

ALBERTA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (AIS-2008)

MAJOR FINDINGS



*Bruce MacLaurin, Nico Trocmé, Barbara Fallon, Vandna Sinha, Richard Feehan,
Rick Enns, Jordan Gail, Olivia Kitt, Shelley Thomas-Prokop, Carolyn Zelt,
Gabrielle Daoust, Emily Hutcheon and Danielle Budgell*

The AIS-2008 research was funded by: Government of Alberta Children and Youth Services, and the Injury and Child Maltreatment Section, Public Health Agency of Canada. Additional support was provided by the University of Calgary, Faculty of Social Work.

ISBN: 978-0-88953-353-0

Citation:

Bruce MacLaurin, Nico Trocmé, Barbara Fallon, Vandna Sinha, Richard Feehan, Rick Enns, Jordan Gail, Olivia Kitt, Shelley Thomas-Prokop, Carolyn Zelt, Gabrielle Daoust, Emily Hutcheon, & Danielle Budgell. (2013). *Alberta Incidence Study of Reported Child Abuse and Neglect-2008 (AIS-2008): Major Findings*. Calgary, AB: University of Calgary.

Non-commercial reproduction of this report in whole or in part is permitted, provided the authors are acknowledged as the source of all copies.

© Faculty of Social Work, University of Calgary, 2013

Electronic formatting: Leah Gryfe

Copies of this publication can be downloaded from the website of the Child Welfare Research Portal at www.cwrp.ca.

For further information on this study contact:

Bruce MacLaurin, Assistant Professor
Faculty of Social Work, University of Calgary
Tel: (403) 220-4698
Email: bmaclaur@ucalgary.ca

Acknowledgements

The Alberta Incidence Study of Reported Child Abuse and Neglect-2008 (AIS-2008) reflects a truly provincial effort by a group of child intervention service providers, researchers and policy makers committed to improving services for abused and neglected children through research.

The Public Health Agency of Canada provided core funding for the Alberta Incidence Study of Reported Child Abuse and Neglect-2008 (AIS-2008). Additional provincial oversampling funds were provided by the Government of Alberta Children and Youth Services.

The AIS-2008 was conducted by a team of researchers who demonstrated an exceptional ability to keep focused on the objectives of this collective effort while bringing to bear their own expertise. In addition to the report authors, special acknowledgement should go to agency-based researchers who played a critical role in presenting the study and generating support while maintaining high standards for case selection.

The province of Alberta supported the research and through their child intervention systems contributed to the data collection. The child intervention workers and managers who participated in the study deserve special recognition for finding the time and the interest to participate in the study while juggling their ever-increasing child intervention responsibilities. Although for reasons of confidentiality we cannot list their names, on behalf of the AIS-2008 Research Team I thank the child intervention professionals who participated in the AIS-2008.

Bruce MacLaurin

AIS-2008 Principal Investigator

Faculty of Social Work

University of Calgary

Dedication

This report is dedicated to the children and families who are served by Alberta child intervention workers. It is our sincere hope that the study contributes to improving their well-being.

Contents

Acknowledgements	i
Dedication	ii
Executive Summary	xi
Chapter 1 Introduction	1
Background to the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008)	1
Objectives and Scope	1
Child Welfare Services in Canada: A Changing Mosaic	2
Child intervention Services in Alberta	3
The Alberta Incidence Study of Reported Child Abuse and Neglect (AIS)	5
Organization of the Report	6
Chapter 2 Methodology	7
Sampling	7
Site Selection	7
Case Selection	8
Identifying Investigated Children	8
Investigated Maltreatment vs. Risk Assessments	9
Forms of Maltreatment Included in the AIS-2008	9
Investigated Maltreatment vs. Substantiated Maltreatment	9
Risk of Harm vs. Harm	10
Instruments	10
The AIS-2008/CIS-2008 Maltreatment Assessment Form	10
Intake Face Sheet	10
Household Information Sheet	11
Child Information Sheet	11
Guidebook	11
Revising and Validating the Child Assessment Form	11
Case File Validation Study	11
Validation Focus Groups	12
Reliability Study	12

Data Collection and Verification Procedures	13
Training	13
Timing of Form Completion	13
Site Visits	13
Data Verification and Data Entry	13
Participation and Item Completion Rates	13
Estimation procedures	13
Weighting	13
Case Duplication	14
Sampling Error Estimation	14
Ethics Procedures	15
Aboriginal Ethics	15
Study Limitations	15
Comparisons between AIS-2003 and AIS-2008	17

Chapter 3 Rates of Maltreatment Related to Investigations in the AIS-2003 and AIS-2008	17
Comparisons between AIS-2003 and AIS-2008	17
Maltreatment Related Investigations	18
Child Age in Investigations	18
Types of Investigations and Substantiation Decisions	18
Referral Source	19
Non-Professional Referral Sources	19
Professional Referral Sources	20
Other Referral Sources	20
Rates of Ongoing Services, Placement, and Court	22
Ongoing Child Welfare Services	22
Out-of-Home Placement	22
Previous Child Maltreatment Investigations	24
Child Welfare Court Applications	24
Primary Categories of Maltreatment	27
Chapter 4 Characteristics of Maltreatment	27
Single and Multiple Categories of Maltreatment	28
Documented Physical Harm	28
Nature of Physical Harm	30
Documented Emotional Harm	31
Duration of Maltreatment	33
Age and Sex of Children in Maltreatment-Related Investigations and Substantiated Maltreatment	35
Documented Child Functioning	35

Chapter 5 Characteristics of Children and Families	35
Aboriginal Heritage of Investigated Children	38
Primary Caregiver Age and Sex	39
Primary Caregiver's Relationship to the Child	40
Primary Caregiver Risk Factors	40
Household Source of Income	41
Housing Type	42
Family Moves	42
Exposure to Hazards in the Home	42
Future Directions	43
Appendices	
A AIS-2008 Site Researchers	45
B First Nations CIS/AIS Advisory Committee	47
C Glossary of Terms	49
D CIS-2008/AIS-2008 Maltreatment Assessment Form	53
E CIS-2008/AIS-2008 Guidebook	59
F CIS-2008/AIS-2008 Case Vignettes	85
G Variance Estimates and Confidence Intervals	89
H Description of Weighting Procedure	99



LIST OF TABLES AND FIGURES

Figure 1:	Type of Investigation and Level of Substantiation in Alberta in 2008.....	xii
Figure 2:	Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008.....	xii
Figure 3:	Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008.....	xiii
Figure 4:	Provision of Ongoing Services Following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008.....	xiii
Figure 5:	Primary Category of Substantiated Maltreatment in Alberta in 2008.....	xiv
Figure 6:	Documented Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	xiv
Figure 7:	Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	xiv
Figure 8:	Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	xv
Figure 9:	Select Child Functioning Issues in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	xvi
Figure 10:	Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	xvi
Figure 11:	Household Risks in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	xvi
Figure 1-1:	Scope of AIS-2008.....	2
Table 1-1:	Alberta Child Protection Offices.....	4
Figure 2-1:	Three Stage Sampling.....	7
Table 2-1:	Child Population and Sample Size by Region, AIS-2008.....	8
Table 3-1:	Number and Incidence of Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008.....	18
Table 3-2:	Age of Children in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008.....	18
Table 3-3:	Type of Investigation and Level of Substantiation in Child Maltreatment Investigations in Alberta in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008.....	20

Table 3-4a:	Referral Source in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008	21
Table 3-4b:	Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008	21
Table 3-5:	Ongoing Child Welfare Services in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigation in Alberta in 2008	22
Table 3-6a:	Placement in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008	23
Table 3-6b:	Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008	23
Table 3-7:	History of Previous Investigations in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in 2008	24
Table 3-8:	Applications to Child Welfare Court in Child Maltreatment Investigations in Alberta 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008	24
Table 4-1:	Primary Category of Substantiated Maltreatment in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008	28
Table 4-2:	Single and Multiple Categories of Substantiated Child Maltreatment in Alberta in 2008	29
Table 4-3:	Severity of Physical Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008	30
Table 4-4:	Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008	31
Table 4-5:	Documented Emotional Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008	32
Table 4-6:	Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment in Alberta in 2008	32
Table 5-1:	Child Age and Sex in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations, and in Substantiated Child Maltreatment Investigations in Alberta in 2008	36
Table 5-2:	Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Alberta in 2008	38
Table 5-3:	Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008	39
Table 5-4:	Age and Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Alberta in 2008	39
Table 5-5:	Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Alberta in 2008	40
Table 5-6:	Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008	41
Table 5-7:	Household Source of Income in Substantiated Child Maltreatment Investigations in Alberta in 2008	41

Table 5-8:	Housing Type in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	42
Table 5-9:	Family Moves Within the Last 12 Months in Substantiated Child Maltreatment Investigations in Alberta in 2008	42
Table 5-10:	Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Alberta in 2008.....	43
Appendix G:	Table 3-1a.....	90
Appendix G:	Table 3-2.....	90
Appendix G:	Figure 3-3.....	91
Appendix G:	Table 3-4a.....	91
Appendix G:	Table 3-4b.....	91
Appendix G:	Table 3-5.....	92
Appendix G:	Table 3-6a.....	92
Appendix G:	Figure 3-6b.....	92
Appendix G:	Table 3-7.....	92
Appendix G:	Table 3-8.....	92
Appendix G:	Figure 4-1.....	93
Appendix G:	Table 4-2.....	93
Appendix G:	Figure 4-3.....	94
Appendix G:	Table 4-4.....	94
Appendix G:	Figure 4-5.....	94
Appendix G:	Figure 4-6.....	94
Appendix G:	Table 5-2.....	95
Appendix G:	Table 5-3.....	95
Appendix G:	Table 5-4a.....	96
Appendix G:	Table 5-4b.....	96
Appendix G:	Table 5-5.....	96
Appendix G:	Table 5-6.....	96
Appendix G:	Table 5-7.....	97
Appendix G:	Table 5-8.....	97
Appendix G:	Table 5-9.....	97
Appendix G:	Table 5-10.....	97



Executive Summary

The Alberta Incidence Study of Reported Child Abuse and Neglect-2008 (AIS-2008) is the second province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Alberta child intervention offices. The AIS-2008 tracked 2,239 child maltreatment investigations conducted in a representative sample of 14 Child Intervention Service offices across Alberta in the fall of 2008.

Changes have occurred in investigation mandates and practices in Alberta over the last ten years and this has had an impact upon the types of cases that fall within the scope of the AIS-2008. In particular, child intervention authorities are receiving more reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred. Because the AIS is designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment and investigations of maltreatment that may have already occurred. The AIS-2008 was redesigned to separately track both types of investigations; however the previous cycle of the AIS did not distinguish between investigations of risk and investigations of maltreatment, thus posing challenges in comparisons between cycles. For the purpose of the present report, comparisons of

the AIS-2008 with the AIS-2003 are limited to comparisons of rates of *all* investigations including risk-only cases. In contrast, risk-only cases are not included in the AIS-2008 estimates of rates and characteristics of *substantiated* maltreatment.

Child intervention workers completed a three-page standardized data collection form. Weighted provincial annual estimates were derived based on these investigations. The following considerations should be noted in interpreting AIS-2008 statistics:

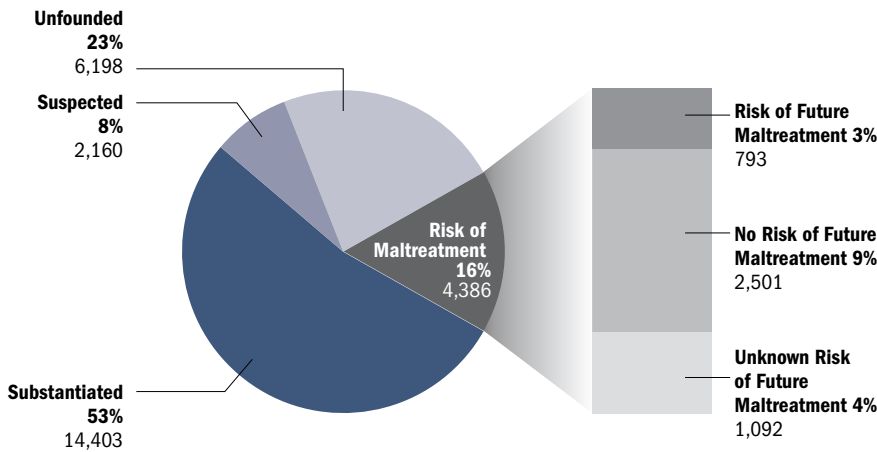
- the unit of analysis is the child maltreatment related investigation;
- the study is limited to reports investigated by child intervention offices and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported;
- the study is based on the assessments provided by the investigating child intervention workers and were not independently verified;
- as a result of changes in the way cases are identified, the AIS-2008 report cannot be directly compared to the AIS-2003 report; and
- all estimates are weighted annual estimates for 2008, presented either as a count of child maltreatment investigations (e.g. 12,300 child maltreatment investigations) or as the annual incidence rate (e.g. 3.1 investigations per 1,000 children).¹

¹ Please see Chapter 2 of this report for a detailed description of the study methodology.

INVESTIGATED AND SUBSTANTIATED MALTREATMENT IN 2008

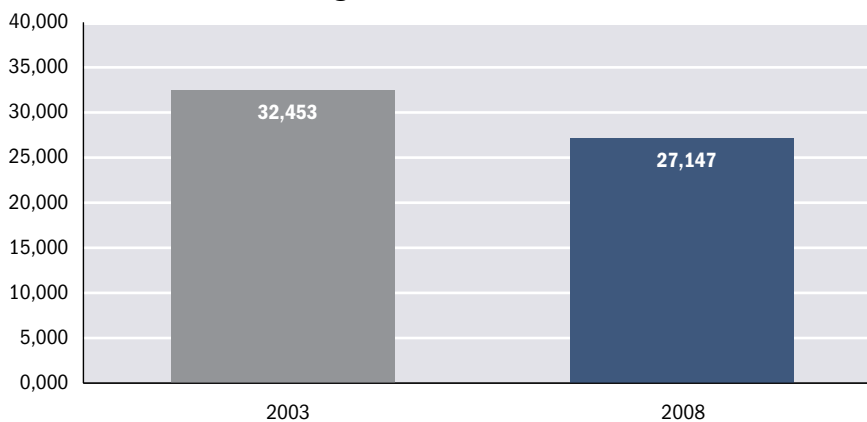
As shown in Figure 1, of the 27,147 child maltreatment investigations conducted in Alberta in 2008, 84% of investigations focused on a concern of abuse or neglect (an estimated 22,761 child maltreatment investigations or 29.36 investigations per 1,000 children) and 16% of investigations were concerns about risk of future maltreatment (an estimated 4,386 investigations or 5.66 investigations per 1,000 children). Fifty-three percent of these investigations were substantiated, an estimated 14,403 child investigations. In a further eight percent of investigations (an estimated 2,160 child investigations, or 2.79 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker at the conclusion of the investigation. Twenty-three percent of investigations (an estimated 6,198 child investigations, or 8.00 investigations per 1,000 children) were unfounded. In three percent of investigations, the investigating worker concluded there was a risk of future maltreatment (1.02 per 1,000 children, an estimated 793 child investigations). In nine percent of investigations no risk of future maltreatment was indicated (an estimated 2,501 investigations, or 3.23 investigations per 1,000 children). In four percent of investigations workers could not determine if the child was at risk of future maltreatment (1,092 investigations or 1.41 investigations per 1,000 children).

FIGURE 1: Type of Investigation and Level of Substantiation in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
 Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

FIGURE 2: Number of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
 Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

2003-2008 COMPARISON

Changes in rates of maltreatment related investigations from 2003 to 2008 can be attributed to a number of factors including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in the AIS study procedures and definitions, and (4) changes in the actual rate of maltreatment.

Changes in practices with respect to investigations of risk of future

maltreatment pose a particular challenge since these cases were not specifically identified in the 2003 cycle of the study. Because of these changes, the findings presented in this report are not directly comparable to findings presented in the AIS-2003² report, which may include some cases of risk of future maltreatment in addition to maltreatment incidents. Because

2 MacLaurin, B., Trocmé, N., Fallon, B., McCormack, M., Pitman, L., Forest, N., Banks, J., Shangreux, C., & Perrault, E. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

risk only cases were not tracked separately in the 2003 cycle of the AIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

As shown in Figure 2 in 2003, an estimated 32,453 investigations were conducted in Alberta, a rate of 43.16 investigations per 1,000 children. In 2008, an estimated 27,147 maltreatment related investigations were conducted across Alberta, representing a rate of 35.02 investigations per 1,000 children. While the number of child investigations decreased between 2003 and 2008, the change is not statistically significant.

PLACEMENT

The AIS-2008 tracks out of home placements that occur at any time during the investigation. Investigating workers are asked to specify the type of placement. In cases where there may have been more than one placement, workers are asked to indicate the setting where the child had spent the most time.

In 2008, there were no placements in 87% of the investigations (an estimated 23,625 investigations). Thirteen percent of investigations resulted in a change of residence for the child (3,522 investigations, or a rate of 4.543 investigations per 1,000 children): four percent of children moved to an informal arrangement with a relative; seven percent to foster care or kinship care and two percent to residential/secure treatment or group homes.

Changes have been noted in placement rates between 2003 and 2008. The incidence rate of informal placements decreased 42%, from 2.56 investigations per 1,000 children to 1.47 investigations per thousand children. This represents a statistically non-significant decrease. Between

2003 and 2008, there occurred a statistically non-significant increase in foster care placements.

ONGOING SERVICES

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Workers completed this question on the basis of the information available at the time or upon completion of the intake investigation.

Thirty percent of investigations in 2008 (an estimated 8,201 investigations) were identified as remaining open for ongoing services while 70% of investigations (an estimated 18,919 investigations) were closed. There was a statistically significant decrease in the incidence of ongoing service provision between 2003 (17.07 investigations per 1,000 children) and 2008 (10.58 per 1,000 children).

