A COORDINATED RESPONSE TO CHILD ABUSE
INVESTIGATIVE, JUSTICE AND COMMUNITY SERVICES
FOR THE CITY OF KINGSTON AND FRONTENAC COUNTY
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FOR THE CITY OF KINGSTON AND FRONTENAC COUNTY

PROTOCOL FOR JOINT C.A.S./POLICE INVESTIGATIONS
OF CHILD PHYSICAL AND SEXUAL ABUSE
WITH
COMMUNITY, MEDICAL, EDUCATION AND JUSTICE PROTOCOLS

OCTOBER 2009

Algonquin and Lakeshore Catholic District School Board
Children’s Out-Patient Clinic - Hotel Dieu Hospital
Children’s Aid Society of Kingston and Frontenac
Correctional Services Canada – Victim Services
Crown Attorney’s Office - Kingston
Kingston Interval House
Kingston Police
Limestone District School Board
Military Police Platoon – Area Support Unit Kingston
National Parole Board, Victim Services
Ontario Provincial Police (Frontenac, Lanark and Leeds Detachments)
Pathways for Children and Youth
Probation & Parole, M.C.S.C.S.
Sexual Assault Centre Kingston
Sexual Assault/Domestic Violence Program - Kingston General Hospital
Victim/Witness Assistance Program
Youth Justice, M.C.Y.S.
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ACKNOWLEDGEMENTS AND DEDICATION

A Coordinated Response to Child Abuse – Investigative, Justice and Community Services for the City of Kingston and Frontenac County gratefully acknowledges the support from Boost, the Toronto Child Abuse Prevention and Intervention agency, for allowing us to borrow generously from their Child Abuse Protocol in developing our own community protocol.

We would also like to thank Anne-Marie Rennick for her support and assistance with the flow-chart development.

We would like to thank Debbie Roberts from the Children’s Aid Society for her administrative support and assistance, and Heather Morrison from the Sexual Assault Centre Kingston for the compilation of the protocol.

Finally, we would like to acknowledge the members of the protocol committee, and you the reader.

This document is dedicated to the children, many of whom have endured, suffered and been lost to child abuse. Their courage inspires us to continue to strive to make their homes and their communities safe.

DECLARATION OF COMMITMENT

WHEREAS the abuse of children is a problem of significant social concern, and,

WHEREAS we agree that children have a right to be protected, not abused, and that offenders must be held accountable for their actions, and,

WHEREAS an effective and humane response requires a shared philosophy and coordinated strategy among those systems mandated to act on behalf of the community and in partnership with community organizations,

WE have participated in the review and re-affirm our commitment to its continued implementation across The City of Kingston and the County of Frontenac.
PROTOCOL SIGNATORY PAGE

We, the undersigned, undertake to carry out our respective roles and commitments in accordance with the Child Abuse Protocol:

Algonquin and Lakeshore Catholic District School

Michael Schmitt, Director of Education

Children’s Out-Patient Clinic - Hotel Dieu Hospital

Marg Atkinson, Chief Nursing Executive

Correctional Services Canada

Ross Toller, Regional Deputy Commissioner

Crown Attorney’s Office

Bruce Griffith, Crown Attorney

Frontenac Children’s Aid Society

Raymond Muldoon, Executive Director

Kingston Interval House

Joanne Young, Executive Director

Kingston Police

Stephen Tanner, Chief of Police

Limestone District School Board

Brenda Hunter, Director of Education
Ontario Provincial Police
(Frontenac, Lanark, Leeds Detachments)  
Gary Ouellette,  
Detachment Commander

Military Police Unit Detachment Kingston  
Frederick Ebel, Master Warrant Officer

Youth Justice, Ministry of Children and Youth Services  
Margaret Story, Manager

Probation & Parole,  
Ministry of Community Safety and Correctional Services  
Nancy Wills, Area Manager

National Parole Board  
Dr. Denise Preston, Regional Director

Pathways for Children and Youth  
JoAnne Maltby, Executive Director

Sexual Assault/ Domestic Violence Program  
Kingston General Hospital  
Donna Joyce, Program Manager

Sexual Assault Centre Kingston  
Kim Allen, Executive Director

Victim Witness Assistance Program  
Janet Lee, Manager
STATEMENT OF PURPOSE

This document is written for service providers in recognition of our need to protect, respond compassionately and effectively, and give a voice to all children.

The goals and objectives for this protocol are as follows:

- Ensure a consistent approach across the jurisdiction for police, C.A.S. and all service providers to respond to children who may be in need of protection;
- Deliver the best possible service to children and their caregiver(s);
- Promote a child-centered investigation, prosecution and support services to decrease a child’s “re-victimization”;
- Increase the safety and protection of children, including monitoring, treatment and supervision of offenders to prevent further victimization;
- Define and explain inter-agency procedures and responses of signatory service providers and the ‘duty to report’ all suspicions of child abuse or neglect;
- To be accountable to each other and the children we serve;
- Encourage multi-disciplinary, collaborative, adaptive and responsive partnerships between all service providers to enhance the safety and well being of children in the community.

Child victims of physical and sexual abuse deserve appropriate, caring, accessible, coordinated and consistent responses by all service providers.

Child abuse is a serious social problem that requires a community response and the cooperation of all service providers and members of the public.

The Protocol recognizes that collaboration among all signatory partners will enhance the provision of support and protection of children. There will be an annual review of this protocol by the signatory organizations.

The Protocol will be maintained and coordinated by the Frontenac Children's Aid Society. The reviews will be scheduled by the Society on an annual basis or as required. The reviews will take into consideration any changes in the applicable governing legislation and any policies or procedural changes that are required by the various parties to this agreement that mandate their respective services.
STATEMENT OF PRINCIPLES

The Kingston Frontenac Child Abuse Protocol articulates the shared commitment between justice partners and community organizations responsible for the prevention, detection, reporting, investigation, and prosecution of child abuse. Early detection and community education provide the ultimate keys to ending the cycle of child abuse and neglect and their destructive consequences. We seek to collaborate and work cooperatively for the support and healing of children. The principles below provide a context for this document:

- **All children have the right to a safe, nurturing environment in which to grow to their full potential, free from violence, abuse and neglect.** It is a shared responsibility to ensure that these conditions are fulfilled.

- **All children who have experienced or witnessed abuse will be treated with dignity, respect and care.** Their culture, ethnicity, and religion will be valued and respected. Within the context of a collaborative investigative process and relevant legal principles, confidentiality will be respected.

- **Investigators should proceed on the assumption that a child’s disclosure warrants a full investigation.** Most children are capable of being credible reporters of events. All allegations of child abuse and neglect must be taken very seriously and must be thoroughly investigated. A subsequent recanting by the child should not be taken as proof that the abuse did not occur. Children who cannot verbalize a disclosure due to communication barriers may provide key information through their behaviour.

- **All actions taken will be in the best interest of the child(ren).** A coordinated, cooperative and collaborative approach to child abuse prevention, detection, reporting, investigation, prosecution, treatment and support puts the best interest of the child(ren) first. This approach also minimizes the opportunity for, and the potential of, re-victimization. It is recognized that the process may be traumatic, but the child will be supported throughout.

- **Joint investigations are in the best interest of the child and should be considered in all child abuse allegations.** The fundamental principle of joint investigations is that decisions are made together through a consultative process and that a plan for the investigation is developed. The partnership will involve both child protection and police. The collaboration could expand to include the education system, the child-care system and will expand to the criminal justice system when charges are laid. The plan should take advantage of the particular strengths and abilities of each of the participants.

- **The child(ren)’s developmental level will be taken into account throughout the entire investigative process and throughout the justice system.** Investigative decisions need to be based on a child’s intellectual, physical, social and communication abilities.
- **Following an investigation, children and caregivers will be offered referrals to community support services.** Strengthening the family to protect and support the child can be the most effective way to stop the abuse and neglect, and mitigate the effect of the abuse/neglect on the child.

- **Training and ongoing professional development are critical to positive investigative outcomes and improved support for children and caregivers.** Joint training has the further advantage of providing opportunities for front line workers to develop and strengthen the relationships that build a climate of trust and increase the capacity of systems to respond collaboratively. Interviewers with specialized knowledge and skills enhance investigations. Proposed additional language.
WHAT IS A CHILD?

Under the *Child and Family Services Act*, a **child** is any person from **birth to 16** years of age. The Children’s Aid Society is involved with some youth from 17-21 years of age who are in their care or who are former Crown Wards on extended care maintenance. However, these youth are not “children” for the purpose of conducting child abuse investigations.

Different service providers apply varying definitions.

Under the *Criminal Code of Canada*, a child is any person under the age of **18**.

This protocol is intended to deal with child abuse. All suspected child abuse and neglect must be reported to CAS.

Abuse of children 16 years of age and up should be reported to police. In these cases reference to some parts of the protocol may be appropriate.
WHAT IS CHILD ABUSE?

Child physical abuse or harm is any act resulting in physical harm to a child* that could be a violation of the Criminal Code of Canada, the Youth Criminal Justice Act, or could place a child in need of protection as defined in Section 37(2)(a) of the Child and Family Services Act, where the child has suffered physical harm resulting from a:

- caregiver* inflicting harm;
- caregiver failing to adequately care/provide for the child;
- caregiver failing to adequately supervise the child;
- caregiver failing to adequately protect the child; or
- pattern of neglect* in caring/providing for, supervising or protecting the child. (See Glossary, Part IV.)

Physical abuse may result from inappropriate or excessive discipline and in fact, the caregiver may not have intended to hurt the child. This may involve minor injury (such as a bruise), to a more serious injury, causing permanent impairment or death (e.g., shaken baby syndrome). Physical harm may also result from neglect, for example a child who is unsupervised and is hit by a car.

Child sexual abuse refers to the use of a child by an adult for sexual purposes, whether or not consent is alleged to have been given, which could be a violation of the Criminal Code of Canada and/or could place a child in need of protection as defined in Section 37(2)(c) of the Child and Family Services Act. It includes: acts of exposure; sexual touching; oral, anal or vaginal penetration; inappropriate sexual language; sexual harassment; and the exposing of a child to, or involving a child in, pornography or prostitution.

Any form of direct or indirect sexual contact between a child and an adult is abusive since it is motivated purely by adult needs and involves a child who by virtue of age and position in life is unable to give consent.

Sexual activity between children constitutes sexual abuse when it is clear, by differences in development levels, coercion and/or lack of mutuality, that one child is taking advantage of the other. These same criteria should be applied when the children involved are siblings.

While the focus of the Protocol is the joint investigation of child abuse by police and child protection workers, it recognizes and identifies the important roles and responsibilities of other systems in supporting positive outcomes for children. A significant majority of children are involved with the education and child-care systems, and many reports of suspicions of child abuse come from schools and child-care settings*.
In the spirit of collaboration, it is important to recognize that there is a role for police in providing assistance to child protection workers for those investigations where the child protection worker has a concern about safety.

The signatories to this document are in agreement that the Protocol outlines best practice for joint investigations. Discussion material is included in the Appendix. Rather than restate internal policies, reference is made throughout the document to the internal policies and procedures that also guide staff.

The Protocol represents the best efforts of the systems to respond as effectively and compassionately as possible, supporting these children through disclosure, the investigation, treatment and the criminal justice system.

*Note: the asterisk symbol indicates that the word/term is defined in the glossary section of Part IV
CHILD ABUSE FACTS

- In 2003, an estimated 103,297 cases of child abuse were investigated and substantiated in Canada (excluding Quebec).

- Females experienced a higher proportion of abuse than male youth of the same age group, especially in the area of sexual assault (79% vs. 21%).

- 12-15 year olds were at highest risk in both genders.

- Higher-risk families had more than one child in the home; parental full-time employment; rental housing; moving within the past year; parental social isolation; parental history of domestic violence; and alcohol abuse.

**Neglect (30%)**

Involved a caregiver harming or endangering the safety or development of a child by failing to provide for or protect the child. All provincial and territorial statutes include neglect or some reference to acts of omission. This breaks down as follows: failure to supervise (physical) 35%; medical 6%; physical 32%; fail to supervise (sexual); 4% abandonment; 11% permitting criminal behavior; 2% educational; 8% fail to provide treatment 2%.

Families in which neglect was the primary form of substantiated maltreatment were least likely to have full-time employment as their primary source of income. 34% received some form of benefits such as employment insurance, disability benefits or social assistance.
Exposure to Domestic Violence (28%)  
Exposure to domestic violence was the primary form of investigated maltreatment in 38,079 cases. The child was noted to have been physically harmed in only 1% of such cases; 14% suffered emotional harm. Only 4% of substantiated exposure to domestic violence investigations resulted in children experiencing a change in residence.

Physical Abuse (24%)  
Included: 50% hitting with a hand; 20% hitting with an object; 25% shaking, pushing, grabbing, and throwing; 10% punching, kicking or biting

In 70% of cases, no physical harm was documented; 27% showed bruises, cuts and scrapes; 3% involved more severe injuries.

Emotional Maltreatment (15%)  
Emotional maltreatment complex and problematic to document because it does not necessarily involve specific incidents or visible injuries. Effects, although often severe, become apparent over time. Provincial and territorial child welfare statutes vary considerably. The CIS-2003 breaks it down into four types: Emotional abuse (69%); Non-organic failure to thrive (1%); Emotional neglect (24%); Exposure to non-intimate violence (6%);

Of cases involving emotional maltreatment as the primary category of substantiated maltreatment, 21% involved a single incident, 17% involved incidents over a period of less than six months and 50% occurred over a period of more than six months.

Children who are abused may suffer from physical, emotional, or cognitive functioning issues including depression or anxiety, learning disabilities, specialized education service requirements and developmental delay. Behavioral issues can include attention deficit disorder and A.D.H.D., irregular school attendance, negative peer involvement, and violence towards others.

Sexual Abuse (3%)  
3% was broken down into: 60% touching or fondling of genitals; 6% sexual exploitation; 10% involved penetration; 4% attempted penetration; 8% oral sex; 4% exhibitionism 7% sexual talk; 1% voyeurism.

Perpetrators were identified as 22% biological fathers or step-fathers; 40% other relatives; 38% no relation.

The facts referred to in this section are taken from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003). See CHILD ABUSE DATA: SUMMARIZED FROM 2003 CANADIAN INCIDENCE STUDY for a fuller summary of the report and references in Part IV.
PART II  C.A.S./POLICE PROTOCOL FOR JOINT INVESTIGATIONS

INTRODUCTION

While the focus of this Protocol is the joint investigation of child abuse by police and child protection workers, it recognizes and identifies the important roles and responsibilities of other systems in supporting positive outcomes for children. A significant majority of children are involved with the education and child-care systems, and many reports of suspicions of child abuse come from schools and child-care settings. Part II addresses the role of the school/child care setting in supporting the child, the family and the investigative process. It also describes the responsibilities of the Investigative Team (child protection and police) to the school/child care setting. Part II also outlines the role of the criminal justice system in the prosecution of child abuse cases.

In the spirit of collaboration, it is important to recognize that there is a role for police in providing assistance to child protection workers for those investigations where the child protection worker has a concern about safety.

The signatories to this document are in agreement that the Protocol outlines best practice for joint investigations. Rather than restate internal policies, reference is made throughout the document to the internal policies and procedures that also guide staff.

The Protocol represents the best efforts of the systems to respond as effectively and compassionately as possible, supporting these children through disclosure, the investigation, treatment and the criminal justice system.

THE INVESTIGATIVE TEAM

1. THE CONCEPT OF THE INVESTIGATIVE TEAM

a) A key element of this Protocol is a ‘team’ approach to the investigation, prosecution and coordination of child abuse cases.

b) A Team response is required for all allegations of abuse involving a child where the circumstances could be a violation of the Criminal Code of Canada and may render the child in need of protection under the Child and Family Services Act.

i. In the City of Kingston and the County of Frontenac, a child protection worker and a police officer will constitute the Investigative Team, and where applicable, conduct interviews together, communicate, and share information that may assist each other’s objectives at every stage of the investigation. The Municipal Freedom of Information and Protection of Privacy Act, the Freedom of Information and Protection of Privacy Act, the Education Act, the Police Services Act and internal policies and procedures
must be followed when sharing information. During a joint investigation, the police and Children’s Aid Society (CAS) shall disclose to each other any and all relevant information related to the investigation as soon as is practical. Such exchange of information is necessary for each service to perform its duties. On occasion, there may be judgment involved in determining what is relevant. The information may take the form of verbal information and/or written information.

ii. As each case progresses through child protection proceedings, criminal court proceedings, and through to post disposition, the concept of the Investigative Team continues to apply, but the members may increase to include others, such as the designated probation officer as an active member of the Investigative Team.

iii. In certain circumstances (e.g., death of a child), police may limit the sharing of information so as not to compromise an investigation, with an understanding that the duty to report under the Child and Family Services Act continues to apply.

2. PERSONNEL

a) Information may be gathered from schools, child-care settings and other locations, however, it is the sole responsibility of child protection workers and police officers to conduct investigations and the formal interviews with children and other witnesses.

b) Responsibility for specific duties will be as defined in this Protocol, and in accordance with each system's internal policies and procedures.

i. The police officer is responsible for the criminal investigation, identification of the alleged offender, and the laying of criminal charges where warranted.

ii. The child protection worker is responsible for the child protection investigation and for protection of the child.

iii. Although the above separation of responsibilities exists, it is always in the best interest of the child that each member of the Investigative Team contributes to decisions in either area.
RESPONDING TO THE INITIAL REPORT FROM THE COMMUNITY

Mutual Reporting

Reports of abuse of a child received by either the police or the CAS will be reported to the other and documented by each agency according to its internal procedures.

1. WHEN THE INITIAL REPORT INVOLVES A PERSON WHO HAS CHARGE OF A CHILD* AND/OR IS IN A POSITION OF TRUST OR AUTHORITY*

a) When a report or suspicion of abuse of a child comes to either the CAS or police where it involves a person who has charge of a child and/or is in a position of trust or authority, wherever possible, the child protection worker and police officer will mutually plan the interview before attending the scene.

b) If the person involved is a person in a position of trust or authority but not a person in charge of the child, the CAS will determine if it is necessary for the CAS to be involved in the investigation and shall immediately advise the police of the decision in that regard.

c) If the Investigative Team plans to conduct an investigation on school/child-care premises, the school principal/child-care supervisor or designate will be consulted.

d) When a report or a suspicion of abuse of a child comes to the police and it is responded to by a uniformed police officer, the officer will secure the situation (if necessary), and call the CAS in accordance with the Child and Family Services Act.

e) When a report or suspicion of abuse comes to the CAS or to the police after regular CAS business hours, the CAS "Emergency After Hours Service" and a police officer will decide whether or not the investigation should proceed immediately or be scheduled for another time. Factors to consider when making this decision include:

   i. immediate safety of the child;
   ii. apprehension of the alleged offender;
   iii. potential for gathering forensic medical evidence;
   iv. the ability to obtain other evidence in a timely fashion;
   v. if the quality of the investigation will suffer from a delay; and/or
   vi. disruption to the child's sleep, and/or hour of night.
2. WHEN THE INITIAL REPORT INVOLVES A PERSON WHO DOES NOT HAVE CHARGE OF THE CHILD NOR IS IN A POSITION OF TRUST OR AUTHORITY

a) When the CAS receives an initial report of a child who may have been harmed by a person not in charge of that child or in a position of trust or authority, a child protection worker will assess if there are any child protection concerns. The child protection worker will contact a police officer to discuss the role, if any, of the CAS.

b) When the police receive a report or suspicion of this nature, the call will be responded to in accordance with police procedures. Where there are any protection concerns, the police will contact the CAS (in accordance with the Child and Family Services Act) to discuss the role of the CAS.

c) If there is no role for the child protection worker in the investigation, then the police officer will proceed with the criminal investigation. Any child protection concerns that arise in the course of the criminal investigation will be reported to the CAS (in accordance with the Child and Family Services Act). The police may consult with the CAS with regard to treatment/support services for the family.

d) If either the CAS or police are conducting an investigation without the other agency, and new information emerges that indicates the need for a joint investigation, the investigator will use his/her judgment to determine if it is in the best interest of the child to limit the interview and immediately contact the other system, or continue the interview and contact the other system upon completion of the interview.

3. CAS/POLICE AS ALLEGED OFFENDER

a) When there is a report of suspected child abuse and the alleged offender is an employee of the CAS, the investigation will be conducted according to internal CAS policies and procedures.

b) The investigating child protection worker will notify a police officer.

c) When there is a report of suspected child abuse and the alleged offender is a police officer who was performing duties in the capacity of a police officer at the time of the alleged abuse, the allegation will be investigated according to internal police policies and procedures. Where necessary, the police will notify the Special Investigations Unit (SIU). If any child protection concerns arise in the course of such an investigation, a report will be made to the CAS in accordance with the Child and Family Services Act.

d) When there is a report of suspected child abuse and the alleged offender is a police officer, but was not performing duties in the capacity of a police officer at the time of the alleged abuse, the investigation will be conducted by an investigator assigned according to Police Service policy, along with a child protection worker.

e) In cases where an allegation arises in a foster home, the investigation will be conducted in accordance with internal policies and procedures of the CAS.
PROCEDURE FOR INITIAL STAGES OF THE INVESTIGATION

1. PREPARATION & PLANNING

a) Careful preparation and planning is essential to ensuring the best possible outcome. Prior to interviewing the child, the Investigative Team will consider, discuss and plan the following:

   i. respective roles and responsibilities;

   ii. the need to interview other children, witnesses, other caregivers and other individuals who may have information about the child;

   iii. conducting an interview of the person who initially reported the abuse, including how to respond to any concerns raised by the interviewee (e.g., retaliation, confidentiality, follow-up);

   iv. timing and location of the interview; and

   v. whether or not to contact a child’s caregiver(s) prior to interviewing the child.

2. RECORD CHECKS

a) The police officer will check the appropriate police records regarding the alleged offender in accordance with police procedures and guidelines.

b) The child protection worker will check the CAS records, the provincial database and the Child Abuse Register regarding possible information on the child, family and/or alleged offender.

c) Team members will gather all relevant information regarding the past conduct of the alleged offender, including making appropriate checks with other agencies in communities where the alleged offender has previously resided.

3. TIMING OF THE INTERVIEW OF THE CHILD

a) The Investigative Team will determine the timing of the interview of the child following the report. The Investigative Team should see the child together as soon as possible in accordance with the following factors:

   i. the time frame mandated by application of the Child Protection Standards In Ontario* (February, 2007);

   ii. the immediate safety of the child;

   iii. the proximity of the child to the alleged offender;

   iv. the risk to other children;

   v. unique circumstances with regard to collection, handling and preservation of evidence,
including the use of warrants, documentary evidence, photographs, and forensic and medical evidence;

vi. the need for a collaborative plan to interview multiple victims;

vii. consideration of the child’s physical, emotional and developmental needs;

viii. the availability of the child’s caregiver(s);

ix. location of the interview, keeping in mind the preference for video recording*; and

x. the availability of an interpreter.

4. LOCATION OF THE INTERVIEW OF THE CHILD

a) In order to minimize trauma to the child, the interview should be conducted in a neutral setting considering the needs and best interest of the child. A child will likely be more comfortable in a room that is child-friendly (e.g., quiet and free of distractions, equipped with age-appropriate comfort items, access to a private washroom). If the initial contact is to occur in a school or child-care setting, the principal/child-care supervisor will assist the Investigative Team ahead of time in choosing a suitable interview space, and time of day for the interview (e.g., trying to avoid naptime).

b) Factors to consider in determining the location include:

i. where and how the disclosure occurred;

ii. anticipated or actual reaction of the child’s caregiver(s);

iii. avoiding the location where the alleged abuse occurred;

iv. if a sibling(s) is involved;

v. where the victim will feel safe;

vi. where the interview can be conducted without interruptions and away from curious observers;

vii. the whereabouts of the alleged offender;

viii. accessibility of a suitable location for children with physical challenges;

ix. access to a child-friendly, neutral video recording facility;

x. availability of a qualified interpreter;

xi. availability of a specialized professional(s);

xii. availability of a culturally literate professional(s);

xiii. where relevant, the gender of the interviewer; and
xiv. the availability of the caregiver to consent to moving the child to another location.

5. CONTACTING CAREGIVERS

a) Wherever possible, caregivers should be contacted by a member of the Investigative Team prior to an interview with the child. In determining if it is appropriate to notify a caregiver(s) prior to the interview, the Investigative Team should consider the following factors:

i. whether or not one of the caregivers is the alleged offender;

ii. if the alleged offender is a family member and there is a concern that the caregiver may contact him/her first;

iii. whether or not the child’s caregiver(s) supports the child or alleged offender, if known;

iv. if the caregiver(s) actively cooperates with the investigative process;

v. if the child requests that a caregiver be present;

vi. whether or not a medical examination must be done immediately; and

vii. if the caregiver(s) cannot be reached and it is in the best interest of the child to proceed immediately.

b) If the Investigative Team determines that it is not appropriate to contact the caregiver(s) prior to the child’s interview, the caregiver(s) should be informed immediately following it, or as soon as is reasonably possible.

6. CHILDREN WITH SPECIAL NEEDS

a) Specialized resources and/or information may be required to assist in the investigative interview of a child with special needs in order to facilitate accurate communication.

b) All necessary steps will be taken by the Investigative Team and school/child-care personnel to identify and accommodate any child known to have a behavioural, intellectual, physical, communication or learning disability.

c) The Investigative Team, in cooperation with the school/child-care setting, will determine the need for an interpreter, including language interpreters and interpreters for deaf students.

d) If charges are laid, the Investigative Team will indicate the child has special needs on the Crown brief, and provide the Crown/VWAP with any information or contact persons that may assist in the accommodation of the child’s special needs.
INVESTIGATIVE INTERVIEWS

1. JOINT INTERVIEW OF THE CHILD
   a. The goals of an investigative interview are four-fold:
      i. to minimize the trauma of the investigation on the child;
      ii. to maximize the information obtained about the alleged abusive event(s);
      iii. to minimize any possible contaminating effects the interview(s) might have on the child’s memory; and
      iv. to maintain the integrity of the investigative process.
   b. All interviews will be conducted in accordance with police and CAS training, policies and procedures.
   c. Where possible, investigators should wear casual attire to assist in developing rapport with the child.

2. SUPPORT PERSON
   a) If at all possible, it is best to interview a child alone. This provides for unbiased, free-flowing information without direct or indirect pressure from a loved one or someone in authority. The presence of a support person should be based on the needs of the child versus those of others. The Investigative Team may consider offering the presence of a support person for the child.
   b) If a child wants to have a support person in the room (e.g., a caregiver, relative, school or child-care personnel) during the interview, the Investigative Team will decide if this is advisable and in the best interest of the child.
   c) The Investigative Team will explain to support persons that if s/he sits in on an interview, s/he may have to testify. This could lead to being excluded by the witness exclusion order and thus being unable to act as support person to the victim in the courtroom.
   d) If a support person is going to be present in an interview, the Investigative Team will discuss the possibility that s/he may be exposed to sensitive and distressing information and the importance of remaining neutral to avoid influencing the disclosure.
   e) Support persons will be asked to sit behind or next to the child (but not in direct eye view) and to refrain from speaking during the interview.
   f) In some instances, the Investigative Team may have to assist adults to understand that the child may not want anyone else in the interview, or that it may not be in the best interest of the child for anyone else to be present (e.g., because the information is embarrassing or too
personal, the child may be afraid of upsetting others). In such cases, the child may be more comfortable with the Investigative Team alone.

