

# CHILD PROTECTION PROTOCOL FOR YORK REGION

GUIDELINES AND PROCEDURES FOR A  
COORDINATED RESPONSE

**Revised 2010**

**TABLE OF CONTENTS**

DECLARATION OF COMMITMENT ..... 5

INTRODUCTION..... 7

MISSION STATEMENT ..... 9

SECTION ONE – GUIDING PRINCIPLES ..... 10

SECTION TWO - THE TEAM ..... 11

    1. The Concept of the Team ..... 11

    2. Personnel ..... 11

SECTION THREE - REPORTING CHILD ABUSE AND/OR NEGLECT CONCERNS ..... 13

    1. Duty to Report ..... 13

    2. Case Consultations ..... 13

    3. What you need when making the report to CAS..... 14

    4. Response to Confidential Reports and Third Party Reporting..... 14

    5. Feedback to the Referral Source ..... 14

SECTION FOUR – INITIAL ASSESSMENT OF REPORT ..... 15

    1. Response to Reports by the CAS ..... 15

    2. Response to Reports by the Police..... 15

    3. Joint Investigation Considerations ..... 15

    4. Record Checks..... 15

SECTION FIVE – INTIAL STAGES OF THE INVESTIGATION ..... 17

    1. Timing of the Interview ..... 17

    2. Location of the Interview ..... 17

    3. Contacting Caregivers..... 17

    4. Children with Special Needs ..... 18

SECTION SIX - INVESTIGATIVE INTERVIEWS ..... 19

    1. Pre-Interview Case Consultation ..... 19

    2. Joint Interview of the Child ..... 19

    3. Primary Interviewer ..... 19

    4. Support Person ..... 20

CHILD PROTECTION PROTOCOL FOR YORK REGION

---

5. Interviewing Other Potential Victims/Additional Witnesses .....	20
6. Interview of the Alleged Offender.....	20
7. Post-Interview Case Consultation.....	21
SECTION SEVEN – INVESTIGATIONS IN A SCHOOL SETTING .....	22
1. Investigations in a School Setting .....	22
2. Consent to Interview Children.....	23
3. School Personnel as Alleged Offender .....	24
SECTION EIGHT – SERVICE PROVIDERS AS ALLEGED OFFENDER .....	25
1. Service Providers as Alleged Offender .....	25
2. CAS as Alleged Offender .....	25
3. Police as Alleged Offender .....	25
SECTION NINE - MULTIPLE VICTIM/ALLEGED OFFENDER INVESTIGATIONS .....	26
SECTION TEN – UNEXPECTED DEATH OF A CHILD.....	27
SECTION ELEVEN – MEDICAL Assessment.....	28
1. General Considerations .....	28
2. Support Person for the Child.....	28
3. Consent.....	28
4. Sexual Abuse - Urgent Medical Assessment.....	29
5. Sexual Abuse - Non-Urgent Medical Assessment.....	29
6. Physical Abuse - Urgent Medical Assessment .....	30
7. Physical Abuse - Non-Urgent Medical Assessment .....	30
SECTION TWELVE – COURT PROCEEDINGS.....	31
1. Child Protection Proceedings.....	31
2. Criminal Proceedings .....	31
3. Crown Attorney/VWAP Meeting with the Child .....	33
4. Sentencing and/or Disposition .....	35
5. Probation/Conditional Order Sentences and Parole.....	35
6. Disposition in Criminal Court.....	38
7. Notice of Release from Incarceration.....	39
8. Parole .....	39

CHILD PROTECTION PROTOCOL FOR YORK REGION

---

SECTION THIRTEEN – THERAPEUTIC INTERVENTION .....	41
1. Philosophy.....	41
2. Definition of Therapeutic Intervention .....	41
3. Sexual Abuse Trauma Intervention Resources .....	42
4. Child Physical Abuse and/or Neglect Treatment Resources.....	43
5. Resources for the Offender.....	43
APPENDIX I – DEFINITION OF TERMS.....	46
APPENDIX II – VIDEO/DIGITAL RECORDING .....	49
APPENDIX III – FLOW OF PEDIATRIC PATIENTS PRESENTING WITH SUSPECTED ABUSE .....	50
APPENDIX IV – CHILD FRIENDLY COURTROOMS .....	51
APPENDIX V – CHILD PROTECTION LEGISLATION .....	52
APPENDIX VI - DISCIPLINE & CHILD ABUSE: PROTECTION OF PERSONS IN AUTHORITY.....	56
APPENDIX VII – OFFENCES UNDER THE CRIMINAL CODE OF CANADA.....	57

CHILD PROTECTION PROTOCOL FOR YORK REGION

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**DECLARATION OF COMMITMENT**


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

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

**WHEREAS** an effective and supportive response requires a shared philosophy and coordinated strategy among those systems mandated to act on behalf of the community,


**WE** the following agencies affirm our commitment to the implementation of this protocol across York Region.

*Dated this October 2010*



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Mr. Paul Tait  
Crown Attorney, York Region  
Ministry of Attorney General



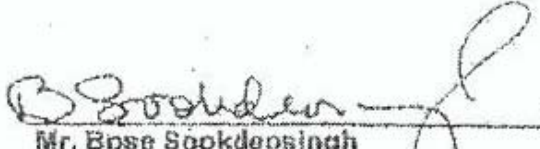
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Dr. Richard Cummings  
Executive Director  
Jewish Family and Child Service of Greater Toronto




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Ms. Janet Reeds  
Chief Executive Officer  
Markham-Stouffville Hospital  
Services



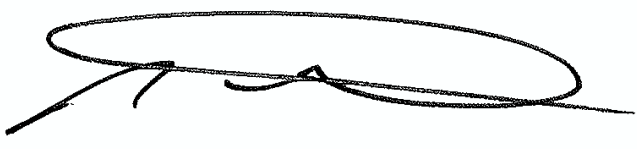
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Mr. Bose Sookdensingh  
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Ministry of Community Safety and Correctional



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Mr. Gary Ryan  
Interim Chief Operating Officer  
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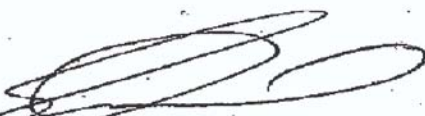
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CHILD PROTECTION PROTOCOL FOR YORK REGION

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York Region Abuse Program

  
Ms. Susan LaRosa  
Director of Education  
York Region Catholic District School Board

  
Mr. Patrick Lake  
Executive Director  
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Mr. Ken Thurston  
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Chief Armand LaBarge  
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York Regional Police

  
Ms. Karyn Slaven  
Manager  
Victim/Witness Assistance Program  
Ministry of Attorney General

## INTRODUCTION

Child abuse continues to be a concern that requires a coordinated community response. In this protocol, child abuse is defined as a child who has been or is at risk of being physically harmed, neglected, or sexually harmed by a person in a position of trust or authority. Children and families require the attention, intervention, and support to address this complex issue.

The implementation of the protocol will be monitored and reviewed through the Child Abuse Systems Team of York Region (CAST). The CAST Committee will meet on a regular, on-going basis to review the effectiveness of the protocol and to make recommendations as to changes that would increase the capacity of the systems to respond to children and families coping with child abuse and/or neglect. The protocol presents the best practice to respond as effectively and compassionately as possible in supporting these children and their families through disclosure, the investigation, the criminal justice system, and therapeutic intervention.

The procedures described in this protocol involve many different professional groups. All need to be informed about their roles and those of others in guiding families through the investigation, court proceedings and therapeutic intervention.

The protocol describes responsibilities of the various systems in York Region including:

- All persons are required by law, as defined in Section 72 of the *Child and Family Services Act* (CFSA), to report to a Children's Aid Society (CAS) any suspicion that a child may be in need of protection. There is additional responsibility for professionals to report suspicions arising in the course of their official duties.
- York Region Children's Aid Society (YRCAS) and Jewish Family & Child Service of Greater Toronto (JF&CS) are the child protection agencies in York Region responsible for the investigation of whether a child is "in need of protection" as mandated by the CFSA and to assist families in connecting with support and treatment. The roles and responsibilities of the CAS identified throughout this protocol include YRCAS and/or JF&CS, and are in accordance with the Transfer of Child Protection Services Protocol, between the two agencies for servicing families in York Region. This includes the specification that YRCAS apprehends on behalf of JF&CS in York Region, when required.
- Police are responsible for determining whether a criminal offence has been committed with respect to the laying of charges in abuse and/or neglect cases, and may sometimes consult with Crown Attorneys for legal advice prior to deciding whether to lay a charge.
- Crown Attorneys are responsible for the prosecution of offences under the *Criminal Code of Canada* (CC)
- The Domestic Abuse and Sexual Assault Care and Resource Centre (DASA) and the medical community are responsible for providing physical and emotional assistance to victims including medical examinations and treatment as necessary.

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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- The Victim/Witness Assistance Program (VWAP) (Ministry of the Attorney General) provides information, assistance and support to all child abuse victims and their supportive caregivers throughout the criminal justice process in order to improve their understanding of, and participation in, the criminal court process.
- York Region Abuse Program (YRAP) is responsible for providing individual and group therapy to men, women and children who have experienced childhood sexual abuse.
- Probation and parole services are responsible for the supervision of offenders on probation, parole or conditional sentences.

**Note:** The community of Georgina Island is not included in this protocol. York Region Children's Aid Society has a protocol for working with native communities. For information concerning children in this area contact the Children's Aid Society and/or the Ontario Provincial Police.