KEY DESCRIPTIONS OF SUBSTANTIATED MALTREATMENT INVESTIGATIONS IN ALBERTA IN 2008

Categories of Maltreatment

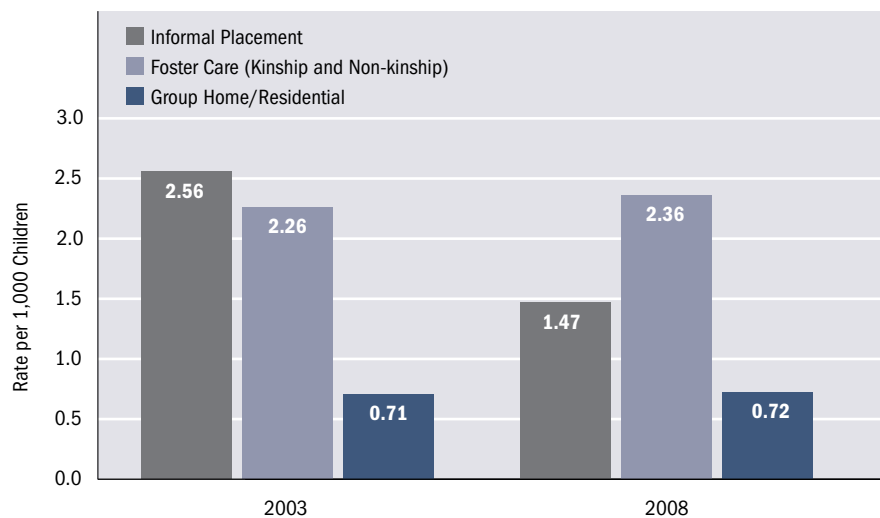
Figure 5 presents the incidence of substantiated maltreatment in Alberta, broken down by primary category of maltreatment. There were an estimated 14,403 substantiated child maltreatment investigations in Alberta in 2008 (18.58 investigations per 1,000 children). The two most frequent categories of substantiated maltreatment were exposure to intimate partner violence and neglect. Thirty-seven percent of all substantiated investigations identified neglect as the primary category of

maltreatment (an estimated 5,328 investigations or 6.87 investigations per 1,000 children). In another 34% of substantiated investigations, exposure to intimate partner violence was identified as the overriding concern (an estimated 4,883 cases or 6.30 investigations per 1,000 children).

Emotional maltreatment was identified as the primary category of

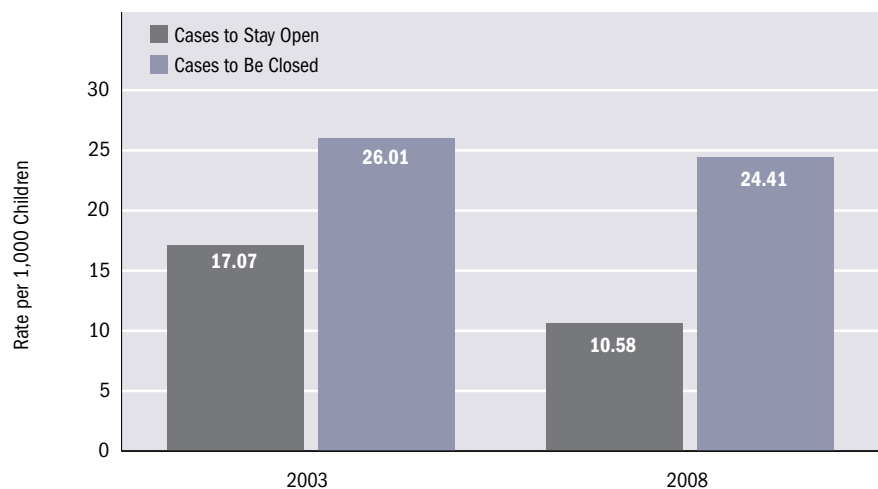
maltreatment in 14% of substantiated investigations (an estimated 1,974 investigations or 2.55 investigations per 1,000 children). In 13% of substantiated investigations, or an estimated 1,933 cases, the primary form of maltreatment was identified as physical abuse (2.49 investigations per 1,000 children). Sexual abuse was identified as the primary

FIGURE 3: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

FIGURE 4: Provision of Ongoing Services Following a Child Maltreatment Investigation and Risk of Future Maltreatment Investigations in Alberta in 2003 and 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 27,147, based on a sample of 2,239 investigations

maltreatment category in two percent of substantiated investigations (an estimated 285 investigations or 0.37 investigations per 1,000 children).

Physical and Emotional Harm

The AIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information

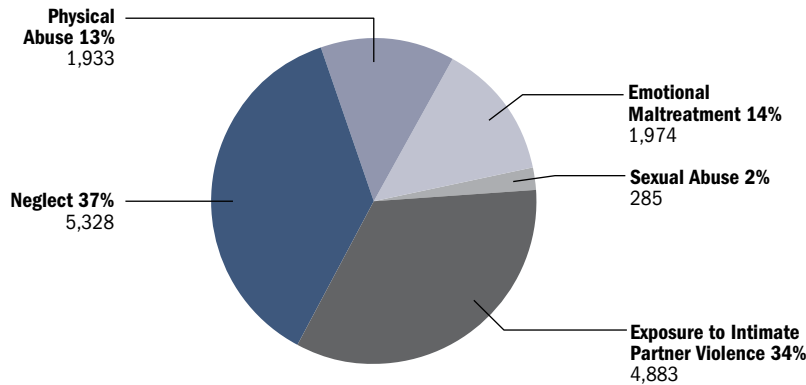
on physical harm was collected using two measures: one describing the nature of harm and one describing severity of harm as measured by the need for medical treatment.

Physical harm was identified in eight percent of cases of substantiated maltreatment (an estimated 1,147 substantiated investigations or 1.48 investigations per 1,000 children) (Figure 6). In five percent of substantiated investigations (an estimated 748 investigations or 0.96 investigations per 1,000 children), harm was noted but no treatment was required. In a further three percent of substantiated investigations (an estimated 399 substantiated investigations or 0.51 investigations per 1,000 children), harm was sufficiently severe to require treatment.

Information on emotional harm was collected using a series of questions asking child intervention workers to describe emotional harm that had occurred because of the maltreatment incident(s). If the maltreatment was substantiated or suspected, workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s). In order to rate the severity of mental/emotional harm, workers indicated whether therapeutic intervention (treatment) was required in response to the mental or emotional distress shown by the child.

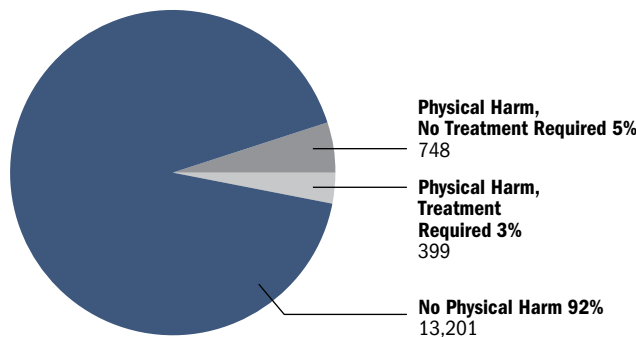
Figure 7 presents documented emotional harm identified during the child maltreatment investigations. Emotional harm was noted in 40% of all substantiated maltreatment investigations, involving an estimated 5,789 substantiated investigations (7.47 investigations per 1,000 children). In 25% of substantiated cases (an estimated 3,629 investigations or 4.68 investigations per 1,000 children) symptoms were severe enough to require treatment.

FIGURE 5: Primary Category of Substantiated Maltreatment in Alberta in 2008



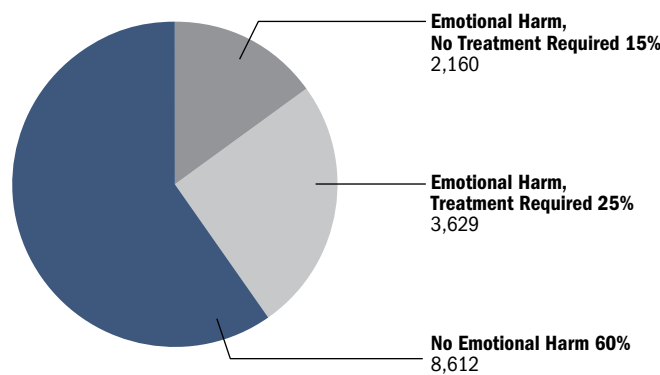
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 6: Documented Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008



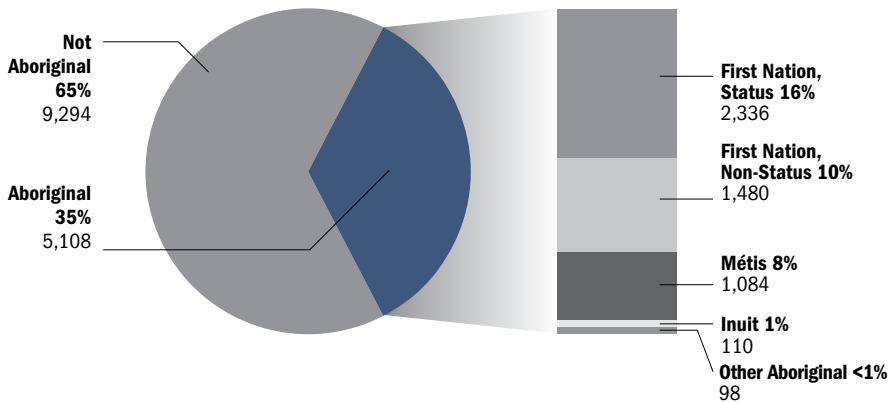
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 7: Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 8: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
 Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

Children’s Aboriginal Heritage

Aboriginal heritage was documented by the AIS-2008 in an effort to better understand some of the factors that bring children from these communities into contact with the child intervention system. Aboriginal children were identified as a key group to examine because of concerns about overrepresentation of children from these communities in the foster care system. Thirty-five percent of substantiated cases (an estimated 5,108 investigations) involved children of Aboriginal heritage (Figure 8).

Sixteen percent of substantiated maltreatment investigations involved children with First Nations status, 10% of substantiated investigations involved First Nation Non-Status children, eight percent of substantiated investigations involved Métis children, one percent of investigated children in substantiated child maltreatment investigations were Inuit, and one percent of investigated children in substantiated child maltreatment investigations were classified as “other” Aboriginal.

Child Functioning Issues

Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented on the basis of a checklist of 18 challenges that child intervention workers were likely to be aware of as a result of their investigation. The checklist only documents problems that child intervention workers became aware of during their investigation and therefore undercounts the occurrence of child functioning problems. Investigating workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable.

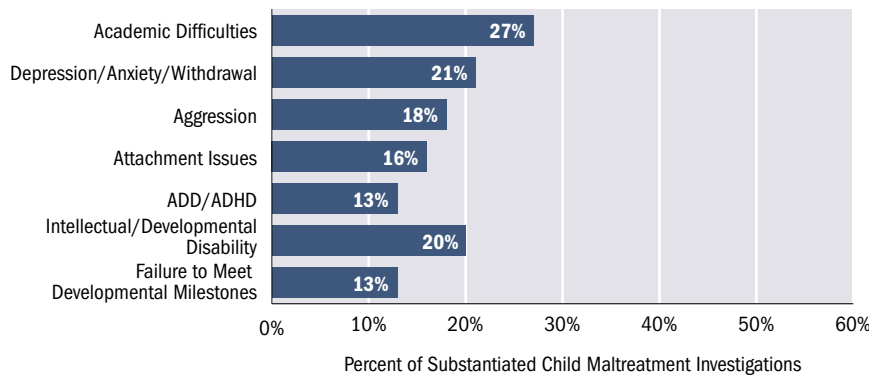
Figure 9 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 52% of substantiated child maltreatment investigations (an estimated 7,439 investigations, 9.60 investigations per 1,000 children) at least one child

functioning issue was indicated by the investigating worker. Academic difficulties were the most frequently reported functioning concern (27% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (21% of substantiated maltreatment investigations). Twenty percent of substantiated maltreatment investigations involved children with intellectual/developmental disabilities, and 18% of substantiated maltreatment investigations involved aggression. Sixteen percent of substantiated maltreatment investigations indicated attachment issues. Thirteen percent of investigations involved children experiencing ADD/ADHD, and another 13% involved failure to meet developmental milestones. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may become evident after that time.

PRIMARY CAREGIVER RISK FACTORS

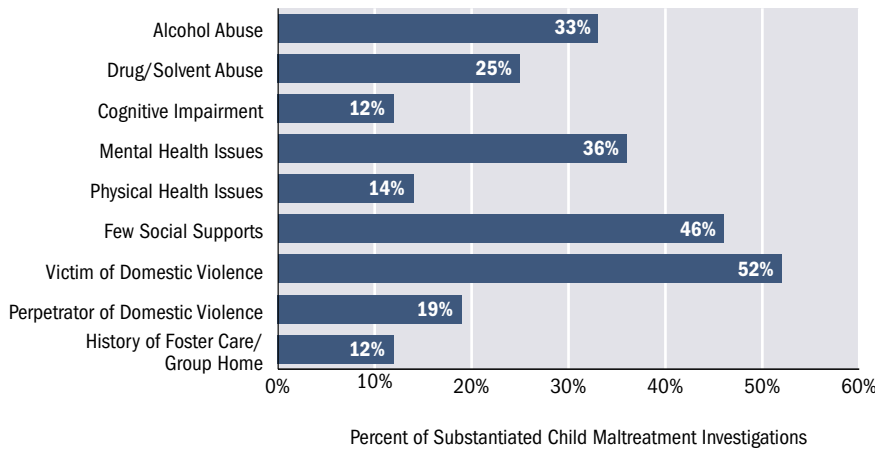
For each investigated child, the investigating worker was asked to indicate risk factors associated with the primary caregiver. In 86% of substantiated child maltreatment investigations (an estimated 12,343 investigations or 15.92 investigations per 1,000 children) at least one primary caregiver risk factor was indicated. A number of potential caregiver stressors were tracked by the AIS-2008; participating child welfare workers completed a simple checklist of potential stressors that they had noted during the investigation. The most frequently noted concerns for primary caregivers were: being a victim of domestic violence (52%), few social supports (46%), mental health issues (36%), and alcohol abuse (33%) (Figure 10).

FIGURE 9: Select Child Functioning Issues in Substantiated Child Maltreatment Investigations in Alberta in 2008



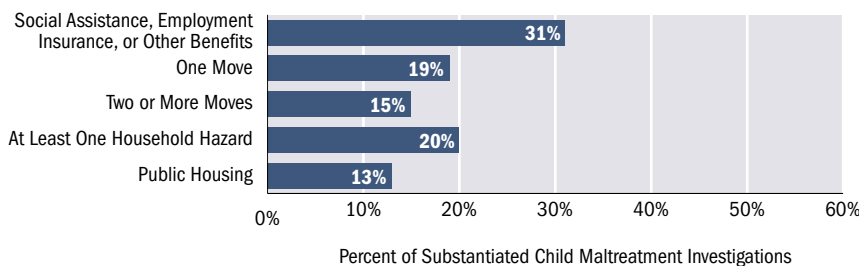
Alberta Incidence Study of Reported Child Abuse and Neglect 2008
 Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 10: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
 Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations

FIGURE 11: Household Risks in Substantiated Child Maltreatment Investigations in Alberta in 2008



Alberta Incidence Study of Reported Child Abuse and Neglect 2008
 Total estimated number of investigations is 14,403, based on a sample of 1,133 investigations.

Household Risk Factors

The AIS-2008 tracked a number of household risk factors including social assistance, two or more moves in 12 months, and household hazards. Household hazards included access to drugs or drug paraphernalia, unhealthy or unsafe living conditions and accessible weapons. (See Chapter 5 for a full description of household hazards). Thirty-one percent of households depended on social assistance or other benefits as their source of income. At least one household hazard was documented in 20% of substantiated investigations. Nineteen percent of substantiated investigations involved families that had moved once in the previous year while 15% had moved two or more times. Fourteen percent of substantiated investigations involved families living in public housing (Figure 11).

FUTURE DIRECTIONS

The AIS 2003 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigations across Alberta over the last five years. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the AIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.

Chapter 1

INTRODUCTION

The following report presents the major descriptive findings from the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008). The AIS-2008 is the second province-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child intervention services in Alberta. The estimates presented in this report are primarily based on information collected from child intervention investigators on a representative sample of 2,239 child intervention investigations conducted across Alberta.

BACKGROUND TO THE ALBERTA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (AIS-2008)

Responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the government of Alberta, specifically the Ministry of Children and Youth Services. Alberta children and families received services from 10 Child and Family Services Authorities (CFSAs) and 18 Delegated First Nations Agencies (DFNAs), which are a system of Aboriginal child intervention offices which have increasing responsibility for protecting and supporting Aboriginal children. Because of challenges in reporting consistent service statistics, the Alberta Incidence Study of Reported Child

Abuse and Neglect (AIS) is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions. The AIS-2008 is the second province wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Alberta child intervention services. The AIS-2008 tracked 2,239 child maltreatment investigations conducted in a representative sample of 14 Child Welfare Service Areas across Alberta in the fall of 2008.

The AIS-2008 is funded in part by the Government of Alberta of Children and Youth Services¹ and the Public Health Agency of Canada (PHAC). Additional support was provided by the Faculty of Social Work at the University of Calgary. Funding from PHAC was provided to gather information from a nationally representative sample of 112 child protection offices, which included offices in Alberta. In addition to direct funds received from federal and provincial sources, all participating offices contributed significant in-kind support, which included not only the time required for child protection workers to attend training sessions, complete forms, and respond to additional information requests, but also coordinating support from team administrative staff, supervisors,

¹ Funding was provided by Alberta Children and Youth Services (ACYs); however, the views expressed in the AIS-2008 report do not necessarily reflect those of Alberta Children and Youth Services (ACYs).

managers, and data information specialists.

The Canadian Incidence Study of Child Abuse and Neglect (CIS), has been conducted in 1998, 2003 and in 2008, while the AIS was conducted in 2003, and again in 2008. Readers should note that because of changes in the way child intervention investigations are conducted and in the way the AIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the AIS-2003 report**. Readers should note that because of changes and variations to child protection services across Canada, comparisons should not be made between the result of individual provinces and other provinces. Given the growing complexity of child protection services in Alberta, more detailed analyses will be developed in subsequent reports and articles.²

OBJECTIVES AND SCOPE

The primary objective of the AIS-2008 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child intervention services in Alberta in 2008. Specifically, the AIS-2008 is designed to:

1. determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to

² Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca>

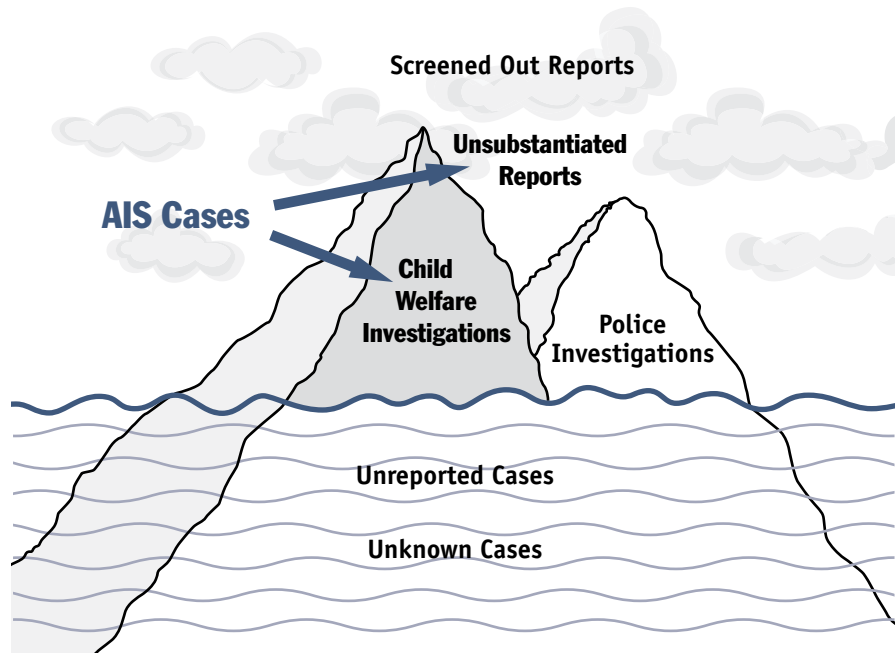
intimate partner violence as well as multiple forms of maltreatment;

2. investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
3. examine selected determinants of health that may be associated with maltreatment;
4. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, use of child welfare court; and
5. compare selected rates and characteristics of investigations across the 2003 and 2008 cycles of the AIS.