3. PRIMARY INTERVIEWER

a) The interview(s) will be conducted with either the police officer or the child protection worker as primary interviewer. The choice of primary interviewer will depend upon:
   i. rapport with the child;
   ii. experience, training and skill level of the investigators;
   iii. previous involvement the child or witness may have had with either system; and
   iv. comfort level and skills with children of that particular age.

b) Although the Investigative Team will have mutually planned the interview, flexibility and responsiveness to the individual child are essential (e.g., with young children, it is unlikely that one meeting with the child will suffice; it is more likely and beneficial if several interviews occur in a timely manner).

c) It is ultimately the Investigative Team’s decision to use whatever tool(s) will best facilitate the interview. Legally, in Ontario, written evidence of consent of the child or the parent(s) is not required for video recording to proceed.

4. INTERVIEWING ADDITIONAL WITNESSES/POTENTIAL VICTIMS

a) The Investigative Team should complete a face-to-face interview with the child’s caregiver(s), the sibling(s) of the child victim and/or any other witnesses to the event separately and in private.

5. ROLE OF THE INVESTIGATIVE TEAM MEMBERS IN INTERVIEWING THE ALLEGED OFFENDER

a) Initial contact and investigative interview(s) with the alleged offender is the responsibility of the police officer where the allegation is criminal in nature, and will proceed in accordance with police procedures and legal requirements relating to statements made to persons in authority.

b) The child protection worker should not discuss the details of the allegation or disclosure with the alleged offender, prior to the police interview. The CAS has statutory obligations that may require the child protection worker to provide certain information to the alleged offender. If this is the case, the child protection worker will notify the police of this requirement before contacting the alleged offender.

c) In the event that polygraph examinations are used with suspects, the police officer will
communicate the results to the child protection worker, and the Investigative Team will jointly discuss the results and determine how best to communicate with the child and the child’s caregiver(s).

d) Upon completion of all interviews of the alleged offender(s), the police officer will immediately disclose fully any relevant information to the child protection worker. The child protection worker will disclose any relevant information to the police officer.

e) If the initial interview of the alleged offender is delayed, the police officer and the child protection worker will discuss how the delay will impact the ability to assess the risk and safety of the child, the status of the investigation and an expected date for completion. The Investigative Team should give consideration to the fact that failure to interview the alleged offender in a timely manner may compromise the child’s safety and/or the outcome of the investigation.

f) Once the police have indicated the investigation is complete, the child protection worker will interview the alleged offender to:

   i. explain the role of a child protection worker; and

   ii. continue a complete child protection assessment that includes how the alleged offender responded to the allegations.

6. POST-INTERVIEW CONSULTATION

a) After the investigative interviews, the Investigative Team will discuss the content and outcome of the interviews and jointly determine the next steps, including the need for any additional interviews.

b) Police and the child protection worker will discuss the appropriateness of laying charges, commencing child protection proceedings, apprehension of the child* or other plans for the protection of the child.
MEDICAL SITUATIONS

Sexual Abuse

Sexual Assault/Domestic Violence Program: Kingston General Hospital

1. SEXUAL ASSAULT: URGENT MEDICAL SITUATIONS
   < (less than) 72 hours or symptomatic
   a) An immediate medical examination is available, on a 24/7 basis, for children and adolescents (0-15 years) where there has been an actual or suspected paediatric sexual assault.
   b) Proceed to the Kingston General Hospital Emergency Department and ask to speak with the SA/DV nurse on call.
   c) In cases of acute (< 72 hours) sexual assault and/or symptomatic (pain, bleeding or discharge) the following service options may be available:
      i) Physical assessment
      ii) Collection and documentation of forensic evidence in the form of:
         (a) Sexual Assault Evidence Kit
         (b) Photo documentation
         (c) Body mapping
      iii) Testing and treatment for injury, sexually transmitted infections, pregnancy and HIV
      iv) Follow-up medical/nursing/social work services

2. SEXUAL ASSAULT: NON-URGENT MEDICAL SITUATIONS
   > (more than) 72 hours and asymptomatic
   a) Proceed to Kingston General Hospital Emergency Department and ask to speak with the SA/DV nurse on call for 24/7 response.
   OR
   b) Request appointment with SA/DV Program Paediatric Clinic where a multi-disciplinary assessment and examination will occur for cases of historic, chronic or suspected paediatric sexual assault.
   c) The following service options may be available:
      i) Physical assessment
      ii) Testing and treatment for injury, sexually transmitted infections, pregnancy and HIV
      iii) Follow-up medical/nursing/social work services
iv) Photo documentation, body mapping as may be required

For outline of comprehensive services provided by the Kingston General Hospital Sexual Assault/Domestic Violence Program, please refer to Part III – Protocol Partners.

NON-SEXUAL PHYSICAL ABUSE

Children’s Outpatient Clinic: Hotel Dieu Hospital

a) If a child’s injuries warrant, immediate medical attention is the first priority.
   
i. Call Hotel Dieu Hospital main switchboard at (613) 544 3310
   ii. Ask for the Child Protection Pager
   iii. Give the Social Worker all the information you have
   iv. The CAS worker should attend the Hospital with the child.

b) Although the list below is not meant to be all-inclusive and the judgment of the Investigative Team must still apply, immediate medical examination of the child will occur to assess, treat and document the injuries or symptoms under the following circumstances:
   
i. symptoms of distress, disease and pain;
   ii. visible marks such as large bruises, lacerations and scars;
   iii. obvious deformity;
   iv. nutritional neglect; and/or
   v. the child and/or caregiver are upset and need reassurance.

c) A medical examination will also occur within 24 hours of the child being seen by the Investigative Team under the following circumstances:
   
i. the history is incompatible with the reported physical injuries;
   ii. an injury is incompatible with the developmental age of the child;
   iii. injuries appear older than the historical account; and/or
   iv. there is a previous history of child abuse allegations or suspicious injuries.

Where there is a concern of physical abuse with a child or adolescent, s/he should be seen by a pediatrician as soon as possible.
DEATH OF A CHILD UNDER SUSPICIOUS CIRCUMSTANCES

a) A joint police/CAS investigation will occur in all situations where a child has died under suspicious circumstances, or as a result of abuse and/or neglect, and there may be other children at risk.

b) Where there appear to be no other children at risk, police will, at a minimum, inform the CAS as to the circumstances surrounding the child’s death if it is suspected or known that the child died as a result of abuse and/or neglect.

c) The principles of mutual reporting and information sharing are essential and continue to apply in these serious situations. However, in the event of the death of a child, the police may limit the sharing of information so as not to compromise an investigation.

d) The Coroner has jurisdiction in all instances involving the death of a child, and involved systems must take direction from the Coroner. The procedures in such cases are outlined in the Coroners Act and the Child Death Reporting and Review Procedures and Mechanisms For The Ministry of Children and Youth Services (formerly The Ministry of Community and Social Services), The Ontario Association of Children’s Aid Societies, Children’s Aid Societies, and The Office of the Chief Coroner for the Province of Ontario (October ’99).
VIDEO RECORDING INVESTIGATIVE INTERVIEWS

Any interview being conducted should be video recorded. Video recorded statements provide the best possible record of the interview. When interviewing a child(ren), a child-friendly environment is best. Where the interview cannot be conducted in a child-friendly setting, mobile video recording equipment should be considered. The Investigative Team is to keep in mind that in many circumstances, the video record(s) of a child’s disclosure may be admissible in criminal court, and is therefore particularly valuable.

1. VIDEO RECORDING PROCEDURES

a) All investigative interviews with children alleged to be victims of abuse will be video recorded unless circumstances dictate otherwise.

b) The Investigative Team will explain fully to the caregiver, if present, and the child:
   i. the purpose of the video recording;
   ii. the advantages of the video recording;
   iii. restrictions on its use; and
   iv. access by others to the video recording.

c) The decision whether or not to video record lies with the Investigative Team. The final decision about whether or not to video record will be made by the police officer, taking into consideration the Guidelines For Not Video Recording listed below. It is ultimately the Investigative Team’s decision to use whatever tool(s) will best facilitate the interview. Legally, in Ontario, written evidence of consent of the child or the parent(s) is not required for video recording to proceed.

d) Another possible option is the use of mobile video recording equipment. Whenever possible, mobile video recording equipment will be used so as to avoid taking a child to a different location for the purpose of video recording. If mobile equipment is unavailable, the Investigative Team will confirm the location of the interview from the pre-determined child-friendly, neutral sites in their area, unless it is not in the child’s best interest to move to a video recording site at all.

e) Where an initial investigative interview has been video recorded, every effort will be made to video record subsequent investigative interviews with the child. It is important to remember that the courts have recognized that many children disclose incrementally. Additionally, some children test the reaction of interviewers and will proceed only as they gain confidence. Thus, the disclosure of all relevant facts may take a number of interviews. The “process of disclosure” is progressive and, for many children, happens over time.
f) Sometimes video recording can begin after the first interview. When a decision is made to video record an interview that is not the initial interview, every effort will be made to document:
   i. the reason(s) for this delay; and
   ii. all prior discussions, interviews or other contacts with the child.

g) Taking a child from a location without permission of a caregiver is an apprehension. Investigators must have sufficient grounds before considering apprehension for any reason, including video recording.

h) Police and the CAS have agreed that police will maintain ownership and control of video recorded interviews. Child protection workers are permitted to view the recording(s) at a later time.

**Guidelines For Not Video Recording**

Sometimes it is not possible or appropriate to video record. Each situation is unique and challenging in and of itself, and a decision about whether or not video recording is useful or appropriate must be made in each situation.

Reasons for not video recording include:

- video recording was part of the alleged abuse process;
- the child and/or caregiver objected to the procedure after being given a full explanation; in these circumstances consideration must be given to the caregiver’s reasons, taking into account the caregiver’s general level of support of the child and reaction to the disclosure (document clearly the caregiver(s) reasons and why it was not seen to be in the child’s interests to proceed);
- video recording was not in the child's best interest (reasons must be clearly documented);
- the child begins to disclose and stopping the process in order to video record would seriously inhibit the process of disclosure; and
- the interview had to take place where neither taping facilities nor a mobile unit was available (e.g., at school, at a child-care setting, at grandmother's).
2. AUDIOTAPING INTERVIEWS

a) If an interview is not video recorded, it will be audio taped unless circumstances dictate otherwise.

b) The Investigative Team will explain the nature and purpose of the tape to the child and the caregiver(s).

c) Police and the CAS have agreed that police will maintain ownership and control of audiotapes. Child protection workers are permitted to listen to an audiotape(s) at a later time.
MULTIPLE VICTIM(S)/MULTIPLE OFFENDER(S) INVESTIGATIONS

a) Investigations that involve a number of victims and/or offenders can exist in a number of venues:

   i. abuse of children in a facility such as a residence, school, child-care setting, correctional facility etc.;

   ii. abuse within a community perpetrated by one person, usually in a position of trust or authority, with many victims;

   iii. abuse within a defined geographical community with many victims and many offenders; or

   iv. extensive abuse in an extended family system.

b) A team leader will be designated from the CAS who will communicate with the lead investigator from the police in order to develop an investigation plan, including consideration given to meeting. In the interest of a thorough and comprehensive investigation, the child protection workers involved will consider the possibility of conducting/witnessing interviews jointly with police.

c) If the abuse occurred within a facility (e.g., school, child-care setting), the police jurisdiction in which the facility is located has the responsibility for coordinating the investigation and subsequent arrests of the offender(s).

d) The police lead investigator will be designated according to police procedures and where appropriate, in accordance with the *Ontario Major Case Management Manual*.

e) Where legal advice is felt to be required, the police officer will consult with crown counsel.

f) A child protection worker may seek advice from the CAS counsel and/or crown counsel.
INVESTIGATIONS IN SCHOOLS OR IN CHILD CARE SETTINGS

Responding To A Suspicion Of Child Abuse

- Staff, students on placement and volunteers in schools and child care settings will report any suspicions that a child is, may have been or is likely to be abused or neglected (i.e., in need of protection) in accordance with the Child and Family Services Act. (See Appendix, Part IX – Investigations In Schools Or In Child Care Settings.)

- School and child care personnel will not conduct an investigation regarding a suspicion or disclosure of abuse. It is the responsibility of the CAS and/or police to investigate, gather evidence, assess the child and family’s situation, and decide on the appropriate action to be taken on behalf of the child.

- School and child care personnel will consult with a child protection worker or police officer before informing a caregiver(s) that suspicion of child abuse has been reported. The child protection worker/police officer will provide direction as to when it is appropriate for school/child care personnel to discuss the matter with a caregiver(s).

- In some situations, the cause of a child’s injuries, the nature of the child’s disclosure, or the behaviours observed are not clear. Before speaking further with a child or caregiver, school/child care personnel will consult with the CAS to discuss the appropriateness of clarifying a situation and to obtain direction.

1. INVESTIGATING IN A SCHOOL/CHILD CARE SETTING

a) There are four situations outlined below where a child abuse investigation may occur on school premises or in a child care setting.

   i. Abuse is suspected or disclosed at a school or child care setting and the matter has been reported to either the CAS or police.

   ii. Abuse is disclosed outside the school/child care and the Investigative Team believes it is in the child’s best interest to interview the child at the school/child care.

   iii. Subsequent to an initial investigation, a child protection worker or police need access to a child at school or in a child care setting as a continuation of that process.

   iv. There are allegations against a school/child care personnel.
Investigators will exercise discretion and sensitivity when deciding to conduct an investigation on school/child care property. Consideration of privacy and confidentiality for children within the school/child care setting must be taken into account.

b) The Investigative Team will make every effort to discuss with the principal/child care supervisor:
   
i. the intent to visit the school/child care setting, and the estimated time of arrival; and
   
ii. if the investigation is to be delayed, indicating when the interview of the child will occur.

c) In order to support the Investigative Team in the investigation, school and child care personnel will share information about the child and family as it relates to the alleged incident(s) and/or safety of the child.

d) The Investigative Team will make every effort to:
   
i. seek prior consent from a caregiver for the interview; and
   
ii. notify the school principal/child care supervisor of the caregiver(s)' consent to the interview.

e) Where the Investigative Team has determined that the best interest of the child requires that an interview take place without the prior knowledge of, and in the absence of, the caregiver(s), the principal/child care supervisor should permit an interview to take place without prior consent from a caregiver if the Investigative Team:
   
i. is investigating a reported case of suspected abuse and/or related offences, with respect to that child;
   
ii. are investigating an offence in which the student is at personal risk, or an offence in which the presence of the caregiver(s) during the interview can reasonably be expected to compromise the safety of the child or the integrity of the investigation;
   
iii. intends to interview the child without the prior knowledge of, and the absence of, the caregiver(s) in any event; and
   
iv. undertakes to inform the caregiver(s) of the interview as soon as is reasonably possible.

Ultimately, the decision to allow an interview of a child on the premises of a school/child care rests with the principal and/or child care supervisor.

g) If a child is apprehended from a school, the CAS will notify the child’s caregiver(s) and the principal. If a child is apprehended from a child care setting, a member of the Investigative
Team will inform the child’s caregiver(s) of the apprehension. If a caregiver could not be contacted before the expected pick-up time of the child, it is the responsibility of the Investigative Team to:

i. inform the school principal/child care supervisor of the situation;

ii. discuss who will inform the caregiver upon his/her arrival; and

iii. decide how to inform the caregiver of the situation.

h) If as a result of an investigation, a child is placed in the care of the CAS, the child protection worker will inform the school principal and/or child care supervisor, and indicate if and when the child is expected to return to the school/child care setting.

i) If a child does not return when expected, the school principal/child care supervisor will inform the CAS to report this fact, so that the CAS can determine if this signals a protection/safety concern.

j) The Investigative Team will provide to the principal and/or child care supervisor sufficient information to:

i. enable school/child care personnel to support the child and other children in the setting;

ii. provide ongoing protection and safety of the child and other children in the setting; and

iii. continue the ongoing relationship between home and school/child care setting.

2. SCHOOL/CHILD CARE PERSONNEL AS ALLEGED OFFENDER

a) Where the report involves a school employee as the alleged offender, the Investigative Team will contact the Director of Education or designate as soon as possible, and will proceed with the investigation in cooperation with school board officials and in accordance with school policies.

b) Where the report involves an alleged offender in a child care setting, a member of the Investigative Team will:

i. indicate to the supervisor if an investigation will occur, or alternatively, if it is appropriate for the supervisor to respond to the incident following internal policies, including a review of the “Behaviour Management” policies and procedures of the child care setting;

ii. contact the owner and/or operator before proceeding with the investigation to discuss details around informing the alleged offender; and
iii. advise the supervisor/owner/operator as to the protection of the children in care until the Investigative Team arrives.

c) School boards and child care settings have an obligation to investigate inappropriate actions by staff/volunteers/placement students, and must respond promptly in accordance with policies, collective agreements and/or legislation. Therefore, when the alleged offender is a staff person/volunteer/placement student in a school or child care setting, the Investigative Team will communicate promptly with school/child care officials to discuss the appropriate action, including whether or not school/child care officials should approach the alleged offender.

d) School/child care officials will not question a child(ren) or any other staff, nor make any other inquiries about the alleged incident until directions are received from a member of the Investigative Team.

e) Where there have been allegations against a staff/volunteer/placement student in a school or child care setting, a member of the Investigative Team will discuss with the school principal/child care supervisor:

   i. who should be informed of the matter (e.g., parents of the alleged victim(s), other parents, other children in the setting, staff, operator);

   ii. what specific information should be conveyed;

   iii. how to share the information;

   iv. who should relay the information; and

   i. the timing of the release of information.

f) When criminal charges have been laid against an individual who performs professional or official duties with children in a child-care setting, but was not performing duties in relation to the child-care setting at the time of the alleged abuse (e.g., a soccer coach), the police, where appropriate, will inform the child-care supervisor/owner, where allowed by Disclosure of Personal Information, Ont. Reg. 265/98 under the Police Services Act.
IMMEDIATE PROTECTION OF THE CHILD

1. SEPARATION OF ALLEGED OFFENDER FROM VICTIM

a) Immediate action will be taken to separate the alleged offender from the victim for the duration of the investigation in situations where the immediate safety of a child is a concern and/or the integrity of the investigation may be compromised. Immediately following a child's disclosure of abuse, the alleged offender should have no contact with the child – to do so could put the child at risk for re-victimization. Additionally, the offender could put pressure on the child. Examples of this include the offender focusing on his/her own plight and making the child feel guilty for disclosing, or coercing the child to recant*. These are also some considerations when making decisions concerning the return of a child to the home following an apprehension.

2. RELEASE OF ALLEGED OFFENDER

a) In all cases where criminal charges are laid, it is recommended that police and the CAS discuss what conditions of release are appropriate to protect the victim(s) and other members of the public. It is especially important to have this discussion if a no contact order is being considered. Relevant information to assist the Crown should be provided in a timely manner.

b) The police will obtain the conditions of release and advise the CAS. Where appropriate, the Investigative Team will advise the following individuals of the current conditions of release:

   i. the child;

   ii. the allied caregiver(s)*;

   iii. the school principal; and

   iv. the child-care supervisor.

   v. Victim Witness Assistance Program (VWAP).

The Investigative Team will advise the above individuals that if there is any imminent danger to the child or if any breach of release conditions occurs, the police are to be contacted immediately.

c) A police officer and/or a child protection worker will immediately take the necessary action for enforcement once any violation of release conditions or of a civil or family court order is reported. In particular, without limiting the generality of the foregoing, a child protection worker will notify the police of any violation of release conditions, and the police will notify the crown of any violation of release conditions. If appropriate, charges should be laid by the
police officer for breaches of any release conditions. In situations where there is an outstanding child protection order limiting contact between parties and police become aware of any violation of the order, they will notify the CAS.

CHILD PROTECTION PROCEEDINGS

1. COMMENCING PROCEEDINGS

a) Whether or not criminal charges are laid should not be a factor affecting the decision to commence child protection proceedings. Attention should be paid to the distinction between the onuses of proof in child protection proceedings (the balance of probabilities) in family court versus the criminal standard of proof beyond a reasonable doubt in criminal court. The determination of whether or not a child is in need of protection or is at risk, are decisions independent of the criminal process.

b) The CAS will decide, in consultation with the CAS supervisor, whether or not:
   i. to leave the child in the home or make an alternate safety plan;
   ii. to commence child protection proceedings (e.g., seek a supervision order); and
   iii. protection concerns exist with respect to a sibling(s) and/or any other child(ren) at risk from the alleged offender.

2. COMMUNICATION BETWEEN CRIMINAL JUSTICE PERSONNEL & CHILD PROTECTION PERSONNEL

a) Where child protection proceedings are initiated, the child protection worker shall keep the police officer informed of any order that has been made that may impact on the criminal proceedings, and of dates of future court appearances.

b) The police officer shall keep the child protection worker informed of the outcome of any criminal proceedings.

c) If a child protection worker is subpoenaed to testify for the defense at any time, s/he will advise the police officer and/or the assigned crown counsel immediately.

d) Where the CAS believes that release conditions should be amended to allow for interaction between the child and the offender, the child protection worker, the police officer and/or assigned crown counsel will discuss the matter before taking any steps to allow for access.
3. WHERE CONFLICTING ORDERS EXIST

a) Generally, to the extent that it is more restrictive, the criminal order prevails over the child protection order, or custody and access proceeding, while the child protection order prevails over any custody and access proceeding. It is to the advantage of all parties (the professionals who must enforce the order(s), the caregiver(s) and children affected by the orders) if there is consistency, particularly between the criminal and child protection orders.

b) Where a civil proceeding is commenced, the CAS counsel and counsel for the child (if any) will have copies of any civil order regarding access to the child and will share this information with the police officer. This information will also be shared with the school principal and child-care supervisor to the extent that it is necessary to enact a safety plan.

REFERRALS

a) The Investigative Team will offer referrals to the appropriate community organizations. See Part III – Protocol Partners.

b) The Investigative Team should advise the child and the child’s caregiver(s) of the child’s right to apply to the Criminal Injuries Compensation Board. (If the child is a ward of the CAS, that agency may make an application on behalf of the child).

c) The Investigative Team will work to ensure the child and family is helped through the process of any child protection or criminal court proceeding.

d) All service providers will offer appropriate referrals, as required.

CRIMINAL JUSTICE SUPPORT SERVICES

If criminal charges are laid:

a) The police will provide victim contact information, charges, judicial interim release order (if applicable) and synopsis to the Victim/Witness Assistance Program as soon as practicable so VWAP may provide early contact. See Part III – Protocol Partners.

b) The Crown Attorney’s office will assume primary responsibility for liaison and preparation of the child and other witnesses for criminal court proceedings. This will be done in conjunction with the police and VWAP.

c) VWAP will provide information about the criminal justice system, ongoing case specific information, emotional support, court preparation and referrals, as requested for the duration of the case.
d) When the CAS decides that there is no further child protection concerns and closes a case, the child protection worker will inform the police officer, the Crown, and VWAP if the case is still before the criminal courts. If closing the case, where appropriate, the child protection worker will refer the family for support and treatment.