**MISSION STATEMENT**

***To provide victims of child abuse and/or neglect,  
their families,  
and offenders with effective  
community response and intervention.***

**SECTION ONE – GUIDING PRINCIPLES**

1. All actions taken will be in the best interests of the child(ren). A coordinated, cooperative and collaborative approach, by professionals, to child abuse prevention, detection, reporting, investigation, prosecution, treatment, and support is in the best interest of the child.
2. It is the right of all children to grow up in a healthy family system, recognizing the diversity of family. Every child is dependent on adults for his/her overall healthy development and the connections to the family should be acknowledged and respected during the course of intervention.
3. The community has an obligation and responsibility to protect children from harm. This requires a community effort by all individuals and organizations working with children.
4. There will be a timely response to all types of child abuse and/or neglect.
5. The child and family's unique identities shall be valued and respected. These identities may include, but are not limited to language, culture, ethnicity, religion, developmental levels and special needs.

## SECTION TWO - THE TEAM

### 1. The Concept of the Team

A key element of this Protocol is a 'team' approach to coordinate the investigation and prosecution of child abuse and/or neglect. In York Region, a Child Protection Worker and Police Officer will constitute the "Team".

A team approach is the desired method of intervention, with joint interviews being done whenever possible. It is essential the Child Protection Worker and Police Officer keep each other informed throughout the investigation.

- The CAS Worker has primary responsibility for the protection of the child
- The Police Officer has primary responsibility for the investigation of the alleged offence

The initial investigative Team will remain involved until case completion. When a member of the investigative Team becomes unavailable, an alternate shall be designated as soon as practicable.

- Where applicable, the Team will conduct interviews together, communicate, and share information that may assist each other's objectives of the joint investigation. During a joint investigation, the Police and a Children's Aid Society (CAS) shall disclose to each other 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 judgement involved in determining what is relevant. The information may take the form of verbal information and/or written information (i.e. case notes).
- As each case progresses through child protection proceedings, criminal court proceedings, and through post disposition, the concept of the Team continues to apply, but the members may increase to include other community professionals responding to the child abuse and/or neglect concern.
- 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.
- Information may be gathered from schools, 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.

### 2. Personnel

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

- 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 the protection of the child.

*Although the above separation of responsibilities exists, it is always in the best interests of the child that each member of the Team contributes to decisions in either area.*

### SECTION THREE - REPORTING CHILD ABUSE AND/OR NEGLECT CONCERNS

This section describes reporting protection concerns under the *Child and Family Services Act* (CFSA), including: the duty to report, making the report, and case consultations.

#### 1. Duty to Report

- iii. Any person, including professionals working directly with children, who has reasonable grounds to suspect child protection concerns, has an obligation to **immediately** report the suspicion and the information on which it is based, to the CAS. Proof is not required in order to report a concern to the CAS that a child may be in need of protection.
- iv. Once a person has made a report to the CAS, that person has an **ongoing duty to report**. The person is required to contact the CAS each time they become aware of additional information.
- v. It is the duty of the person who has the suspicions to **directly** make the report to the CAS and not to have another person make the report for them.
- vi. A person who performs professional duties or official duties with respect to children include the following: health care professionals, physicians, nurses, dentists, pharmacists, psychologists, teachers, principals, social workers, family counselors, priests, rabbis, members of the clergy, operators or employees of a day nursery or child care centre, youth and recreation workers, peace officers, coroners, solicitors, service providers and employees of a service provider.
- vii. Professionals, as defined above, could be subject to a fine if they do not report protection concerns.
- viii. The CAS is available to respond to allegations of child protection **24-hours a day, 7 days a week.**

#### 2. Case Consultations

The CAS provides consultation service to the community. In situations where a person has concerns for a child, but is not sure as to what warrants a report of suspected abuse or neglect under the law, that person shall seek an immediate consultation.

During a consultation, when CAS determines the information is legally reportable, identifying information must be provided as per Duty to Report. Identifying information may still be requested in an effort to maintain a record of the concerns.

When information arises with regards to a historical abuse of a child (eg. the incident occurred months or years previous to the information becoming available) a report must still be made to the CAS immediately upon receipt of the information.

**When in doubt, *always* call to consult**

**3. What you need when making the report to CAS**

When a professional has reason to suspect a child has and/or is at risk of being abused/neglected, the professional shall report the information to the CAS forthwith.

The following information will be requested when a report is made to the CAS. A report to the CAS can still be made even when the reporter does not have all the information.

- Name of child
- Date of birth
- Religion and Language
- Address and Telephone Number
- Names of parents and contact telephone numbers
- Names and ages of siblings
- Specific information with regards to the concerns
- Any other relevant information to assist the Team to conduct a sensitive, customized response to the child (i.e. child's behaviour, previous communication with caregivers, family's strengths/supports)

**4. Response to Confidential Reports and Third Party Reporting**

A confidential and third party report to CAS shall be accorded equal weight as a non-confidential report.

It is expected professionals, who are fulfilling their legal obligation to report, will provide their identifying information to the CAS. The Child Protection Worker will encourage the caller to provide identifying information such as their name and telephone number which may further assist the investigation. The identifying information will be kept confidential by CAS unless compelled to release it due to a court order or proceeding.

**5. Feedback to the Referral Source**

At the time of reporting a child protection concern to a Children's Aid Society, the referral source will be asked whether they would like notification of the conclusion of the investigation. At the conclusion of the investigation, the CAS worker may request signed consent, from caregiver(s), to exchange information with professional referral sources.

The release of personal information about the child, family or alleged offender is limited, without the written consent of that person(s). Where written consents are available, the Team may share pertinent information with the referral source.

## **SECTION FOUR – INITIAL ASSESSMENT OF REPORT**

### **1. Response to Reports by the CAS**

When a report of alleged abuse or neglect, current or past, comes to the CAS:

- there will be a telephone or personal interview with a referral source or any other person who may have relevant information concerning the matter;
- this information will be documented in a detailed manner;
- the CAS Worker receiving the report will obtain sufficient information from the reporting person so that informed decisions can be made by the Team; and
- CAS will notify the York Regional Police, Crimes Against Children Unit using the applicable referral form.

### **2. Response to Reports by the Police**

A report of alleged child abuse received by the Police should be directed to the York Regional Police – Crimes Against Children Unit. When a member of the Unit is not available, the officer in charge of the appropriate district will receive the information and determine the appropriate action and police officer to respond.

When a report is received by the police, the officer receiving the information shall report the concern to the CAS forthwith. (Reference Section Three – Reporting Child Protection Concerns)

### **3. Joint Investigation Considerations**

In all cases of alleged child abuse or neglect, the CAS and/or Police will mutually begin a plan to respond to the alleged concern(s).

The following shall be considered when determining the appropriate response:

- there is injury to the child;
- there is a allegation of sexual abuse;
- the child is at risk of serious of harm due to neglect; and/or
- there is relevant previous CAS and/or police history
- the alleged offender was in a position of trust or authority at the time of the alleged abuse and/or neglect (Reference Appendix VI – Discipline and Child Abuse)
- the allegation involves professional caregivers or a child welfare employee

### **4. Record Checks**

When information is received concerning an allegation of abuse and/or neglect, the Police and the CAS will conduct background checks on the persons possibly involved.

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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The Police will check:

- internal records (including maiden names and aliases);
- addresses;
- driver's licence history leading to previous addresses;
- records of any other police agency where the suspect(s) have lived;
- Canadian Police Information Centre (C.P.I.C.);
- Canadian Firearms Registry On-Line (C.F.R.O);
- Violent Crime Linkage Analysis System (V.I.C.L.A.S.) - when warranted; and
- National Crime Information Centre (N.C.I.C. - Interpol) - when warranted.

The CAS will check:

- internal records (including maiden names and aliases);
- addresses;
- Child Abuse Register (in abuse cases);
- Child Protection Fast Track System; and
- other CAS agencies in the jurisdiction where the identified family has resided –when relevant

The Team Approach allows for verbal sharing of the results of the record checks, during a joint investigation. (Reference Section Two – The Team)

## SECTION FIVE – INTIAL STAGES OF THE INVESTIGATION

### 1. Timing of the Interview

The time frame is mandated by application of the current child protection standards in Ontario.

Factors to consider include:

- the likelihood of imminent risk to the child;
- there is injury to the child;
- the risk to other children;
- consideration of child's developmental and emotional needs;
- the immediate need for support and reassurance to the child and/or non-offending caregiver(s)
- language considerations of the child/family;
- loss of evidence;
- there may be contact between the alleged offender and the child;
- the alleged offender may or will have contact with other children prior to intervention by the investigative Team;
- the child's statement may be compromised if the child is not interviewed immediately;
- child's age and vulnerability; and/or
- the allegation involves professional caregivers.

### 2. Location of the Interview

Factors to consider include:

- safe, neutral, controlled setting (i.e. consider the use of child-friendly interview room);
- nature of child's disclosure;
- use of video/digital recording equipment (Reference Appendix II- Video/Digital Recording);
- avoiding the location where the alleged abuse occurred;
- consideration of child's development, emotional, and physical needs;
- the availability/willingness of the caregiver(s) to consent to moving the child to another location

### 3. Contacting Caregivers

When appropriate, caregivers will be contacted by a member of the Team prior to an interview with the child. It is important to work collaboratively with the family when possible. It is preferable to obtain the caregiver(s)' agreement to interview the child, unless the safety of the child, and/or the integrity of the criminal investigation will be compromised. In certain

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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circumstances the Team may determine it would be in the best interest of the child to conduct an interview without the prior knowledge of and in the absence of the caregiver(s).

In determining when it is appropriate to notify a caregiver(s) prior to the interview; the Team should consider the following:

- if the sole caregiver is the alleged offender;
- if there is a concern the caregiver may contact the alleged offender;
- whether or not the child's caregiver(s) supports the child or alleged offender, if known;
- the caregiver(s) level of cooperation with the reporting/investigative process;
- if the child requests a non-offending caregiver be present; and
- if the caregiver(s) cannot be reached and it is in the best interest of the child to proceed immediately.