The AIS collects information directly from a provincial sample of child intervention workers at the point when an initial investigation regarding a report of possible child abuse or neglect is completed. The scope of the study is therefore limited to the type of information available to workers at that point. As shown in the AIS Iceberg Model (Figure 1-1), the study only documents situations that are reported to and investigated by child intervention offices. The study **does not include** information about **unreported maltreatment** nor does it include cases that are **only investigated by the police**.³ Similarly, the AIS **does not include** reports that are made to child intervention authorities but are **screened out** before they are investigated. While the study reports on short-term outcomes of child intervention investigations, including substantiation status, initial placements in out-of-home care, and court

3 In some jurisdictions cases of physical or sexual abuse involving extra-familial perpetrators, for example a baby-sitter, a relative who does not live in the home, or a stranger, are investigated by the police and only referred to child welfare services if there are other concerns about the safety or well-being of children.

FIGURE 1-1: SCOPE of AIS-2008



(*) adapted from Trocmé, N., McPhee, D. et al. (1994). *Ontario incidence study of reported child abuse and neglect*. Toronto, ON: Institute for the Prevention of Child Abuse. and, Sedlak, A., J., & Broadhurst, D.D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

applications, the study **does not track** longer term **service events that occur beyond the initial investigation**.

Changes in investigation mandates and practices over the last five years have further complicated what types of cases fall within the scope of the AIS. In particular, child intervention authorities are receiving many more reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment that may have already occurred. Because the AIS was designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment and investigations of maltreatment that may have already occurred. The AIS-2008 was redesigned to separately track both types of cases; however this has complicated comparisons with

the past cycle of the study. For the purpose of the present report, comparisons with the previous cycle are limited to comparisons of rates of all investigations including risk-only cases. In contrast, **risk-only cases are not included in the AIS-2008 estimates of rates and characteristics of substantiated maltreatment**.

CHILD WELFARE SERVICES IN CANADA: A CHANGING MOSAIC

The objectives and design of the AIS-2008 are best understood within the context of the decentralized structure of Canada's child intervention system and with respect to changes over time in mandates and intervention standards. Child welfare legislation and services are organized in Canada at the provincial and territorial levels. Child welfare is a mandatory service, directed by provincial and territorial

child welfare statutes. Although all child welfare systems share certain basic characteristics organized around investigating reports of alleged maltreatment, providing various types of counseling and supervision, and looking after children in out-of-home care, there is considerable variation in the organization of these service delivery systems.⁴ Some provinces and territories operate under a centralized, government-run child welfare system; others have opted for decentralized models run by mandated offices. A number of provinces and territories have recently moved towards regionalized service delivery systems. Child welfare statutes vary considerably. Some jurisdictions limit their investigation mandates to children under 16, while others extend their investigations to youth under 19. Provincial and territorial statutes also vary in terms of the specific forms of maltreatment covered, procedures for investigation, grounds for removal, and timelines for determining permanent guardianship. In addition to these legislative differences, there are important differences in regulations and investigation policies. These differences may be further accentuated by the implementation of differently structured assessment tools and competency based training programs.

CHILD INTERVENTION SERVICES IN ALBERTA

In Alberta, there are 10 Child and Family Services authorities, based on regional location. This format is considered “centralized,” with each region being responsible for service

provision to the families and children served by their offices. There are 18 delegated First Nations offices in Alberta providing direct services to children and families of Aboriginal descent on reserve. In addition, one office provides services off reserve. In Alberta, Children’s Services is responsible for providing services to children until the age of 18.

Since the AIS-2003, several new pieces of legislation have been ratified for use within Alberta. In 2004, the *Child, Youth and Family Enhancement Act* was enacted and provided the framework by which child intervention in Alberta is primarily governed. The *Child, Youth and Family Enhancement Act* emphasizes the support and preservation of families in ensuring children’s safety and well-being. “Differential response” enables intervention services to respond to families’ unique needs, with two legislated streams of activity: family enhancement services (services and supports enabling families to continue to care for their children in the home) and protection services (court interventions or placements ensuring the safety of children at risk). When protection services are necessitated, emphasis is placed on placements within a child’s extended family and community, decreasing cumulative time in care, obtaining earlier permanency, supporting transitions to adulthood, identifying a natural child advocate, and preserving the cultural identity of Aboriginal children.⁵

In addition to the *Enhancement Act*, the *Family Support for Children with Disabilities Act* enhances supports and services for children with disabilities and their families. Other recent legislation includes the *Child*

and Family Services Authority Act, the *Protection of Sexually Exploited Children Act*, the *Drug Endangered Children Act*, and the *Protection against Family Violence Amendment Act*. Together, these laws aim to support families and communities in providing safe and nurturing environments for children in Alberta.

Although provincial and territorial child welfare statutes apply to all Aboriginal people, special considerations are made in many statutes with respect to services to Aboriginal children and families. The responsibility for funding services to First Nations children and families living on reserve rests with federal government under the *Indian Act*.^{6,7} The structure of Aboriginal child welfare services is changing rapidly. A growing number of services are being provided either by fully mandated Aboriginal offices or by Aboriginal counseling services that work in conjunction with mandated services.⁸

Funding for on-reserve services is provided by the government at the provincial level, and provinces and territories are subsequently reimbursed by the federal government under the guidelines of the 1965 Indian Welfare Agreement. The federal government pays the province an established share of its costs to deliver child welfare services to on-reserve First Nations people, including cost for children in care. In addition to regular funding,

4 For more detailed description of provincial, territorial, and Aboriginal services go to the Canadian Child Welfare Research Portal: <http://www.cwrp.ca>.

5 Government of Alberta. (August, 2004). *Overview of changes to the Child, Youth and Family Enhancement Act*.

6 *Indian Act*, R.S.C., c. I-6, s. 88.

7 *The Constitution Act* (1982) recognizes three groups of Aboriginal peoples: “Indians” – now commonly referred to as First Nations, Métis, and Inuit. First Nations children constitute 64% of the Aboriginal child population (Statistics Canada, 2001, 2006).

8 Blackstock, C. (2003) First nations Child and Family Services: Restoring Peace and harmony in First Nations Communities. In Kufeldt, K. and McKenzie B. (Eds.). *Child Welfare: Connecting Research, Policy and Practice*. Waterloo: Wilfrid Laurier Press. pp. 331-343.

TABLE 1-1: Alberta Child Protection Offices

Region	
1 - Southwest	Crow's Nest Pass
	Lethbridge
	Taber
2 - Southeast	Brooks
	Medicine Hat
3 - Calgary & Area	Airdrie/Bow Valley
	Calgary
	Canmore
	Claresholme
	High River (old Windsong)
	Strathmore
4 - Central Alberta	Didsbury
	Drayton Valley
	Drumheller (and Hanna)
	Olds
	Red Deer
	Rocky Mountain House
	Stettler
	Three Hills
	Wetaskiwin
5 - East Central	Camrose
	Killam
	Lloydminster
	Tofield
	Vegreville
	Vermillion
6 - Edmonton & Area	Wainwright
	East Sturgeon
	Fort Saskatchewan
	Leduc
	Morinville
	North Central Edmonton
	Spruce Grove
	Stony Plain
	Strathcona - Sherwood Park Edmonton

Region	
7 - North Central	Athabasca
	Barrhead
	Bonnyville
	Cold Lake (and CFSA 12)
	Edson
	Hinton
	Lac La Biche
	Slave Lake
	St. Paul
	Westlock
8 - Northwest	Whitecourt
	Fairview
	Grand Cache
	Grand Prairie
	Grimshaw
	High Level
	High Prairie
9 - Northeast	Peace River
	Valleyview
	Fort McMurray
10 - Métis Settlements	Edmonton Office
	High Prairie
	Paddle Prairie
First Nations	St. Paul Sub office
	AKO - Akamkispatinaw Ohpikihawasowin CFS
	Athabasca Tribal Council
	Bigstone Indian CFS
	Blood Tribe Child Protection Services Corp.
	Kasohkewew Child Wellness
	Kee Tas Kee Now (KTC)
	Lesser Slave Indian Regional Council
	Little Red River Cree Nation CFS
	North Peace Tribal Council CFS
	Piikani CFS (Peigan)
	Saddle Lake Wah-Koh-To-Win Child Care Society
	Siksika Family Services Corp.
	Stoney CFS
	Tribal Chiefs CFS East
	Tribal Chiefs CFS West
	Tsuu T'ina CFS
Western Cree Tribal Council	
Yellowhead Tribal Services	

Indian and Northern Affairs of Canada (INAC) provides funding directly to First Nations as well as mandated and non-mandated child welfare offices operated by First Nations for enhanced preventative services. The name Indian and Northern Affairs of Canada was changed to Aboriginal Affairs and Northern Development Canada in June of 2011.

In addition to variations in mandates and standards between jurisdictions, it is important to consider that these mandates and standards have been changing over time. From 1998 to 2003 the CIS found that rates of investigated maltreatment had significantly increased.⁹ Most of the available data point to changes in detection, reporting, and investigation practices rather than an increase in the number of children being abused or neglected. Using the analogy of the iceberg (Figure 1-1), there is no indication that the iceberg is increasing;¹⁰ rather, it would appear that the detection line (depicted as the water line on the iceberg model) is lowering, leading to an increase in the number of reported and substantiated cases. The CIS-2003 report points in particular to four important changes: (1) An increase in reports made by professionals; (2) an increase in reports of emotional maltreatment and exposure to intimate partner violence; (3) a larger number

of children investigated in each family, and (4) an increase in substantiation rates.¹¹ These changes are consistent with changes in legislation and investigation standards in Alberta where statutes and regulations have been broadened to include more forms of maltreatment and investigation standards, requiring that siblings of reported children be systematically investigated.

A file review of a sample of CIS-2003 cases conducted in preparation for the CIS-2008 and AIS-2008 identified a growing number of risk assessments as a fifth factor that may also be driving the increase in cases. Several cases that were counted by investigating workers as maltreatment investigations appeared in fact to be risk of future maltreatment where the investigating worker was not assessing a specific incident of alleged maltreatment, but was assessing instead the risk of future maltreatment. Unfortunately, because the CIS-2003 was not designed to track these cases, we cannot estimate the extent to which risk assessments may have contributed to the increase in cases between 1998 and 2003.

THE ALBERTA INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (AIS)

The first *Alberta Incidence Study of Reported Child Abuse and Neglect* was completed in 2003. The AIS-2003 was the first study in Alberta to estimate the incidence of child abuse and neglect that was reported to, and investigated by, the child intervention

system. The AIS-2003 was based on the original CIS-2003 methodology, designed by Nico Trocmé.¹² It was partially based on the design of the U.S. National Incidence Studies.¹³ In 2003 and again in 2008, Alberta Child and Youth Services¹⁴ provided funding to augment the Public Health Agency of Canada's funding for the Alberta sample of the CIS. This additional funding allowed an enhanced sample sufficient to develop provincial estimates of investigated child abuse and neglect in Alberta in 2003 and 2008. Bruce MacLaurin (University of Calgary) is the principal investigator of the AIS-2003 and AIS-2008 and the co-investigator of the CIS-2008. Nico Trocmé (McGill University) is the principal investigator of the CIS-2008 study. Barbara Fallon is a co-investigator of the AIS-2008 and the Director of the CIS-2008. Vandna Sinha is the co-investigator of the AIS-2008 and the Principal Investigator of the First Nations' CIS-2008. Rick Enns and Richard Feehan are co-investigators of the AIS-2008. Please see Appendix A and Appendix B for a full list of all the researchers and advisors involved in the CIS and AIS.

Using a standard set of definitions, the AIS-2003 and 2008 provide the best available estimates of the incidence and characteristics of reported child maltreatment in Alberta over

9 Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating Between Substantiated, Suspected, and Unsubstantiated Maltreatment in Canada. *Child Maltreatment, 14*(4), 4–16.

10 See Trocmé, N., Fallon, B., MacLaurin, B., Copp, B. (2002). *The changing face of child welfare investigations in Ontario: Ontario incidence studies of reported child abuse and neglect (OIS 1993/1998)*. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto. Also see Fallon, B., Trocmé, N., MacLaurin, B., Felstiner, C., & Petrowski, N. (2008). *Child abuse and neglect investigations in Ontario: Comparing 1998 and 2003 data*. Toronto, ON: Centre of Excellence for Child Welfare, Faculty of Social Work, University of Toronto.

11 See Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2005). *Canadian incidence study of reported child abuse and neglect – 2003 (CIS-2003): Major findings*. Minister of Public Works and Government Services Canada.

12 Nico Trocmé is the Principal Investigator of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). Dr. Trocmé is a Professor at McGill University and is the Director of the Centre for Research on Children and Families.

13 Sedlak A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress, Executive summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

14 Funding was provided by Government of Alberta Children and Youth Services; however, the views expressed in the AIS-2008 do not necessarily reflect those of Alberta Children and Youth Services.

a 5-year period. Findings from the AIS-2003 have provided much needed foundational/baseline information to service providers, policy makers, and researchers seeking to better understand the children and families coming into contact with the child welfare system. For example, the AIS-2003 drew attention to the large number of investigations involving exposure to intimate partner violence. Findings from the studies have assisted in better adapting child welfare policies to address the array of difficulties faced by victims of maltreatment and their families.

ORGANIZATION OF THE REPORT

The AIS-2008 report presents the profile of substantiated child abuse and neglect investigations conducted across Alberta in 2008 and a comparison of rates of investigations documented by the 2003 and 2008 cycles of the study.

This report is divided into five chapters and eight appendices. Chapter 2 describes the study methodology. Chapter 3 compares the incidence rate across the two cycles for investigations and the types of investigations conducted by child intervention offices in Alberta in 2003 and 2008. Chapter 4 examines the characteristics of substantiated maltreatment investigations by type of maltreatment in Alberta in 2008 including severity and duration of injury, and the identity of the alleged perpetrators. Chapter 5 examines the child and family characteristics of substantiated investigations in Alberta in 2008.

Because of changes in the way child intervention investigations are conducted in Alberta and in the way the AIS tracks the results of these investigations, the findings presented in this report are **not directly comparable to findings presented in the AIS-2003 report**. In particular,

it should be noted that previous reports do not separately track investigations of cases where future risk of maltreatment was the only concern. More detailed analyses will be developed in subsequent reports and articles.¹⁵

The Appendices Include:

- Appendix A: AIS-2008 Site Researchers
- Appendix B: First Nations CIS Advisory Committee
- Appendix C: Glossary of Terms
- Appendix D: AIS-2008 Maltreatment Assessment Form
- Appendix E: AIS-2008 Guidebook
- Appendix F: Case Vignette
- Appendix G: Variance Estimates and Confidence Intervals

¹⁵ Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca> and at PHAC website.

Chapter 2

METHODOLOGY

The AIS-2008 is the second provincial study examining the incidence of reported child abuse and neglect in Alberta. The AIS-2008 captured information about children and their families as they came into contact with child intervention services over a three-month sampling period. Children who were not reported to child intervention services, screened-out reports, or new allegations on cases currently open at the time of case selection were not included in the AIS-2008. A multi-stage sampling design was used, first to select a representative sample of 14 child intervention offices across

Alberta, and then to sample cases within these offices. Information was collected directly from the investigating workers at the conclusion of the investigation. The AIS-2008 sample of 2,239 investigations was used to derive estimates of the annual rates and characteristics of investigated children in Alberta.

As with any sample survey, estimates must be understood within the constraints of the survey instruments, the sampling design, and the estimation procedures used. This Chapter presents the AIS-2008

methodology and discusses its strengths, limitations, and impact on interpreting the AIS-2008 estimates.

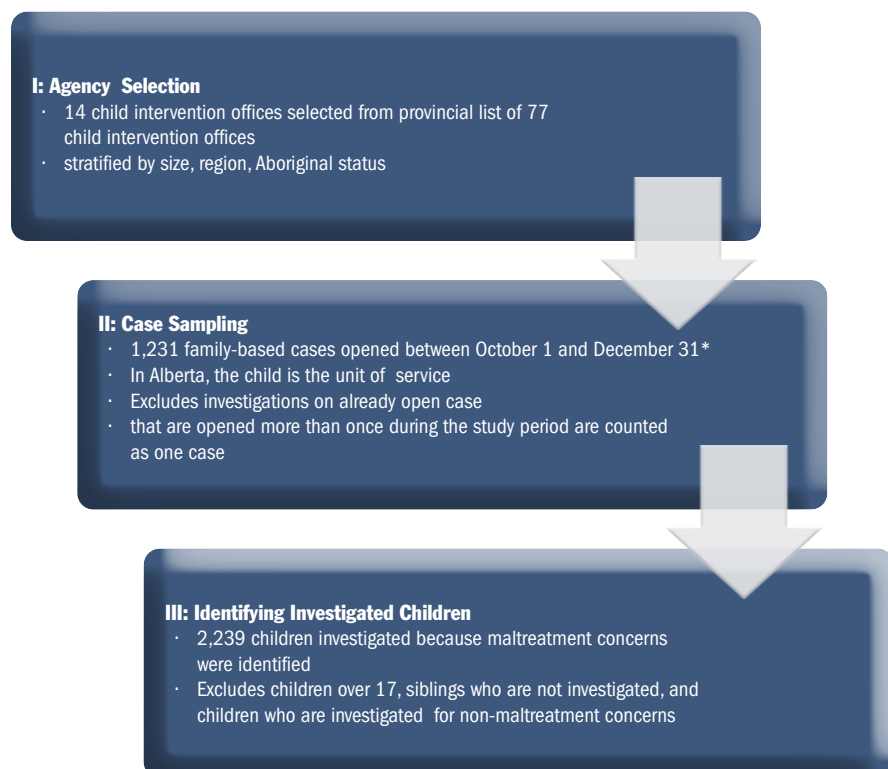
SAMPLING

The AIS-2008 sample was drawn in three stages: first a representative sample of child intervention offices from across Alberta was selected, then cases were sampled over a three month period within the selected offices, and finally child investigations that met the study criteria were identified from the sampled cases.

SITE SELECTION

Child intervention offices are the primary sampling unit for the AIS-2008. The term child intervention office is used to describe any organization that has the authority to conduct child protection investigations. A minimum of one office was selected in each region of the province. In Alberta, offices serve the full population in a specific geographic region, with the exception of delegated First Nations offices that serve First Nations children on reserve. Aboriginal offices were not included in the provincial/territorial strata, but were sampled from a separate Aboriginal pan-Canadian stratum, derived from a list of First Nations organizations with fully delegated investigator authority. A final count of 14¹ offices constitutes the sampling frame for the 2008 study (see Table 2-1).

