child or showering with a child
- showing the child sexually explicit images or pornography
- looking at or taking pictures of children in underwear, bathing suits, dancewear, etc.
- making sexual comments or sharing inappropriate stories of sexual activity
- using physical restraint
- For more information, please go to: [commit2kids.ca/app/en/home](https://commit2kids.ca/app/en/home). Commit to Kids is a program that can be tailored to your organization to further enhance child safety.

## Emotional Abuse and Child Neglect

Emotional abuse has long been one of the most difficult forms of abuse to define and recognize. Most often it is not limited to one single act but is associated with a pattern of serious, ongoing, negative attacks on a child's self-esteem. Emotional abuse, which can be as damaging as physical abuse, can range from:

- persistent rejection
- humiliation
- belittling and denigration



- rigid and/or unrealistic expectations accompanied by threats if not met
- threatening or perpetuating violence against a child's loved ones or objects
- witnessing domestic violence
- ridiculing for showing normal emotions
- threats
- insults
- scapegoating
- verbal attacks and put-downs

Generally, emotional abuse involves acts or omissions by people in contact with a child that are likely to have serious, negative emotional impacts. Emotional abuse may occur separately from, or along with, other forms of abuse. **In Manitoba, to constitute child abuse, there needs to be evidence that the impact of the emotional abuse on the child is of a potentially permanent nature.**

While suspected emotional abuse may not require police intervention or medical examination, a CFS agency may need to collaborate with the police, medical facilities and others in gathering evidence to establish a serious and persistent pattern of abuse likely to cause emotional disability of a significant nature.

**Child neglect** is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision, and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.



## SECTION SIX

### Possible Indicators of Child Abuse

Service providers working with or caring for children under 18 years of age are strongly encouraged to learn about, and know, the physical and behavioural indicators of child abuse. Knowledgeable and informed service providers can identify child abuse by observing the behaviour of children, recognizing certain signs or indicators, and understanding the dynamics contributing to children's underlying behaviour.

This section lists common physical and behavioural indicators or warning signs of child abuse. **By themselves, these indicators do not prove that a child has been abused or neglected.** Even when many of these signs are present, it does not mean that abuse is definitely taking place. However, the signs do suggest the need to know more about the child's circumstances and the need to be more watchful of that child. A series, or cluster, of indicators observed over a period of time may be a child's reaction to abuse.

If you have questions, contact a CFS agency. Its staff can help you to determine if the indicator(s) you observed are cause for concern. **You do not have to give your name when you make the phone call.** Remember, it is always best to err on the side of caution. A child's safety and well-being may be at risk.

*Remember:  
If you have questions or are unsure if the signs that you are observing are a cause for concern, contact a child and family services (CFS) agency. Their staff can help you determine if a child may be at risk.*

### Physical Abuse

Physical injuries may result from physical punishment, and may include injuries sustained from spanking, burning, beatings, kicking, punching and slapping, for example. Some children, such as premature infants or children with disabilities, are more vulnerable to experiencing abuse than their counterparts.

Usually, signs of physical abuse are the most readily observable. The table on the following page lists common indicators of physical abuse. It is not unusual for children to incur injuries to knees, elbows, forearms or bony parts of their bodies, while playing and being active. However, the soft tissue areas such as the cheeks, buttocks and thighs are normally not injured under these circumstances. Bruises in these areas may be indicative of physical abuse. Whether bruising occurs depends on the part of the body struck, the size of the child and the child's vulnerability to bruising. Physical abuse may be happening even if the child does not have any bruises.

**Injuries to the head area are always a serious concern.** Head injuries can occur with direct trauma or with rapid acceleration/deceleration forces, such as seen with shaken baby syndrome. Injuries may lead to swelling in the brain, dizziness, blackouts, retinal detachment or even death.

## Possible Indicators of Physical Abuse

Child (under 18 years old)	Parent/Caregiver/Adult
<p><b>Indicators may include:</b></p> <ul style="list-style-type: none"> <li>■ unexplained (or inconsistent explanations of) bruises or welts</li> <li>■ a number of scars in a regular pattern</li> <li>■ bruises of varying colors in the shape of an object (ex: cord, rope, buckle, clothes hanger)</li> <li>■ bald spots or missing hair or teeth</li> <li>■ unexplained burns such as cigarette-shaped burns or immersion burns</li> <li>■ unexplained fractures, sprains, dislocations or head injuries</li> <li>■ inflamed tissues suggesting scalding</li> <li>■ facial injuries in infants and preschoolers that are not consistent with the child's age and development</li> </ul> <p><b>The child may:</b></p> <ul style="list-style-type: none"> <li>■ be aggressive, defiant or acting out</li> <li>■ express suicidal thoughts or show self-destructive behaviour</li> <li>■ seem afraid of a parent or caregiver, cower and demonstrate fear of those in authority</li> <li>■ act frightened when faced with disapproval or criticism; be over-anxious to please</li> <li>■ act out, display destructive or risk-taking behaviour</li> <li>■ show regressive or immature behaviour</li> <li>■ be defensive about his/her behaviour or injuries</li> <li>■ wear inappropriate clothing that covers injuries even in warm weather</li> <li>■ have difficulties forming peer relationships</li> <li>■ be described as accident prone</li> <li>■ be a low achiever and have difficulty focusing on learning and concentrating</li> <li>■ lie to (and/or distrust) others</li> <li>■ come to school too early or not want to leave school – indicating fear of going home</li> </ul>	<p><b>The parent/caregiver/adult may:</b></p> <ul style="list-style-type: none"> <li>■ indicate isolation and loneliness</li> <li>■ be angry, impatient, or frequently lose or almost lose control</li> <li>■ show little or limited genuine concern about the child's injuries or condition</li> <li>■ perceive the child as bad or blame the child for what has happened</li> <li>■ deny personal responsibility for what happened while projecting on, or blaming, the child or others</li> <li>■ resist discussing the child's condition or change the subject when broached</li> <li>■ view any questioning with suspicion</li> <li>■ use discipline that is inappropriate to the child's age, condition and developmental level</li> <li>■ provide illogical, contradictory, unconvincing or no explanation of the child's injuries</li> <li>■ show a poor understanding of normal child development</li> <li>■ show unrealistic expectations of the child, including having the child act as a carer for the adult (role reversal)</li> <li>■ avoid systems and organizations, such as schools, daycares, and child and family services agencies</li> </ul>

**Munchausen's Syndrome by Proxy or Factitious Disorder by Proxy** is a type of child abuse where the parent or caregiver intentionally produces or invents symptoms in the child for the purpose of seeking attention by health care practitioners and/or the medical system. Although this type of abuse is rarely seen, the behaviour and resulting injuries to the child can be extreme. In these situations, the parent may show more interest in interacting with medical caregivers than in the child's wellbeing. The child may show inconsistent symptoms/stories than reported by the parent or caregiver.

## Behavioural Signs of Abuse

Often, children will communicate their experience with abuse in indirect ways – through their behaviour, emotions, art, writing, appearance, inquiries or discussions about fears, concerns or relationships.

Behavioural signs of abuse may exist with or without physical indicators of abuse. The first indicator that a child may be in need of protection may come from observing a sudden change in their behaviour or in their relationship with their parent or caregiver. **Service providers working with children are often in an excellent front-line or first responder position to notice changed behaviour in a child.** A trained observer will be sensitive to a range of behaviours at various stages of development and growth. When children are not able to speak, they will frequently act out their concerns in play and through their behaviour. It is important to assess the situation based on extreme or persistent patterns of behaviour that are consistent with indicators of abuse.

**Remember:** Some physical and behavioural indicators may be the result of something other than abuse. If you have questions, contact a CFS agency. Its staff can help determine if the indicators are cause for concern. You do not have to give your name when you call the agency. It is always best to err on the side of caution. A child's safety and well-being may be at risk.

**Always record your observations or suspicions:** It is important to record observations and other details about the alleged incident of child abuse (ex: the physical signs of abuse, the changed behaviour in the child, conversations with parents or caregivers). These records, which are important when making a report to a CFS agency, should be kept confidential and securely stored. For more information about what information to document, please see Section 7 of this handbook.

*It is not your job to investigate the situation. Your job is to observe indicators and, if you suspect child abuse, to call a CFS agency.*

*If you think the child is in immediate danger, call the police.*

## Possible Indicators of Sexual Abuse, Including Sexual Exploitation

Sexual abuse and sexual exploitation happen when a child is used for the sexual gratification of another person with or without the child's consent. For more information about sexual abuse and exploitation, see page 18.

Physical evidence of sexual abuse is rare. Often with younger children, abuse does not include intercourse but fondling or touching instead, which leaves no physical signs.

### Physical signs of sexual abuse:

- unexplained or persistent pain, or itching in the genital area or throat
- difficulty going to the bathroom or swallowing
- showing bruises, bleeding or swelling of genital, rectal or anal areas
- vaginal odour or discharge
- stomach aches, headaches or psychosomatic complaints
- pregnancy
- sexually transmitted diseases
- difficulty walking or sitting
- bruising or injuries to the body

### Behavioural signs:

- showing signs of depression or suicidal thoughts
- self-mutilating
- being angry, hostile or highly irritable
- being overly anxious or phobic
- exhibiting fears or compulsive behaviours
- urinating or defecating in clothes
- over or under eating
- displaying age-inappropriate behaviours, pseudo-maturity or regressive behaviour behaviours, such as bed wetting and thumb sucking
- experiencing significant changes in school performance and attendance
- withdrawing from others
- having difficulties concentrating and/or focusing
- exhibiting sleep disturbances, such as nightmares, fear of falling asleep or sleeping long hours
- having poor peer relationships, self-image, overall self-care
- using language or making drawings that are sexually explicit
- showing fear in closed spaces
- being reluctant to participate in physical activities or to undress or take showers after sports
- masturbating in the classroom or other public places
- using seductive behaviour or being sexually intrusive towards adults
- expressing premature or inappropriate understanding of sexual behaviour
- always having condoms with them
- showing an advanced knowledge of birth control
- displaying inappropriate and unusual aggressive behaviours with peers and toys
- being excessively curious about sexual matters or genitalia of others or self
- forcing or coercing other children to engage in sexual play

**Behavioural signs (continued):**

- having unexplained gifts, new clothes or money
- wearing clothing that is not age appropriate
- being secretive about new friends, activities, phone calls and/or Internet use
- being promiscuous and displaying seductive behaviour towards others
- believing that she/he has formed a loving relationship with another person
- preventing others from viewing the computer screen
- hiding disks or memory sticks and not allowing others to see their contents
- using files ending with .gif and .jpg, which may contain sexually explicit content or pornography
- spending significant amounts of time away from school work on the computer
- exhibiting secretive or furtive behaviour when using the Internet

**The parent/caregiver/adult may:**

- be absent or not engaged in the child's life
- minimize or rationalize the seriousness of the child's behaviour
- deny any personal involvement or responsibility
- blame or project responsibility on the child and/or other circumstances
- be domineering but emotionally weak
- suggest or indicate marital or relationship difficulties with adults/spouse
- express feelings of isolation and loneliness
- cling to the child both physically and emotionally
- hold or touch the child in an inappropriate way
- blame others for life's problems and the child's sexual behaviour
- ignore warning signs and/or rationalize incidents
- be uncomfortable with the topic of sexual activity, and avoid discussing it

## Possible Indicators of Emotional Abuse

Emotional abuse involves acts where a child experiences persistent rejection to humiliation, scapegoating, verbal attacks and put-downs by a parent, caregiver or adult. For more information on emotional abuse, see page 22. Often, emotional abuse is not limited to one single event but a series or a pattern of serious, ongoing, negative attacks on a child's self-esteem. Each child responds differently to abuse. The table on the following page lists some possible emotional abuse indicators.

### Physical signs or indicators might include:

- bed wetting and/or diarrhea
- frequent psychosomatic complaints, nausea, abdominal pains
- evidence of self-harm
- chronic crying or detached/flat affect
- lack of clean clothes
- poor personal hygiene
- chronic injuries or illnesses

### The child may:

- develop mental or emotional developmental delays
- become isolated and often have no friends or may complain of social isolation
- exhibit behaviour inappropriate to his/her age and developmental level
- fear failure, have overly high standards, or be reluctant to play
- fear consequences of action, often lying about she/he has done
- show extreme withdrawal or aggressiveness or mood swings from one extreme to the other
- be overly compliant, too well-mannered and wanting to please, especially those in positions of authority
- show extreme attention-seeking behaviours
- be excessively neat and have concern for cleanliness
- have difficulties forming peer relationships
- go into severe depression leading to suicidal thoughts and even suicide attempts
- make attempts at running away
- exhibit violence often expressed in art form or writing
- show little anxiety towards strangers
- become unusually anxious

### The parent/caregiver/adult may:

- show unrealistic high expectations of the child, to the extent that the child is put in a caring position with the adult (role reversal)
- reveal own sense of isolation and loneliness
- show anger, impatience, low frustration tolerance and frequent use of control
- show limited concern about the child's well-being or condition
- have difficulty individualizing the child and his/her needs
- perceive the child as bad or blame the child for what happens (scapegoating)
- tend to deny personal responsibility for what happened to the child, while projecting or blaming the child or others
- resist discussing the child's condition
- view any questioning with suspicion
- use discipline that is inappropriate to child's age, condition and developmental level
- show a poor understanding of normal child developmental
- exhibit poor impulse control
- avoid contact with schools, child welfare agencies or daycares
- avoid medical care for the child or themselves
- have poor interpersonal skills, including limited or unhealthy relationships



## Possible Indicators of Child Neglect

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision, and/or medical care. Child neglect can result in child abuse if it causes harm or imminent risk of harm to a child. The following table lists possible indicators of child neglect.

### Physical signs or indicators might include:

- abandonment
- injuries where medical care has been delayed or avoided
- injuries from a lack of supervision by parent or caregivers
- medical or dental needs not consistently attended to
- clothing consistently inadequate for weather conditions
- persistent hunger or inadequate nutrition
- poor personal hygiene
- chronic injuries or illnesses

### The child may:

- fail to thrive where no medical reasons are found
- forage for, hoard or steal food
- show developmental delays or setbacks related to lack of stimulation
- have poor or inconsistent school attendance
- seek constant attention in a negative way
- be tired and unable to concentrate in school
- appear unusually sad or exhibit flat affect
- become self-destructive or self-harming
- show low self-esteem and low regards for others
- be reluctant to go home; speak of being or appearing to be left alone at home
- be involved in misuse of drugs or alcohol, stealing, or setting fires
- not respond to affection or stimulation
- appear lethargic and undemanding
- be uninterested in surroundings
- have difficulties forming peer relationships
- attempt to run away

### The parent/caregiver/adult may:

- be unwilling or unable to provide the child with proper food, clothing and/or shelter
- be overwhelmed
- experience low self-esteem
- have experienced maltreatment or violence in own childhood and upbringing
- have poor impulse controls, depression, anxiety or antisocial behaviours
- have history of drug/substance and/or alcohol abuse
- experience marital discord, family violence, unemployment, financial distress and social isolation
- lack extended family and/or community supports or networks
- seldom recognize the child's positive behaviour
- not be supportive, affectionate, playful or responsive with the child
- get little enjoyment or satisfaction from raising their child
- feel or express being victimized by society
- be opposed to routine medical care for the child (immunization history)
- have cognitive or intellectual limitations

## Abuse Among Children with Disabilities

Among the many factors that can increase the likelihood of child abuse is childhood disability. Children with physical, cognitive, and emotional disabilities appear to be at higher risk for child abuse than other children are. Children with disabilities are more vulnerable than their non-disabled peers as they tend to be more dependent on others for their physical, social and emotional needs. In general, children who are perceived by their parents or caregivers as different or have special needs including those with chronic illnesses or difficult temperaments may be also at greater risk of experiencing child abuse.

A child with a disability is defined as any child whose ability to perform activities of daily living in an age-appropriate manner is compromised in one or more of the following areas:

- **physical difference:** amputations, muscular or skeletal impairments (ex: cerebral palsy or spina bifida); injuries such as paralysis, damage to the body or physically disabling health infections; physical differences present at birth such as cleft palates or differently formed limbs
- **sensory:** vision, hearing, taste, touch or smell; hearing and vision impairments; autism spectrum disorder
- **intellectual delay:** unable to absorb, process and comprehend information; think abstractly, reasons or solve problems; trauma to the brain resulting in difficulties in learning and comprehension, in short and long-term memory issues
- **developmental delay:** affecting communication skills, learning and cognition processes, gross and fine motor and self-help skills and age-appropriate socialization
- **learning disabilities:** including oral language, reading skills, written language and mathematical skills
- **complex medical needs:** resulting in the need for support from a medical assistive device or technology for at least part of the day
- **mental health disorders:** mood, anxiety or eating disorders and schizophrenia

**The demands of caring for children with disabilities can sometimes overwhelm parents and caregivers** and may introduce new, complex, unexpected challenges in the life of the child's family. Families of children with disabilities **often experience far more physical, emotional and/or financial stress** than their counterparts.

**Although children with disabilities are at an increased risk of experiencing abuse, abuse is not an inevitable outcome of having a disability.** However, given the increased vulnerability of this childhood population, it is important to note that the potential for abuse may be higher, and that the ability or willingness of children to disclose information about the abuse may be different as compared to other children.

Children with disabilities are vulnerable to repeated abuse because they may not understand that the abusive behaviour they are being subjected to is inappropriate. They may be unable to escape and defend themselves in an abusive situation. In

addition, disabled children may experience serious difficulties in communicating with others and be unable to express what has happened (or is happening) to them. The factors listed below put children with disabilities at greater risk of experiencing abuse:

- **Power imbalance** is more pronounced between disabled children and adults; the child is heavily dependent on others to provide care.
- **Symptoms of abuse often go unnoticed or may be more difficult to identify.** Symptoms may be dismissed as part of the child's disability.
- **Child's inability to identify and/or disclose incidents of abuse**, such as being touched inappropriately.
- **Child's fear of losing a caregiver's relationship or special connection**, if they reveal the abuse to others.
- **Child's limited understanding of what constitute appropriate boundaries.**
- **Compliance and secrecy** – Children with disabilities are often rewarded for being obedient and being quiet or non-disruptive.
- **Child may fear not being believed** if they disclose the abuse.
- **Child care needs are high** – Parents and guardians who are well meaning but exceptionally stressed may injure or neglect their child.
- **Increased isolation from the community** – The child may become socially isolated and experience reduced contact with outside people who may be in a position to identify and report suspicions of abuse.
- **Limited peers** with whom children can share information about their situation.
- **Children may not react positively to mainstream disciplining techniques** – As a result, parents may become abusive as the child's behaviour continues to escalate.
- **Care providers are often perceived as self-sacrificing persons incapable of carrying out abuse.**
- **Alternative care providers may be unfamiliar with the child's needs** – Without proper training or supervision, their care may be inadequate and/or abusive.

Typically, it is not a child's disclosure that alerts a service provider to incidents of abuse, but the physical and behavioural indicator that triggers suspicions. Although there are some physical injuries that indicate abuse in all children, it should be noted that children with disabilities may exhibit bruising, scratches or other injuries that are sustained during day-to-day activities because of their disability. It is important for service providers to be aware of the child's disability, typical injuries sustained because of that disability and note any bruising or injuries that seem out of the ordinary given the child's history of previous injuries. Any concerning or unusual injury should be reported to the local child and family services agency for consultation.

**Behavioural changes in all children**, regardless of whether they have a disability, may suggest that abuse has occurred. Although it is possible that some changes in behaviour may be attributed to a child's ongoing disability-related challenges (such as withdrawing from social interactions due to communication limitations), or



## SECTION SEVEN

### Handling a Disclosure and Responding to Observed Indicators of Child Abuse

Abused children are often forced to keep secrets about their situation for fear of what will happen to themselves, other family members or even their pets. Abused children often think that they are to blame for what has happened and that no one will believe them if they reveal their situation.

As a service provider in a position of trust, you form important relationships with children. You may find yourself in a position where a child discloses to you, either directly or indirectly, that he or she is being abused or neglected. Children also share information through indirect statements that contain conditions (ex: promise not to tell) or through third party statements (ex: my friend's parent is hurting him). You may also hear about suspected abuse from a third party (ex: the child's neighbour). Other times, children disclose abuse through drawing, writing or drastically changed behaviour.

As a service provider, you may also observe indicators of child abuse. Various lists of indicators are outlined in Section 6 of this handbook.

If you observe indicators of child abuse, or if a child or another party has disclosed an incident of abuse, your role is to report the situation to a CFS agency as soon as possible. It may be important to obtain clarification about the situation, but it is not your responsibility to interview the child or to go into specific details about the circumstances surrounding the suspected incident(s) of child abuse.

*Remember:*

*Your role is to report the situation to a CFS agency as soon as possible.*

*Your role is NOT to interview the child or investigate the situation.*

*If you think the child is in immediate danger, call police first.*

### When a Child Discloses Incidents of Abuse

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If you are this person, you need to be careful not to traumatize or victimize the child further. The following are some guidelines to follow as you talk with the child:

- **Be sensitive.** When talking to the child, be sensitive to his or her needs. Your primary role is to support the child, gather basic information and report it to a CFS agency immediately.
- **Stay calm and listen.** An abused or neglected child needs to know that you are composed and available to help. If you react with shock, outrage or fear, you might inhibit the child and make him or her feel more anxious or ashamed.

A calm response supports the child by allowing him/her to tell you what has happened. It also provides some reassurance that what the child is experiencing (or has experienced) can be talked about and worked through together.

- **Go slowly.** It is normal to feel inadequate or unsure about what to do or say when a child tells you about abuse or neglect. Do not let this discomfort rush you into asking questions. Remember to proceed slowly with open-ended, gentle, non-leading questions, such as, “Can you tell me more about what happened?” It is also important to talk to the child at their level of development.
- **Get only the essential facts.** Limit your discussion to finding out generally what took place. Do not probe the child for details. If you need general information, be sure to ask how, when, who and what questions. Avoid using why questions as they can suggest indirectly that the child may have done something wrong and increase the child’s reluctance to discuss the matter. Once you have enough information and reason to believe that abuse and/or neglect is occurring (or has occurred), stop gathering facts and be supportive. Later on, the child may be interviewed in depth by a CFS agency worker and, if there is a criminal investigation, by the police.
- **Be supportive.** Reassure the child that he or she has not done anything wrong. Children need support and reassurance when disclosing abuse or neglect. It is helpful to let the child know that:
  - The child is not in trouble.
  - The child is safe with you.
  - You are glad that they have chosen to tell you about this.
  - The child is doing the right thing in telling you about this.
  - You are sorry that they have been hurt or that the disclosed incident has happened to them.
  - You will do everything you can to make sure they get the help they need.
  - You know others who can be trusted to help solve this problem.
- **Don’t make promises.** Tell the child only what you know (ex: that they are not in trouble and that you will help). For example, do not promise them the alleged perpetrator will not get into trouble or that everything will be better now.
- **Tell the child what will happen next.** Children who disclose their abuse feel anxious and vulnerable about what people think of them and what will happen next.
- **Take notes.** Immediately after the child’s disclosure, write down as much as you can of what the child told you. This will help ensure accuracy when reporting to the appropriate authority. Direct disclosures may be admissible in court, so accuracy is important.

*Remember:  
A child is anyone under  
18 years of age.*

## Disclosures of Past Abuse

Disclosures from children of past abuse are handled in the same way in which a current allegation of abuse is made. If a child under 18 years of age discloses past abuse, it is the responsibility of the service provider to report the abuse. Adults dealing with past abuse are strongly encouraged to give a statement to the police, who will determine if there is a possible criminal offence. There is no statute of limitations with respect to child abuse.

If an adult discloses that they were abused as a child, they may be in a position to know if their abuser could be abusing other children. As such, they should also make a report to a CFS agency where staff will determine whether the case should be investigated and whether any children may be at risk.

## When There are Indicators of Child Abuse

Children do not always tell service providers about their abuse or neglect. Your job is to actively interpret clues and observe non-verbal communication. When you see indicators of child abuse, and are talking to children about possible abuse or neglect, the following points may be helpful.

- **Choose your approach carefully.** The child may be fearful or reluctant to talk about what happened.
- **Be relaxed and casual.** If you appear anxious or exhibit strong feelings, the child may withdraw.
- **Keep it confidential.** Make sure you have enough time, and a private setting, with few chances for interruptions. The child is more likely to confide in you in a place where he or she feels safe.
- **Be neutral.** Express your concerns to the child in a neutral, objective manner and seek or ask for their explanation for the indicators you have observed.
- **Be a good listener.** Pay attention and express your confidence in the child. This shows your genuine concern for his or her safety and well-being.
- **Make notes.** Document your initial observations of the indicators as to date, time and place. Be specific. Make notes as to when you talked with the child and what exactly was said to you. Use the child's exact words where possible. Keep drawings or journal pages that cause you to suspect abuse. Sign and date them.