### **4. Children with Special Needs**

- i. 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.
- ii. All necessary steps will be taken by the Team and school personnel to identify and accommodate any child known to have a behavioural, intellectual, physical, communication challenge and/or learning disability.
- iii. The Team, in cooperation with the school setting, will determine the need for an interpreter, including language interpreters and interpreters for hearing impaired students. Ideally, professionally qualified interpreters, and not family or friends, should be used with children/witnesses and individuals who require interpretive services.

## SECTION SIX - INVESTIGATIVE INTERVIEWS

### 1. Pre-Interview Case Consultation

Careful preparation and planning is essential to ensuring the best possible outcomes.

- i. Prior to interviewing the child, the Team will discuss:
  - need to interview other children, witnesses, other caregivers, and other individuals who may have information about the child
  - the need for a support person
  - sequencing of interviews
  - age, developmental stage, and special needs of child consistent with the length and timing of interview
  - plan for communication between Police and Child Protection Worker within the interview (i.e. signal the primary interviewer needs to change)

### 2. Joint Interview of the Child

- i. The goals of an investigative interview are:
  - to minimize the trauma of the investigation on the child;
  - to maximize the information obtained about the abusive event(s);
  - to minimize any possible contaminating effects the interview(s) might have on the child's memory; and
  - to maintain the integrity of the investigative process.
- ii. All interviews will be conducted in accordance with Police and CAS training, standards, policies and procedures.
- iii. Where access to the children is denied, the Team may consider any further actions which may include apprehension and/or a Protection Application under the *CFSA*.

### 3. Primary Interviewer

- i. The Police Officer will be the primary interviewer for reasons of potential criminal prosecution. However, during the interviewing process, consideration may be given to change the primary interviewer (i.e. other police officer or CAS worker) to ensure the completeness of the interview.
- ii. Factors to consider when changing the primary interviewer:
  - rapport with the child
  - previous history the child or witness may have had with either system
  - comfort level and skills with children of that particular age
  - knowledge skills and abilities with respect to children with special needs.

#### **4. Support Person**

- i. The Team recognizes it is in the child's best interest to have a support person available to the child during the investigative process. However, during the interview of the child, it is best to proceed without any other person(s) present to maintain the integrity of the forensic interview.
- ii. The presence of a support person should be based on the needs of the child. When a child wants to have a support person in the room during the interview, the Team will decide if this is advisable and in the best interest of the child.
- iii. The Team will inform the support person that they may be subpoenaed as a witness in a court proceeding if they are present during the interview.
- iv. 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, and to remain neutral to avoid influencing the disclosure.

#### **5. Interviewing Other Potential Victims/Additional Witnesses**

- i. The Team will interview any other identified potential victims.(Reference Appendix II – Video/Digital Recording)
- ii. The Team will consider the need to jointly interview all other children, non-offending caregiver(s), primary caregiver(s), witnesses, and other individuals who may have information about the child.

#### **6. Interview of the Alleged Offender**

- i. 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.
- ii. The Child Protection Worker should not discuss the details of the allegation or disclosure with the alleged offender, prior to the police interview. A CAS has statutory obligations that may require the Child Protection Worker to provide certain information to the alleged offender. When this is the case, the Child Protection Worker will notify the police of this requirement before contacting the alleged offender.
- iii. Upon completion of any interview of the alleged offender(s), the Police Officer will fully disclose all relevant information to the Child Protection Worker, unless the information may compromise the criminal investigation. The Child Protection Worker will disclose all relevant information to the Police Officer.

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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- iv. When 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, status of the investigation and a timeline for completion.
- v. In the event polygraphs are used with alleged offender(s), the Police will communicate the results to the Child Protection Worker, and the Team will jointly discuss the results.
- vi. Once the Police have indicated the investigation is complete, the Child Protection Worker will interview the alleged offender to:
  - explain the role of a Child Protection Worker; and
  - continue a complete child protection assessment that includes how the alleged offender responded to the allegations.

### **7. Post-Interview Case Consultation**

- i. After the investigative interviews are completed, the Team will discuss the content and outcome of the interviews and jointly determine the next steps, including the need for any additional interviews.
- ii. 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 (Reference Appendix VI – Discipline and Child Abuse).
- iii. The Team should consider referencing other community professionals, responding to the child abuse concern, in order to ensure the completeness of the investigation.

## SECTION SEVEN – INVESTIGATIONS IN A SCHOOL SETTING

### Responding To a Suspicion of Child Abuse and/or Neglect

- All Board, Personnel, Staff, Students on placement and Volunteers 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.
- The child's disclosure and/or suspicions will be reported immediately to the CAS by the person who received the disclosure/suspicions.
- School personnel will not contact the caregiver(s) unless advised to by the child protection worker or police officer.
- School personnel will not conduct an investigation regarding a suspicion or disclosure of abuse and or neglect. It is the responsibility of a 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.
- In some situations, the cause of child's injuries, the nature of the child's disclosure, or the behaviours observed are not clear on whether there is a duty to report to CAS. Before speaking further with a child or caregiver, school personnel will consult with CAS to clarify the situation, obtain guidance, and discuss the appropriateness of a referral.

### 1. Investigations in a School Setting

When a child protection concern is reported under Section 72 of the *CFSA*, the Principal of the school will grant permission to interview a child on school premises and will provide an appropriate location where the interview can be conducted. In situations of alleged abuse, the preference would be to have child(ren) interviewed in the school setting. Investigators will exercise discretion, confidentiality and sensitivity when deciding to conduct an investigation on school property in a timely manner.

- i. Examples of situations where the Team may wish to interview a child in a school setting include:
  - Abuse/neglect is suspected or disclosed at a school and the matter has been reported to either CAS or police.
  - Abuse/neglect is disclosed outside of the school setting and the Team believes it is in the child's best interest to interview the child at the school. The Team will explicitly advise the Principal they are interviewing for the purposes of an investigation.

- A Child Protection Worker or Police need access to a child at school as a continuation of the investigation process.
  - There are allegations against school personnel.
- ii. The Team will make every effort to discuss with the school principal the intent to interview the child in the school and the estimated time of arrival including any delays.
  - iii. In order to support the Team in the investigation, school personnel will share information about the child and family as it relates to the alleged incident(s) and/or safety of the child.
  - iv. The Team will undertake to inform the caregiver(s) as soon as possible if the child will be detained beyond the usual arrival time to his/her home. In the event the caregiver(s) contacts or attends the school regarding the whereabouts of the child, the Principal or designate will direct them to the attending CAS personnel or Police Officer.
  - v. When a child is apprehended and placed in the care of CAS, the Child Protection Worker will inform the Principal, as soon as is practicable, and indicate if and when the child is expected to return to the school.
  - vi. When a child does not return when expected, the school Principal will inform the CAS to report this fact, so that the CAS can determine if this signals a protection/safety concern (Reference Section Three – Reporting Child Abuse and/or Neglect Concerns)

## **2. Consent to Interview Children**

- i. When appropriate, the Team will:
  - Seek prior consent from a caregiver(s) for the interview and advise the Principal that consent has been provided; or
  - Notify the school Principal that the caregiver(s)' consent has not been provided or requested and that grounds exist to allow for the child to be interviewed without consent.
- ii. The Team may interview the child(ren) without the prior knowledge and/or in the absence of the caregiver(s) when the team:
  - is investigating a reported case of suspected abuse and/or related offences, with respect to that child and the caregiver(s) is the alleged offender(s);
  - where the caregiver may be expected to compromise the safety of the child or the integrity of the investigation

- iii. Following the interview, the Team will inform the caregiver(s) of the interview as soon as possible.

### **3. School Personnel as Alleged Offender**

- i. Where the report involves a school employee as the alleged offender, CAS will prioritize these investigations as per child protection standards.
- ii. Where the report involves a school employee as the alleged offender, the Team will contact the Principal of the school or designate as soon as possible, and will proceed with the investigation in cooperation with the school board officials.
- iii. Where the report involves an alleged offender in a school setting, a member of the Team will indicate to the Principal when an investigation will occur.
- iv. The Board, in consultation with the Team, shall give consideration to suspending the employee from active duty involving children.
- v. When criminal charges have been laid against an individual who performs professional or official duties with children in a school setting, but was not performing duties in relation to the school at the time of the alleged abuse (e.g., a soccer coach), the police, where appropriate, will inform the Director of Education or designate allowed by Disclosure of Personal Information, Ont. Reg. 265/98 under the *Police Services Act*.
- vi. A member of the Team will inform the alleged offender and their employer of the outcome of the investigation. The School Board may begin its investigation only after a decision is made by the Police regarding the laying of criminal charges.
- vii. For investigations that do not involve the police but do involve the CAS, the CAS must verify the matter has been resolved so that the School Board may proceed with its investigation.

## **SECTION EIGHT – SERVICE PROVIDERS AS ALLEGED OFFENDER**

### **1. Service Providers as Alleged Offender**

- i. Service providers include all persons who have contact with children in the course of their employment. These would include, CAS workers, peace officers, bus drivers or other transportation providers, foster parent/group home care providers, and health care professionals. For a more complete list see Section 72 (3) of the *CFSA*. These cases will be given priority in service due to the sensitive nature of these types of investigations.
- ii. When a report of a child protection nature involves a service provider as an alleged offender, the appropriate supervisor will be notified by CAS upon receipt of the referral. In situations involving most service providers, the investigation will be followed as outlined by this protocol.
- iii. 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.
- iv. Consideration should be given to suspending the employee from active duty involving children. The Team conducts the investigations and determines the role of other persons in the investigation (i.e. who should be involved in the interviews).

### **2. CAS as Alleged Offender**

When there is a report of suspected child abuse and/or neglect and the alleged offender is an employee of a CAS, the investigation will be conducted in accordance with the Society's policies and procedures. A report will be made to the police in accordance with this protocol.

