Reporting and Investigating Allegations of Abuse and Neglect in Regulated Child Care Settings

A Handbook for Licensees, Child Care Staff and Care Providers

Revised June 2012
Acknowledgments

In the fall of 1996, the Nova Scotia Department of Community Services formed a joint working group with staff from Prevention and Child Care and Child Welfare, including the directors of those sections. This working group would develop a protocol for child care and child welfare staff to follow when faced with alleged abuse of a child attending regulated child care. Representatives of the child care community also graciously agreed to participate on this working group.

After months of research, meetings, discussions and consultations, the group developed two documents:

- Investigating Allegations of Abuse and Neglect: A Protocol for Child Care Practitioners Working in Regulated Child Care and Child Protection Staff; and

At this time, we would like to acknowledge the partnership created through the Joint Child Care/Child Protection working group, which culminated in the training initiative. We would also like to thank the wider child care and child welfare community who found the time to provide valuable feedback and direction; and Betsy Prager who, as author of the original training package and as a training facilitator, shared her commitment, understanding and expertise with the child care field.

In recent years, there have been amendments to the Day Care Act and Regulations, including the inclusion of the regulation of Family Home Day Care Agencies. In addition, there have been changes to the Child Welfare delivery model as the Children’s Aid Societies have merged with Department of Community Services’ offices. Due to these significant changes, a review of the documents was completed in 2011. This resulted in revisions to the two documents, which will now be called:

- Reporting and Investigating Allegations of Abuse and Neglect in Regulated Child Care Settings: A Protocol for Licensees, Child Care Staff and Care Providers; and
- Reporting and Investigating Allegations of Abuse and Neglect in Regulated Child Care Settings: A Handbook for Licensees, Child Care Staff and Care Providers.

The revised protocol, Reporting and Investigating Allegations of Abuse and Neglect, identifies the roles and responsibilities of individuals who may be involved in the process of recognizing and reporting alleged child abuse. The training program is based on the protocol and has been developed to raise the level of awareness, knowledge and understanding of the procedures and responsibilities associated with child abuse and neglect allegations within the context of regulated child care.

As we move forward, we believe the work of all involved in the development and revisions of these documents and those who engage in the training, will bring us one notable step forward in our collective desire to build a Nova Scotia that makes it a priority to keep children safe and healthy.

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MODULE 1

INTRODUCTIONS
Purpose

The Handbook serves as the participant manual for the training program, the goal of which is to provide licensees, child care staff and care providers with the knowledge and skill to respond effectively to a child who may be at risk for abuse and will provide the following:

- a working definition of child abuse and an understanding of the importance of their role in early identification of children at risk;
- a knowledge of the possible indicators of abuse;
- an understanding of their legal and professional responsibilities;
- a knowledge of the immediate steps to be taken when a child may have been abused;
- an understanding of the reporting policies and procedures when a child has been abused; and
- the skills necessary to effectively respond to the needs of children and their families.

Training Guidelines

1. Respect each other’s opinions.


3. Be open; constructive discussion is valued.

4. Encourage each other.

5. Participate (to the extent to which you are comfortable) in activities and discussion.

6. Share the air time.

7. Ask for what you need.

Please note: Participants may disclose personal experiences related to specific situations. If it is identified that a child may be at risk, the matter must be reported to a child welfare agency.
**General Principles**

1. Children have a right to be protected from abuse and neglect.

2. Children are cared for, as nearly as possible, as if they were under the care and protection of loving, wise and conscientious parents.

3. Children have a right to be heard, supported and informed.

4. As a society, we have a collective responsibility for the safety and well-being of all children.

5. Child care staff and care providers, as professionals who are dedicated to the well-being of children, play a very important role in young children’s lives. Their responsibility is to protect children in their care from abuse and neglect.

6. Everyone working with children should have a general knowledge of protocols and procedures related to reporting abuse. It is the professional’s responsibility to be informed about child abuse, to be able to recognize the behavioural as well as the physical indicators of abuse, to know how to recognize children’s attempts to disclose and to know how to identify children at risk and to provide them with appropriate support.

7. The child protection investigative team should have experience and training in handling allegations of abuse in the context of child development.

8. If it is determined that an investigation is warranted, it should occur as quickly as possible, keeping in mind the priority level of the risk management response times.

9. The confidential nature of abuse investigations will be respected and upheld at all times.
Definitions

For the purposes of this document:

**Agency** means a person licensed to manage a family home day care program (Day Care Regulations).

**Child** means a person less than sixteen (16) years of age (Children and Family Services Act).

**Child Abuse** means a child is in need of protective services pursuant to Section 22(2)(a), (c), (e), (f), (h), (i), (j), (ja) or (k) of the Children and Family Services Act OR has been physically, sexually or emotionally abused pursuant to Section 25(1)(a), (b), (c). Please refer to Page 9 for the definition of a child in need of protective services and Page 10-11 for the definition of reportable abuse, physical, sexual or emotional, pursuant to Section 25(2) of the Children and Family Services Act.

**Child Care Director** is the person, or his/her designate, who coordinates the administration and service delivery of a child care facility, including a licensee, and in the case of a family day care agency, may be a family home day care consultant.

**Care Provider** means a person who is approved by an agency to provide a family home day care program in the person's home.

**Child Care Staff** means a paid employee of a licensee and does not include care providers.

**Child Care Facility** refers to a licensed day care facility that includes centre-based child care and family child care agencies.

**Child Welfare Agency** means a child protection authority mandated under the Children and Family Services Act to accept and investigate allegations of child abuse and neglect. This refers to Family and Community Supports, Department of Community Services, child welfare offices.

**Child Welfare and Residential Services** is a branch of Family and Community Supports, Department of Community Services overseeing matters related to child protection and residential child caring facilities.

**Consult** refers to a discussion between an individual and the intake worker of a child welfare agency for the purpose of determining whether or not the information received is reportable under Section 22(2) of the Children and Family Services Act.

**Early Childhood Development Services** is the branch of Family and Community Supports, Department of Community Services overseeing matters related to regulated child care in Nova Scotia.

**Intake worker** means a social worker employed by a child welfare agency who receives report of suspected abuse.

**Licensee** means the person in whose name a license has been issued under the *Day Care Act*.

**Licensing Services** is the branch of the Department of Community Services that oversees matters related to licensed child care facilities in Nova Scotia.

**Reporting** means reporting possible cases of child abuse or neglect to a mandated child welfare agency pursuant to Section 23(1), 24(2) and 25(2) of the Children and Family Services Act.
MODULE 2

IDENTIFYING CHILD ABUSE
Critical Issue

It is vital that licensees, child care staff and care providers have a sound understanding of:

- the signs of abuse;
- the laws respecting children in need of protection; and
- their obligation to report suspected abuse.