FIGURE 2-1: Three Stage Sampling



¹ 77 child intervention agencies served Alberta as of March, 2008.

TABLE 2-1: Child Population and Sample Size by Region, AIS-2008

Region	Alberta Regions	Child Population (0-17)	Total Child Intervention Offices	Number of AIS Offices	AIS Agency Child Population (0-17)	Annual Office Case Openings	Case Openings Sampled for AIS
North	Regions 8 & 9	286,585	9	2	34,642	1,063	167
North Central	Regions 6 & 7	275,599	19	3	238,906	3,653	284
Central	Regions 4 & 5	101,414	16	3	52,460	890	256
South	Regions 1, 2 & 3	334,062	11	5	286,032	5,549	511
Aboriginal	Region 10, First Nations	8,504	22	1	833	63	13
Alberta	11	775,175	77	14	612,873	11,218	1,231

Source: Canada. Statistics Canada. Census of Canada, 2006: Age and Sex for Population, for Canada, Provinces, Territories, Census Divisions and Census Subdivisions, 2001 Census - 100% Data [computer file]. Ottawa: Ont.: Statistics Canada [producer and distributor], October 22, 2002 (95F0300XCB01006). Census data quality can be found at <http://www.statcan.ca/english/census96/dqindex.html> and <http://www12.statcan.ca/english/census01/Products/Reference/dict/appendices/app002.pdf>

Offices were stratified by size and by region. In addition, a separate stratum was developed for First Nations offices. Stratification ensures that all subpopulations are represented in the sample. Most offices were selected randomly within their regional strata using SPSS Version 15.0 random selection application. Exceptions included sites sampled with certainty and First Nations offices that were selected through the First Nations CIS Advisory Committee (see First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Major Findings). Offices in the largest metropolitan areas were sampled with certainty. All offices sampled in Alberta committed to participation in the AIS-2008.

CASE SELECTION

The second sampling stage involved selecting cases opened in the study sites during the three month period of October 1, 2008 to December 31, 2008. Three months was considered to be the optimum period to ensure high participation rates and good compliance with study procedures. Consultation with service providers indicated that case activity from October to December is considered to be typical of the whole year. However, follow-up studies are needed to

systematically explore the extent to which seasonal variation in the types of cases referred to child intervention services may affect estimates that are based on a three-month sampling period. In small to mid-size offices, every case opened during the three month sampling period was selected. In larger offices that conducted over 1,000 investigations per year, a random sample of 250 cases was selected for inclusion in the study.² In Alberta, two of the 13 participating offices conducted over 1,000 investigations per year and thus caps of 250 were enforced during the case selection period.

Several caveats must be noted with respect to case selection. To ensure that systematic and comparable procedures were used, the formal process of opening a case for investigation was used as the method for identifying cases. The following procedures were used to ensure consistency in selecting cases for the study:

- Cases that were reported but screened out before the case was referred for assessment were not

2 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Chabot, M., & Knoke, D. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

included (see Figure 1-1). There is too much variation in screening procedure to be able to feasibly track these cases within the budget of the AIS-2008;

- reports on **already open cases** were not included; and
- only the first report was included for cases that were **reported more than once** during the three-month sampling period.

These procedures led to 1,231 family based cases being selected in Alberta.

Identifying Investigated Children

The final sample selection stage involved identifying children who had been investigated as a result of cases that were open due to concerns of maltreatment. Readers should note that, in contrast to other provinces, Alberta cases are opened at the level of the individual child. Cases can be opened for a number of reasons that do not necessarily involve maltreatment concerns. These can include children with difficult behaviour problems, pregnant youth seeking supportive counseling, or other service requests that do not involve a specific allegation of maltreatment.

In Alberta, children eligible for inclusion in the final study sample were identified by having child

intervention workers complete the *Intake Face Sheet* from the *AIS-2008/CIS-2008 Maltreatment Assessment Form*. The *Intake Face Sheet* allowed the investigating worker to identify any children who were being investigated because of maltreatment-related concerns (i.e., investigation of possible past incidents of maltreatment or assessment of risk of future maltreatment). Only children 17 and under are included in the sample used in this report. These procedures yielded a final provincial sample of 2,239 children investigated because of maltreatment-related concerns.

INVESTIGATED MALTREATMENT VS. RISK ASSESSMENTS

Maltreatment related investigations that met the criteria for inclusion in the AIS-2008 include situations where there are concerns that a child may have already been abused or neglected as well as situations where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed. Risk investigations were not specifically included in previous cycles of the AIS. However, because of changes in investigation mandates and practices over the last ten years, the AIS-2008 was redesigned to separately track risk assessments and maltreatment investigations.

The AIS -2008 asked investigating workers to complete a data collection instrument for investigations of future risk of maltreatment in addition to investigated events of alleged or suspected maltreatment. This change has complicated comparisons with past cycles of the study. For the purpose of the present report, comparisons with the AIS-2003 are limited to comparisons of rates of all

maltreatment related investigations including risk assessments. In contrast, risk-only cases are not included in the AIS-2008 estimates of rates and characteristics of substantiated maltreatment.

FORMS OF MALTREATMENT INCLUDED IN THE AIS-2008

A source of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other categories of maltreatment, such as neglect and emotional maltreatment, are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment.³ For instance, some child welfare authorities include only intra-familial sexual abuse, while the justice system deals with cases of extra-familial sexual abuse.

The AIS-2008 definition of child maltreatment, consistent with the CIS-2008 definition, includes **32 forms of maltreatment** subsumed under **five categories** of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. This classification reflects a fairly broad definition of child maltreatment and includes several forms of maltreatment that are not specifically stated in many child welfare statutes (e.g. educational neglect). The AIS-2008 is able to track up to three categories of maltreatment.

3 Portwood, S. G. (1999). Coming to terms with a consensual definition of child maltreatment. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, 4(1), 56–68.

INVESTIGATED MALTREATMENT VS. SUBSTANTIATED MALTREATMENT

The child intervention statute in Alberta requires that professionals working with children and the general public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated. Jurisdictions in Alberta use a two-tiered substantiation classification system that distinguishes between substantiated and unsubstantiated cases, or verified and not verified cases. Substantiated cases are coded according to the type of abuse or neglect, as indicated in provincial legislation. Unsubstantiated cases may fall into one of two categories: not in need of intervention services (child safety or well-being is not endangered), or with indicated protection needs (possible protection concerns exist, but substantiation is insufficient to necessitate a court order). As such, the AIS-2008 uses a three-tiered classification system for investigated incidents of maltreatment, in which a “suspected” level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out (see Trocmé et al., 2009⁴ for more information on the distinction between these three levels of substantiation).

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between risk assessments, maltreatment

4 Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. *Child Maltreatment*, 14(1), 4–16.

investigations, and substantiated cases of maltreatment. Estimates presented in Chapter 3 of this report include investigations and risk assessments and the estimates in Chapters 4 and 5 of this report focus on cases of substantiated maltreatment.

RISK OF HARM VS. HARM

Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most tragic cases, have died as a result of maltreatment. In practice, child intervention offices investigate and intervene in many situations in which children have not yet been harmed, but are **at risk of harm**. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not yet been harmed.

Provincial and territorial statutes cover both children who have suffered from demonstrable harm due to abuse or neglect, and children at risk of harm. Substantiation standards in all jurisdictions across Canada include situations where children have been harmed as a result of maltreatment as well as situations where there is no evidence of harm but where children are at substantial risk of harm as a result of maltreatment. The AIS-2008 includes both types of situations in its definition of substantiated maltreatment.

The study also gathers information about physical and emotional harm attributed to substantiated or suspected maltreatment (see Chapter 4). The AIS-2008 documents both physical and emotional harm; however, definitions of maltreatment used for the study do not require the occurrence of harm.

There can be confusion around the difference between *risk of harm* and *risk of maltreatment*. A child who has been placed **at risk of harm** has

experienced an event that endangered her/his physical or emotional health. Placing a child at risk of harm is considered maltreatment. For example, neglect can be substantiated for an unsupervised toddler regardless of whether or not harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, **risk of maltreatment** refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

INSTRUMENTS

The AIS-2008/CIS-2008 survey instruments were designed to capture standardized information from child welfare workers conducting maltreatment investigations or investigations of risk of future maltreatment. Because investigation procedures vary considerably across Canada (see Chapter 1), a key challenge in designing the AIS-2008/CIS-2008 survey instrument was to identify the common elements across jurisdictions that could provide data in a standardized manner. Given the time constraints faced by child welfare workers, the instrument also had to be kept as short and simple as possible.

The AIS-2008/CIS-2008 Maltreatment Assessment Form

The main data collection instrument used for the study was the *Maltreatment Assessment Form* which was completed by the primary investigating child welfare worker upon completion of each child welfare investigation (see Appendix D). The data collection form consisted of an *Intake Face Sheet*, a *Household Information Sheet*, and a *Child Information Sheet*.

Intake Face Sheet

Workers completed the *Intake Face Sheet* for all cases opened during the study period, whether or not a specific allegation of maltreatment had been made or there was a concern about future risk of maltreatment. This initial review of all child welfare case openings provided a consistent mechanism for differentiating between cases investigated for suspected maltreatment or risk of maltreatment and those referred for other types of child intervention services.

Information about the report or referral as well as identifying information about the child(ren) involved was collected on the *Intake Face Sheet*. The form requested information on: the date of referral; referral source; number of children in the home; age and sex of children; the reason for the referral; whether the case was screened out; the relationship between each caregiver and child; and the type of investigation (a risk investigation only or an investigated incident of maltreatment).⁵ The section of the form containing partially identifying information was kept at the office. The remainder of the form was completed if abuse or neglect was suspected at any point during the investigation, or if the investigating worker completed a risk investigation only.⁶

5 The *AIS-2008/CIS-2008 Guidebook*, (Appendix E) defines a **risk investigation only** as: "Indicate if the child was investigated because of risk of maltreatment only. Include situations in which no allegation of maltreatment was made and no specific incident of maltreatment was suspected at any point during the investigation." A **maltreatment investigation** is defined as: "Indicate if the child was investigated because of an allegation of maltreatment... include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment."

6 The *AIS-2008/CIS-2008 Guidebook* and training sessions emphasized that workers should base their responses to these questions on their clinical expertise rather than simply transposing information collected on the AIS of provincial or local investigation standards.

Household Information Sheet

The *Household Information Sheet* was completed when at least one child in the family was investigated for alleged maltreatment or risk of maltreatment. The household was defined as all adults living at the address of the investigation. The *Household Information Sheet* collected detailed information on up to two caregivers living in the home at the time of referral. Descriptive information was requested about the contact with the caregiver, other adults in the home, housing, housing safety, caregiver functioning, case status, and referral(s) to other services (see Appendix D).

Child Information Sheet

The third page of the instrument, the *Child Information Sheet*, was completed for each child who was investigated for maltreatment or for whom there was a risk assessment completed.⁷ The *Child Information Sheet* documented up to three different forms of maltreatment, and included levels of substantiation, alleged perpetrator(s), and duration of maltreatment. In addition, it collected information on child functioning, physical and emotional harm to the child attributable to the alleged maltreatment, child welfare court activity, out-of-home placement, and transfers to ongoing services. Workers who conducted investigations of risk of maltreatment did not answer questions pertaining to investigated maltreatment but did complete items about child functioning, placement, court involvement, previous reports, and spanking. In those investigations involving risk assessments, workers were asked whether they were concerned about future maltreatment.

7 Two Child Information Sheets were included as a component of the *AIS-2008/CIS-2008 Maltreatment Assessment Form*, and additional Child Information Sheets were available in every office.

Guidebook

A significant challenge for the study was to overcome the variations in the definitions of maltreatment used in different jurisdictions. Rather than anchor the definitions in specific legal or administrative definitions, a single set of definitions corresponding to standard research classification schemes was used. All items on the case selection forms were defined in an accompanying *AIS-2008/CIS-2008 Guidebook* (see Appendix E).

Revising and Validating the Child Assessment Form

The AIS-2008/CIS-2008 data collection instrument was based on the AIS-2003/CIS-2003^{8,9} and CIS-1998¹⁰ data collection instruments in order to maximize the potential for comparing findings across cycles of the studies. A key challenge in updating instruments across cycles of a study is to find the right balance between maintaining comparability while making improvements based on the findings from previous cycles. For instance, very low response rates on income questions in previous studies lead to the development of a simpler question about families running out of money at the end of the month. In addition, changes over time in child welfare practices may also require that changes be made to the data collection forms. For example, exposure to intimate

8 MacLaurin, B., Trocmé, N., et al. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

9 Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003 (CIS-2003): Major findings*. Minister of Public Works and Government Services Canada.

10 Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., et al. (2001). *Canadian incidence study of reported child abuse and neglect: Final report*. Minister of Public Works and Government Services Canada.

partner violence was, until recently, generally not considered to be a form of maltreatment and was not a specific maltreatment category on the form in the initial incidence study conducted in Ontario in 1993. It was added in subsequent cycles of the study.

Changes to the AIS-2008/CIS-2008 version of the form were made in close consultation with the *Research Working Group*, a subcommittee of the *CIS-2008 National Steering Committee* of the *Public Health Agency of Canada*. Changes were made on the basis of data collection problems noted during previous cycles, analysis of response rates, validation file review study, focus group consultations with child welfare workers in several jurisdictions, and a reliability study used to compare different points in time.

Changes to the data collection instrument included: the addition of a series of questions designed to distinguish maltreatment investigation from risk-only cases, a more detailed procedure to identify the relationship between each child and the caregivers in the home, a more elaborate housing safety question, a new poverty measure, more specific intimate partner violence maltreatment codes, and revised emotional maltreatment categories.

Case File Validation Study

The review of the data collection instrument for the 2008 cycle of the study began with a case file validation study, using data from the 2003 Canadian Incidence Study¹¹ Data collected in 2003 using the CIS-2003 version of the form was compared to information in the case files from one

11 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., et al. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

of the larger offices that participated in the CIS-2003. While there was good correspondence on many items, it became apparent that despite specific instruction in 2003 to only include investigations of child maltreatment, a number of cases that appeared to only involve concerns about future risk had been coded as maltreatment investigations.

Validation Focus Groups

The AIS-2008/CIS-2008 Research Team conducted six focus groups with front-line child protection workers and supervisors across Canada from late July to late October 2007.¹² The purpose of the groups was to receive feedback on the proposed changes to the CIS-2008 data collection instrument. The process was iterative. Feedback from each focus group was used to make changes to the instrument prior to the next focus group. Groups were held in Montréal, Toronto, St. John's, Halifax, Regina, and Calgary. One of the participating groups was a First Nations office.

Reliability Study

A reliability study¹³ was undertaken to examine the test re-test reliability of the data collection instrument. The consistency of worker judgments was evaluated by comparing case ratings on the instrument at two points in time. Test re-test reliability was examined for a wide range of variables measuring characteristics

of suspected/alleged maltreatment, households, caregivers, children, maltreatment history, and service related variables. A convenience sample of eight child welfare offices was selected for reliability testing based upon availability and proximity to study team research personnel. Workers participated in the study on a voluntary basis.

The test re-test procedure was arranged as follows: workers completed the instrument for new investigations that had an allegation or suspicion of child maltreatment (Time 1), then at an average of 3.8 weeks later the same worker completed the instrument a second time for the same investigation (Time 2). At Time 1 the sample size was 130 investigations. Time 2 of the reliability study for some offices could not be scheduled prior to the finalization of the instrument and therefore their Time 2 data was not included in the analysis.

To assess the reliability of the instrument variables with comparable response options, all sites were collapsed, yielding a sample of 100 children from 68 households. Two measures of agreement were calculated for categorical variables: percent agreement and the Kappa statistic. The Kappa statistic adjusts for agreement that occurs by chance alone; values between 0.4 and 0.6 are usually interpreted as moderate agreement; between 0.6 and 0.8 substantial agreement; and values that exceed 0.8 reflect excellent agreement.¹⁴ Similar testing was conducted on the CIS-2003.¹⁵

The vast majority of items on the

CIS-2008 form showed good to excellent test re-test reliability. Among the most reliable groups of variables were primary forms of maltreatment, family's maltreatment history, child age and gender, case disposition items, and indices related to emotional harm. "Any service referral" and "any family-focused referral," and the majority of items related to household and caregiver characteristics also showed substantial to excellent agreement.

A number of items fell slightly below the criterion adopted for acceptable reliability. In order to address the low reliability of two questions (e.g., accessible drugs/drug paraphernalia and police involvement in the child maltreatment investigation), questions were re-ordered and/or clarified on the final AIS-2008/CIS-2008 data collection instrument. The low reliability for secondary and tertiary maltreatment codes was similar to the AIS-2003/CIS-2003 data collection instrument. Analysis of secondary and tertiary maltreatment should be interpreted with caution. However, co-occurring maltreatment has been a significant predictor of service intrusiveness in multiple secondary analyses of the AIS/CIS data.

The study team's review of the case narratives in the reliability study revealed that the newly developed procedures to categorize risk cases were creating confusion and inconsistent results. This led to an unplanned set of revisions to the way that risk was operationalized on the data collection instrument. Time constraints prevented final reliability testing of the child maltreatment assessment form. Although the final data collection instrument differed from the versions that had been tested, the final set of changes was limited to only a few items.

12 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., et al. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

13 Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., et al. (2009). *Reliability of the 2008 Canadian incidence study of reported child abuse and neglect (CIS-2008) data collection instrument*. Public Health Agency of Canada, Injury and Maltreatment Section.

14 Landis & Koch. (1977). Measurement of observer agreement for categorical data. *Biometrics*, 33(1), 159–174.

15 Knoke, D., Trocmé, N., MacLaurin, B., & Fallon, B. (2009). Reliability of the Canadian Incidence Study data collection instrument. *The Canadian Journal of Program Evaluation*, 23(1), 87–112.

DATA COLLECTION AND VERIFICATION PROCEDURES

Training

Site Researchers were assigned to coordinate site training and case selection at each AIS-2008 office (see Appendix A). The case selection phase began with a training session, conducted by a Site Researcher to introduce participating child intervention workers to the AIS-2008 instruments and case selection procedures. After a review of the forms and procedures, workers completed the form for selected case vignettes (see Appendix F). The completed forms were then discussed and discrepancies in responses reviewed to ensure that items were being properly interpreted. Each worker was given an AIS-2008/CIS-2008 Guidebook, which included definitions for all the items and study procedures (see Appendix E).

Timing of Form Completion

Completion of the data collection instrument was designed to coincide with the point when investigating workers complete their written report of the investigation. The length of time between the receipt of the referral and the completion of the written assessment is approximately 30 days in Alberta. In instances where a complex investigation takes more time, workers were asked to complete the data collection instrument with their preliminary assessment report.