**CRIMINAL PROCEEDINGS**

1. **LAYING CRIMINAL CHARGES**

a) The police officer will decide if reasonable grounds exist to lay charges under the *Criminal Code of Canada.* (See Appendix, Part XIII – Criminal Proceedings, The *Criminal Code of Canada* – Criminal Offences Against Children.)

b) Where an alleged offender is between 12 and 17 years of age, the provisions of the *Youth Criminal Justice Act* apply in regards to the laying of Criminal charges. If the alleged offender is under the age of 16 years, in addition to proceeding under the *Youth Criminal Justice Act*, the Investigative Team will consider if there are reasonable grounds to believe that a child(ren) is in need of protection.

c) When the police officer decides whether or not to lay charges in a particular case, the factors influencing that decision will be explained fully to the child protection worker.

d) In the event that criminal charges are laid, the police officer will, where appropriate

   i. notify the allied caregiver(s), child, school principal and/or child care supervisor;

   ii. in the case of a young person, the Investigative Team will determine what information to disclose to the school principal/child care supervisor in accordance with s. 38(1.13) of the *Youth Criminal Justice Act* (i.e., to ensure safety of staff, students or other persons; pursuant to a court order concerning bail, probation or conditional supervision)

e) It is incumbent upon police officers to provide full disclosure to the criminal court when charges are laid. Failing to do so can result in charges being stayed. Persons involved in interviewing a child regarding an allegation of abuse or receiving a child’s disclosure, must be prepared to give a full statement detailing their involvement in the case. Further, where notes are taken with respect to a child’s disclosure and/or an interview of a child regarding an allegation of abuse, and where a criminal investigation is occurring, the notes must be provided to the police to be disclosed to the court.
2. PROSECUTION

a) **Bail hearings**

On arrest, an accused person may be released by a police officer with a promise to appear in court on a specified date, or taken into custody for a hearing before a Justice of the Peace. The more serious the offence(s), the more likely the accused is to be detained in custody. The Court’s considerations at the bail stage are ensuring that the accused will attend court; ensuring that the offence or other offences don’t continue; and the public perception of the administration of justice.

b) **Charge screening**

i. Once a charge is laid, the investigative brief is then forwarded to the Crown Attorney’s office for “screening” and prosecution. The Crown proceeds with a prosecution where there is a “reasonable prospect of conviction” on the evidence collected, and in addition, the prosecution must be in the public interest. Some criminal offences are prosecuted summarily, which is a simplified procedure that takes place in the Ontario Court of Justice (in Kingston it is located at 279 Wellington Street). Summary offences have a maximum sentence of 6 or 18 months in jail, a $2,000 fine, and 3 years probation. On average, a case in the Ontario Court of Justice can be expected to take between 6-12 months.

ii. Other criminal offences are prosecuted by indictment, which is often a two-step procedure with a preliminary hearing at the Ontario Court of Justice and then trial in the Superior Court either before a Judge or a Judge and jury. Sentences for indictable offences can be up to several years in penitentiary. A case prosecuted by indictment can take over a year. A number of factors beyond the control of Crown counsel can result in significant delays from charge to final disposition.

iii. Some offences are straight summary or straight indictable, and others involve an election by the Crown. Factors that crown counsel consider are the seriousness of the offence, the strength of the evidence, the impact on the victim of having to testify at two separate proceedings, and the sentence the Crown would seek upon conviction.

c) **Assignment of the Case**

In almost all child abuse cases, a Crown counsel will be assigned, well in advance of the trial, and will remain with the case until its final disposition. There may be situations where it is unavoidable that a case be re-assigned to an alternate Crown who will familiarize themselves with the brief and assume carriage of the prosecution.
d) **Victim interviews**

i. VWAP will respond to the concerns of the victim and caregiver and if requested, arrange an appointment with the Crown and/or police.

ii. A Crown counsel will be reasonably available to a victim and victim’s family/caregiver to provide information. All reasonable efforts will be made to accommodate the victim and caregiver when scheduling interviews.

iii. VWAP will provide court preparation for the child and will not discuss or review evidence with any victim/witness. VWAP will provide court accompaniment and support while the child is testifying, as resources permit.

iv. The assigned crown counsel will keep in mind that time is of the essence in getting a child witness to court in order to preserve memory and minimize stress upon the child (i.e. avoid setting court dates on significant dates for children, if possible).

v. Where any delay or adjournment of a trial or preliminary hearing is confirmed, VWAP or the police officer, in consultation with the assigned crown counsel, will direct the child that attendance at court will not be required on that specific date. The child will only attend at court when the assigned crown counsel confirms that the child’s attendance is necessary.

vi. Crown counsel will meet with the victim before the preliminary hearing if there is one, and/or before trial. More than one meeting may be required in order for counsel to develop a rapport with the child and allow the child to feel comfortable telling the Crown in court.

vii. VWAP works collaboratively with and acts as a liaison with the police, Crown, CAS and community support services as needed and advocate on the child’s behalf.

viii. Interviews will generally be conducted with a VWAP worker. Depending on the age of the child, the child’s preferences if applicable and the relationship of the perpetrator to the child, a parent and/or CAS worker may also be present.

ix. The police officer is responsible for communicating with the Crown in preparation of the case, reviewing the video statement or written statement or transcripts with the child, arranging/attending a meeting between the child witness(es) and the assigned crown counsel. This meeting will be arranged in conjunction with VWAP.

e) **Resolution of Charges**

i. VWAP will provide the victim and caregiver’s input on sentencing conditions to the Crown.

ii. Whenever possible, Crown counsel will consult with the victim, caregiver(s)
and/or family regarding any plea agreement. While Crown counsel do not require the complainants’ approval for any proposed resolution, they will place considerable weight on the views expressed during this process.

f) Disclosure

i. The Crown is obligated to disclose to the defence all information in its possession, whether favourable to the Crown or the defence that might be relevant to the charge. Every accused person is presumed innocent until proven guilty beyond a reasonable doubt in court, and the law requires that they be given an opportunity to make “full answer and defence”. This means they must be informed of what makes up the case against him or her, and have a chance to answer to the charge(s).

ii. There are special rules restricting an accused’s access to medical, psychiatric, therapeutic, counselling, educational records and diaries.

iii. In the event that the defence makes an O’Connor/Mills application to seek access to the child’s third party records, VWAP will explain the process to the caregiver, provide a referral to the Regional Special Panel, refer to Legal Aid and liaise with the Crown so the child’s counsel can obtain a copy of the motion.

iv. If the child has counsel, the crown will be open to collaborating with them to the fullest extent of the law.

g) Special Provisions for Children in Court

VWAP will ensure the Crown is aware of issues causing undue stress on the child, assess the child’s need for testimonial aids and advocate accordingly on the child’s behalf. The Crown will work with VWAP to develop a plan for proper preparation, support and security for the child witness in court and the caregiver.

i. The Oath

   a. Where a child is under 14 years of age, the court shall receive their evidence as long as they are able to understand and respond to questions. No oath or affirmation is administered; rather, the witness testifies on a promise to tell the truth. The evidence has the same effect as if it were taken under oath. (See section 16 of the Canada Evidence Act).

   b. Where a witness is over 14 years, they normally testify under oath or solemn affirmation. If they do not understand the nature of an oath or affirmation, but are able to communicate their evidence, they may testify on the promise to tell the truth.

ii. Unrepresented Accused (S. 486.3(1))

   On application of the Crown or the witness, an accused shall not personally
cross-examine the witness (unless the judge is of the opinion that the proper administration of justice requires it, which is rare). Instead, the judge shall appoint counsel to conduct the cross-examination.

iii. **Support Person (S. 486.1(1))**

Where a witness if under 18, the Court must allow the Crown’s application to permit a support person of the witness’ choice to be present and to be close to the witness while the witness testifies, unless the judge is of the opinion that the order would interfere with the proper administration of justice. Normally another witness will not seek to be the support person, unless it is necessary, and no communication during the evidence is permitted.

iv. **Publication Ban (S. 486.4 and 486.45)**

a. Crown and VWAP will discuss Publication Bans with the victim and caregiver provision for any child under the age of eighteen years.

b. As a general rule, Crown counsel will apply for an order banning publication of the name of the victim and identifying information. In sexual offences, the order is mandatory upon application of the prosecutor or witness. In cases of child pornography, the order is mandatory and does not require an application. In all other cases the order is discretionary.

v. **Use of a Screen (S. 486.2(1))**

On application by the prosecutor or a witness the judge shall order that a witness under 18 be permitted to testify behind a screen that would allow the witness not to see the accused, so long is this doesn’t interfere with the proper administration of justice.

vi. **Exclusion of the Public (S. 486(1))**

All proceedings are held in open court. However, a judge may order that all or any of the public be excluded from the courtroom where necessary to ensure that the interests of witnesses under 18 are safeguarded.

(This section is not often routinely resorted to, since it is usually the accused that the victim fears, not the public. An accused person cannot be excluded from the courtroom in the ordinary course. Thus tools such as the screen and closed-circuit television, which is essentially exclusion of the victim from the courtroom, are desirable alternatives.)

vii. **Closed-Circuit Television (S. 486.2(1))**

a. On application by the prosecutor or a witness, the judge shall
order that a witness under 18 be permitted to testify outside the courtroom so as not to see the accused, as long is this doesn’t interfere with the proper administration of justice.

b. Crown counsel shall address their minds to the desirability of protecting vulnerable victims giving evidence in court. A balancing process will be used in cases where the child witness is considered to be old enough and/or able to testify in open court without the benefit of such provisions, where Crown counsel feels the prospect of conviction and/or the efficacy of the testimony would be greatly reduced by the use of this discretionary tool.

h) **Victim Impact Statements**

i. Upon a finding of guilt, the police officer or VWAP will supply a “Victim Impact Statement Form” to the child and allied caregiver(s) and inform them of the purpose and use of the form (i.e., for sentencing purposes). Assistance will be provided, if required and as resources permit.

ii. Crown counsel and/or the Victim/Witness Assistance Program should advise the victim or the victim’s family of their right to make a Victim Impact Statement; how to make it; and the use or uses that can be made of it.

iii. The purpose of a victim impact statement is to provide information to the Court about the impact of the offence on the victim, so that the Court can consider the harm done in assessing an appropriate sentence. It is a victim’s opportunity to be heard, particularly where no trial is held.

iv. A copy of the victim impact statement is disclosed to the defence. The original is filed with the court on sentencing, and the statement thereby becomes a public document.

i) **Sentencing Hearings**

i. Crown counsel will make submissions to the Court on sentencing. Where appropriate, Crown counsel will request pre-sentence reports and assessments of the offender. This information will assist counsel in making appropriate sentencing submissions.

ii. The principles of sentencing are set out in s. 718 of the Criminal Code. In addition, section 718.01 states that when a court imposes a sentence for an offence that involved the abuse of a person under the age of 18 years, it shall give primary consideration to the objectives of denunciation and deterrence of such conduct.

iii. Abuse of a person under 18, and abusing a position of trust or authority in relation to the victim in the commission of an offence, are both aggravating factors.

iv. In cases of child abuse, the Crown will emphasize protection of vulnerable
members of the public, the psychological harm caused by child abuse, society’s revulsion for child abuse, and the impact that the abuse has had on the particular victim.

v. If charges are to be withdrawn or stayed by the Crown, complainants should be notified in advance by either the police or the assigned crown counsel. If this is not possible, they should be notified as soon as possible thereafter.

j) Appeals

The offender, and in more limited cases the Crown, may initiate an appeal of conviction (or acquittal) or sentence.

Appeals of summary offences, such as assault, which are tried at the Ontario Court of Justice (279 Wellington St.) are heard at the Superior Court of Justice (5 Court Street). The local Crown and VWAP offices will work together to keep the victim advised of the appeal, the appeal process, the hearing date and outcome.

Indictable matters (such as kidnapping or murder) are appealed to the Ontario Court of Appeal in Toronto. There is a special VWAP Appeal office in Toronto, and a special Crown office in Toronto to handle indictable appeals. Upon notice of an Ontario Court of Appeal case, VWAP will forward the victim contact information to the Toronto Court of Appeal VWAP office. This office will keep the victim advised of the appeal, the appeal process, the hearing date and the outcome.

Crown appellate counsel should ensure that the victim and/or victim’s family is advised of the appeal, the appeal process, the hearing date, and the outcome with the assistance of VWAP. If bail pending appeal is granted, the victim/caregiver should be advised of the fact of and conditions of release. If the accused’s appeal is granted and a new trial ordered, the Crown counsel will consult with the victim in deciding whether or not to proceed with a second trial.

k) Crown Policy

The Crown Policy Manual is now publicly available. It contains policies specifically related to offences against and affecting children. An electronic version of the manual is available at the following website:

http://www.attorneygeneral.jus.gov.on.ca/english/crim/cpm

3. SENTENCE AND POST SENTENCE

i. Depending on the offence(s), an adult accused person who is found guilty after a plea or a trial may be expected to be sentenced to one of the following:
Conditional discharge (no conviction, but probation for 6-12 months on average with conditions);

Suspended sentence and probation with conditions (up to 3 yrs);

Fine and probation;

Conditional Sentence (similar to probation but stricter, and technically a jail sentence of up to 2 years less a day);

Jail (straight time or intermittent); or

Jail and probation.

ii. Young offenders (12-18 years old at the time of the offence) may receive any of the following:

- reprimand;
- absolute discharge;
- conditional discharge;
- fine of up to $1000;
- community service order (maximum of 200 hours);
- probation order;
- deferred custody order; or
- custody and community supervision order.

iii. In addition to any sentence imposed, the following orders will be sought in appropriate cases, and may be ordered:

- Firearms prohibitions/forfeiture
- DNA data banking
- S. 161 orders restricting offenders’ access to places where children can be expected to congregate
- National and provincial sex offender registries

iv. If the victim and/or caregiver(s) are present at the sentencing, every effort will be made by police/assigned crown counsel/VWAP to explain the disposition.

v. Where the victim and/or caregiver(s) are not present at the sentencing, the VWAP will inform the victim, victim’s caregiver(s), and if requested, the child protection worker of the court’s disposition, including any conditions. VWAP will provide a copy of a probation order to a victim’s caregiver and make referrals, as appropriate.
vi. If the court disposition includes any provision about access to the child(ren), the police officer, where appropriate, will communicate the necessary information to the child’s school and/or child care setting.

vii. Where the accused is sentenced to a provincial sentence (under 2 years), VWAP will provide a referral to the Victim Support/Notification Line to register so the victim/caregiver can be advised when the accused is released from custody.

viii. Where the accused is sentenced to a federal sentence (2 years plus), VWAP will provide a referral to the National Parole Board or Correctional Services Canada Victim Services to register so the victim and caregiver can be notified of significant information including parole and release dates.

ix. Court services provides the following documentation upon completion of the sentencing hearing:

i. Where an accused is convicted on summary election and receives a non-custodial sentence, copies of the following documents are automatically sent to the following agencies:

- **Probation order**
  Copies to Police Agency, Crown Attorney, Accused, VWAP, Probation
- **Conditional sentence order**
  Copies to Police Agency, Crown Attorney, Accused, VWAP, Probation
- **Form 52: Order to Comply with Sex Offender Registration Act**
  Copies to Police Agency, Accused, Crown Attorney
- **Weapons prohibition order**
  Copies to Police Agency, Accused, Chief Firearms Officer
- **DNA databanking order**
  Copies to Police Agency
- **Prohibition Order Section 161**
  Copies to Police Agency, Accused

ii. Where an accused is convicted on summary election and receives a custodial sentence, copies of the following documents are automatically sent to the following agencies:

- **Intermittent Sentence with Probation order**
  Copies to Police Agency, Crown Attorney, Accused, VWAP, Probation, Quinte Detention Centre
- **Warrant**
  Copies to Quinte Detention Centre
- **Form 52: Order to Comply with Sex Offender Registration Act**
  Copies to Police Agency, Accused, Quinte Detention Centre, Crown Attorney
- **Weapons prohibition**
  Copies to Police Agency, Accused, Chief Firearms Officer
- **DNA**
Copies to Police Agency

- **Non-Communication Order**
  Copies to Police Agency, VWAP, Accused

- **Prohibition Order Section 161**
  Copies to Police Agency, Accused

iii. Where an accused is convicted on **indictable** election and receives a **non-custodial Sentence**, copies of the following documents are automatically sent to the following agencies:

- **Probation**
  Copies to Police Agency, Crown Attorney, Accused, VWAP, Probation

- **Conditional sentence order**
  Copies to Police Agency, Crown Attorney, Accused, VWAP, Probation

- **Form 52: Order to Comply with Sex Offender Registration Act**
  Copies to Police Agency, Accused, Crown Attorney

- **Weapons prohibition**
  Copies to Police Agency, Accused, Chief Firearms Officer

- **DNA**
  Copies to Police Agency

- **Prohibition Order Section 161**
  Copies to Police Agency, Accused

iv. Where an accused is convicted on **indictable** election and receives a **custodial sentence**, copies of the following documents are automatically sent to the following agencies:

- **Intermittent Sentence with Probation**
  Copies to Police Agency, Crown Attorney, Accused, VWAP, Probation, Federal Institution

- **Warrant**
  Copies to Federal Institution

- **Form 52: Order to Comply with Sex Offender Registration Act**
  Copies to Police Agency, Accused, Federal Institution, Crown Attorney

- **Weapons prohibition**
  Copies to Police Agency, Accused, Chief Firearms Officer

- **DNA**
  Copies to Police Agency

- **Prohibition Order Section 161**
  Copies to Police Agency, Accused

- **Non-Communication Order**
  Copies to Police Agency, VWAP, Accused

- **Memorandum of Ontario Court of Justice to Correctional Service of Canada and Transcript for Reasons of Sentence**
  *(federal time—2 years)* *(Form # CCO-743.2.2)*

or
4. WHERE PROBATION OR A CONDITIONAL SENTENCE IS BEING CONSIDERED

a) The assigned crown counsel should specifically consider the following conditions, and where possible, to consult with the child protection worker if there is ongoing CAS involvement:

   i. a provision restricting access to the victim;
   ii. a provision restricting access to the victim's family;
   iii. a provision restricting access to other child(ren) at risk of the offender; and
   iv. a condition to attend, participate in, and complete offender-specific treatment.

5. WHEN A PROVINCIAL OR FEDERAL COMMUNITY SUPERVISION ORDER IS IN PLACE

a) This section is designed to be inclusive of Federal and Provincial mandates, Acts, and Regulations. The intention is to include all levels and services when there are references to include Youth Probation, Adult Probation/Parole, and Federal Release. The term probation/parole officer is meant to refer as applicable in the foregoing sections to any or all service providers noted above. The term "community supervision order" is meant to refer to any or all of the various orders that can be made under the various Acts and Regulations including Conditional Sentences.

b) The probation/parole officer will:

   i. consider contacting interested parties and agencies to inform them of the role and function as a probation/parole officer and to provide general information about the applicable community supervision order processes;
   ii. will ensure that the conditions of the community supervision order are entered into Canadian Police Information Centre (CPIC);
   iii. monitor and enforce offender compliance with the conditions of the community supervision order;
   iv. initiate contact with the victim, with the assistance of the Victim Witness Assistance Program (VWAP) or other agencies, to advise of the community supervision order process, the offender’s status and communicate any
conditions that may relate to the victim - specifically conditions of non-
association.

v. respond to victim inquiries/concerns throughout the period of incarceration
and/or community supervision order.

vi. encourage victims to make use of the applicable **Victim Support Lines:**
   - **Ontario Victim Support Services:** 1-888-579-2888
   - **Correctional Service Canada-Ontario Victim Unit:** 1-866-875-2225
   - **National Parole Board – Ontario Victim Unit:** 1-800-518-8817

vii. maintain communication with the victim, police and community agencies where
applicable. (e.g. CAS, counseling agencies, VWAP) for the purpose of victim
safety and compliance with conditions of the community supervision order.

viii. watch for indicators of new incidents of criminal/abusive behaviour. Any new
incidents of abuse involving a child are reported to the police and/or the CAS
as required under the **Child and Family Services Act.**

ix. consider disclosing further information when a release of information signed by
the offender has been obtained specifically permitting such disclosure; and

x. consider sharing personal information regarding the offender in compelling
circumstances, affecting the health and safety of an individual in accordance
with the relevant Federal, or Provincial privacy legislation that applies for each
service provider.

c) When the offender submits a plan indicating intent to reunite with the family and child
for the period of any community supervision order, the following steps should be
taken:

i. To carry out thorough case planning and coordination, it is critical for all
professionals to request signed "Release of Information Forms" from the victim,
the offender and family members.

ii. If the case is active with the CAS, the child protection worker should, as soon
as possible, notify the probation/parole officer of any indication that the family
intends to reunite with the offender.

iii. The probation/parole officer should notify the child protection worker of any
request from the offender to alter the community supervision order to have
access to the child victim and/or to reunite with their family.

iv. The child protection worker, probation/parole officer, and treatment providers
for all parties including the child, the allied parent(s), any siblings and the
offender should develop a coordinated plan that ensures protection of the
victim and other children.

v. Consideration should be given to the following factors when developing a plan
of family reunification:
1. whether or not reunification is in the child’s best interests;
2. the offender has successfully completed treatment as evaluated by the
treatment provider(s), and has provided proof thereof;
3. demonstration of responsibility for the abuse by the offender as
evaluated by treatment providers;
4. no known recurrence of abuse of this or any other child;
5. demonstration by the child victim that s/he wants, and is ready to have
the offender in the home, and is agreeable to and supported by the
child’s treatment provider(s);
6. demonstration of allied caregiver(s)’ commitment and understanding of
how to protect the child(ren);
7. demonstration of allied caregiver(s)’ willingness to have the offender
return; and
8. demonstration that the child and other family members will report any
indications of further abuse.

d) See Part III – Protocol Partners for background information on:
   i. Youth Probation
   ii. Probation and Parole
   iii. Correctional Service of Canada
   iv. National Parole Board
SITUATIONS THAT INVOLVE ADDITIONAL CHALLENGES

There are a variety of circumstances and situations that pose unique challenges to service providers. Children in such circumstances are often at greater risk of abuse, yet their cases may be the most difficult to identify.

CHILDREN WITH SPECIAL NEEDS MAY BE IDENTIFIED AS FOLLOWS:* 

1. CHILDREN WITH DISABILITIES:

a) Although we are still learning about the complex interactions between abuse and disabilities, two facts are well documented:

i. children with disabilities are more likely to be abused than other children; and

ii. many childhood disabilities result from child abuse (e.g., traumatic brain injury as a result of shaking an infant, violence during pregnancy).

b) A number of factors contribute to the increased risks experienced by children with special needs.

c) Many people think that children with special needs do not experience violence or abuse. Some people think that individuals with disabilities are not sexual, or sexually attractive, or that no one would ever want to hurt them. In fact, it is the child’s vulnerability, not “sexual attractiveness” that draws the abuser who is looking for control.

d) Children with special needs may have multiple caregivers, and are much more likely to live outside their natural families than other children. Children with disabilities who are placed in these settings are at an increased risk for child abuse as a result of their exposure to a greater number of caregivers.

e) Children with disabilities have unequal power in relationships. Children whose mobility is impaired are unable to escape. Children with disabilities may not have had the learning opportunities and social interactions with peers available to other children. This may leave them at a disadvantage because of lack of knowledge of appropriate or inappropriate behaviour. Children may be unable to express themselves, to disclose or ask for help if communication is impaired.

f) Children with disabilities are more dependent on their caregivers, which may include extensive care necessary for washing, toileting and dressing, and may not recognize a situation as inappropriate or abusive. Additionally, these children may be unable to tell due to a communication difficulty, or may be afraid to tell for fear of: not being believed; being separated from their families; or losing needed services.

g) Cultural attitudes and beliefs about children with special needs have been linked to child abuse and violence, such as the belief that their lives have less value, they are less than fully human, they are incapable of suffering or they suffer excessively.

h) Forms of restraint are sometimes used with children who have special needs. Restraining a child who is deemed to be a risk to him/herself and/or others may be considered necessary to protect the child or others in close contact with him/her. The risk of hurting a child increases when there is: a lack of consistent reasons for restraining a child; an unclear definition of “harm to oneself or others”; and caregivers who lack training to safely restrain children. Restraint may also serve to escalate a situation and therefore increase the risk of injury.

2. CULTURAL CONSIDERATIONS

a. Service providers need to recognize the importance of culture and be sensitive to the various cultural practices they may encounter. For example, there are many children for whom English is not their first language and who would be unable to provide a full account of the allegations without the use of an interpreter. Interpreters should be aware of cultural issues that may affect comprehension (e.g., dialects) and expression. Even though children may have some knowledge of English, the investigators should be aware that, if English is not the child's first language, the assistance of an interpreter might be necessary. If the child is stressed or frightened they may regress and, with that regression, could resort to their native tongue, both in comprehension and expression.

b. Professionally qualified interpreters and not family or friends should be used with children/witnesses and individuals with communication barriers.

3. DEVELOPMENTAL STAGES OF YOUNG CHILDREN

Young children require special interviewing skills and a knowledge base about developmental levels. These children can be challenging because of their limited verbal and comprehension skills. They can be the most vulnerable victims due to their age, dependence on others and perceived lack of credibility, yet it is not uncommon for investigators to stop an investigation with a young child either because they are unable to communicate with the child or are uncomfortable with the child's behaviour (e.g., lack of attention, unfocused, fidgety). Young children may require resource persons to assist in delivering services.

4. ALLEGATIONS ARISING IN CUSTODY & ACCESS/DOMESTIC VIOLENCE DISPUTES

a) Allegations in the context of custody and access/domestic violence disputes can be difficult in that information is often received from a parent or other adult. There are many reasons why an abusive situation could come to light after parents have separated including the following:

i. child may feel safe enough for the first time to disclose about previous abuse;
ii. Child may be fearful of an upcoming visit due to previous abuse;

iii. child may feel that all previous threats against him/herself or the allied parent now are not likely to occur because of the separation;

iv. thought of being isolated with the offending parent may be more threatening to the child than when the child and offender were living in the same home with other family members; and

v. non-offending parent may now feel safe enough to report the abuse.

b) Children in these situations may be very young, their communication skills can be limited and they cannot successfully argue on their own behalf. They are potentially at high risk since, without verification of the allegations, the accused parent may continue to have or gain access to, or custody of, the child. In these circumstances, the abusive parent gains extended and private access to the child, as well as increased opportunity for abuse and coercion.

c) Service providers must be aware of some of the unique aspects of these types of allegations, as well as of any preconceived notions they themselves might hold about the validity of such allegations.

5. ALLEGATIONS INVOLVING CHILDREN IN RESIDENTIAL CARE

a) Investigations in residential care settings may be complicated from both an investigative and organizational perspective. This complexity is due, in part, to the following:

i. the number of children in the setting who may be possible victims, and for police, the applicability of the Ontario Major Case Management Manual;

ii. possible behavioural problems and/or developmental limitations of the residents;

iii. the number of placement agencies and/or individuals responsible for these children;

iv. the fact that one or more members of the staff may be alleged abusers; and

v. the (possible) involvement of the Ministry of Children and Youth Services program supervisor and staff of any on-site school or child care program in addition to the CAS, CAS’s from other jurisdictions, and police.

b) Ministry of Children and Youth Services Children’s Residential Licensing Directives require that residential care settings (as defined by the Child and Family Services Act) establish joint protocols with the CAS for abuse investigations. As well, all such settings are required to report suspected abuse to the CAS as per s.72 of the Child and Family Services Act.
c) The residential care setting must not undertake to conduct its own internal child abuse investigation; this remains the mandate of the CAS and/or police. Staff should work cooperatively with the Investigative Team throughout the investigation and should have no direct involvement in it unless so directed by the Investigative Team. If the Investigative Team encounters any difficulties in this area, it might be useful to refer to the internal protocol of the institution.

d) In investigating allegations of abuse within residential care settings, the Investigative Team will need to consider the unique concerns of the children’s caregivers and of non-offending staff members. For example, parents may fear reprisal from staff should abuse be reported. If the alleged abuser is a staff member, some parents may prefer that the individual be dismissed or disciplined, rather than reporting to authorities. Both these situations may be further complicated if parents have become very dependent on the staff. If a report is made in these circumstances, the possibility for recantation exists.

6. YOUTH WHO ARE SUSPECTS OR OFFENDERS WHO DISCLOSE THAT THEY ARE VICTIMS

In the context of an investigation involving a youth as a suspect or offender, the youth may disclose previous or ongoing abuse in his/her life. Research continues to indicate that youth who are suspects/offenders who have been abusive toward others may have been victims of abuse themselves. In a study by Ryan et al., it was found that 41.8% of youth who were offenders had a known history of being physically abused, and 39.1% had been victims of sexual abuse. This information was recorded at intake, before further disclosures or discoveries during the treatment process occurred. Youth who, in the course of their questioning, disclose that they themselves were victims of abuse can pose unique issues for investigators. These allegations require follow-up in accordance with established procedures.

7. **SPECIAL ISSUES**

a) Special issues often compound multiple victim investigations. These issues include:

i. challenges in interviewing because of the potentially large number of victims, some of whom may be very young and many of whom may be known to each other;

ii. ensuring that evidence is not contaminated because of the proximity and/or familiarity of the victims and offenders with one another;

iii. researching, recording and sorting through historical data when the alleged abuse occurred many years ago;

iv. dealing with allegations of the occult and ritualism that can detract from the abuse issues and potential criminal offences;

v. contending with potentially long delays in the court system, both child protection and criminal because of the number of victims and offenders;

vi. adapting a victim/witness support program to meet the needs of the many victims;

vii. meeting the special treatment needs of many victims, families and offenders;

viii. responding to the media attention that may surround these cases; and

ix. the impact on the staff of institutions, schools, or facilities that may be involved.
PART III - PROTOCOL PARTNERS
ADMINISTRATIVE PROCEDURES

CHILD IN NEED OF PROTECTION (Policy Statement: Child in Need of Protection)

Purpose

It is the expectation of the Algonquin and Lakeshore Catholic District School Board system that staff will act promptly for the protection of the children in the care of staff, by reporting to a Children’s Aid Society/Family and Children’s Services* whenever they encounter students who they suspect who may be a “Child in Need of Protection”. This must be regarded as an emergency of the utmost priority and such concerns must be acted upon immediately. The following procedure is designed to ensure compliance with the Child and Family Services Act whenever it is suspected that a child is in need of protection.

* (In the following procedures, three jurisdictions are Children’s Aid Societies: City of Kingston and County of Frontenac, Hastings, and Prince Edward. The area of Lennox and Addington is referred to as Family and Children’s Services. All subsequent references in this procedure will say Children’s Aid Society/Family and Children’s Services.)

References

Child and Family Services Act (R.S.O. 2005)
The Education Act and Regulations
Ontario College of Teachers Act
Ministry of Education Policy and Program Memorandum No. 9 (August 10, 2001)

Procedures

1.0 Definitions of Child in Need of Protection

1.1 “Child” is defined as any person under 16 years of age.
1.2 Section 37. (2) A child is in need of protection where:

a) The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person’s
   (i) failure to adequately care for, provide for, supervise or protect the child, or
   (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child.

b) There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from the person’s
   (i) failure to adequately care for, provide for, supervise or protect the child, or
   (ii) pattern of neglect in caring for, providing for, supervising, or protecting the child.