The Children and Family Services Act provides the legal basis for child protection. It is the responsibility of the Department of Community Services to enforce the Children and Family Services Act through Child Protection services.

The Criminal Code of Canada is federal legislation that defines a number of offences, including those crimes against persons, and more specific to child abuse, the crimes against children. It is the responsibility of the police to determine if a crime has been committed under the Criminal Code.

The Children and Family Services Act

Section 22 (2) of the Children and Family Services Act states that a child is in need of protective services where:

(a) the child has suffered physical harm...;
(b) there is substantial risk that the child will suffer physical harm...;
(c) the child has been sexually abused...;
(d) there is substantial risk that the child will be sexually abused...;
(e) the child requires medical attention to cure, prevent or alleviate physical harm or suffering, and the child’s parent or guardian does not provide, or refuses or is unavailable or is unable to consent to, the treatment...;
(f) the child has suffered emotional harm...;
(g) there is substantial risk that the child will suffer emotional harm...;
(h) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development...;
(i) the child has suffered physical or emotional harm caused by being exposed to repeated domestic violence by or towards a parent or guardian of the child...;
(j) the child has suffered physical harm caused by chronic and serious neglect by a parent or guardian of the child...;
(ja) there is substantial risk that the child will suffer physical harm inflicted or caused as described in clause (j);
(k) the child has been abandoned, the child’s only parent or guardian has died or is unavailable to exercise custodial rights over the child and has not made adequate provisions for the child’s care and custody...;
Defining Child Abuse

Generally, child abuse is divided into four main categories:

- neglect,
- physical,
- sexual, and
- emotional abuse.

Although these categories may be useful in principle, it is not unusual for a child to suffer more than one form of abuse. For example, children who have been physically abused may also have been told that they deserve the punishment they are getting, which constitutes emotional abuse and may impact their social-emotional well being.

Neglect

Neglect is the chronic inattention or omission on the part of a person to provide for the basic emotional and/or physical needs of the child, including food, clothing, nutrition, adequate supervision, health, hygiene, safety, medical and psychological care and education. Emotionally neglected children do not receive the necessary psychological nurturance to foster their growth and development. The consequences of neglect can be very serious, particularly for young children. The child who does not receive adequate emotional, cognitive and physical stimulation, physical care and nutrition may experience lags in development; which may be irreversible.

Physical Abuse

Physical abuse includes all acts by a person which, result in physical harm to a child. Physical abuse may result from inappropriate or excessive discipline. The person may not have intended to hurt the child. This may involve minor injury (e.g. a bruise), to a more serious injury, causing permanent damage or death (e.g. Whiplash Shaken Baby Syndrome). Although cultural factors may play a role in caring for or disciplining children, injuring a child is unacceptable.

Sexual Abuse

Sexual abuse is the involvement, by a person who has power over a child, in any form of sexual activity. Sexual abuse includes such acts such as fondling, genital stimulation, oral sex and using fingers, penis, or objects for vaginal/anal penetration. The person may engage the child in the sexual activity through threats, bribes, force, misrepresentation, and other forms of coercion. The power of the abuser can lie in his/her superiority or age, intellectual or physical development, relationship of authority and/or dependency with the child. (See Appendix II for information on Normative Child Sexual Development)
Emotional Abuse
Emotional abuse is a pattern of overt rejecting, isolating, degrading, terrorizing, corrupting, exploiting, denying emotional responsiveness, and punishing a child’s attempts to interact with the environment. The care giver may use any of these tactics in relating to and disciplining the child. Children who witness violence in their homes may suffer emotional damage.

Possible Indicators of Child Abuse

Signs, symptoms or clues when considered on their own or in various combinations which may point to child abuse, are called indicators. Indicators may be apparent in the child’s physical condition and/or manifested in the child’s behaviour. Some indicators are non-specific, and may be related to any stress in the child’s life (e.g., marital separation, death, loss of a pet). Examples of these indicators are: nightmares, bed-wetting, clinging and increased masturbation. Other behaviours are more specific to a history of abuse, such as re-enactment of adult sexual behaviour or explicit sexual knowledge inappropriate to the child’s age and stage of development. Adults who abuse children may also demonstrate behaviours and attitudes that may cause others to question their care of children. Although most adults who have children are not mentally ill, when the adult presents with some personal dysfunction, such as mental illness, personality disorder or substance abuse, this is one more risk factor to be taken into account.

ACTIVITY #1 - Small Group - Indicators of Child Abuse

Discussion
Indicators of child abuse must also be weighed against cultural factors, with an awareness of the community context and community standards.

Indicators do not prove that a child has been abused. They are clues that should alert a person that abuse may have occurred. It is not the role of people in the community to assess the physical or psychological state of a child or others involved or prove that abuse has occurred. It is the responsibility of any person to report his/her suspicions that a child may be in need of protection to a children’s services agency. It is the role of child welfare agencies and/or police services to investigate, assess and validate allegations of child abuse.

Please see Appendix I outlining possible indicators of child abuse. Ensure that all observed indicators are recorded. This process helps to put the information into perspective, and may assist in making the decision to call Child Welfare Agency.
Legal Responsibility to Report

**Section 23** of the Children and Family Services Act states in part:

1. Every person who has information, whether or not it is confidential or privileged, indicating that a child is in need of protective services shall forthwith report that information to an agency.

2. No action lies against a person by reason of that person reporting information pursuant to subsection (1), unless the reporting of that information is done falsely and maliciously.

3. Every person who contravenes subsection (1) commits an offense.

**Special Responsibility of Those in Professional Roles or Official Duties with Respect to Children**

**Section 24** Subsection (2) of the Children and Family Services Act states in part:

2. Notwithstanding any other Act, every person who performs professional or official duties with respect to a child, including (b) a teacher, school principal, social worker, family counsellor, member of the clergy, operator or employee of a day care facility; (d) operator or employee of a child-caring facility or child-care service; who in the course of that person’s professional or official duties, has reasonable grounds to suspect that a child is or may be suffering or may have suffered abuse shall forthwith report the suspicion and the information upon which it is based to an agency.

Where there is doubt about whether to report consult with the intake worker at a child welfare agency.
Under the Children and Family Services Act, any licensee, child care staff, or care provider who has reasonable grounds to suspect a child may be abused or neglected has to report the matter to the local child welfare agency. Failure to do so may constitute an offense punishable by not more than $5,000 and/or imprisonment for a period not exceeding one year.

A person who makes a report of suspected abuse cannot be prosecuted if the report is made in good faith, even if the allegation is proven to be unfounded or does not result in charges being laid by the police. A report made by someone who genuinely believes that abuse has occurred is different from a report made by someone who falsifies a report with malicious intent. A person can only be charged with an offence if they file a false report with malicious intentions.