Site Visits

Site Researchers visited the AIS-2008 sites on a regular basis to collect forms, respond to questions, and monitor study progress. In most instances six visits to each location were required.

Additional support was provided depending on the individual needs of workers at each site. Site Researchers collected the completed forms during each site visit and reviewed them for completeness and consistency. Every effort was made to contact workers if there was incomplete information on key variables (e.g. child age or category of maltreatment) or inconsistencies. Identifying information (located on the bottom section of the *Intake Face Sheet*, see Appendix D) was stored on site, and non-identifying information was sent to the central data verification locations.

Data Verification and Data Entry

Data collection forms were verified three times for completeness and inconsistent responses: first on site by the Site Researchers, a second time at the University of Calgary Faculty of Social Work, then a third time at the University of Toronto or McGill University, prior to data entry. Consistency in form completion was examined by comparing the data collection instrument to the brief case narratives provided by the investigating workers.

Data collection forms were entered by scanner using TELEform Elite scanning software, V.8.1. Face Sheet information was entered manually using Microsoft Access 2000. The data were then combined into an SPSS Version 17.0 database. Inconsistent responses, missing responses, and miscodes were systematically identified. Duplicate cases were screened for at the child welfare site and deleted on the basis of office identification numbers, family initials, and date of referral.

Participation and Item Completion Rates

The case selection form was kept as short and simple as possible to minimize the response burden and ensure a high completion rate. Item completion rates were over 98% on most items.¹⁶

The participation rate was estimated by comparing actual cases opened during the case selection period (October 1 to December 31, 2008) with the number of cases for which data collection instruments were completed.¹⁷ The overall participation rate suggests that sampled cases reflected the workload at all sites during the three-month case selection period. Participation rates below 95% were discussed with the AIS-2008 liaisons for each office to examine the possibility of skewed sampling. In all cases low participation could be attributed to external events (e.g. staff holidays, staff turnover), and no evidence of systematic bias was found.

ESTIMATION PROCEDURES

Weighting

The data collected for the AIS-2008 were weighted in order to derive provincial annual incidence estimates. Two sets of weights were applied. First, results were annualized to estimate volume of cases investigated by each office in 2008. The annualization

16 The high item completion rate can be attributed both to the design of the case selection instrument and to the verification procedures. In designing the form, careful attention was given to maintaining a logical and efficient ordering to questions. The use of check boxes minimized completion time. An “unknown” category was included for many questions to help distinguish between missed responses and unknown responses.

17 Participation rate is the proportion of cases open between October 1 and December 31, 2008, for which the data collection form was completed.

weights were derived by dividing the total number of cases opened by site in 2008 by the number of cases sampled from that site. For example, if 225 cases were sampled over 3 months in a site that opened 1,000 cases over the year, a weight of 4.44 (1,000/225) was applied to all cases in the site. The average annualization weight was 5.56. While this annualization method provides an accurate estimate of overall volume, it cannot account for qualitative differences in the types of cases referred at different times of the year.

To account for the non-proportional sampling design, regional weights were applied to reflect the relative sizes of the selected sites. Each study site was assigned a weight reflecting the proportion of the child population of the site relative to the child population in the stratum or region that the site represented. For instance if a site with a child population of 25,000 was randomly sampled to represent a region or province/territory with a child population of 500,000, a regionalization weight of 20 (500,000/25,000) would be applied to cases sampled from that site. This involved aggregating Census subdivisions.¹⁸ Regionalization and annualization weights were combined so that each case was multiplied first by an annualization weight and then by a regionalization weight. Provincial incidence estimates were calculated by dividing the weighted estimates by the child population (less than one to 17 year olds). The child population figures for AIS-2008 sites are based on 2006 Census data.

Case Duplication

Although cases reported more than once during the three month case sampling period were unduplicated,

18 Census subdivisions are the equivalent of municipalities (e.g. cities, towns, townships, villages, etc.)

the weights used to develop the AIS-2008 annual estimates include an unknown number of “duplicate” cases, i.e. children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the AIS-2008 uses the term “child investigations” rather than “investigated children”, since the unit of analysis is the investigation of the child’s alleged maltreatment.

An estimate of how often maltreated children will be counted more than once can be derived from those jurisdictions that maintain separate investigation-based and child-based counts. The U.S. *National Child Abuse and Neglect Data System (NCANDS)*,¹⁹ reports that for substantiated cases of child maltreatment, the 6 month recurrence rate during 2003 was 8.4 per cent. Further estimates of recurrence have been made by Fluke and colleagues (2008). During a 24-month period which followed all investigations from eight states, 16% of children were re-reported within 12 months, and another 6% were re-reported in the subsequent 12 months.²⁰ In Québec, the recurrence rate was 8.8 per cent of screened-in investigations over a 12-month period.²¹

19 U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2005). *Child Maltreatment 2003*. Washington, DC: U.S. Government Printing Office.

20 Fluke, J, Shusterman, G.R., Hollinshead, D.M. and Yuan, Ying Ying T. (2008). Longitudinal Analysis of Repeated Child Abuse Reporting and Victimization: Multistate Analysis of Associated Factors. *Child Maltreatment*, 13(1), 76–88.

21 Hélie, S. (2005). *Fréquence et déterminants de la récurrence du signalement en protection de la jeunesse: Analyse de survie d'une cohorte Montréalaise*. Unpublished doctoral dissertation, Université du Québec à Montréal, Psychologie Département.

Sampling Error Estimation

Although the AIS-2008 estimates are based on a relatively large sample of 2,239 child maltreatment investigations, sampling error is primarily driven by variability between the 14 sites. Sampling error estimates were calculated to reflect the fact that the survey population had been stratified and that primary sampling units (offices) had been selected randomly from each stratum. To calculate the variance, the stratified design allowed the research team to assume that the variability between strata was zero and that the total variance at the provincial level was the sum of the variance for each stratum. In most instances, two offices, the primary sampling units, were chosen from each stratum.²² Variance estimates were calculated using WesVar 5.1, which computes estimates and their variance estimates from survey data using replication methods.

Standard error estimates were calculated for select variables at the $p < 0.05$ level.²³ Most coefficients of variation were within the reliable range:²⁴ between 4.27% (children in maltreatment investigations aged 16 to 17 years) and 16.23% (neighbour or friend as a referral source). Estimates that should be interpreted with caution ranged from 17.16% (physical harm not requiring treatment in substantiated

22 In one stratum there were three agencies selected.

23 This means that 95% of random samples will yield estimates that will lie within one standard error above or below the estimate. In other words, if the study were repeated 100 times, in 95 times the estimates would fall within one standard error of the estimate.

24 The coefficient of variation (CV) is the ratio of the standard error to its estimate. Statistics Canada considers CVs under 16.60 to be reliable, warns that CVs between 16.60 and 33.30 should be treated with caution, and recommends that CVs above 33.30 not be used.

maltreatment investigations) to 33.17% (physical abuse, neglect, and emotional maltreatment as multiple categories of maltreatment). There were a few estimates based on over 100 investigations with coefficients of variation greater than 33.30%: parent's partner as a primary caregiver; band housing or "other" housing type; and drug production/trafficking in the home. Estimates based on events that occurred in fewer than 100 cases are not included in this report and are marked as blanks in the accompanying tables.

The error estimates do not account for any errors in determining the annual and regional weights, nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from site to site. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends on the extent to which the sampling period is representative of the whole year.

ETHICS PROCEDURES

The AIS-2008/CIS-2008 data collection and data handling protocols and procedures were reviewed and approved by the Conjoint Research Ethics Board at the University of Calgary. Permission for participating in the data collection process was obtained from the Government of Alberta's Children and Youth Services. The study utilized a case file review methodology. The case files are the property of the delegated office or regional authority. Therefore, the permission of the Government of Alberta's Children and Youth Services was required in order to access the case files. Confidentiality of case information and participants, including

workers and offices, was maintained throughout the process. No directly-identifying information was collected on the data collection instrument. The *Intake Face Sheet* collected near-identifying information about the children including their first name and age. The tear-off portion of the *Intake Face Sheet* had a space for the file/case number the office assigns, the study number the AIS-2008 that site researchers assigned, and also provided space for the first two letters of the family surname. This information was used for only verification purposes. Any names on the forms were deleted prior to leaving the office.

The data collection instruments (that contain no directly-identifying information) were either scanned into an electronic database at the Universities of Toronto or uploaded from encrypted CD's or data sticks. This electronic data was stored on a locked, password protected hard drive in a locked office and on a CD stored in a locked cabinet off-site. Only those study personnel with security clearance from the Government of Canada had access to this information through password-protected files. All paper data collection instruments are archived in secure filing cabinets.

Aboriginal Ethics

The First Nations component of the CIS adhered to the principles of ownership, control, access and possession (OCAP) which must be negotiated within the context of individual research projects. In the case of the First Nations component of the CIS, adherence to OCAP principles is one of three shared concerns which shape the collaborative relationship between the advisory committee and the research team, and which guide the approach to research design and implementation. The First Nations CIS

advisory committee, which mediates First Nations ownership of and control over the project, has a mandate of ensuring that the CIS respects OCAP principles to the greatest degree possible given that the CIS is a cyclical study which collects data on First Nations, other Aboriginal, and non-Aboriginal investigations. The First Nations CIS is grounded in an understanding that the CIS research team will not collect or analyze First Nations specific data without the approval and guidance of the advisory committee and that proposals to for secondary analyses that distinguish between First Nations and mainstream offices must be approved by advisory committee.

This report contains only provincial estimates of child abuse and neglect and does not identify any participating office. Information about additional analyses is available on the Canadian Child Welfare Research Portal website at: <http://www.cwrp.ca>.

STUDY LIMITATIONS

Although every effort was made to make the AIS-2008 estimates as precise and reliable as possible, several limits inherent to the nature of the data collected must be taken into consideration:

- the AIS-2008 **only tracks reports investigated by child intervention** services and do not include reports that were screened out, cases that were only investigated by the police and cases that were never reported. For instance, Table 4-1 presents the estimated number of substantiated incidents of exposure to intimate partner violence in Canada. This number does not include incidents of intimate partner violence that were investigated only by the police, and it does not include incidents of

intimate partner violence that were never reported to either the police nor child intervention authorities;

- the study is based on the assessments provided by the investigating child intervention workers and **could not be independently verified**. For example, Table 5-2 presents the child functioning concerns reported in cases of substantiated maltreatment. The investigating workers determined if the child subject of the investigation demonstrated functioning concerns that were known or observable to the worker at the time of investigation, for instance depression or anxiety. However, these child functioning concerns were not verified by an independent source;

- as a result of changes in the way risk only cases are identified in the AIS-2008, comparisons between study cycles must be done with caution. Tables in the AIS-2008 report **cannot be directly compared** to tables in the previous report. Chapter 3 presents select comparisons across study cycles, and so interpretations of this chapter must be done with caution;
- the weights used to derive annual estimates include counts of children investigated more than once during the year, therefore the unit of analysis for the weighted estimates is a **child investigation**;
- the annual provincial counts presented in this report are **weighted estimates**. In some

instances samples sizes are too small to derive publishable estimates. For example, Table 4-4 presents the nature of physical harm by primary maltreatment category; the number of substantiated physical abuse investigations involving broken bones or fatality could not be reported due to the small sample sizes;

- the AIS-2008 tracks **information during the first 30 days** of case activity; service outcomes such as out of home placements and applications to court only include events that occurred during those first approximately 30 days; Table 3-5 and Table 3-6 were affected by this limitation.

Chapter 3

RATES OF MALTREATMENT RELATED INVESTIGATIONS IN THE AIS-2003 AND AIS-2008

This Chapter primarily compares rates of maltreatment-related investigations documented by the 2003 and 2008 cycles of the AIS. These results should be interpreted with caution since a number of factors are not controlled for in these descriptive tables. Changes in rates of maltreatment-related investigations can be attributed to a number of factors including (1) changes in public and professional awareness of the problem, (2) changes in legislation or in case-management practices, (3) changes in the AIS study procedures and definitions,¹ and (4) changes in the actual rate of maltreatment.² As noted in the introductory and methods chapters of this report, changes in practices with respect to investigations of risk of maltreatment pose a particular challenge since these cases were not clearly identified in the 2003 cycle of the study. Readers are reminded that because of these changes, the findings presented in this report are **not directly comparable to findings presented in the AIS-2003 report**. This Chapter presents select comparisons with investigations

from the AIS-2003. Given the growing complexity of the AIS, more detailed analyses will be developed in subsequent reports and articles.³

The estimates presented in the tables in this Chapter are weighted estimates derived from child maltreatment investigations from representative samples of child intervention offices or areas conducted in 2003 and 2008. The sampling design and weighting procedures specific to each study should be considered before inferences are drawn from these estimates (see the methods Chapter of this report, as well as the methods Chapter of the 2003 report).⁴

Estimates presented from the AIS-2003, and AIS-2008 **do not include** (1) incidents that were not reported to child intervention offices, (2) reported cases that were screened out by child welfare offices before being fully investigated, (3) new reports on cases already open by child intervention offices, and (4) cases that were investigated only by the police.

Data are presented in terms of the estimated annual number of investigations, as well as the incidence of investigations per 1,000 children

age less than one to 17.⁵ These figures refer to child investigations and not to the number of investigated families. Investigations include all maltreatment-related investigations including cases that were investigated because of future risk of maltreatment. Because risk-only cases were not tracked separately in the 2003 cycle of the AIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

COMPARISONS BETWEEN AIS-2003 AND AIS-2008

Chapter 3 presents comparison between the two provincial cycles of the AIS. Comparisons focus on changes in rates and key characteristics of investigations. All of the estimates reported in the Chapter 3 tables were re-calculated for the 2008 report to ensure consistency in the estimation procedures used. As a result, the estimates for AIS-2003 used in the 2008 report may differ slightly from those published in previous reports. Statistical tests of significance were used to test the significance of differences between the 2003 and 2008 estimates.

1 These changes are described in Chapter 2. Study procedures, in particular the sample selection and weighting, have been kept consistent between studies. Some changes have been made to the specific forms of maltreatment tracked by the study, but the major categories have not changed.

2 Trocmé, N., B. Fallon, MacLaurin, et al. (2005). *Canadian incidence study of reported child abuse and neglect – 2003: Major findings*. Ottawa, Minister of Public Works and Government Services Canada

3 Information about additional analyses is available on the Canadian Child Welfare Research Portal: <http://www.cwrp.ca>

4 MacLaurin, B., N. Trocmé, et al. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

5 The cut-off age of 17 (children under the age of 18) is the age legislated in Alberta (*Child, Youth and Family Enhancement Act*, 2003) Direct comparisons with the CIS-2008 report should not be made, as the cut-off age is 15 (children under the age of 16). All calculations were based on the child population estimates from the 2006 census provided by Custom Services Section, Advisory Services, Statistics Canada Ontario Regional Office.

TABLE 3-1: Number and Incidence of Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Alberta 2003		Alberta 2008	
# of Investigations	Rate per 1,000 children	# of Investigations	Rate per 1,000 children
32,453	43.16	27,147	35.02

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Based on a sample of 2,653 child maltreatment related investigation in 2003, and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008
Differences between 2003 and 2008 are non-significant

TABLE 3-2: Age of Children in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008

Child Age Group	Alberta 2003			Alberta 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
< 1 year	2,032	56.67	6%	2,324	55.74	9%
1-3 years	5,066	45.99	16%	5,236	42.95	19%
4-7 years	7,136	44.34	22%	5,820	36.31	21%
8-11 years	8,282	47.07	26%	5,954	34.84	22%
12-15 years	7,857	44.15	24%	6,026	32.74	22%
16-17 years	2,080	23.33	6%	1,787	18.56	7%
Total Investigations	32,453	43.16	100%	27,147	35.02	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003, and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008 with information about age of child

Differences between 2003 and 2008 are non-significant

MALTREATMENT RELATED INVESTIGATIONS

Table 3-1 presents the number and incidence of maltreatment-related investigations in 2003 and 2008. In 2003 an estimated 32,453 investigations were conducted in Alberta, a rate of 43.16 investigations per 1,000 children. In 2008, the number of investigations decreased, with an estimated 27,147 investigations and a rate of 35.02 per 1,000 children.⁶ However, this decrease is not statistically significant.

CHILD AGE IN INVESTIGATIONS

Table 3-2 describes the number and incidence of maltreatment-related investigations by age group, in 2003 and 2008. In 2008, children under the age of one year were the most likely to be investigated at a rate of 55.74 investigations per 1,000 children. Rates of investigations for one to three years of age and four to seven years of age were 42.95 and 36.31 investigations per 1,000 children, respectively. Rates of investigations decreased for the next two age groups: 34.84 investigations per 1,000 children eight to 11 years old, and 32.74 investigations per 1,000 children 12 to 15 years old. Rates of investigation were lowest for the oldest age group (16 to 17 years) at 18.56 investigations per 1,000 children

Infants were the most likely to be investigated in both 2003 and 2008. Comparing the incidence of investigation by age group between 2003 and 2008, there has been a statistically non-significant decrease in rates for children in all age groups. Readers should note that comparisons between age-groups should always be made on the basis of incidence rates that take into consideration variations in age rates in the general population, rather than on the basis of the count of investigations.

TYPES OF INVESTIGATIONS AND SUBSTANTIATION DECISIONS

Table 3-3 describes types of investigations and substantiation decisions resulting from maltreatment-related investigations conducted across

6 MacLaurin, B., Trocmé, N., et al. (2006). *Alberta incidence study of reported child abuse and neglect – 2003 (AIS-2003): Major findings report*. Calgary, AB, Faculty of Social Work, University of Calgary.

Alberta in 2008. The AIS-2008 tracks two types of investigations: those conducted because of a concern about a maltreatment incident that may have occurred and those conducted because of there may be significant risk of future maltreatment. The outcomes of **maltreatment investigations** are classified in terms of three levels of substantiation:⁷

- substantiated: the balance of evidence indicates that abuse or neglect has occurred;
- suspected: insufficient evidence to substantiate abuse or neglect, but maltreatment cannot be ruled out;
- unfounded: the balance of evidence indicates that abuse or neglect has not occurred (unfounded does not mean that a referral was inappropriate or malicious; it simply indicates that the investigating worker determined that the child had not been maltreated).

The outcomes of **risk only investigations** are classified in terms of three response categories:

- Risk of future maltreatment
- No risk of future maltreatment
- Unknown risk of future maltreatment

Of the 27,147 child maltreatment investigations conducted in Alberta in 2008, 84% of investigations focused on a concern of abuse or neglect (an estimated 22,761 child maltreatment investigations or 29.36 investigations per 1,000 children) and 16% of investigations were concerns about risk of future maltreatment (an estimated 4,386 investigations or 5.66 investigations per 1,000

children). Fifty-three percent of these investigations were substantiated, an estimated 14,403 child investigations. In a further eight percent of investigations (an estimated 2,160 child investigations, 2.79 investigations per 1,000 children) there was insufficient evidence to substantiate maltreatment; however, maltreatment remained suspected by the investigating worker at the conclusion of the investigation. Twenty-three percent of investigations (an estimated 6,198 child investigations, 8.00 investigations per 1,000 children) were unfounded. In three percent of investigations, the investigating worker concluded there was a risk of future maltreatment (1.02 per 1,000 children, an estimated 793 child investigations). In nine percent of investigations no risk of future maltreatment was indicated (an estimated 2,501 investigations or 3.23 investigations per 1,000 children). In four percent of investigations workers did not know whether the child was at risk of future maltreatment.