### **3. Police as Alleged Offender**

- i. When there is report of suspected child abuse and/or neglect and the alleged offender is a Police Officer employed by the York Regional Police who was performing duties in the capacity at the time of the alleged abuse, the allegation will be investigated according to internal police policies and procedures. A report will be made to CAS in accordance with the *Child and Family Services Act*.
- ii. When there is a report of suspected child abuse and/or neglect and the alleged offender is a police officer employed by the York Regional Police, 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 York Regional Police Service Policy, along with a Child Protection Worker.

*Each agency must consider its own internal policies and procedures involving investigations regarding employees and ensure the policy does not impede the investigation.*

**SECTION NINE - MULTIPLE VICTIM/ALLEGED OFFENDER INVESTIGATIONS**

- i. Investigations that involve a number victims and/or offenders can exist in a number of situations:
  - Abuse and/or neglect of children in a facility such as a residence, school, child care setting, correctional facility etc;
  - Abuse and/or neglect within a community perpetrated by one person, who may be in a position of trust or authority, with many victims;
  - Abuse and/or neglect in an extended family system
- ii. Where more than one CAS is involved, a Case Manager will be designated from the Society that has the most victims. The Case Manager will communicate with a Lead Investigator from the police in order to develop an investigation plan, including the coordination of a 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 the police.
- iii. When the abuse and/or neglect occurred within a facility (e.g. school, child care setting), the Police Service/CAS agency in which the facility is located has the responsibility for coordinating the investigation and subsequent arrests of the offender(s).

**SECTION TEN – UNEXPECTED DEATH OF A CHILD**

The responsibility for investigating the death of a child falls under the mandate of the York Regional Homicide and Missing Persons Bureau and the Children's Aid Society.

- i. 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** where there may be other children at risk (includes any other children the alleged offender may have contact with historically or currently). York Regional Police Crimes Against Children Unit will be engaged and will liaise with CAS in relation to the other at risk children. (reference needs to be made to York Region C.A.S./York Regional Police Homicide Guideline for Coordination of Communication once confirmed that this is still applicable)
- ii. The Investigating Worker, with the Children's Aid Society will conduct CAS record checks (review file history if available), determine the need for Serious Occurrence Reporting and share relevant information with the Crimes Against Children Unit or designated police liaison officer (Homicide Bureau).
- iii. Where there appear to be no other children at risk, police will at minimum, inform CAS as to the circumstances surrounding the child's death in a timely manner.
- iv. 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.
- v. Within the first 7 days of a joint investigation, the Supervisor with the Children's Aid Society and the Investigating Worker will initiate contact with the identified Crimes Against Children Officer or designated liaison officer (Homicide Bureau) and convene a case conference in order to share information and update as to the status of the investigation.

**SECTION ELEVEN – MEDICAL ASSESSMENT**

**1. General Considerations**

- i. Medical assessment and documentation of findings may be vital in child protection and/or criminal proceedings, as well as for the health status of the child.
- ii. The need for a medical assessment is determined by the Team. The Team shall make every effort to locate the caregiver(s) and request the child attend for a medical assessment.
- iii. When a caregiver(s) is opposed to a medical assessment for the child, and it is deemed essential for the immediate safety of the child, the CAS will consider whether apprehension may be necessary. The Team, together with the caregiver(s) where appropriate, will decide whether and when a medical examination is necessary. Consultation with health care professionals and knowledge of the available resources will be considered by the Team.
- iv. The medical assessment may be conducted by a family physician, emergency room physician, the Domestic Abuse and Sexual Assault Care Centre of York Region (DASA) at York Central Hospital, or the Suspected Child Abuse and Neglect (SCAN) Program at the Hospital for Sick Children. The Team will determine the appropriate referral.

**2. Support Person for the Child**

- i. It is extremely important the Team ensures a support person is available to provide emotional support to the child throughout the preparation for and during the medical examination.
- ii. Special thought and consideration must be given to children with special needs. The Team will be expanded, whenever possible, to include a professional who is an expert specific to the special needs requiring consideration. It is essential a support person who is familiar with the child but not necessarily an expert in the special need, be present to identify and explain the child's responses and communication.

**3. Consent**

- i. Consent is required in order to conduct a medical assessment, as well as to communicate and/or release the findings.
- ii. The consent should be obtained from the child if deemed capable, or from his/her parent or substitute decision maker, if the child is incapable.
- iii. When a child is reluctant or refuses to consent to an assessment, every effort should be made to indicate to the child why the assessment is important. The priority is for the medical assessment to be completed. Consent to disclose or release the findings can be discussed at a later time.

#### **4. Sexual Abuse - Urgent Medical Assessment**

- i. Specially trained staff at the Domestic Abuse and Sexual Assault Care Centre of York Region (DASA) at York Central Hospital will conduct medical assessments for child sexual abuse. See Appendix III – Flow of Pediatric Patients Presenting with Suspected Abuse to York Central Hospital Emergency Department.
- ii. A medical assessment is considered urgent when:
  - there has been recent (within 48 hours for pre-pubescent children, and up to 1 week for adolescents) anal, vaginal, oral penetration or attempted penetration;
  - injuries may have occurred; and/or
  - there are specific medical concerns (pain, bleeding, discharge, pregnancy, sexually transmitted infections, bruising, lacerations, etc.).
- iii. An urgent medical assessment supersedes the interview of the child.
- iv. The Team will notify DASA once the child is being brought for an assessment. When the DASA Team is not available, or additional expertise is required, the SCAN Program (or an alternate designated medical program) can be consulted and/or utilized.
- v. Forensic evidence will be collected under the guidelines outlined in the Sexual Assault Evidence Kit (SAEK) and in consultation with the Team. Consent is required for the SAEK to be released to the Police. When consent is not obtained the SAEK will be stored for six (6) months at York Central Hospital after which it will be destroyed.
- vi. Urgent emotional/mental health issues (i.e. suicidal ideation) will be assessed and appropriately referred (i.e. Crisis Team, Social Worker).
- vii. Follow-up care will be provided by the DASA Care Centre.

#### **5. Sexual Abuse - Non-Urgent Medical Assessment**

- i. A planned medical assessment is useful in all cases when there has not been an urgent medical assessment. This planned assessment is necessary to screen for sexually transmitted infections, for pregnancy, to assess for emotional trauma, and to assess whether physical injury has occurred.
- ii. When it is decided a planned medical assessment is necessary, the Team will contact the DASA office.

**6. Physical Abuse - Urgent Medical Assessment**

- i. Medical assessments for physical abuse/and or neglect, may be conducted at Emergency Departments in any of the three York Region hospitals. Such assessments should follow a dialogue by the Team with the physician indicating: the reason for the examination and the nature of the suspected abuse. For pediatric patients presenting to York Central Hospital, please refer to Appendix III – Flow of Pediatric Patients Presenting with Suspected Abuse.
- ii. An immediate medical assessment is advisable in order to assess and treat injuries or when there are specific medical concerns. These may include, but are not limited to:
  - suspected shaking of a child under the age of three years
  - any suspicious injuries, such as burns, lacerations, bruising, bite marks
  - nutritional and/or physical neglect
  - history incompatible with physical findings
  - complaint of pain related to the alleged abuse and/or neglect
  - a previous history of child abuse allegations
- iii. Urgent emotional/mental health issues (i.e. suicidal ideation) will be assessed and appropriately referred (i.e. Crisis Team, Social Worker).
- iv. The Team and/or physician shall consider consulting the SCAN Program in more complex cases and/or when the child is very young.
- v. The Team may arrange for photographs to be taken of any visible injuries.

**7. Physical Abuse - Non-Urgent Medical Assessment**

- i. The Team may arrange for a planned medical assessment to assess and document any non urgent injuries, past injuries, or medical symptoms related to the alleged abuse and/or neglect.

## **SECTION TWELVE – COURT PROCEEDINGS**

This section deals with child protection proceedings, criminal proceedings and probation and outlines the roles and responsibilities of those involved in each of these areas.

### **1. Child Protection Proceedings**

- i. The paramount purpose of the CFSA is to promote the best interests, protection and well being of children. In doing so, the CAS must offer service on the basis of mutual consent, when possible and recognize the least disruptive course of action that is available and appropriate. In many cases, due to the seriousness of the abuse or the refusal of the family to cooperate with services, the CAS will give serious consideration to the necessity for child protection proceedings.
- ii. The decision to proceed with criminal charges will not necessarily be a factor affecting the decision to commence child protection proceedings. Attention should be paid to the distinction between the evidence required for child protection as opposed to criminal proceedings. The determination of whether a child is in need of protection, and the best interests of the child, are decisions independent of the criminal process.
- iii. If child protection proceedings have begun, the CAS worker will keep the investigating police officer informed concerning the progress of the case in Family Court, to the extent permitted by law.
- iv. Where parallel child protection and criminal proceedings occur there should be close consultation among the CAS lawyer, Counsel for the child, Crown Attorney, VWAP and the Police.
- v. The goal of child protection proceedings is to achieve a result which is in the best interest of the child. Whenever possible, the child will be maintained in the family home. Ideally, the family will agree to work with the CAS on a voluntary basis, but if not, through an order of supervision. The supervision order may contain conditions relating to the contact between the alleged offender and the victim.
- vi. When it is not possible for the child to be maintained safely in the family home, placement in the care of the CAS is a last resort and should occur only when an alternative placement with relatives or family friends is not possible.

### **2. Criminal Proceedings**

#### **A. The Role of Police:**

- i. Charges under the Criminal Code (CC) will generally be laid against an alleged offender where reasonable grounds exist.
- ii. Young persons who are alleged to have committed offences are prosecuted under the *Youth Criminal Justice Act (YCJA)*.