## Documenting the Situation

Collect as much information as you can but remember, you are **not** conducting an investigation. Write down only the facts. Do not include how you are feeling about the incident or personal thoughts about what might have happened. Key information to document is:

- full name, age, gender and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child's safety

- a description of the type of suspected abuse  
Also, record how the child looks, and other indicators of abuse or neglect that you have observed. For more information on indicators of child abuse and neglect, please refer to Section 6 of this handbook.
- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)
- a description of the family, including names and ages of other children in the household
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)

In addition to the key information that is listed above, you may have additional details that you can document and share with the CFS agency worker when you make a report. While this additional information is useful to have, it is not necessary to make a report. It is important **not** to question the child to obtain any of this information:

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child's condition, and the present whereabouts of that person
- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)
- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used
- information about other persons or agencies closely involved with the child and/or family
- the status of guardianship of the child (ex: living at home, voluntary placement agreement or permanent ward of CFS)
- consultation with other professionals
- information about other people who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)

**Remember:** Keep all records, whether electronic or handwritten, in a confidential place.

*You do not need all of the above information to make a report. Just tell the CFS agency worker what you know.*



## Talking with the Parents or Guardians of the Child

Service providers are required to report abuse concerns directly to a CFS agency. While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). Service providers **should not** discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parent(s) or guardian(s)
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

*If you are unsure whether to bring your concerns to the attention of the child's parent(s) or guardian(s), contact a CFS agency worker, who will give you information and guidance on how to proceed.*

The service provider's relationship with the parties involved can continue; however, there **should not** be any discussion about the referral to CFS as this might impede the investigation into this matter.

## The Need for Cross-Cultural Understanding

As a service provider, you must take into account the cross-cultural differences that exist when defining and making sense of child abuse. There are increasing numbers of newcomers (immigrants and refugees) in Manitoba, originating from different countries and cultures. Knowledge of cultural practices and social and family structures can help gain a better understanding of factors that contribute to abuse among newcomer families.

Although no ethnic group condones child abuse, the understanding of what constitutes abuse can vary from family to family and culture to culture. While these are factors to consider, all Manitobans must abide by the laws related to child safety.

It is important to develop a level of cross-cultural competence to work effectively with families from different cultures. These same competencies will be critical when identifying, reporting and investigating suspected child abuse.

## Reports Regarding Professionals who are Alleged to have Abused a Child

Allegations or suspicions of child abuse involving a professional, or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, are reportable. It is very serious when a professional fails to report

a child in need of protection. These circumstances generate additional actions by the director of Child and Family Services.

*As per section 18(6) of The CFS Act, Child and Family Services agencies are required to immediately report to the Director of Child and Family Services (Child Protection Branch) any suspected abuse by a person who provides work for or services to an agency or to a child care facility, or other place where a child has been placed by an agency. The Director shall investigate the matter and take further steps as required by The CFS Act, prescribed by regulation, or as the Director considers necessary.*

Provincial investigation specialists, who work on behalf of the director, conduct child abuse investigations under Section 18(6) of the CFS act. They have the responsibility to determine what occurred; conclude whether abuse took place and make recommendations based on the findings of the child abuse investigation. Investigations by the director and his/her staff include, but are not limited to employees, board members and volunteers. Employees include direct service staff, supervisors, managers, parent aides, childcare workers, child support workers, service-purchase staff, or any person who works for an agency or facility as defined by the CFS act.

*As per section 18.2(1) of The CFS Act, if the Director has reasonable grounds to believe that (1) a person has caused a child to be in need of protection or (2) has failed to report information in accordance with section 18, the Director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry on his or her work or occupation.*

To ensure the immediate protection of any other children, the current employer of the alleged offender is notified and access to children may be limited until the investigation is complete. In addition to the child abuse investigation, the governing or licensing organization may determine whether a professional status review or disciplinary proceedings should take place against the person.

## SECTION EIGHT

### Reporting Child Abuse

#### Legal Duty to Report

In Manitoba, it is the legal responsibility and duty of anyone who reasonably believes that a child is, or might be, in need of protection or suffering from child abuse, to report the information to a CFS agency or, if deemed appropriate, to a parent or guardian.

As noted previously, if the alleged offender is a family member, has a significant relationship with the child's parent(s) or guardian(s), or if the identity of the offender is unknown, there **should not** be any contact with the parent(s) or guardian(s) by the service provider about the situation. CFS agency workers and law enforcement personnel are trained and primarily responsible for contacting and discussing these concerns with parents.

The legal responsibility to report applies even where the service provider has acquired the information about child abuse through the discharge of professional duties or within a confidential relationship (ex: a doctor-patient relationship, clergy-parishioner relationship or educator-student relationship). The only exception is if a lawyer acquires information within a privileged lawyer-client relationship.

*In Manitoba, it is the legal responsibility and duty of anyone who reasonably believes that a child is or might be in need of protection or suffering from child abuse, to report the information to a CFS agency or, if deemed, appropriate, to a parent or guardian.*

#### Reason to Believe

The key words in understanding the legal obligation to report are **reason to believe**. This simply means that based on what you have observed, or the information that you have received, you believe a child may be in need of protection and/or at risk. Reasonable suspicion means that based on observations and facts at-hand, it is objectively reasonable for a person in a like position (and with similar training, knowledge and experience) to suspect child abuse. You do not have to be certain that abuse is taking place. It is the duty of CFS agency staff to investigate the situation.

*You do not have to be certain that abuse is taking place. Every suspicion should be considered serious and reported.*

## Consequences of Failure to Report

The most serious consequence of not reporting is that the child, and potentially other children (ex: siblings), are left vulnerable and unsafe. Failure to promptly report suspected child abuse or neglect could leave children at continuing risk and, in some situations, lead to death. Failure to report child abuse by professionals, service providers and/or the general public is viewed as a serious breach of legislation. Where a person fails to report a child in need of protection, the person commits an offence punishable on summary conviction leading to a fine of not more than \$50,000 or imprisonment of a term of not more than 24 months, or both.

## Making the Report

**It is the responsibility of the service provider who suspects child abuse, or to whom there has been a disclosure, to report the abuse.**

**The service provider does not need permission from his/her supervisor to make a report.**

Child abuse reports should be made immediately to protect the child from any possible further danger or consequences of delay. As a service provider, you need to call your local CFS agency about your concerns. If you think the child is in immediate danger, you need to contact the police.

**For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.**

When you call, you will be asked questions about the situation. Try to answer them to the best of your ability. You do not have to give CFS agency staff your name. If you do give your name, you are not legally responsible for information provided in good faith. Your identity will remain confidential except where required by the court, or with your written consent. You are also protected from anyone harassing you for giving the information.

When you make a report, you should ask for the name of the person taking the call. Also, write down the date and time when you make the initial call. After you make the report, the CFS agency worker should advise you what initial steps are planned and when they will occur. You are also entitled to know what the agency concluded at the end of its investigation, unless the agency feels that it is not in the best interest of the child.

The report can be done orally (either in person or on the phone) or in a written document. Once you have made a report to a CFS agency, you should not inform or discuss the suspected incident(s) with the alleged offender.

*Once you have made a report to a CFS agency, you should not inform or discuss the suspected incident(s) with the alleged offender.*

Although CFS agencies have the primary legal responsibilities under The CFS act for determining if a child is in need of protection (including child abuse), the police/law enforcement and medical/health professionals have key mandated responsibilities, especially in the investigation of physical and sexual abuse/exploitation cases. For more information about investigating child abuse, please refer to Section 9 of this handbook.

## Information Sharing

Your job, after making the initial report, is to co-operate with the ensuing investigation by child abuse investigators and other authorities involved.

**To ensure the best course of action is taken in every case, there will be mutual sharing of all relevant information by the agencies and professionals involved in the investigation and treatment process.**

**Manitoba not only permits the sharing of information for ensuring child protection; it requires it.**

Confidentiality can be perceived as a barrier to team formation and effective teamwork. **Manitoba legislation not only permits the sharing of information for the purposes of ensuring child protection; it requires it.** While evidence and information collected as part of any investigation is highly confidential, sharing of confidential information is permitted and encouraged, for the purposes of ensuring the child's protection and effective case planning. Misunderstandings and a reluctance to share information can contribute to continued abuse and even death of children.

Sharing information is a critical part of a collaborative response to suspected child abuse. While many organizations and service providers receive information in confidence, children's health and safety are paramount. In most cases, your duty to report suspected child abuse or neglect overrides your duty to protect the privacy of clients, patients, students, staff or colleagues.

## Confidentiality and Protection of the Informant

No retaliatory action can be taken against a person who, in good faith, reports information about suspected child abuse. The informant cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (ex.: the person making the report) is protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.



## SECTION NINE

### A Multidisciplinary and Collaborative Approach

#### Multidisciplinary Approach to Abuse Investigations: Importance of Collaboration and Co-ordination

As a service provider, it is your responsibility to report any situation of suspected child abuse. A CFS agency and/or the police will then assume responsibility of assessing and/or investigating the situation. Health care practitioners and other bodies, such as Child Victim Support Services may also get involved. The different roles of these, and other organizations, are detailed below.

Child abuse investigations require close collaboration as well as a seamless working relationship by the parties involved in the investigation. CFS agencies have the primary responsibility under The CFS act to ensure the safety, health and well-being of children. The police and health care practitioners have legislated responsibilities about child abuse cases. **It is critical that these separate systems (the child welfare system, the law enforcement and the medical community) share all relevant information to determine the best course of action.**

Child protection and abuse investigations by a CFS agency often occur parallel to an ongoing police investigation. When parallel investigations are taking place under separate mandates, CFS agency workers and law enforcement must work together. It is expected that ongoing consultation, collaboration and information sharing among police officers, CFS agency workers and other players involved will take place during respective or joint investigations.

*Child protection and abuse investigations by a CFS agency often occur parallel to an ongoing police investigation. Here, consultation, collaboration and information-sharing among those involved in the investigations, is essential.*

The Winnipeg Children's Advocacy Centre brings together – in a central location – a team of professionals dedicated to providing support and services to children who are victims of serious abuse. Staff members include police, child protection and victims service workers who work in a child-friendly setting to help victims navigate the child-abuse investigation process and justice system. The centre has a forensic interviewer on-site who is trained to interview victims of child abuse. The objective is to limit the number of times the victim will have to tell and retell their ordeal with the various professionals involved in an investigation.

The co-ordinated team approach may go beyond involving police, child welfare and medical staff. Often, other systems (ex: Children's disAbility Services, Manitoba Early Learning and Child Care, and Victim Services) are completing their own work relative to the allegation of abuse. This is especially true when the abuse results in the death of a child.



To ensure each organization can competently fulfill their mandate, timely information sharing eliminates duplication of efforts and allows each agency to conclude their work under their distinct governing legislation. When the parties involved share information, assign investigative tasks, set up joint interviews and participate in shared decision making, the abused child is less likely to be further traumatized. The result is a more efficient and effective investigation.

## Role of the Child and Family Services (CFS) Agency

The role of CFS agency workers is to determine if a child is in need of protection, including abuse. CFS agency staff is responsible for taking immediate and appropriate action to protect the safety, health and well-being of children. Each report is assessed on an individual basis and, depending on the information and assessment, the interventions will vary. This may include removal or apprehension of the child(ren) or other actions to ensure their immediate safety. The child welfare system will conduct its abuse investigation under the mandate of *The Child and Family Services Act*.

Once a child abuse report has been made, CFS agency workers have the responsibility to inform parent(s) or guardian(s) of the child about the situation. Where CFS agency workers believe that **serious** physical injury, sexual abuse or exploitation of a child has taken place, the agency will immediately consult with a duly qualified health care practitioner and, where believed necessary and appropriate, arrange for a medical examination of the child.

CFS agency staff will also notify and consult with the appropriate police officer in the area or jurisdiction about the particulars of the allegations and/or suspicions. Under The CFS act, a CFS agency may request from a police or peace officer any information that is relevant to an investigation. The peace officer is expected to provide the requested information.

## The Role of Police

The police will carry out an investigation to determine whether an offence may have been committed under *The Criminal Code of Canada* or *The Child and Family Services Act*. Their findings will be based on the **beyond a reasonable doubt** test. Police may be the first to arrive and respond when a child is in immediate danger. When a police officer has reasonable grounds to believe that a child's safety or well-being is in immediate danger, the officer has the authority to take charge of the child and to notify CFS workers as quickly as possible.

In cases of child deaths or homicides, third party assaults (defined as non-family offenders), commercial child pornography and organized sexual exploitation of minors, law enforcement agencies generally take the lead investigative role. In child deaths or homicides, the police will work closely with medical professionals, as well as with forensic medical examiners and the chief medical examiner's office in gathering evidence to determine the cause of death and whether criminal charges will be laid. Such investigations often are very complex, extensive and time-consuming, especially



when they involve the deaths of non-witnessing infants and/or preschoolers. These investigations require the best of forensic expertise including autopsy reports.

## The Role of Physicians and other Health Care Practitioners

Where there is evidence of serious injury to a child, time is of the essence. The sooner a child sees a qualified physician, the better. Health care practitioners have a specific role, which includes:

- completing a comprehensive examination
- performing diagnostic tests to determine the state of the health of the child
- documenting findings that may be consistent with recent abuse or a history of abuse

A comprehensive medical examination ensures appropriate medical treatment, if warranted, along with reassurance and safety for the child.

*The Personal Health Information Act (PHIA)* allows health care practitioners to share personal health information without the consent of the person (patient), to report a child in need of protection or to co-operate with a child protection investigation. Health care practitioners governed under *The Mental Health Act (MHA)* are also required to report suspected child abuse. A child does not have to be under CFS agency apprehension for these situations to apply.

If deemed appropriate, the health care practitioner can consult with or refer the child (patient) to the Child Protection Centre (CPC) at the Health Sciences Centre, Children's Hospital, in Winnipeg, Manitoba. CPC staff is specifically trained in the forensic and medical field of child abuse. Their expert knowledge can be helpful when determining causes and timelines of injuries. CPC offers a comprehensive, hospital-based multidisciplinary program aimed to prevent, detect and treat child abuse. For more information about the Child Protection Centre in Winnipeg, call 204-787-2811.

## The Role of Manitoba Victims Services Branch

The Manitoba Victim Services Branch under the auspices of Manitoba Justice, is designed to help:

- victims of the most serious crimes as outlined in *The Victims' Bill of Rights*
- victims of domestic violence
- child victims and witnesses

**The Victims of Crime Program** provides compensation to victims who suffer personal injury, hardships or expenses because of certain crimes in Manitoba. If someone has been injured because of a crime, or someone is an immediate family member of a person killed due to a crime, that person may be entitled to compensation.



Victim impact statements allows victims to tell the court how they have been affected by the crime (For more information, please visit the [Victim Impact Statement Program](#)).

*The Victims' Bill of Rights*, which came into effect in 2001, specifies the rights of victims of the most serious crimes. The bill ensures crime victims' rights are recognized and protected in their dealings with police, prosecutors, courts and corrections officials.

See: [gov.mb.ca/justice/victims/services/vrss.html](http://gov.mb.ca/justice/victims/services/vrss.html)

## The Role of Agency Child Abuse Committees

The CFS act and the Manitoba Child Abuse Regulation set out procedures to be followed in the review, investigation and management of child abuse cases. Child abuse committees are an integral part of the review and management of abuse cases. Child abuse committees allow all key members of the investigation to come together, share their findings and make further decisions about both the investigations and plans of action.

*The Child and Family Services Act* requires that each CFS agency establish at least one child abuse committee to review cases of suspected child abuse. Each child abuse committee must have, at minimum, the following five mandatory members:

- the agency's child abuse co-ordinator
- a duly qualified health care practitioner employed, retained or consulted by the agency to review cases of suspected child abuse for the agency
- a police officer representing a law enforcement service operating in the area within the agency's jurisdiction
- a representative of a school division located within the area of the agency's jurisdiction
- a staff member of the agency, other than the child abuse co-ordinator

The responsibilities of the child abuse committee are to:

- review every case of suspected abuse referred to the committee
- review, as required, the involvement of the police, medical and hospital professionals, and others involved in the investigation and management of the case
- provide consultation in the investigation and management of the case
- make recommendations where it is considered appropriate or necessary to protect the child or any other child

Once the child abuse committee has reviewed the case, the committee is responsible for the following key actions as outlined in Section 19(3) of the CFS act.

## Actions on referral to committee

**19(3)** Where a child abuse committee suspects a person of having abused a child, the committee shall, in the prescribed manner, give to the person who is suspected an opportunity to provide information to it and shall:

- (a) form an opinion whether the person abused the child;
- (b) form an opinion whether the name of the person should be entered in the [child abuse] registry; and
- (c) report its opinions and, where it has formed the opinion that the person has abused the child, the circumstances of the abuse to the agency.

When entry on the registry is recommended by the child abuse committee, the person to be listed must be notified and has the right to object to the listing through the Court of Queen's Bench of Manitoba, which will then determine whether the person has abused a child. If no notice of application is filed in the court within 60 days by the person who is subject to the report, the agency must report the name of the person and the circumstances of the abuse to the Child and Family Services director for entry on the child abuse registry. For more information about the provincial child abuse registry, please go to: [gov.mb.ca/fs/childfam/child\\_abuse\\_registry.html](http://gov.mb.ca/fs/childfam/child_abuse_registry.html)

## The Role of the Office of the Chief Medical Examiner

When a person's death is unexpected and the cause of death is not immediately known, or when the death is the result of violence due to an accident, suicide, or homicide, it will be investigated by the Office of the Chief Medical Examiner (CME). The medical examiner, through an investigation, will determine the cause and manner of death, establish the date, time and place of death and confirm the deceased person's identity. If the medical examiner cannot establish both the manner and the cause of death with reasonable medical certainty, an autopsy will be authorized. In the case of a death of a child that might be the result of an accident, suicide, homicide or other unnatural cause, an autopsy is mandatory. The medical examiner will also authorize an autopsy if the death is part of a police investigation. For more information about the Office of the Chief Medical Examiner, please go to: [gov.mb.ca/justice/about/chief.html](http://gov.mb.ca/justice/about/chief.html)

## The Role of the Office of the Children's Advocate

The Office of the Children's Advocate is an **independent** office of the Manitoba Legislative Assembly. **The office represents the rights, interests and viewpoints of children and youth** throughout Manitoba who are receiving, or entitled to be receiving, services under *The Child and Family Services Act* and *The Adoption Act*. The Office of the Children's Advocate is not a Child and Family Services agency.



## SECTION TEN

### Taking Care of Yourself as a Service Provider

Coping with the issue of child abuse can be very difficult. The experience of dealing with abused children can provoke strong feelings. Shock, sadness, pity, empathy, helplessness, hopelessness, denial, disbelief, anger, pity and disgust are common reactions. Recognizing the child's helplessness and vulnerability can reawaken one's childhood memories and related feelings. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse is important to be able to address such situations in a professional and helpful manner.

It is important to understand your own feelings and concerns about child abuse. Your response to an abused child can often prove to be critical to his/her safety, health and well-being.

In taking care of yourself, you may want to:

- remind yourself that you are not responsible for the abuse of the child; you are only responsible for reporting suspicions of abuse
- remain in contact with the person to whom you reported the abuse, to become aware of the results of the assessment or the investigation
- recognize that your role of providing support and understanding to a child is a very important one
- if needed, seek support, such as a manager or a counselling service, to allow yourself to share your feelings and debrief

Although reporting child abuse can be uncomfortable and may not guarantee that the situation will improve immediately, it is important for you to know that, by taking this step you are confronting abuse and helping to make children safer and healthier.



## SECTION ELEVEN

### Professional Protocols Regarding Mandatory Reporting of a Child in Need of Protection

#### Mandatory Child Abuse Reporting Protocol for Child and Youth Care Practitioners (CYCPs)

**Note:** This protocol is to be used in conjunction with the information outlined earlier in this handbook.

#### Roles and Responsibilities

Child and youth care practitioners (CYCPs) work with children, youth and families with complex needs. CYCPs can be found in a variety of settings, such as group homes and residential treatment centres, hospitals and community mental health clinics, community-based outreach and school-based programs, parent education and family support programs, as well as in private practice and juvenile justice programs.

**Remember:**  
**A child is anyone under 18 years of age.**

Due to their direct role with and access to children, CYCPs are in a unique position to identify and report suspected child abuse. CYCPs have opportunities to observe behaviours and receive disclosures of child abuse. While child abuse can be a difficult topic to address, action must be taken to ensure that children's health, safety and overall best interests are taken into consideration. There are high expectations for professionals in their obligation to report children who are abused and/or in need or protection.

According to *The Child and Family Services Act* (the CFS act), abuse means an act or omission of any person, where the act or omission results in:

- (a) physical injury to the child,
- (b) emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- (c) sexual exploitation of the child with or without the child's consent.

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.

For children with disabilities, the usual risk factors for child abuse (ex: dependence and vulnerability) are intensified. **If you work with a child with a disability, you need to be aware of the factors that increase the risk of abuse among children with**

**disabilities, as well as the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.** For more information, refer to Section 12 of this handbook titled *Increased Risk of Abuse and Important Considerations for Children with Disabilities*.

CYCPs should be familiar with the types and indicators of child abuse. Please refer to Section 6 of this handbook that provides a review of the types and indicators of child abuse.

## Legal Duty to Report a Child in Need of Protection, including Child Abuse

As outlined in the CFS act, any person who has information that leads him/her to reasonably believe that a child is, or might be, in need of protection has a legal obligation to report this information to a CFS worker/agency or, if deemed appropriate, to the parent(s) or guardian(s) of the child. **These legal requirements supersede all internal organizational policies and procedures.** The duty to report applies even when the information is obtained during a professional or confidential relationship. The obligation to report also applies to allegations of past abuse, even when the CYCP believes the child is no longer in danger (ex: when the alleged offender does not reside in the household or has moved to another province).

The CYCP is required to report abuse concerns directly to a CFS agency (see section on *How to Report* below for more information). While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). The CYCP should not discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parent(s) or guardian(s)
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

The CYCP's relationship with the parties involved can continue; however, there **should not** be any discussion regarding the referral to CFS as this might impede the investigation into this matter. If a CYCP is unsure whether a particular situation warrants a child abuse report, she/he can consult with a CFS agency. Their staff can help to determine if a child may be at risk.



## Failure to Report

If a CYCP fails to report suspected child abuse, he/she can be charged and punished on summary conviction, which can result in a substantial fine and/or prison term. Failing to promptly report suspected child abuse is a serious offence under *The Child and Family Services Act*, and carries a maximum penalty of \$50,000 or imprisonment of 24 months, or both. There may also be implications by the appropriate licensing body for CYCPs who fail to meet their duty to report abuse (see below for more details).

## Abuse by Professionals

Child welfare authorities are increasingly required to investigate child protection concerns about children already involved in the child welfare system. On occasion, this involves CYCPs who have intentionally harmed a child they are responsible for, or situations that were handled inappropriately resulting in children being harmed. Employees include regular field staff, managers, homemakers, parent aides, child support workers, service-purchase staff, or any person who works for an agency or facility as defined in The CFS Act. This includes an allegation of suspected abuse of a child who is, or was, in a residential childcare facility at the time of the alleged incident.

Allegations or suspicions of child abuse involving a professional, or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, must be reported. It is also very serious when a professional fails to report a child in need of protection. Further, these circumstances generate additional actions by the director of Child and Family Services (the director).

Where the director has reasonable grounds to believe that (1) a professional has caused a child to be in need of protection or (2) a professional has failed to report a child in need of protection, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry out his/her work or occupation. To ensure the immediate protection of other children, the current employer of the alleged offender may have to be notified and/or access to children may be limited until a complete investigation has been undertaken.

An investigation by the governing or licensing organization may take place to determine whether any professional status review or disciplinary proceedings should take place against the person. The staff member may or may not be suspended until the investigation is completed. On conclusion of the investigation, the person could be subject to a professional status review or disciplinary proceedings.

In situations where a person is charged with an offence under *The Criminal Code* and that person's employment involves the care of children, the police are required to advise the person's employer that the accused person has been charged.

For more detailed information about reporting and investigation procedures regarding the allegation of abuse involving facility staff, volunteers and board members, please refer to Part 3 of the *Child Care Facilities Licensing Manual* (2012) available at [gov.mb.ca/fs/cfsmanual/pubs/cclm/full\\_cclm.pdf](http://gov.mb.ca/fs/cfsmanual/pubs/cclm/full_cclm.pdf)

When the abuse disclosure is made against a staff member (ex: a colleague):

- The CYCP is legally obligated to report the abuse.
- The other team members may be instructed to refrain from contacting the alleged abuser(s) to ensure the integrity of any investigation. Alternatively, they may be told not to discuss the issue with the alleged offender.
- Dynamics within the home or facility could change in a positive or negative way. For example, there may be an increase in anxiety levels of residents, or the situation may trigger memories of abuse among other children.
- There may also be an increase in the number of disclosures by other children.

## Documenting the Situation

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If a child discloses that they have been (or are being abused), or if you observe child abuse indicators, you should remain calm and non-judgemental. If applicable, let the child know that she/he did the right thing in telling you their situation. Remind them that they are safe with you and that they were very courageous for speaking up. When asking the child questions, be sure to use open-ended questions. However, keep in mind that it is not necessary to probe the child for details. If the information provided suggests that a child may have been or is being abused or in need of protection, the child will be interviewed by a CFS agency worker, a provincial investigation specialist and/or the police. For more information, please see Section 7 of this handbook *Handling a Disclosure and Responding to Observed Indicators of Child Abuse*.

Clear and concise documentation of the situation is absolutely necessary. Documentation must be done immediately after a disclosure or observation of abuse indicators. Collect as much information as you can but remember that you are **not** conducting an investigation. Write down only the facts. Do not include how you are feeling about the incident, or personal thoughts about what may have happened. All records should be kept confidential and securely stored.