As shown in Table 3-3, rates of substantiated maltreatment decreased from 2003 to 2008, from 23.76 per 1,000 children in 2003 to 18.58 per 1,000 children in 2008. This comparison, however, is complicated since the 2003 cycle of the AIS did not specifically track risk-only investigations. As a result it is not possible to determine to what extent some confirmed risk only cases may have been classified as “substantiated” maltreatment. As noted in Chapter 2, a case file validation study using of a sub-sample of CIS-2003 investigations found that several cases had been miscoded in this manner. Including the 2008 confirmed cases of future maltreatment (793 cases at a rate of 1.02 confirmed cases of risk per 1,000 children) with the 2008 rate of

substantiated cases (18.58 per 1,000), yields a rate of 19.60 investigations per 1,000 children where either maltreatment has been substantiated or future risk has been confirmed. Further analysis of the AIS-2008 risk only investigations is required before differences between categories of investigation outcomes can be appropriately interpreted.

REFERRAL SOURCE

Table 3-4a describes the sources of referrals in 2003 and 2008. Each independent contact with the child intervention office regarding a child (or children) was counted as a separate referral. The person who actually contacted the child intervention office was identified as the referral source. For example, if a child disclosed an incident of abuse to a schoolteacher, who made a report to a child intervention office, the school was counted as a referral source. However, if both the schoolteacher and the child’s parent called, both would be counted as referral sources.

The *Maltreatment Assessment Form* included 18 pre-coded referral source categories and an open “other” category. Table 3-4a combines these into three main categories; any non-professional referral, any professional referral, and other referral sources (e.g. anonymous).

Non-Professional Referral Sources

Parent: This includes parents involved as a caregiver to the reported child, as well as non-custodial parents.

Child: A self-referral by any child listed on the *Intake Face Sheet* of the AIS-2008 *Maltreatment Assessment Form*.

Relative: Any relative of the child in question. Workers were asked to

7 Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. *Child Maltreatment*, 14(1), 4–16.

TABLE 3-3: Type of Investigation and Level of Substantiation in Child Maltreatment Investigations in Alberta in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

	Alberta 2003			Alberta 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Maltreatment and Risk Only Investigations						
Substantiated Maltreatment	17,864	23.76	55%	14,403	18.58	53%
Suspected Maltreatment	5,998	7.98	18%	2,160	2.79	8%
Unfounded Maltreatment	8,591	11.42	27%	6,198	8.00	23%
Total Investigated Incidence of Maltreatment	32,453	43.16	100%	22,761	29.36	84%
Risk of Future Maltreatment	n/a	n/a	n/a	793	1.02	3%
No Risk of Future Maltreatment	n/a	n/a	n/a	2,501	3.23	9%
Unknown Risk of Future Maltreatment	n/a	n/a	n/a	1,092	1.41	4%
Total Risk Investigation Only*	n/a	n/a	n/a	4,386	5.66	16%
Total Investigations	32,453	43.16	100%	27,147	35.02	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigation in 2008, with information about the type and level of substantiation

* Risk investigations were not specified in the Alberta Incidence Study of 2003

For substantiated and unfounded investigations, differences between 2003 and 2008 are non-significant; for suspected investigations, there was statistically significant decrease between 2003 and 2008

code “other” for situations in which a child was living with a foster parent and a relative of the foster parent reported maltreatment.

Neighbour/Friend: This category includes any neighbour or friend of the children or his/her family.

Professional Referral Sources

Community Agencies: This includes social assistance worker (involved with the household), crisis service/shelter worker (includes any shelter or crisis services worker) for domestic violence or homelessness, community recreation centre staff (refers to any person from a recreation or community activity programs), day care centre staff (refers to a childcare or day care provider), and community office staff.

Health Professional: This includes hospital referrals that originate from a hospital made by either a doctor, nurse or social worker rather than a

family physician’s office, community health nurse (nurses involved in services such as family support, family visitation programs and community medical outreach), and physician (any family physician with a single or ongoing contact with the child and/or family).

School: Any school personnel (teacher, principal, teacher’s aide etc.)

Mental health professional/office: Includes family service offices, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside of a school/hospital/child welfare/Youth Justice Act setting.

Other child welfare services: Includes referrals from mandated Child Welfare service providers from other jurisdictions or provinces.

Police: Any member of a Police Force, including municipal, provincial/territorial or RCMP.

Other Referral Sources

Anonymous: A caller who is not identified.

Other referral source: Any other source of referral not listed above.

In 2008, 27% of investigations or an estimated 7,207 investigations were referred by a non-professional source (rate of 9.30 investigations per 1,000 children), and 70% of investigations were referred by professionals (an estimated 19,050 investigations or 24.58 investigations per 1,000 children). In three percent of investigations (an estimated 760 investigations or 0.98 investigations per 1,000 children) the referral source was classified as other, either because it was anonymous or was categorized as an “other” source of referral.

From 2003 to 2008 the distribution of referrals between professionals and non-professionals remained fairly similar, with statistically non-significant decreases in referral rates for both groups. There was a

statistically significant decrease in referral rates for anonymous or “other” referral sources.

Table 3-4b presents specific non-professional and professional referral sources, as well as the “other” category, for all investigations conducted in 2008. Some specific referral sources have

been collapsed into categories: custodial parents and non-custodial parent (Custodial or Non Custodial Parent) and social assistance worker, crisis service/shelter, community recreation centre, community health nurse, community physician, community mental health professional and community agency

(Community, Health and Social Services). The largest number of referrals came from police: 25% of investigations or an estimated 6,797 investigations (rate of 8.77 investigations per 1,000 children). The second largest source of referral was schools: 21% of investigations (an estimated

TABLE 3-4a: Referral Source in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008

Referral Source	Alberta 2003			Alberta 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Any Non-Professional Referral Source	9,199	12.23	28%	7,207	9.30	27%
Any Professional Referral Source	20,510	27.27	63%	19,050	24.58	70%
Other/Anonymous Referral Source	2,729	3.63	9%	760	0.98	3%
Total Investigations	32,438	43.14	100%	27,017	34.85	100%

Alberta Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about the referral source

For non-professional and professional referrals, differences between 2003 and 2008 are non-significant; for other/anonymous referral sources, there was a statistically significant decrease

TABLE 3-4b: Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Referral Source	#	Rate per 1,000 children	%
Non Professional			
Custodial or Non Custodial Parent	1,963	2.53	7%
Child (Subject of Referral)	620	0.80	2%
Relative	1,918	2.47	7%
Neighbour/Friend	2,231	2.88	8%
Professional			
Community, Health or Social Services	3,058	3.94	11%
Hospital (Any Personnel)	1,761	2.27	6%
School	5,789	7.47	21%
Other Child Welfare Service	1,306	1.68	5%
Day Care Centre	122	0.16	0%
Police	6,797	8.77	25%
Anonymous	485	0.63	2%
Other	275	0.35	1%
Total Investigations	27,147	35.02	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,239 investigations in 2008 with information about referral source

Columns may not add up to total because investigating workers could identify more than one referral source

5,789 investigations or a rate of 7.47 investigations per 1,000 children). Neighbours or friends were the largest non professional referral source (eight percent of investigations or a rate of 2.88 per 1,000 children).

RATES OF ONGOING SERVICES, PLACEMENT, AND COURT

Three key service events can occur as a result of a child welfare investigation: a child can be brought into out-of-home care, an application can be made for a child welfare court order, and a decision is made to close a case or provide on-going services. While the AIS -2008 tracks any of these decisions made during the investigation, the study **does not track events that occur after the initial investigation**. Additional admissions to out-of-home care, for example, are likely to occur for cases kept open after the initial investigation. It should also be noted that investigation intervention statistics presented apply **only to child welfare cases open because of alleged maltreatment or risk of future maltreatment**. Children referred to child welfare offices for reasons other than child maltreatment or risk of maltreatment (e.g. behavioural or

emotional problems, see Chapter 2) may have been admitted to care or received ongoing services, but were not tracked by the AIS-2008.

Ongoing Child Welfare Services

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Table 3-5). An estimated 8,201 investigations (30%) in 2008 were identified as remaining open for ongoing services while an estimated 18,919 investigations (70%) were closed. There was a statistically significant decrease in the incidence of investigations remaining open for on-going services from 17.07 investigations per 1,000 children in 2003 to 10.58 per 1,000 children in 2008. There was slight statistically non-significant decrease in the incidence of cases to be closed between 2003 and 2008.

Out-of-Home Placement

The AIS-2008 tracks placements out-of-home that occur at any time during the investigation. Investigating workers are asked to specify the type of placement. In cases where there may have been more than one placement, workers are asked to indicate the

setting where the child had spent the most time. The following placement classifications were used:

No Placement Required: No placement is required following the investigation.

Placement Considered: At this point of the investigation, an out-of-home placement is still being considered.

Informal Kinship Care: An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority does not have temporary custody.

Kinship Foster Care: A formal placement has been arranged within the family support network (kinship care, extended family, customary care); the child welfare authority has temporary or full custody and is paying for the placement.

Family Foster Care (non-kinship): Includes any family based care, including foster homes, specialized treatment foster homes, and assessment homes.

Group Home Placement: An out-of-home placement required in a structured group living setting.

TABLE 3-5: Ongoing Child Welfare Services in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigation in Alberta in 2008

Provision of Ongoing Services	Alberta 2003			Alberta 2008		
	#	Rate per 1,000 Children	%	#	Rate per 1,000 Children	%
Case to Stay Open for Ongoing Services	12,839	17.07	40%	8,201	10.58	30%
Case to be Closed	19,562	26.01	60%	18,919	24.41	70%
Total Investigations	32,401	43.16	100%	27,120	34.99	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,650 child maltreatment related investigations in 2003 and 2,237 child maltreatment and risk of future maltreatment related investigations in 2008, with information about ongoing child welfare services

There was a statistically significant decrease between 2003 and 2008 for cases remaining open; for cases to be closed, differences were non-significant

Residential/Secure Treatment:

Placement required in a therapeutic residential treatment centre to address the needs of the child.

For the purposes of Table 3-6a these placement categories were combined into four broader categories: child remained at home (no placement required and placement considered), informal kinship care (informal care), foster care which includes kinship foster care and non-kinship family foster care (foster care and kinship care), and group home or residential treatment placements (group home and residential secure treatment).

In 2008, there were no placements in 87% of investigations (23,625 investigations or 30.48 investigations per 1,000 children). Thirteen percent of investigations resulted in a change of residence for the child: four percent to informal kinship care (an estimated 1,139 investigations or 1.47 investigations per 1,000 children); seven percent to foster care or kinship care (an estimated 1,828 investigations or 2.36 investigations per 1,000 children); and in two percent to residential/secure treatment or group homes (an estimated 555 investigations or 0.72 investigations per 1,000 children).

There generally has been little change in placement rates (as measured during the maltreatment investigation) across the two cycles of the AIS. There was a statistically non-significant decrease between 2003 and 2008 in children not placed, a statistically non-significant decrease in informal placement, and a statistically non-significant increase in formal foster care placement.

Table 3-6b presents specific placements for all investigations conducted in 2008. The vast majority of investigations required no placement (85% of investigations or an estimated 23,025 investigations, a rate of 29.70 investigations

TABLE 3-6a: Placement in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Placement Status	Alberta 2003			Alberta 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Remained at Home	28,294	37.62	87%	23,625	30.48	87%
Child with Relative (Not a Formal Child Welfare Placement)	1,923	2.56	6%	1,139	1.47	4%
Foster Care (Includes Foster and Kinship Care)	1,696	2.26	5%	1,828	2.36	7%
Group Home/Residential Secure Treatment	534	0.71	2%	555	0.72	2%
Total Investigations	32,447	43.15	100%	27,147	35.02	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about child welfare placement

Differences between 2008 and 2003 are non-significant

TABLE 3-6b: Placement in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Placement status	#	Rate per 1,000 children	%
No Placement Required	23,025	29.70	85%
Placement Considered	600	0.77	2%
Informal Kinship Care	1,139	1.47	4%
Kinship Foster Care	398	0.51	2%
Foster Care	1,430	1.84	5%
Group Home	387	0.50	1%
Residential Secure Treatment	168	0.22	1%
Total Investigations	27,147	35.02	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,239 child maltreatment related investigations in 2008, with information about child welfare placement

per 1,000 children) and in two percent of investigations placement was considered. Five percent of investigations resulted in foster care placement (an estimated 1,430 investigations or a rate of 1.84 investigations per 1,000 children); four percent in informal kinship care (1,139 investigations or a rate of 1.47); two percent in kinship foster care (398 investigations or a rate of 0.51); one percent in group home placement; and one percent in residential secure treatment.

Previous Child Maltreatment Investigations

Workers were asked if the investigated child had been previously reported to child intervention office for suspected

maltreatment. As seen in Table 3-7, in 56% of investigations, workers indicated that the child had been referred previously for suspected maltreatment (15,114 investigations representing a rate of 19.5 per 1,000 children). In 43% of investigations, the child had not been previously investigated for suspected maltreatment (11,823 investigations, representing a rate of 15.25 investigations per 1,000 children). In one percent of investigations, the investigating worker did not know whether the child had been previously reported for suspected maltreatment (an estimated 210 investigations, representing a rate of 0.27 investigations per 1,000 children).

A higher proportion of children were previously investigated in 2003

(60%, or 25.69 per 1,000 children) as compared to 2008 (56%, or 19.50 per 1,000 children). However, this decrease between 2003 and 2008 was not statistically significant.

Child Welfare Court Applications

Table 3-8 describes any applications made to child intervention court during the investigation period. Applications to child welfare court can be made for a number of reasons, including orders of supervision with the child remaining in the home, as well as out-of-home placement orders ranging from temporary to permanent. Although applications to court can be made during the investigation period many statutes require that, where possible, non-court ordered services be

TABLE 3-7: History of Previous Investigations in Child Maltreatment Investigations in 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in 2008

	Alberta 2003			Alberta 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Previous Investigations						
Child Previously Investigated	19,318	25.69	60%	15,114	19.50	56%
Child Not Previously Investigated	13,001	17.29	40%	11,823	15.25	43%
Unknown	134	0.18	0%	210	0.27	1%
Total Investigations	32,453	43.16	100%	27,147	35.02	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about history of previous investigations

Differences between 2008 and 2003 are non-significant

TABLE 3-8: Applications to Child Welfare Court in Child Maltreatment Investigations in Alberta 2003, and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

	Alberta 2003			Alberta 2008		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Child Welfare Court						
No Application to Court	30,191	40.15	93%	23,301	30.06	86%
Court Application Made	2,245	2.99	7%	3,846	4.96	14%
Total Investigations	32,436	43.13	100%	27,147	35.02	100%

Alberta Incidence of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 2,653 child maltreatment related investigations in 2003 and 2,239 child maltreatment and risk of future maltreatment related investigations in 2008, with information about child welfare court

There was a statistically significant decrease in no court applications between 2003 and 2008

offered before an application is made to court. Because the AIS-2008 can only track applications made during the investigation period, the AIS-2008 court application rate does not account for applications made at later points of service.

Investigating workers were asked about three possible statuses for court involvement during the initial investigation:

No Application: Court involvement was not considered.

Application Considered: The child welfare worker was considering whether or not to submit an application to child welfare court.

Application Made: An application to child welfare court was submitted.

Table 3-8 collapses “no court” and “court considered” into a single category (No Application to Court). In the AIS-2008, 14% of all child investigations (an estimated 3,846 investigations or a rate of 4.96 per 1,000 children) resulted in an application to child welfare court, either during or at the completion of the initial maltreatment investigation. This was a statistically significant increase from 2003, where seven percent of all child investigations (an estimated 2,245 investigations or a rate of 2.99 court applications per 1,000 children). There was a statistically non-significant decrease in investigations in which no court was considered.



Chapter 4

CHARACTERISTICS OF MALTREATMENT

The AIS-2008 definition of child maltreatment includes 32 forms of maltreatment subsumed under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (see Question 31: Maltreatment Codes in AIS-2008/CIS-2008 Guidebook in Appendix E). The 32 forms of maltreatment tracked by the AIS-2008 are defined in the detailed sections on the five categories of maltreatment in this chapter.

Each investigation of maltreatment had a minimum of one and a maximum of three identified forms of maltreatment. In cases involving more than three forms of maltreatment, investigating workers were asked to select the three forms that best described the reason for investigation. More than one category of maltreatment was identified for 30% of substantiated child maltreatment investigations (Table 4-2). The **primary category** of maltreatment was the form that best characterized the investigated maltreatment. In cases where there was more than one form of maltreatment and one form of maltreatment was substantiated and one was not, the substantiated form was automatically selected as the primary form.¹

1 The AIS classification protocol was modified since AIS-2003 to avoid confusion in cases wherein one form of maltreatment is substantiated and one is not. If the primary investigated form was not substantiated but a secondary form was, the substantiated form was recoded as the primary overall form. For example, if physical abuse was unsubstantiated in a case initially classified primarily as physical abuse, but neglect was substantiated, the substantiated neglect was recoded as the primary form of maltreatment.

This Chapter describes the characteristics of maltreatment in terms of nature and severity of harm and the duration of the maltreatment. Table 4-1 presents the primary category of substantiated maltreatment.

The estimates presented in this Chapter are derived from child maltreatment investigations from a representative sample of child intervention offices in 2008. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child intervention offices, (2) reported cases that were screened out by child intervention offices before being fully investigated, (3) new reports on cases already open by child intervention offices, (4) cases that were investigated only by the police, and (5) cases that were only investigated because of concerns about future risk (see Chapter 2: Methods for a full description of the inclusion and exclusion criteria). Readers are cautioned that the findings presented in this Chapter are **not directly comparable to findings presented in the AIS-2003 report** (see Chapter 1).

PRIMARY CATEGORIES OF MALTREATMENT

Table 4-1 presents the estimates and incidence rates for the five primary categories of **substantiated** maltreatment in Alberta in 2008.