**Regulated Child Care Settings**

In Nova Scotia, Section 30 (4) of the *Day Care Regulations* states that licensed child care facilities and agencies are required to follow the child abuse protocol set out by the Department of Community Services when carrying out their professional obligation to report as per the Children and Family Services Act.
MODULE 3

RESPONDING TO ALLEGATIONS OF ABUSE
When a Parent/Guardian or Other Person is Suspected

It is reasonable to suspect abuse if a child is showing possible indicators of child abuse even if the child has not disclosed abuse.

**TRUST** your feelings. Trust your professional knowledge of children combined with your knowledge of individual children when assessing your suspicions.

**REPORT** your suspicions and concerns following the established procedures in Reporting and Investigating Allegations of Abuse and Neglect in Regulated Child Care Settings: A Protocol for Licensees, Child Care Staff and Care Providers (page 12).

**DO NOT** discuss your suspicions with the child’s parents, unless specifically directed to do so by child welfare staff or by the police. Such discussion with the family might place the child in greater risk. The offender may be someone within the family or someone the family has reason to protect. Notification of the parents will be done by child welfare staff, or the police, should there be a criminal investigation.

**Activity # 3 – Whole group – Share your secret.**

**Discussion**
When a Child Discloses Abuse

Believe the child.

Listen and respond openly and calmly. Put your own feelings aside.

Give your full attention to the child.

Acknowledge what the child is telling you, and the child for sharing.

Do not ask leading questions (e.g., did this happen to you every day?). If clarifying information is needed, ask open-ended questions such as, “What happened next?”

If the disclosure occurs during group time:
- Acknowledge the statement and redirect the discussion to avoid a “show and tell” situation.
- Finish the activity as quickly as possible or discreetly arrange for another staff person to take over for you, where possible.

Write down what the child said, recording his or her exact words immediately or as soon as possible thereafter. Record the time and date using day, month and year. Sign the documentation. If more than one person heard the child’s statement, everyone should sign the record.

Reassure the child. Tell the child, “It’s not your fault”; “I’m glad you told me”; “You did the right thing”; and “I will try to help you.”

Do not promise that you will keep the child’s secret, if asked to do so, as this is not possible.

Report the disclosure immediately to the nearest child welfare agency.

NOTE: IT IS NOT THE ROLE OF THE CHILD CARE STAFF OR CARE PROVIDER TO INTERVIEW THE CHILD TO PROVE CHILD ABUSE.

Fear of making a mistake; recrimination; and the possibility that the child may be removed from the home can stop the reporting process. Making a report and becoming involved in an investigation of child abuse is never easy, but it is important to be aware that if no action is taken, there may be serious consequences for the child.

Violence against children naturally generates intense emotional strain with reactions ranging from disgust and anger to helplessness and distress. In this very difficult time, it is important for those who care for abused children to identify and honestly accept all of these emotions and reactions and to seek support, if necessary, from other professionals in the community, colleagues or family. If our strong reactions are resolved and constructively channelled, our ability to help with objectivity and sensitivity will be enhanced.
Not Sure If You Should Report

If you are not sure you should report or not, you may call a child welfare agency and request a consult.

A Consult

If a child care staff or care provider is unsure whether their concern is reportable under the Children and Family Services Act, they may request a consult directly with an intake worker at a child welfare agency. If the concern is not deemed to be reportable by the intake worker, the child care staff or care provider will not complete the Child Abuse Report Form, but should follow any of the facility’s or agency’s procedures for documenting concerns.

Where a report is considered a consult only, and a report referral is not made, the child care staff or care provider shall:

a) document the consultation, (e.g., the date, the nature of the concern, the result of the consult);

b) inform the child care director;

c) file the documentation in a confidential file; and

d) follow any related centre or agency policy.
Making a Report

The responsibility for reporting suspected or disclosed abuse rests with the child care staff or care provider who has received the disclosure or who suspects that abuse is occurring. This responsibility can only be discharged by reporting directly to an intake worker at a child welfare agency. Informing the child care director of the child care facility shall be done as soon as possible after the report has been made.

Important Note:
If, for whatever reason, the child care director or his/her delegate knows in advance of, and disagrees with, the child care staff or care provider’s decision to report, the child care staff or care provider must still exercise his/her responsibility to report the matter to the child welfare agency. There will be no sanctions against any person reporting an allegation in good faith, including compensation, tenure, promotion, discipline alienation, etc. It is important to remember that the duty to report is only fulfilled when a report is made to a child welfare agency.

Intake workers are available to receive reports of child abuse and neglect 24 hours a day. Child welfare agencies are open from 8:30am to 4:30pm. After normal business hours, on weekends and statutory holidays, reports should be made to the provincial emergency duty number at 1-866-922-2434.

Appendix III of the protocol has the contact information for child welfare agencies in the province. The child’s home address should be used to determine which child welfare agency should be contacted.

When you contact a child welfare agency, have available all relevant information you may need during the call. The Child Abuse Report Form (Appendix I of the Protocol) should be used to assist in the information that the intake worker will require. Having this information immediately available will help ensure that the process is efficient and will save time.

The intake worker will require the following information:

- the date, your name, the child care setting’s name, address and telephone number;
- the child's name, birth date, address;
- the name(s) of the parent(s) or guardian(s) home and work telephone numbers;
- the time the child usually arrives and departs;
- a brief statement of your observation and concerns;
- the notes you have on hand that describes what the child said, if s/he made a disclosure of abuse.
Record Management and Confidentiality

Individuals Involved in an alleged case of child abuse will have access to highly confidential information. Information must not be discussed with other employees, care providers, students, parents, or members of the public except on a need-to-know basis.

All written records, notations or reports related to an investigation are confidential and are not to be placed in the child’s regular file or in any other way allowed to become known to persons who have no legitimate need for such information. A separate CONFIDENTIAL file is required to hold any documentation. The police or child welfare staff involved may request to access this file. Files and child care staff or care provider notes relating to the case can be subpoenaed as evidence by either the police or the child welfare agency.

Documentation must include the date of notation and the recorder's initials. Content should be accurate and kept in chronological order. A copy of all documents should be kept on file at the facility or family home day care. The child welfare staff involved may request that additional documentation and records be kept during the process of an investigation. Such a request should be made in to the facility in writing by the child welfare agency.

This confidential file is not part of the child information records required by the Day Care Regulations (Regulation 31); it is not required to be kept for a period of two years after the child is withdrawn from the program. It is recommended that you consult with the child welfare agency before discarding any such files.
When a Report Is Made

The child welfare intake worker will record the information and use this to determine whether the allegations fit the mandate of Section 22 (2) of the Children and Family Services Act that the child is in need of protective services and determines the level of risk involved.