Within a residential care setting, documentation should be included in the form of an incident report. Within an unlicensed community-based program, the record keeping guidelines may differ. Therefore, it is important to review the agency's policy and procedures manual for further information.

Key information to document is:

- full name, age, gender, and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child's safety
- a description of the type of suspected abuse

Also, record how the child looks and other indicators of abuse or neglect that you have observed. If applicable, include a description of the length, size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size, and colour of injuries.

- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)
- a description of the family, including names and ages of other children in the family
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)

In addition to the key information that is listed above, you may have further details that you can document and share when you make a report. While this additional information is useful to have, it is not necessary to make a report. It is important **not** to question the child further to obtain any of this information:

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child's condition, and the present whereabouts of that person
- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)
- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used
- information about other persons or agencies closely involved with the child and/or family
- the status of guardianship of the child (ex: living at home, in care, voluntary placement agreement or permanent ward of CFS)
- consultation with other professionals
- information about other peoples who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)

Caution must be taken not to write down subjective feelings. Documentation must be factual and legible as notes may be subpoenaed in court. The responsibility of the CYCP is to report the situation. The CYCP should **not** investigate the situation.

*You do not need all of the above information to make a report.*

*You also do not need proof that the abuse has taken (or is taking) place.*

*If you have questions or are unsure if the signs you are observing are a cause for concern, contact a CFS agency. Their staff can help you determine if a child may be at risk.*

## How to Report

Where applicable, you should follow your workplace guidelines or procedures for reporting suspected child abuse. **However, remember that your obligation to report suspected child abuse supersedes all internal organizational policies and procedures.**

### If Working in a Licensed Facility

(Includes all managed care programs, such as group homes, shelters or treatment centres)

#### And the alleged offender is a staff member, board member or employee:

You need to complete an **incident report** and a **provincial investigation referral form** and submit it to (1) the resident's CFS worker and (2) the provincial licensing specialist. You also need to contact the Provincial Investigation Unit at the Child Protection Branch (204-945-6964) and ask to speak to a provincial investigation specialist. All allegations must be reported to the Provincial Investigation Unit within one working day. The provincial investigation specialist will be responsible for following up and completing the investigation. For more detailed information and procedures to follow, refer to *the Child Care Facilities Licensing Manual* available at [gov.mb.ca/fs/cfsmanual/pubs/cclm/full\\_cclm.pdf](http://gov.mb.ca/fs/cfsmanual/pubs/cclm/full_cclm.pdf)

#### And the alleged offender involves a family member, other residents or peers:

You need to complete an incident report and submit it to (1) the resident's CFS worker and (2) the provincial licensing specialist, as required. Allegations must be reported within one working day. The resident's CFS worker is responsible for following up and either completing the investigation or referring the matter to the abuse unit, as appropriate. For more detailed information and procedures to follow, refer to the *Child Care Facilities Licensing Manual* available at [gov.mb.ca/fs/cfsmanual/pubs/cclm/full\\_cclm.pdf](http://gov.mb.ca/fs/cfsmanual/pubs/cclm/full_cclm.pdf)

### If Working in an Unlicensed Facility

(Includes all community based programs, such as Resource Assistance for Youth, TERF, and the NEEDS Centre)

#### And the alleged offender is a staff member, board member or employee:

Report the situation to your local CFS agency. If you do not know the number of your local CFS agency or it is after working hours, you can call the province-wide intake and emergency after-hours CFS telephone number at 1-866-345-9241.

#### And the alleged offender involves a family member, other residents or peers:

Report the situation to your local CFS agency. If you do not know the number of your local CFS agency or it is after working hours, you can call the province-wide intake and emergency after-hours CFS telephone number at 1-866-345-9241.

**Note:** *If a resident alleges recent sexual abuse or a recent physical assault, immediate medical attention should be sought at the Child Protection Centre located at the Health Sciences Centre in Winnipeg (204-787-2811) or an available medical facility outside of Winnipeg.*

## Remember:

- It does not matter if you think someone else is reporting the situation; you still must make a report.
- If a child shares more information with you after the initial disclosure, the new information will need to be forwarded to the appropriate investigative authority.
- According to *The Child and Family Services Act*, a child is anyone under 18 years of age.
- All disclosures of abuse are to be treated as real and serious regardless of the child's history.

While you may be required to notify your supervisor when a report is made, note that the duty to report is an individual responsibility and **does not** require staff consensus or the approval of a supervisor or manager.

## Protection and Rights of the Informant

No retaliatory action can be taken against a CYCP who, in good faith, reports information about suspected child abuse. The CYCP cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (ex: the person making the report) will be protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.

## After Reporting

The responsibility of the CYCP is to report any situation of suspected child abuse. If the child is in immediate danger, the CYCP should contact the police. After the report is made, the CFS agency, the provincial investigation unit and/or the police will assume responsibility of the investigation of the situation.

**To ensure the best course of action is taken in every case, there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation.** Manitoba not only permits the sharing of information for the purposes of ensuring child protection; it requires it. For more information, see Section 8 of this handbook.

As a person reporting suspected child abuse, the CYCP is entitled to know what the investigating authorities decided at the end of the assessment and/or investigation, unless the agency feels that sharing this information is not in the best interest of the child or when a criminal investigation into the matter is pending. Conclusions refer to the outcome of the investigation, not to the sharing of detailed findings or confidential information.

A CYCP may expect the following after reporting child abuse:

- The child will frequently develop a beginning level of understanding of the potential consequences of the disclosure. This can often lead to recanting of the disclosure out of fear of the trouble it may create.
- The child may regress in certain behaviours and can experience setbacks in goal achievement. Some examples may include, but are not be limited to: increased resistance to home guidelines and rules; onset or increase in depressive symptoms (staff should watch for suicidal ideation).
- The child may show increased levels of anxiety. Also, aloofness is typically a defence mechanism.
- The child's behaviour towards the reporting worker may change due to a stronger sense of connection with the staff person (+), or because the staff reported the disclosure (-).
- Backlash may occur from family members if a co-resident or a staff person is named as the alleged abuser. Staff should be made aware of any dangers, if any exist.

## Court Testimony

CYCPs who have been involved in the identification of child abuse are sometimes required to testify as a witness at a court hearing. Often cases come to court long after the incident occurred. Therefore, clear documentation at the time of the incident makes organizing and presenting evidence at a later date easier. CYCPs should remember to:

- Notify their supervisor when they receive a subpoena and discuss the process of obtaining legal support prior to court proceedings.
- When attending court, take a resume describing their educational background, qualifications and work experience.
- Ensure personal notes are clear, concise and dated.
- Describe only direct observations when testifying in court. Reporting what one has been told by someone else is considered hearsay and is not permitted.
- Express knowledge related to their profession, as appropriate.
- Refer questions regarding ethical issues (ex: confidentiality) to the judge. The lawyer calling the CYCP to court should be aware of such issues beforehand.

## Dealing with Personal Feelings

CYCPs working with abused children and their families may experience feelings of rage, anger, horror, sadness, pity, empathy, fear, hopelessness and helplessness. Sometimes, CYCPs are reminded of personal experiences (ex: their own childhood, their present situation, or their own parenting style). It is important to be aware of feelings, label them, and begin to address them. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse and maltreatment is important to be able to address such situations in a professional and helpful manner. As needed, CYCPs should have access to appropriate supports, such as a manager and/or a counselling service, to allow them to share and debrief.

## Mandatory Child Abuse Reporting Protocol for Corrections Staff (CS)

**Note:** This protocol is to be used in conjunction with the information outlined earlier in this handbook.

### Roles and Responsibilities

Whether you are a juvenile counsellor, community corrections worker, probation officer, correctional officer, spiritual caregiver, volunteer or any other staff in the corrections division, you are in a unique position to identify and report suspected child abuse. You may work directly with youth and their families in a facility, in the community or in their homes. In building strong relationships with youth and their families, you will have opportunities to observe behaviours and receive disclosures from children about abuse.

While some corrections staff (CS) do not work directly with youth, they may still receive information about suspected child abuse. All CS, regardless of whether they work directly with youth, are legally mandated to report suspected child abuse.

Child abuse can be a difficult topic to address. However, actions must be taken to ensure that children's health, safety and overall best interests are taken into consideration. There are high expectations for professionals in their obligation to report children who are abused and/or in need of protection.

**Remember:**  
*A child is anyone under 18 years of age.*

According to *The Child and Family Services Act* (the CFS act), abuse means an act or omission of any person, where the act or omission results in:

- physical injury to the child,
- emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- sexual exploitation of the child with or without the child's consent.

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision, and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.

For children with disabilities, the usual risk factors for child abuse (ex: dependence and vulnerability) are intensified. **If you work with a child with a disability, you need to be aware of the factors that increase the risk of abuse among children with disabilities, as well as the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.** For more information, refer to Section 12 of this handbook titled *Increased Risk of Abuse and Important Considerations for Children with Disabilities*.

CS should be familiar with the types and indicators of child abuse. Please refer to Section 6 of this handbook, which provides a review of the types and indicators of child abuse.

## Legal Duty to Report a Child in Need of Protection, including Child Abuse

As outlined in the CFS act, any person who has information that leads him/her to **reasonably believe** that a child is, or might be, in need of protection has a legal obligation to report this information to a child and family services (CFS) agency or, if deemed appropriate, to the parent(s) or guardian(s). **These legal requirements supersede all internal organizational policies and procedures.** The duty to report applies even when the information is obtained during a professional or confidential relationship such as the CS-client relationship. The obligation to report also applies to allegations of past abuse, even when the CS believes the child is no longer in danger (ex: when the alleged offender does not reside in the household or has moved to another province).

CS are required to report abuse concerns directly to a CFS agency/worker (see section: *How to Report* below for more information). While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). CS should not discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parent(s) or guardian(s)
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

The relationship that CS have with the parties involved can continue; however, there **should not** be any discussion about the referral to CFS as this may impede the investigation into this matter. If CS are unsure whether a particular situation warrants a child abuse report, she/he can consult with a CFS agency. Their staff can help to determine if a child may be at risk.

## Failure to Report

If a CS fails to report suspected child abuse, he/she can be charged and punished on summary conviction, which can result in a substantial fine and/or prison term. Failing to promptly report suspected child abuse is a serious offence under *The Child and Family Services Act*, and carries a maximum penalty of \$50,000 or imprisonment of 24 months, or both.



## Abuse by Professionals

Allegations or suspicions of child abuse involving a professional, or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, must be reported. It is also very serious when a professional fails to report a child in need of protection. These circumstances generate additional actions by the director of Child and Family Services (the director).

Where the director has reasonable grounds to believe that (1) a professional has caused a child to be in need of protection or (2) a professional has failed to report a child in need of protection, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry out his/her work or occupation. To ensure the immediate protection of other children, the current employer of the alleged offender may have to be notified and/or access to children may be limited or suspended until a complete investigation has been undertaken.

An investigation by the governing or licensing organization may take place to determine whether any professional status review or disciplinary proceedings should take place against the person. On conclusion of the investigation, the person could be subject to a professional status review or disciplinary proceedings.

In situations where a person is charged with an offence under *The Criminal Code* and that person's employment involves the care of children, the police are required to advise the person's employer that the accused person has been charged.

When an abuse disclosure is made against a staff member (ex: a colleague):

- CS are legally obligated to report the alleged abuse to a CFS agency.
- CS must report the alleged abuse to their immediate supervisor. If the alleged perpetrator is the supervisor, CS must alert senior management of the situation.
- The other team members may be instructed to refrain from contacting the alleged abuser(s) to ensure the integrity of any investigation. Alternatively, they may be told not to discuss the issue with the alleged offender.
- Dynamics within the home, facility or institution could change in a positive or negative way. For example, there may be an increase in anxiety levels among youth or the situation may trigger memories of abuse.
- There may also be an increase in the number of disclosures of abuse by other youth.

## Documenting the Situation

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If a child discloses that they have been (or are being abused), or if you observe child abuse indicators, you should remain calm and non-judgemental. If applicable, let the child know that she/he did the right thing in telling you their situation. Remind them that they are safe with you and that they were very courageous for speaking up. When asking the child questions, be sure to use open-ended questions.

However, keep in mind that it is not necessary to probe the child for details. If the information provided suggests that a child may have been or is being abused or in need of protection, the child will be interviewed by a CFS agency worker and/or the police. For more information, please see Section 7 of this handbook titled *Handling a Disclosure and Responding to Observed Indicators of Child Abuse*.

Clear and concise documentation of the situation is absolutely necessary. Documentation must be done as soon as possible after a disclosure or observation of abuse indicators. You should report injuries that were sustained while the youth was being restrained or while the youth was playing with peers. Collect as much information as you can but remember that you are **not** conducting an investigation. Write down only the facts. Do not include how you are feeling about the incident, or personal thoughts about what may have happened. All records should be kept confidential and securely stored. Key information to document is:

- full name, age, gender and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child's safety
- a description of the type of suspected abuse  
Also, record how the child looks and other indicators of abuse or neglect that you have observed. If applicable, include a description of the length, size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size, and colour of injuries.
- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)
- a description of the family, including names and ages of other children in the family
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)

In addition to the key information listed above, you may have further details that you can document and share with the CFS agency worker when you make a report. While this additional information is useful to have, it is not necessary to make a report. It is important **not** to question the child further to obtain any of this information.

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child's condition, and the present whereabouts of that person
- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)
- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used
- information about other persons or agencies closely involved with the child and/or family

- the status of guardianship of the child (ex: living at home, in care, voluntary placement agreement or permanent ward of CFS)
- consultation with other professionals
- information about other persons who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)

In writing notes about the disclosure or the observed indicators, caution must be taken not to record subjective feelings. Documentation must be factual and legible as notes may be subpoenaed in court. The responsibility of CS is to report the situation. CS should **not** investigate the situation.

*You do not need all of the above information to make a report.*

*You also do not need proof that the abuse has taken (or is taking) place.*

*Just tell the CFS agency worker what you know. If you have questions or are unsure if the signs that you are observing are a cause for concern, contact a CFS agency. Their staff can help you determine if a child may be at risk.*

## How to Report

Report abuse concerns directly to a CFS agency/worker. **Remember that your obligation to report suspected child abuse supersedes all internal organizational policies and procedures.**

- You should immediately complete a **child protection referral form** (see page 69 for more information).
- Then, if the youth has a CFS worker and you know who the worker is, contact him/her directly. If the allegation is against the youth's CFS worker, contact the Provincial Child Abuse Investigation Unit at the Child Protection Branch (204-945-6964) and ask to speak with a provincial investigation specialist. You will need to share the completed child protection referral form with the CFS worker or the child abuse investigation specialist. If the youth does not have a CFS worker, contact a local CFS agency (see page 66 for more information).
- You must notify your area director or superintendent when a report is made, or as soon as possible thereafter. However, the duty to report is an individual responsibility and does not require staff consensus or the approval of a supervisor or manager.
- You must also document in the **corrections offender management system (COMS)** the following:
  - that a child abuse report has been made (note: **do not** document the details of the suspected abuse)
  - how you responded to the disclosure or observed child abuse indicators

- any person(s) you contacted after the disclosure or observation of indicators
- the recipients of the child protection referral form, as well as the date and time of submission

*If you think a child under 18 years of age is being abused, you have the legal duty to report your concern to your local child and family services (CFS) agency/worker. For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police station.*

**Note:** When a report is made, it is the responsibility of the CFS worker or the provincial investigation specialist to contact the parent(s)/guardian(s) of the child.

If a child alleges **recent sexual abuse or a recent physical assault**, immediate medical attention should be sought at the Child Protection Centre located at the Health Sciences Centre in Winnipeg (204-787-2811) or an available medical facility outside of Winnipeg.

### Remember:

- It does not matter if you think someone else is reporting the situation; you still must make a report.
- It is imperative that you report, in writing, all injuries sustained by youth while in your care.
- If a child shares more information with you after the initial disclosure, the new information will need to be forwarded to a CFS agency/worker or a provincial investigation specialist.
- According to *The Child and Family Services Act*, a child is anyone under 18 years of age.
- All disclosures of abuse are to be treated as real and serious regardless of the child's history.

## Protection and Rights of the Informant

No retaliatory action can be taken against a CS who, in good faith, reports information about suspected child abuse. The CS cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (ex: the person making the report) will be protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.

## After Reporting

The responsibility of a CS is to report any situation of suspected abuse to a CFS agency. If the child is in immediate danger, the CS should contact the police. The CFS agency and/or the police will then assume responsibility of the investigation of the situation.

**To ensure the best course of action is taken in every case, there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation.** Manitoba not only permits the sharing of information for the purposes of ensuring child protection; it requires it. For more information, see Section 8 of this handbook.

As a person reporting suspected child abuse, you are entitled to know what the CFS agency decided at the end of its assessment and/or investigation, unless the agency feels that sharing this information is not in the best interest of the child or when a criminal investigation into the matter is pending. Conclusions refer to the outcome of the investigation, not to the sharing of detailed findings or confidential information.

CS may expect the following after reporting child abuse:

- The child will frequently develop a beginning level of understanding of the potential consequences of the disclosure. This can often lead to recanting of the disclosure out of fear of the trouble it may create.
- The child may regress in certain behaviours and can experience setbacks in goal achievement. Some examples may include, but are not limited to: increased resistance to guidelines and rules; onset or increase in depressive symptoms (staff should watch for suicidal ideation).
- The child may show increased levels of anxiety. Also, aloofness is typically a defence mechanism.
- The child's behaviour towards the reporting worker may change due to a stronger sense of connection with the staff person (+), or because the staff reported the disclosure (-).
- Backlash may occur from family members if a co-resident or a staff person is named as the alleged offender. Staff should be made aware of any dangers, if any exist.

## Court Testimony

CS who have been involved in the identification of child abuse are sometimes required to testify as a witness at a court hearing. Often cases come to court long after the incident occurred. Therefore, clear documentation at the time of the incident makes organizing and presenting evidence at a later date easier. CS should remember to:

- Notify their supervisor when they receive a subpoena and discuss the process of obtaining legal support prior to court proceedings.
- When attending court, take a resume describing their educational background, qualifications, and work experience.
- Ensure personal notes are clear, concise and dated.
- Describe only direct observations when testifying in court. Reporting what one has been told by someone else is considered hearsay and is not permitted.
- Express knowledge related to their profession, as appropriate.
- Refer questions regarding ethical issues (ex: confidentiality) to the judge. The lawyer calling the CS to court should be aware of such issues beforehand.

### Dealing with Personal Feelings

CS working with abused children and their families may experience feelings of rage, anger, horror, sadness, pity, empathy, fear, hopelessness and helplessness. Sometimes, CS are reminded of personal experiences (ex: their own childhood, their present situation or their own parenting style). It is important to be aware of feelings, label them, and begin to address them. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse and maltreatment is important to be able to address such situations in a professional and helpful manner. As needed, CS should have access to appropriate supports, such as a manager and/or a counselling service, to allow them to share and debrief.

## Child Protection Referral Form

### INSTRUCTIONS

*Complete this form immediately after a disclosure of current or past abuse, or an observation of child abuse indicators. If your client has a CFS worker and you know who the worker is, contact him/her directly.*

*If the allegation is against the client's CFS worker, contact the Provincial Child Abuse Investigation Unit at the Child Protection Branch (204-945-6964) and ask to speak with a provincial investigation specialist.*

**NOTE: You will need to fax this completed form to the CFS worker/agency or to a child abuse investigation specialist.**

*If your client does not have a CFS worker, contact a local CFS agency. For a list of CFS designated intake agencies, to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies)*

### Preliminary Information

Name of the client who is allegedly being (or has been) abused:

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If client is under 18 years of age, names of his/her parent(s) or guardian(s) (if known):

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Name of CFS agency contacted (if applicable):

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Name of CFS agency worker to whom the report was made (if applicable):

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Date and time of referral to a CFS agency (if applicable):

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### Reason for Referral to a CFS Agency or the Provincial Child Abuse Investigation Unit

Your relationship to the client:

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The alleged abuser's relationship to the client:

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Any immediate concerns about the client's safety:

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If reporting about past abuse, indicate how old the client was when he/she was allegedly abused:

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Describe the alleged abuse. If applicable, record how the client looks and other indicators of abuse or neglect that you have observed. If applicable, include a description of the length, size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size, and colour of injuries:

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Indicate the date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable):

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Give a description of the family, including names and ages of other children in the family:

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Prepared by (Print name): \_\_\_\_\_

Signature: \_\_\_\_\_

**Send a copy of this completed form to your area director and the superintendent, immediately after the report is made.**

**MAKE SURE THIS COMPLETED FORM IS KEPT CONFIDENTIAL AND SECURELY STORED**



## Mandatory Child Abuse Reporting Protocol for Early Childhood Educators (ECEs)

**Note:** This protocol is to be used in conjunction with the information outlined earlier in this handbook.

### Roles and Responsibilities of Early Childhood Educators regarding Child Abuse

This protocol was developed for use by early childhood educators in early learning and child care facilities licensed by the Manitoba government (ex: all child care centres and family child care homes). The term centres refers to both child care centres and nursery schools. Additionally, the term early childhood educator (ECE) denotes all caregivers, including child care assistants and family child care providers who work with infants, preschool and school age children. This protocol provides ECEs with a better understanding of their role when it is suspected that a child is in need of protection.

ECEs play a very important role in young children's lives. They see children on a regular basis and can play a supportive role to families. ECEs, due to their access to children and their parents and/or guardians, are in a unique position to identify and report suspected child abuse. Child abuse can be a difficult topic to address. However, actions must be taken to ensure that children's health, safety and overall best interests are taken into consideration. There are high expectations for professionals (ex: ECEs) in their obligation to report children who are abused and/or in need of protection.

**Remember:**  
A child is anyone under  
18 years of age.

According to *The Child and Family Services Act* (the CFS act), abuse means an act or omission of any person, where the act or omission results in:

- (a) physical injury to the child,
- (b) emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- (c) sexual exploitation of the child with or without the child's consent.

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.

For children with disabilities, the usual risk factors for child abuse (ex: dependence and vulnerability) are intensified. **If you work with a child with a disability, you need to be aware of the factors that increase the risk of abuse among children with disabilities, as well as the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.** For more information,

refer to Section 12 of this handbook titled *Increased Risk of Abuse and Important Considerations for Children with Disabilities*.

ECEs should be familiar with the types and indicators of child abuse. Please refer to Section 6 of this handbook for more information.

## Legal Duty to Report a Child in Need of Protection, including Child Abuse

As outlined in the CFS act, any person who has information that leads him/her to reasonably believe that a child is, or might be, in need of protection has a legal obligation to report this information to a child and family services (CFS) agency or, if deemed appropriate, to the parent(s) or guardian(s). **These legal requirements supersede all internal organizational policies and procedures.** The duty to report applies even when the information is obtained during a professional or confidential relationship such as the ECE-child relationship. The obligation to report also applies to allegations of past abuse, even when the ECE believes the child is no longer in danger (ex: when the alleged offender does not reside in the household or has moved to another province).

In Manitoba, regulations 11(4) and 27(3) under *The Community Child Care Standards Act* indicate that every licensee shall immediately report any case of suspected child abuse relating to a child attending the licensee's child care home or centre.

The ECE is required to report abuse concerns directly to a CFS agency (see section: *How to Report* for more information). While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). The ECE **should not** discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parents or guardians
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

The ECE's relationship with the parties involved can continue; however, there **should not** be any discussion about the referral to CFS as this might impede the investigation into this matter.

A report must be made regardless of who the offender is, including a co-worker, a resident of the home or a family member of an ECE.

*If an ECE is unsure whether a particular situation warrants a child abuse report, she/he should consult with a CFS agency. Their staff can help to determine if a child may be at risk.*

## Failure to Report

If an ECE fails to report suspected child abuse, he/she can be charged and punished on summary conviction, which can result in a substantial fine and/or prison term. Failing to promptly report suspected child abuse is a serious offence under *The Child and Family Services Act*, and carries a maximum penalty of \$50,000 or imprisonment of 24 months, or both. There may also be implications by the appropriate licensing body for ECEs who fail to meet their duty to report abuse (see below for more details).

## Abuse by Professionals involved with the Centre or Home (including ECEs and/or residents/family members of the Home)

Allegations or suspicions of child abuse involving a professional or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, must be reported. It is also very serious when a professional fails to report a child in need of protection. Further, these circumstances generate additional actions by the director of Child and Family Services (the director).

Where the director has reasonable grounds to believe that (1) a professional has caused a child to be in need of protection or (2) a professional has failed to report a child in need of protection, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry out his/her work or occupation. In the case of ECEs, such reports would be made to the director of Manitoba Early Learning and Child Care (MELCC). In the case of a certified ECE, that person's certificate may be suspended or revoked if the CFS agency recommends this action to ensure the health, safety or well-being of the child(ren). To ensure the immediate protection of other children, the current employer of the alleged offender may have to be notified and/or access to children may be limited until a complete investigation has been undertaken.

An investigation by the governing or licensing organization may take place to determine whether any professional status review or disciplinary proceedings should take place against the person. Child care centres and providers should have policies in place to deal with such investigations. Suspending the accused ECE with or without pay during the investigation may be necessary to ensure that children are safe and protected. MELCC could suspend the ECE's certificate pending the outcome of the investigation, if deemed necessary, to ensure the protection of children. In this situation, the employer would be notified and the ECE would not be able to work in a licensed child care centre until the suspension was lifted.