The maltreatment typology in the AIS-2008 uses five major categories of maltreatment: physical abuse; sexual abuse; neglect; emotional maltreatment; and exposure to intimate partner violence. Physical abuse was comprised of six forms: shake, push, grab or throw; hit with hand; punch kick or bite; hit with object; choking, poisoning, stabbing; and other physical abuse. Sexual abuse contained nine forms: penetration; attempted penetration; oral sex; fondling; sex talk or images; voyeurism; exhibitionism; exploitation; and other sexual abuse. Neglect was comprised of eight forms: failure to supervise: physical harm; failure to supervise: sexual abuse; permitting criminal behaviour; physical neglect; medical neglect (includes dental); failure to provide psychiatric or psychological treatment; abandonment; and educational neglect. Emotional maltreatment included six forms: terrorizing or threat of violence; verbal abuse or belittling; isolation/confinement; inadequate nurturing or affection; exploiting or corrupting behaviour; and exposure to non-partner physical violence.² Exposure to intimate partner violence was comprised of three forms: direct witness to physical violence; indirect exposure to physical violence;

2 Exposure to non-partner physical violence was analyzed as a form of emotional maltreatment category. On the AIS-2008/CIS-2008 data collection instrument, exposure to non-partner violence was listed separately from other maltreatment forms (see Appendix D).

and exposure to emotional violence. See AIS-2008/CIS-2008 Guidebook (Appendices E) for specific definitions of each maltreatment form.

There were an estimated 14,403 substantiated child maltreatment investigations in Alberta in 2008 (18.58 investigations per 1,000 children). Neglect represents the largest proportion of substantiated maltreatment investigations. Thirty-seven percent of all substantiated investigations identified neglect as the primary type of maltreatment, an estimated 5,328 cases (6.87 investigations per 1,000 children). In 34% of substantiated investigations, exposure to intimate partner violence was identified as the primary concern, an estimated 4,883 investigations (6.30 investigations per 1,000 children). Emotional maltreatment was identified as the primary category of maltreatment in 14% of substantiated investigations (an estimated 1,974 investigations or 2.55 investigations per 1,000 children). In 13% of substantiated investigations, or an estimated 1,933 cases, the primary form of maltreatment identified was physical abuse (2.49 investigations per 1,000 children). Sexual abuse was identified as the primary maltreatment form in two percent of substantiated investigations (an estimated 285 investigations or 0.37 investigations per 1,000 children).

SINGLE AND MULTIPLE CATEGORIES OF MALTREATMENT

The AIS-2008 tracks up to three forms of maltreatment; while Table 4-1 describes the primary category of substantiated maltreatment, Table 4-2 describes cases of substantiated maltreatment involving multiple categories of maltreatment. In most cases (70%) only one category of substantiated maltreatment was documented, in 30% of cases multiple categories of substantiated maltreatment were documented.

Single Categories of Maltreatment: In 70% of substantiated cases, one category of maltreatment was identified, involving an estimated 10,033 child investigations (12.94 investigations per 1,000 children). Exposure to intimate partner violence was identified as the single category of maltreatment in 27% of substantiated investigations; neglect in 25%; emotional maltreatment in nine percent; physical abuse in eight percent; and sexual abuse in one percent.

Multiple Categories of Maltreatment: Thirty percent of substantiated investigations involved more than one category of substantiated maltreatment, an estimated 4,369 child investigations (5.63 investigations per

1,000 children). The most frequently identified combinations were neglect and exposure to intimate partner violence (973 investigations), neglect and emotional maltreatment (917 investigations), emotional maltreatment and exposure to intimate partner violence (728 investigations), physical abuse and emotional maltreatment (388 investigations), and physical abuse, neglect, and emotional maltreatment (331 investigations).

DOCUMENTED PHYSICAL HARM

The AIS-2008 tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two measures, one describing severity of harm as measured by medical treatment needed and one describing the nature of harm.

In 92% of substantiated investigations, no physical harm was identified (Table 4-3). Physical harm was identified in eight percent of cases of substantiated maltreatment. In five percent of cases (an estimated 748 substantiated investigations, or 0.96 investigations per 1,000 children) harm was noted but no treatment was

TABLE 4-1: Primary Category of Substantiated Maltreatment in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008

Primary Category of Maltreatment	#	Rate per 1,000 children	%
Physical Abuse	1,933	2.49	13%
Sexual Abuse	285	0.37	2%
Neglect	5,328	6.87	37%
Emotional Maltreatment	1,974	2.55	14%
Exposure to Intimate Partner Violence	4,883	6.30	34%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment related investigations in 2008, with information about the primary category of maltreatment

TABLE 4-2: Single and Multiple Categories of Substantiated Child Maltreatment in Alberta in 2008

	#	Rate per 1,000 children	%
Single Form of Substantiated Maltreatment			
Physical Abuse Only	1,135	1.46	8%
Sexual Abuse Only	176	0.23	1%
Neglect Only	3,494	4.51	25%
Emotional Maltreatment Only	1,331	1.72	9%
Exposure to Intimate Partner Violence Only	3,898	5.03	27%
Subtotal: Only One Form of Substantiated Maltreatment	10,033	12.94	70%
Multiple Categories of Substantiated Maltreatment			
Physical Abuse and Neglect	265	0.34	2%
Physical Abuse and Emotional Maltreatment	388	0.50	3%
Physical Abuse and Exposure to Intimate Partner Violence	232	0.30	2%
Sexual Abuse and Neglect	122	0.16	1%
Sexual Abuse and Emotional Maltreatment	–	–	0%
Sexual Abuse and Exposure to Intimate Partner Violence	–	–	0%
Neglect and Emotional Maltreatment	917	1.18	6%
Neglect and Exposure to Intimate Partner Violence	973	1.26	7%
Emotional Maltreatment and Exposure to Intimate Partner Violence	728	0.94	5%
Physical Abuse, Sexual Abuse and Emotional Maltreatment	–	–	0%
Physical Abuse, Sexual Abuse and Exposure to Intimate Partner Violence	–	–	0%
Physical Abuse, Neglect and Emotional Maltreatment	331	0.43	2%
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	–	–	0%
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	–	–	0%
Sexual Abuse, Neglect and Emotional Maltreatment	–	–	0%
Sexual Abuse, Neglect and Exposure to Intimate Partner Violence	–	–	0%
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	208	0.27	2%
Subtotal: Multiple Categories	4,369	5.64	30%
Total Substantiated Maltreatment	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated investigations in 2008

(–) Estimates of less than 100 weighted investigations are not shown

required. In a further three percent of cases (an estimated 399 substantiated investigations, or 0.51 investigations per 1,000 children), harm was sufficiently severe to require treatment.

Physical Abuse: Physical harm was indicated in 32% of investigations where physical abuse was the primary substantiated maltreatment, an estimated 617 child investigations. In 24% of cases a physical injury had been

documented but was not severe enough to require treatment. In another eight percent of cases, medical treatment was required. The fact that no physical harm was noted in 68% of physical abuse cases may seem surprising to some readers. It is important to understand that most jurisdictions consider that physical abuse includes caregiver behaviours that seriously endanger children, as well as those that lead to documented injuries.

Sexual Abuse: Estimates for physical harm by medical treatment in substantiated sexual abuse investigations were too low to reliably report.

Neglect: Although physical harm was indicated in only seven percent of investigations where neglect was the primary substantiated maltreatment, most of these cases involved injuries that were severe enough to require medical treatment (four percent of

substantiated neglect cases). As a result, there were more victims of neglect requiring medical treatment (an estimated 207 victims of neglect, or 0.27 investigations per 1,000 children) than for any other category of maltreatment.

Emotional Maltreatment: Estimates for physical harm by medical treatment in substantiated emotional maltreatment investigations were too low to reliably report.

Exposure to Intimate Partner

Violence: Estimates for physical harm by medical treatment in substantiated exposure to intimate partner violence investigations were too low to reliably report.

NATURE OF PHYSICAL HARM

Investigating workers were asked to document the nature of physical harm that was suspected or known to have been caused by the investigated maltreatment. These ratings are based

on the information routinely collected during the maltreatment investigation. While investigation protocols require careful examination of any physical injuries and may include a medical examination, it should be noted that children are not necessarily examined by a medical practitioner. Seven possible types of injury or health conditions were documented:

No Harm: there was no apparent evidence of physical harm to the child as a result of maltreatment.

Bruises/Cuts/Scrapes: The child suffered various physical hurts visible for at least 48 hours.

Burns and Scalds: The child suffered burns and scalds visible for at least 48 hours.

Broken Bones: The child suffered fractured bones.

Head Trauma: The child was a victim of head trauma (note that in shaken infant cases the major trauma is to the head, not to the neck).

Other Health Conditions:

The child suffered from other physical health conditions, such as complications from untreated asthma, failure to thrive, or a sexually transmitted disease.

Fatal: Child has died; maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.

Table 4-4 presents six types of physical harm (and no physical harm investigations) reported in the AIS-2008. Physical harm was documented in eight percent of cases of substantiated maltreatment involving an estimated 1,203 children (1.55 investigations per 1,000 children). Physical harm primarily involved bruises, cuts, and scrapes (five percent) and other health conditions (three percent of substantiated maltreatment). Because the AIS-2008 estimates are based on a very small number of cases involving burns and scalds, broken bones, head

TABLE 4-3: Severity of Physical Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008

Severity of Physical Harm	Primary Category of Substantiated Maltreatment																	
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment			Exposure to Intimate Partner Violence			Total		
	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
No Medical Treatment Required	471	0.61	24%	-	-	0%	157	0.20	3%	-	-	0%	-	-	0%	748	0.96	5%
Medical Treatment Required	146	0.19	8%	-	-	0%	207	0.27	4%	-	-	0%	-	-	0%	399	0.51	3%
Sub-total: Any Physical Harm Documented	617	0.80	32%	-	-	0%	364	0.47	7%	-	-	0%	-	-	0%	1,147	1.48	8%
No Physical Harm Documented	1,316	1.70	68%	256	0.33	90%	4,940	6.37	93%	1,904	2.46	96%	4,785	6.17	99%	13,201	17.03	92%
Total Substantiated Investigations	1,933	2.49	100%	285	0.37	100%	5,304	6.84	100%	1,974	2.55	100%	4,852	2.04	100%	14,348	18.51	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Based on a sample of 1,129 substantiated child maltreatment investigations in Alberta 2008 with information about documented physical harm and primary category of substantiated maltreatment

(-) Estimates of less than 100 weighted investigations are not shown

trauma, and fatality, the estimates for those types of physical harm are too low to reliably report.

DOCUMENTED EMOTIONAL HARM

Considerable research indicates that child maltreatment can lead to emotional harm. Child intervention workers are often among the first to become aware of the emotional effects of maltreatment, either through their observations or through contact with allied professionals. The information collected in the AIS-2008 is limited to the initial assessment period and therefore may under-count emotional harm. If the maltreatment was substantiated or suspected, workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s). These maltreatment-specific descriptions of emotional harm are not to be confused with the general child functioning ratings that are presented

in Chapter 5. It is also important to note that while many victims may not show symptoms of emotional harm at the time of the investigation, the effects of the maltreatment may only become manifest later. Therefore, the emotional harm documented by the AIS-2008 underestimates the emotional effects of maltreatment.

Table 4-5 presents whether or not emotional harm was identified during the child maltreatment investigation within each of the primary categories of maltreatment. In order to rate the severity of mental/emotional harm, workers indicated whether the child required treatment to manage the symptoms of mental or emotional harm. In 60% of substantiated investigations, no emotional harm was identified. Emotional harm was noted in 40% of all substantiated maltreatment investigations, involving an estimated 5,789 substantiated investigations. In 25% of substantiated cases (4.68 investigations per 1,000 children) symptoms were severe enough to require treatment in the workers' opinion.

Physical Abuse: Emotional harm was noted in 41% of cases where physical abuse was the primary substantiated maltreatment; in more than half of those cases (28%) symptoms were severe enough to require treatment.

Sexual Abuse: Emotional harm was noted in 53% of investigations where sexual abuse was the primary substantiated concern. In 52% of cases where sexual abuse was the primary substantiated maltreatment, harm was sufficiently severe to require treatment. Estimates for emotional harm not requiring treatment in substantiated sexual abuse cases were too low to reliably report. Although a relatively large proportion of sexually abused children displayed symptoms of emotional harm requiring treatment, these cases account for an estimated 148 out of the 3,629 substantiated maltreatment cases where emotional harm was believed to require therapeutic intervention (four percent). As noted above, the AIS-2008 tracked harm that could be associated with observable symptoms. It is likely that many sexually abused children may be harmed in ways that were not readily

TABLE 4-4: Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008

Nature of Physical Harm	Total		
	#	Rate per 1,000 children	%
No Physical Harm	13,200	17.03	92%
Bruises, Cuts and Scrapes	734	0.95	5%
Burns and Scalds	–	–	0%
Broken Bones	–	–	0%
Head Trauma	–	–	0%
Fatality	–	–	0%
Other Health Conditions	428	0.55	3%
At Least One Type of Physical Harm	1,203	1.55	8%
Total Substantiated Investigations*	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

* Based on a sample of 1,133 substantiated investigations in 2008 with information on nature on physical harm

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(–) Estimates of less than 100 weighted investigations are not shown

apparent to the investigating worker.

Neglect: Emotional harm was identified in 43% of investigations where neglect was the primary substantiated maltreatment; in 29% of cases harm was sufficiently severe to require treatment.

Emotional Maltreatment: Emotional harm was identified in 44% of investigations where substantiated

emotional maltreatment was the primary concern, and was sufficiently severe to require treatment in 25% of cases. While it may appear surprising to some readers that no emotional harm had been documented for such a large proportion of emotionally maltreated children, it is important to understand that the determination of emotional maltreatment includes parental behaviours that would be

considered emotionally abusive or neglectful even though the child shows no symptoms of harm.

Exposure to Intimate Partner Violence: Emotional harm was identified in 35% of investigations where exposure to intimate partner violence was the primary substantiated maltreatment; in 18% of cases harm was sufficiently severe to require treatment.

TABLE 4-5: Documented Emotional Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008

	Primary Category of Substantiated Maltreatment																	
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment			Exposure to Intimate Partner Violence			Total		
Documented Emotional Harm	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
No treatment required	254	0.33	13%	-	-	0%	712	0.92	14%	384	0.50	19%	807	1.04	17%	2,160	2.79	15%
Treatment required	532	0.69	28%	148	0.19	52%	1,559	2.01	29%	488	0.63	25%	902	1.16	18%	3,629	4.68	25%
Sub-total: Any Emotional Harm Documente	786	1.01	41%	148	0.19	52%	2,271	2.93	43%	872	1.12	44%	1,709	2.20	35%	5,789	7.47	40%
No documented Emotional harm	1,147	1.48	59%	134	0.17	47%	3,057	3.94	57%	1,101	1.42	56%	3,173	4.09	65%	8,612	11.11	60%
Total Substantiated Investigations	1,933	2.49	100%	285	0.37	100%	5,328	6.87	100%	1,973	2.55	100%	4,882	6.30	100%	14,401	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about whether or not there was emotional harm documented

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(-) Estimates of less than 100 weighted investigations are not shown

TABLE 4-6: Duration of Maltreatment by Primary Category of Substantiated Child Maltreatment in Alberta in 2008

	Primary Category of Substantiated Maltreatment																	
	Physical Abuse			Sexual Abuse			Neglect			Emotional Maltreatment			Exposure to Intimate Partner Violence			Total		
Duration of Maltreatment	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	#	Rate per 1,000 children	%
Single Incident	810	1.04	42%	-	-	0%	1,320	1.70	25%	338	0.44	17%	1,403	1.81	29%	3,958	5.11	28%
Multiple Incidents	1,102	1.42	58%	177	0.23	67%	3,986	5.14	75%	1,636	2.11	83%	3,459	4.46	71%	10,360	13.36	72%
Total Substantiated Investigations	1,912	2.47	100%	264	0.34	100%	5,306	6.84	100%	1,974	2.55	100%	4,862	6.27	100%	14,318	18.47	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Rows and columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Based on a sample of 1,129 substantiated child maltreatment investigations with information about duration of maltreatment and primary category of substantiated maltreatment

(-) Estimates of less than 100 weighted investigations are not shown

DURATION OF MALTREATMENT

Workers were asked to describe the duration of maltreatment by classifying suspected or substantiated investigations as single incident or multiple incident cases. If the maltreatment type was unfounded, the duration was listed as “Not Applicable (Unfounded).” Given the length restrictions for the AIS-2008 questionnaire, it was not possible to gather additional information on the frequency of maltreatment in order to distinguish between long-term situations with infrequent maltreatment and long-term situations with frequent maltreatment.

Table 4-6 shows that 28% of substantiated investigations (an estimated 3,958 child investigations, or 5.11 investigations per 1,000

children) involved single incidents of maltreatment and 72% involved multiple incidents of maltreatment (an estimated 10,360 child investigations, or 13.36 investigations per 1,000 children).

Physical Abuse: Maltreatment was indicated as a single incident in 42% of cases with physical abuse as the primary substantiated concern, and multiple incidents in 58% of physical abuse cases.

Sexual Abuse: Maltreatment was reported as a multiple incidents in 67% of sexual abuse investigations. Estimates for sexual abuse as a single incident of maltreatment were too low to reliably report.

Neglect: Maltreatment was indicated as a single incident of neglect in 25% of cases where neglect was the primary substantiated maltreatment, and multiple incidents in 75% of neglect cases.

Emotional Maltreatment:

Maltreatment was indicated as a single incident in 17% of cases where emotional maltreatment was the primary substantiated concern, and multiple incidents in 83% of emotional maltreatment investigations.

Exposure to Intimate Partner

Violence: Maltreatment was indicated as a single incident in 29% of cases where emotional maltreatment was the primary substantiated concern, and multiple incidents in 71% of emotional maltreatment investigations.



Chapter 5

CHARACTERISTICS OF CHILDREN AND FAMILIES

This Chapter provides a description of cases of substantiated maltreatment¹ in terms of the characteristics of the children, their caregivers and their homes. The estimates presented in this Chapter are weighted Alberta estimates derived from child maltreatment investigations conducted in 2008 in a sample of Alberta child intervention offices. The sampling design and weighting procedures specific to the study should be considered before inferences are drawn from these estimates. The estimates **do not include** (1) incidents that were not reported to child intervention offices, (2) reported cases that were screened out by child intervention offices before being fully investigated, (3) new reports on cases already open by child intervention offices, (4) cases that were investigated only by the police, and (5) cases that were investigated because of concerns about future risk (see Chapter 2: Methods for a full description of the inclusion and exclusion criteria). Readers are cautioned that the findings presented in this Chapter are **not directly comparable to findings presented in the AIS-2003 report** (see Chapter 1).

1 With the exception of Table 5-1 that includes all investigations and substantiations.

AGE AND SEX OF CHILDREN IN MALTREATMENT-RELATED INVESTIGATIONS AND SUBSTANTIATED MALTREATMENT

Table 5-1 presents the children's age and sex in all maltreatment-related investigations as well as in substantiated child maltreatment investigations. The incidence of maltreatment-related investigations was nearly identical for males (34.31 investigations per 1,000 children) and females (35.77 per 1,000 children). There was some variation by age and sex in incidence of investigated maltreatment with rates being highest for infants (46.86 investigations per 1,000 female infants and 45.58 per 1,000 infant males). Rates of maltreatment-related investigations were similar by sex for four to seven year olds (34.96 and 37.58 per 1,000 girls and boys age four to seven years old, respectively). Males were more often represented in the 8 to 11 year old group and females more often in the adolescent group (ages 12 to 15 and 16 to 17).