- iii. The Police will determine whether or not charges are to be laid. The Police may consult with the Crown Attorney in those cases where they require legal advice concerning a charge, an offence, or the evidence.
- iv. When the child must appear as a witness, the Police will assist and co-operate with the Crown Attorney and the VWAP staff.
- v. It is appropriate and desirable for the Police, in cooperation with VWAP, to see that a child is accompanied by a support person throughout the process each time a court appearance is required.
- vi. The investigating officer should at all times during the investigation be mindful of s.276 of the Criminal Code relating to prior sexual activity and s.278.1-278.91 relating to confidential records.
- vii. It is incumbent upon Police Officers to provide full and ongoing disclosure to the criminal court following charges being laid. Where new disclosure arises, including during a Crown and VWAP meeting, the police will either take an additional statement from the child victim/witness or will provide officer notes relating to the disclosure.
- viii. The Police are bound by Provincial Regulatory Standards (Major Case Management) to maintain ongoing contact with the victim throughout the trial process, ensuring they are apprised of any court proceedings including proposed resolutions and dispositions.

**B. The Role of the Crown Attorney:**

The Crown Attorney's role is to act as a local minister of justice in prosecuting a criminal case. The Crown does not act as a lawyer for any person in the proceedings.

The following procedure addresses the role of the Crown in dealing with child abuse cases in York Region:

- i. The Crown, when asked to do so, will provide legal advice to the police at any stage of the investigation. The decision to lay a criminal charge rests solely with the police.
- ii. After charges are laid, the decision regarding prosecution rests with the Crown Attorney. The Crown will assess whether there exists a reasonable prospect of conviction and whether the prosecution is in the public interest on an ongoing basis.
- iii. Where an accused is to be released from custody at a bail hearing, the Crown should consider asking for appropriate conditions aimed at protecting the child and the public at large
- iv. It is recognized that while a Crown may ask for particular conditions of bail, it is the Court that determines the conditions that will be imposed. Throughout the process, there are

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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means to vary the offenders' bail which can be proposed on consent, or if necessary, by way of a contested hearing.

- v. The Crown should be assigned to a child abuse case as soon as is practicable.
- vi. The Crown will try to meet with the child, their family, the police and a VWAP staff member, as frequently and as soon as is practicable.
- ix. The Crown will seek to set the earliest possible trial date in child abuse cases and to schedule the trial in a Child Friendly Courtroom (Appendix IV).

### **C. The Role of the Victim/Witness Assistance Program (VWAP):**

- i. The Victim/Witness Assistance Program provides assistance to victims and witnesses of crime who become involved in the criminal justice system.
- ii. The VWAP services start with the laying of criminal charges and generally end upon final disposition in the courts. Services are free of charge.
- iii. After a case has been referred to VWAP, staff will seek, at the earliest opportunity to contact the victim's supportive caregiver(s).
- iv. The VWAP staff provide child victims/witnesses and their supportive caregiver(s) with case specific information (such as court dates, court orders, including bail conditions and probation orders), information about the criminal justice system, trial preparation, courtroom orientation, court accompaniment if required, and a separate secure waiting area at the courthouse.
- v. The program also offers an informative activity book for child witnesses, an age appropriate interactive court preparation CD, referrals to community agencies for counselling and/or other support services as well as act as a liaison on behalf of the child witness with Police and Crown Attorneys.
- vi. VWAP staff may also assist victims and their families in preparing Victim Impact Statements and Criminal Injuries Compensation Board applications.

### **3. Crown Attorney/VWAP Meeting with the Child**

- i. During the meeting with the child, the Crown Attorney or VWAP staff should:
  - explain the role of the Crown Attorney, defense counsel, judge and other people in the courtroom
  - where the complainant is under the age of 14 years, the Crown shall assess the child's ability to promise to tell the truth and assess his/her ability to communicate (s. 16.1 of the CEA)

- explain the importance of telling the truth;
  - help the child feel as comfortable as possible with the court procedures; and
  - explain such matters as;
    - \* difference between a preliminary hearing and a trial,
    - \* an order excluding witnesses,
    - \* support people,
    - \* the possible outcomes of the case,
    - \* testifying,
    - \* fears a child may express about seeing the accused or fears that it is their “fault” if the offender goes to jail and
    - \* any other matter that may be appropriate in the circumstances.
- ii. Where the complainant is 14 years old and older, the Crown shall assess the child’s ability to understand the nature of an oath or solemn affirmation. When these procedures are not appropriate, the Crown shall consider the child’s ability to promise to tell the truth (s. 16 (2) & s. 16 (3) of the CEA).
- iii. The Crown should review the allegations with the child during the meetings in the presence of the Police Officer.
- iv. At the first court appearance, the Crown will generally seek a ban on the publication of any evidence which would reveal the child’s identity pursuant to s. 486.4 & s. 486.5.
- v. The VWAP office will provide a waiting area for the child and their family.
- vi. After the preliminary inquiry or trial, the Crown, Police and/or VWAP will share in the responsibility of ensuring that the results to the child and the family are provided as soon as is practicable.
- vii. The assigned Crown Attorney shall consider the following procedural mechanisms (legislative provisions and non-legislative aids and supports) to facilitate the child’s evidence to the court:

Legislative Provisions:

The Crown Attorney will consider:

- use of closed-circuit TV system or a screen. If a screen or closed circuit system is proposed, consideration should be given to presenting the evidence of the CAS worker, the VWAP worker, therapist, if any, or allied parent(s) on the *voir dire*.
- non-publication order
- admission of the videotape of investigative interview as evidence pursuant to s.715.1 of the Criminal Code
- allowing the child victim to have a support person present in the courtroom.

Non-legislative Considerations, Aids and Supports:

The Crown Attorney will consider:

- use of simple language; no compound sentences or questions
- explanation to child of court proceedings and activities
- microphone and/or amplification for the child;
- medical issues or special needs of the child;
- anything the child identifies as helpful; i.e., stuffed animal, breaks for snack and washroom

#### **4. Sentencing and/or Disposition**

- i. When the Crown initiates the charges being withdrawn, stayed or resolved, the Crown should notify the police and/or VWAP in advance, so that the complainant and their family are made aware of the proposed outcome. When this is not possible, they should be notified as soon as possible thereafter
- ii. After a finding of guilt in criminal courts, VWAP or the police officer should discuss and assist the victim/supportive caregiver(s) with a Victim Impact Statement.
- iii. The Crown, VWAP and/or the Police Officer should inform the victim and the family of the results of the sentencing hearing.
- iv. In addition to general principles of sentencing, Crown counsel will consider the following issues in sentencing submissions:
  - protection of the public, particularly those most vulnerable, such as children, from sexual offenders;
  - the violation of bodily integrity and personal privacy felt by victim/survivors;
  - the prevalence of the offence in our society; and
  - the need to create an environment where the children feel safe.
- v. In addition to sentence, the Crown should consider requesting, where appropriate, the following:
  - a reporting condition on probation;
  - a no contact order on probation for the victim
  - an order of prohibition limiting access to children and places they frequent, and the duration of such an order (s. 161 CC);
  - an order prohibiting possession of firearms (s. 109 & 110 CC);
  - a DNA order for designated offences;
  - a condition to attend and participate in a counseling or rehabilitation program as directed by the probation officer and to sign any associated releases

#### **5. Probation/Conditional Order Sentences and Parole**

##### **A. Definition of Treatment vs. Rehabilitation/Counselling:**

For the purposes of this section, “treatment” means medical or psychiatric intervention at a facility that is approved by the province. In order for treatment to be properly ordered as a condition of a community supervision, the offender must consent, and the Program Director of the facility must accept the offender, and provide this confirmation to the court.

“Rehabilitation” or “counselling” are the appropriate terms to use in the vast majority of cases where offenders are ordered by the court to attend a variety of community, individual or group counselling programs.

**B. Pre-disposition and Pre-sentence Reports:**

- i. On a finding of guilt, the Crown Attorney may request the court to order a pre-sentence report (s. 721 CC), or in matters under the YCJA, a pre-sentence report (s.40 YCJA.), and where appropriate, a psychiatric and/or psychological assessment for the purpose of determining, in particular:
  - a social history of the offender
  - whether the offender is amenable to community treatment or counselling
  - whether a specific program of treatment or counselling is feasible for the offender
  - the level of family support
- ii. A Probation Officer will be assigned to complete the report. Along with a “Court Requisition Form”, the following information will be provided upon request to the Probation Officer by the Police:
  - police synopsis of the current offence including information to enable the Probation Officer to contact the victim
- iii. The Victim Witness/Assistance Program office will provide the Probation Officer with the following:
  - victim contact information
  - copy of the Victim Impact Statement, when available
- iv. In addition to the standard sections in the pre-sentence report, the Probation Officer will include the following information and comments (subject to receiving the appropriate release of information):
  - any existing relevant assessments of the victim and family as it relates to the offence
  - any child protection history as it relates to the offender
  - terms of any existing family court order(s) regarding access or communication restriction placed
  - any assessment and history of prior treatment or counselling related to the offender and any appropriate available program for offender rehabilitation/counselling
  - any appropriate and available offender treatment programs where the offender has consented and the Program Director has accepted the offender into the program

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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- where the offender is already in a treatment or counselling program, reference should be made to the specific program and agency
  - a recommendation to the court that if community supervision is granted, it be for a term that will be long enough to enable the completion of a treatment or rehabilitation plan, taking into account current waiting list delays.
- v. The Probation Officer should request a written “Release of Information Form” from the offender, specifying information from the CAS and any relevant assessment documents. Subject to the required informed consent, a written “Release of Information Form” may also be signed by the custodial parent or guardian before information from the CAS can be given.
- NOTE:** The CAS takes a primary role in cases of intra-familial abuse and may have limited involvement in extra-familial cases.
- vi. To avoid further traumatizing the victim, assigned Probation Officers who prepare pre-sentence reports should avoid direct interviews of the victim, and should obtain all relevant information, upon written consent, from the designated CAS worker, any mental health worker or therapist, the parent(s), the VWAP, and any other support person or child’s counsel.
- vii. In the recommendations section of the report, the Police Officer should address provisions restricting access to the victim and the victim’s family. Where deemed appropriate, a recommendation should be made for an Order of Prohibition (s. 161 CC). This would prohibit the offender from attending public places where frequented by children. Furthermore, the Order would prohibit the offender from obtaining, continuing or offering volunteer services where children are involved.
- viii. When a recommendation for treatment or counselling as a condition is made, it should be as specific as possible and include that the offender:
- attend, participate in, and complete an offender treatment program with the offender’s consent and the acceptance of the Program Director; and/or
  - attend, participate in, and complete a program of rehabilitation or counselling as directed by the probation officer; and
  - provide proof of participation in the program(s) to the Probation Officer.
- ix. In addition, during the interview with the offender, the Probation Officer should discuss the offender’s willingness to sign any necessary release of information forms to facilitate rehabilitation and determine the offender’s ability/willingness to pay any necessary costs for rehabilitation. The offender’s comments on these matters should be reflected in the report.
- x. Upon receiving a disclosure of sexual abuse by the offender, the Probation Officer will:
- encourage the complainant to report the incident to the police to eliminate the threat to other potential victims,
  - inform the complainant of the Ministry’s obligation to report criminal activity including sexual abuse to the police should he/she fail or choose not to do so.