Similarly, conditions may be placed on a family child care provider's licence, or the licence may be suspended or revoked pending the outcome of the investigation, if deemed necessary, to ensure the protection of children. In this situation, the family child care provider would be notified of this action. The provider would be prohibited from operating the family child care home pending the outcome of the investigation.

Centres and providers should be aware that disciplinary action by the employer is not dependent on the outcome of an investigation conducted by a CFS agency or the police. Centres and providers should have policies in place, including termination of employment, to deal with inappropriate child management by staff.

In cases where a family child care provider, family member or resident of the home is accused or convicted of child abuse, children may be in need of protection from the individual accused or convicted of abuse. MELCC, in consultation with CFS, may set up a plan to ensure the protection of children within the family child care home. The parents or guardians of the child(ren) in the family child care home would be notified of the safety plan.

In all situations, *The Child and Family Services Act* indicates that at the conclusion of an investigation, if a person caused a child to be in need of protection and has care, custody or control of children in their employment, then the CFS agency must report the findings to the employer. In the case of a child care centre or nursery school operated by a parent board, the report would be made to the chairperson of the board. In situations involving owner-operated child care centres or nursery schools, the owner-operator would be notified. In family child care homes, MELCC would be informed in lieu of the employer.

In situations where a person is charged with an offence under *The Criminal Code* and that person's employment involves the care of children, the police are required to advise the person's employer that the accused person has been charged.

In all situations, as MELCC is responsible for the issuance of certificates and licences, the CFS agency or police would notify the director of MELCC, for appropriate licensing action to be taken.

## Documenting the Situation

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If a child discloses that they have been (or are being abused), or if you observe child abuse indicators, you should remain calm and non-judgemental. If applicable, let the child know that she/he did the right thing in telling you their situation. Remind them that they are safe with you and that they were very courageous for speaking up.

When asking the child questions, be sure to use open-ended questions. However, keep in mind that it is not necessary to probe the child for details. If the information provided suggests that a child may have been or is being abused or in need of protection, the child will be interviewed by a CFS agency worker and/or the police.

For more information, please see Section 7 of this handbook titled *Handling a Disclosure and Responding to Observed Indicators of Child Abuse*.

Regulations 10(6) and 25(3) under *The Community Child Care Standards Act* indicate that “every licensee shall maintain a written record of every incident which affects the health, safety or well-being of children and staff.” This means that, as a standard procedure for the care of young children, staff should be documenting, in an objective manner, every incident that affects the health, safety and well-being of children. This information should be kept in the child’s file (daily record/incident report) and is available to the parents or guardians.

However, the actual record of any child abuse indicators or disclosure(s) by a child suggesting that she/he may be in need of protection, is confidential and should **not** be included as part of the child’s daily record/incident report.

Clear and concise documentation of the situation is absolutely necessary. Documentation must be done immediately after a disclosure or observation of abuse indicators. This information, to the extent possible, should include:

- date and time of entry
- full name, age, gender, and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child’s safety
- a description of the suspected abuse
 

Also, record how the child looks and other indicators of abuse or neglect you have observed. If applicable, include a description of the length, size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size, and colour of injuries.
- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)
- a description of the family, including names and ages of other children in the family
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)
- signature of the person making the entry

In addition to the key information listed above, you may have obtained further details that you can document and share with the CFS agency worker when you make a report. While this additional information is useful to have, it is not necessary to make a report. It is important **not** to question the child further to obtain any of this information.

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child’s condition, and the present whereabouts of that person
- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)

- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used
- information about other persons or agencies closely involved with the child and/or family
- the status of guardianship of the child (ex: living at home, in care, voluntary placement agreement or permanent ward of CFS)
- consultation with other professionals
- information about other people who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)
- an accurate reporting of the child's developmental stage

*You do not need all of the above information to make a report. You also do not need proof that the abuse has taken (or is taking) place. Just tell the CFS agency worker what you know.*

*If you have questions or are unsure if the signs that you are observing are a cause for concern, contact a CFS agency. Their staff can help you determine if a child may be at risk.*

You are encouraged to collect as much information as you can but remember that you are **not** conducting an interview or an investigation. Write down only the facts. Do not include how you are feeling about the incident or personal thoughts about what may have happened. Caution must be taken not to document subjective feelings. Documentation must be factual and legible as files/records may be subpoenaed in court. The responsibility of the ECE is to report the situation. The ECE should **not** investigate the situation.

The information that is documented should be securely stored and kept **separately** from the daily record/ incident report that ECEs are required to complete. The daily record/incident report may make reference to a child's learning and development, but the information listed above must be kept in a **confidential** manner available only to those who need to know (ex: a CFS agency worker, the police, the ECE's supervisor, a family child care provider, or the director of the centre.)

Any information that is requested in writing by a CFS agency for the purpose of a child protection investigation is confidential and becomes the property of the agency. This documentation must be released to the agency when it is requested.

## How to Report

Report suspected child abuse to a local CFS agency (see below for more information). Where applicable, you should follow your workplace guidelines or procedures for reporting suspected child abuse. **However, remember that your obligation to report suspected child abuse supersedes all internal organizational policies and procedures.**

*If you think a child under 18 years of age is being abused, you have the legal duty to report your concern to your local child and family services (CFS) agency. For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police station.*

**Note:** When a report is made, it is the responsibility of the CFS worker (and not the ECE) to contact the parent(s)/guardian(s) of the child.

The primary responsibility for reporting rests with the ECE who suspects that abuse is taking place. The ECE's supervisor, director and child care co-ordinator should be notified when a report is made, or as soon as possible thereafter. However, the duty to report is an individual responsibility and does not require staff consensus or the approval of any supervisor or director.

Family child care providers and boards of directors should write procedures to be followed after a report is made. For example, names of suspected victims or offenders should not be discussed at board meetings, but the board may wish to be informed that a report has been made. Boards of directors should be aware of the legal responsibility to report a child in need of protection.

### Remember:

- It does not matter if you think someone else is reporting the situation; you still must make a report.
- If a child shares more information with you after the initial disclosure, the new information will need to be forwarded to the CFS agency.
- According to *The Child and Family Services Act*, a child is anyone under 18 years of age.
- All disclosures of abuse are to be treated as real and serious regardless of the child's history.

## Protection and Rights of the Informant

No retaliatory action can be taken against an ECE who, in good faith, reports information about suspected child abuse. The ECE cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (ex: the person making the report) will be protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.

### After Reporting

The responsibility of the ECE is to report any situation of suspected abuse to a CFS agency. If the child is in immediate danger, the ECE should contact the police. The CFS agency and/or the police will then assume responsibility of the investigation of the situation.

**To ensure the best course of action is taken in every case, there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation.** Manitoba not only permits the sharing of information for the purposes of ensuring child protection; it requires it. For more information, see Section 8 of this handbook.

As part of an investigation, a CFS agency worker or a police officer may wish to interview the child at the child care setting. ECEs should ensure that interviews by investigating workers taking place at the child care setting are planned as much as possible and that there is a quiet and private place for such interviews.

Most programs prefer that children are not apprehended directly from their child care setting. If an investigating worker feels that the child must be immediately placed in a protected environment, then apprehensions may occur. Child care providers and boards should be aware of CFS and child care policies regarding the apprehension of children from child care settings. For more information, see section 21(1) of *The Child and Family Services Act*.

At times, an ECE may find that they are faced with an angry parent or guardian who demands to see the child's file. The daily record/incident report should be available to parent(s) or guardian(s) on request. However, documentation related to allegations of abuse is protected under the CFS act and should therefore only be shared with the CFS agency.

If the parent or guardian accuses the ECE of reporting the abuse, the ECE may choose:

- Not confirm that she/he made the report (remember that the informant's identity is protected under law).
- Explain to the parent or guardian that you had no choice but to report the suspicion as this is the law.
- Explain to the parent or guardian that you were genuinely concerned about the child's well-being and safety. A report was made to ensure the child's safety.



As a person reporting suspected child abuse, you are entitled to know what the CFS agency decided at the end of its assessment and/or investigation, unless the agency feels that sharing this information is not in the best interest of the child or when a criminal investigation into the matter is pending. Conclusions refer to the outcome of the investigation, not to the sharing of detailed findings or confidential information.

## Court Testimony

ECEs who have been involved in the identification of child abuse are sometimes required to testify as a witness at a court hearing. Often cases come to court long after the incident occurred. Therefore, clear documentation at the time of the incident makes organizing and presenting evidence at a later date easier. ECEs should remember to:

- Notify their supervisor when they receive a subpoena and discuss the process of obtaining legal support prior to court proceedings.
- When attending court, take a resume describing their educational background, qualifications and work experience.
- Ensure personal notes are clear, concise and dated.
- Describe only direct observations when testifying in court. Reporting what one has been told by someone else is considered hearsay and is not permitted.
- Express knowledge related to their profession, as appropriate.
- Refer questions regarding ethical issues (ex: confidentiality) to the judge. The lawyer calling the ECE to court should be aware of such issues beforehand.

## Dealing with Personal Feelings

ECEs working with abused children and their families may experience feelings of rage, anger, horror, sadness, pity, empathy, fear, hopelessness, and helplessness. Sometimes, ECEs are reminded of personal experiences (ex: their own childhood, their present situation, or their own parenting style). It is important to be aware of feelings, label them, and begin to address them. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse and maltreatment is important to be able to address such situations in a professional and helpful manner. As needed, ECEs should have access to appropriate supports, such as a manager and/or a counselling service, to allow them to share and debrief.

**Note:** This protocol is to be used in conjunction with the information outlined earlier in this handbook.

## Roles and Responsibilities

Nurses, due to their access to children and their parents and/or guardians at all stages of the family cycle, are in a unique position to identify and report suspected child abuse. Child abuse can be a difficult topic to address. However, actions must be taken to ensure that children's health, safety and overall best interests are taken into consideration. There are high expectations for professionals in their obligation to report children who are abused and/or in need of protection.

According to *The Child and Family Services Act* (the CFS act), abuse means an act or omission of any person, where the act or omission results in:

- physical injury to the child,
- emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- sexual exploitation of the child with or without the child's consent.

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision, and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.

**Remember:**  
**A child is anyone under 18 years of age.**

For children with disabilities, the usual risk factors for child abuse (ex: dependence and vulnerability) are intensified. **If you work with a child with a disability, you need to be aware of the factors that increase the risk of abuse among children with disabilities, as well as the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.** For more information, refer to Section 12 of this handbook titled *Increased Risk of Abuse and Important Considerations for Children with Disabilities*.

Nurses, particularly those who work with children on a regular basis, should be familiar with the types and indicators of child abuse. Please refer to Section 6 of this handbook for more information.

## Legal Duty to Report a Child in Need of Protection, including Child Abuse

As outlined in the CFS act, any person who has information that leads him/her to reasonably believe that a child is, or might be, in need of protection has a legal obligation to report this information to a Child and Family Services (CFS) agency or, if deemed appropriate, to the parent(s) or guardian(s). **These legal requirements**

**supersede all internal organizational policies and procedures.** The duty to report applies even when the information is obtained during a professional or confidential relationship such as the nurse-client relationship. The obligation to report also applies to allegations of past abuse, even when the nurse believes the child is no longer in danger (ex: when the alleged offender does not reside in the household or has moved to another province).

The nurse is required to report abuse concerns directly to a CFS agency. (See section on *How to Report* for more information.) While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). The nurse should not discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parent(s) or guardian(s)
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

The nurse's relationship with the parties involved can continue; however, there **should not** be any discussion regarding the referral to CFS as this might impede the investigation into this matter.

If there are doubts about what constitutes a reasonable suspicion, the nurse may also contact the **Child Protection Centre (CPC)** at Health Sciences Centre: Children's Hospital, Winnipeg, Manitoba. CPC staff is specifically trained in the forensic and medical field of child abuse. Their expert knowledge can be helpful when determining causes and timelines of injuries. CPC offers a comprehensive, hospital-based multidisciplinary program aimed to prevent, detect and treat child abuse. For more information about the Child Protection Centre in Winnipeg, call 204-787-2811.

It is important to remember that although some agencies, departments and/or regional health authorities may have their own internal guidelines for responding to, or reporting abuse (ex: The Winnipeg Regional Health Authority policy number 80.00.010 or The Brandon Regional Health Authority policy number E.3.017), these guidelines **do not** supersede the responsibilities outlined in *The Child and Family Services Act*.

*The Personal Health Information Act (PHIA)* allows health care practitioners to share personal health information without the consent of the person (patient), to report a child in need of protection or to co-operate with a child protection investigation. Health care practitioners governed under *The Mental Health Act (MHA)* are also required to report suspected child abuse. A child does not have to be under CFS agency apprehension for these situations to apply.

If a nurse is unsure whether a particular situation warrants a child abuse report, she/he can consult with a CFS agency. Their staff can help to determine if a child may be at risk.

## Failure to Report

If a nurse fails to report suspected child abuse, he/she can be charged and punished on summary conviction, which can result in a substantial fine and/or prison term. Failing to promptly report suspected child abuse is a serious offence under *The Child and Family Services Act*, and carries a maximum penalty of \$50,000 or imprisonment of 24 months, or both. There may also be implications by the appropriate nursing licensing body for nurses who fail to meet their duty to report abuse (see below for more details).

## Abuse by Professionals

Allegations or suspicions of child abuse involving a professional or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, must be reported. It is also very serious when a professional fails to report a child in need of protection. Further, these circumstances generate additional actions by the director of Child and Family Services (the director).

Where the director has reasonable grounds to believe that (1) a professional has caused a child to be in need of protection or (2) a professional has failed to report a child in need of protection, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry out his/her work or occupation. To ensure the immediate protection of other children, the current employer of the alleged offender may have to be notified and/or access to children may be limited until a complete investigation has been undertaken.

An investigation by the governing or licensing organization may take place to determine whether any professional status review or disciplinary proceedings should take place against the person. On conclusion of the investigation, the person could be subject to a professional status review or disciplinary proceedings.

In situations where a person is charged with an offence under *The Criminal Code*, and that person's employment involves the care of children, the police are required to advise the person's employer that the accused person has been charged.

## Documenting the Situation

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If a child discloses that they have been (or are being abused), or if you observe child abuse indicators, you should remain calm and non-judgemental. If applicable, let the child know that she/he did the right thing in telling you their situation. Remind them that they are safe with you and that they were very courageous for speaking up. When asking the child questions, be sure to use open-ended questions. However,

keep in mind that it is not necessary to probe the child for details. If the information provided suggests that a child may have been, or is being abused or in need of protection, the child will be interviewed by a CFS agency worker and/or the police. For more information, please see Section 7 of this handbook titled *Handling a Disclosure and Responding to Observed Indicators of Child Abuse*.

Whether the nurse sees an abused child in a hospital emergency department, in a pediatric ward, or in the community, clear and concise documentation of the situation is absolutely necessary. Documentation must be done immediately after a disclosure or observation of abuse indicators. Collect as much information as you can but remember, you are **not** conducting an investigation. Write down only the facts. Do not include how you are feeling about the incident, or personal thoughts about what may have happened. All records should be kept confidential and securely stored. Key information to document is:

- full name, age, gender, and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child's safety
- a description of the type of suspected abuse  
Also, record how the child looks, and other indicators of abuse or neglect that you have observed. If applicable, include a description of the size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size and colour of injuries. If you are photographing the injury, hold a ruler/pen so that the actual size of the injury is clearly depicted.
- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)
- a description of the family, including names and ages of other children in the family
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)
- an accurate reporting of the child's developmental stage
- height and weight of the child plotted on a growth chart

In addition to the key information listed above, you may have further details that you can document and share with the CFS agency worker when you make a report. While this additional information is useful to have, it is not necessary to make a report.

It is important **not** to question the child to obtain any of this information:

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child's condition, and the present whereabouts of that person
- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)
- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used

- information about other people or agencies closely involved with the child and/or family
- the status of guardianship of the child (ex: living at home, in care, voluntary placement agreement or permanent ward of CFS)
- consultation with other health professionals
- information about other people who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)

Caution must be taken not to chart subjective feelings. Documentation must be factual and legible as charts may be subpoenaed in court. The nurse's responsibility is to report the situation. The nurse should **not** investigate the situation.

*You do not need all of the above information to make a report. You also do not need proof that the abuse has taken (or is taking) place. Just tell the CFS agency worker what you know.*

*If you have questions or are unsure if the signs that you are observing are a cause for concern, contact a CFS agency. Their staff can help you determine if a child may be at risk.*

## How to Report

Report suspected child abuse to a local CFS agency (see below for more information). Where applicable, you should follow your workplace guidelines or procedures for reporting suspected child abuse. **However, remember that your obligation to report suspected child abuse supersedes all internal organizational policies and procedures.**

*If you think a child under 18 years of age is being abused, you have the legal duty to report your concern to your local child and family services (CFS) agency. For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency, or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police station.*

The nurse's supervisor should be notified when a report is made, or as soon as possible thereafter. However, the duty to report is an individual responsibility and does not require staff consensus or the approval by any supervisor or physician.

**Note:** When a report is made, it is the responsibility of the CFS worker (and not the nurse) to contact the parent(s)/guardian(s) of the child.

### Remember:

- It does not matter if you think someone else is reporting the situation; you still must make a report.
- If a child shares more information with you after the initial disclosure, the new information will need to be forwarded to a CFS agency.
- According to *The Child and Family Services Act*, a child is anyone under 18 years of age.
- All disclosures of abuse are to be treated as real and serious, regardless of the child's history.

## Protection and Rights of the Informant

No retaliatory action can be taken against a nurse who, in good faith, reports information about suspected child abuse. The nurse cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (i.e.: the person making the report) will be protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.

## After Reporting

The responsibility of the nurse is to report any situation of suspected child abuse to a CFS agency. If the child is in immediate danger, the nurse should contact the police. The CFS agency and/or the police will then assume responsibility of the investigation of the situation.

**To ensure the best course of action is taken in every case, there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation.** Manitoba not only permits the sharing of information for the purposes of ensuring child protection; it requires it. For more information, see Section 8 of this handbook.

As a person reporting suspected child abuse, you are entitled to know what the CFS agency decided at the end of its assessment and/or investigation, unless the agency feels that sharing this information is not in the best interest of the child or when a criminal investigation into the matter is pending. Conclusions refer to the

outcome of the investigation, not to the sharing of detailed findings or confidential information.

## Court Testimony

Nurses who have been involved in the identification of child abuse are sometimes required to testify as a witness at a court hearing. Often, cases come to court long after the incident occurred. Therefore, clear documentation at the time of the incident makes organizing and presenting evidence at a later date easier. Nurses should remember to:

- Notify their supervisor when they receive a subpoena and discuss the process of obtaining legal support prior to court proceedings.
- When attending court, take a resume describing their educational background, qualifications and work experience.
- Ensure personal notes are clear, concise and dated.
- Describe only direct observations when testifying in court. Reporting what one has been told by someone else is considered hearsay and is not permitted.
- Express knowledge related to their profession, as appropriate.
- Refer questions about ethical issues (ex: confidentiality) to the judge. The lawyer calling the nurse to court should be aware of such issues beforehand.

## Dealing with Personal Feelings

Nurses working with abused children and their families may experience feelings of rage, anger, horror, sadness, pity, empathy, fear, hopelessness and helplessness. Sometimes, nurses are reminded of personal experiences (ex: their own childhood, their present situation, or their own parenting style). It is important to be aware of feelings, label them and begin to address them. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse and maltreatment is important to be able to address such situations in a professional and helpful manner. As needed, nurses should have access to appropriate supports, such as a manager and/or a counselling service, to allow them to share and debrief.



## Mandatory Child Abuse Reporting Protocol for Physicians and Other Health Care Practitioners

**Note:** This protocol is to be used in conjunction with the information outlined earlier in this handbook.

### Roles and Responsibilities

Physicians and other health care practitioners work in a range of settings (ex: clinics, hospitals or psychiatric facilities). Due to their access to children and their parents and/or guardians at all stages of the family cycle, physicians and other health care practitioners are in a unique position to identify and report suspected child abuse. Child abuse can be a difficult topic to address. However, actions must be taken to ensure that children's health, safety and overall best interests are taken into consideration. There are high expectations for professionals in their obligation to report children who are abused and/or in need of protection.

According to *The Child and Family Services Act* (the CFS act), abuse means an act or omission of any person, where the act or omission results in:

- physical injury to the child,
- emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- sexual exploitation of the child with or without the child's consent.

**Remember:**  
*A child is anyone under 18 years of age.*

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.

For children with disabilities, the usual risk factors for child abuse (ex: dependence and vulnerability) are intensified. **If you work with a child with a disability, you need to be aware of the factors that increase the risk of abuse among children with disabilities, as well as the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.** For more information, refer to Section 12 of this handbook titled *Increased Risk of Abuse and Important Considerations for Children with Disabilities*.

### Legal Duty to Report a Child in Need of Protection, including Child Abuse

As outlined in the CFS act, any person who has information that leads him/her to reasonably believe that a child is, or might be, in need of protection has a legal obligation to report this information to a child and family services (CFS) agency or, if deemed appropriate, to the parent(s) or guardian(s) of the child. **These legal**

**requirements supersede all internal organizational policies and procedures.** The duty to report applies even when the information is obtained during a professional or confidential relationship such as the physician-client relationship. The obligation to report also applies to allegations of past abuse, even when the health care practitioner believes the child is no longer in danger (ex: when the alleged offender does not reside in the household or has moved to another province).

Physicians and other health care practitioners are required to report abuse concerns directly to a CFS agency (see section: How to Report for more information). While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). The health care practitioner should not discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parent(s) or guardian(s)
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

The health care practitioner's relationship with the parties involved can continue; however, there **should not** be any discussion about the referral to CFS as this might impede the investigation into this matter.

If there are doubts about what constitutes a reasonable child abuse suspicion, the health care practitioner may also contact the **Child Protection Centre (CPC)** at the Health Sciences Centre: Children's Hospital, Winnipeg, Manitoba. CPC staff is specifically trained in the forensic and medical field of child abuse. Their expert knowledge can be helpful when determining causes and timelines of injuries. CPC offers a comprehensive, hospital-based multidisciplinary program aimed to prevent, detect and treat child abuse. For more information about the Child Protection Centre in Winnipeg, call 204-787-2811.

It is important to remember that although some agencies, departments and/or regional health authorities may have their own internal guidelines for responding to, or reporting abuse (ex: The Winnipeg Regional Health Authority policy number 80.00.010 or The Brandon Regional Health Authority policy number F.3.017), these guidelines **do not** supersede the responsibilities outlined in *The Child and Family Services Act*.

*The Personal Health Information Act (PHIA)* allows health care practitioners to share personal health information without the consent of the person (patient), to report a child in need of protection or to co-operate with a child protection investigation. Health care practitioners governed under *The Mental Health Act (MHA)* are also required to report suspected child abuse. A child does not have to be under CFS agency apprehension for these situations to apply.

If a health care practitioner is unsure whether a particular situation warrants a child abuse report, she/he can consult with a CFS agency. Their staff can help to determine if a child may be at risk.

## Failure to Report

If a health care practitioner fails to report suspected child abuse, he/she can be charged and punished on summary conviction, which can result in a substantial fine and/or prison term. Failing to promptly report suspected child abuse is a serious offence under *The Child and Family Services Act*, and carries a maximum penalty of \$50,000 or imprisonment of 24 months, or both. There may also be implications by the appropriate licensing body for health care practitioners who fail to meet their duty to report abuse (see below for more details).

## Abuse by Professionals

Allegations or suspicions of child abuse involving a professional or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, must be reported. It is also very serious when a professional fails to report a child in need of protection. Further, these circumstances generate additional actions by the director of Child and Family Services (the director).

Where the director has reasonable grounds to believe that (1) a professional has caused a child to be in need of protection or (2) a professional has failed to report a child in need of protection, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry out his/her work or occupation. To ensure the immediate protection of other children, the current employer of the alleged offender may have to be notified and/or access to children may be limited until a complete investigation has been undertaken.

An investigation by the governing or licensing organization may take place to determine whether any professional status review or disciplinary proceedings should take place against the person. On conclusion of the investigation, the person could be subject to a professional status review or disciplinary proceedings.

In situations where a person is charged with an offence under *The Criminal Code* and that person's employment involves the care of children, the police are required to advise the person's employer that the accused person has been charged.

## Indicators of Abuse

A disclosure of abuse may be very explicit, leaving little doubt as to it being a reasonable suspicion of abuse. In many cases, however, a disclosure initially is only partial, with limited detail. Most questioning should be confined to the medical aspects of the situation. Asking detailed questions about the actual event is the responsibility of the CFS agency worker and/or law enforcement personnel.

Health care practitioners, who work with children on a regular basis, should be familiar with the types and indicators of child abuse. Below are some medical indicators of physical and sexual abuse. Please refer to Section 6 of this handbook for more general indicators, including those concerning emotional abuse. The health care practitioner does not have to prove the injuries were the result of abuse; rather he/she must only have a suspicion to report.