It is important that full and accurate details are provided to help child welfare staff make an informed decision, especially concerning the child’s immediate safety. Using the Child Abuse Report Form will assist when providing the specific details of the report. A copy of the Child Abuse Report Form is forwarded to the intake worker following the report.

If it appears that physical or sexual abuse has occurred, the child welfare agency must contact the police immediately. Physical and sexual abuse of a child and withholding the necessities of life from a child are criminal offenses. Police may intervene at this point, together with a child welfare staff, in a joint investigative process, to enforce the criminal law. **Even when child care staff or care providers, who suspect abuse, contact the police, it remains the child care staff or care providers duty to report the abuse to a child welfare agency as well.**

Depending on the level of risk involved to the child of the alleged abuse or neglect, the response time will vary. If there is reason to believe that there has been a criminal offence, a police officer may interview the child at the same time as the child welfare staff. A joint interview is best in order to prevent subjecting the child to repeated interviews. The child could be seen or interviewed by the child protection staff/investigative team within a range of one hour to 21 days of the report.

The child welfare staff/investigative team is responsible for informing those involved of the steps that will be taken, for conducting the interview. In most circumstances interviews would occur outside of the centre or family day care home.

In the unlikely event that the interview is to be conducted in the child care facility/family home agency:

- The room must be private, comfortable and non-threatening, with enough space to accommodate four people.
- The child care director should ensure that there are no interruptions during the interview.

Once a report is made, child welfare determines the course of action. All proceedings are considered highly confidential and as a result, the person who made the report may not be informed of the outcome. In the case of an investigation, confidentiality is extremely important and information may only be shared on a need to know basis.

Though it seldom happens, it may be necessary to take the child into care directly from the centre or family day care home. In this event, the child welfare staff must serve an official notice called **“A Notice of Taking”** to the director or home provider to remove the child. Child welfare staff will present this official document and their official government identification to the child care director or care provider before taking a child into care.

It is the responsibility of child welfare to notify parents/guardian and serve an identical **“Notice of Taking.”** prior to the time that the parents, guardian or other person normally arrives at the child care setting to pick up the child. If, for some reason, the child welfare staff is unable to reach the
parent/guardian before their expected arrival at the child care setting, a child welfare staff will meet
the parent/guardian at the child care centre or approved home.

The child welfare staff will contact the non-offending person (e.g., other parent) closest to the child
as soon as possible and will keep this person, as well as the child (where appropriate), informed of
the steps that will be taken. This contact is meant to lend support and to inform the parent/guardian
about the investigative process. It is often possible and preferred that the child will stay in his/her
own home with family, provided that the suspected offender no longer has any unauthorized
contact with the child. Where the suspected offender remains in the child’s home, the child welfare
staff may bring the child into care and place the child in a foster home or with other family
members.

As part of the investigative process the referral source and other relevant people associated with
the facility may be interviewed. If a criminal investigation takes place or if child welfare finds that
the family cannot care for the child and a protection proceeding must take place, then the child
care staff or care provider who reported may be required to testify in court. In this case, clearly
documented information at the time of reporting will make organizing and presenting evidence in
court much easier.

Child care staff and care providers need to be able to understand and need to recognize the
impact of violence and abuse on children. Child care staff and care providers alone cannot provide
help to children affected by abuse. In providing direct and daily care to children, their role is critical.
Strategies should be developed within each setting to help children, families, child care staff and
care providers cope with violence and abuse. Depending on the individual circumstances of the
case, child welfare staff may be available for follow-up and consultative support to child care staff
and/or care providers.
When A Child Care Staff or A Care Provider is Suspected

Allegations against a child care staff or care provider are most often made by children, by parents or by other child care staff in the case of child care facilities. If a colleague is suspected or, if any child discloses that another child care staff or care provider has been abusive, there is a legal obligation to report.

REPORT your suspicions and concerns following the established procedures in Reporting and Investigating Allegations of Abuse and Neglect in Regulated Child Care Settings: A Protocol for Licensees, Child Care Staff and Care Providers (page 14).

If there is uncertainty as to whether or not to report, you may request a direct consult with an intake worker at a child welfare agency. If the situation is deemed to be not reportable, it will remain a consult and it becomes the responsibility of the child care facility to address the situation. The person who requested the consult, should, then, report the same information to the child care director for further action, if required. The child care director may wish to contact the Early Childhood Development Consultant for assistance.

Response times for assessing allegations of abuse are dependent upon the level of risk and the nature of the allegation.

Please be aware that discussing an allegation with another individual may result in accusations of libel or slander. A child care staff or care provider should not face the loss of reputation in the field while under investigation.

It is important that, from the beginning of the investigation, the child care director record all contact and conversation pertaining to the investigation. Notes should include the time, dates and details of all exchanges with investigators, board members and other employees. These records should be as specific and accurate as possible. Should legal proceedings take place, or if an appeal is necessary, this information will be required.

The stresses of an investigation are tremendous on the individual being investigated, as well as on all of the child care staff and others involved. If the allegation was against a child care staff or care provider support, mediation or counselling services should be considered and made available as needed.

In rare circumstance, allegations are made that a child has abused another child. In these cases the child care director shall ensure that both the victim and the accused are separated and both are provided with the appropriate support and supervision. In a family home day care program the care provider should consult with the Family Home Day Care Agency for assistance in providing for both the accused and the alleged victim.

What Happens Next

It is the primary responsibility of the criminal justice system (e.g. the courts, crown, police) to protect society from harmful acts and to set consequences for offenders. When a child has been abused there is an on-going responsibility to ensure continued protection for that child and to prevent the abuser from harming that child or any other children in the future. The offender is held accountable for his/her actions. To convict the accused, the criminal justice court must be convinced “beyond reasonable doubt” that the evidence shows that the accused committed the crime as described in the Criminal Code. If there is reasonable doubt that the accused committed the offence, the judge and the jury, in cases where there is one, must acquit the accused. Therefore, based on the nature and extent of the evidence that emerges during the course of the investigation, charges may be laid or not laid, and the case may be prosecuted or not prosecuted.
MODULE 4

CHILD ABUSE PREVENTION MEASURES
Three Levels of Prevention

Activity #4 – Large Group
The River

Child care staff and care providers play a particularly important role in preventing child abuse and in identifying and reporting child abuse and neglect. This can be done through well-defined hiring practices, good employee policies, including a code of conduct, sound behaviour guidance policies, stress management practices, and an open-door communication policy with parents.