(Family and Children’s Services staff are available to assist with a better understanding of “adequate care”, “supervision”, and other related terms.)

c) The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

d) There is a risk that the child is likely to be sexually molested or sexually exploited as described in c).

e) The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.

f) The child has suffered emotional harm, demonstrated by serious
   (i) anxiety,
   (ii) depression,
   (iii) withdrawal,
   (iv) self-destructive or aggressive behaviour, or
   (v) delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child.
(f.1) The child has suffered emotional harm of the kind described in subparagraph (i), (ii), (iii), (iv) or (v) of paragraph f) and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.

g) There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph (i), (ii), (iii), (iv) or (v) of paragraph f) resulting from the actions, failure to act or pattern of neglect on the part of the child’s parent or the person having charge of the child.

(g.1) There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph (i), (ii), (iii), (iv) or (v) of paragraph f) and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.

h) The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development and the child’s parent or the person having charge of the child does not provide, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

i) The child has been abandoned, the child’s parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child’s care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child’s care and custody.

j) The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person’s property, services or treatment are necessary to prevent a recurrence and the child’s parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.

k) The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person’s property, with the encouragement of the person having charge of the child or because of that person’s failure or inability to supervise the child adequately.

2.0 Procedures

2.1 Legal Obligation to Report:

a) Duty to Report a Child in Need of Protection:

In Ontario under the Child and Family Services Act, every person, who has reasonable grounds to suspect a child may be in need of protection,
is obliged to forthwith report the suspicion and the information upon which it is based to a Children’s Aid Society/Family and Children’s Services.

b) Person Must Report Directly: A person who has a duty to report suspicions that a child may be need of protection shall make the report directly to the Children’s Aid Society/Family and Children’s Services and shall not rely on another person to report on his or her behalf, nor delegate the duty to another person.

The professional duty to report overrides any other provincial or federal statute, e.g. The Education Act, Youth Criminal Justice Act, Mental Health Act, and Criminal Code of Canada

c) Ongoing Duty to Report:

A person who has additional reasonable grounds to suspect a child may be in need of protection shall make a further report even if he or she has made previous reports with respect to the same child.

d) Professionals Who Are Required to Report:

Both the public and professionals have an obligation to report suspicions that a child may be in need of protection but there is an added responsibility on professionals to report and a penalty for not reporting.

Professionals include all persons who perform professional or official duties with respect to children including:

(i) a health care professional, including a physician, nurse, dentist, pharmacist and psychologist;

(ii) a teacher, school principal, social worker, family counselor, priest, rabbi, member of the clergy, operator or employee of a day nursery, and youth and recreation worker;

(iii) a peace officer and a coroner;

(iv) a solicitor;

(v) a service provider and an employee of a service provider.

e) Penalty for Failure to Report: A professional who receives information or has a suspicion that a child may be in need of protection during the course of his or her professional or official duties and does not report it, if convicted of an offense, is liable to a fine of not more than $1,000.

f) Protection for Persons Reporting:
Should civil action be brought against a person who has made a report, he or she will be protected unless he or she acted maliciously or without reasonable grounds for his or her belief or suspicion.

2.2 Reporting Procedures to be Followed in Disclosures or Suspicions of Child Abuse/Neglect:

a) Disclosures/Suspicions:

(i) If you have reasonable grounds to suspect a child may be in need of protection as outlined in section 1 above, you must report your suspicions directly to a Children's Aid Society/Family and Children's Services.

(ii) School personnel should not conduct an investigation regarding their suspicion or any disclosure from a child and should question the student only to verify the nature of the concern or disclosure.

(iii) If unsure or in doubt about the suspicions, consult the Intake Worker of the local Children's Aid Society/Family and Children's Services.

(iv) Do not promise the student that you will keep this information a secret.

(v) Respect the student's right to privacy by not identifying him or her to other staff or students. Assure the child that you are obligated to tell only a few people – the Principal, the Police and/or the Children's Aid Society/Family and Children’s Services.

(vi) Upon disclosure to the Children's Aid Society/Family and Children's Services, the Intake Worker will ask the following questions:

- Name, address and phone number of the student?
- Name(s) of siblings and what school they attend?
- Are you aware of any safety issues in the home (guns, dogs, etc.)?
- Does the family have Native status?
- Are you aware of any health problems, learning difficulties or behaviour Problems?
- Are you aware of any domestic violence in the home?
- Is there any other information that you think might help in interviewing the family?
THE RESPONSIBILITY TO REPORT SUSPICIONS THAT A CHILD MAY BE IN NEED OF PROTECTION LIES WITH THE PERSON WHO HAS THE SUSPICION OR RECEIVES THE DISCLOSURE.

b) Inform the Principal/Designate:

(i) Report to the Principal any suspicions or disclosures.

(ii) While the duty to report remains with the person who receives the disclosure, he/she may request the Principal’s presence while making the report to the Children’s Aid Society/Family and Children’s Services. Consultation shall not unduly delay the report to the Children’s Aid Society/Family and Children’s Services.

(iii) Once the staff member has formed the suspicion or heard a disclosure of child maltreatment, the Principal/designate shall not prevent a report to the Children’s Aid Society/Family and Children’s Services being made nor will there be sanctions or reprisal as a result of such action taken.

c) Inform the Children’s Aid Society/Family and Children’s Services:

(i) All suspicions that a child may be in need of protection and disclosures that suggest a child may be in need of protection due to maltreatment must be reported immediately to the appropriate Children’s Aid Society/Family and Children’s Services.

(ii) The call is made to the Intake Worker of the local branch of the Children’s Aid Society/Family and Children’s Services (see Appendix 4).

(iii) Clarify with the Children’s Aid Society/Family and Children’s Services Worker as to whether or not there will be a same day response in the school and/or whether or not the student can be dismissed from school at the end of the day.

(iv) Investigation of Suspected Child Maltreatment:

i. After a report has been made to the Children’s Aid Society/Family and Children’s Services, the parent/guardians should not be notified until there has been consultation with the Children’s Aid Society/Family and Children’s Services.

ii. Usually, the Children’s Aid Society/Family and Children’s Services will only conduct an interview with a student at their school with the prior consent of at least one of the parents. However, the investigation team of the Children’s Aid Society/Family and Children’s Services may determine that it is in the child’s best interest for the interview to take place without the prior consent of the parents. In these situations, the Principal will permit an
interview to take place at the school without prior parental consent.

2.3 Records to be Maintained and Retained:

a) Documentation:

The person having the suspicion of child maltreatment or receiving the information or disclosure that a child may be in need of protection due to abuse or neglect, should keep documentation (see Appendix 1). The documentation should:

(i) Be factual, including dates and time and contain no opinions;

(ii) Be brief and to the point;

(iii) Contain information seen or heard by the staff member, personal observations and contain questions asked of the child (Appendix 2);

(iv) In circumstances where protection concerns about a child have been observed over a longer time period, the classroom teacher is encouraged to maintain brief factual notes that identify specific concerns (see Appendix 1).

It should be noted that such records and documentation are Algonquin and Lakeshore Catholic District School Board documents and, at a later date, may be subject to review by a court during a criminal or civil proceeding. All file notes should be kept by the Principal who will seal the documentation.

b) Algonquin and Lakeshore Catholic District School Board Record of Suspected Child Maltreatment:

All referrals to the Children’s Aid Society by an Algonquin and Lakeshore Catholic District School Board employee must be reported immediately to the Director of Education using Form A. The staff member and the Principal will complete the form (Form A).

c) Ontario School Record Folder (OSR):

Under no circumstances should any documentation be inserted in the OSR.

2.4 Support for the Student:

a) The student may wish to have a support person with him or her during the interview.
b) The Principal should notify the school youth worker so that appropriate follow-up and counseling can be offered to the child and family.

2.5 The Children’s Aid Society/Family and Children’s Services will endeavour to advise the referring schools with respect to: actions taken as part of the investigation process, current placement arrangements for the child(ren), any access restrictions that are in effect and any other information deemed necessary to support the child(ren) within the home and school settings. The school is encouraged to seek further information it requires from the Children’s Aid Society/Family and Children’s Services to assist in this process.

2.6 Reporting Procedures Where the Person Alleged to have Maltreated a Student is a Board Employee:

When a Board employee is alleged to have been the offender, the procedures set out in this policy/procedure apply but there are certain additional requirements (See Appendix 3 – CAS/FCS Report of Allegation Against Employee Checklist).

a) In Ontario under the Child and Family Services Act, every person, who has reasonable grounds to suspect a child may be in need of protection, is obliged to forthwith report the suspicion and the information upon which it is based to a Children’s Aid Society/Family and Children’s Services.

b) The person receiving the disclosure or having the suspicions will inform the Principal of any suspicions or disclosure. Where the allegation involves a Principal, the person should inform the Superintendent of Education.

c) Additionally, the Principal will immediately inform the School Superintendent or Director’s office to confirm that there are reasonable grounds to call CAS/FCS. If the School Superintendent is contacted, he/she will inform the Director of Education directly. Consultation shall not unduly delay the report to the Children’s Aid Society/Family and Children’s Services.

d) Upon notice of an allegation against an employee of the Board, which the Director believes is serious, the Director/Designate shall remove the employee from direct unsupervised contact with students.

e) The person receiving the disclosure or having the suspicions will report to the Children’s Aid Society/Family and Children’s Services.

f) Once the report to the Children’s Aid Society / Family and Children’s Services has been made, no further investigation of the staff member will take place until specific instructions are received from the investigating Children’s Aid Society / Family and Children’s Services worker.
g) Immediately following a report to the Children’s Aid Society/Family and Children’s Services, Principals are directed to complete the “CAS / FCS Report of Allegation Against an Employee” (Form B).

h) After a report has been made to the Children’s Aid Society/Family and Children’s Services, the parent/guardians should not be notified until there has been consultation with the Children’s Aid Society/Family and Children’s Services.

i) Once a disclosure has been made, the disclosing student will not be questioned by any other school staff, nor shall any other inquiries be made until directions are received from the investigating Children’s Aid Society.

j) After consultation with the Children’s Aid Society/Family and Children’s Services, and the School Superintendent, the Principal shall inform the employee that a report has been made and inform the employee of the right to contact his/her union or association for assistance and advice.

k) The Principal, Supervisor or Superintendent shall not interview the employee prior to the investigation by the Children’s Aid Society/Family and Children’s Services staff. At the conclusion of the Children’s Aid Society/Family and Children’s Services investigation, the Children’s Aid Society/Family and Children’s Services will advise the Director of the Algonquin and Lakeshore Catholic District School Board of the outcome of the investigation. The Children’s Aid Society/Family and Children’s Services letter will inform the Director of Education of the following:

(i) actions occurred but cannot verify abuse;

(ii) actions not verified but there are concerns;

(iii) actions verified but no ongoing protection concerns;

(iv) actions occurred, abuse confirmed; and

(v) allegations are unfounded.

l) The School Superintendent will be the contact person for Children’s Aid Society/Family and Children’s Services staff.

m) After Children’s Aid Society / Family and Children’s Services has made a determination regarding an investigation of an employee, the Superintendent of School Effectiveness/Principal will meet with the employee and discuss the allegation. If disciplinary action will be taken, the employee is advised to bring a union representative. At the conclusion of the meeting, the Superintendent of School Effectiveness/Principal will complete Form C, “CAS/FCS Report of Allegation Against Employee” and, where further action is warranted, a letter outlining specifics of further action.
Appendices

Appendix 1: Guidelines for Documentation
Appendix 2: Types of Child Abuse, Neglect and Assault
Appendix 3: CAS/FCS Report of Allegation Against Employee Checklist
Appendix 4: Local Children’s Aid Societies / Family and Children’s Services

Forms

Form A: Confirmation of Report Form – Child In Need Of Protection
Form B: CAS / FCS Report of Allegation Against an Employee (Board Office Copy)
Form C: CAS/FCS Report of Allegation Against Employee (Office Copy)
Algonquin and Lakeshore Catholic School Board & Limestone District School Board.

What happens when a child discloses child abuse.

Make the report yourself to CAS (It is your responsibility to report).
- Inform the Principal or designate of the disclosure.
- Do not contact the parents/caregiver unless directed by CAS or Police.
- Stay with the child until the CAS or Police team arrive at the school.
- Consult with the CAS or Police before allowing the child to go home.
- Ask the child if he/she would like an adult to remain with him/her as support.
- Document the information and retain it in a secure location at the school.
- Under no circumstances should any documentation be inserted in the Ontario Student Record (OSR)

NOTES
- Believe the child.
- Try to stay calm.
- Reassure and support the child.
- Be careful not to ask leading questions.
- Take time to respond to the child's questions and concerns.
- Be careful not to make promises you can't keep. However, you can reassure the child of your own support and availability throughout the process.


You must report any new or ongoing concerns. Do not delay in making a report.

It is your duty to report to CAS

Things to remember

Keep communication open with the child who will require ongoing support. Respect the child's right to privacy by not identifying him/her to other staff or students.

KEY
- start / end
- decision
- process
- notes
The Children’s Aid Society (CAS) of the City of Kingston and County of Frontenac is a non-profit agency working in the local community to provide services and supports to children under the age of sixteen and their families. Established under the authority of the Child and Family Services Act, CAS’s have a legal responsibility to investigate concerns relating to the safety or well-being of children, and to provide services that protect children and support families. Our staff are professionally qualified and trained at the university level, and have additional specialized training in Child Welfare. We are a member of the Ontario Association of Children’s Aid Societies.

Our Mandate

Our mandate is guided by the Ontario Child and Family Services Act.

Mission Statement

The Frontenac Children’s Aid Society, in partnership with our community, protects children, strives to enable youth, strengthen families and prevent child abuse.

Vision Statement

We envision a future in which children, youth, families and communities in Kingston and Frontenac County have the internal capacity and community supports required to fulfill their hopes and achieve health and wellbeing.
Supporting Children and Families

Protecting children and helping build healthy families

Ontario’s 53 Children’s Aid Societies (CASs) are not-for-profit agencies that protect children from physical, sexual and emotional abuse and neglect. Throughout Ontario, these Societies have been keeping children safe, helping parents build healthy families and providing safe, nurturing environments for young people.

Each CAS is locally based in order to understand and respond to the specific needs of children and families in each community. In some communities, CASs are known as Family and Children’s Services.

The government of Ontario funds each CAS for child protection services we’re required to provide by law. Some CASs have charitable foundations or other fund-raising programs to raise and distribute money for services that the province doesn’t fund. These may include parent education programs, enrichment programs to promote healthy development of disadvantaged children and educational opportunities for children to pursue their interests and build successful lives for themselves.

Keeping children safe by supporting healthy families

Raising children is not easy. Even in the best of circumstances it’s a job that takes a lot of time, energy and patience.

It’s even harder when you also have to cope with serious problems like poverty, unemployment, domestic violence, inadequate housing, ill health, relationship breakdown or the challenge of caring for children with physical, emotional or developmental difficulties.

Families can come under a lot of stress. This can harm family relationships and distressed parents may abuse or neglect their children. Sadly, the cycle of abuse can perpetuate itself with abused children becoming abusive adults.

Prevention is key

We believe that the best way to deal with child abuse and neglect is to prevent it. That is why we encourage people to contact us before their stress affects their children’s safety. We can support families when needed to learn how to rely on their strengths and supports to ensure children’s safety.

Child protection is our responsibility

Child protection is our ultimate responsibility. Therefore we must intervene in any situation where a child under 16 has been, or is threatened with, physical or emotional harm, sexual abuse, or neglect by a caregiver or a person in a position of authority. Because children are almost always better off growing up in their own homes, we try to keep families together whenever we can. Most of the families we work with receive help through counseling and various support services to create safe homes for their children.
Providing a safe place for children

When parents are unable to safely care for their children, we find places for their children in the homes of friends or relatives, in foster homes or in other kinds of residences. Some of these residences are managed directly by the CAS, and some by other community agencies.

Placements are usually short-term and most children are returned to their homes when their family situation improves. In the meantime, we work with families to create a safer environment for the children's return home.

In some cases, however, children need to be placed permanently away from home. This may include adoption if it in the best interest of the child. If adoption is not feasible, we strive to keep the child in touch with his or her family if this is in the child's best interests. Our goal is to provide children with permanency so they can have a predictable future.

When young people are ready to leave CAS care, we help them learn important life skills so they can manage on their own. When adopted children grow up, legislation now exists to allow them to obtain information about their birth families.

Here is what you can do to protect children from abuse and neglect

Be aware of your duty to report a child's need for protection — and act on it!

Children are dependent on adults for love, support and nurturing. Therefore we're all responsible for protecting them from maltreatment whether by a parent, sibling, babysitter, relative, family or friend.

If you think a child is being abused or neglected, it's your legal duty to report the situation to the Children's Aid Society, even if you've already reported it on a previous occasion.

You can help keep children safe

You’re protected from any kind of legal action, provided the report is not a deliberately false accusation. Phone lines are open 24 hours a day, seven days a week. For the child’s sake, you should report the situation without delay by phoning us at 613-542-7351 between 8:30 am and 4:30 pm and after hours at 613-542-6909.
Learn more about us

Our professional team, foster parents, and volunteers are available to speak to community groups and professionals about child welfare issues and the work of the Frontenac Children’s Aid Society. Contact us at our website to request a speaker for your group:

http://www.casfrontenac.ca/about-us/contact-us

What is child abuse?

Child abuse is when a child is hurt intentionally, or when a parent or caregiver fails to protect a child in their care. It is against the law.

There are different kinds of child abuse:

- physical abuse
- sexual abuse
- emotional abuse
- neglect

What is physical abuse?

Physical abuse is any deliberate physical force or action (usually by a parent or caregiver) that results, or could result, in injury to a child. It can include punching, slapping, beating, shaking, burning, biting or throwing a child. It's stronger than what's considered reasonable discipline.

What is sexual abuse?

Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. Coercion (physical, psychological or emotional) is intrinsic to sexual abuse. This is what distinguishes it from consensual play with peers.

It's against the law for an adult or older child to:

- touch a child in a sexual way
- encourage or force a child to touch another person in a sexual way
- encourage or force a child to participate in any sexual activity
- tell a child to touch him or herself for an adult's or older child's sexual purposes

Sexual abuse of children can take many forms. Examples include sexual intercourse, exposing a child's private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, allowing a child to look at, or perform in pornographic pictures or videos, or engage in prostitution.
What is emotional abuse?

Emotional abuse is a pattern of behaviour that attacks a child's emotional development and sense of self worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity.

Such acts include constantly criticizing, teasing, belittling, insulting, rejecting, ignoring, or isolating the child. This kind of abuse also includes failure by a parent or caregiver to provide their children with love, emotional support, and guidance.

What is neglect?

Neglect is the failure to meet a child's basic needs for food, clothing, shelter, sleep, medical attention, education, and protection from harm. This can occur when parents don't know about appropriate care for children, or when they're not able to plan ahead. In addition, young children should never be left unattended. This includes leaving a child alone in a car even if you lock the doors and are gone for only a few minutes.

What is reasonable discipline?

The law presently allows parents to use "reasonable force" to discipline children. What's reasonable depends on the situation, but many forms of physical punishment that were acceptable in the past are no longer permitted, such as tying or locking children up. Any form of physical discipline that requires medical attention, or results in bruising, welts or broken skin, is not considered reasonable discipline. Using belts, electrical cords or other objects to discipline a child can cause serious harm as well.

Physical discipline of babies is also unacceptable. Handling babies roughly — whether in anger or playfulness — is extremely dangerous.

Shaking can cause serious injury, including brain damage, blindness and even death. For more information, please see our publication entitled Crying Baby: Handle with Care.

Physical punishment can also lead to physical abuse when parents or caregivers lose control and strike their children in anger.

What are alternatives to physical discipline?

If you're frequently angry or frustrated by your child's behaviour, learning different ways to handle the situation can help you and your child.

The CAS, the public health department, and other community agencies can give you information about how to deal with your child’s behaviour. In the parenting resources section of our website (noted below) we provide information about positive discipline:

http://www.casfrontenac.ca/parenting-resources

http://www.casfrontenac.ca/parenting-resources/positive-discipline
Reporting Abuse or Neglect

Everyone shares the responsibility of ensuring children are safe from any form of maltreatment. The risk of harm to a child may be from actions by their parent or caregiver (abuse) but also as a result of inaction by the person having care of the child (neglect). The Child and Family Services Act re-enforces that it is every person's legal responsibility to report suspected child abuse to a Children's Aid Society.

Who calls the Children's Aid Society?

- Professionals, citizens and family members call CAS when they suspect child abuse or neglect
- Families call CAS when they have difficulties managing their children
- Children call CAS when they are encountering difficulties or problems at home or are being abused or neglected

Confidentiality

Persons reporting their concerns to the CAS have the right to request that their identity not be disclosed. Confidentiality does not apply if it is felt that failure to disclose information may result in harm to a child.

Persons making a report to the CAS regarding possible child maltreatment will also be asked about any information concerning known domestic violence in the home.

Age of Children to Whom the Duty to Report Applies

The duty to report applies to any child who is, or appears to be, under the age of sixteen (16) years. It also applies to children who are 16 and 17 years of age and subject to a child protection order under the CFSA. [CFSA s.37(1)]

Reasonable Grounds

The Act states that you must have “reasonable grounds” to suspect child abuse or neglect. This means that you do not need to be certain a child is or may be in need of protection but what an average person, when exercising normal and honest judgment, would suspect.

Direct reports to a Children’s Aid Society

The person having the information about suspected child abuse or neglect must be the one to contact the Children’s Aid Society. You cannot rely on anyone else to report on your behalf. [CFSA s. 72(3)]
**Ongoing Duty to Report**

A person's duty to report reasonable grounds to suspect child maltreatment is an ongoing obligation. If a person has made a previous report, they must make a further report if there are additional reasons to suspect a child may be in need of protection. [CFSA s. 72(2)]

**Protection from Liability**

A person, including a professional person, is protected from civil liability whenever they make a report unless the person acted maliciously or without reasonable grounds. [CFSA s. 72 (7)]

**How We Respond to a Report**

**What happens if your family is reported to CAS?**

If someone says your child is abused or neglected, a CAS worker will visit your family to determine if abuse is occurring. If the worker thinks your child is at risk, he or she will speak with you regarding how to protect the child and help your family.

The worker may offer you support services, or discuss with you the need to temporarily remove your child from home. Removal of children happens in very few cases, however if your child is removed from home against your wishes, a judge will decide what should happen next. You can get a lawyer to help you in court. If you can't afford one, you should ask for assistance from the legal aid office.

If you disagree with the worker, you should talk to the CAS manager. If you, your worker, and the manager can't resolve the problem, the CAS has a formal complaints procedure that will be explained to you. You can ask for a written copy of the complaints procedure at any time.

Because some forms of abuse are crimes, the police may be involved in investigating an alleged assault of a child.

All of the foregoing information has been taken from our website which can be accessed at:  [http://www.casfrontenac.ca/](http://www.casfrontenac.ca/)
Children's Aid Society
of the City of Kingston and County of Frontenac

The Children's Aid Society is responsible for the safety and best interests of the child.

Once a report of child abuse or neglect has been made the CAS will:
- consult with a supervisor to develop a plan
- complete a provincial records check
- review previous history
- call police, share information and coordinate an investigation

During the investigation the CAS will:
- interview the child and other siblings
- notify non-offending parent of concerns & interview them
- have parent sign consents for other services
- develop a safety plan for the child and the family
- determine the need for medical exam
- interview other children who may be at risk
- interview other witnesses

The police and CAS continue to work together:
- The police interview the accused and determine what (if any) charges
- Police follow up with CAS to review the interview and review issues relative to conditions with access to the child
- CAS follows up with the family & makes referrals for counselling & support services
Role of Organization

Correctional Service Canada is responsible for the administration of sentences for offenders serving two years or more.

Legal entitlements are afforded to registered victims under the Corrections and Conditional Release Act (CCRA), which governs the Correctional Service of Canada (CSC). The CCRA defines a victim as someone to whom harm was done or who suffered physical or emotional damage as the result of an offence.

This information is a guide to what victims are entitled to know, how to obtain that information, and what victims can do to provide information that may affect decisions about offenders.

In the case of a child under the age of 18, anyone who is responsible for the care or support of the victim by law or custody (i.e.: the caregiver), may request and receive information on behalf of the victim.

Overview of Specific Procedures and Services

The Role of Victims of Crime in the Corrections & Conditional Release System

The Corrections and Conditional Release Act (CCRA) recognizes that victims of crime have an important role to play in the criminal justice system. The Act gives victims an opportunity to participate in the federal corrections and conditional release process. It also entitles registered victims to request certain information about the offender who has
harmed them and to be informed about some decisions made by the Correctional Service of Canada (CSC) and the National Parole Board (NPB).

**Disclosure of Information to Victims**

CSC does not *automatically* inform victims about an offender's case. The law specifies that this information only be given upon request, as some victims prefer not to receive any further information about the offender. The request must clearly identify the offender.

A registered victim or a caregiver registered on behalf of a child victim can request the following information:
- the offence the offender was convicted of and the court that convicted the offender;
- when the sentence began and the length of the sentence; and
- the eligibility and review dates of the offender for unescorted temporary absences, day parole and full parole

More information may be released if it is determined that the interest of the victim clearly outweighs any invasion of the offender's privacy that could result from the disclosure. Such information may include:
- the location of the penitentiary in which the sentence is being served;
- the date, if any, on which the offender is to be released on unescorted or escorted temporary absence, work release, parole or statutory release;
- the date of any hearing for the purposes of an NPB review;
- any of the conditions attached to the offender's unescorted temporary absence, work release, parole or statutory release;
- the destination of the offender when released on any temporary absence, work release, parole, or statutory release, and whether the offender will be in the vicinity of the victim while traveling to that destination;
- whether the offender is in custody and, if not, why not; and
- whether or not the offender has appealed a decision of the NPB and the outcome of that appeal.

Registered victims may also ask to receive ongoing information so they may be informed of changes, such as an offender transfer from one institution to another. If victims want ongoing information, they must ensure that CSC has their current contact information, including address and telephone number.

For further information about victim notification, victims of offenders under federal jurisdiction incarcerated or supervised in Ontario may contact CSC by calling toll-free, 1-866-875-2225.

Please visit our website, at [http://www.csc-scc.gc.ca/victims-victimes](http://www.csc-scc.gc.ca/victims-victimes)

**Information Provided by Victims**

CSC and the NPB always appreciate receiving information about offenders, safety concerns of victims or other persons, and information about the impact the offence has had on the victim, their family and/or the community. Victims are encouraged to provide
information regarding the physical, emotional or financial impact of the offence, along with anything else that is of importance to them.

The law requires that CSC and the NPB disclose to the offender any information that will be considered during the decision-making process. Victims' personal information, such as their addresses and phone numbers, are NOT shared with offenders.

If victims have concerns about the offender knowing that they will be providing information, they should discuss these concerns with CSC or the NPB prior to providing information. The victim can then decide whether or not they wish to provide information.

Victim information is also taken into consideration when CSC makes a recommendation to the NPB regarding whether an offender should be granted a conditional release, such as parole.