## Physical Abuse

### Soft Tissue Injuries

When assessing injuries in children it is helpful to keep several points in mind:

- Non-ambulatory children do not create enough force in their normal activities or get themselves into situations to cause injury. Any injury on such a child requires careful evaluation.
- As motor skills increase, normal activities in ambulatory children can lead to accidental injuries but in general, these injuries follow a pattern that tends to be different from the pattern of applied injuries.
- Underlying illness or medication use may alter the tendency of a child to develop injuries after otherwise minor trauma.
- Impliment marks are always suspicious, even in the presence of underlying illness.
- It is difficult to assess the age of bruises based on color pattern, as there is such variability in the evolution of a bruise. Currently, the only thing that can be stated about the age of a bruise is that if there is yellow present, then the bruise is at least 24 hours old (but could be older).
- Some types of injuries do not always result in visible external marks – for example, some blows to the face may not result in facial bruising but marks may be seen on careful examination of the oro-pharynx.
- In children with darker pigmentation, it may be more difficult to determine the extent of bruising.
- Document all injuries thoroughly with regard to location, size, presence of swelling, pattern, color, type of injury (bruise, laceration, abrasion etc.).

Often, the information may be asked for at some time after the initial assessment. Complete documentation is essential to recall the injury.

### Normal Injuries

- Toddlers who are just beginning to walk can sustain soft tissue injuries. These tend to be over bony prominences such as the forehead, rather than soft areas such as the soft part of cheeks.
- As children become more active, the exploratory surfaces such as anterior shins are also exposed to possible injury.

## Suspicious Injuries

- Any injury in a non-ambulatory child.
- Any injury with a definite pattern to it. A pattern may be from an implement (ex: a handprint or a belt mark) or from the mechanism of injury (for example, facial petechiae from attempted strangling).
- Injuries in unusual locations such as the soft part of the cheeks, neck, back, chest, abdomen, back of hands thigh or back of calves.

## Fractures

Suspicious fractures include:

- any fracture in a non-ambulatory child
- spiral fractures
- depressed skull fractures
- fractures in unusual locations (for example, sternum, scapula)
- metaphyseal fractures
- bilateral rib fractures
- multiple fractures in various stages of healing

As with soft tissue injury, it important to decide whether or not the injury is compatible with the history provided. Even suspicious fractures as listed above may be accidental. For example, a caregiver may grab a falling infant by an extremity and, in doing so, cause a spiral fracture. In children under two years of age, a skeletal survey may be helpful in detecting unrecognized injuries or older injuries.

## Burns

Burns account for a significant percentage of all abuse-related injuries. Most burns occur in a setting where a child is not adequately supervised.

Burns can be classified based on:

- **the depth of burn** – superficial, partial-thickness or full thickness
- **the etiology of injury** – flame, thermal (scald, contact, cold), chemical, electrical or radiation
- **the mechanism of injury** – contact, flame, spill or splash, accidental immersion or forced immersion

Assessment of a burn with respect to accidental or applied injury involves:

- assessment of any pattern to the burn
- assessment of the age of a burn and any possible delay in seeking medical attention
- assessment of the age and ability of a child and therefore the potential for that child to have accidentally caused the burn

## Burn Patterns

- **Contact burns:** Contact burns may be accidental or applied. In general, accidental burns tend to reflect a brief, glancing contact and therefore tend to have less of a specific pattern. Applied contact burns are more likely to exhibit a pattern that corresponds to the object that caused the burn.
- **Flame burns:** A characteristic of flame burns is the presence of charred skin. Multiple, flame burns in unusual locations are highly suspicious for abuse.
- **Scald burns:** Scald burns can be caused by any hot liquid; hot water is the most common. These burns tend to give fairly recognizable patterns; however, clothing may alter these appearances. The hot liquid may come in contact by:
  - **Spilling or splashing on a child.** The area that had first contact with the liquid will sustain the deepest burn. As the liquid runs away, it cools creating a trailing appearance with the burn severity lessening.
  - **Accidental immersion.** Because this is usually associated with a child climbing into a hot liquid, there are often splash marks and no clear demarcation line between burned and unburned skin.
  - **Forced immersion.** Because the child is placed into the hot liquid, there are often less signs of movement such as splash marks, and there is often a clear demarcation between burned and unburned skin.

## Abdominal Injuries

Abdominal and thoracic injuries, while not nearly as common as soft tissue and boney injuries are the second leading cause of death from abusive injuries. This high mortality rate is due to the often-delayed presentation and delay in diagnosis. This delay is often due to a poor or unreliable history coupled with the presence of few external signs. Specific anatomical factors in children make injuries more likely. These include relatively larger abdominal organs, relatively weaker abdominal muscles, and less fat and connective tissue separating the organs from a direct blow. Both solid and hollow organs can be affected; if both occur at the same time it is highly suspicious for inflicted injury.

## Sexual Abuse

Sexual abuse/assault refers to any sexual act ranging from sexual touching to intercourse, where consent has not been provided or where legal consent is not possible. For more information about sexual abuse, please refer to Section 5 of this handbook.

If a health care practitioner receives a disclosure of sexual abuse, it must be reported to a Child and Family Services (CFS) agency. A medical exam will need to be performed but the time and location of this exam is variable. In situations where the event has occurred within 72 hours of the report, a forensic-medical exam may be done. Outside of this time frame, the timing of the medical exam depends on whether or not the child is symptomatic.

Children who are symptomatic with bleeding or discharge should be assessed more urgently. If a practitioner is uncomfortable with this assessment, a referral can be made to the Child Protection Centre (Health Sciences Centre) at 204-787-2811. The examination of a pre-pubescent child is almost always limited to visualization of the external genitalia. The indications for speculum examination are few (unknown source of bleeding/suspected internal trauma) and are done under general anesthesia in a hospital setting.

If the practitioner feels that antibiotic treatment is required prior to assessment at the Child Protection Centre, it is advisable to obtain a urine sample for PCR testing for *N. gonorrhoea* and chlamydia prior to the institution of therapy.

Although most children under 12 years of age who present with vaginal discharge have not been sexually abused, it is recommended that testing for STIs be included in the evaluation of these children. The presence of vaginal discharge in the absence of a disclosure does not necessarily need to be reported as a suspicion of abuse unless testing reveals the presence of an STI. Outside of the period of neonatal transmission, the presence of gonorrhoea or chlamydia should be considered an indication of sexual abuse and requires further assessment and reporting.

### Acute Sexual Assault

An acute sexual assault is one that has occurred within 72 hours of the patient presenting for medical assessment.

The examination of these patients is done for three main reasons:

- to assess the patient medically with regard to potential injuries and infections
- to offer prophylactic medications against pregnancy and some STIs
- to collect forensic evidence that may aid law enforcement in their investigation of the case

Adolescent and child victims of acute sexual assault can be transferred to the emergency room of the Children's Hospital for assessment. Children there are seen by nurses who have specialized training in the assessment of injuries and collection of forensic evidence. Patients may be seen in a suite designed to provide a comfortable and private space for interviewing and examination.

In rural and northern Manitoba communities, the health care practitioner is required to carry out a medical assessment of the situation. The health care practitioner is also encouraged to consult with the Child Protection Centre for guidance and further information (see contact info on page 94).

During the medical assessment, the patient is examined for any physical injuries. A gynecological examination is performed to look for injuries and to screen for STIs. Prophylactic medication is offered against pregnancy, hepatitis B, HIV, chlamydia and gonorrhoea.

The forensic specimen collection involves collection of clothing worn at the time of the assault, collection of body specimens, such as swabs from the mouth, bite marks, substances identified with a Polilight and specimens obtained during the genital

exam, such as hair collections, vaginal and anal swabs for semen analysis. These specimens are handled in such a manner as to be consistent with chain of evidence procedures required by law enforcement.

Following the assessment, patients are offered STI prophylaxis, hepatitis B prophylaxis and immunization (if required), HIV prophylaxis and pregnancy prophylaxis. Follow-up of pediatric and adolescent patients is arranged through the Child Protection Centre in Winnipeg. In some cases, patients may elect to follow-up with their own physicians.

**Child Protection Centre (Health Sciences Centre, Winnipeg)**

**Telephone No.: 204-787-2811 or 204-787-2040 (intake)**

**Fax No.: 204-787-2800**

## Documenting the Situation

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If a child discloses that they have been (or are being abused), or if you observe child abuse indicators, you should remain calm and non-judgemental. If applicable, let the child know that she/he did the right thing in telling you their situation. Remind them that they are safe with you and that they were very courageous for speaking up. When asking the child questions, be sure to use open-ended questions. However, keep in mind that it is not necessary to probe the child for details. If the information provided suggests that a child may have been, or is being, abused or in need of protection, the child will be interviewed by a CFS agency worker and/or the police. For more information, please see Section 7 of this handbook titled *Handling a Disclosure and Responding to Observed Indicators of Child Abuse*.

Clear and concise documentation of the situation is necessary. Documentation must be done immediately after a disclosure or observation of abuse indicators. Collect as much information as you can but remember that you are **not** conducting an investigation. Write down only the facts. Do not include how you are feeling about the incident or personal thoughts about what may have happened. All records should be kept confidential and securely stored. Key information to document is:

- full name, age, gender, and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child's safety
- a description of the type of suspected abuse

Also, record how the child looks and other indicators of abuse or neglect that you have observed. If applicable, include a description of the length, size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size, and colour of injuries. If you are photographing the injury, hold a ruler or a pen so that the actual size of the injury is clearly depicted.

- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)



- a description of the family, including names and ages of other children in the family
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)
- an accurate reporting of the child's developmental stage
- height and weight of the child plotted on a growth chart

In addition to the key information listed above, you may have further details that you can document and share with the CFS agency worker when you make a report. While this additional information is useful to have, it is not necessary to make a report. It is important **not** to question the child further to obtain any of this information:

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child's condition, and the present whereabouts of that person
- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)
- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used
- information about other persons or agencies closely involved with the child and/or family
- the status of guardianship of the child (ex: living at home, in care, voluntary placement agreement or permanent ward of CFS)
- consultation with other professionals
- information about other persons who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)

Caution must be taken not to chart subjective feelings. Documentation must be factual and legible as charts may be subpoenaed in court. The responsibility of the health care practitioner is to report the situation. The health care practitioner should **not** investigate the situation.

*You do not need all of the above information to make a report. You also do not need proof that the abuse has taken (or is taking) place. Just tell the CFS agency worker what you know.*

*If you have questions or are unsure if the signs that you are observing are a cause for concern, contact a CFS agency. Their staff can help you determine if a child may be at risk.*

## How to Report

Report suspected child abuse to a local CFS agency (see below for more information). Where applicable, you should follow your workplace guidelines or procedures for reporting child abuse. **However, remember that your obligation to report suspected child abuse supersedes all internal organizational policies and procedures.**

In addition to reporting the abuse to a local CFS agency, the health care practitioner can also contact the Child Protection Centre (CPC) at the Health Sciences Centre, Children's Hospital, Winnipeg, Manitoba. CPC staff are specifically trained in the forensic and medical field of child abuse. Their expert knowledge can be helpful when determining causes and timelines of injuries. CPC offers a comprehensive, hospital-based multidisciplinary program aimed to prevent, detect and treat child abuse. For more information about the Child Protection Centre in Winnipeg, call 204-787-2811.

The duty to report is an individual responsibility and should not be delegated to others. Furthermore, reporting does not require staff consensus or the approval of a supervisor.

When a report is made, it is the responsibility of the CFS worker (and not the health care practitioner) to contact the parent(s)/guardian(s) of the child.

*If you think a child under 18 years of age is being abused, you have the legal duty to report your concern to your local child and family services (CFS) agency. For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency, or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police station.*

### Remember:

- It does not matter if you think someone else is reporting the situation; you still must make a report.
- If a child shares more information with you after the initial disclosure, the new information will need to be forwarded to a CFS agency.
- According to *The Child and Family Services Act*, a child is anyone under 18 years of age.
- All disclosures of abuse are to be treated as real and serious, regardless of the child's history.

## Protection and Rights of the Informant

No retaliatory action can be taken against a health care practitioner who, in good faith, reports information about suspected child abuse. The informant cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (ex: the person making the report) will be protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.

### After Reporting

The responsibility of the health care practitioner is to report any situation of suspected abuse to a CFS agency. If the child is in immediate danger, the health care practitioner should contact the police. The CFS agency and/or the police will then assume responsibility of the investigation of the situation.

**To ensure the best course of action is taken in every case, there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation.** Manitoba not only permits the sharing of information for the purposes of ensuring child protection; it requires it. For more information, see Section 8 of this handbook.

As a person reporting suspected child abuse, you are entitled to know what the CFS agency decided at the end of its assessment and/or investigation, unless the agency feels that sharing this information is not in the best interest of the child or when a criminal investigation into the matter is pending. Conclusions refer to the outcome of the investigation, not to the sharing of detailed findings or confidential information.

### Court Testimony

Professionals who have been involved in the identification of child abuse are sometimes required to testify as a witness at a court hearing. Often, cases come to court long after the incident occurred. Therefore, clear documentation at the time of the incident makes organizing and presenting evidence at a later date easier. Health care practitioners should remember to:

- If applicable, notify their supervisor when they receive a subpoena and discuss the process of obtaining legal support prior to court proceedings.
- When attending court, take a resume describing their educational background, qualifications, and work experience
- Ensure personal notes are clear, concise and dated.
- Describe only direct observations when testifying in court. Reporting what one has been told by someone else is considered hearsay and is not permitted.
- Express knowledge related to their profession, as appropriate.

- Refer questions regarding ethical issues (i.e.: confidentiality) to the judge. The lawyer calling the professional to court should be aware of such issues beforehand.

## Dealing with Personal Feelings

Professionals working with abused children and their families may experience feelings of rage, anger, horror, sadness, pity, empathy, fear, hopelessness and helplessness. Sometimes, service providers are reminded of personal experiences (ex: their own childhood, their present situation, or their own parenting style). It is important to be aware of feelings, label them and begin to address them. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse and maltreatment is important to be able to address such situations in a professional and helpful manner. As needed, health care practitioners should have access to appropriate supports, such as a supervisor and/or a counselling service, to allow them to share and debrief.

## Mandatory Child Abuse Reporting Protocol for School Staff

**Note:** This protocol is to be used in conjunction with the information outlined earlier in this handbook.

### Roles and Responsibilities

School staff, due to their access to children, are in a unique position to identify and report suspected child abuse. The term school staff refers to all employees and volunteers within the school setting (ex: teachers, educational assistants, volunteers, guidance counsellors, principals, janitors, nurses, bus drivers, librarians, speech therapists, coaches and so on). Child abuse can be a difficult topic to address. However, actions must be taken to ensure that children's health, safety and overall best interests are taken into consideration. There are higher expectations for professionals in their obligation to report children who are abused and/or in need or protection.

According to *The Child and Family Services Act* (the CFS act), abuse means an act or omission of any person, where the act or omission results in:

- physical injury to the child,
- emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- sexual exploitation of the child with or without the child's consent.

**Remember:**  
A child is anyone under 18 years of age.

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.

For children with disabilities, the usual risk factors for child abuse (ex: dependence and vulnerability) are intensified. **If you work with a child with a disability, you need to be aware of the factors that increase the risk of abuse among children with disabilities, as well as the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.** For more information, refer to Section 12 of this handbook titled *Increased Risk of Abuse and Important Considerations for Children with Disabilities*.

Staff working in schools should be familiar with the types and indicators of child abuse. Please refer to Section 6 of this handbook that provides a review of the types and indicators of child abuse.

## Legal Duty to Report a Child in Need of Protection, including Child Abuse

As outlined in the CFS act, any person who has information that leads him/her to reasonably believe that a child is, or might be, in need of protection has a legal obligation to report this information to a child and family services (CFS) agency or, if deemed appropriate, to the parent(s) or guardian(s). **These legal requirements supersede all internal organizational policies and procedures.** The duty to report applies even when the information is obtained during a professional or confidential relationship such as the teacher-student relationship. The obligation to report also applies to allegations of past abuse, even when the teacher believes the child is no longer in danger (ex: when the alleged offender does not reside in the household or has moved to another province).

School staff are required to report abuse concerns directly to a CFS agency/worker (see section: *How to Report* below for more information). While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). School staff should not discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parent(s) or guardian(s)
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

The relationship that school staff have with the parties involved can continue; however, there **should not** be any discussion about the referral to CFS as this might impede the investigation into this matter.

If a staff member is unsure whether a particular situation warrants a child abuse report, she/he can consult with a CFS agency. Their staff can help to determine if a child may be at risk.

### Failure to Report

If a staff member working for a school fails to report suspected child abuse, he/she can be charged and punished on summary conviction, which can result in a substantial fine and/or prison term. Failing to promptly report suspected child abuse is a serious offence under *The Child and Family Services Act*, and carries a maximum penalty of \$50,000 or imprisonment of 24 months, or both. There may also be implications by the appropriate licensing bodies for school staff who fail to meet their duty to report abuse.

## Abuse by Professionals

Allegations or suspicions of child abuse involving a professional or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, must be reported. It is also very serious when a professional fails to report a child in need of protection. Further, these circumstances generate additional actions by the director of Child and Family Services (the director).

Where the director has reasonable grounds to believe that (1) a professional has caused a child to be in need of protection or (2) a professional has failed to report a child in need of protection, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry out his/her work or occupation. To ensure the immediate protection of other children, the current employer of the alleged offender may have to be notified and/or access to children may be limited until a complete investigation has been undertaken.

An investigation by the governing or licensing organization may take place to determine whether any professional status review or disciplinary proceedings should take place against the person. Schools and/or school divisions should have policies in place to deal with such investigations. In some cases, suspending the accused staff person with or without pay during the investigation may be necessary to ensure that students are safe and protected. The alleged offender may also be subject to a review by the certificate review committee of Manitoba Education. If schools/divisions/districts choose not to suspend an individual during an investigation then a plan of protection, regarding the accused, should be put in place. The plan should be developed in consultation with the investigating CFS agency.

The CFS agency is required to report the conclusion of its investigation to the principal of the school or the superintendent of the school division in which the school is located. Boards and school staff should be aware that disciplinary action by the employer is not dependent on the outcome of an investigation conducted by a CFS agency or the police. Boards and providers should have policies in place, including termination of employment, to deal with inappropriate child management by staff.

In situations where a person is charged with an offence under *The Criminal Code* and that person's employment involves the care of children, the police are required to advise the person's employer that the accused person has been charged.

## Documenting the Situation

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If a child discloses that they have been (or are being abused), or if you observe child abuse indicators, you should remain calm and non-judgemental. If applicable, let the child know that she/he did the right thing in telling you their situation. Remind them that they are safe with you and that they were very courageous for speaking up. When asking the child questions, be sure to use open-ended questions.

However, keep in mind that it is not necessary to probe the child for details. If the information provided suggests that a child may have been or is being abused or in need of protection, the child will be interviewed by a CFS agency worker and/or the police. For more information, please see Section 7 of this handbook titled *Handling a Disclosure and Responding to Observed Indicators of Child Abuse*.

Clear and concise documentation of the situation is always necessary.

Documentation must be done as soon as possible after a disclosure or observation of abuse indicators. Documentation of a report being made should be noted in the **confidential** portion of the student's file. Depending on the protocol in your school/division, you will likely need to have a copy of the report held in a confidential file.<sup>1</sup> Generally, this file is held at the school division office, under the direction of the student services administrator or the assistant superintendent. Collect as much information as you can but remember that you are **not** conducting an investigation. Write down only the facts. Do not include how you are feeling about the incident, or personal thoughts about what may have happened. All records should be kept confidential and securely stored. Key information to document is:

- date and time of entry
- name of school
- full name, age, gender, and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child's safety, and the time of day the child's parent or guardian is expected to pick the child up from school
- a description of the type of suspected abuse  
Also, record how the child looks and other indicators of abuse or neglect that you have observed. If applicable, include a description of the length, size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size and colour of injuries.
- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)
- a description of the family, including names and ages of other children in the family
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)

In addition to the key information that is listed above, you may have further details that you can document and share with the CFS agency worker when you make a report. While this additional information is useful to have, it is not necessary to make a report. It is important **not** to question the child further to obtain any of this information:

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child's condition, and the present whereabouts of that person

<sup>1</sup> This information is confidential and is protected under The CFS Act.



- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)
- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used
- information about other persons or agencies closely involved with the child and/or family
- the status of guardianship of the child (ex: living at home, in care, voluntary placement agreement or permanent ward of CFS)
- consultation with other professionals
- information about other persons who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)
- the signature of the staff person documenting concerns

Caution must be taken not to document subjective feelings. Documentation must be factual and legible as notes may be subpoenaed in court. The responsibility of school staff is to report the situation. School staff members should **not** investigate the situation.

*You do not need all of the above information to make a report. You also do not need proof that the abuse has taken (or is taking) place. Just tell the CFS agency worker what you know.*

*If you have questions or are unsure if the signs that you are observing are a cause for concern, contact a CFS agency. Their staff can help you determine if a child may be at risk.*

The exact information shared with a CFS agency should be included in the report. Depending on the protocol in your school or division, that information is typically held in a **confidential** file at the school division office, under the direction of the student services administrator or the assistant superintendent.

School staff should note, in the confidential portion of the student's file, that a CFS agency was called. The file should also include the date and time of the report and the name of the CFS intake worker to whom the report was made.

## How to Report

Report suspected child abuse to a local CFS agency (see page 104 for more information). Where applicable, you should follow your workplace guidelines or procedures for reporting suspected child abuse. **However, remember that your obligation to report suspected child abuse supersedes all internal organizational policies and procedures.**

*If you think a child under 18 years of age is being abused, you have the legal duty to report your concern to your local child and family services (CFS) agency. For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at 1-866-345-9241.*

*If you think the child is in immediate danger, call 911 or your local police station.*

While school division or school policies may require a staff person to report suspected child abuse to an administrator, the responsibility does not end there. The legal duty to report is an **individual one** and does not require staff consensus or the approval of any supervisor or person in authority.

When a report is made, it is the responsibility of the CFS worker (and not the staff member employed by the school) to contact the parent(s)/guardian(s) of the child.

### Remember:

- It does not matter if you think someone else is reporting the situation; you still must make a report.
- If a child shares more information with you after the initial disclosure, the new information will need to be forwarded to a CFS agency.
- According to *The Child and Family Services Act*, a child is anyone under 18 years of age.
- All disclosures of abuse are to be treated as real and serious regardless of the child's history.
- Names of suspected child abuse victims or offenders (or specific information) cannot legally be discussed at staff or board meetings. However, the board may wish to be informed that a child abuse report has been made.

## Protection and Rights of the Informant

No retaliatory action can be taken against a staff person who, in good faith, reports information about suspected child abuse. The staff person cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (ex: the person making the report) will be protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.

## After Reporting

The responsibility of school staff is to report any situation of suspected abuse to a CFS agency. If the child is in immediate danger, school staff should contact the police. The CFS agency and/or the police will then assume responsibility of the investigation of the situation.

As part of an investigation, a CFS agency worker or a police officer may wish to interview the child at the school. Interviews are sometimes pre-planned by CFS workers but frequently are not, due to the nature of the allegation and the mandated responsibility to respond. When arriving at the school to interview the child, CFS staff should present identification to school officials. **It is important to note that CFS staff have the right and mandate to interview a child without parental/guardian consent.** If possible, the provision of a quiet and private place for such interviews is helpful.

At times, a school staff member may be faced with an angry parent or guardian who demands to see the child's school file. This information may be available to the parent or guardian through a formal process that involves the school division's privacy officer determining whether or not the file can be viewed by parent or guardian. If the parent(s) or guardian(s) are permitted to view the file and subsequently accuse school staff of reporting abuse, staff members may choose:

- not to confirm that they made the report (remember that the informant's identity is protected under law)
- explain to the parent or guardian that they had no choice but to report the suspicion as this is the law
- explain to the parent or guardian that they were genuinely concerned about the child's well-being and safety and a report was made to ensure the child's safety

On occasion, a CFS agency worker or the police may feel that a child's safety and well-being would be severely compromised if the child returned to his/her home. At these times, a CFS agency worker may apprehend the child from the school setting to a safe and protected environment. Occasionally, due to immediate safety issues police may take the child to a safe place and then call CFS, as only CFS has the authority to apprehend a child. For more information, see section 21 of the CFS act.

It is the responsibility of the CFS worker to notify the parent(s)/guardian(s) of a child apprehension. Whenever possible this should happen prior to the time that the parent(s)/guardian(s) arrive at the school to pick up the child. If, for some reason, the CFS agency worker is unable to reach the parent(s)/guardian(s) before their expected arrival at the school, she/he should meet the parent(s) or guardian(s) at the school.

Occasionally, a CFS worker will provide school staff with CFS contact information to share with the parent(s)/guardian(s) of the child being apprehended. CFS staff may not always be present at the school when parent(s)/guardian(s) arrive, as their focus may be on the safe removal of the child from the premises, and doing so prior to the parents(s)/guardian(s)' arrival reduces the immediate risk of trauma to the child. Nevertheless, CFS agency workers should make every effort to inform the parent(s)/guardian(s) of the situation, prior to their arrival at the school. School staff are not responsible for dealing with person(s) whose child was apprehended. Any such occurrences need to be reported by school staff to the executive director of the responsible child and family services agency.

To ensure the best course of action is taken in every case, **there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation.** Manitoba not only permits the sharing of information for the purposes of ensuring child protection; it requires it. For more information, see Section 8 of this handbook.

As a person reporting suspected child abuse, you are entitled to know what the CFS agency decided at the end of its assessment and/or investigation, unless the agency feels that sharing this information is not in the best interest of the child or when a criminal investigation into the matter is pending. Conclusions refer to the outcome of the investigation, not to the sharing of detailed findings or confidential information.