Child abuse prevention can be conceptualized in three levels. The primary level refers to taking measures to prevent the occurrence of abuse; the secondary level involves identifying abused children and intervening to prevent ongoing abuse; and the tertiary level consists of providing treatment for victims, families, and offenders to prevent the cycle of abuse.

**Primary prevention is taking measures to prevent the occurrence of child abuse:**

- providing information to child care staff, care providers and parents about child abuse, including the risk factors for abuse, indicators and services children and families;
- using child safety programs as part of the curriculum or program; and
- reaching out to the larger community, involving child care staff and care providers in community efforts to raise awareness and prevent abuse.

**Secondary prevention involves identifying children who have been abused and intervening to prevent further abuse:**

- knowing and recognizing the indicators of child abuse
- being knowledgeable of legislation and protocols concerning abuse, and keeping up to date; and
- maintaining relationships with local child welfare staff, to increase comfort levels in seeking consultation and developing mutual understanding or roles and responsibilities.

**Tertiary prevention focuses on providing services to children, families and offenders to prevent reoccurrence of abuse and alleviating the possible impact of abuse:**

- participating in a therapeutic response to the child, in consultation with other helping professionals;
- being part of the “community of caring” around a child who has been abused; and
- planning for programs, creating “teachable moments” to address issues relevant to individual children, such as loss, change, belongings, fears.
**Child Care Policies**

Facility policies are also a method of primary prevention. Well written policies help to ensure that all those involved in the program have a clear understanding of their expectations and responsibilities. For example, a hiring policy with standardized practices regarding reference checks, screening, orientation, and written job description will increase the probability of hiring competent staff and reduce the risk potential to children.

The four main areas for policy development in a child care facility or family home day care agency are:

- Employee handbook, which relate to the employment of and human resource practices for the child care staff of a facility or agency;
- Care provider handbook, for family home day care providers approved by the agency;
- Parent handbook, which details the services provided at the facility or agency and provides information for parents; and
- General management policies (e.g. security procedures) which relate to the operations of the child care facility or agency.

Licensees should established policies and procedures to follow in the event that an allegation of abuse is a made against a child care staff or care provider. Establishing policies is not an easy task and many decisions must be made with respect to this sensitive issue. However, the more comprehensive a policy there is, the better equipped everyone will be if a situation arises. Policies should address the safety of the children and protect the rights of the employee. The protection of the child is the single most important concern.

Including specific policies that provide guidance, when an allegation of child abuse occurs, helps to ensure that those involved will respond promptly and effectively. Policies and procedures give child care staff, care providers, parents and others the clear message that the child care setting is taking a pro-active position with respect to child abuse.

A licensee’s policies must be consistent with the Department of Community Services Reporting and Investigating Allegations of Abuse and Neglect in Regulated Child Care Settings: A Protocol for Licensees, Child Care Staff and Care Providers.

For more information contact an Early Childhood Development Consultant.
MODULE 5

WORKING TOGETHER
Working with Parents

It may be difficult to work with and be supportive of parents who have allegedly abused or neglected their children. Child care staff or care providers may have strong feelings about the children in their care, and it may be difficult for them to understand and accept someone who has harmed a child.

Child care staff and care providers can assist parents and children in the following ways:

1. Respect the parent’s rights.
2. Demonstrate respect and support for the parent by showing confidence and trust, encouraging self-sufficiency. Maintain a sense of hopefulness.
3. Seek out the parent’s point of view. Recognize and support his/her right to have a point of view different from the wider society. Where possible, provide information and education in a balanced, non judgmental manner.
4. Be honest. Keep promises and commitments made to the parent.
5. Express concern for the parent’s well-being. Understand the parent’s need for attention and support, and provide for these needs to the extent that it is possible and appropriate.
6. Be genuine.
7. Keep confidences the parent may share if these are not detrimental to the child and/or the child abuse investigation.
8. Seek out shared areas of concern. Provide knowledge about children, child development, behaviour guidance and other relevant information.
9. Understand that developing and maintaining a meaningful relationship takes time.

Helping Parents:

Coping with the crisis of a child’s abuse and disclosure can be disturbing and exhausting for parents. Child care staff and care providers, although not therapists, can provide parents with assistance and support. It is important that child care staff and care providers are consistent in providing parents with the following messages.

1. A child’s experience of abuse has enormous potential for creating distress and disruption in the family. It is normal that this can be a difficult time for children and families.
2. It is important for parents to get help or advice, not only for their children, but for themselves. Parents may need help with emotional, economic, legal and/or safety issues. Child care staff and care providers may not have all the answers, but can help by directing parents to the appropriate community resources.
3. It is helpful to maintain regular routines and limits. This is comforting to a child because it represents a life that is normal and predictable.
4. Being a good listener encourages children to talk. Advise parents to listen carefully to the child, if they can hear what the child has to say calmly, without reacting. Discuss with parents the importance of acknowledging the child’s feelings (active listening). Model for the parents how to communicate belief and support for the child.

5. Discuss with parents about how children communicate. Advise them to allow the child to tell his/her story in his/her own words, even if the account is incomplete or unclear. Ask them not to fill in the blanks, or ask leading questions as this only adds to the child’s confusion and may distort the child’s memory of the event(s).

6. Encourage parents to acknowledge and express their own feelings, in safe ways, with other adults. Let parents know that expressing their feelings to the child may have unintended or unwanted consequences.

7. Advise parents to contact a child welfare agency with their suspicions, concerns or questions. Parents can enhance the effectiveness of a child abuse investigation by working with the child welfare and police services.

8. Suggest to parents that they keep notes of further developments or disclosures, and their observations of the children’s behaviour. This information may be helpful to the investigation, and to the support people involved.

9. Recommend to parents that they advise the child’s doctor of the allegations of abuse. A medical examination may be necessary for health reasons, to reassure the child, or to answer any questions the child may have.

10. Parents must decide whether or not, and when to tell others about the abuse. Ask parents to respect the child’s rights to privacy and confidentiality, balanced against the child’s needs for safety.
Healing Messages for Parents to Give Children

When faced with a stressful and upsetting situation, such as finding out that their child has been abused, it is helpful for parents to receive clear directions as to what they can say to their child, and what they should not say. Given a parent’s relationship with a child care staff or care provider, and comfort level in discussing painful issues, a parent may turn to that person for reassurance and answers.

When explaining to a parent that the child has disclosed abuse, and where appropriate, suggest to the parent some things they might say to their child, as follows:

- “It took a lot of courage for you to tell what happened. What happened is not your fault. We are going to talk to someone about what you have told me, so that we can get help.”
- “We know how scary it must have been for you to tell what happened. We’re going to talk to someone who can help us stop the hurting/touching/talking to you in ways that make you feel uncomfortable.”
- “You are very brave to tell about what happened. It’s not your fault.”
- “You are very brave to tell about what happened. Together, we are going to get some help. We have to tell some other people who can help us too.”
- “I am really glad we are able to figure out what happened to you. Now we can get help.”