Victim Services at CSC

The roles and responsibilities of CSC Victim Services include the following:

- receive requests for information from victims;
- obtain information from police and other sources to ascertain victim status;
- inform victims, in writing, of their status and their entitlements as well as provide information about both CSC and the NPB;
- provide notifications to victims relating to their specific case;
- maintain information regarding victim contacts as required;
- ensure that relevant information provided by victims is forwarded to decision-makers and shared with offenders;
- inform victims about other sources of information such as the NPB Registry of Decisions and access to NPB hearings as observers and/or to read a statement; and
- advise victims of victim-related services available to them nationally, provincially/territorially and locally.

Victims have the right not to be contacted by offenders. CSC institutions are equipped with a telephone monitoring system that can authorize or prevent communications between offenders and members of the public. Moreover, CSC monitors incoming and outgoing offender mail. Any person who does not wish to be contacted by a federal offender can ask CSC to stop the unwanted communication.

Partner Services and Departments

Victim-Offender Mediation

- Victim-offender mediation is a restorative justice process that provides victims of crime with the opportunity to safely and confidentially gain information about the crime and the offender, express the full impact of the crime on their lives, get answers to questions they have, and achieve a greater sense of closure on some issues. The mediation process is flexible and entirely voluntary. Such interventions are not meant for all crime victims or for all offenders and an assessment is always part of the process.
In Ontario, victim-offender mediation is administered through the Restorative Justice Unit, Correctional Service of Canada. Requests for mediation can be made to a Victim Services Officer, at **1-866-875-2225**.

**Policy Centre for Victim Issues (Department of Justice Canada)**

- The Policy Centre for Victim Issues (PCVI) at the Department of Justice Canada is mandated to work toward improving the experience of victims of crime in the criminal justice system by pursuing a range of activities and initiatives. The PCVI engages in legislative reform, consultation, policy development, research and project funding.

For more information on the services offered by PCVI, please visit their website at [www.justice.gc.ca](http://www.justice.gc.ca).

**National Office for Victims**

- The National Officer for Victims (NOV) is part of Public Safety Canada and is co-located with the Policy Centre for Victim Issues (PCVI) at the Department of Justice. The NOV operates a toll-free line, **1-866-525-0554**, which victims may call from anywhere in Canada or the United States. The NOV provides a centralized mechanism for victims to obtain information and support on federal corrections issues.

**Federal Ombudsman for Victims of Crime**

- The Office of the Federal Ombudsman for Victims of Crime is mandated to ensure that the federal government meets its responsibilities regarding victims as set out in the *Corrections and Conditional Release Act* (CCRA) and the *Canadian Statement of Basic Principles of Justice for Victims of Crime*. The Ombudsman reports directly to the Minister of Justice and may identify and explore systemic and emerging issues that impact negatively on victims of crime. As well, the Ombudsman is an independent resource for victims and can address victims' complaints concerning compliance with the provisions of the CCRA and any other matter within federal responsibility.

For more information, contact the Office of the Federal Ombudsman for Victims of Crime toll free at **1-866-481-8429**.
Correctional Service of Canada (CSC)  
(Ontario-Nunavut Region)

The Correctional Service of Canada (CSC), as part of the criminal justice system and respecting the rule of law, contributes to public safety by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control.

Offender federally sentenced and taken into custody.

Treatment needs are identified to address criminogenic needs and offender is transferred to an institution meeting custodial requirements. Collection of critical documents including police, court and Victim Impact Statements.

Victim makes a request to register to receive information from CSC and NPB.

Victim can observe and read a statement to the NPB Board Members at the hearing regarding harm, Safety issues, concerns and conditions to manage risk, if released.

If released, NPB imposes conditions, including non-association with victim, geographical restrictions. Supervised in community by parole officer. Breaches and risk to society can result in a return to custody.

On a sentence of 2 years or more the file is closed at expiration of the sentence. In the case of an offender serving a Life sentence, the file is closed upon offender’s death.

Term of 2 years to life

Incarcerated in a federal institution

Victim (Guardian/Agent) contact

NPB Hearing

Conditional Release supervised by a Community Parole Officer

Sentence Completed

KEY

start / end  decision  process  notes
Role of Organization

The Crown Attorney’s office is made up of the Crown Attorney and several assistant Crown Attorneys, all of whom prosecute child abuse cases in court. The Crown’s office is independent from but works closely with police, in providing advice before charges are laid, and with the Victim/Witness Assistance Program after charges are laid, in preparing witnesses for trial.

Commitments

Crown counsel will vigorously prosecute provable child abuse cases with diligence and professionalism. Crown counsel will prosecute these offences firmly but fairly, according to the highest tradition of the Office of the Crown. Crown counsel will be strong and effective advocates for the prosecution, ensuring that all available legal proof of the facts is presented and pressed to its legitimate strength. At the same time Crown counsel will work to ensure that the criminal justice system operates fairly to all: the public, victims and accused persons alike.

Crown counsel will be sensitive to the special vulnerabilities of children, family dynamics and the power imbalance inherent therein, privacy interests and the special provisions to assist child witnesses set out in the Criminal Code.

Crown counsel will be reasonably available to meet with victims and their families to provide and obtain information necessary for the effective prosecution of the case.

Crown counsel will, wherever possible, meet child victims to develop a rapport prior to trial.
Overview of Specific Procedures and Services

Bail hearings

A person arrested for offences against a child may be released by a police officer with a promise to appear in court on a specified date, or taken into custody for a hearing before a Justice of the Peace. The more serious the offence(s), the more likely the accused is to be detained in custody.

The Court’s considerations at the bail stage are ensuring that the accused will attend court; ensuring that the offence or other offences don’t continue; and the public perception of the administration of justice.

The Crown will oppose bail in appropriate cases, and in cases of consent release, the Crown will suggest appropriate conditions.

Charge screening

Where police have “reasonable and probable grounds to believe” that an offence has been committed, they will usually “lay a charge”. The investigative brief is then forwarded to the Crown Attorney’s office for “screening” and prosecution. Crown counsel are guided by policy set by the Attorney General for Ontario and the requirements of the law. The Crown proceeds with a prosecution where there is a “reasonable prospect of conviction” on the evidence collected, and in addition, the prosecution must be in the public interest. It would be a very rare case in which it could be said that proceeding with a child abuse case would not be in the public interest.

Some criminal offences are prosecuted summarily, which is a simplified procedure which takes place in the Ontario Court of Justice (in Kingston it is located at 279 Wellington Street). Summary offences have a maximum sentence of 6 or 18 months in jail, a $2,000 fine, and 3 years probation. On average, a case in the Ontario Court of Justice can be expected to take between 6-12 months.

Other criminal offences are prosecuted by indictment, which is often a two-step procedure with a preliminary hearing at the Ontario Court of Justice and then trial in the Superior Court either before a Judge or a Judge and jury. Sentences for indictable offences can be up to several years in penitentiary. A case prosecuted by indictment can be expected to take 9-18 months. A number of factors beyond the control of Crown counsel can result in significant delays from charge to final disposition.

Some offences are straight summary or straight indictable, and others involve an election by the Crown. Factors that crown counsel consider are the seriousness of the offence, the strength of the evidence, the impact on the victim of having to testify at two separate proceedings, and the sentence the Crown would seek upon conviction.
Assignment of the Case

In almost all child abuse cases, a Crown counsel will be assigned, well in advance of the trial, and will remain with the case until its final disposition. There may be situations where it is unavoidable that a case be re-assigned to an alternate Crown who will familiarize themselves with the brief and assume carriage of the prosecution.

Victim interviews

A Crown counsel will be reasonably available to a victim and victim’s family/caregiver to provide information. All reasonable efforts will be made to accommodate the victim and caregiver when scheduling interviews.

Crown counsel will meet with the victim before the preliminary hearing if there is one, and/or before trial. More than one meeting may be required in order for counsel to develop a rapport with the child and allow the child to feel comfortable telling the Crown in court.

Interviews will generally be conducted with a Victim/Witness Assistance Program worker. Depending on the age of the child, the child’s preferences if applicable and the relationship of the perpetrator to the child, a parent and/or CAS worker may also be present.

Resolution of Charges

Whenever possible, Crown counsel will consult with the victim, caregiver(s) and/or family regarding any plea agreement. While Crown counsel do not require the complainants’ approval for any proposed resolution, they will place considerable weight on the views expressed during this process.

Disclosure

The Crown is obligated to disclose to the defence all information in its possession, whether favourable to the Crown or the defence, that might be relevant to the charge. Every accused person is presumed innocent until proven guilty beyond a reasonable doubt in court, and the law requires that they be given an opportunity to make “full answer and defence”. This means they must be informed of what makes up the case against him or her, and have a chance to answer to the charge(s).

There are special rules restricting an accused’s access to medical, psychiatric, therapeutic, counselling, educational records and diaries.
Special Provisions for Children in Court

The evidence of a child carries the same weight in Court as does the evidence of an adult. Children over 14 normally take the oath or make a solemn affirmation. Under 14, and those over 14 who do not understand the nature of the oath, may testify upon a promise to tell the truth, so long as they are able to communicate and understand the importance of telling the truth in Court. There are special provisions to assist children in giving their evidence, and to protect their identity. These are set out in detail in some provisions are discretionary and some are mandatory. This means the judge must order them.

Crown counsel shall address their minds to the desirability of protecting vulnerable victims giving evidence in court. A balancing process will be used in cases where the child witness is considered to be old enough and/or able to testify in open court without the benefit of such provisions, where Crown counsel feels the prospect of conviction and/or the efficacy of the testimony would be greatly reduced by the use of specific discretionary tools such as closed circuit television.

Victim Impact Statements

Crown counsel and/or the Victim/Witness Assistance Program should advise the victim or the victim’s family of their right to make a Victim Impact Statement; how to make it; and the use or uses that can be made of it.

The purpose of a victim impact statement is to provide information to the Court about the impact of the offence on the victim, so that the Court can consider the harm done in assessing an appropriate sentence. It is a victim’s opportunity to be heard, particularly where no trial is held.

A copy of the victim impact statement is disclosed to the defence. The original is filed with the court on sentencing, and the statement thereby becomes a public document.

Sentencing

Crown counsel will make submissions to the Court on sentencing. Where appropriate, Crown counsel will request pre-sentence reports and assessments of the offender. This information will assist counsel in making appropriate sentencing submissions.

In cases of child abuse, the Crown will emphasize protection of vulnerable members of the public, the psychological harm caused by child abuse, society’s revulsion for child abuse, and the impact that the abuse has had on the particular victim.
Crown Policy

The Crown Policy Manual is now publicly available. It contains policies specifically related to offences against and affecting children. An electronic version of the manual is available at the following website:

http://www.attorneygeneral.jus.gov.on.ca/english/crim/cpm

Accessibility

All Crown offices are wheelchair accessible. Persons whose first language is other than French or English, and persons who are hearing or vision impaired, will be accommodated.

Accountability

Complaints or concerns should be directed to the Crown Attorney, who is accountable to the Attorney General for Ontario.
The Crown Attorney

The responsibility of whether or not the charge will be prosecuted rests with the Crown

The Crown will:
- screen and review the file for reasonable prospect of conviction
- if no reasonable prospect of conviction, the Crown will meet with the victim/caregiver and advise why
- if proceeding, file is assigned and reviewed by assigned Crown

During pre-trial the Crown will:
- set up a pre-trial meeting with defence counsel for potential plea negotiations
- meet with the victim/caregiver and V/WAP for preliminary inquiry/trial preparation
- request a preliminary inquiry/trial date

If the accused is found guilty the Crown will:
- advise V/WAP of a plea or conviction
- request a Victim Impact Statement or Victim input from V/WAP
- Prepare for sentencing

Accused taken into custody or released from station with conditions

Crown Attorney prepares for the bail hearing if the accused is in custody

Case proceeding to criminal court?

Yes

Accused found guilty?

Yes

The accused is sentenced (possibly jail, conditional sentence, probation). Offender can appeal the conviction and/or sentence

The file is closed
Kingston Interval House

P.O. Box 21042
Kingston, Ontario
K7L 5P5
Business: 613-546-1833
Crisis: 613-546-1777
Crisis: 1-800-267-9445
Femaide: 1-877-336-2433
Fax: 613-546-6300
Email: kih@kingston.net

Hours of Operation

Crisis Intervention and Residential Services: 24 hours a day, 7 days a week

Business Hours: Monday to Friday, 9:00 a.m. to 5:00 pm

Children’s Services and Community Outreach Services available at designated times

Role of Organization

Kingston Interval House (KIH) is a 25 bed shelter mandated to provide emergency, transitional shelter, supportive counselling, information and resources, referrals, and practical support to abused women and their children. All services are confidential, are accessed on a voluntary basis, and are provided at no cost. KIH is committed to inclusivity, equity, and respecting the broad diversity among women who have experienced violence.

Commitments

We will within the mandate of our services:

Support women and children experiencing violence and working collaboratively with the community to end violence against women and children.

We will provide:

- 24 hr telephone crisis support, counselling, information, and referrals to women living with and/or recovering from violence (Local: 546-1777 and 1-800-267-9445; Femaide
(French Crisis Line) 1-877-336-2433)

- safe, temporary shelter

- practical assistance to women, such as transportation to the shelter, assistance organizing school enrolment and transportation, and safety alarms for women living in the community in high risk situations

- understanding of issues relating to their children such as parenting, non-violent discipline, custody and access, and impact issues for children exposed to violence

- emotional support, information, advocacy, and referrals to appropriate services for women and children with priority attention to supporting women in their efforts to understand and clarify their options and to increasing women's access to legal information and counseling through two-hour legal forms, Legal Aid, and the Danielle Duchesneau

- individual and group counselling to women living at the shelter and in the community

- accompaniment to legal or medical appointments, court, or social services in accordance with available resources

- and emotional support, age-appropriate recreational and educational activities, and individual and group counselling for children exposed to partner abuse living at the shelter and in the community.

Crisis intervention and shelter services are available 24/7; children's services and community-based outreach services are available at designated times. Kingston Interval House accepts self referrals as well as referrals from other organizations. In those instances when an agency contacts KIH on behalf of a woman, it is common practice for shelter staff to ask to speak directly to the abused woman in order to obtain and provide information firsthand and to reinforce the voluntary nature of services provided by the shelter. Women may seek shelter and/or use the other services available through KIH, such as the crisis line, as often as necessary. There are no restrictions on the number of times a woman may call or stay at KIH. KIH staff also organizes and/or participate in a wide variety of prevention and public education initiatives designed to increase public awareness and understanding of issues relating to violence against women and children.

**Overview of Specific Procedures and Services**

**Crisis Response Services**

When a woman contacts KIH, the counsellor directs priority attention to her and her children's safety and any immediate medical needs. Services will be offered in English or French depending on the woman's preference.

Questions pertaining to the woman's location, the assailant's location, possible physical injuries, and the need for immediate medical and/or police intervention are used to
determine if emergency assistance is required. If so, the woman is encouraged to call 911 or alternately, the counsellor will contact 911 on behalf of the woman. If there is no immediate emergency, the counsellor will offer emotional support, information, and referrals in accordance with the concerns and needs of the woman and with attention to the range of options and choices available to her, including but not limited to the option to come to KIH for additional information and support, referral to Outreach and/or to stay. If the woman expresses an interest in coming to the shelter, transportation arrangements will be made if necessary.

**Shelter Services**

KIH provides secure, temporary shelter to abused women and their children; length of stay may range from less than 24 hours to eight (8) weeks or longer depending on the specific needs of the woman and her children. Equal quality shelter services will be offered in French at the woman’s preference.

In the event that KIH is unable to accommodate a woman who has been abused for whatever reason, such as lack of space, every effort will be made to arrange for alternate secure shelter at another organization, such as Lennox & Addington Interval House (Napanee). KIH will arrange and pay for transportation to the alternate shelter if necessary.

Women living at KIH are expected to comply with a variety of house rules and guidelines designed to support non-violent cooperative living; these rules and guidelines are explained during the intake process and as necessary throughout the woman’s stay. While residing at KIH, women have access to crisis intervention, supportive counselling, and information services 24/7. Counsellors work cooperatively with residents to help them identify, understand, and address their specific needs with priority attention to their safety and to recognizing their strengths, skills, and internal resources. KIH has a protocol agreement with the Kingston Humane Society for the provision of free temporary shelter for a family’s pets for the duration of the woman’s stay at KIH.

Children’ Services Workers provide emotional support and information to children living at KIH. Children may participate in a variety of age appropriate recreational and educational activities during their stay at the shelter.

Shelter staff, work cooperatively with other emergency personnel and service providers involved with a woman and her children within the constraints of their commitment to confidentiality and in accordance with the policies and procedures of the organization. For example, KIH and the Limestone District School Board have developed and adopted a protocol for the transportation and education of children residing at the shelter.

**Follow-Up and Outreach Services**

Individual and group counselling is available to women and children exposed to violence with priority attention to safety planning, dynamics of power and control and other issues relating to partner abuse, and transition to a violence-free life.
An Outreach program specific to the needs of aboriginal women is also available: this program provides all the same outreach services in keeping with aboriginal teaching. We also provide an Outreach program for French speaking women, this provides all the same outreach services in keeping with Francophone cultural practices. Services provided for Francophones, by Francophones.

Outreach services also include support, information and resources, referrals, advocacy and accompaniments to family and criminal court proceedings. Transportation and childcare are provided for all scheduled appointments through any Outreach Program.

**Services for Children and Youth**

Kingston Interval House recognizes the impact of witnessing violence on children and youth. We provide on-going support and education to children and youth who have been exposed to and experienced violence through the residential and outreach programs.

If a child or youth discloses abuse or staff suspect abuse of a child or youth, in accordance with our policies, procedures, and the Children and Family Services Act we report all incidents to the appropriate agencies such as Kingston and Frontenac Children’s Aid Society, or Lennox and Addington Children and Family Services. These reports are made directly by the staff member having concerns to the appropriate agency as listed above. The mother of the child is also informed of the report and our concerns as soon as possible.

Children and youth may receive one to one counselling support and group counselling prior to as well as after a disclosure of abuse. Kingston Interval House also offers support to children and youth victims of abuse through court accompaniment and support, advocacy, and accompaniment to any other appointments at the request of the child, youth, or mother. These services may be provided through our Child and Youth Outreach Program and or our Child and Youth Residential Services Program.

**Accessibility**

KIH currently has two wheelchair accessible bedrooms. The first floor is accessible and the basement and second floor can be accessed by stair lifts. KIH also provides TTY services.

**Accountability**

Concerns regarding the quality or nature of service provided by Frontline Workers can be directed to the Executive Director. Concerns regarding the quality or nature of service provided by staff can be directed to the Executive Director. All complaints or concerns will be investigated and responded to according to the Kingston Interval House Policies and Procedures manual.
1 KIH has safety alarm units available for use by women at risk living in the community; this service is available to women and on a first come, first served basis.

2 Women who have experienced violence are eligible to receive a designated amount of money to assist with costs relating to legal and/or safety issues. Applications for funds are available at KIH.
Kingston Interval House

Provides safe shelter and/or supportive counselling to women and children who have experienced abusive situations.

As part of the initial contact, residential or outreach counsellors will:
- offer information, referrals, and community resources to enable women to make informed decisions
- advise women of confidentiality policies, including limits to confidentiality
- child and youth services meet with children/youth within the residential program and/or the outreach program

Kingston Interval House arranges for admission to shelter for mom and child/youth or Outreach Counselling - Kingston Interval House recognizes that women and children who have been victims of abuse may require safe shelter or outreach counselling.

Kingston Interval House staff attends family and/or criminal court with the victim - Staff can accompany the child/youth and/or mom to meetings with service providers, family, and/or criminal court at the request of the child/youth/mother

KEY
- start/end
- decision
- process
- notes

Family is able to contact Residential or Outreach Worker as needed on a voluntary basis for ongoing support.
KINGSTON POLICE

Kingston Police
705 Division Street
Kingston, Ontario
K7K 4C2
613-549-4660

HOURS OF OPERATION
24 hours a day, 7 days a week
Investigators in the Sexual Assault Unit responsible for Child Abuse investigations work a rotating shift of days and evenings until midnight throughout the week.

Role of Organization
The mission statement of the Kingston Police is to enhance and protect the quality of life of everyone in the city of Kingston, whether resident, worker, or visitor. With respect to Child Abuse it is our role in cooperation with the Children’s Aid Society to investigate the physical, sexual, emotional abuse and neglect of children.

The police are responsible for the criminal investigation, identification of alleged offender and laying of criminal charges where warranted.

Commitments
We, will within the mandate of our service:

- Protect and support children by conducting thorough investigations regarding child abuse through full cooperation between the Kingston Police, Children’s Aid Society and the community.

- Promote public safety in the areas of Child Abuse.

- Identify and prosecute offenders where warranted, being mindful of the best interest of the child.

- Provide assistance and support to victims.
- Manage known sex offenders living in the City of Kingston.

- Investigate Child pornography offences and the online luring of children over the internet.

- Develop and maintain procedures on and processes for undertaking and managing child abuse and neglect investigations.

- Enter into a Child Abuse Protocol with the Children’s Aid Society with respect to investigations into complaints of child abuse and neglect and the sudden unexpected death of any child.

- If the alleged abuse fits the definition of a major case, investigators will comply with the procedures set out in the Ontario Major Case Management Manual.

- Provide for police participation in the local Child Abuse Review Team including in every child abuse and neglect case in which there is a history of domestic violence or a firearm is known to be in the home.

**Overview of Specific Procedures and Services**

**Making a Report to Police**

**Emergency situation:** Dial “911”

**Non emergency situation (does not require immediate action)**

Between the hours of 7:00am to 2:00am Monday to Saturday, 7:00am to 7:00 pm Sundays call 613-549-4660 to report an incident. You will be asked a series of questions to allow for the completion of an incident report which will be assigned to an investigator for further investigation at a later time. Outside of these hours an officer will attend to take a report.

**Child Abuse and Neglect Reporting Requirements for Police**

Reports of the abuse or neglect of a child received by police will be reported directly to the Children’s Aid Society. Police will notify the Children’s Aid Society regarding a case or occurrence where children may be at risk of physical or emotional abuse or otherwise in need of protection as set out in section 37(2) of the *Child and Family Services Act*, including a domestic violence occurrence.
Child Abuse Investigations

Members of the Kingston Police involved in the ongoing investigation of child physical and sexual abuse shall be trained criminal investigators, possessing the knowledge, skills and ability in the following areas:

- Current relevant legislation and case law
- Knowledge of the Child Abuse Protocol for the City of Kingston and County of Frontenac
- Understanding of child development and the implications for an investigation
- Interviewing and investigative techniques relating to children, including children who have witnessed violence
- Evidentiary procedures relating to child abuse and neglect including knowledge of:
  1. Munchausen Syndrome by Proxy
  2. Shaken Baby Syndrome
  3. Sudden Infant Death Syndrome
  4. Sudden Unexplained Death Syndrome
- Use of the Special Interest Police category on CPIC
- The dynamics of child sexual abuse, child physical abuse and child neglect

Kingston Police Child Abuse Investigators will make every attempt to follow the most current procedures and practices as set out in the Child Abuse Protocol for the City of Kingston and County of Frontenac during the course of their investigations.

For more specific information on police procedures for responding to complaints of child abuse refer to the current Child Abuse Protocol Part II: C.A.S./ Police Protocol for Joint Investigations.

Death of a Child Under Suspicious Circumstances

- The Coroner has jurisdiction in all instances involving the death of a child.
- Police will notify CAS as to the circumstances surrounding a child’s death if it is suspected the child died as a result of abuse or neglect. Police may limit the sharing of information so as not to compromise the investigation.
Police will follow the most current Coroners Protocol for the investigation of sudden and unexpected deaths in all children under five years of age to ensure the accurate cause and manner of death are determined.

Criminal Proceedings

- Police will decide whether reasonable grounds exist to lay charges under the Criminal Code of Canada.

- Where grounds exist police will decide after consultation with CAS and non offending caregivers whether or not to proceed with criminal charges keeping in mind the best interest of the child victim.

- Police will request conditions of release that are appropriate to protect the child victim and members of the public.

- Police will take the necessary action once any violation of the release conditions occur.

- Police will keep CAS informed of the outcome of any criminal proceedings and dates of future court appearances.

- Police will refer the child and non offending caregiver to the Victim Witness Assistance Program when charges are laid.

- Police will endeavor to fully inform the child and family as to the progress of the case.

High Risk Offender Management

- The Ontario Sex Offender Registry (Christopher’s Law) is a provincial registration system for sex offenders that have been released into the community, obligating them to report annually in person to police. Individuals are required to provide their name, date of birth, address, sex offences responsible for and a current photo to police which is then entered into the database.

- Kingston Police are committed to maintaining a registry site and processes consistent with the requirements of Christopher’s Law.

- Upon becoming aware of an offender that has possibly established residency within Kingston Police Jurisdiction, officers will take reasonable steps to verify the residency, including contacting the police service in the area where the offender last resided. This information will be passed to the Kingston Police High Risk Offender Management officer for follow up.
The High Risk Offender Management officer will:

- Put in place mechanisms for tracking sex offenders residing within the Kingston Police Jurisdiction, initiate investigations and arrange for the apprehension of non-compliant offenders.

- Liaise with provincial and federal correctional facilities to identify high risk offenders being released into the community.

- Investigate whether the offender has the necessary family/community support to mitigate the risk of re-offending.

- Liaise with the Crown Attorney’s office regarding section 810.1 or 810.2 Restraint Orders under the Criminal Code of Canada restricting the offenders contact with persons under the age of 14 or attending certain places where persons under the age of 14 are expected to be as well as other conditions.

- Ensure offenders are monitored either through home visit or scheduled reporting procedures.

Child Abuse Investigators will have access to the Sex Offender Registry for investigative purposes.

The Chief of Police can in certain circumstances release the offenders information publicly under the authority of the Police Services Act.

**Accessibility**

The Kingston Police Headquarters are fully accessible for persons with physical disabilities by ramps and/or elevators. Persons who speak a language other than English or are hearing or vision impaired will be accommodated as the need arises.

**Accountability**

All concerns can be directed to the Sexual Assault Sergeant and/or the Watch Commander. Any complaint of misconduct of an officer can be made to Professional Standards.

Kingston Police services are monitored and audited by the Quality Assurance Unit of the Public Safety Division, Ministry of Community Safety and Correctional Services, Government of Ontario.
Police Services

The responsibility for determining whether or not a charge should be laid in a child abuse investigation rests with the police.

As part of the investigation the police will:
- work with CAS when within the CAS mandate
- if the abuse is recent the police will make sure the victim receives appropriate medical care
- take a victim statement, preferably a video statement
- ensure the safety of the child
- offer appropriate referrals, including KGH SADVTC
- possibly consult with the Crown as to the charges
- investigating officer meets with the suspect(s)

If during the investigation the police find enough evidence to support the complaint, the police:
- may arrest the accused and may release on an undertaking with conditions
- may hold the accused for a bail hearing where they may be taken into custody or released with conditions. A bail hearing must be set within 24 hours of arrest
- will notify the victim of the outcome of the bail hearing and advise of any conditions
- will make a referral to VWAP once a charge is laid

If the case proceeds to trial the police will:
- complete their investigation
- prepare Crown brief for the Crown
- review video statement with victim prior to preliminary inquiry/trial date

KEY

start/end
decision
process
notes
CHILD ABUSE PROCEDURES

Currently the Limestone District School Board is revising their Administrative Procedures #341, Child In Need of Protection, to reflect changes in the Child and Family Services Act. This revision is being conducted with the assistance of representatives of the Frontenac Children’s Aid Society and the Lennox and Addington Family and Children’s Services. The Administrative Procedure #341, Child In Need of Protection, includes our Philosophical statement, Definitions of a Child In Need of Protection, Duty to Report, School Board Procedures and when the Alleged Offender is a Board Employee.