After an investigation is carried out, the child's life may change very quickly. For example, the child may be placed in foster care. The family will be disrupted and the child may be involved in a legal process. Ongoing support to the child by school staff is essential. To maintain your relationship with the child:

- Treat the child in a normal way.
- Assess and be aware of his/her needs (ex: is there a court date coming up?).
- Respect the child's right for privacy. Do not discuss the incident with people who are not directly concerned with the situation.
- Let the child know you that you respect her/his feelings.
- Help the child to stay connected with peer groups.
- Teach and model appropriate behaviours for the rest of the class.
- Reinforce appropriate behaviours. Understand that the healing process can take a very long time and children will have difficult periods as they attempt to cope with what has happened to them.
- Be prepared for the child to withdraw or even experience depression weeks or months after the report or investigation. Where possible, stay in contact with the child's caseworker or therapist and, if applicable, the non-offending parent(s).

## Court Testimony

School staff members who have been involved in the identification of child abuse are sometimes required to testify as a witness at a court hearing. Often cases come to court long after the incident occurred. Therefore, clear documentation at the time of the incident makes organizing and presenting evidence at a later date easier. School staff members should remember to:

- Notify their supervisor when they receive a subpoena and discuss the process of obtaining legal support prior to court proceedings.
- When attending court, take a resume describing their educational background, qualifications and work experience.
- Ensure personal notes are clear, concise and dated.
- Describe only direct observations when testifying in court. Reporting what one has been told by someone else is considered hearsay and is not permitted.
- Express knowledge related to their profession, as appropriate.
- Refer questions about ethical issues (ex: confidentiality) to the judge. The lawyer calling the school staff person to court should be aware of such issues beforehand.

## Dealing with Personal Feelings

Staff people working with abused children and their families may experience feelings of rage, anger, horror, sadness, pity, empathy, fear, hopelessness and helplessness. Sometimes, staff in schools can be reminded of personal experiences (ex: their own childhood, their present situation, or their own parenting style). It is important to be aware of feelings, label them, and begin to address them. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse and maltreatment is important to be able to address such situations in a professional and helpful manner. As needed, staff should have access to appropriate supports, such as a manager and/or a counselling service, to allow them to share and debrief.

**Note:** This protocol is to be used in conjunction with the information outlined earlier in this handbook.

## Roles and Responsibilities

Due to their access to children and their parents and/or guardians at all stages of the family cycle, social workers are in a unique position to identify and report suspected child abuse. Child abuse can be a difficult topic to address. However, actions must be taken to ensure that children's health, safety, and overall best interests are taken into consideration. There are high expectations for professionals in their obligation to report children who are abused and/or in need of protection.

According to *The Child and Family Services Act* (the CFS act), abuse means an act or omission of any person, where the act or omission results in:

- physical injury to the child,
- emotional disability of a permanent nature in the child or is likely to result in such a disability, or
- sexual exploitation of the child with or without the child's consent.

Child neglect is the failure of a child's primary caregiver to provide adequate food, clothing, shelter, supervision and/or medical care. Child neglect involves an act of omission by a parent or guardian, resulting in (or likely to result in) harm or imminent risk of harm to a child.

For children with disabilities, the usual risk factors for child abuse (ex: dependence and vulnerability) are intensified. **If you work with a child with a disability, you need to be aware of the factors that increase the risk of abuse among children with disabilities, as well as the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.** For more information, refer to Section 12 of this handbook titled *Increased Risk of Abuse and Important Considerations for Children with Disabilities*.

Social workers, particularly those who work with children on a regular basis, should be familiar with the types and indicators of child abuse. Please refer to Section 6 of this handbook that provides a review of the types and indicators of child abuse.

**Note:** This protocol has been developed for use by social workers in Manitoba. Social workers who are employed by CFS agencies are mandated to assess and investigate child abuse allegations and, as such, are required to follow additional protocols and manuals. Mandated social workers must also be familiar with *The Child and Family Services Act* and the *Revised Provincial Guidelines on the Legislated Requirements Regarding Reporting a Child in Need of Protection, including Child Abuse*.

## Legal Duty to Report a Child in Need of Protection, including Child Abuse

Section 1.6.1 of the Canadian Association of Social Workers' (CASW) Guidelines of Ethical Practice, states that "social workers who have reason to believe a child is being harmed and is in need of protection are obligated, consistent with their provincial/territorial legislation, to report their concerns to the proper authorities."

In Manitoba, the CFS act stipulates that any person who has information that leads him/her to reasonably believe that a child is, or might be, in need of protection has a legal obligation to report this information to a child and family services (CFS) agency or, if deemed appropriate, to the parent(s) or guardian(s) of the child. **These legal requirements supersede all internal organizational policies and procedures.** The duty to report applies even when the information is obtained during a professional or confidential relationship such as the social worker-client relationship. The obligation to report also applies to allegations of past abuse, even when the social worker believes the child is no longer in danger (ex: when the alleged offender does not reside in the household or has moved to another province).

Social workers are required to report abuse concerns directly to a CFS agency/worker (see section on how to report below for more information). By reporting suspected abuse, social workers are able to give a message to children who may be in need of protection that they care about their safety and well-being. While a report of child abuse can result in an initial negative experience for the parties involved, reporting is both compulsory and necessary, as a child's life may be at risk.

In addition to referring abuse concerns to a CFS agency, it may be necessary for the child's immediate safety to report the concerns to the parent(s) or guardian(s). Social workers should **not** discuss the referral to CFS with the child's parent(s) or guardian(s) if:

- the alleged offender is a family member
- the alleged offender has a significant relationship with the child's parent(s) or guardian(s)
- the identity of the offender is unknown
- there is a suspicion that the non-offending caregiver will not support or protect the child

The social worker's relationship with the parties involved can continue; however, there **should not** be any discussion regarding the referral to CFS as this might impede the investigation into this matter.

If a social worker is unsure whether a particular situation warrants a child abuse report, she/he can consult with a CFS agency. Their staff can help determine if a child may be at risk.

## Failure to Report

If a social worker fails to report suspected child abuse, he/she can be charged and punished on summary conviction, which can result in a substantial fine and/or prison term. Failing to promptly report suspected child abuse is a serious offence under *The Child and Family Services Act*, and carries a maximum penalty of \$50,000 or imprisonment of 24 months, or both. There may also be implications by the appropriate licensing body for social workers who fail to meet their duty to report abuse (see below for more details).

## Abuse by Professionals

Allegations or suspicions of child abuse involving a professional or a person who has been certified or licensed, especially anyone who is working with children in a position of trust, must be reported. It is also very serious when a professional fails to report a child in need of protection. Further, these circumstances generate additional actions by the director of Child and Family Services (the director).

Where the director has reasonable grounds to believe that (1) a professional has caused a child to be in need of protection or (2) a professional has failed to report a child in need of protection, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry out his/her work or occupation. To ensure the immediate protection of other children, the current employer of the alleged offender may have to be notified and/or access to children may be limited until a complete investigation has been undertaken.

An investigation by the governing or licensing organization may take place to determine whether any professional status review or disciplinary proceedings should take place against the person. On conclusion of the investigation, the person could be subject to a professional status review or disciplinary proceedings.

In situations where a person is charged with an offence under *The Criminal Code* and that person's employment involves the care of children, the police are required to advise the person's employer that the accused person has been charged.

## Documenting the Situation

Children who are victims of child abuse and/or neglect are in a very vulnerable state. They will choose to disclose their situation to someone whom they trust. If a child discloses that they have been (or are being abused), or if you observe child abuse indicators, you should remain calm and non-judgemental. If applicable, let the child know that she/he did the right thing in telling you their situation. Remind them that they are safe with you and that they were very courageous for speaking up. When asking the child questions, be sure to use open-ended questions. However, keep in mind that it is not necessary to probe the child for details. If the information provided suggests that a child may have been or is being abused or in need of protection, the child will be interviewed by a CFS agency worker and/or the police. For more information, please see Section 7 of this handbook titled *Handling a Disclosure and Responding to Observed Indicators of Child Abuse*.



## Remember:

*It is not the mandate of social workers employed outside of a CFS agency to investigate the situation. Social workers outside of the CFS system are responsible for identifying and reporting suspected child abuse.*

When you encounter a case of suspected child abuse, clear and concise documentation of the situation is absolutely necessary. Documentation must be done immediately after a disclosure or observation of abuse indicators. Collect as much information as you can but remember that you are not conducting an investigation. Write down only the facts; do not include how you are feeling about the incident, or personal thoughts about what may have happened. All records should be kept confidential and securely stored. Key information to document is:

- full name, age, gender, and address of the child and parent(s)/guardian(s)
- your relationship to the child
- any immediate concerns about the child's safety
- a description of the type of suspected abuse
  - Also, record how the child looks and other indicators of abuse or neglect that you have observed. If applicable, include a description of the length, size, colour, form and location of any physical injury that may be observed. Drawings may be useful to pinpoint the area, size and colour of injuries.
- date and time of the disclosure, as well as any direct quotes of the disclosure (if applicable)
- a description of the family, including names and ages of other children in the family
- visits and telephone calls to the unit/area by the parent(s)/guardian(s)

In addition to the key information that is listed above, you may have further details that you can document and share with the CFS agency worker when you make a report. While this additional information is useful to have, it is not necessary to make a report. It is important **not** to question the child further to obtain any of this information:

- when and where the abuse took place
- whereabouts of the parent(s) or guardian(s)
- the person alleged to have caused the child's condition, and the present whereabouts of that person
- where the person suspected of abusing the child works or volunteers, especially if she/he provides services to children (this includes foster parents)
- the length of time the abuse has been taking place, as well as the severity and frequency of the occurrence, and the objects used
- information about other persons or agencies closely involved with the child and/or family

- the status of guardianship of the child (ex: living at home, in care, voluntary placement agreement or permanent ward of CFS)
- consultation with other professionals
- information about other people who may be witnesses or may have information about the child
- factors affecting the child's vulnerability (ex: disabilities, limited social skills or observable developmental delays)

Caution must be taken not to document subjective feelings. Documentation must be factual and legible as notes may be subpoenaed in court. The social worker's responsibility is to report the situation. The social worker **should not** investigate the situation.

*You do not need all of the above information to make a report. You also do not need proof that the abuse has taken (or is taking) place. Just tell the CFS agency worker what you know.*

*If you have questions or are unsure if the signs that you are observing are a cause for concern, contact a CFS agency. Their staff can help you determine if a child may be at risk.*

## How to Report

Report suspected child abuse to a local CFS agency (see below for more information). Where applicable, you should follow your workplace guidelines or procedures for reporting suspected child abuse. **However, remember that your obligation to report suspected child abuse supersedes all internal organizational policies and procedures.**

*If you think a child under 18 years of age is being abused, you have the legal duty to report your concern to your local child and family services (CFS) agency. For a list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies) or see page 151 of this handbook.*

*If you do not know the number of your local CFS agency or it is after working hours, you can call the province-wide intake and emergency after-hours child and family services telephone number at **1-866-345-9241**.*

*If you think the child is in immediate danger, call **911** or your local police station.*

The social worker's supervisor should be notified when a report is made, or as soon as possible thereafter. However, the duty to report is an individual responsibility and does not require staff consensus or the approval of any supervisor.

**Note:** When a report is made, it is the responsibility of the social worker employed by the CFS agency to contact the parent(s)/guardian(s) of the child.

### Remember:

- It does not matter if you think someone else is reporting the situation; you still must make a report.
- If a child shares more information with you after the initial disclosure, the new information will need to be forwarded to a CFS agency.
- According to *The Child and Family Services Act*, a child is anyone under 18 years of age.
- All disclosures of abuse are to be treated as real and serious, regardless of the child's history.

## Protection and Rights of the Informant

No retaliatory action can be taken against a social worker who, in good faith, reports information about suspected child abuse. The social worker cannot be dismissed, suspended, demoted, disciplined, harassed or disadvantaged as a result of making a report.

The identity of the informant (i.e.: the person making the report) will be protected and kept confidential except as required in the course of judicial proceedings or with the written consent of the informant. Also, the identity of the informant is specifically protected from disclosure to the alleged perpetrator or other parties involved.

## After Reporting

The responsibility of the social worker is to report any situation of suspected child abuse to a CFS agency. If the child is in immediate danger, the social worker should contact the police. The CFS agency and/or the police will then assume responsibility of the investigation of the situation.

**To ensure the best course of action is taken in every case, there shall be mutual sharing of all relevant information by the agencies and professionals involved in the investigation.** Manitoba not only permits the sharing of information for the purposes of ensuring child protection; it requires it. For more information, see Section 8 of this handbook.

As a person reporting suspected child abuse, you are entitled to know what the CFS agency decided at the end of its assessment and/or investigation, unless the

agency feels that sharing this information is not in the best interest of the child or when a criminal investigation into the matter is pending. Conclusions refer to the outcome of the investigation, not to the sharing of detailed findings or confidential information.

## Court Testimony

Social workers who have been involved in the identification of child abuse are sometimes required to testify as a witness at a court hearing. Often cases come to court long after the incident occurred. Therefore, clear documentation at the time of the incident makes organizing and presenting evidence at a later date easier. Social workers should remember to:

- Notify their supervisor when they receive a subpoena and discuss the process of obtaining legal support prior to court proceedings.
- When attending court, take a resume describing their educational background, qualifications, and work experience.
- Ensure personal notes are clear, concise and dated.
- Describe only direct observations when testifying in court. Reporting what one has been told by someone else is considered hearsay and is not permitted.
- Express knowledge related to their profession, as appropriate.
- Refer questions regarding ethical issues (ex: confidentiality) to the judge. The lawyer calling the social worker to court should be aware of such issues beforehand.

## Dealing with Personal Feelings

Social workers working with abused children and their families may experience feelings of rage, anger, horror, sadness, pity, empathy, fear, hopelessness, and helplessness. Sometimes, professionals are reminded of personal experiences (ex: their own childhood, their present situation, or their own parenting style). It is important to be aware of feelings, label them and begin to address them. No feeling is wrong or bad, it simply occurs. Dealing with personal values and feelings about child abuse and maltreatment is important to be able to address such situations in a professional and helpful manner. As needed, social workers should have access to appropriate supports, such as a manager and/or a counselling service, to allow them to share and debrief.

## SECTION TWELVE

### Increased Risk of Abuse and Important Considerations for Children with Disabilities

There are many factors that can increase the risk of childhood abuse, including domestic violence, parental unemployment, addictions issues and sudden changes in family circumstances. Children with disabilities experience child abuse more often than their peers. For children with disabilities the usual risk factors for child abuse are intensified. For example, their impairments may make it difficult for them to participate in community activities, leading to social isolation and reduced contact with people who may be in a better position to identify and report suspicions of abuse. Children with disabilities may also be unable to discern, protest or report when boundaries are crossed during intimate body care.

This section describes factors that increase the risk of abuse among children with disabilities. The section also points to the unique challenges that can prevent or limit children with disabilities from disclosing experiences of abuse.

#### Defining Disability

A child with a disability is defined as any child whose ability to perform activities of daily living in an age appropriate manner is compromised by limitations in one or more of the following areas:

**Physical**, including:

- physical differences present at birth such as cleft palates or differently formed limbs
- amputations
- muscular or skeletal impairments such as children born with cerebral palsy or spina bifida
- injuries to the body that result in permanent physical limitations, including:
  - paralysis
  - damage to the body from an accident and/or physical abuse
  - physically disabling health conditions such as viral or bacterial infections

**Sensory**

- vision
- hearing
- taste
- touch
- smell

Although hearing and vision impairments are the most commonly known sensory impairments, children can experience limitations with respect to the taste, touch and olfactory senses as well. Some children diagnosed with autism

spectrum disorder (ASD) display extreme sensitivities to certain stimulation. For example, an unexpected odour or foods with an unwelcomed texture can cause intense and inconsolable outbursts that last for extended periods of time. These sensitivities can impair a child's ability to participate in community activities with their families and negatively affect their ability to develop relationships with their peers.

**Intellectual disability**, resulting in an affected ability to:

- absorb, process and comprehend information
- think abstractly
- reason
- problem solve

There a number of disorders that can result in an intellectual disability. Congenital disorders such as Down 's syndrome and Fragile X Syndrome are present at birth and are the result of differences in the child's chromosomes. Typically, if a child is born with a congenital disorder, his or her level of intellectual functioning will be affected to some degree.

Disorders that are not congenital but are present at birth include neurological disorders (ex: autism spectrum disorder), hormone deficiency disorders (ex: acquired hypothyroidism) and protein disorders (ex: Creutzfeldt-Jakob disease). These types of disorders can also affect a person's level of intellectual functioning depending on the severity of the disorder.

Trauma to the brain because of complications during birth, or a head injury sustained during childhood, can also affect a person's ability to learn and comprehend new concepts, communicate, retrieve short and long-term memories and behave as they did prior to the brain injury.

**Developmental delay**, resulting in an affected ability to develop:

- communication skills
- learning and cognition processes
- gross and fine motor skills
- self-help skills
- age-appropriate socialization skills

Children who are not attaining certain developmental milestones at the same rate as their peers are considered to be developmentally delayed. Developmental delays are not necessarily permanent. With appropriate early interventions, a child may make significant gains and resume typical development alongside his or her peers. However, depending on the child's diagnosis and other environmental factors, developmental delays may be lifelong and require ongoing supports and services to address.

A child can have a developmental delay without an intellectual disability. For example, children with fetal alcohol spectrum disorder (FASD) may record an above average score on an intellectual assessment but experience significant

challenges in functional and adaptive skills, such as impulse control, engaging in healthy relationships and understanding cause and effect.

**Learning Disability**, including an affected ability to acquire and use:

- oral language (dysphasia)
- reading skills (dyslexia)
- written language (dysgraphia)
- mathematical skills (dyscalculia)

Learning disorders affect processing in individuals who otherwise demonstrate average abilities essential for thinking and/or reasoning. Learning disabilities are caused by genetic or neurobiological irregularities that alter brain functioning in a manner that affects one or more processes related to learning. As such, learning disabilities are distinct from intellectual disability.

**Complex Medical Needs**, resulting in the need for support from a medical assistive device or technology for at least part of the day.

- Children who are medically complex require health care interventions to be performed by a registered nurse during the day to participate in activities such as school, child care or recreational programs. Treatments under this category include tracheostomy care, ventilator care and tracheal/pharyngeal suctioning.

**Mental Health Disorder**, defined as a clinically significant psychological syndrome resulting in the chronic and distressing disruption of typical psychological and emotional functioning. Examples include:

- mood disorders (bipolar disorder, major depressive disorder)
- anxiety disorders (obsessive-compulsive disorder, post-traumatic stress disorder, specific phobias)
- eating disorders (anorexia nervosa, bulimia)
- schizophrenia and other psychotic disorders

Children with a mental health disorder may develop significant emotional distress and suffer from low self-esteem, withdraw from social contact or engage in self-injurious behaviour. Such illnesses can negatively affect a person's quality of life and contribute to increased vulnerability and isolation. A mental health disorder may also affect a person's perceived credibility as others may be less inclined to believe disclosures of abuse if a mental health condition is present.

## Factors that Increase the Risk of Abuse Among Children with Disabilities

Although children with disabilities face an increased risk of experiencing abuse, **abuse is not an inevitable outcome of having a disability**. However, given the increased vulnerability of this childhood population, it is important to note that the potential for abuse may be higher, and that the ability or willingness of children with unique needs to communicate this abuse may be different as compared to other children.

Below are several factors that put children with disabilities at greater risk for abuse:

- **Power Imbalance.** Abusers take advantage of the power imbalance between adults and children, an imbalance that becomes more pronounced when the child has a disability and is dependent on others to provide care.
- **Symptoms of Abuse Go Unnoticed.** Symptoms of abuse may be dismissed as part of the child's disability. For some conditions such as cerebral palsy or muscular dystrophy, a child's muscular control and gross motor skills are affected. This can result in an increased falling or bumping into objects such as tables or doorframes. As a result, a child may exhibit bruising or cuts more frequently than his or her peers. It is important for care and service providers to be aware of bruising that could be the result of the disability as opposed to bruising caused by maltreatment.
- **Child's Inability to Identify Abuse.** Depending on the intensity of a child's care needs, some children with disabilities become accustomed to being touched, including around their genitalia, during activities such as toileting and bathing. It may be difficult for a child to discern when this touching has ceased to be care-related and evolved into sexual contact.
- **Child's Inability to Disclose Abuse.** Children who experience communication impairments may be unable to reveal that abuse has occurred. Traditional assistive communication devices such as picture boards or pre-programmed computers typically do not include visuals or language about sexuality or abuse. Service providers need to be attuned to changes in the child's behaviour that appear unrelated to typical developmental milestones, such as learning to toilet, reaching puberty or preparing for adulthood.
- **Child's Fear of Losing a Caregiving Relationship.** Some children with disabilities who have limited social connections may worry that revealing abuse will result in the loss of a relationship that provides care. As a result, the child may choose to withhold information about an abusive relationship because of their dependence on the care that the relationship provides.
- **Limited Understanding of Appropriate Boundaries.** Some children with disabilities are unaware that engaging in physical contact with others is not always appropriate, such as embracing or holding hands with strangers. Perpetrators may try to take advantage of this willingness to be touched in the hopes that the child will be unable to discern when physical contact is actually exploitative touching.

### Good to know...

*Parents and caregivers may be reluctant to discuss personal safety, sexuality or sexual abuse prevention with their child as they feel the subject matter is either not applicable or that the child may not be capable of understanding issues surrounding sexuality. This can leave children with disabilities vulnerable to experiencing repeated abuse if they are unable to identify when abuse has occurred.*



## Good to know...

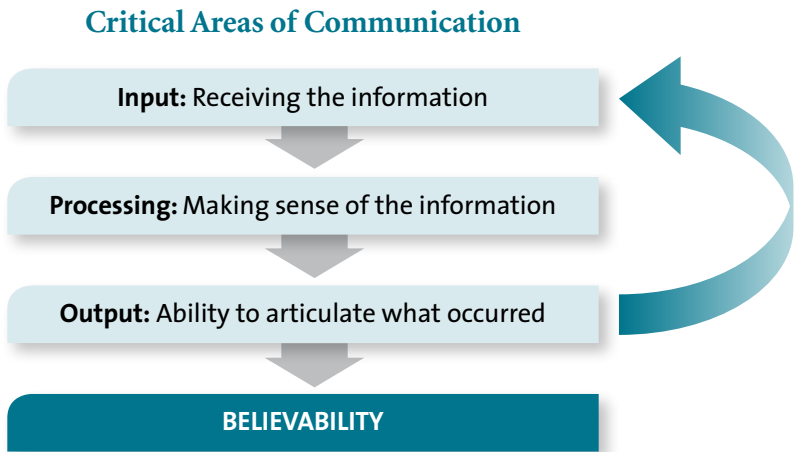
*Children who have a history of taking medications to manage hallucinations, depression or significant mood swings are particularly vulnerable to being disbelieved. Disclosures of abuse may be wrongly dismissed as confused or fictionalized recollections of what actually occurred and not reported to the appropriate authorities for investigation. This leaves children vulnerable to experiencing repeated incidents of abuse.*

- **Compliance is Rewarded.** Children with disabilities are often rewarded for obedience and being quiet or non-disruptive. A child with a disability may hesitate to disclose abuse for fear that the disclosure will be perceived as troublemaking or inconvenient, and therefore result in some type of punishment.
- **Child's Fear of Not Being Believed.** Children with a history of mental health issues and behavioural challenges may choose not to reveal an abusive relationship for fear that they will not be believed.
- **Child's Care Needs are High.** Children with disabilities typically have additional care needs that require more time and patience to address. The physical, emotional, financial and social toll this can take on families can be significant. Parents who are well meaning but exceptionally stressed may neglect or injure their child.
- **Increased Isolation from Community.** Parents must advocate on behalf of their child to access the specialized medical care, interventions, educational planning and developmental and emotional supports that their child needs to fully participate in the community. Parents who are less skilled at navigating the service system may become frustrated and cease trying to access the social services and supports critical to their child's development. The child may become socially isolated and experience reduced contact with professionals who may be in a better position to identify and report suspicions of abuse.
- **Limited Peer Networks.** Children often feel more comfortable revealing situations of abuse to a friend rather than an adult, as friends are perceived as being non-judgemental and trustworthy. Some children with disabilities have few peer relationships with whom they can use as a source of information. As a result, they may miss the opportunity to benefit from the emotional support, advice and advocacy that a peer confidante can provide.
- **Challenges Disciplining Extreme Behaviours.** Children who exhibit extremely inappropriate or disruptive behaviours are often difficult to manage when traditional disciplinary methods fail to produce the desired effect. Mainstream child-rearing books and online resources typically do not include information on challenging behaviours that stem from a particular disorder, such as FASD or ASD. As a result, a parent's disciplining method may become abusive as the child's behaviours continue to escalate.

- **Care Providers Perceived as Incapable of Abuse.** Parents and other caregivers who attend to the needs of children with disabilities are often perceived as persons who would never injure or abuse a vulnerable child. The majority of perpetrators who commit child abuse are more often trusted family members or close friends as opposed to strangers.
- **Alternative Care Providers Unfamiliar with Child's Needs.** Alternative care providers may be less familiar with the child's unique medical, dietary, intellectual or behavioural needs. Without proper training or supervision, the care provided may be inadequate, inappropriate or abusive.