What Not to Say

- “How could you say such bad things about... ?”
- “Liar...”
- “You’ll never be the same again!”
- “That horrible man/woman has ruined you forever.”
- “I’ll get him/her for this!”
- “How could you let him do those things to you?”
- “Why didn't you tell us before?”
Helping the Child with a History of Child Abuse

Children with a history of child abuse can benefit greatly from participation in stable and consistent child care environments and from interactions with predictable and safe adults.

Help the child develop a positive self image and self esteem:

- plan activities that increase the likelihood of success
- give positive reinforcement for successes
- display the child’s accomplishments
- help the child develop a sense of belonging to the group
- encourage positive interactions with others
- provide a bias free curriculum that appreciates and recognises diversity

Help the child to trust:

- establish and maintain consistent limits, routines, and non-physical methods of discipline
- use forms of affection and touch appropriately respecting children’s comfort levels with physical contact
- respect children’s right to say no
- set and respect boundaries
- talk with children about keeping themselves safe
- work at establishing a relationship within which a child can feel safe and begin to trust

Help the child to identify and express emotions:

- model for and talk with children about emotions, and safe expression of emotions
- provide opportunities for sensory and dramatic play, through which children can safely express themselves and begin to resolve their feelings
- use books and/or learning materials that label and normalize strong emotions
- be open to talking to children about their feelings, their experiences and their losses

Help the child learn to communicate:

- plan activities that encourage the development of language skills
- engage children in conversation
- give clear direction in a calm manner
- encourage children to ask questions and express their needs

Help the child to identify and solve problems:

- model positive methods for conflict resolution
- intervene in children’s conflicts and use these as opportunities to model alternative methods of conflict resolution
Help the child through the mourning process:

- allow the child to express his/her grief or sadness
- do not force the child to look for the “silver lining”
- share feelings without burdening the child
- model appropriate expression of sadness and grief
- comfort the child in his/her pain

Help the child overcome developmental lags:

- assess the child’s individual strengths and weaknesses
- plan activities that encourage development in all areas
- provide specialized supports or services where necessary

Assist the child in developing a safety plan:

- provide child safety education programs
- teach children to recognize potentially dangerous situations
- develop children’s skills in keeping themselves safe and/or accessing help

Link families to community resources:

- monitor the child’s progress, health and well-being
- observe the child’s behaviour and be alert to indicators of abuse
- be aware of patterns in children’s behaviour which may be indicative of a child’s attempts to resolve past trauma
- direct families to local community services and resources
- report suspicions of abuse
Healing Messages for Children

A child care setting can be a reassuring and safe haven for children, providing stability, consistency, predictability, security and a place where needs are met. Child care staff and care providers can provide the safe relationship that children need to rebuild their view of the world. This includes communicating healing messages to children every day.

Children Need To Hear Healing Messages About:

The child/adult relationship
- I care about you
- I like you
- I respect you
- I know what happened to you and I am still here
- You are not alone

Themselves
- You are lovable
- You are interesting
- You are special and a worthwhile person
- You have strengths
- You are fun to be with

The abuse
- It’s not your fault
- Child abuse is never the child’s fault
- Responsibility for the event(s) lies with the abuser
- This happens to lots of children, you are not the only one
- People are here to take care of children and not hurt them

Families
- Adults try to do their best to take care of children
- Adults are to get their needs met with other adults, not with children
- Everyone’s feelings count

Intimacy and closeness
- Not all adults want to hurt children
- Adults can care for and love children and other adults and not abuse them
- There is a difference between sex and affection
- You can say no or yes to touch
- Touching can be a nice thing too
Sometimes bad things happen. Bad things happen to lots of children, but that does not mean they are bad children. The bad things are part of the children’s own stories, but do not define who they are or who they can be. You make your own choices about who you are and what you do, and the person you will be.
APPENDICES
## Appendix I

### Indicators of Child Abuse

**Neglect**

Neglect is defined as the chronic and serious inattention or omission on the part of the caregiver to provide for the basic emotional and/or physical needs of the child.

<table>
<thead>
<tr>
<th>Physical Indicators in Children</th>
<th>Behavioural Indicators in Children</th>
<th>Behaviours Observed in Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>- not meeting developmental milestones&lt;br&gt;- appears lethargic, undemanding, cries very little&lt;br&gt;- unresponsive to stimulation&lt;br&gt;- uninterested in surroundings&lt;br&gt;- demonstrates lack of attachment to parents, unresponsive, little fear of strangers&lt;br&gt;- may be very demanding of attention or affection from others&lt;br&gt;- may demonstrate indiscriminate attachment to other adults&lt;br&gt;- older children may engage in antisocial behaviours&lt;br&gt;- poor school attendance or performance&lt;br&gt;- independence and self care beyond the norms, given the age of the child&lt;br&gt;- assumes parental role&lt;br&gt;- discloses neglect</td>
<td>- infants and young children may develop “failure to thrive”&lt;br&gt;- abnormal growth patterns,&lt;br&gt;- weight loss, sunken cheeks, dehydration, lethargic, poor appetite, pale, cries very little, unresponsive to stimulation&lt;br&gt;- developmental delays&lt;br&gt;- dresses inappropriately for weather&lt;br&gt;- consistently poor hygiene&lt;br&gt;- untreated physical and/or dental problems or injuries&lt;br&gt;- lacks routine medical and dental care&lt;br&gt;- signs of deprivation which improve with a more nurturing environment (e.g. diaper rash, hunger)</td>
<td>- maintains a chaotic home life with little evidence of health routines&lt;br&gt;- fails to provide for the child’s basic needs&lt;br&gt;- does not supervise child for long periods of time or when child is involved in potentially dangerous activity&lt;br&gt;- leaves child in the care of inappropriate persons&lt;br&gt;- gives child inappropriate food, drink, medicine&lt;br&gt;- consistently brings child early and picks up late&lt;br&gt;- apathetic towards child’s progress, hard to reach by phone and fails to keep appointments to discuss child and concerns&lt;br&gt;- overworks or exploits child&lt;br&gt;- shows evidence of apathy, feelings of futility&lt;br&gt;- overwhelmed with own needs/problems, puts own needs ahead of the child’s needs&lt;br&gt;- may display ignoring or rejecting behaviour to the child</td>
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**Physical Abuse**
Physical abuse is defined as the non-accidental infliction of injury or harm to a child by a caregiver.