This document is expected to be in effect the 2009-2010 school year. It will be located on our Limestone District School Board website once completed. To access this, go to www.limestone.on.ca; click on “our board”, then “board documents”, “administrative procedures”, “AP #341”.

Contact Information
Christine Herron, Educational Services, LDSB
JoAnne Payne, Educational Services, LDSB
Marg Akey, Supervising Principal, LDSB
Algonquin and Lakeshore Catholic School Board & Limestone District School Board.

What happens when a child discloses child abuse.

- Make the report yourself to CAS (It is your responsibility to report).
  - Inform the Principal or designate of the disclosure.
  - Do not contact the parents/caregiver unless directed by CAS or Police.
  - Stay with the child until the CAS or Police team arrive at the school.
  - Consult with the CAS or Police before allowing the child to go home.
  - Ask the child if he/she would like an adult to remain with him/her as support.
  - Document the information and retain it in a secure location at the school.
  - Under no circumstances should any documentation be inserted in the Ontario Student Record (OSR)

NOTES
- Believe the child.
- Try to stay calm.
- Reassure and support the child.
- Be careful not to ask leading questions.
- Take time to respond to the child's questions and concerns.
- Be careful not to make promises you can't keep. However, you can reassure the child of your own support and availability throughout the process.

KEY
- start / end
- decision
- process
- notes


You must report any new or ongoing concerns. Do not delay in making a report.

It is your duty to report to CAS

Things to remember

Keep communication open with the child who will require ongoing support. Respect the child's right to privacy by not identifying him/her to other staff or students.
Canada

National Defence Défense Nationale

Military Police Unit Detachment Kingston
11 d'Artisan Street
PO Box 17000 Station Forces
Kingston ON K7K 7B4
(613) 541-5648

Role of Organization

The Military Police Unit Detachment Kingston have a policy in place in order to assist victims of crime. The Policy is based on the premise that victims have three significant needs after a crime has been committed. The three needs are:

i) the need to feel safe

ii) the need to express their emotions

iii) and the need to know "what comes next"

When children are victimized, life is disrupted and they must cope with the trauma of their victimization again and again in each stage of life after the crime.

How MP members respond to victims is critical in determining how victims cope, first with the immediate crisis and later with the recovery from the crime.

The Military Police Unit Detachment shall ensure fair treatment of victims of crime throughout the provision of immediate information, referral to support agencies and continuous contact with the victim throughout the investigation.

To be effective and remain credible, the Military Police Unit Detachment have the following service goals, which shall be followed:

i) every victim shall be treated with dignity, respect, sensitivity and courtesy

ii) the investigating officer shall provide referrals to services and resources that will assist each victim (ie. Victim Services, VWAP, SAC, SA/DV program at KGH)

iii) Personal contact shall be made with the victim (or parent/guardian) the
next working day to discuss any further assistance and to provide the status of the related investigation. Follow-up shall be done a minimum of every 30 days thereafter until the case is concluded.

**Accountability**

Complaints or concerns regarding the quality of service provided can be addressed through the Military Police Complaints Commission, which is a civilian based organization tasked with independently overseeing the day to day operations of the Military Police across Canada.
Police Services

The responsibility for determining whether or not a charge should be laid in a child abuse investigation rests with the police.

As part of the investigation the police will:
- work with CAS when within the CAS mandate
- if the abuse is recent the police will make sure the victim receives appropriate medical care
- take a victim statement, preferably a video statement
- ensure the safety of the child
- offer appropriate referrals, including KGH SADVTC
- possibly consult with the Crown as to the charges
- investigating officer meets with the suspect(s)

If during the investigation the police find enough evidence to support the complaint, the police:
- may arrest the accused and may release on an undertaking with conditions
- may hold the accused for a bail hearing where they may be taken into custody or released with conditions. A bail hearing must be set within 24 hours of arrest
- will notify the victim of the outcome of the bail hearing and advise of any conditions
- will make a referral to VWAP once a charge is laid

If the case proceeds to trial the police will:
- complete their investigation
- prepare Crown brief for the Crown
- review video statement with victim prior to preliminary inquiry/trial date

Police receive a complaint of child abuse

Officer will begin the investigation

Grounds to arrest the accused or not?

Case proceeds to trial

Accused is found

Accused is free and not placed on any court orders

CASE IS CLOSED
NATIONAL PAROLE BOARD (NPB)
VICTIM SERVICES
ONTARIO/NUNAVUT REGION (ON/NU)

516 O’Connor Drive
Kingston Ontario K7P 1N3
(613) 634-3857
(613) 634-3862 Fax
Victim Toll Free Line:
1-800-518-8817
1-866-789-INFO (4636)
www.npb-cnlc.gc.ca

HOURS OF OPERATION
Monday – Friday
8:00 a.m. to 4:30 p.m.
- Messages can be left after hours
- Please Request to speak to a Regional Communications Officer

The National Parole Board (NPB) is an independent federal administrative tribunal. As part of the criminal justice system, NPB has exclusive authority under the Corrections and Conditional Release Act (CCRA) to grant, deny, cancel, terminate or revoke parole or to order the detention of offenders who are legally entitled to release on Statutory Release after serving 2/3 of a definite federal sentence. In the Ontario Region, NPB renders decisions on offenders serving 2 years to life. The provincial Ontario Parole and Earned Remission Board (OPERB) have authority for offenders serving less than 2 years.

Under the Corrections and Conditional Release Act (CCRA), victims of crime have a right to certain information about the person who harmed them while that person is under the jurisdiction of the National Parole Board. This information is not provided automatically – a written request must be made to the Board.

NPB Policy describes a child as a youth under 18 years of age. A parent, guardian or caregiver can act for a child under age 18. At the age of 18, the victim can act for themselves or authorize an agent to act on their behalf.

YOU ARE CONSIDERED A VICTIM OF CRIME:

- If you have been harmed (suffered loss or have been physically or emotionally hurt) as a result of a criminal offence;

- If you are a spouse, conjugal partner, relative of, or person responsible for a victim who has died or is not capable to act for himself or herself (e.g. the victim is ill or a child);
The person who harmed you has not been prosecuted or convicted, if you have made a complaint to the police or Crown Attorney, you are entitled to receive information about the offender.

**RECEIVING INFORMATION**

Information about an offender is not provided automatically. You, or someone you have authorized in writing to act as your representative, are required to contact the National Parole Board to receive information. A written request is required for you to receive information that is available only to victims. You will then be kept informed until the end of the offender’s sentence or until you ask to no longer be notified.

**UPON REQUEST, YOU SHALL BE PROVIDED WITH THE FOLLOWING INFORMATION:**

- The offender’s name
- The offence and the court which convicted the offender;
- The sentence commencement date and length of sentence
- The offender’s eligibility and review dates for unescorted temporary absences, parole, or statutory release under Part II of the **CCRA**.

In addition, upon request, you may be provided the following information where, in the opinion of the Chairperson of the National Parole Board, your interest in the disclosure clearly outweighs any invasion of the offender’s privacy that could result from the disclosure.

- The offender’s age;
- The location of the penitentiary where the sentence is being served;
- The date, if any, on which the offender is to be released on unescorted temporary absence, escorted temporary absence where the Board has approved the absence, parole or statutory release;
- The date of any National Parole Board hearing;
- Any of the conditions attached to the offender’s unescorted absence, parole or statutory release;
- The destination of the offender when released on unescorted temporary absence, parole or statutory release, and whether the offender will be in the vicinity of the victim while travelling to that destination;
 Whether the offender is in custody and, if not, the reason that the offender is not in custody, and;

 Whether or not the offender has appealed a National Parole Board decision and the outcome of the appeal.

REGISTRY OF DECISIONS

You may also request National Parole Board decisions from the Board’s Registry of Decisions, including reasons for decisions related to conditional release, return to prison, detention, and the decisions and reasons of the Appeal Division of the Board. The Board may exempt information in these written decisions that could reveal a confidential source of information, jeopardize a person’s safety or hinder an offender’s return to society as a law-abiding citizen.

YOU HAVE A VOICE IN THE PAROLE PROCESSES

The National Parole Board welcomes any information you may have about safety concerns and the effect the offence has had on you, your family or the community. You may choose to provide a victim statement, detailing information regarding the physical, emotional or financial impact the offence has had on you, as well as any other information you think is relevant. You can also request special conditions be imposed on the offender’s release for the National Parole Board to consider.

As a victim you are also entitled to make an oral presentation to the National Parole Board at the offender’s parole hearing (if you do not wish to present an oral presentation you may apply to observe a parole hearing). You have the choice to read a written statement at the hearing or to record it on audiotape (CD) or videotape (DVD) for presentation should you not be able to attend the hearing or prefer this option. The Board will require a written copy of your statement prior to the hearing.

FUNDING TO ATTEND NATIONAL PAROLE BOARD HEARINGS

Victims approved to attend an NPB hearing can apply to receive financial assistance to attend the hearings of the offender who harmed them. The Policy Centre for Victim Issues at the Department of Justice administers a fund that provides financial assistance to victims and a support person to cover travel, hotel, and meal expenses, in accordance with current Government of Canada Travel Guidelines. As well, child or dependent care costs can be
claimed. For more information, victims may contact the Victims Fund Manager by calling, toll-free 1-866-544-1007 or at http://canada.justice.gc.ca/eng/pl/pcvi-cpcv/fun-fin2.html

SHARING REQUIREMENTS

Personal information about you, such as your address, telephone and facsimile numbers, is not shared with the offender. The law, however, requires the National Parole Board to disclose to the offender any information that will be considered during the decision-making process, including information provided by a victim, or a summary of that information.

HOW THE NATIONAL PAROLE BOARD USES YOUR INFORMATION

The information you provide to the National Parole Board is a valued aid in understanding the seriousness of the offence committed and assessing whether the offender recognizes the harm he or she has done. The information will help the Board assess:

- Whether the offender is likely to re-offend if released on conditional release;
- Whether additional conditions might be necessary to manage a particular risk to society that the offender might present, especially if the offender will be living near you or is a member of your family. The National Parole Board may, for example, impose a special condition for the offender not to contact you.

TO GET VICTIM NOTIFICATION OR ANY OTHER INFORMATION ABOUT THE NATIONAL PAROLE BOARD:

Please call: 1-866-789-INFO (4636)

This toll-free victim information line can be called anywhere in Canada or the United States.
National Parole Board (NPB) (Ontario/Nunavut Region)

An administrative tribunal making decisions under the authority of the Corrections and Conditional Release Act to grant, deny, revoke release or detain offenders after assessing risk and public safety. The Board also makes decisions on pardon requests under the Criminal Records Act.

Collection of police, court and other relevant documents including information from the Correctional Service of Canada (CSC).

Victim makes a request to receive information and provide information to NPB. This includes receiving the NPB decision and reasons.

Victim can observe and read a statement to the Board Members at the hearing regarding harm, safety concerns and conditions to manage risk if released. Travel expenses incurred are reimbursed by Department of Justice Victims Fund.

If released, NPB imposes conditions, including non-association with victim, geographical restrictions. Breaches and risk to society can result in a return to custody.

On a sentence of 2 years or more the file is closed at expiration of the sentence. In the case of an offender serving a Life sentence, the file is closed upon offender’s death.

Offender sentenced to a federal term from 2 yrs to life

Incarcerated in a Penitentiary

Victim (Guardian/Agent) contact

NPB hearing/review

Conditional release (Supervised by CSC)

Sentence Completed
ONTARIO PROVINCIAL POLICE
(FRONTENAC, LANARK AND LEEDS DETACHMENTS)

1-888-310-1122

HOURS OF OPERATION:
24/7

Role of Organization

Our vision is “Safe Communities …. A Secure Ontario”.

Commitments

We will within the mandate of our services:

Provide policing excellence through our people, our work and our relationships.

Police have the responsibility of responding to immediate and longer term needs of child abuse victims, while supporting the court’s position to offenders that society does not tolerate this type of behaviour.

A crime committed in relation to child abuse and neglect is an offence pursuant to the Criminal Code and must never be viewed as a private matter.

Accessibility

The Ontario Provincial Police is available seven days a week, 24 hours a day. Contact number: 1-888-310-1122.
Frontenac Detachment of the Ontario Provincial Police 613-372-1932
Lanark Detachment of the Ontario Provincial Police 613-267-2626
Leeds Detachment of the Ontario Provincial Police 613-345-1790
Accountability

Concerns regarding the quality or nature of service provided by members of the Ontario Provincial Police can be directed to the Detachment Commander of the Ontario Provincial Police within that said jurisdiction.
Police Services

The responsibility for determining whether or not a charge should be laid in a child abuse investigation rests with the police.

As part of the investigation the police will:
- work with CAS when within the CAS mandate
- if the abuse is recent the police will make sure the victim receives appropriate medical care
- take a victim statement, preferably a video statement
- ensure the safety of the child
- offer appropriate referrals, including KGH SADVTC
- possibly consult with the Crown as to the charges
- investigating officer meets with the suspect(s)

If during the investigation the police find enough evidence to support the complaint, the police:
- may arrest the accused and may release on an undertaking with conditions
- may hold the accused for a bail hearing where they may be taken into custody or released with conditions. A bail hearing must be set within 24 hours of arrest
- will notify the victim of the outcome of the bail hearing and advise of any conditions
- will make a referral to VWAP once a charge is laid

If the case proceeds to trial the police will:
- complete their investigation
- prepare Crown brief for the Crown
- review video statement with victim prior to preliminary inquiry/trial date

If the accused is found guilty:
- Accused is sentenced which may include jail, conditional sentence, probation, sex offender registry

If the accused is found not guilty:
- Accused is free and not placed on any court orders

Case is closed
ROLE OF THE ORGANIZATION

Pathways is a mental health agency in Frontenac, Lennox and Addington counties dedicated to strengthening and supporting the emotional well-being of children (from birth to 18 years of age) and their families. We offer a range of services including counselling, education, advocacy and other interventions in an environment of dignity and respect.

COMMITMENT

Pathways is committed to a child and family-centered approach to children’s mental health. The goals and needs of all family members form the core of our work. We are a community-based agency, our offices and classrooms are located in the neighbourhoods and the rural communities where our clients live. Our services reflect the values and meet the needs of those neighbourhoods and communities. We promote the strength and well-being of children and youth within the context of their families and communities.

Pathways is committed to accessibility. Our hours of operation are Monday through Friday, 8:30 a.m. to 4:30 p.m. We are prepared to schedule appointments outside of regular business hours and visit homes when requested. We believe every child and family is entitled to the highest quality of clinical services with minimal waiting. Our services are funded by the Ministry of Children and Youth Services, at no cost to the child and family.

Pathways is committed to community partnerships. We strive to coordinate our services with those of schools, family doctors and other community agencies involved with children and families.
Pathways is committed to respectful relationships. We celebrate and honour the dignity of our clients and our colleagues and do not tolerate prejudice or abuse of any type.

Pathways is committed to the protection of participate confidentiality, verbal and written, including his/her records, and to specify exceptions such as reporting of abuse and safety concerns.

**OVERVIEW OF SPECIFIC PROCEDURES AND SERVICES**

We will ensure that all requests for services are handled in a consistent, timely and efficient manner and that participants have an opportunity to explain their strengths, concerns and goals for service.

Intake is the process in which the agency responds to requests for service. Referrals are preferred directly from parents and/or youths 12 years of age and over. Physicians, schools, lawyers, community agencies and others may refer on the family’s behalf.

Parents, youth, and other service providers may enquire about or request service through our centralized intake team at 613-546-1422, ext. 1.

The Intake Counsellor will respond to all requests for services as quickly as possible and typically within 48 hours, weekends excluded. The intake interview will include gathering the required information and providing a therapeutic intervention as required. The Intake Counsellor and the participant will:

- assess the urgency of the referral,
- determine the most appropriate disposition,
- identify necessary interim supports,
- when indicated, schedule an appointment with a community site staff,
- redirect inappropriate referrals.

The Intake Counsellor may conduct a telephone interview or a face-to-face interview with the referral source and collect the intake information and begin the assessment.

The referred family will be provided with an appointment for further services with a counsellor from the appropriate geographic office or directed towards a more appropriate service provider.

New requests for service are typically directed to a counsellor from the community site nearest the participant’s home or to any site requested by them.

Re-requests for service are typically directed to the previous counsellor assuming that neither party has changed location. If the participants have moved to a different community site area they are typically assigned to a new counsellor in the new office site.
There are instances when services do not proceed beyond Intake. The reasons for this include the participants withdrawing the referral, the matter having been addressed at Intake and the participant being redirected to a more appropriate service.

**TRAUMA TREATMENT**

ITTM is Pathways’ preferred approach to trauma treatment. Participates who seek services from Pathways due to the impact of trauma will be informed of this service option whenever appropriate. ITTM is a three-phase trauma treatment program. Caregivers will be informed about ITTM where a traumatic event is known to have occurred. Other approaches to trauma treatment will be decided with the community counsellor and the child and family.
Pathways for Children & Youth

What is the process for obtaining services from Pathways for Trauma?

The Intake interview conducted by telephone or face to face will include:
- gathering the required information;
- assessing the urgency of the referral;
- determine the most appropriate disposition.

At the end of the interview, the participant will be provided with an initial appointment for further services with a counsellor from the appropriate geographic office or directed towards a more appropriate service provider or assigned to our next Intergenerational Trauma Treatment Phase A Group (ITTM).

The site counsellor meets with the individual and/or family to develop a treatment plan that is agreed upon by all members.

ITTM model is treatment for children and their families who have been impacted by a traumatic event and where the caregiver is involved throughout the treatment.

This is a 3-phase model. Phase A provides caregivers and children over the age of 12 with a psycho-educational approach to delivering information. There are six 90-minute sessions in Phase A.

In Phase B, the focus is on the assessment of the caregivers and the treatment of the caregiver of any past, unresolved traumas, patterns and belief systems that continue to impact on the parent/child relationship in the here and now. There are 6 - 8 sessions with the caregiver.

In Phase C, the focus of the treatment is on the assessment and treatment of the child with the caregiver present throughout these sessions. There are again 6 - 8 sessions.

If services are completed with site counsellor, file is closed or referred to an external agency.

or

If ITTM client chooses to stop treatment, ITTM file will be closed or transferred to a community site or external agency.

The file is closed or transferred.
Role of Organization

Probation and Parole Officers supervise offenders who are on probation or conditional sentence as well as ex-inmates of provincial correctional facilities who are on provincial parole. In addition, they prepare pre-sentence reports to assist judges with sentencing and pre-parole reports to assist the provincial parole board with parole release decisions.

Commitment

We are committed to enhancing public safety through the effective and accountable supervision of offenders in the community.

We will – In Preparation of a Pre-Sentence Report:

- Interview the offender
- Interview other collateral sources as applicable eg. Police, CAS, employer, family members.
- Contact the victim/guardian with the assistance of the Victim/Witness Assistance Program and provide the opportunity to provide their information/concerns in preparation of the Pre-sentence report. Victim participation is voluntary.
- Have no direct contact with a child victim under the age of 18 years. The officer will have contact with the child’s parent/legal guardian/trustee/Child Protection worker etc. In the event, the victim is an older child and wishes to speak directly with the PPO, the parent/guardian must be consulted prior to any contact with the child victim.
- Provide a caution to the victim/guardian that any information about the offender or the offence in preparation of a pre-sentence report may be disclosed to the offender.
Contact the victim/guardian following the outcome of sentencing should community supervision (eg. Probation Order/Conditional Sentence order) be ordered by the Court.

**We will – For Community Supervision (Probation, Conditional Sentence, Parole):**

- Monitor and enforce offender compliance with the mandatory and optional conditions of the probation order, conditional sentence or parole certificate.

- Contact the victim, with the assistance of the Victim/Witness Assistance Program, to advise of the community supervision process, the offender’s status and communicate any conditions that may relate to the victim - specifically conditions of non-association.

- Respond to victim inquiries/concerns throughout the period of community supervision.

- Encourage victims to make use of the Ministry’s **Victim Support Line** by calling 1-888-579-2888

- Maintain communication with the victim, police and community agencies where applicable. (eg. CAS, counseling agencies, VWAP) for the purpose of victim safety and compliance with conditions of the probation/conditional sentence order or parole.

- Watch for indicators of new incidents of criminal/abusive behaviour. Any new incidents of abuse involving a child are reported to the police and/or CAS as required under the *Child and Family Services Act*.

**Overview of Specific Procedures and Services**

**Pre-Sentence Reports:**

Pre-Sentence Reports are reports ordered by the court to assist with sentencing. The goal of the report is to provide the court with information about the offender’s social background, lifestyle, attitudes etc., and how this may contribute to current or future criminal behaviour. The report also provides recommendations to address these factors and reduce the risk of future involvement with the law.

**Community Supervision:**

The purpose of community supervision is to:

- monitor and enforce offender compliance with the mandatory and optional conditions of a probation order, conditional sentence or parole certificate.
• motivate an offender to comply with the mandatory and optional conditions of a supervision document and
• facilitate the offender’s access to resources and/or services, which will allow them to address identified risk factors.

We will – provide the following Information to victims during community supervision:
• Whether or not the offender is in custody and if so the release date
• Whether or not the offender is on probation, conditional sentence or parole
• Parole eligibility date
• Standard conditions of probation/parole/conditional sentence
• Additional conditions which specifically name the victim e.g. non association and
• General geographic area of release from custody

Information about the offender’s progress or participation in counseling must be directed to the service provider.

Accessibility

Probation and Parole is wheelchair accessible. Interpreting services are available, in addition to interpreting services for the deaf, hard of hearing or hearing impaired.

Accountability

Concerns regarding quality or nature of service may be directed to the Area Manager. The Area Manager is accountable to the Eastern Regional Director of The Ministry of Community Safety and Correctional Services, Adult Community Corrections.
Probation & Parole is a service designed to address public safety while supervising offenders in the community.

When an offender receives probation or conditional sentence order probation & parole does the following:
- review community supervision document conditions
- gather information including family background, criminal history, substance use history, employment education, mental and physical health.

Probation & Parole continues to:
- complete assessment and evaluate supervision level in regards to risk
- implement reporting standards
- make appropriate referrals to community agencies

Working with the victim the Probation officer will:
- corroborate offence information
- explain the role of the Probation officer
- confirm safety plan and provide victim services contact information if required
- inform of probation conditions that relate to victim (example non-association)

Working with the offender the Probation officer will:
- face to face interviews with the offender
- document and monitor offender activities
- collateral contacts
- if enforcement is necessary they will lay a breach of probation/conditional sentence

KEY
- start / end
- decision
- process
- notes

Offender convicted/found guilty

Face to face interview with the offender for probation order/conditional sentence

Assessment and case plan

Victim contact

On going supervision & monitoring

Enforcement if necessary or successful completion
Sexual Assault Centre Kingston

P.O. Box 1461
Kingston, Ontario
K7L 5C7
Office Phone: 613-545-0762
Fax: 613-545-9744
Crisis and Support Line: 613-544-6424
Toll Free Crisis and Support Line: 1-877-240-0762
Email: sack@sackingston.com

HOURS OF OPERATION

Crisis and Support Line: 24 hours a day, 7 days a week, 365 days a year

Business Hours: Monday to Friday, 9:00 a.m. to 4:30 pm.
Appointments outside of business hours may be arranged upon request.

Role of Organization

The Sexual Assault Centre Kingston is a not-for-profit charitable organization that is mandated to provide services primarily to women and teen girls who have experienced sexual violence.

Our services and programs are provided through a combination of staff and volunteer positions within the organization and are guided by our mission statement, vision, beliefs and aims.

Services Available to Young Women

The Sexual Assault Centre Kingston may be involved in various stages of a young woman’s healing process around her experience of sexual violence. The following are the various ways that we may be involved:

Counselling Support

Counsellors at SAC Kingston offer counselling to young women who have experienced sexual violence, providing guidance and support to assist them in responding to their own situation.
Counselling and support provided by the centre may be provided one-one or in a group session format. At all times, a SAC Kingston counsellor works with the young woman and her support circle to ensure that she receives respectful counselling that is client centred.

SAC Kingston also offers Education and Support Sessions for family members and friends who are supporting a young woman who has experienced sexual violence.

**Advocacy and Accompaniment**

- **Advocacy:** SAC Kingston may help assist young women with matters pertaining to medical, legal, and social services. Advocacy may include writing correspondence, filling out forms, making calls on behalf of victims or victims’ families, including advocacy for service/programs.

- **Accompaniment:** Upon request, staff/volunteers may accompany a young woman to other places where services are provided. These may include a hospital, police station, court services, medical and psychiatric clinics, abortion counselling services, AIDS clinics, immigration and housing programs or other social services.

**Information and Referral**

The Centre maintains up-to-date resource materials and information on issues related to sexual violence and on other community support services. We will also assist young women by coordinating referrals to other services.

**24 Hour Crisis and Support Telephone Line**

We are accessible to victims of sexual violence by telephone and/or TTY, to provide support and/or intervention in response to a caller’s immediate needs. The Crisis and Support Line is available on a full time basis, 24 hours per day, 7 days a week.

**Accessibility**

The Sexual Assault Centre Kingston strives to provide services that are accessible:

- SAC Kingston is located in a wheelchair accessible building with an elevator.
- We offer enhanced hearing devices for our individual counselling when necessary and have TTY services for those who require it.
- Through our volunteer base, we are able to provide services and support in various languages.
- Counsellors will provide counselling services outside our centre for young women who are uncomfortable or unable to come to the centre.
- Currently, SAC Kingston provides services to individuals from the trans-community and has created a policy that supports and builds on this practice.
## Accountability

The Sexual Assault Centre Kingston understands that staff and volunteers are legally obligated to report all sexual assault disclosures as outlined in the Child and Family Services Act. Concerns regarding the quality or nature of service provided on the Crisis and Support Line by volunteers can be directed to the Volunteer Services Co-ordinator. Concerns regarding the quality or nature of service provided by staff can be directed to the Executive Director. All complaints or concerns will be investigated and responded to according to the Sexual Assault Centre Kingston’s Policies and Procedures manual.
**Sexual Assault Centre Kingston**

Provides counselling and support to women and girls who are survivors of sexual violence.

During the intake meeting the counsellor will:
- advise the survivor of confidentiality policies including limits to confidentiality
- provide information outlining what counselling relationship will look like

SACK provides:
- Feminist and client-centred counselling
- Crisis, short and long term counselling
- a counsellor who brings her knowledge, skills and experience to help survivors on their healing paths
- Confidentiality and therefore client files are kept to a minimum and are only kept upon consent of the survivor.