## Compromised Ability to Disclose Abuse

Children with disabilities may be unable or unwilling to disclose that abuse has occurred because of their disability. According to the Northern California Training Academy's publication *Interviewing Children & Special Populations*, there are three critical areas of communication processing that can be disrupted by a disability and impact a person's ability to communicate with others.



The last element of communication involves the perceived believability of the message. If a person receiving information from a child with a disability believes that the disability has negatively affected one or more areas of the child's communication process, the person may question the credibility of the message and not act on it.

## Input Challenges

A child's ability to determine whether abuse has occurred may be affected by his or her ability to physically sense whether he or she is being touched, exposed or coerced into participating in an inappropriate activity. For example:

## Good to know...

*A cognitive impairment does not affect a person's ability to recall experiences, emotions, interactions with others or to understand right from wrong. Although individuals may process thoughts, recall abstract concepts and verbalize their experience at a younger mental level, this is not an indicator that the individual is confused, has an unreliable memory or is overreacting to the incident.*

- **Children who are Blind/Visually Impaired.** Children with limited or no sight may be coerced or deceived into touching sexually explicit objects or another person's body without full awareness of what they are being asked to do. Though children may be able to sense they are engaged in something inappropriate, they may be hesitant to report their suspicions to another individual for fear of not being believed.
- **Children who are Paralyzed.** Children who are paralyzed are reliant on others for their physical care needs, including bathing, dressing and toileting. Children with paralysis are not able to feel inappropriate touching of their genitalia and may not be aware that inappropriate touching has occurred unless they are in a position where visual confirmation is possible (ex: facing a mirror). In these instances, it is important for care providers to be exceptionally attuned to any bruising or physical signs of trauma that could not be caused by the child alone and report this immediately to the authorities for investigation.
- **Children with Extreme Sensory Needs.** Children who are severely affected on the autism spectrum or the fetal alcohol spectrum may require significant amounts of sensory stimulation to feel secure in their environments. In an attempt to address a child's sensory needs, a care provider may overuse or provide excessive sensory stimulation that results in injury. A child may be unable to discern when these types of sensory interventions stop being therapeutic and become abusive.

### **Helpful Hint:**

There are a number of cues that help children recognize when the relationship with their care provider has become abusive. For example, the care provider may:

- start treating the child more roughly or become overly attentive
- refuse to explain why he or she has chosen to change the care routine
- be hesitant to explain to the child the functions he or she is performing to support the child's toileting or bathing needs
- encourage the child to keep a secret

If a child discloses that a care or service provider makes them feel uncomfortable, or it is obvious that the care provider's presence is upsetting to the child, an investigation may be warranted.

## Processing Challenges

Depending on the child's disability, the ability to process an abusive incident and explain the details of what occurred may be affected by an intellectual or developmental disability or mental health disorder.

- **Intellectual Disability.** Children and adolescents with intellectual disabilities may process information at a cognitively younger level, though their physical, social and emotional functioning may be at a higher level. As such, these children are able to identify that abuse has occurred and know they need to disclose the incident, but their ability to communicate their experience using age-appropriate language may be affected.
- **Mental Health Conditions.** Children with mental health issues who experience hallucinations, sleep deprivation or psychotic episodes may have greater difficulty processing information and disclosing abuse. This may lead to care or service providers dismissing disclosures of abuse because the child is believed to be unreliable, confused or prone to fabricating stories.

**IMPORTANT:** Care and service providers should never dismiss a claim of abuse by a child with a disability. A disclosure of abuse should be reported immediately to a child and family services (CFS) agency.

## Output Challenges

Some children are cognitively unable to organize the elements of language needed to describe their experiences. Others are physically unable to vocalize their thoughts, ideas or concerns. This may be the result of a learning disability, a disorder, a chromosomal difference or a medical condition.

- **Non-verbal.** There are a number of conditions that can render a child unable to speak. For example, some children with ASD are completely non-verbal and require picture boards, signing or other cues to communicate, even though their vocal apparatus are intact. Some children who have witnessed or experienced a traumatic event can develop post-traumatic stress disorder, a condition that can result in the cessation of speech. Children who have

### Good to know...

*Conditions that alter a child's perception of reality may affect his or her ability to accurately recall an episode of abuse, thereby making it more challenging to remember details such as the date, time and place of the incident. However, the physical, emotional and psychological trauma that results from abuse is very real for these children, and very damaging. Dismissing disclosures of abuse places children at an even greater risk for experiencing long-term abuse and may further exacerbate the symptoms of their existing mental health condition.*

experienced trauma to the area of the brain that controls speech may be born unable to speak or may lose the ability to speak if the trauma occurs during childhood. Children who are non-verbal often rely on adaptive communication devices to communicate.

- **Limited Mastery of Language/Communication Skills.** Children with developmental delays, affected intellectual abilities and learning disabilities may experience challenges communicating incidents of abuse due to a limited capacity to retain language and clearly articulate the details surrounding an incident of abuse. Inappropriate word usage or a reduced vocabulary can affect a child's ability to describe clearly and effectively what happened to them. These children may rely on adaptive communication devices to convey their message with less ambiguity.
- **Medical Conditions.** Children with medical conditions may be limited in their ability to verbally communicate due to the impact of their conditions on their muscular or neurological systems, including muscular dystrophy, Lou Gehrig's disease and cerebral palsy. Typically, these children do not have intellectual or cognitive limitations, making it exceptionally frustrating when their verbal recount of an incident is difficult for others to understand. Depending on the severity of the condition, children may choose to use an adaptive communication device as their primary means of communication.

## Being Believed

All children, regardless if they have a disability, may hesitate to disclose abuse for fear of getting into trouble and being disbelieved. However, the probability that a child with a disability will be deemed less credible than their non-disabled peers is higher due to the perception that disability makes a child more suggestible and less able to accurately recall details.

### **Helpful Hint:**

Some children may not be able to make a disclosure of abuse because of their communication challenges. For example, if a child uses a communication device such as a picture board or a pre-programmed computer, the device may not include vocabulary or pictures regarding sexuality or abuse.

Care providers working with children who have communication challenges must be attuned to other physical or emotional presentations of abuse.

Examples may include:

- sudden loss of bowel control
- change in sleep patterns
- sudden loss of appetite
- anxious behaviour in the presence of a particular individual
- unexplainable bruising

## 12 **Myth**

Children with **intellectual disabilities** are easily confused and may wrongly conclude that a particular interaction with a care provider was abusive, even though the care provider was simply trying to be helpful.

### **Fact**

An intellectual disability does not prevent children from understanding what abuse is, remembering what happened to them and how they felt during the experience. Although children with an intellectual disability may process information at a younger mental level, the ability to retain memories, experience emotions and process thoughts is not generally compromised. All disclosures should be treated as credible and immediately reported to a child and family services (CFS) agency.

### **Myth**

Children with **learning disabilities** are intellectually impaired, have limited language skills and cannot distinguish the difference between abusive and non-abusive interactions.

### **Fact**

Children with learning disabilities are not affected intellectually but simply process information in a different way. While the ability to retrieve the vocabulary necessary to describe an event may be affected, a child's ability to understand and identify abuse and accurately recall the details surrounding the incident are not compromised. Children with learning disabilities may use communication aides to help them convey their message clearly and effectively. The need for communication support is not an indicator that a child has an unreliable memory or is incapable of distinguishing between an abusive and non-abusive interaction.

### **Myth**

Children with **sensory impairments** cannot tell when their physical care needs are being addressed in an abusive manner.

### **Fact**

A sensory impairment does not prevent children from knowing when their bodies have been touched or used in an inappropriate way, or when they have been coerced into participating in an exploitative activity. Children are attuned to changes in their environment, changes in the disposition of their care provider and know when an activity or interaction makes them feel uncomfortable. All disclosures should be treated as credible and immediately reported to a child and family services (CFS) agency.

**Myth**

Children with **mental health disorders** fictionalize stories of abuse because they are either delusional and have convinced themselves that abuse has occurred, or because they are overly dramatic and seeking attention.

**Fact**

Children with mental health disorders are already emotionally vulnerable and often suffer from low self-esteem, isolation and depression. Fictionalizing abusive incidents is unlikely and dismissing the claim could do further harm to their emotional and psychological recovery. A disclosure of abuse should be immediately reported to a child and family services (CFS) agency.

**Indicators of Abuse in Children with Disabilities**

Typically, it is not a child's disclosure that alerts a care or service provider to incidents of abuse but the physical and behavioural indicators that trigger suspicion. It is the responsibility of care and service providers to be aware of:

- physical indications of abuse
- changes in the child's behaviour

**Physical Indicators of Abuse**

Although there are some physical injuries that indicate abuse in all children, it should be noted that children with disabilities may exhibit bruising, cuts or other injuries that are sustained during day-to-day activities as a result of their disability. It is important for care providers to be aware of the child's disability and the typical injuries sustained because of that disability. It is also important that the care provider note any bruising that seems out of the ordinary given the child's history of previous injuries. Any concerning or unusual injury should be immediately reported to a child and family services (CFS) agency.

- **Soft Tissue Bruising.** In some cases, soft tissue bruising may not be an indicator of abuse for children with disabilities. For example, children with compromised muscular control, poor balance or a seizure disorder may present with an unusual bruise on body parts such as the upper thigh or lower back, places where other children would typically not experience bruising.
- **Marks and Bruises Caused by Medical Interventions.** Children who require regular medical interventions to manage their biological needs may exhibit atypical bruising or marks on their bodies as a result of the intervention. Tube feedings, intravenous drips and chest pummeling are some examples of the health care interventions that could result in cuts, bruising or lacerations. It is important for care providers to note marks or bruises that are incongruent with the medical intervention typically provided to a child. For instance, if a child receives medication through an intravenous drip in the arm but displays bruising on the upper inner thigh, this may be a sign that abuse has occurred.

- **Self Inflicted Injuries.** Some disabling conditions cause children to engage in self-harming behaviour. Children on the severe end of the autism spectrum disorder may repetitively bang their heads against a wall while having a tantrum. Children with mental health issues may regularly display signs of physical trauma by hitting or cutting themselves. If a child's tendency to self-harm is known, a service provider working with the child needs to be particularly attuned to the appearance of new injuries and assess whether these injuries were likely self-inflicted or perpetrated by another individual. Self-inflicted injuries, while not a result of abuse, are still concerning and should be discussed with the child's parents and professional supports.

## Behavioural Indicators of Abuse

Behavioural changes in all children, regardless if they have a disability, may suggest that abuse has occurred. Although it is possible that some changes in behaviour may be attributed to a child's ongoing disability-related challenges (such as withdrawing from social interactions due to communication limitations), or with the maturation process (such as reaching puberty and becoming more private), it is reasonable to assume that significant behavioural changes are symptomatic of something other than the child's disability.

## Consequences of Abuse

Care providers and service workers may assume that due to their affected intellectual, sensory or psychological abilities, or limitations caused by health conditions, children with disabilities do not experience the same long-term, negative consequences from abuse as other children because they are incapable of a) identifying what constitutes abuse; b) remembering that abuse has occurred; or c) experiencing the emotional trauma that accompanies abuse.

**These assumptions are incorrect.** Abuse can permanently damage any child's psychological state and result in long-term emotional trauma, behavioural problems, and in some cases, can cause other physical disabilities.

Generally, children who have experienced abuse are at greater risk for experiencing a number of psychological and emotional challenges, including depression, anxiety and low self-esteem. These same consequences of abuse may be more pronounced in children with disabilities because of their already vulnerable physical, intellectual or psychological state.

The longer a child is subjected to repeat incidents of abuse, the greater the harm to the child's psychological and emotional well-being in the long-term. Because of the many factors that increase the risk of abuse for children with disabilities and the challenges around recognizing and disclosing abuse, children with disabilities are at a greater risk of experiencing long-term, repeated abuse than other children.



It is imperative that care and service providers:

- be familiar with the physical and behavioural indicators of abuse
- be familiar with the unique circumstances of the child with a disability
- believe disclosures of abuse
- report all suspicions of abuse and disclosures of abuse immediately to a local child and family services (CFS) agency

For more information about indicators of child abuse, please refer to Section 6 of this handbook.



## APPENDIX A

### Revised Provincial Guidelines on the Legislated Requirements Regarding Reporting a Child in Need of Protection, Including Child Abuse

*The Manitoba Guidelines on the Legislated Requirements Regarding Reporting a Child In Need of Protection (Including Child Abuse)* were revised in 2013 to incorporate legislative changes that strengthen the protection for children.

These guidelines are intended to help service providers and community members carry out their responsibilities under *The Child and Family Services Act* (the CFS act) to protect children through early identification and reporting of suspected abuse. The revised guidelines reflect a strong commitment by the Manitoba government to ensure children are protected through effective, community-based delivery and co-ordination of services.

The ministers of Family Services and Labour; Justice; Health; and Education have jointly issued these guidelines in recognition of the need for a community-based, multidisciplinary team approach to respond to child protection concerns and child abuse. The revised guidelines explain the basic obligations under the CFS act to report a child in need of protection and outline the steps to be followed by the various disciplines involved in the identification, reporting, investigation and management of child abuse and child protection cases.

There are five parts to the guidelines:

- **Part 1: Child Protection**  
Explains the meaning of **a child in need of protection** and the legal obligations for reporting a child in need of protection.
- **Part 2: Child Abuse**  
Discusses child abuse as a major protection issue and the reasons for children needing protection.
- **Part 3: Abuse Investigations**  
Outlines procedures in the investigation of child abuse cases.
- **Part 4: Disclosure**  
Explains the limitations on sharing information about a child in need of protection.
- **Part 5: Provincial Child Abuse Registry**  
Summarizes the purpose and the process for listing a person's name in the registry, and for access to that information.

## Part 1: Child Protection

In Manitoba, it is everyone's legal obligation to protect children. This responsibility involves identifying and reporting a child who is, or might be, in need of protection.

### 1. Definition

According to the CFS act, a child is in need of protection, **where the life, health or emotional well-being of the child is endangered by the act or omission of a person.** The intent of the CFS act is to ensure that appropriate steps are taken to protect children who may be in need of protection.

### 2. Identifying a Child in Need of Protection

Subsection 17(2) of the CFS act provides illustrations of circumstances where a child ought to be considered in need of protection. The CFS act provides as follows:

#### ***Illustrations of a child in need***

**17(2) .... a child is in need of protection where a child:**

- (a) *is without adequate care, supervision or control;*
- (b) *is in the care, custody, control or charge of a person*
  - (i) *who is unable or willing to provide adequate care, supervision or control of the child, or*
  - (ii) *whose conduct endangers or might endanger the life, health or emotional well-being of the child, or*
  - (iii) *who neglects or refuses to provide or obtain proper medical or other remedial care or treatment necessary for the health or well-being of the child or who refuses to permit such care or treatment to be provided to the child when the care or treatment is recommended by a duly qualified medical practitioner;*
- (c) *is abused or is in danger of being abused; including where the child is likely to suffer harm or injury due to child pornography;*
- (d) *is beyond the control of a person who has the care, custody, control or charge of the child;*
- (e) *is likely to suffer harm or injury due to the behaviour, condition, domestic environment or associations of the child or of a person having care, custody, control or charge of the child;*
- (f) *is subjected to aggression or sexual harassment that endangers the life, health, or emotional well-being of the child;*
- (g) *being under the age of 12 years, is left unattended and without reasonable provision being made for the supervision and safety of the child; or*
- (h) *is the subject, or is about to become the subject of an unlawful adoption under The Adoption Act or of a sale under section 84.*

The above illustrations of a child in need of protection **are not exhaustive.**

The definition for child pornography is contained in subsection 1(1) of the CFS act as follows:

**“child pornography” means**

- (a) *a photographic, film, video or other visual representation, whether or not it was made by electronic or mechanical means,*
  - (i) *that shows a child engaged in, or depicted as engaged in, explicit sexual activity, or*
  - (ii) *the dominant characteristic of which is the depiction, for a sexual purpose, of a sexual organ of a child or the anal region of a child,*
- (b) *any written material, visual representation or audio recording that advocates or counsels sexual activity with a child that would be an offence under the Criminal Code (Canada);*
- (c) *any written material whose dominant characteristic is the description, for a sexual purpose, of sexual activity with a child that would be an offence under the Criminal Code (Canada), or*
- (d) *any audio recording that has as its dominant characteristic the description, presentation or representation, for a sexual purpose, of sexual activity with a child that would be an offence under the Criminal Code (Canada);*

### 3. Reporting a Child in Need of Protection

The CFS act requires a person to report a child in need of protection to an agency or a parent or guardian.

Subsection 18 (1) of the CFS act provides:

*... where a person has information that leads the person **reasonably to believe that a child is or might be in need of protection** as provided in Section 17, the person shall forthwith report the information to an agency or to a parent or guardian of the child.*

The important words in understanding a person’s legal obligation to report are **reasonably to believe that a child is or might be in need of protection**. This obligation to report is based on a person’s reasonable belief that with respect to any given situation a child is or might be in need of protection. It is important to note that where a person fails to report a child in need of protection in specific circumstances, that person is subject to an offence punishable on summary conviction. Accordingly, Subsection 18.3 of the act provides:

#### Offences

**18.3** Where a person,

- (a) *through an act or omission of the person, causes a child to be a child in need of protection as provided in section 17;*
- (b) *fails to report information as required under section 18;*
- (c) *discloses the identity of an informant in contravention of subsection 18.1(2);*  
*or*



(d) *dismisses, suspends, demotes, disciplines, harasses, interferes with or otherwise disadvantages an informant in contravention of subsection 18.1(3);*

*the person is guilty of an offence and is liable on summary conviction to a fine of not more than \$50,000 or imprisonment for a term of not more than 24 months, or both.*

The word agency is defined in the CFS act under subsection 1(1). The definition of the word **agency** is paraphrased as follows:

- (a) a child and family services agency that is incorporated under this act
- (b) a corporation created pursuant to an agreement as referred to in subsection 6.2(3) and referenced in subsection 6(14) of the predecessor legislation to this act
- (c) a regional office of the Manitoba Family Services and Labour
- (d) Jewish Child and Family Service

#### 4. **Duty of a Professional**

The CFS act and *The Child and Family Services Authorities Act* (the CFSA act) contain the following preambles:

*The Child and Family Services Act*

##### **Declaration of Principles**

1. *The safety, security and well-being of children and their best interests are fundamental responsibilities of society.*

*The Child and Family Services Authorities Act*

*WHEAREAS, the safety, security and well being of children and families is of paramount concern to the people of Manitoba.*

The best interests of children, as well as their safety and security, are at all times the primary consideration under the above-referenced legislation. For professionals, especially those in positions of trust, there are high expectations surrounding their behaviour with children as well as their obligation to report children who may be in need of protection. The duty to report applies even where the person has acquired the information through the discharge of professional duties or within a confidential relationship such as a doctor-patient relationship. The only exception is if a lawyer acquires this information within a solicitor-client relationship.

Section 18.2(1) of the CFS act sets forth the potential consequences where a professional and those who are certified, licensed or otherwise authorized to carry on their work by a licensing body, or the like, fail to meet this reporting obligation:

*Where the director has reasonable grounds to believe that a person has caused a child to be in need of protection or has failed to report information in accordance with section 18, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses or otherwise authorizes or permits to carry on his or her work or occupation.*

Section 18.2(2) sets forth the requirements for a professional who receives a report of a child in need of protection as follows:

*A body or person who receives a report under subsection (1) shall*

- (a) investigate the matter to determine whether any professional status review or disciplinary proceedings should be commenced against the person; and*
- (b) on conclusion of the investigation and any proceedings, advise the director of the determination under clause (a), the reasons for the determination, and, if applicable, the results of any professional status review or disciplinary proceedings.*

NOTE: Professionals are also subject to the offence provisions as detailed earlier in subsection 18.3.

## 5. Reporting to Agency Only

There are express circumstances where a person must report to an agency only. Those circumstances are set forth in subsection 18(1.1) as follows:

*Where a person under subsection (1)*

- (a) does not know the identity of the parent or guardian of the child;*
- (b) has information that leads the person reasonably to believe that the parent or guardian*
  - (i) is responsible for causing the child to be in need of protection, or*
  - (ii) is unable or unwilling to provide adequate protection to the child in the circumstances; or*
- (c) has information that leads the person reasonably to believe that the child is or might be suffering abuse by a parent or guardian of the child or by a person having care, custody, control or charge of the child;*

*subsection (1) does not apply and the person shall forthwith report the information to an agency.*

In the above circumstances, there is no requirement to report to a parent. A person must report to an agency **only**. However, if doubt exists about reporting to a parent or guardian, it is always advisable to contact an agency to receive information or guidance that might help you in terms of your legislative reporting obligation.

## 6. Reporting to a Parent or Guardian

Subsection 18(1) of the CFS act recognizes parents and guardians as part of the reporting regime. Sometimes, notifying a parent will ensure the protection of that specific child. However, reporting to an agency is **always** appropriate to ensure that there are no other alleged victims and to enable the agency to fulfill its legislative mandate to keep children safe.



## 7. Continuing Responsibilities

Subsection 18(1.1)(b)(ii) of the CFS act speaks to circumstances where a person suspects the parent or guardian being unable or unwilling to provide adequate protection to the child. In these circumstances, where the person reasonably believes that the parent or guardian is either unable or unwilling to provide adequate protection to the child, the person is not to report to the parent nor guardian. Rather, the obligation is to report immediately to an agency.

## 8. Identity of Informant

Section 18.1(2) of the CFS act provides for the protection of the identity of an informant (ex: the person reporting suspected abuse):

### Identity of informant

**18.1(2)** *Except as required in the course of judicial proceedings, or with the written consent of the informant, no person shall disclose*

- (a) *the identity of an informant under subsection 18(1) or (1.1)*
  - (i) *to the family of the child reported to be in need of protection, or*
  - (ii) *to the person who is believed to have caused the child to be in need of protection; or*
- (b) *the identity of an informant under subsection 18(1.0.1) to the person who possessed or accessed the representation, material or recording that is or might be child pornography.*

## 9. Retaliation against Informant Prohibited

The CFS act provides that there is to be no retaliation against an informant:

**18.1(3)** *No person shall dismiss, suspend, demote, discipline, harass, interfere with or otherwise disadvantage an informant under section 18.*

## Part 2: Child Abuse

Child abuse is a serious problem that knows no social, economic, religious, cultural, racial or ethnic barriers. Its significance is recognized in the CFS act through provisions that define abuse and set out procedures for reporting, investigating and managing cases of suspected or alleged abuse.

### 1. Definition

Subsection 1(1) of the CFS act defines **abuse** to mean *an act or omission by any person where the act or omission by any person results in*

- (a) *physical injury to the child,*
- (b) *emotional disability of a permanent nature in the child or is likely to result in such a disability, or*
- (c) *sexual exploitation of the child with or without the child's consent.*



## 2. Duty of an Agency in Cases of Child Abuse

In cases of suspected child abuse, the agency is responsible for taking immediate and appropriate action to protect the safety, health and well-being of the child. The agency is also responsible for ensuring that the police authority is made aware of all relevant circumstances as well as making, where appropriate, necessary arrangements for medical examination of the child. Once a report to the police authority has been made, the agency assumes responsibility for informing the parent or guardian as may be appropriate in the circumstances.

## 3. Indicators of Abuse

People involved in working with, or caring for, children are encouraged to learn about and know the physical and behavioural indicators of child abuse. These indicators, which are listed in Section 6 of this handbook, are not a diagnostic tool for determining child abuse.

## 4. Past Abuse

Disclosures from children of past abuse are handled by an agency in the same way in which a current allegation of abuse is made.

Adults who come forward to disclose past abuse that occurred while they were children, should make a report to an agency. The agency will determine whether it will investigate, as well as determine whether any children are or may be currently at risk or in need of protection services of the agency. These individuals are also encouraged to report to the police authority to enable them to determine whether the matter will proceed to a prosecution pursuant to *The Criminal Code of Canada*.

## 5. Physical Injury and Sexual Exploitation

Physical injury or sexual exploitation resulting from aggressive behaviour including sexual harassment of a child caused by any person (including those who do not have the care, custody, control or charge of the child) falls within the definition of abuse. Any physical injuries or incidents of sexual exploitation should be immediately reported to a CFS agency.

## 6. Age of Sexual Consent

In May 2008, amendments to *The Criminal Code of Canada* came into effect that raised the legal age at which a child can consent to sexual activity from 14 to 16 years of age. What this means, for example, is that if a 55-year-old adult became sexually engaged with a 15-year-old teenager, that adult would no longer have a defence that the teenager consented to that activity.

This amendment, however, includes a close-in-age exception that permits 14 and 15 year olds to engage in sexual activity with a partner who is less than five years older. This exception prevents criminalization of sexual activity between consenting teenagers as long the relationship is not one where one is in a position of trust or authority towards the other, it is not a relationship of dependency, and is not an exploitive relationship.

## Part 3: Abuse Investigation

Child abuse investigations require close collaboration as well as a seamless working relationship by those involved in the investigation. Agencies have the primary responsibility under the CFS act to ensure the safety, health and well-being of children. The police and medical communities have legislated responsibilities with respect to physical and sexual abuse cases. It is critical that the separate systems, namely, the child welfare system, the police authority and the medical community continue to share all relevant information to determine the best course of action.