## **6. Disposition in Criminal Court**

### **A. Community Supervision:**

- i. When the offender is placed on probation, or on a conditional sentence order, the probation court liaison officer will ensure the case is identified for the purposes of referral to the nearest supervisory office. In cases of sexual abuse involving a child victim, the case may be assigned to a specialist officer. The assigned probation officer should contact the CAS worker, treatment provider and the child's caregiver(s) to inform them of:
  - his/her role and function as a Probation Officer
  - the exact terms of the disposition
  - the specific conditions of the probation or conditional sentence
  - any access restrictions to the victim and the victim's family, including any orders of prohibition, and extend an invitation to them to contact the probation officer if there is any perceived violation of these restrictions
  - any information regarding the dates of incarceration
  - any information regarding parole eligibility
  - date of commencement of community supervision.
- ii. Upon receiving a disclosure of sexual abuse by the offender, the Probation Officer will inform the complainant of the Ministry's obligation, under the CFSA, to report criminal activity including sexual abuse to the Police.

### **B. Enforcement and Variation of Probation Orders and Conditional Sentences:**

- i. The assigned Probation Officer will proceed with the laying of a "Failure to Comply With Probation" charge or an "Allegation of Breach of Conditional Sentence" charge, whenever there is sufficient evidence to support either charge. Probation Officers are encouraged to apply a policy of "zero tolerance" regarding failure to comply with conditions. The Probation Officer will then make attempts to contact the custodial caregiver and notify the Investigating Officer on the original charge to advise that a charge has been laid.
- ii. Complainants with evidence supporting a violation of a non-statutory condition should be referred to either the Police or to the Probation Officer who could then proceed with a charge. However, if there is any imminent danger to the complainant, or if a breach of probation or breach of a conditional sentence (e.g., violation of a non-association condition) is actually in progress, the complainant or the probation officer should immediately contact the police.
- iii. In cases where a convicted offender is charged with a related offence, the Police Officer in charge will notify the assigned Probation Officer forthwith. For cases supervised in York Region, the Probation Officer will immediately submit a supervision summary to the attention

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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of the Crown assigned to that case. The Crown Attorney may refer to the supervision summary in making submissions at a bail or sentence hearing. This summary is discretionary for other offences. The Crown may consider requesting a pre-sentence report (or update) following a finding of guilt.

- iv. Any violation of a treatment, counselling or an access condition should be brought back before the court on a breach of a condition under s.733.1(1) or s. 742.6 of the CC or s.137 of the YCJA, based on evidence provided to the Probation Officer by treatment or complainant or any counselling program staff and/or the other source.
- v. When an offender requests a variation to a treatment or counselling condition, an application under s.732(3) or s. 742.4 of the CC or s.59 of the YCJA should be sought. The probation officer should indicate whether he/she supports the variation sought by the offender.
- vi. When the offender requests a variation to the access conditions (e.g., non-association) the designated Probation Officer will provide the offender with information on the process to have the application heard in open court. This application for variation should be directed within the Crown Attorney's office to the Crown that prosecuted the case for response.
- vii. It is important for the Probation Officer to inform the victim, if age-appropriate, the custodial parent or guardian and the CAS worker of the request. If the victim is opposed, the Crown Attorney should be notified in writing by the Probation Officer.

### **7. Notice of Release from Incarceration**

- i. The victim (or caregiver) of any offence is entitled to receive information about the offender's release date by calling the Victim Support Line or the Victim Information Service (National Parole Board) . The number should be provided to the victim by the VWAP staff, where involved, or the Probation Officer, where a term of probation or parole follows the period of incarceration.
- ii. In these cases, the Probation Officer also should contact the custodial parent and the CAS worker prior to the release date.

### **8. Parole**

When the offender submits a plan indicating intent to reunite with the family, including the victim, for the period of parole, the following steps should be taken:

- the Parole Officer will provide the victim's family with adequate information regarding the parole process;
- the Parole Officer will consult with the CAS and receive a verbal report regarding any existing family court orders restricting access and inquire as to the ongoing effects of the crime on the victim and his/her family. This information will be included in the Pre-Parole Report; and

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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- a condition of parole to attend, participate and complete treatment with the offender's consent or counselling as directed by the parole officer will be recommended to the Parole Board in the Pre-Parole Report.

## SECTION THIRTEEN – THERAPEUTIC INTERVENTION

### 1. Philosophy

**Child abuse is a systemic problem requiring a comprehensive and co-ordinated response.**

Child abuse may take place in families where other stressors are present such as marital problems, social isolation, financial difficulties, substance abuse, and parent-child conflicts. Prior to disclosure, the effects of abuse may be seen through the emergence of intrapersonal and interpersonal difficulties, poor academic performance and increasing family stress. Following the disclosure, families may become increasingly polarized and harbour feelings of guilt, anger and denial, particularly in cases where the abuse is intra-familial. It is at this stage of involvement that protection services, through CAS and other therapeutic intervention services, are seen as important to assisting the child and family/caregiver(s) through the investigative, justice and re-integration phases that follow disclosure.

Ideally, the goal of therapeutic intervention is to stop the traumatic effects of child abuse and to promote the healthy development of the child and family/supportive caregiver(s). In some instances, the goal is also to stop the cycle of abuse within a family and to address the barriers that may be associated with systemic or familial histories of abuse. Given these goals, therapeutic intervention should be made available at the time of disclosure and continue until intervention is no longer required by the child and family/supportive caregiver(s). For best outcomes, intervention should include all systems both central and peripheral to the child.

It is important every child and supportive caregiver(s) affected by child abuse feel heard and understood. The inherent complexity of families and community systems indicates the need for a broad-based, co-ordinated and multidisciplinary approach to therapeutic intervention for all forms of child abuse.

### 2. Definition of Therapeutic Intervention

Therapeutic intervention occurs when a client, family or group of clients enter into a relationship with a mental health professional or system for the purpose of promoting wellness. All aspects of this therapeutic relationship are directed toward the healthy development of the client(s) and confidentiality in this process is limited only by the dictates of the law (e.g. reporting child abuse or court orders, serious threat to the client or to others by the client).

The methods of intervention are varied and may include, but are not limited to: talking, writing, playing, drawing, or milieu therapy. Community mental health professionals may initiate assessment, exploration, support, cognitive/ psychological/ physiological or behavioural strategies, all with a view to promoting positive changes for clients in their environment and in the way they relate, work and play. Where indicated, multi-disciplinary consultation should be made available to assess and address more complex areas of

specific client need.

### **3. Sexual Abuse Trauma Intervention Resources**

Experts have emphasized that the quality of response in the first 48 hours following disclosure of sexual abuse contributes to the eventual outcome for the child. Immediate and intensive intervention significantly improves the chances for successful resolution of the initial crisis caused by disclosure, as well as improving the chance for subsequent progress in treatment. (Dr. Marcellina Mian, Toronto: Hospital for Sick Children, S.C.A.N. Program (In Service Training: Durham CAS, 1984.)

The goal of agencies providing services to children who have experienced Child Sexual Abuse and their families/caregivers is to provide comprehensive, co-ordinated, trauma-based therapy. These specialized trauma therapists will collaborate to provide support to the child and family/supportive caregiver(s) from the time of initial disclosure. Informed consent will be obtained for all work done with and for children in situations where the child is not legally able to give consent for their own treatment.

#### *Urgent Response*

For urgent emotional/mental health issues (i.e. suicidal ideation) Markham-Stouffville Hospital, Southlake Regional Health Centre, and York Central Hospitals' Emergency Departments will assess and make appropriate referrals as needed.

#### *Short-Term Response*

The Domestic Abuse and Sexual Assault (DASA) Care Centre of York Region provides individual trauma based therapeutic intervention for men, women and children over 12 years of age who have been recently sexually abused. DASA also provide supportive counselling for parents of children of any age who have been sexually abused. Interpreter services are available. Community outreach and education are also offered.

Children with mental health issues/diagnosis can be referred to mental health programs at Markham- Stouffville Hospital, Southlake Regional Health Centre, and York Central Hospital.

Other child and family counselling services may provide assessment and/or short-term counselling to children and their families via couple, individual, family counselling and/or group counselling. Agencies that provide these services include: Jewish Family and Child Service of Greater Toronto, Southlake Regional Health Centre's Child and Adolescent Out-Patient Services, Markham Stouffville Hospital's Child and Adolescent Family Services, York Central Hospital Shaw Clinic.