<table>
<thead>
<tr>
<th>Physical Indicators in Children</th>
<th>Behavioural Indicators in Children</th>
<th>Behaviours Observed in Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>- injuries on suspicious locations, not likely to have been sustained by play or exploration</td>
<td>- child is wary of physical contact with adults</td>
<td>- gives harsh, impulsive, or unusual punishments or discipline inappropriate to child’s age and level of understanding</td>
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<tr>
<td>- bruise patterns, clustered bruising, or welts</td>
<td>- cringes or flinches if touched unexpectedly</td>
<td>- shows lack of self control, low frustration tolerance, angry impatient</td>
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<tr>
<td>- human bite marks</td>
<td>- is frightened when faced with adult disapproval</td>
<td>- may provide inconsistent explanations as to how the child was injured</td>
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<tr>
<td>- unexplained burns (e.g., cigarette burns) or rope burns</td>
<td>- is apprehensive when others cry</td>
<td>- socially isolated, little support or parenting relief</td>
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<tr>
<td>- lacerations and abrasions</td>
<td>- shows extremes of behaviour</td>
<td>- may have little knowledge of child development and/or have unrealistic expectations of the child</td>
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<tr>
<td>- head injuries</td>
<td>- aggression/withdrawn</td>
<td>- appears unconcerned about child’s condition</td>
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<tr>
<td>- dislocations, fractures</td>
<td>- is over anxious to please</td>
<td>- views the child as bad or as the cause of problems</td>
</tr>
<tr>
<td>- injuries not consistent with the explanation offered</td>
<td>- does not recall how observed injuries happened</td>
<td>- resistant to discuss child’s condition or family situation</td>
</tr>
<tr>
<td>- the presence of several injuries that are in various stages of healing</td>
<td>- offers an inconsistent explanation for injury</td>
<td>- views questions with suspicion</td>
</tr>
<tr>
<td>- the presence of various injuries over a period time</td>
<td>- may display over-vigilance, a frozen watchfulness, or vacant stare</td>
<td>- may delay seeking medical attention</td>
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<tr>
<td></td>
<td>- tries to take care of the parent</td>
<td>- may demonstrate little or no affection to the child</td>
</tr>
<tr>
<td></td>
<td>- is afraid to go home</td>
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</tbody>
</table>
**Sexual Abuse**

Sexual abuse is defined as the involvement, by a person who has power over a child, of the child in any form of sexual activity where the child is used for the sexual stimulation of the perpetrator or another person.

<table>
<thead>
<tr>
<th>Physical Indicators in Children</th>
<th>Behavioural Indicators in Children</th>
<th>Behaviours Observed in Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>- recurring physical ailments with no apparent somatic base e.g. abdominal pain, persistent sore throat, vomiting</td>
<td>- displays unusual interest in sexual matters</td>
<td>- may be usually overprotective and over invested in the child</td>
</tr>
<tr>
<td>- trauma to breasts, buttocks, lower abdomen, thighs, genital or rectal areas</td>
<td>- uses language and makes drawings that are sexually explicit</td>
<td>- clings to the child both physically and emotionally, holds the child in an inappropriate way</td>
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<tr>
<td>- vaginal odor or discharge</td>
<td>- has unusual sexual knowledge</td>
<td>- permits or encourages the child to engage in sexual behaviour</td>
</tr>
<tr>
<td>- torn, stained or bloody clothing</td>
<td>- indulges in persistent and inappropriate sexual play for developmental level</td>
<td>- relationship with child may be inappropriate, sexualized or spousal in nature</td>
</tr>
<tr>
<td>- pain or itching in genital area or throat, difficulty going to bathroom or swallowing</td>
<td>- expresses affection in a sexualized manner</td>
<td>- shows physical contact or affection for the child that appears sexual in nature</td>
</tr>
<tr>
<td>- poor bowel control</td>
<td>- simulates sexual acts with siblings, peers, animals</td>
<td>- states the child is sexual or provocative</td>
</tr>
<tr>
<td>- difficulty with urination</td>
<td>- indulges in compulsive sexual behaviour (e.g., grabbing breasts and genitals, compulsively removing clothes)</td>
<td>- may be jealous of the child’s time with peers or other adults</td>
</tr>
<tr>
<td>- bruises, bleeding, or swelling of genital, rectal or anal areas</td>
<td>- has sexual preoccupations (e.g., bed-wetting, sucking thumb)</td>
<td>- socially isolated</td>
</tr>
<tr>
<td>- vaginal infections</td>
<td>- recurring physical complaints with no physical basis</td>
<td>- loneliness</td>
</tr>
<tr>
<td>- recurring urinary tract infections without an organic cause</td>
<td>- nightmares, night terrors</td>
<td></td>
</tr>
<tr>
<td>- fear normal nudity</td>
<td>- unexplained changes in personality</td>
<td></td>
</tr>
<tr>
<td>- eating problem</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- poor personal hygiene</td>
<td></td>
<td></td>
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<tr>
<td>- sexually transmitted disease</td>
<td></td>
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<tr>
<td>- pregnancy</td>
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</tbody>
</table>
Emotional Abuse
Emotional Abuse is defined as a pattern of overt rejecting, isolating, degrading, terrorizing, corrupting, exploiting, denying emotional responsiveness, and punishing a child’s attempts to interact with the environment.

<table>
<thead>
<tr>
<th>Physical Indicators in Children</th>
<th>Behavioural Indicators in Children</th>
<th>Behaviours Observed in Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>- facial expression and body carriage may indicate sadness, depression, timidity or held-back anger</td>
<td>- unexpected changes in behaviour - aggressive, demanding, angry/defiant or overly compliant, apologetic, passive or undemanding - extreme adult behaviour, like assuming a care taking role with parent and/or other children</td>
<td>- consistently rejecting the child - withhold comfort when the child is frightened or distressed - withholds physical and verbal affection from the child - treats the child differently from other children and siblings - isolates the child - makes excessive demands of the child - identifies child with disliked or hated person - consistently ignores the child, actively refuses to help the child - terrorizes the child (e.g., threatens the child or someone the child loves) - tend to describe the child in negative terms - blames the child for problems</td>
</tr>
<tr>
<td>- child fails to thrive - frequent psychosomatic complaints, headaches, nausea - age-inappropriate wetting and soiling</td>
<td>- unrealistic and high standards set for own performance in order to get approval - sad, withdrawn, confused or depressed - poor social relationships with peers - consistently tired or fatigue - unusual fearfulness of the consequences of their actions which can lead to lying - development lags - fear of failure and gives up easily - is either boastful or negative about oneself</td>
<td>- consistently rejecting the child - withhold comfort when the child is frightened or distressed - withholds physical and verbal affection from the child - treats the child differently from other children and siblings - isolates the child - makes excessive demands of the child - identifies child with disliked or hated person - consistently ignores the child, actively refuses to help the child - terrorizes the child (e.g., threatens the child or someone the child loves) - tend to describe the child in negative terms - blames the child for problems</td>
</tr>
</tbody>
</table>