Note: To avoid jeopardizing the counselling relationship by becoming a witness, counsellors do not attend while survivors are giving statements to police or any conversation related to giving evidence.

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Key

- start/end
- decision
- process
- notes

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Self referral or referral from other agency or family

Survivor speaks with counsellor at an intake meeting.

If survivor under the age of 16 makes first disclosure, report is made to CAS

Counsellor offers counselling, advocacy and/or accompaniment where appropriate

Counsellor or volunteer attends criminal court with survivor during testifying or sentencing

Young woman continues counselling at own discretion
Sexual Assault/Domestic Violence Program

CONTACT INFORMATION

Donna Joyce  
Phone: 613-549-6666 ext 4880  
Fax: 613-548-1396  
Email: joyced@kg.h.kari.net

HOURS OF OPERATION

24 hours a day/seven days a week, 365 days a year

Role of Organization

The Kingston General Hospital Sexual Assault/Domestic Violence Program offers a high standard of comprehensive care to children (0-15) who are victims of paediatric sexual assault throughout Frontenac and Lennox and Addington Counties. The emergency medical, forensic, emotional and social needs of the victims are met through a 24/7 response and coupled with extensive follow-up services by a follow-up nurse and social worker.

The adult component of the KGH SA/DV serves victims of recent (<72 hours) sexual assault or domestic violence assault (<72 hours) for those individuals 16 years of age and older.

All services are accessible, tailored to meet individual need, confidential and at no cost to the client.
Commitment

We will, within the mandate of our services:

Commit to promoting choice, respect and empowerment in a specialized and compassionate manner.

We will:
- Provide a comprehensive range of emergency medical and nursing care to victims of paediatric sexual assault regardless of level of acuity on a 24/7 basis.
- Host a weekly paediatric clinic, supported by a paediatrician, Sexual Assault/Domestic Violence nurse & Sexual Assault/Domestic Violence Social Worker to address cases of historic, chronic or suspected paediatric sexual assault.
- Test and treat sexually transmitted infections, pregnancy and HIV.
- Collect and document forensic evidence in the form of the Sexual Assault Evidence Kit (SAEK) and Photo-documentation.
- Offer crisis support, counselling and safety planning.
- Offer extensive nursing and social work follow-up.
- Co-ordinate with and refer to community resources.

Overview of Specific Procedures and Services

Initial Response of Emergency Department at Kingston General Hospital

When a victim of sexual assault presents at the Emergency Department, the triage nurse will perform the initial assessment, including vital signs and determine if medical care is necessary and arrange accordingly with the emergency physician.

The victim is treated consistent with Emergency Department policy and procedures.

Medical concerns are addressed by the emergency physician while awaiting arrival of Sexual Assault/Domestic Violence Nurse.

The dedicated, timely and specialized services of the Sexual Assault/Domestic Violence Program are explained and offered to the client/caregiver.

The triage nurse will immediately contact Switchboard, who in turn will contact the Sexual Assault/Domestic Violence nurse on call.

Eligibility Criteria
- Child is 0-15 years of age
Referral Process ~ ACUTE

In cases of acute paediatric sexual assault <72 hours (less than) and/or symptomatic (pain, bleeding and/or discharge)

Proceed to Kingston General Hospital emergency department, and:

Request the Sexual Assault/Domestic Violence nurse on-call.
Sexual Assault/Domestic Violence nurse will contact paediatrician.

Services available 24hrs/7 days a week.

Referral Process ~ NON-ACUTE

In cases of non-acute paediatric sexual assault >72 hours (greater than) and asymptomatic

a) Proceed to Kingston General Hospital emergency department, and:

Request the Sexual Assault/Domestic Violence nurse on-call.
Paediatrician will not be contacted at point of crisis. SA/DV nurse will respond and offer initial assessment. An appointment will be made for the Sexual Assault/Domestic Violence Paediatric Clinic.

Services available 24hrs/7 days a week.

OR

b) Paediatric Scheduled Clinic

Contact (613) 549-6666 Ext 4880 and leave referral information for paediatric scheduled clinic and appointment will be confirmed.
The Paediatric Clinic will offer support and multi-disciplinary assessment and examination for cases of historic, chronic or suspected sexual assault.

Referrals are welcome from physicians, Children’s Aid Society, police, community agencies, regional Sexual Assault/Domestic Violence programs, family or self.

KGH SA/DV Nurse

Initial Contact
- Sexual Assault/Domestic Violence nurse arrives within 30-45 minutes of being contacted by Switchboard
- Assumes responsibility for client
- Reviews chart
- Escorts client/caregiver to the designated, exclusive and confidential Sexual Assault/Domestic Violence Treatment Room
Initial Interview and Assessment
- Identifies any emergent needs
- Explains services/supports – various options provided by the Sexual Assault/Domestic Violence Program
- Provides safety and comfort
- Adheres to legislative reporting responsibilities including the Child & Family Services Act

Service Options
- Physical Assessment
- Testing and treatment for injury, sexually transmitted infections, pregnancy and HIV
- Collection of forensic evidence utilizing Sexual Assault Evidence Kit (SAEK), if appropriate
- Photo-documentation
- Documentation of injuries
- Follow-up medical/nursing/social work services

Forensic Evidence
- Where sexual abuse concerns are present, keep in mind that the majority of examinations are normal and/or show no specific findings
- A normal exam will consist of a physical assessment that is individually determined and based on the presenting situation
- Specific medical findings of sexual abuse are uncommon with children, especially if there is a prolonged period between the examination and the alleged occurrence. Typically, the exam demonstrates no abnormalities or non-specific findings
- Collecting evidence is intrusive and requires careful consideration. Sedation would occur only in severe cases and would be determined by the paediatrician, in consultation with the caregiver.

Crisis Intervention
- Trauma reaction discussed
- Crisis counselling and emotional support provided to families
- Outstanding issues such as, safety & self-harm/risks are identified
- Client/caregiver provided with options and information to increase support and coping skills

Physical Exam
- Head to toe assessment noting any injuries and collection of specimens for forensic or lab testing
- Consultation or referral to physician as may be required

Testing
- Sexually transmitted infections
- Pregnancy
- HIV
Treatment
- Emergency contraception pill
- Antibiotics for the prevention of sexually transmitted infections
- Tetanus for skin breaks
- Hepatitis B and vaccination
- HIV Post-Exposure Prophylaxis – 28 day drug regime universally offered for “at-risk” victims of sexual assault

Discharge Planning
- Summary of care provided in writing through follow-up brochure
- Information and resources provided
- Safety plan discussed
- Contact/referral with community agencies

Follow-Up
- Opportunity for follow-up by Sexual Assault/Domestic Violence nurse and social worker.
  - **Follow-up nurse**: Through Paediatric clinic or otherwise follow-up will address resistant infections, re-evaluate injuries, secure further tests/cultures, provide test results to client/caregiver, assess medication issues, and provide information/health teaching. Follow-up visits are offered within 2-4 days of the initial visit, one month period, three month period and six month period.
  - **Social Worker**: Social work services are short-term and are intended to respond to sexual assault trauma crises through the provision of assessment, counselling, resource access and referrals to community based services for longer term support. Social work services will vary based on the preference of the client, residency and therapeutic requirements. Social worker will act as the level of connectivity from the point of crisis to any longer term therapeutic intervention that may be requested.

Eastern Ontario Sexual Assault/Domestic Violence Program Partners
The Kingston General Hospital Sexual Assault/Domestic Violence Program provides a tertiary level of care for paediatric victims of sexual assault in Lanark County, Leeds and Grenville & Hastings Prince Edward Counties who have presented with an acute or non-acute sexual assault emergency.

Following the initial assessment by the local Sexual Assault/Domestic Violence Program immediate and unrestricted access is provided to the victim/caregiver through the KGH SA/DV program.

Follow-up services are typically referred back to the home community of the client.

Service Co-ordination & Integration
The SA/DV Program has established strong working relationships with community partners resulting in an emphasis on collaborative & coordinated care; evidenced by numerous service agreements.
Additionally, in an effort to ensure consistent screening, equitable/rapid access across the catchment area of Frontenac and Lennox and Addington Counties, service agreements with hospital partners are in practice.

**Accessibility**

Kingston General Hospital is committed to creating an atmosphere that promotes diversity and inclusion regarding access to all hospital programs and services. To support this principle, the Hospital strives for adherence to regulations and standards as outlined in the Ontarians with Disabilities Act, 2001 (ODA), and the Accessibility for Ontarians with Disabilities Act, 2005 (AODA). These pieces of legislation require the hospital to meet standards and prepare an annual accessibility plan. The accessibility plan shall address the identification, removal and prevention of barriers to persons with disabilities and include a process to consult with persons with disabilities.

**Accountability**

Concerns regarding quality or nature of service may be directed to Donna Joyce, Manager Sexual Assault/Domestic Violence Program. 613-549-6666 Ext 4880 or via email joyced@kgh.kari.net.
The Kingston General Hospital
Sexual Assault/Domestic Violence Program

The Kingston General Hospital Sexual Assault/Domestic Violence Program provides 24/7 response to paediatric (0-15 years) sexual assault (<72 hours - acute) or (>72 hours - non-acute) chronic, historic or suspected sexual assault throughout Frontenac and Lennox and Addington Counties.

>72 hours (Non-Acute) - Client to present to KGH ED and ask for SA/DV nurse on-call.

< 72 hours (Acute) - Client to present to KGH ED and ask for SA/DV nurse on-call.

OR

Scheduled Clinic - Contact (613) 549-6666 ext 4880 and leave referral information for paediatric scheduled clinic appointment.

All services provided in a distinct, discreet and confidential treatment area.

Service Options are individually tailored and may include:
- Comprehensive range of emergency medical and nursing care
- Physical Assessment
- Testing and treatment of sexually transmitted infections, pregnancy & HIV
- Collection of forensic evidence using a Sexual Assault Evidence Kit (SAEK)
- Documentation of injuries through forensic photography and body mapping

On-going follow up services through SA/DV social worker and SA/DV follow-up nurse.

Social worker - Provision of assessment, counselling, resource access and referrals to services offered in the community.

Follow-up nurse - Re-evaluate injuries, secure further tests/cultures, offer test results, assess medication issues, offer information/health teaching.
Role of Organization

Victim/Witness Assistance Program is a service designed to assist those who are involved in a criminal case either because they are victims of a crime or because they have been called as a witness to testify in a case. The service is available to victims and witnesses after a criminal charge is laid.

Note: It is not the role of the program to discuss evidence with the victim/witness or caregiver. If the client wishes to discuss the evidence, the client will be directed to the investigating police officer. Clients will be advised that VWAP has a legal obligation to disclose information shared by the client when there are concerns for a child’s safety (CFSA requirement), the client or another person’s safety is at risk or case-related information that may impact the court case. This information may be provided to CAS, police and the Crown, who may be required to disclose to the Defence/accused.

Referrals to the Victim/Witness Assistance Program and Initial Victim Contact

Victims of child abuse and their caregiver are referred to the Victim/Witness Assistance Program after criminal charges are laid. Referrals are made by Police Officers, Crown and other service providers. Upon opening a file, VWAP will initiate written contact with the victim and caregiver to offer services, and follow up with a telephone call.

Program policy requires staff to have direct contact with victim/witness age 16+ years. With client consent, staff can provide information to the client’s family member.
**Commitments**

**We will, within the mandate of our service:**

*Be inclusive and provide equal treatment for all people accessing our services, while being sensitive to the challenges of race, ethnicity, gender, age, sexual orientation, socio-economic status and/or abilities of individuals.*

**We will – after charges have been laid:**

- Provide services to the child victim/witness and non-offending caregiver for criminal court cases.
- Provide information on the justice system generally and on the child’s specific case including status of the case, court procedures and victim’s role in process.
- Provide emotional support and assistance in responding to the concerns of the child and guardian during the court process. Relay the child and caregiver’s concerns and input to the Crown.
- Work collaboratively with and act as a liaison with the police, Crown, C.A.S. and community support services as needed, and advocate accordingly on the child’s behalf.
- Provide information about Victim Impact Statements and Criminal Injuries Compensation Board, 1-800-372-7463 www.cicb.gov.on.ca. For those who qualify financially, Queen’s Legal Aid (613) 533-2102 represents victims on CICB claims.
- Provide referrals for appropriate counselling and support services.

**Overview of Specific Procedures and Services**

**Assignment of the Case**

1. VWAP worker will be assigned to the case. VWAP will support the Crown to ensure a full-time assistant Crown is assigned at the earliest opportunity for the victim to discuss concerns or questions and remain with the case until final disposition at trial, if possible.

2. VWAP staff will support the Crown in giving high priority to the scheduling of child abuse cases in the courts.

**Interviews**

1. For a child under 16 years, initial contact with the child’s guardian will provide information about the criminal court process including bail/undertaking conditions and provide referrals
to community services as needed and requested.

2. Prior to meeting a child under 16 years, VWAP staff has contact with the caregiver to obtain information regarding the child’s developmental issues, special needs and concerns.

3. VWAP staff will support the Crown to ensure the child will be interviewed by the assigned Crown in advance of the preliminary/trial.

4. VWAP will provide developmentally appropriate information and court preparation including courtroom orientation for the child.

**Trial Issues**

1. Court preparation is a shared responsibility of the Crown, police and VWAP. It is important for the child to feel safe and supported by the prosecution team.

2. VWAP will ensure the Crown is aware of issues causing undue stress on the child, assess the child’s need for testimonial aids and advocate accordingly on the child’s behalf. Testimonial Aids could include: a screen, closed circuit television, the child’s videotestament played in court to assist the child in testifying, a support person sitting next to the child witness. Aside from testimonial aids, certain procedures may be taken to reduce the stress for the child witness.

   VWAP will facilitate communication between the child/caregiver and the assigned Crown to find a balance between the child’s best interest and a successful prosecution.

3. The Crown and VWAP will ensure the child and/or caregiver is aware of the Publication Ban provision for any child under the age of eighteen years.

4. Court accompaniment and support while the child is testifying will be arranged, upon request and as resources permit.

5. A separate and secure waiting area will be provided.

6. In the event that the Defence makes an O’Connor/Mills application to seek access to the child’s third party records, VWAP will provide a referral to the Regional Special Panel, refer to Legal Aid Ontario and facilitate communication between the Crown and the child’s counsel.

**Sentencing and Post Sentencing Issues**

1. **Victim Impact Statement:** VWAP will ensure that the victim and caregiver are aware of the right to complete a V.I.S. regarding how the crime has affected the child and his/her family. V.I.S. guidelines and forms are explained and provided including that completion of a V.I.S. is optional and voluntary. Adult, Youth and Young Children V.I.S. forms are available. Assistance may be provided upon request and as resources permit. Victims
may request to read their V.I.S. in court during the sentencing hearing.

2. **Sentencing Outcome**: VWAP will advise the outcome of the case to the caregiver or 16 yrs+ child. VWAP will debrief the child, at the request of the caregiver.

3. **Probation**: VWAP will provide the child/guardian with a copy of the probation order and the probation telephone number, upon request. With the child/caregiver’s consent, VWAP will provide victim contact information to the Probation officer for the victim’s input on the Pre-Sentence Report and follow up by Probation.

4. **Custodial Sentences under 2 years: Referral to the Victim Support Line 1-888-579-2888**: VWAP will advise the child/caregiver of their option to register with VSL to be advised of release dates including Ontario Parole Board (www.operb.gov.on.ca) eligibility dates and the right to provide input.

5. **Custodial Sentences 2 years and over – Referral to the National Parole Board and Correctional Services Canada**: VWAP will notify the child/caregiver of his/her right to register with for notification of potential release dates, update their Victim Impact Statement and express any concerns.

6. **Appeals**: In the event of an appeal of a Superior Court of Justice decision, VWAP will advise the child/caregiver of the appeal being filed. VWAP will make a referral to the Court of Appeal Victim/Witness Assistance Program office in Toronto. The Toronto VWAP Appeals office will liaise with the Toronto Crown Law office and provide information to the child/caregiver regarding the appeal process, hearing dates and the outcome. If the accused is released on bail pending appeal, the child/caregiver will be informed of this and advised of the bail conditions.

   In the event of an appeal of an Ontario Court of Justice decision, the Kingston Crown’s office and the Kingston Victim/Witness Assistance Program will continue to provide the child/caregiver with information and services including whether bail pending appeal is granted, bail conditions and the outcome.

**Accessibility**

Wheelchair accessible, ramp, power assisted doors and TTY. Persons whose first language is other than French or English, and persons who are hearing or vision impaired, will be accommodated.

**Accountability**

Complaints or concerns regarding the quality or nature of services can be directed to the Manager of the Kingston Victim/Witness Assistance Program. The Manager is accountable to the Regional Manager, East Region, Ontario Victim Services Secretariat.
Victim Witness Assistance Program (V/WAP)

The Victim Witness Assistance Program (V/WAP) helps victims understand the criminal court process.

As court case proceeds V/WAP:
- provides general information & case updates
- sends out bail order/release conditions
- refers the victim to appropriate support services
- provides victim’s input/concerns to the Crown
- prepares the child to testify

At court V/WAP will:
- provide the child and caregiver with emotional and practical supports
- debrief the child and caregiver after court
- provide the case outcome and any court dates

If the accused is found guilty V/WAP will:
- explain and send the child and caregiver a Victim Impact Statement
- send a court order with conditions
- provide information on the Criminal Injuries Compensation Board
- provide referral to the Victim Support Line or Correctional Services Canada & National Parole Board

Charges laid by police

V/WAP opens a file & sends intro letter and calls the caregiver

Case proceeding to trial or preliminary hearing?

Yes

Accused found guilty?

Yes

Victim is sent a Victim Impact Statement to complete

The file is closed.
Role of Organization

The Youth Justice Services Division of the Ministry of Children and Youth Services endeavours to make a difference in the lives of children and youth at risk in Ontario by improving outcomes through supporting a continuum of evidence-based programming and building strong partnerships with youth, families, communities and governments.

Commitments

We will within the mandate of our services:

- Be inclusive and provide equal treatment for all people accessing our services, while being sensitive to the challenges of race, ethnicity, gender, age, sexual orientation, socio-economic status and/or abilities of individuals.

Overview of Specific Procedures and Services

The primary goal of Youth Justice Services is to reduce recidivism by effectively addressing the antecedents of youth crime. The main focus of Youth Justice Services interventions evolve out of the intent of the Youth Criminal Justice Act, which is to achieve the goals of rehabilitation and reintegration (into family, school, and community at large). While Youth Probation Officers are responsible for monitoring and enforcing court-imposed conditions, this is to be done in a non-punitive manner; guidance, encouragement, and provision of appropriate referrals are primary targets.

A pre-requisite to accomplishing the above goal is to have an accurate understanding of the client base we serve. For the purposes of services delivered by Youth Probation Services, a Youth is deemed to be an individual between the age of 12 and their 18th birthday at the time of the offence. Youth Justice Services acknowledges the implications of the CFSA, in which a child is anyone under the age of 16.

While our mandate is to work with youthful offenders and their families, Youth Justice Services is cognizant of the fact that many offenders have, themselves been, victimized.
Some guiding Principles of Youth Justice Services:

- The cornerstones of service delivery are preventing youth crime, reducing recidivism and contributing to community safety. They are built through the provision of rehabilitative programs and partnering with communities and governments.

- We will hold youth responsible and accountable for their actions.

- Programs and services will be evidence-based, evaluated for effectiveness and guided by standards. In most cases, the cognitive-behavioural approach has proven most effective.

- Staff and service providers will be appropriately trained and experienced, and will collaborate in the best interests of youth, families, victims and communities.

- Programs and services will be responsive to the needs and strengths of youth including: physical, mental and emotional levels of development, language and cultural and spiritual beliefs and practices. Gender issues will be a primary consideration in all programming, as will be an awareness of issues surrounding the inherent power-imbalance between Young Persons and the community in which they live.

Limits and Extent of Confidentiality:

As youth justice professionals, Probation Officers are governed by the CFSA’s requirement to report any suspected child welfare concerns.

At the outset of the Probation Officer’s involvement with a young person and/or their family, the limits and extent of confidentiality are explained. Clients will understand the worker’s obligation to report any form of child abuse or concern regarding any child in need of protection.

The YCJA directs that information sharing can be on an “as needed” basis when sharing the information is, “in the best interest of the child,” or for the purpose of furthering the broad goals of reintegration and/or rehabilitation.

Our Involvement with Victims of Child Abuse:

Probation Officers may be involved with victims of crime in a variety of contexts. One of the duties of a Probation Officer is to prepare Pre-Sentence Reports for the Court’s consideration prior to sentencing young people. When the offence is one where a victim is identified, or when the offence is one of a domestic, sexual or violent nature, the Probation Officer will foster the opportunity for the victim to participate in the preparation of the Pre-Sentence Report. The Probation Officer will consider partnering with VWAP, police, and the Crown Attorney to ensure
the victim has had an opportunity to participate in the sentencing and the case supervision of the young person.

Youth Justice Services is cognizant of the fact that witnessing violence, (especially of a domestic nature) can be particularly harmful to young individuals.

When considering the appropriateness of contacting the victim directly, the Probation Officer will be mindful of the following factors:

- The potential for re-victimizing the individual by redundantly reviewing the victim’s involvement (i.e. when this information is already collected by Police, Crown, and VWAP Staff);
- The purpose of a Probation Officer having contact with the victim is to assess victim safety concerns, the potential for reconciliation/restorative justice initiatives, and to determine the existence of any issue that may make restitution or personal service work an appropriate condition to be included in the sentence to be handed down.

When a Probation Officer has direct contact with a victim of crime, the Officer will ensure that the victim is appropriately aware of: The fact that the information they provide will create official record and that may be disclosed to the youth.

- Youth Justice Services and Police contact information in the event that the victim becomes concerned regarding the offender’s non-compliance with conditions relating to victim contact;
- the existence of community resources available to them (i.e. VWAP, Sexual Abuse Crisis Centre, and other community counselling/support services), and;
- their right to submit a Victim Impact Statement to the Court for consideration at sentencing.

When the victim is under the age of 16, (and when feasible) the Probation Officer’s initial contact will be through the guardian of the victim.

When the victim of the offence is already a client of Youth Justice Services, the Probation Officer will,

- ensure that the young person is aware of the services available to them in the community (as above);
- make any other appropriate referrals, and;
- consider the appropriateness of attending any Court proceedings with the young person to demonstrate the caring and supportive role the Probation Officer plays, in collaboration with VWAP staff.
Accessibility
Ground floor office space, with preferred parking available for persons with physical disabilities. Wheelchair accessible and power operated doors.

Accountability
Complaints or concerns regarding the quality or nature of services can be directed to the Kingston Youth Justice Services Manager. The Manager is accountable to the Regional Manager, East Region, Ministry of Children and Youth Services.
Probation & Parole is a service designed to address public safety while supervising offenders in the community.

When an offender receives probation or conditional sentence order probation & parole does the following:
- review community supervision document conditions
- gather information including family background, criminal history, substance use history, employment education, mental and physical health.

Probation & Parole continues to:
- complete assessment and evaluate supervision level in regards to risk
- implement reporting standards
- make appropriate referrals to community agencies

Working with the victim the Probation officer will:
- corroborate offence information
- explain the role of the Probation officer
- confirm safety plan and provide victim services contact information if required
- inform of probation conditions that relate to victim (example non-association)

Working with the offender the Probation officer will:
- face to face interviews with the offender
- document and monitor offender activities
- collateral contacts
- if enforcement is necessary they will lay a breach of probation/conditional sentence

KEY
- start / end
- decision
- process
- notes

Enforcement if necessary or successful completion
PART IV ADDITIONAL RESOURCES

DEFINITION OF CHILD IN NEED OF PROTECTION

Child and Family Services Act of Ontario, a Child in Need of Protection

37(2) A child is in need of protection where,

(a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or
(ii) pattern of neglect in caring for, providing for, supervising or protecting the child;

(b) there is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,

(i) failure to adequately care for, provide for, supervise or protect the child, or
(ii) pattern of neglect in caring for, providing for, supervising or protecting the child;

(c) the child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child;

(d) there is a risk that the child is likely to be sexually molested or sexually exploited as described in clause (c);

(e) the child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment;

(f) the child has suffered emotional harm, demonstrated by serious,

(i) anxiety,
(ii) depression,
(iii) withdrawal,
(iv) self-destructive or aggressive behaviour, or
(v) delayed development
and there are reasonable grounds to believe that the emotional harm suffered by
the child results from the actions, failure to act or pattern of neglect on the part of
the child’s parent or the person having charge of the child;
(f.1) the child has suffered emotional harm of the kind described in subclause
(f) (i), (ii), (iii), (iv), (v) and the child’s parent or the person having charge of
the child does not provide, or refuses or is unavailable to consent to,
services or treatment to remedy or alleviate the harm;

(g) there is a risk that the child is likely to suffer emotional harm of the kind described
in sub clause (f) (i), (ii), (iii), (iv), (v) resulting from the actions, failure to act or
pattern of neglect on the part of the child’s parent or the person having charge of
the child;

(g.1) there is a risk that the child is likely to suffer emotional harm of the kind
described in sub clause (f) (i), (ii), (iii), (iv), (v) and that the child’s parent
or the person having charge of the child does not provide, or refuses or is
unavailable or unable to consent to, services or treatment to prevent the
harm;

(h) the child suffers from a mental, emotional or developmental condition that, if not
remedied, could seriously impair the child’s development and the child’s parent
or the person having charge of the child does not provide, or refuses or is
unavailable or unable to consent to, treatment or remedy or alleviate the
condition;

(i) the child has been abandoned, the child’s parent has died or is
unavailable to exercise his or her custodial rights over the child and has
not made adequate provision for the child’s care and custody, or the child
is in a residential placement and the parent refuses or is unable or
unwilling to resume the child’s care and custody;

(j) the child is less than twelve years old and has killed or seriously injured another
person or caused serious damage to another person’s property, services or
treatment are necessary to prevent a recurrence and the child’s parent or the
person having charge of the child does not provide, or refuses or is unavailable
or unable to consent to, those services or treatment;

(k) the child is less than twelve years old and has on more than one occasion injured
another person or caused loss or damage to another person’s property, with the
encouragement of the person having charge of the child or because of that
person’s failure or inability to supervise the child adequately; or

(l) the child’s parent is unable to care for the child and the child is brought before
the court with the parent’s consent and, where the child is twelve years of age or
older, with the child’s consent, to be dealt with under this part.
For a summary of the duty to report* under the *Child and Family Services Act*, see Appendix, Part IX – Investigations In Schools Or In Child Care Settings.
DUTY TO REPORT

REVIEW OF REPORTING REQUIREMENTS UNDER THE CHILD AND FAMILY SERVICES ACT FOR SCHOOL & CHILD CARE PERSONNEL

- All individuals in schools and child care settings that perform professional or official duties with respect to children are required to report any suspicion that a child is, may have been, or is likely to be abused. The suspicion and the information upon which that suspicion is based, must be reported to the CAS immediately.

- Reports should be made directly.

- The individual who suspects that a child is, may have been, or is likely to be abused must report directly to the CAS, and cannot rely on anyone else to report on his/her behalf.

- Individuals in school and child care settings who perform professional/official duties with respect to children include a: teacher; principal; social worker; psychologist; educational assistant; operator or employee of a child care; and health care professional.