#### *Long-Term Response*

York Region Abuse Program provides assessment and trauma-based therapy for children, youth and adults living in York Region and some surrounding areas who have experienced child sexual abuse. The agency provides community outreach, prevention, education and both individual and group therapy for men, women, and children (aged 3 – 12 years) who have been sexually abused and their families/supportive caregivers. .

#### **4. Child Physical Abuse and/or Neglect Treatment Resources**

Immediate response services are the York Region Children’s Aid Society, Jewish Family and Child Service of Greater Toronto. Once the child’s medical and physical safety is ensured, treatment often is directed toward mitigating the causal issues and the impact of the abuse on the child and family.

Ongoing treatment for the physical abuse of children requires a variety of services. In York Region there is not an identified service that provides treatment solely to physically abused children and their families. Instead the reliance is on immediate service providers to ensure that the resulting treatment needs are addressed.

For children who have been traumatized by the abuse and/or neglect some of the services that can be considered are:

*Urgent Response*

For urgent emotional/mental health issues (i.e. suicidal ideation) Markham-Stouffville Hospital, Southlake Regional Health Centre, and York Central Hospitals’ Emergency Departments will assess and make appropriate referrals as needed.

*Short Term Response*

Other child and family counselling services may provide assessment and/or short-term counselling to children and their families via couple, individual, family counselling and/or group counselling. Agencies that provide these services include: Jewish Family and Child Service of Greater Toronto, Southlake Regional Health Centre’s Child and Adolescent Out-Patient Services, Markham Stouffville Hospital’s Child and Adolescent Family Services, York Central Hospital Shaw Clinic.

Ongoing treatment is provided by a variety of services such as children’s mental health centres, family life centres, addiction services, child and family mental health clinics, private counselling services, early intervention services and physicians. The function of each of these groups or individuals is to assess and determine the treatment needs of the child and family and to either provide treatment or refer to another treatment provider.

#### **5. Resources for the Offender**

##### **A. Services for the Offender:**

- i. When first placed on probation, on a conditional sentence order, or released from a correctional institution on a term of parole, a thorough assessment/planning exercise will be conducted by the Probation/Parole Officer. The offender will be encouraged to sign the necessary releases of information so that the supervising officer may obtain further information from other involved agencies. Co-operation between agencies is of utmost importance to assist with the completion of supervision goals, including clinical assessment, treatment or counselling and usually a condition specifically prohibiting or limiting contact with the family. The Offender is accountable for complying with the conditions set out in the Probation Order, conditional sentence order or parole certificate. Failure to comply with these conditions will normally result in enforcement.
- ii. Offenders may access services upon referral by the Probation/Parole Officer. The agency providing service should be advised of the end date of supervision and kept informed of any changes in the offence status while in treatment. Often the time required by the treatment plan will exceed the length of community supervision that is ordered by the courts. After the expiration of supervision, continued involvement in treatment will depend on the willingness of the offender to continue and on whatever demands can be made by the family, other involved workers, or significant others.
- iii. When the CAS is involved with a case, regular communication and co-operation between the CAS and Probation/Parole Services is of utmost importance. Specifically, the CAS will inform the Probation or Parole Supervisor when a supervision order is about to expire. Similarly, Probation/Parole Services will advise the CAS worker when probation, conditional sentence, or parole supervision is about to terminate.
- iv. Despite supervision orders which often prohibit or limit family contact, there are often pressures and desires to reunite with the family which arise from the offender, the offender's partner, or even the children. Variation of conditions of a probation order, parole certificate or conditional sentence order is possible but the Probation/Parole Officer will only recommend same after consultation with treatment personnel and other involved agencies. Thorough planning and co-ordination between agencies is critical at this stage so that any re-integration is properly managed and does not place any family members at risk. When it is determined by CAS, based on the available information from other agencies, that the child(ren) may be at risk, then the CAS will assess the need for further intervention.

**B. Re-integration of the Offender into the Family:** (Where the Offender Is a Caregiver or Sibling)

To carry out thorough case planning and co-ordination, it is critical for all professionals to request signed "Release of Information Forms" from the offender and family members. A lead agency should be identified to co-ordinate decisions regarding reintegration of the offender.

The following guidelines should be followed for the successful re-integration of the Offender into the family:

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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- i. When the case is active with the CAS, the CAS Worker should, as soon as possible, notify the designated Probation Officer of any indication that the family intends to reunite with the offender.
- ii. The assigned Probation Officer should notify the designated CAS worker of any request from the offender to alter his/her probation order, conditional sentence order or parole certificate to have access to the victim and/or to reunite with his/her family. When the case is not active, the appropriate CAS should be notified of the offender's request, to discuss any child protection concerns.
- iii. The CAS Worker, Probation Officer, and treatment providers for all parties including the child, the caregiver(s), any siblings and the offender, should reach a consensus and develop a co-ordinated plan that ensures protection of the victim and other children. When a consensus cannot be reached by this interagency Team, reintegration will be deferred to a later date and recommendations for follow-up will be provided.
- iv. Included in any co-ordinated plan should be the identification of all professionals, the family's roles and a specific communication plan.

## APPENDIX I – DEFINITION OF TERMS

**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.

**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 Physical Abuse or Neglect:** 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*. This may include but is not limited to:

- caregiver inflicting harm;
- caregiver failing to adequately care/provide for the child;
- caregiver failing to adequately supervise the child;
- pattern of neglect in caring/providing for, supervising or protecting the child

**Child Sexual Abuse:** refers to the use of a child by a person in a position of authority/power 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*. Any form of direct or indirect sexual contact between a child and an adult is abusive. This may include but is not limited to:

- sexual touching;
- exposing of a child or involving a child in pornography

**Children's Aid Society (CAS):** Children's Aid Society (CAS) refers to York Region Children's Aid Society and/or Jewish Family and Child Service of Greater Toronto (JF&CS).

**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.

**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

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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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.

**Forthwith:** means immediately.

**Most Responsible Physician:** is the attending physician who co-ordinates the care of the patient.

**Place of Safety:** according to the *Child and Family Services Act*, means a foster home, a hospital, or a place designated by a Director, of a Children's Aid Society, (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:** 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.

**Substitute Decision Maker:** in most cases, the substitute decision maker will be the 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.

**Suspected Child Abuse and Neglect (SCAN) Program:** program at the Hospital for Sick Children that offers care, support, and assessment to children and adolescents who have been maltreated. SCAN Program members include physicians, social workers, a nurse practitioner, and a psychologist. The SCAN Program sees children and families who need to be seen urgently, or arranges for the Crisis Response Team to see them after hours. The SCAN Program also runs a clinic for children who do not require immediate examination and care, and children and families who require follow-up. Appointments can be arranged through the SCAN clinician on-call. The SCAN Program is available for telephone consultation to community agencies, professionals, hospitals, a CAS, and police 24 hours a day. ***Always call the on call SCAN clinician (416-813-7500) before bringing a child down to the Hospital for Sick Children, so that an appropriate plan can be worked out with those involved.***

**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).

**Team:** Teams refers to those professionals from the CAS and/or police actively engaged in the investigation of an allegation of child abuse and/or neglect.

**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, after a finding of guilt, 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/Digital Recording:** refers to a VHS recording, a digital video recording (DVD), digital audio recording or the recording technology that is current at the time.

**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.

## **APPENDIX II – VIDEO/DIGITAL RECORDING**

### **Video/Digital Recording**

It is preferred when investigating sexual assault cases, that serious consideration be given to conducting interviews on videotape. If videotaping is unavailable or inappropriate, ( i.e. when video was used to record the victim during the offence) the next preferred methods are audio recording followed by a handwritten statement.

### **Recording of Victim’s Statement**

It is the Team’s decision to use the most effective tools to facilitate the interview.

When videotaping statements, the following guidelines are recommended:

- i. No investigative questioning should occur prior to the commencement of the interview
- ii. The camera should be turned on prior to the child entering the interview room and should remain on for the duration of the joint interview
- iii. All persons in the room must be on camera at all times to ensure that the child is not influenced by acts or gestures
- iv. Where possible, a close-up of the child’s face should be superimposed on a split screen. Where split screen is not available, ensure the child faces the camera and is the central focus
- v. Ensure continuity by recording the time sequence throughout the filming. Consider using a camera angle that depicts the time on a clock.
- vi. The Police will be the custodians of the video/digital evidence.

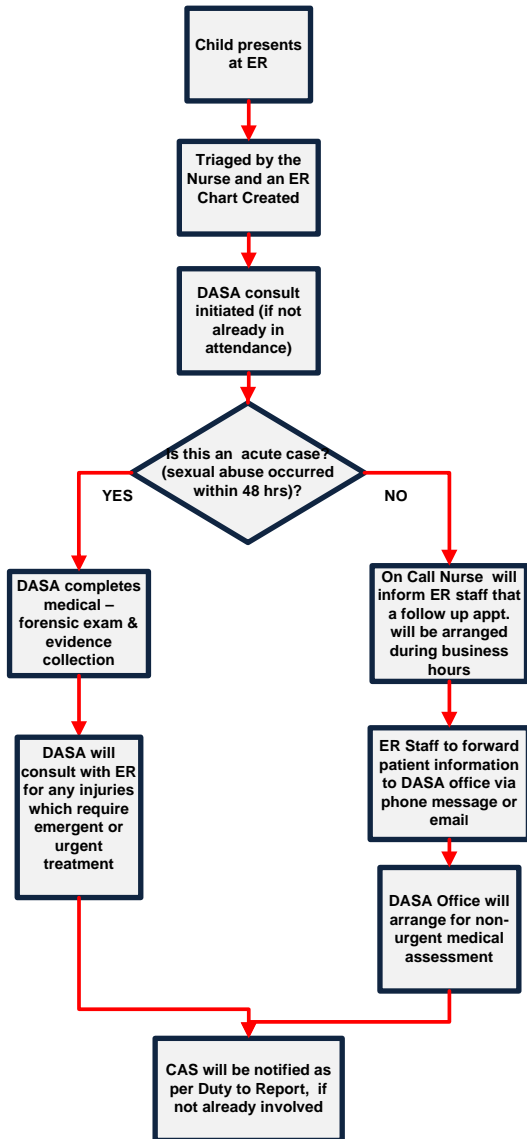
### **Criminal Code Provisions**

Section 715.1 of the Criminal Code addresses Video Recorded Evidence. This section allows for the admission of videotaped testimony where the victim or witness was under the age of 18 at the time of the offence providing the video describes the acts complained of, is adopted by the victim or witness during testimony and the tape is made within a reasonable time after the alleged offence.