- frequent psychosomatic complaints, headaches, nausea - age-inappropriate wetting and soiling

- unrealistic and high standards set for own performance in order to get approval

- aggressive, demanding, angry/defiant or overly compliant, apologetic, passive or undemanding

- extreme adult behaviour, like assuming a care taking role with parent and/or other children

- sad, withdrawn, confused or depressed

- poor social relationships with peers

- consistently tired or fatigue

- unusual fearfulness of the consequences of their actions which can lead to lying

- development lags

- fear of failure and gives up easily

- is either boastful or negative about oneself

- consistently rejecting the child

- withhold comfort when the child is frightened or distressed

- withholds physical and verbal affection from the child

- treats the child differently from other children and siblings

- isolates the child

- makes excessive demands of the child

- identifies child with disliked or hated person

- consistently ignores the child, actively refuses to help the child

- terrorizes the child (e.g., threatens the child or someone the child loves)

- tend to describe the child in negative terms

- blames the child for problems
### Witnessing Domestic Violence

<table>
<thead>
<tr>
<th>Physical Indicators in Children</th>
<th>Behavioral Indicators in Children</th>
<th>Behaviors Observed in Adults Who Abuse Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>- child fails to thrive</td>
<td>- aggressive, acting-out behavior</td>
<td>- abuser has poor self-control, social skills</td>
</tr>
<tr>
<td>- frequent psychosomatic</td>
<td>- temper tantrums</td>
<td>and/or communication skills</td>
</tr>
<tr>
<td>complaints (i.e. headaches,</td>
<td>- reenacts parental behavior-in</td>
<td>- abuser controls using threats</td>
</tr>
<tr>
<td>stomach aches)</td>
<td>girls, may be seen as emulated</td>
<td>and violence (i.e. terrorizes with</td>
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<tr>
<td></td>
<td>helplessness and in</td>
<td>threats of harm of death to others or</td>
</tr>
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<td></td>
<td>boys, as extreme disrespect or</td>
<td>something the person treasures)</td>
</tr>
<tr>
<td></td>
<td>disdain for women</td>
<td>- exposes the child to physical/emotional</td>
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<tr>
<td></td>
<td>- exhibits withdrawn, depressed,</td>
<td>harm inflicted on the victim parent</td>
</tr>
<tr>
<td></td>
<td>and anxious behaviors (i.e.</td>
<td>- excessive monitoring of partner’s</td>
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<tr>
<td></td>
<td>clinging, whining, excessive</td>
<td>activities</td>
</tr>
<tr>
<td></td>
<td>crying and separation anxiety)</td>
<td>- abuser publicly degrades, insults, blames</td>
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<td></td>
<td>- cuddles or manipulates in an</td>
<td>or humiliates partner</td>
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<td></td>
<td>effort to reduce anxiety</td>
<td>- jealous of partner’s contact with others</td>
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<td>- overly passive, patient,</td>
<td>- isolates the child/family members from</td>
</tr>
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<td></td>
<td>compliant and approval</td>
<td>friends, other family and supports</td>
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<td></td>
<td>seeking behavior</td>
<td>- victim neglects children due to</td>
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<td></td>
<td>- fearful (i.e. of self/family</td>
<td>inaccessibility to resources, depression or</td>
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<td></td>
<td>members being hurt/killed, of</td>
<td>focus on self-survival</td>
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<td></td>
<td>being abandoned, of the expression</td>
<td>- victim appears fearful</td>
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<td></td>
<td>of anger by self or others)</td>
<td>- expresses strong belief in traditional</td>
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<td></td>
<td>- low tolerance for frustration</td>
<td>male/female role</td>
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<tr>
<td></td>
<td>- sleep disturbances (i.e.</td>
<td>- abuser makes excessive demands of partner</td>
</tr>
<tr>
<td></td>
<td>insomnia, resists bedtime, fear</td>
<td>- substance abuse</td>
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<tr>
<td></td>
<td>of the dark, nightmares)</td>
<td>- discloses domestic violence</td>
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<tr>
<td></td>
<td>- bed wetting</td>
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<td>- self-destructive behavior (i.e.</td>
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<td>eating disorders, suicide threats</td>
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<td>or attempts)</td>
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<td>- hovers around the house of avoids</td>
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<td>home</td>
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<td></td>
<td>- clumsy, accident-prone behavior</td>
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<td></td>
<td>- problems with school (poor</td>
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<td></td>
<td>concentration, problems with</td>
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<td></td>
<td>academics, attendance)</td>
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<td></td>
<td>- sets high/perfectionist self-</td>
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<td>expectations, with fear of failure</td>
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<td>resulting in high academic</td>
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<td>achievement</td>
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<td>- assumes responsibility to protect</td>
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<td></td>
<td>help mother and siblings</td>
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<td>- poor peer relationships</td>
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<td></td>
<td>- runs away from home</td>
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<td></td>
<td>- involved in crime/delinquency</td>
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<td>(i.e. stealing, assault, drugs,</td>
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<td>prostitution, gangs)</td>
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<td>- homicidal thoughts and actions</td>
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<td>- disclosed domestic violence</td>
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Appendix II
Normative Child Sexual Development

BIRTH THROUGH 2.5 YEARS
- shows interest in different postures of boys and girls when urinating
- is curious about physical differences between sexes
- begins to explore genitals

3-4 YEARS
- verbally expresses interest in physical differences
- girls might attempt to urinate standing up
- calling of nick names related to going to the bathroom/elimination
- body exploration with other children of both sexes is common
- very conscious of the navel
- under social stress, may grasp genitals and may need to urinate
- may demand privacy for self but be very interested in bathroom activity of others
- begins identification with same sex parents

5 YEARS
- less sex play and game of “show”
- mutual body exploration with same sex is common
- reinforcement of gender identity continues
- feelings toward opposite sex becomes more ambivalent
- more modest and less exposing of self

6-7 YEARS
- marked awareness of and an interest in differences between sexes in body structure
- may play hospital and take rectal temperatures
- questioning
- mild sex play or exhibitionism in play or in school toilets
- mutual body exploration with same sex

8-12 YEARS: SCHOOL AGE
- by the end of this period, children generally have reasonable knowledge of sexual issues and information - peers, school, reading, parents, etc.
- developing an interest in opposite sex - most noticeable in girls
- girls are developing secondary sex characteristics, and many girls have begun to menstruate by age 12
- aware of social “rules” regarding issues of sex

NOTE: It is normal for children to self-stimulate at any of these ages.