- Any additional suspicions and information must be reported, even if previous reports with respect to the same child have already been made to the CAS.

- It is an offence under the CFSA if a person who has professional or official duties with respect to children does not report a suspicion of child abuse (i.e., a child in need of protection). (A “failure to report” charge can result in a fine up to $1,000.)

- The Investigative Team should advise the:
  - Director of Education or his/her designate whenever a “failure to report” charge is laid against a school employee; or
  - the child care centre owner and/or operator whenever a “failure to report” charge is laid against personnel in a child care setting.
CRIMINAL OFFENCES AGAINST CHILDREN

The Criminal Code of Canada clearly defines a number of offences against children. The Code sets out specific definitions of the nature of the acts committed, the age of the child, the age of the alleged offender, and the relationship between the child and the offender.

Offences relating to the neglect and physical abuse of children include:

- Failing to Provide the Necessaries of Life* (s. 215)
- Abandonment (s. 218)
- Infanticide (s. 233)
- Neglect to Obtain Assistance in Child Birth (s. 242)
- Concealing Body of Child (s. 243)
- Assault (s. 265)
- Assault With a Weapon or Causing Bodily Harm (s. 267)
- Aggravated Assault (s. 268)
- Forcible Confinement (s. 279(2))

The passing of Bill C-15 in 1988, brought some changes to the Criminal Code that specifically apply to child sexual abuse. These offences prohibit sexual conduct between a child/youth or adult. The social value reflected in these statutes is that children should be allowed to develop and discover their own sexuality without being interfered with or exploited by an adult, or by someone in a position of trust or authority. Listed below is a summary of Criminal Code offences relevant to child sexual abuse.

- Sexual Interference (s. 151)
- Invitation to Sexual Touching (s. 152)
- Sexual Exploitation (s. 153)
- Sexual Exploitation of Person With Disability (s. 153.1)
- Incest (s. 155)
- Bestiality (s. 160)
- Order of Prohibition (s. 161)
- Child Pornography (s. 163)
- Parent/Guardian Procuring Sexual Activity (s. 170)
- Householder Permitting Sexual Activity (s. 171)
- Corrupting Children (s. 172)
- Luring a Child (by means of a computer) (s. 172.1)
- Genital Exposure to a Child (s. 173(2))
- Loitering of Sex Offenders (s. 179(1)(b))
- Procuring (s. 212(1))
- Lives on Avails of Young Person (s. 212(2))
- Obtain Sex of Young Person (s. 212(4))
- Sexual Assault (s. 271)
- Sexual Assault With a Weapon, Threats or Bodily Harm (s. 272)
- Aggravated Sexual Assault (s. 273)
- Removal of a Child from Canada for Sexual Exploitation (s. 273.3)

Criminal Code charges that may apply in situations where a child is harmed or killed include:

- Causing Death by Criminal Negligence* (s. 220)
- Homicide (s. 222)
- Attempt to Commit Murder (s. 239)
- Torture (s. 269.1)
- Abduction (s. 281-283)
CHILD ABUSE DATA: SUMMARIZED FROM 2003 CANADIAN INCIDENCE STUDY

The facts referred to in this section are taken from the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003). It is important to emphasize that the CIS-2003 is a study of child maltreatment reported to, and investigated by, child welfare agencies in Canada. Reports of child abuse and neglect that are screened out (i.e. not investigated) by child welfare are not included in this study, nor is child maltreatment reported to police but not to child welfare. An example of police investigating an offense against a child independent of the Children’s Aid Society would involve a situation where a third party not in a care giving role, committed an offense of some kind against a child. In those instances the police and the Children’s Aid Society would communicate with one another for information sharing purposes but not necessary share an investigative role. Child abuse and neglect that come to the attention of other professionals but are not reported to child welfare services are not counted in the CIS.

The 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003) is the second nation-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child welfare services. The CIS-2003 tracked a sample of 14,200 child maltreatment investigations as a basis for deriving national estimates. Information was collected directly from the investigating child welfare workers using a standard set of definitions.

Cases of physical abuse that were tracked by the CIS-2003 in Canada, excluding Quebec. An estimated 31,488 cases of physical abuse were investigated and substantiated in Canada in 2003, excluding Quebec. Physical abuse was the primary form of substantiated maltreatment in 25,257 of these cases and a secondary form of maltreatment in another 6,231 cases. The incidence of substantiated physical abuse (primary or secondary) was 6.62 per 1,000 children in Canada, excluding Quebec.

From an estimated 31,488 substantiated child investigations, 12,775 involved concerns about a child being hit with a hand. An estimated 6,733 involved concerns about a child shaken, pushed, grabbed, or thrown. Being punched, kicked, or bitten was investigated in 2,419 substantiated cases, while 5,930 investigations involved an allegation of being hit with an object. In an estimated 3,631 substantiated cases, the allegation was classified as other physical abuse.

In over two-thirds of those cases (71% of an estimated 17,852 children) no physical harm was documented. Twenty-seven percent (an estimated 6,709 children) involved bruises, cuts, and scrapes. Other health conditions were reported in 2% of these cases while more severe injuries were indicated less often: broken bones and head trauma were each indicated in approximately one percent of cases with substantiated physical abuse as the primary concern.

The CIS-2003 tracked eight forms of sexual abuse, ranging from penetration to sexual exploitation. If several forms of sexual activity were involved, investigating workers were instructed to identify the most intrusive form. An estimated 2,935 substantiated investigations involved sexual abuse as the primary category of maltreatment. Ten percent of the
investigations involved penetration, 8% involved oral sex, and another 4% were for attempted penetration. An estimated 60% involved touching or fondling of genitals. Sexual talk was investigated in 7% of substantiated cases, voyeurism in 1%, and exhibitionism was investigated in another 4% of substantiated cases. Sexual exploitation was substantiated in 6% of cases.

The perpetrator refers to the person or persons considered to have abused the child. 22% of perpetrators were biological fathers or step-fathers, another 40% were other relatives, and 38% were not related to the victim. It is important to note that unless there are concerns about parental supervision, many sexual abuse allegations involving non-family members are investigated by the police alone. Cases that are only investigated by the police and are not referred to child welfare services are not included in the CIS estimates.

Sixty-three percent of all cases that indicated sexual abuse as the primary substantiated maltreatment involved a police investigation for child maltreatment (an estimated 1,848 investigations). Charges were laid in 39% of cases where sexual abuse was the primary substantiated maltreatment category, while charges were considered in an additional 11%. The police investigated but did not lay charges in 13% of cases that indicated sexual abuse as the primary substantiated maltreatment.

Child neglect includes situations in which children have suffered harm or their safety or development has been endangered as a result of their caregiver’s failure to provide for or protect them. All provincial and territorial statutes include neglect or some reference to acts of omission, such as failure to supervise or protect, as grounds for investigating maltreatment.

In the CIS-2003, neglect was the most frequently investigated primary category of maltreatment (an estimated 30,366 child investigations; a rate of 6.38 per 1,000 children). Nearly a third of all cases in which maltreatment was substantiated involved neglect as the primary category of maltreatment (30%).

Primary or secondary forms of substantiated neglect (CIS-2003), are estimated based on a sample of 5,653 child investigations that can be broken down as follows: Failure to supervise (physical) (14,543), 35%; Educational (3,188), 8%; Abandonment (4,708), 11%; Permitting criminal behaviour (1,001), 2%; Failure to provide psychological treatment (854), 2%; Medical (2,347), 6%; Failure to supervise (sexual) (1,643), 4%; Physical (13,098), 32%.

The CIS-2003 tracked household characteristics suspected or known to be associated with investigated categories of maltreatment. Investigating workers were asked to choose the source that best described the household income. Compared with other investigated families, families in which neglect was the primary form of substantiated maltreatment were least likely to have full-time employment as their primary source of income. On the other hand, more than one-third (34%) of cases of substantiated neglect were identified in families receiving some form of benefits, employment insurance, or social assistance; a proportion higher than in any other category of substantiated maltreatment.

Emotional maltreatment is complex and problematic to document because it does not necessarily involve specific incidents or visible injuries. The effects of motional maltreatment,
although often severe, tend to become apparent over time. Provincial and territorial child welfare statutes vary considerably in the extent to which they cover emotional maltreatment. The forms of emotional maltreatment tracked by the CIS-2003 are broken down into four categories: emotional abuse; non-organic failure to thrive; emotional neglect; and exposure to non-intimate violence.

Emotional abuse: child has suffered or was at substantial risk of suffering from mental, emotional, or developmental problems caused by overly hostile, punitive treatment, or habitual or extreme verbal abuse. If treatment was offered but caregiver(s) did not cooperate, the cases were classified under neglect (failure to provide treatment) as well.

Non-organic failure to thrive: child under 3 has suffered a marked retardation or cessation of growth for which no organic reason can be identified. Failure to thrive cases where inadequate nutrition was the identified cause was classified as physical neglect. Non-organic failure to thrive is generally considered to be a form of psychological maltreatment; it has been classified as a separate category because of its particular characteristics.

Emotional neglect: child has suffered or was at substantial risk of suffering from mental, emotional, or developmental problems caused by inadequate nurturance/affection. If treatment was offered but caregivers were not cooperative, cases were classified under failure to provide treatment as well.

Exposure to non-intimate violence (between adults other than caregivers): This fourth form of emotional maltreatment was added after the start of the study to deal with the relatively large number of such investigations. This category included children who were witnesses of violence between adults in the home environment (for example, between the child’s father and an acquaintance), excluding domestic violence. An estimated 12.59 investigations per 1,000 children in 2003 involved alleged emotional maltreatment as the primary or secondary form of maltreatment. Emotional maltreatment was substantiated in 42% of cases, suspected in 24% and unsubstantiated in 33%. Of the substantiated cases, 69% included emotional abuse, 24% emotional neglect, 6% exposure to non-intimate violence, and 1% non-organic failure to thrive.

Emotional harm that had occurred after the maltreatment incident was identified in 35% of investigations where substantiated emotional maltreatment was the primary concern, and was sufficiently severe to require treatment in 25% of cases. Although no emotional harm was documented in the remaining 65% of substantiated emotional maltreatment cases, it is important to understand that the determination of emotional maltreatment could be based on parental behaviour and/or the child’s symptoms.

Of all cases involving emotional maltreatment as the primary category of substantiated maltreatment, 21% involved a single incident, 17% involved incidents over a period of less than six months and 50% occurred over a period of more than six months. Of all categories of substantiated maltreatment, emotional maltreatment is the one that has the highest proportion of cases for which the victimization lasted for more than six months (27% for physical abuse, 26% for sexual abuse, 33% for neglect, and 39% for exposure to domestic violence).
Child functioning was documented using a checklist of problems that child welfare workers were likely to discover through their investigations. Workers were asked to indicate problems that had been confirmed by a formal diagnosis and/or directly observed, and suspected problems that could not be fully verified during the investigations. The six-month period before the investigation was used as a reference point. Physical, emotional, or cognitive health issues were reported in 43% of substantiated emotional maltreatment cases. This percentage is slightly higher than that identified for other categories of substantiated maltreatment (38% for physical abuse, 35% for sexual abuse, 38% for neglect, and 21% for exposure to domestic violence).

The most frequently occurring physical, emotional, or cognitive child functioning issues for substantiated emotional maltreatment were depression or anxiety (28%; an estimated 4,233 child investigations), learning disability (19%; 2,967 investigations), specialized education services (13%; 1,915 investigations), and developmental delay (11%; 1,640 investigations).

Behavioural issues were indicated in 49% of substantiated emotional maltreatment investigations compared with 52% for physical abuse, 45% for sexual abuse, 44% for neglect, and 22% for exposure to domestic violence. The most frequently occurring behavioural child functioning issues for substantiated emotional maltreatment were attention deficit disorder/attention deficit hyperactivity disorder (15%; an estimated 2,312 child investigations), irregular school attendance (15%; 2,282 investigations), negative peer involvement (14%; 2,143 investigations), and violence towards others (12%; 1,894 investigations).

An estimated 49,994 investigations (a rate of 10.51 per 1,000 children) involved exposure to domestic violence as either the primary or secondary category of maltreatment. Seventy percent of these investigations were substantiated (an estimated 35,116 child investigations), 13% were suspected, and 16% were unsubstantiated. Exposure to domestic violence was the primary form of investigated maltreatment in 38,079 cases.

Physical harm was noted in only 1% of cases where exposure to domestic violence was substantiated. Emotional harm was noted in 14% of substantiated cases of exposure to domestic violence; in 9% of cases, harm was severe enough to require treatment. Thirty-nine percent of cases involving exposure to domestic violence as the primary form of maltreatment remained open for ongoing child welfare services. At least one referral was made in 69% of cases of substantiated exposure to domestic violence. Only 2% of cases resulted in a child welfare placement. An additional 2% resulted in informal kinship care placement, and placement was considered for another 2%. In total, 4% of substantiated exposure to domestic violence investigations resulted in children experiencing a change in residence. An application to child welfare court was made in 3% of cases, and applications were considered for an additional 4%.

Other facts:

Of note is that 19% of substantiated cases of maltreatment documented in the CIS–2003 involved investigations of multiple categories of maltreatment. The most frequent co-occurring forms of maltreatment in children were neglect and emotional maltreatment.

Across the categories of maltreatment, female youth aged 12–15 experience a higher proportion of substantiated maltreatment than do male youth of the same age group.
Fifty-four percent of female youth had substantiated cases of physical abuse compared with 46% of male youth.

Seventy-nine percent of female youth compared with 21% of male youth had substantiated cases of sexual abuse, and 52% of female youth compared with 48% of male youth had substantiated cases of neglect.

Fifty-seven percent of female youth compared with 43% of male youth had substantiated cases of emotional maltreatment, and 51% of female youth compared with 49% of male youth had substantiated cases of exposure to domestic violence.

In sum, the global proportion of substantiated maltreatment for youth aged 12–15 reflects elevations in substantiated cases for female youth (54%) compared with male youth (46%). It is unknown whether higher incidence of substantiated maltreatment of female youth aged 12–15 is representative of greater risk, or whether maltreatment of female youth of this age group is more likely than maltreatment of male youth to be reported to child protection services.

Across the five major kinds of maltreatment, both male and female youth (age 12-15) experience higher rates of substantiated physical and sexual abuse than do children of any other age group.

Seventy-nine percent of substantiated cases of sexual abuse involved female youth, whereas 21% involved male youth. The substantiation rate for females experiencing sexual abuse increases with age. The difference between substantiation rates across age categories (that is, ages 8–11 versus ages 12–15) is an increase of 17% of substantiated sexual abuse of female youth. Given that youth between the ages of 16 and 18 are less protected by child welfare legislation, the finding that adolescent girls are more frequently sexually victimized as they age makes them particularly vulnerable.

Among maltreatment of youth between the ages of 12 and 15 reported to child welfare, female youth are at greater risk of emotional maltreatment (57% of substantiated cases) than male youth (43% of substantiated cases).

Among maltreatment of youth between the ages of 12 and 15 reported to child welfare, female youth are at greater risk of emotional maltreatment (57% of substantiated cases) than male youth (43% of substantiated cases).

Among those reported to child welfare, female youth aged 12–15 are at greater risk of experiencing physical abuse than are male youth. Female youth were the subjects of 54% of substantiated cases, compared with 46% of their age-graded male peers.

For some forms of maltreatment, gender differences in rates of substantiation are relatively similar. The categories of neglect and exposure to domestic violence are almost evenly distributed among male and female youth between the ages of 12 and 15: Fifty-two percent of substantiated cases of neglect involved female youth.
Fifty-one percent of substantiated cases in which the primary abuse category was exposure to domestic violence involved female youth.

In the development of services for prevention and support, increasing interest has been generated towards understanding what circumstances place some families at greater risk of maltreatment than others. Among substantiated cases across all ages (children and youth), the following family characteristics have been identified as factors associated with increased risk of one or more forms of maltreatment: Having more than one child or youth in the home; parental full-time employment; rental housing; moving within the past year; parental social isolation; parental history of domestic violence; and alcohol abuse.

As a group, these familial risk factors are not surprising. Being a parent who works full time to raise more than one child or adolescent is stressful, as is moving, non-permanent housing and social isolation. A personal history of domestic violence and current alcohol use disorder are two additional life circumstances that can make daily functioning unmanageable; parents in these situations are more likely than others to require support in providing nurturing environments for their children and youth.

The next CIS data collection period is planned for 2008, at which time information will become available to answer questions about maltreatment in youth, which is currently unknown at a national level.

Reference:


Web-links:

http://www.cecw-cepb.ca/cis-information-sheets#cis-2003
CONSENT

The Criminal Code of Canada defines 16 as the age of consent to sexual acts. Children under 16 years of age cannot consent to sexual acts, and a child’s consent cannot be used in defense of one’s actions. The Code recognizes that adolescents engage in exploratory sexual behavior (i.e., “youthful sexual experimentation”) and children between the ages of 14 and 16 may not be charged criminally if consent for sexual involvement is mutual, and there is less than 5 years older than the complainant provided the accused is not in the position of trust or authority towards the complainant, or is not a person with whom the complainant is in a relationship of dependency, or is not in a relationship with the complainant that is exploitative of the complainant.

The close-in-age exception for sexual abuse:

Section 150.1 of the Criminal Code of Canada prevents an accused from relying on the consent of a complainant under a specified age in defense to particular sexual offenses against children (e.g., sexual interference, invitation to sexual touching, sexual assault). The Code also outlines that a youth between 14-17 years can never give consent to an adult who is in a position of trust or authority over the child, or to an adult who is in a position of dependency over the child. Lastly, the section also outlines that it is not a defense in certain enumerated sections to claim that the accused thought the child was over a certain age at the time the offence is alleged to have been committed.
GLOSSARY

The following terms are found in the Protocol:

**Abandonment**: A willful omission to take charge of a child by a person who is under a legal duty to do so and dealing with a child in a manner that is likely to leave that child exposed to risk without protection.

**Allied Caregiver(s)**: a caregiver(s) (as defined below) who actively supports the child victim/witness throughout the process of disclosure, child protection and/or criminal proceedings, treatment and disposition.

**Apprehension of a Child**: under the powers outlined in the *Child and Family Services Act*, a child protection worker or police officer may, with or without a warrant, remove a child from his/her current circumstances and bring the child to a place of safety* if the child is believed to be at imminent risk and there are no other means to protect the child.

**Assault**: To intentionally apply force to another person, directly or indirectly for a criminal purpose.

**Caregiver**: someone who is in a permanent or temporary caregiving role (e.g., mother, father, live-in partner, caregiver exercising access contact, adult with a custody and control order for the child, foster parent, a teacher, child-care staff, babysitter, recreational group leader, school bus driver, a family member providing temporary substitute care, a partner of the caregiver with no legal relationship to the child).

**Child**: a person under the age of 16 years (i.e., up to and including 15 years of age). The definition of a child can include a 16 or 17 year old if s/he is subject to a court order under Section 3 of the *Child and Family Services Act*.

**Child-care Setting**: a licensed facility/agency where children are being cared for by an adult(s) who are not of common parentage, primarily for the purpose of providing temporary care and/or guidance to the children.

**Child and Family Services Act (CFSA)**: the legislation in the province of Ontario that outlines the roles and responsibilities of a child protection worker, and that governs child protection functions including defining a child in need of protection.

**Child at risk**: See child in need of protection definition.

**Child in need of protection**: Ontario’s *Child and Family Services Act* (CFSA) provides for a broad range of services for families and children, including children who are or may be victims of child abuse or neglect. The paramount purpose of the Act is to promote the best interests, protection and well being of children. The Act recognizes that each of us has a responsibility for the welfare of children. It states clearly that members of the public, including professionals who work with children, have an obligation to report promptly to a children’s aid society if they suspect that a child is or may be in need of protection. The Act defines the term "child in need of protection" and sets out what must be reported to a children’s aid society. This definition (CFSA s. 37 (2) and s.72 (1)) is set out in detail and includes physical, sexual and emotional
abuse, neglect and risk of harm.

**Criminal Negligence:** where a person, in doing anything or in omitting to do anything that is his/her duty imposed by law to do, shows wanton or reckless disregard for the lives or safety of other persons. A parent/caregiver may be criminally liable under the *Criminal Code of Canada* for failing to protect a child from illegal violence used by the other parent/caregiver or a third party, especially in circumstances where the failure to do so contributes to the death or bodily harm caused to a child.

**Domestic Violence:** means any physical, sexual or psychological harm caused, or attempted, by one family member to another and includes assault, murder, sexual assault, threatening, harassment, intimidation, unlawful interference with personal liberty, any other criminal offence, and offences under provincial statutes (e.g., *Family Law Act, Children’s Law Reform Act*, etc.).

**Duty to Report under the CFSA:** if a person has reasonable grounds to suspect that a child is or may be in need of protection, the person must promptly report the suspicion and the information upon which it is based to a Children’s Aid Society. The duty to report is an ongoing obligation. If a person has made a previous report about a child, and has additional reasonable grounds to suspect that a child is or may be in need of protection, that person must make a further report to a Children’s Aid Society. Further, the person who has the reasonable grounds to suspect that a child is or may be in need of protection shall not rely on anyone else to report on his or her behalf. Persons who perform professional or official duties with respect to children include, but are not limited to: health care professionals, teachers, school principals, social workers, priests, rabbis and other members of the clergy, operator or employee of a day nursery, youth and recreation worker, peace officers, coroners, solicitors, and service providers and their employees. If a person who has professional or official duties in their work with children does not report a suspicion of child abuse, then this person can be charged and fined up to $1,000.

**Emotional Abuse:** a pattern of caregiver behaviour that includes but is not limited to: rejecting, isolating, degrading, terrorizing, corrupting, exploiting, and not responding emotionally to a child. Children who are exposed to violence in their homes may suffer emotional damage.

**Failing to Provide the Necessaries of Life:** everyone is under a legal duty as a parent, foster parent, guardian or head of a family, to provide necessaries of life for a child under the age of 16 years. A person commits an offence where s/he fails without lawful excuse, the proof of which lies on him/her, to perform the duty, if the failure to do so endangers the life of the child or is likely to cause the health of the child to be endangered permanently.

**Major Case:** police are governed by the *Ontario Major Case Management Manual* in certain situations. The definition of a major case in the manual includes sexual assaults and attempts where certain conditions are not believed to exist, and criminal harassment occurrences in which the victim does not know the offender.

**Major Case Primary Investigator:** an officer assigned by the Major Case Manager who has
the knowledge, skills and abilities to conduct the investigation in accordance with the criminal investigative management plan developed by the police service.

**Medico-legal Examination**: relating to both medicine and the law or to medical jurisprudence.

**Neglect**: the chronic inattention or omission on the part of the caregiver to provide for the basic emotional and/or physical needs of the child, including food, clothing, housing, adequate supervision, health and hygiene, safety, and medical and emotional care.

**Person Who Has Charge of a Child**: a person who has care and control of a child. This can include a parent, teacher, child-care provider, babysitter, etc.

**Physical Abuse**: may result from inappropriate or excessive discipline and in fact, the caregiver may not have intended to hurt the child. This may involve minor injury (such as a bruise), to a more serious injury, causing permanent impairment or death (e.g., shaken baby syndrome). Physical harm may also result from neglect, for example a child who is unsupervised and is hit by a car. Defined in the Introduction.

**Place of Safety**: according to the *Child and Family Services Act*, means a foster home, a hospital, or a place designated by a Director (which usually includes child protection agency offices). No other location is considered a place of safety, including a police station, places designated as temporary detention facilities or open or secure custody facilities pursuant to the *Youth Criminal Justice Act*, a hostel or a shelter.

**Position of Trust or Authority**: as it relates to the charge of sexual exploitation of a child, a person in a position of trust is a person who is in a particular position with respect to the child which imposes on him/her a duty of care in relation to the child; a person in position of authority with respect to a child means that the person exercises the power of authority (i.e., the power or right to enforce obedience) over the child.

**Recant**: when a child “takes back” the original allegation, claiming it is not true. A recantation should not immediately lead an individual to assume that the allegation is false. Many children recant who have been faced with the anxiety, disruption and intrusion caused by the investigation, and/or threats from family members or the alleged offender.

**Sexual Abuse**: Any sexual activity involving a child that could be a violation of the Criminal Code and could render a child in need of protection under Section 37(2)(c) CFSA. Defined in the Introduction.

**Sexual Assault**: To intentionally apply force to another person, directly or indirectly for a sexual criminal purpose.

**SIDS**: Sudden Infant Death Syndrome (SIDS) is defined as the sudden death of an infant under one year of age, which remains unexplained after a thorough case investigation, which must include a complete autopsy, examination of the death scene, a police investigation, and a review of a clinical history.

**SUDS**: Sudden Unexplained Death (SUD) applies to children under the age of one year where the SIDS diagnosis does not apply, and where no apparent cause of death can be ascertained.
If any part of the death investigation in a child less than one year of age is positive, the death cannot be classified as SIDS. For example, an infant with head fractures that did not contribute to the cause of death, but raise suspicion of a previous history of child abuse would be classified as a SUD death.

**Substitute Decision Maker:** in most cases, the substitute decision maker will be a parent. In some circumstances, other family members or legally appointed persons may be permitted to give consent in accordance with the *Health Care Consent Act*, which lists substitute decision makers in order of priority. Persons accompanying children who are not listed (e.g., teachers, child-care staff, babysitters) have no legal authority to authorize treatment for that child. Only persons 16 years of age and over may act as substitute decision makers. Capable persons under 16 may make decisions for their own children.

**Support Person:** any person from whom the child wishes assistance during any process related to an investigation (e.g., the investigative interview, a medical examination, court appearances or parole hearings).

**Threshold Major Case:** under the *Ontario Major Case Management Manual*, police identify a threshold major case and assign a Primary Investigator who shall undertake the investigation. These include homicides and attempts, sexual assaults and attempts (including sexual interference, sexual exploitation, and invitation to sexual touching) where the victim is under 14 years of age and the offender is in a position of trust or authority or is a person with whom the victim is in a relationship of dependency. They also include missing person occurrences where the circumstances indicate a strong possibility of foul play, non-familial abductions and attempts, and major cases linked to another major case within the same or another jurisdiction.

**Victim Impact Statement:** a written account of the physical and/or emotional harm done to, or loss suffered by the victim (e.g., fears of revictimization, sleep disturbances, difficulties in school, behavioural problems) as the result of a crime. A Victim Impact Statement can be prepared by the victim or a member of his/her family. The statement is presented to the court for consideration during the sentencing phase of a criminal trial. The court has the right to question any individual who submits a Victim Impact Statement.

**Video Recording:** refers to a VHS recording, a digital video recording (DVD), or the recording technology that is current at the time.

**Voir Dire:** a legal term often referred to as a trial within a trial, used as an opportunity for the judge to make a decision about the admissibility of evidence. Expert witnesses such as psychologists may be called to testify at a voir dire.

**Youth Criminal Justice Act:** federal legislation that governs and dictates the handling of youth alleged to have committed a criminal offence who are 12 or older but under the age of 18 at the time of the alleged offence. This legislation outlines procedures for these youth such as special interview techniques, the ability to use alternative measures prior to a finding of guilt, and
protects the widespread publication of any information that may serve to identify the accused or convicted youth.