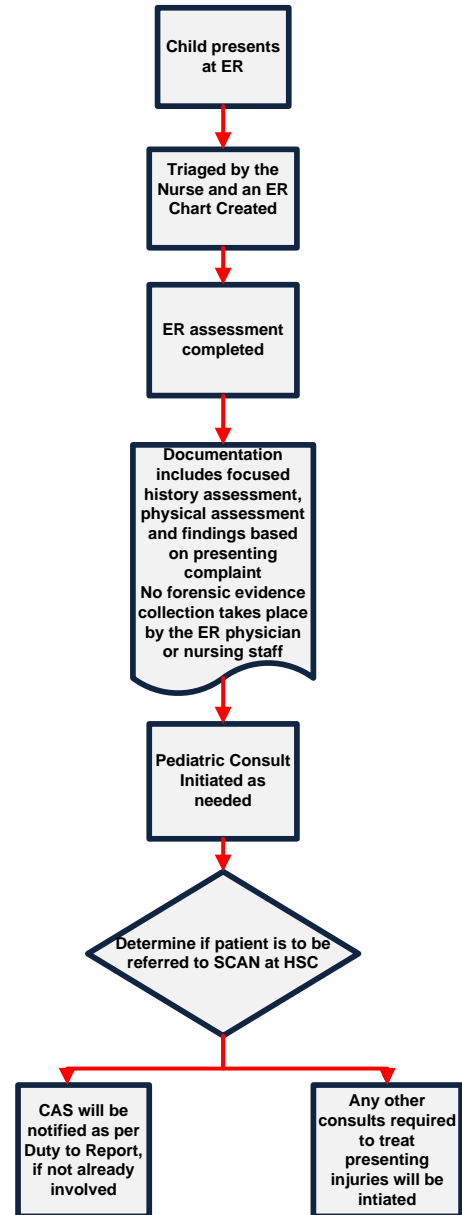
APPENDIX III – FLOW OF PEDIATRIC PATIENTS PRESENTING WITH SUSPECTED ABUSE

The following flow charts are specific to YORK CENTRAL HOSPITAL and have been developed, for the Protocol, to assist with a coordinated community response.

**Sexual Abuse**



**Physical Abuse**



**APPENDIX IV – CHILD FRIENDLY COURTROOMS**

Courtrooms 105 and 204 at the Newmarket Courthouse are “child friendly” courtrooms which are able to accommodate preliminary hearings and trials, involving child witnesses, under age 18 years of age. The courtroom has a reduced public gallery and closed circuit T.V. equipment.

## APPENDIX V – CHILD PROTECTION LEGISLATION

This section of the Protocol includes relevant sections of the *Child and Family Services Act*. According to the *CFSA*:

The paramount purpose of this Act is to promote the best interest, protection and well-being of children. Section 1 of *CFSA* states:

(2) The additional purposes of this Act, so long as they are consistent with the best interests, protection and well being of children, are:

1. To recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and, wherever possible, be provided on the basis of mutual consent.
2. To recognize that the least disruptive course of action that is available and is appropriate in a particular case to help a child should be considered.
3. To recognize that children's services should be provided in a manner that:
  - i) respects children's need for continuity of care and for stable relationships within a family and cultural environment;
  - ii) takes into account physical, cultural, emotional, spiritual, mental, and developmental differences among children
  - iii) provides early assessment, planning and decision-making to achieve permanent plans for children in accordance with their best interests, and
  - iv) includes the participation of a child, his or her parents and relatives and the members of the child's extended family and community, where appropriate.
4. To recognize that, wherever possible, services to children and their families should be provided in a manner that respects cultural, religious and regional differences.
5. To recognize that Indian and native people should be entitled to provide, wherever possible, their own child and family services, and that all services to Indian and native children and families should be provided in a manner that recognizes their culture, heritage and traditions and the concept of the extended family.

### Duty to Report

This section of the protocol not only includes the duty to report, Section 72, but also includes Section 37 of the *CFSA* which lists protection concerns. Section 37 of *CFSA* states:

- (1) In this Part,  
"child" does not include a child as defined in subsection 3 (1) who is actually or

CHILD PROTECTION PROTOCOL FOR YORK REGION

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apparently sixteen years of age or older, unless the child is the subject of an order under this Part;

“Child Protection Worker” means a Director, a local director or a person authorized by a Director or local director for the purposes of Section 40 (commencing child protection proceedings);

“extended family” when used in reference to a child, means the persons to whom the child is related by blood, marriage or adoption;

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

- (a) the child’s mother,
- (b) an individual described in one of paragraphs 1 to 6 of subsection 8 (1) of the *Children’s Law Reform Act*, unless it is proved on a balance of probabilities that he is not the child’s natural father,
- (c) the individual having lawful custody of the child,
- (d) an individual who, during the twelve months before intervention under this Part, has demonstrated a settled intention to treat the child as a child of his/her family, or has acknowledged parentage of the child and provided for the child’s support,
- (e) an individual who, under a written agreement or a court order, is required to provide for the child, has custody of the child or has a right of access to the child, and
- (f) an individual who has acknowledged parentage of the child in writing under section 12 of the *Children’s Law Reform Act*,

but does not include a foster parent;

“place of safety” means a foster home, a hospital, and a place or one of a class of places designated as such by a Director under subsection 17(2) of Part I (Flexible Services), but does not include,

- (a) a place of secure custody as defined in Part IV (YCJA), or
- (b) a place of secure temporary detention as defined in Part IV.

Section 72(1) Despite the provisions of any other act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect the following, the person shall forthwith report the suspicion and the information on which it is based to a society: Please note that the following is a repeat of Section (2), which is the definition of a child in need of protection:

- (a) the child has suffered physical harm, inflicted by the person having charge of the child or caused by 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 substantial risk that the child is likely to suffer physical harm inflicted by the person

CHILD PROTECTION PROTOCOL FOR YORK REGION

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- 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 substantial risk that the child will 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, or
  - (iv) self-destructive or aggressive behaviour,
- 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;
- (f.1) the child has suffered emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and the child's parent or the person having charge of the child does not provide or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm;
- (g) there is a substantial risk that the child will suffer emotional harm of the kind described in clause (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 prevent the harm;
- (g.1) there is a risk that the child is likely to suffer emotional harm of the kind described in subclause (f) (i), (ii), (iii), (iv) or (v) and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm;
- (h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is 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/her custodial rights over the child and has not made adequate provisions for the

## CHILD PROTECTION PROTOCOL FOR YORK REGION

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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.

### **Ongoing duty to report – s 72(2)**

- (1) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she had made previous reports with respect to the same child.

### **Person must report directly – s 72(3)**

- (2) A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on his or her behalf. 1984, c55, s 68(1-3); 1999, c 2, s 22(1)

**APPENDIX VI - DISCIPLINE & CHILD ABUSE: PROTECTION OF PERSONS IN AUTHORITY**

When responding to a report of an incident of child abuse the parameters set out in Section 43 of the Criminal Code should be considered.

**Section 43 of the CRIMINAL CODE states:**

Correction of a Child by Force.

43. Every school teacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstances.

This section of the criminal code allows for the application of force however before the use of force can be justified, the following must be satisfied:

- (a) a relationship as enumerated in Section 43 must exist;
- (b) the force must be used for the purposes of correction;
- (c) the child must be under the care of the “discipliner” when the force is used; and
- (d) the force must not exceed what is reasonable in the circumstances

APPENDIX VII – OFFENCES UNDER THE CRIMINAL CODE OF CANADA

<b>SECTION NUMBER</b>	<b>OFFENCE</b>
151	<b>Sexual Interference (must be under 16 years of age)</b>
152	<b>Invitation to Sexual Touching (must be under 16 years of age)</b>
153.(1)	<b>Sexual Exploitation (over 16 years, but under 18 years)</b>
153.1(1)	<b>Sexual Exploitation of person with disability (mental or physical)</b>
155	<b>Incest</b>
160(2),(3)	<b>Bestiality (in presence of person under 16 yrs/or incites person under 14 years to commit bestiality)</b>
162(1)	<b>Voyeurism (videos/up skirts)</b>
163.1(2)	<b>Make Child Pornography</b>
163.1(3)	<b>Distribute/Make Available Child Pornography</b>
163.1(4)	<b>Possession Child Pornography</b>
163.1(4.1)	<b>Access Child Pornography</b>
170	<b>Parent/Guardian Procuring Sexual Activity</b>
171	<b>Householder Permitting Sexual Activity Prohibited (under 18 years of age)</b>
172	<b>Corrupting Children</b>
172.1	<b>Luring a Child</b>
173	<b>Indecent Act</b>
173.2	<b>Indecent Act (to child under 16 years)</b>
215	<b>Fail to Provide the Necessaries of Life</b>
218	<b>Abandoning Child (child under 10 years of age)</b>
266	<b>Assault</b>
267	<b>Assault with a Weapon Assault Causing Bodily Harm</b>
271	<b>Sexual Assault</b>
272	<b>Sexual Assault with Weapon</b>
273	<b>Aggravated Sexual Assault</b>