### 1. Agency Investigations

The act requires an agency to immediately investigate a report that a child is, or reasonably might, be in need of protection. In addition, where an agency receives information about suspected or alleged physical or sexual abuse, the *Manitoba Child Abuse Regulation* provides in section 2 as follows:

#### Action by agency

2 *On receiving information that causes an agency, including a designated agency, to suspect that a child is or might be abused, the agency shall:*

- (a) *where there is a preliminary opinion that serious physical injury or sexual exploitation of the child has occurred, immediately consult with a duly qualified medical practitioner and where believed necessary and appropriate, arrange for a medical examination of the child and any other child by a duly qualified medical practitioner or at a medical child abuse facility;*
- (b) *notify and consult immediately with an appropriate police officer for the area as to the particulars of the case;*
- (c) *share all relevant information, including information of a confidential nature, with the police officers, medical and hospital professionals and other agencies or persons involved in the investigation and management of the case, to ensure the best course of action for the protection of the child is taken; and*
- (d) *refer the matter to the child abuse committee of an appropriate agency as set out in section 7.*

### 2. Police Investigations

Where the police authority receives information of suspected or alleged physical or sexual abuse, they are obligated to consult with and/or report to an agency. Subsection 18.4(1.1) of The CFS act provides the following:

#### Police to provide information

**18.4(1.1)** An agency may request from a peace officer, and the peace officer shall provide, any information in the officer's possession or control that the agency reasonably believes is relevant to an investigation under subsection (1).

The police authority is expected to review any and all allegations of physical or sexual abuse from a criminal perspective, and where deemed appropriate, carry out an investigation to determine whether an offence may have been committed pursuant to *The Criminal Code (Canada)* or the CFS act. The police,

on completing or during the course of their investigation, may consult with the Crown attorney (public prosecutions) for an opinion as to proceeding with criminal charges.

### 3. Medical Examinations and Consultation

Where a medical practitioner or other health care professional receives information of suspected abuse or, where on examining a child suspects that a child has been abused, the medical practitioner or other health care professional is **obligated** to make a report despite the fact that she/he has acquired the information through the discharge of his or her professional duties or within a confidential relationship. This duty is set forth in Section 18(2) of the CFS act.

#### Duty to report

**18(2)** *Notwithstanding the provisions of any other Act, subsections (1) and (1.0.1) apply even where the person has acquired the information through the discharge of professional duties or within a confidential relationship, but nothing in this subsection abrogates any privilege that may exist because of the relationship between a solicitor and the solicitor's client.*

The Personal Health Information Act (PHIA) allows the medical practitioner or other health care professional to share personal health information without the consent of the person for the purpose of helping a child protection investigation. PHIA, section 22(2), provides the following:

#### Disclosure without individual's consent

**22(2)** A trustee may disclose personal health information without the consent of the individual if the disclosure is...

- (b) *to any person if the trustee reasonably believes that the disclosure is necessary to prevent or lessen a serious and immediate threat to*
  - (i) *the health or safety of the individual the information is about or another individual, or*
  - (ii) *public health or public safety;*
- (e) *required for...*
  - (iv) *the purpose of risk management assessment;*
- (o) *authorized or required by an enactment of Manitoba or Canada (in this case the reporting requirements contained in The Act are engaged).*

The medical practitioner is responsible for completing a comprehensive examination and for performing diagnostic tests to determine the state of health of the child and document findings, which may be consistent with a history of abuse. This responsibility is applicable to any and all forms of abuse whether physical, sexual or emotional. If deemed appropriate, the medical practitioner can consult with, or refer the child to, the Child Protection Centre (Health Sciences Centre: Children's Hospital, Winnipeg, Manitoba) or a local hospital, medical doctor or nurse.



#### 4. Emotional Abuse

While suspected emotional abuse may not require police intervention or medical examination, an agency may need to collaborate with the police, medical facilities and others in gathering evidence to establish that a serious and persistent pattern of abuse likely to cause emotional disability of a significant nature occurred.

#### 5. Interviewing the Victim

The initial interview of the victim may be conducted jointly by the agency social worker and the police or individually:

- to determine whether or not the child has been abused
- to gather as much information as possible
- to ensure the immediate and ongoing safety of the child

The investigative process includes the interviews of siblings, potential witnesses and/or non-offending parent or caregivers. The interview of the child victim should be done as soon as possible following the allegation of abuse because the passage of time can significantly affect the child's ability and/or credibility to testify in court. This is also best practice for a child welfare investigation.

Interviews involving children require special handling. Legal issues governing child testimony are complicated, and children, whether victims or witnesses, often are viewed as less credible or competent than adult witnesses. The fewer interviews for a child, the better, in terms of maintaining the integrity of the disclosure for court purposes. For this reason, the matter should be referred to the police as soon as possible. Joint interviews between the police authority and child welfare investigators are viewed as a best practice. Investigating workers should keep detailed notes of any disclosures by a child, as this information may be required in court during a criminal prosecution.

Most police interviews video-record the victim alone. A younger child, however, or a child with special communications needs may need to have a **support person** present during the interview. A **support person** is someone who is well known and trusted by the victim (ex: a friend, a trusted service provider or a parent). The **support person** who is present when a child provides a statement should be someone who is not required to give evidence in the event of a criminal prosecution. **The support person must be informed in advance of the interview not to influence the child in any way at any time prior to, during or after the interview. It should be stressed that it is the child's version of events that is critical in terms of going forward from a legal perspective.**

Every reasonable effort will be made to provide the child with any required assistance, particularly to provide support as soon as possible before, after, and during the interview with the police authority and child welfare investigator. Child and family services agencies will co-ordinate and ensure adequate support. This may include child victim support services that help children and other victims before, during and after the court process.

## 6. Investigations Involving Children in Care

When an alleged abuser is also a child in need of protection or a child in care of an agency, the agency must take appropriate steps to address a potential conflict between its duty to act in the best interests of the child and its duty to investigate child abuse cases. At a minimum, agencies are expected to:

- (a) Take reasonable steps to address the actual or apparent conflict such as assigning the investigative function to a worker who is not involved in the ongoing care and supervision of the child or requesting outside assistance from another agency.
- (b) Inform the police and, if known and involved, the Crown prosecutor, that the child has been apprehended by or is in the care of the agency and advise the police, and if applicable, the Crown, as to what steps the agency has taken to address the potential conflict.
- (c) Advise the child and, if appropriate, the parent or guardian of the child, of the child's right to legal counsel and actively help the child or parent or guardian of the child obtain legal counsel for the child through Legal Aid Manitoba or other counsel.
- (d) Advise the child and, if appropriate, the parent or guardian of the child, of the role of and the right to contact the Children's Advocate.
- (e) Document/record all steps taken by the agency to address any potential conflict.

If an agency does not request outside assistance from another agency, the child's file or record should be separated into two parts, one pertaining to the investigation and one pertaining to the care of the child, until the investigation is completed.

## 7. Agency Child Abuse Committee

The CFS act and the *Manitoba Child Abuse Regulation* set out specific procedures to be followed in the review, investigation and management of child abuse cases. Child abuse committees are an integral part of the review and management of abuse cases.

Subsection 19(1) of the CFS act requires each agency to establish at least one child abuse committee to review cases of suspected abuse of a child. Each committee must have at minimum the following five mandatory members as outlined in subsection 3(2) of the *Manitoba Child Abuse Regulation*:

- (a) *the agency's child abuse coordinator;*
- (b) *a duly qualified medical practitioner employed, retained or consulted by the agency to review cases of suspected child abuse for the agency;*
- (c) *a police officer representing a law enforcement service operating in the area within the agency's jurisdiction;*
- (d) *a representative of a school division located within the area of the agency's jurisdiction;*



(e) a staff member of the agency, other than the child abuse coordinator.

The responsibilities of the child abuse committee are provided in Section 10 of the *Manitoba Child Abuse Regulation*:

A child abuse committee shall:

- (a) review every case of suspected abuse referred to the committee;
- (b) review as required, the involvement of the police, medical and hospital professionals, and others involved in the investigation and management of the case;
- (c) provide consultation in the investigation and management of the case; and
- (d) make recommendations where it is considered appropriate or necessary to protect the child or any other child.

The agency's child abuse committee, under subsection 11(1) of the child abuse regulation, gives the person who is suspected of having abused a child an opportunity to provide information to the committee. In most circumstances, this information will be in written form. In exceptional circumstances, this information may be provided in other forms such as an audio or video recording, etc.

Once the prescribed conditions are met, and the committee has reviewed the matter, the committee is responsible for the following key actions as outlined in subsection 19(3) of the act:

The committee shall:

- (a) form an opinion whether the person abused the child;
- (b) form an opinion whether the name of the person should be entered in the [child abuse] registry; and
- (c) report its opinions and, where it has formed the opinion that the person has abused the child, the circumstances of the abuse to the agency.

## Part 4: Disclosure

### 1. Reporting of Conclusions

After concluding its investigation and determining that a child is in need of protection, the agency is required to report its conclusion to specific people or organizations as set forth in subsection 18.4(2) as follows:

- (a) to the parent or guardian of the child;
- (b) where there is no parent or guardian of the child, a person having full-time custody or charge of the child;
- (c) to the person, if any, who is identified by the investigation as the person who was alleged to have caused the child to be in need of protection;
- (d) in the case of a person under clause (c) whose employment
  - (i) involves the care, custody, control or charge of children, or

- (ii) *permits unsupervised access to children, to the employer or the manager or supervisor at the place of employment;*
- (e) *where the child attends school, to the principal of the school or the superintendent of the school division in which the school is located;*
- (f) *to the child where, in the opinion of the agency, the child is capable of understanding the information and disclosure to the child is in the best interests of the child; and*
- (g) *to the person who reported the information that gave rise to the investigation, except where disclosure is not in the best interests of the child.*

After concluding its investigation that a child is **not** in need of protection, the agency is required to report its conclusions to specific persons as set forth in subsection 18.4 (2.1) as follows:

- (a) *to the parent or guardian of the child;*
- (b) *where there is no parent or guardian of the child, a person having full-time custody or charge of the child;*
- (c) *to the person, if any, who is identified by the investigation as the person who was alleged to have caused the child to be in need of protection;*
- (d) *to the child where, in the opinion of the agency, the child is capable of understanding the information and disclosure to the child is in the best interests of the child; and*
- (e) *to the person who reported the information that gave rise to the investigation, except where disclosure is not in the best interests of the child.*

## 2. Restrictions on Disclosure

Child protection and abuse investigations by the agency often occur parallel to an ongoing police investigation. The CFS act therefore requires that when a criminal investigation into the matter is pending an agency must not report its conclusion, as above, in any manner that would jeopardize the police investigation.

### Restrictions on disclosure

**18.4(3)** *An agency shall not report its conclusion under subsection (2) or (2.1) where a criminal investigation into the matter is pending and the peace officer in charge of the investigation requests the agency not to report its conclusion because it would jeopardize the investigation.*

## 3. Confidentiality

Subsection 76(3) states a record may not be disclosed except as expressly provided in the CFS act as follows:

### Records are confidential

**76(3)** *Subject to this section, a record made under this Act is confidential and no person shall disclose or communicate information from the record in any form to any person except*



- (a) *where giving evidence in court; or*
- (b) *by order of a court; or*
- (c) *to the director or an agency; or*
- (d) *to a person employed, retained or consulted by the director or an agency; or*
  - (d.1) *to the children's advocate; or*
  - (d.2) *where the disclosure is by the children's advocate under section 8.10; or*
- (e) *by the director or an agency to another agency including entities out of the province which perform substantially the same functions as an agency where reasonably required by the agency or entity*
  - (i) *to provide service to the person who is the subject of the record, or*
  - (ii) *to protect a child; or*
- (f) *to a student placed with the director or an agency by contract or agreement with an educational institution; or*
- (g) *where a disclosure or communication is required for the purposes of this Act; or*
- (h) *by the director or an agency for the purpose of providing to the person who is the subject of the record, services under Part 2 of The Vulnerable Persons Living with a Mental Disability Act, or for the purpose of the appointment of a substitute decision maker under Part 4 of that Act.*

#### **4. Reporting to Professional Organizations and Regulatory Bodies**

Where a person's employment involves the care and supervision of children, the name of the person shall be reported through an agency to the director of child and family services in situations where:

- (a) that person has caused a child to be in need of protection, or
- (b) that person has failed to report that a child is or might be in need of protection.

This may occur prior to the completion of an investigation. Under subsection 18.2(1) of the CFS act, if the director *has reasonable grounds to believe that a person has caused a child to be in need of protection or has failed to report information in accordance with section 18, the director may report the matter to the body or person that governs the professional status of the person or certifies, licenses, or otherwise authorizes or permits the person to carry on his or her work or occupation.*

The above reference to section 18 refers to the following:



## Reporting a child in need of protection

**18(1)** Subject to subsection (1.1), where a person has information that leads the person reasonably to believe that a child is or might be in need of protection as provided in section 17, the person shall forthwith report the information to an agency or to a parent or guardian of the child.

### Requirements to Investigate and Report by a Professional Organization or Regulatory Body

Any professional or other organization or regulatory body, on receiving a report from the director is required under subsection 18.2(2) to:

- (a) *investigate the matter to determine whether any professional status review or disciplinary proceedings should be commenced against the person; and*
- (b) *on conclusion of the investigation and any proceedings, advise the director of the determination under clause (a), the reasons for the determination, and, if applicable, the results of any professional status review or disciplinary proceedings.*

## 5. Obligation of Police Authority to Report of Charge(s)

Where a police officer commences criminal proceedings with respect to abuse or related charges (Criminal Code or the CFS act), the police authority has certain reporting responsibilities as contained in subsection 18.4(4):

### Peace officer to report charges

**18.4(4)** Where a peace officer lays an information charging a person with an offence under the *Criminal Code* or under this Act and

- (a) *the offence*
  - (i) *is based on an alleged act or omission by the accused person in relation to a child, or*
  - (ii) *is in relation to child pornography; and*
- (b) *the employment of the accused person*
  - (i) *involves the care, custody, control or charge of children, or*
  - (ii) *permits unsupervised access to children;*

*the peace officer shall immediately advise the employer, or, if the identity of the employer is not known or the employer cannot be promptly reached, the manager or supervisor at the place of employment, that the accused person has been charged.*

## Part 5: Provincial Child Abuse Registry

### 1. Provincial Child Abuse Registry

The director of child and family services is required under the CFS act to maintain a child abuse registry. Its main purpose is to help agencies protect children.



## Mandatory reporting to the director for registration

Who	What	When	Where
Agency	<i>the name of a person who has abused a child and the circumstances surrounding the abuse</i>	<p><i>(a) the agency has information that the person, in a court in Manitoba, was found guilty of, or pleaded guilty to, an offence involving abuse of a child;</i></p> <p><i>(a.1) the agency has information that the person is, or is likely to be, present in Manitoba and the person, in a court outside Manitoba, was found guilty of, or pleaded guilty to, an offence involving abuse of a child; or</i></p> <p><i>(b) the person has been found by a court in a proceeding under this Act to have abused a child.</i></p>	s. 19(4) of The Act
Court	<i>the name of the person, the circumstances of the abuse and, if applicable, the particulars of the offence and any sentence imposed</i>	<i>a person, in a court in Manitoba, is found guilty of, or pleads guilty to, an offence involving abuse of a child, or is found in a proceeding under this Act to have abused a child.</i>	s. 19(6) of The Act
Peace Officer	<i>the name of the person and the details of the offence</i>	<p><i>in the course of conducting an investigation or carrying out other duties, obtains information that a person present, or likely to be present, in Manitoba, was found guilty of, or pleaded guilty to, an offence involving abuse of a child</i></p> <p><i>(a) in a court outside Manitoba; or</i></p> <p><i>(b) in a court in Manitoba prior to the coming into force of this subsection; (June 6, 1996).</i></p>	s. 19(7) of The Act

Where entry on the registry is recommended by the agency abuse committee, the person to be listed must be notified and has the right to object to the listing through the Court of Queen's Bench of Manitoba (family division) which will then determine whether the person has abused a child. If no notice of application is filed in the court within 60 days by the person who is subject to the report, the agency must report the name of the person and the circumstances of the abuse to the director for entry on the registry.

### **Notice of intent to register**

**19(3.2)** On receipt of a report under clause (3)(c) *that the committee is of the opinion that a person has abused a child and that the person's name should be entered in the registry, the agency shall give notice in the prescribed manner of the opinions and circumstances reported to it, of its intention to submit the name of the person for entry in the registry, and of the right to object under subsection (3.3), to the following persons:*

- (a) *the person who the committee believes has abused the child, where the person is 12 years of age or older;*
- (b) *the parent or guardian of the person who the committee believes has abused the child, where the person has not reached the age of majority;*
- (c) *the parent or guardian of the child;*
- (d) *the child, where the child is 12 years of age or older; and*
- (e) *the director.*

## **2. Objections to Entry in Registry**

When a person objects to the entry of his/her name on the child abuse registry and files the notice of objection within 60 days, a hearing in the Court of Queen's Bench of Manitoba will take place to determine whether the person abused the child. The decision of the court is final.

### **Objection to entry in registry**

**19(3.3)** A person who is the subject of a report referred to in subsection (3.2) may, within 60 days of the giving of notice to the person under subsection (3.2), object to the entry of the person's name in the registry by

- (a) *filing with the Court of Queen's Bench of Manitoba (Family Division) a notice of application for a hearing together with a true copy of the notice given under subsection (3.2); and*
- (b) *-serving a true copy of the notice of application on the agency.*

### **Hearing**

At a hearing, the agency has the burden of proof, on the balance of probabilities, to establish that the person abused the child. All parties may be represented by legal counsel and shall be given full opportunity to present evidence and examine and cross-examine witnesses. The only exception to this rule is that the child victim cannot be forced to testify. The court can receive the child's



evidence through hearsay, by way of a recording, a written statement, or in any other form or manner the court considers advisable.

**19(3.6)** *At a hearing,*

- (a) *the agency has the burden of proof on the balance of probabilities;*
- (b) *all parties may be represented by counsel and shall, subject to clauses (c) and (d), be given full opportunity to present evidence and to examine and cross-examine witnesses;*
- (c) *the court is not bound by the rules of evidence in relation to the evidence of a child who the agency alleges was abused by the applicant and may receive the child's evidence through hearsay, by way of a recording, a written statement, or in any other form or manner that it considers advisable; and*
- (d) *a child who the agency alleges was abused by the applicant shall not be compelled to testify.*

**Decision of court**

**19(3.7)** *The court shall determine whether the person has abused a child and record the reasons for its decision, and its decision is final and not subject to appeal.*

**3. Access to the Listing of a Person's Name on the Registry**

All information on the registry is confidential. Access to the registry is strictly protected and governed by the CFS act. Access to a listing of a person's name on the registry can be provided in the following situations:

- (a) **An agency** may apply for access to the registry when the agency requires the information to investigate whether a child is in need of protection; or to assess any person who provides work or services to the agency, for instance employees, foster parents, homemakers, parent aides, volunteers, student trainees; or to assess any person who proposes to provide work and services to the agency; or in assessing an adoptive applicant (see section 19.3(2))
- (b) **An adoption agency** may apply for access to the registry (with the adoptive applicant's written consent) when the information is required by the adoption agency to assess an adoptive applicant; or in assessing any person who provides work or services to the adoption agency, for instance an employee, volunteer, student trainee with the adoption agency; or any person who applies or proposes to provide work or services to the adoption agency. (see section 19.3(2.1))
- (c) **A peace officer** may apply for access to the registry when the information is required for the peace officer to carry out his/her duties. (see section 19.3(3))
- (d) **An employer** may apply to the director (with the person's written consent) to determine if a person is listed on the registry, where the director is satisfied that the information is required by the employer for assessing a



person whose work involves or may involve the care, custody, control or charge of a child, or may permit access to a child. (see section 19.3 (3.1))

- (e) **Any person** may apply to the director to determine if his/her name is listed on the registry and for any information pertaining to him/her contained on the registry (other than information that may identify a person who made the report). (see section 19.3(4))



## APPENDIX B

### Overall Structure of Child and Family Services Authorities and Agencies

#### The Four CFS Authorities

Upon proclamation of *The Child and Family Services Authorities Act* in November 2003, the following four child and family services authorities were established to oversee and co-ordinate the delivery of child and family services throughout the province of Manitoba.

- The **Northern Authority** is responsible for the delivery of services to members of northern First Nations.
- The **Southern Authority** is responsible for the delivery of services to members of southern First Nations.
- The **Métis Authority** is responsible for the delivery of services to Métis people.
- The **General Authority** is responsible for the delivery of services to all people other than those receiving services from the northern, southern and Métis authorities.

The four authorities support and empower child and family services (CFS) agencies throughout the province of Manitoba. There are 23 CFS agencies operating in Manitoba. These agencies, which have different governance structures, are authorized to provide joint intake and emergency services to children and families.

With respect to child protection, each designated CFS agency must:

- (a) Determine whether a child is, or might be in need of protection and, if so, take appropriate action to ensure the protection of the child.
- (b) Investigate reports about a child who is, or may be, in need of protection. This includes investigating allegations of child abuse.
- (c) Ensure the safety of the child, either by apprehension of the child, removal of the alleged/suspected offender/abuser or the placement of the child in a place of safety.
- (d) Provide crisis stabilization services to ensure the safety and well-being of a child.
- (e) Take actions as set out in the child abuse regulation, if the agency suspects that a child is or might be abused, including referring the matter to a child abuse committee of an appropriate agency operating within the geographic region of the designated agency.
- (f) Commence court proceedings as may be required under *The Child and Family Services Act*.

## The All Nations Co-ordinated Response Network (ANCR)

The Northern, Southern, Métis and General authorities have established the Child and Family All Nations Co-ordinated Response Network (ANCR) to provide centralized, essential services in five key program areas that relate to the delivery of comprehensive and co-ordinated child and family services in the city of Winnipeg. The five program areas encompass crisis response services, intake case services, abuse investigations, community programs and emergency placements.

In Winnipeg, ANCR is generally the first point of contact with the child and family services system. **The ANCR office is accessible 24 hours a day, seven days per week, by calling 204-944-4200.** ANCR staff handle both emergency and non-emergency calls and conduct initial assessments and, depending on the situation, deal with the call directly, or refer callers to appropriate services.

**Province-wide intake and emergency after-hours child and family services  
telephone number: 1-866-345-9241**

## Designated Intake and Emergency After Hours Agencies (DIAs)

Child and family services has also created a 24-hours a day, seven days a week designated intake and emergency after-hours, province-wide agency response system comprising fourteen (14) areas. A designated intake agency (DIA) is a mandated CFS agency that handles CFS intakes in a specific region of the province. DIAs operate on behalf of all four CFS authorities. They assess the need for immediate and ongoing CFS involvement with children and families. DIAs also provide 24-hour intake and emergency services and respond to all referrals or requests for services on a timely basis. In addition, once intake and emergency services are provided, DIAs are responsible for determining if there is a need for ongoing services. If there is, the child/family are referred to an ongoing service agency. For an online list of CFS designated intake agencies, go to: [manitoba.ca/intakeagencies](http://manitoba.ca/intakeagencies)



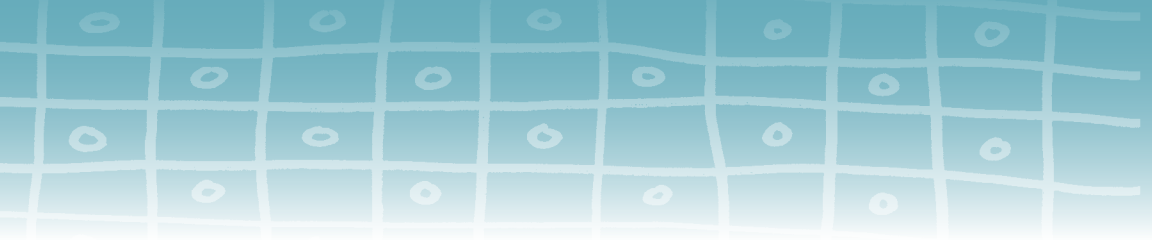
## CFS Designated Intake Agencies

Area 1	Anishinaabe Child and Family Services	1-204-659-4546
Area 2	Child and Family Services of Central Manitoba	1-204-857-8751
Area 3	Child and Family Services of Western Manitoba	1-204-726-6030
Area 4	Rural and Northern Services – Northern (Town of Churchill)	1-204-675-8322
Area 5	Cree Nation Child and Family Caring Agency	1-204-623-7456
Area 6	Intertribal Child and Family Services	1-204-645-2744
Area 7	Kinosao Sipi Minisowin Agency	1-204-359-4551
Area 8	Michif Child and Family Services Agency	1-204-638-7896
Area 9	Nisichawayasihk Cree Nation Family and Community Wellness Centre	1-204-778-1960
Area 10	Peguis Child and Family Services	1-204-645-2049
Area 11	Rural and Northern Services – Eastman	1-204-268-6232
Area 12	Rural and Northern Services – Interlake	1-204-785-5340
Area 13	Rural and Northern Services – Northern	1-204-687-1700
Area 14	Child & Family All Nations Coordinated Response Network (ANCR)	1-204-944-4200

For a full list of all CFS agencies, including the one that may be in your area, visit:  
[gov.mb.ca/fs/childfam/cfsagencies](http://gov.mb.ca/fs/childfam/cfsagencies).







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