The incidence of substantiated maltreatment was nearly identical for males (18.54 per 1,000 boys) and females (18.62 per 1,000 girls). However, there was some variation by age group and sex in the incidence of substantiated maltreatment. For

males, incidence rates were highest for those aged one year (28.04), nine years (25.19), and less than one year (24.86). For females, incidence rates were highest for those aged less than one year (27.88), three years (24.15), and one year (23.76). Rates of substantiated maltreatment were similar by sex for four to seven year olds, while males were more often represented in the eight to 11 year old group, and females more often in the adolescent group.

DOCUMENTED CHILD FUNCTIONING

Child functioning was documented on the basis of a checklist of challenges that child welfare workers were likely to be aware of as a result of their investigation. The child functioning checklist (see Appendix D *AIS-2008/CIS-2008 Maltreatment Assessment Form*) was developed in consultation with child welfare workers and researchers to reflect the types of concerns that may be identified during an investigation. The checklist is not a validated measurement instrument for which population norms have been established.² The checklist only documents problems that are known to investigating child intervention workers and therefore may

2 A number of child functioning measures with established norms exist; however, these are not consistently used in child welfare settings and could not be feasibly used in the context of the AIS-2008.

TABLE 5-1: Child Age and Sex in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations, and in Substantiated Child Maltreatment Investigations in Alberta in 2008

	Child Population in Alberta	All Investigations*			Substantiated Maltreatment**			
		#	Rate per 1,000 children	%	#	Rate per 1,000 children	%	
0-17 Years	All Children	775,175	27,147	35.02	100%	14,403	18.58	100%
	Females	377,835	13,516	35.77	50%	7,037	18.62	49%
	Males	397,340	13,631	34.31	50%	7,366	18.54	51%
0-3 Years	Females	79,850	3,742	46.86	14%	2,002	25.07	14%
	Males	83,760	3,818	45.58	14%	1,975	23.58	14%
	< 1 Year Females	20,370	1,175	57.68	4%	568	27.88	4%
	Males	21,320	1,149	53.89	4%	530	24.86	4%
	1 Year Females	20,035	825	41.18	3%	476	23.76	3%
	Males	20,830	962	46.18	4%	584	28.04	4%
	2 Years Females	19,995	868	43.41	3%	462	23.11	3%
	Males	21,115	895	42.39	3%	474	22.45	3%
	3 Years Females	19,450	874	44.94	3%	495	24.15	3%
	Males	20,495	812	39.62	3%	386	18.83	3%
4-7 Years	Females	78,225	2,735	34.96	10%	1,310	16.75	9%
	Males	82,070	3,084	37.58	11%	1,626	19.81	11%
	4 Years Females	18,915	637	31.99	2%	310	16.39	2%
	Males	20,075	700	34.87	3%	364	18.13	3%
	5 Years Females	19,395	720	37.12	3%	298	15.36	2%
	Males	20,230	687	33.96	3%	342	16.91	2%
	6 Years Females	19,865	646	32.52	2%	295	14.85	2%
	Males	20,695	785	37.93	3%	400	19.33	3%
	7 Years Females	20,050	733	36.56	3%	406	20.25	3%
	Males	21,070	913	43.33	3%	519	24.63	4%
8-11 Years	Females	83,085	2,668	32.11	10%	1,356	16.32	9%
	Males	87,840	3,287	37.42	12%	1,792	20.40	12%
	8 Years Females	20,145	644	31.97	2%	306	15.19	2%
	Males	20,930	823	1.96	3%	407	19.45	3%
	9 Years Females	20,050	693	34.56	3%	347	17.31	2%
	Males	21,675	925	42.68	3%	546	25.19	4%
	10 Years Females	21,405	551	25.74	2%	305	14.25	2%
	Males	22,445	815	36.31	3%	511	22.77	4%
	11 years Females	21,485	780	36.30	3%	398	18.52	3%
	Males	22,790	724	0.99	3%	328	14.39	2%
12-15 Years	Females	89,685	3,373	37.61	12%	1,774	19.78	12%
	Males	94,395	2,654	28.12	10%	1,545	16.37	11%
	12 Years Females	21,705	814	37.50	3%	405	18.66	3%
	Males	23,005	857	37.25	3%	509	22.13	4%
	13 Years Females	22,380	821	36.68	3%	393	17.56	3%
	Males	23,105	596	25.80	2%	362	15.67	3%
	14 Years Females	22,680	833	36.73	3%	492	21.69	3%
	Males	23,815	659	27.67	2%	435	18.27	3%
	15 Years Females	22,920	905	39.49	3%	484	21.12	3%
	Males	24,470	541	22.11	2%	239	9.77	2%
16-17 Years	Females	46,990	998	21.24	4%	595	12.66	4%
	Males	49,275	789	16.01	3%	427	8.67	3%
	16 Years Females	23,640	547	23.14	2%	320	13.54	2%
	Males	25,005	458	18.32	2%	217	8.68	2%
	17 Years Females	23,350	452	19.36	2%	275	11.00	2%
	Males	24,270	331	13.64	1%	211	8.69	1%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages. Individual cells may not add up to totals because low frequency estimates are not reported but are included in totals

*Based on a sample of 2,239 child maltreatment investigations with information about child age and sex

** Based on a sample of 1,133 substantiated child maltreatment investigations with information about child age and sex

Column numbers may not add up to indicated total due to rounding

undercount the occurrence of some child functioning problems.³

Investigating workers were asked to indicate problems that had been confirmed by a diagnosis and/or directly observed by the investigating worker or another worker, or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation.⁴ The six-month period before the investigation was used as a reference point where applicable. Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented with a checklist that included the following categories:

Depression/Anxiety/Withdrawal:

Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.

Suicidal Thoughts: The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.

Self-harming Behaviour: Includes high-risk or life-threatening

3 Although child welfare workers assess the safety of children, they do not routinely conduct a detailed assessment of child functioning. Items on the checklist included only issues that workers happened to become aware of during their investigation. A more systematic assessment would therefore likely lead to the identification of more issues than noted by workers during the AIS-2008.

4 Items were rated on a 4-point measure differentiating "confirmed," "suspected," "no" and "unknown" child functioning concern. A child functioning concern was classified as confirmed if a problem had been diagnosed, observed by the investigating worker or another worker, or disclosed by the caregiver or child. An issue was classified as suspected if investigating workers' suspicions were sufficient to include the concern in their written assessment of the family or in transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be completed in subsequent analyses.

behaviour, suicide attempts, and physical mutilation or cutting.

ADD/ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children of comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school, or in the community.

Attachment Issues: The child does not have a physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.

Aggression: Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property, at home, at school or in the community.

Running (Multiple Incidents): Has run away from home (or other residence) on multiple occasions for at least one overnight period.

Inappropriate Sexual Behaviour: Child displays inappropriate sexual behaviour, including age-inappropriate play with toys, self or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; prostitution or seductive behaviour.

Youth Criminal Justice

Act Involvement: Charges, incarceration, or alternative measures with the Youth Justice system.

Intellectual/Developmental

Disability: Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g., Down's syndrome, autism and Asperger's syndrome.

Failure to Meet Developmental Milestones: Children who are not meeting their development milestones because of a non-organic reason.

Academic difficulties: Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language usage, numbers, reading, work comprehension).

Fetal Alcohol Syndrome/Fetal

Alcohol Effects (FAS/FAE): Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in-utero exposure to alcohol abuse by the biological mother.

Positive Toxicology at Birth:

When a toxicology screen for a newborn tests positive for the presence of drugs or alcohol.

Physical Disability: Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness,

deafness or a severe vision or hearing impairment that noticeably affects activities of daily living.

Alcohol Abuse: Problematic consumption of alcohol (consider age, frequency and severity).

Drug/solvent Abuse: Include prescription drugs, illegal drugs, and solvents.

Other: Any other conditions related to child functioning

Table 5-2 reflects the types of problems associated with physical, emotional and/or cognitive health, or with behaviour-specific concerns. In 52% of substantiated child maltreatment investigations (an estimated 7,439 investigations, 9.60 investigations

per 1,000 children) at least one child functioning issue was indicated by the investigating worker. Academic difficulties were the most frequently reported functioning concern (27% of substantiated maltreatment investigations) and the second most common was depression/anxiety/withdrawal (21% of substantiated maltreatment investigations). Twenty percent of substantiated maltreatment investigations involved children with intellectual/developmental disabilities, and 18% of substantiated maltreatment investigations involved aggression. Sixteen percent of substantiated maltreatment investigations indicated attachment issues. Thirteen percent of investigations involved children

experiencing ADD/ADHD. It is important to note that these ratings are based on the initial intake investigation and do not capture child functioning concerns that may become evident after that time.

ABORIGINAL HERITAGE OF INVESTIGATED CHILDREN

Children's Aboriginal heritage was documented by the AIS-2008 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system. Aboriginal children are a key group to examine because of concerns about overrepresentation of

TABLE 5-2: Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Alberta in 2008

Child Functioning Concern	#	Rate per 1,000 children	%
Depression/Anxiety/Withdrawal	3,043	3.93	21%
Suicidal Thoughts	970	1.25	7%
Self-Harming Behaviour	786	1.01	5%
ADD/ADHD	1,903	2.45	13%
Attachment Issues	2,336	3.01	16%
Aggression	2,636	3.40	18%
Running (Multiple Incidents)	973	1.26	7%
Inappropriate Sexual Behaviours	837	1.08	6%
Youth Criminal Justice Act Involvement	603	0.78	4%
Intellectual/Developmental Disability	2,865	3.70	20%
Failure to Meet Developmental Milestones	1,899	2.45	13%
Academic Difficulties	3,947	5.09	27%
FAS/FAE	1,408	1.82	10%
Positive Toxicology at Birth	345	0.45	2%
Physical Disability	531	0.69	4%
Alcohol Abuse	835	1.08	6%
Drug/Solvent Abuse	876	1.13	6%
Other Functioning Concern	704	0.91	5%
At Least One Child Functioning Concern	7,439	9.60	52%
No Child Functioning Concern	6,964	8.98	48%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about child functioning

Columns may not add up to total because investigating workers could identify more than once child functioning concern

children from these communities in the foster care system. Table 5-3 shows that the rate of substantiated child maltreatment investigations was more than five times higher in Aboriginal child investigations than for non-Aboriginal children ($72.57/1,000$ Aboriginal children versus $13.21/1,000$ non-Aboriginal children).

Thirty-five percent of substantiated investigations involved children of Aboriginal heritage (Table 5-3). Sixteen percent of substantiated maltreatment investigations involved children with First Nations status, 10% involved First Nations Non-Status children and eight percent were Métis children. One percent of investigated children in substantiated child maltreatment investigations were Inuit. Estimates for children of other Aboriginal heritage were too low to reliably report.

PRIMARY CAREGIVER AGE AND SEX

For each investigated child, the investigating worker was asked to indicate who was the primary parent, and to specify their age and sex. Eight age groups were captured on the *Intake Face Sheet*, enabling the workers to estimate the caregiver's age (see Appendix D, *Maltreatment Assessment Form*). Table 5-4 shows the age and sex distribution of primary caregivers. In 91% of substantiated investigations the persons considered to be the primary caregiver were female. Nearly half (47%) of substantiated investigations involved caregivers between the ages of 31 and 40. Caregivers who were under 22 were relatively rare (four percent), as were caregivers over 50 (one percent). Estimates for caregivers aged 16 and under and caregivers older than 60 were too low to reliably report.

TABLE 5-3: Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008

Aboriginal Heritage	#	Rate per 1,000 children	%
First Nation, Status	2,336	NA	16%
First Nation, Non-Status	1,480	NA	10%
Métis	1,084	NA	8%
Inuit	110	NA	1%
Other Aboriginal	–	NA	0%
Sub-total: All Aboriginal	5,109	72.57	35%
Non-Aboriginal	9,294	13.21	65%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages.

Based on a sample of 1133 substantiated child maltreatment investigations with information about the child's Aboriginal heritage

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(–) Estimates of less than 100 weighted investigations are not shown

TABLE 5-4: Age and Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Alberta in 2008

Age of Primary Caregiver	Sex of Primary Caregiver	#	Rate per 1,000 children	%
<16	Females	–	–	0%
	Males	–	–	0%
16–18	Females	141	0.18	1%
	Males	–	–	0%
19–21	Females	440	0.57	3%
	Males	–	–	0%
22–30	Females	4,245	5.48	30%
	Males	100	0.13	1%
31–40	Females	6,251	8.06	43%
	Males	592	0.76	4%
41–50	Females	1,731	2.23	12%
	Males	489	0.63	3%
51–60	Females	193	0.25	1%
	Males	–	–	0%
>60	Females	–	–	0%
	Males	–	–	0%
Unknown	Females	–	–	0%
	Males	–	–	0%
Total	Females	13,107	16.91	91%
	Males	1,296	1.67	9%
Total Substantiated Investigations		14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about primary caregiver age and sex

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

Column numbers may not add up to indicated total due to rounding

(–) Estimates of less than 100 weighted investigations are not shown

PRIMARY CAREGIVER'S RELATIONSHIP TO THE CHILD

The AIS-2008 gathered information on up to two of the child's parents or caregivers living in the home.⁵ For each listed caregiver, investigating workers were asked to choose the category that described the relationship between the caregiver and each child in the home. If recent household changes had occurred, investigating workers were asked to describe the situation at the time the referral was made.

The caregiver's relationship to the child was classified as one of the following: biological parent (mother or father), parent's partner, foster parent, adoptive parent, grandparent, and other.

Table 5-5 describes only the primary caregiver's relationship to the child in substantiated maltreatment investigations in Alberta in 2008. Ninety-six percent of substantiated investigations involved children whose primary caregiver was a biological parent, and one percent lived with a primary caregiver who was a parent's partner. Two percent of substantiated child investigations involved a grandparent as primary caregiver. Estimates for other types of caregiver relationships were too low to reliably report.

PRIMARY CAREGIVER RISK FACTORS

Concerns related to documented caregiver risk factors were reported by investigating workers using a checklist of nine items that were asked about each caregiver. Where applicable, the reference point for identifying concerns about caregiver risk factors

⁵ The two-caregiver limit was required to accommodate the form length restrictions set for the *Household Information Sheet*.

TABLE 5-5: Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Alberta in 2008

Primary Caregiver's Relationship to the Child	#	Rate per 1,000 children	%
Biological Mother	12,617	16.28	88%
Biological Father	1,191	1.54	8%
Parent's Partner	145	0.19	1%
Foster Parent	-	-	0%
Adoptive Parent	-	-	0%
Grandparent	262	0.34	2%
Other Relative	-	-	0%
Other	-	-	0%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about primary caregiver's relationship to the child

Columns may not add up to a total because low frequency estimates (less than 100 weighted investigations) are not reported but are included in total

(-) Estimates of less than 100 weighted investigations are not shown

was the previous six months.⁶ The checklist is not a validated measurement instrument. The checklist only documents problems that are known to investigating child intervention workers.

The checklist included:

Alcohol Abuse: Caregiver abuses alcohol.

Drug/Solvent Abuse: Abuse of prescription drugs, illegal drugs or solvents.

Cognitive Impairment: Caregiver has a cognitive impairment.

⁶ Items were rated on a 4-point measure differentiating "confirmed," "suspected," "no" and "unknown" caregiver risk factor. A caregiver risk factor or family stressor was classified as confirmed if a problem had been diagnosed, observed by the investigating worker or another worker, or disclosed by the caregiver. An issue was classified as suspected if investigating workers' suspicions were sufficient to include the concern in their written assessment of the family or in transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be completed in subsequent analyses.

Mental Health Issues: any mental health diagnosis or problem.

Physical Health Issues: Chronic illness, frequent hospitalizations or physical disability.

Few Social Supports: Social isolation or lack of social supports.

Victim of Domestic Violence: During the past six months the caregiver was a victim of domestic violence including physical, sexual or verbal assault.

Perpetrator of Domestic Violence: During the past six months the caregiver was a perpetrator of domestic violence including physical, sexual or verbal assault.

History of Foster Care or Group Home: Caregiver was in foster care and or group home care during his or her childhood.

Table 5-6 presents primary caregiver risk factors that were noted by investigating workers. At least one primary caregiver risk factor was identified in 86% of substantiated

maltreatment investigations (an estimated 12,343 child investigations). The most frequently noted concerns were victim of domestic violence (52%), few social supports (46%), mental health issues (36%), alcohol abuse (33%), and drug or solvent abuse (25%).

HOUSEHOLD SOURCE OF INCOME

Investigating workers were requested to choose the income source that best described the primary source of the

household income. Income source was categorized by the investigating worker using nine possible classifications:

Full Time Employment:

A caregiver is employed in a permanent, full-time position.

Part Time (Fewer Than 30 Hours/Week): Family income is derived primarily from a single part-time position.

Multiple Jobs: Caregiver has more than one part-time or temporary position.

Seasonal: Caregiver works either full- or part-time positions for temporary periods of the year.

Employment Insurance

(EI): Caregiver is temporarily unemployed and is receiving employment insurance benefits.

Social Assistance: Caregiver is currently receiving social assistance benefits.

Other Benefit: Refers to other forms of benefits or pensions (e.g., family benefits, long-term disability insurance or child support payments).

None: Caregiver has no source of legal income.

Unknown: Source of income was not known.

TABLE 5-6: Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008

Caregiver Risk Factors	#	Rate per 1,000 children	%
Alcohol Abuse	4,744	6.12	33%
Drug/Solvent Abuse	3,620	4.67	25%
Cognitive Impairment	1,679	2.17	12%
Mental Health Issues	5,249	6.77	36%
Physical Health Issues	2,048	2.64	14%
Few Social Supports	6,646	8.57	46%
Victim of domestic violence	7,426	9.58	52%
Perpetrator of Domestic Violence	2,725	3.52	19%
History of Foster Care/Group Home	1,717	2.21	12%
At Least One Primary Caregiver Risk Factor	12,343	15.92	86%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Based on a sample of 1,133 substantiated child maltreatment investigations with information about primary caregiver's risk factors

Columns may not add up to total because investigating workers could identify more than one primary caregiver risk factor

TABLE 5-7: Household Source of Income in Substantiated Child Maltreatment Investigations in Alberta in 2008

Household Source of Income	#	Rate per 1,000 children	%
Full-Time Employment	7,720	9.96	54%
Part-Time/Multiple Jobs/Seasonal Employment	1,651	2.13	11%
Benefits/EI/Social Assistance	4,426	5.71	31%
Unknown	315	0.41	2%
None	291	0.38	2%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about household source of income

Table 5-7 collapsed income sources into full time employment, part time employment (which include seasonal and multiple jobs), benefits/employment insurance/social assistance, unknown and none. Table 5-7 shows the source of income for the households of children with substantiated maltreatment as tracked by the AIS-2008. Fifty-four percent of investigations (or 7,720 substantiated investigations) involved children in families that derived their primary income from full-time employment. Thirty-one percent involved children whose families received other benefits/EI/social assistance as their primary source of income (4,426 substantiated investigations). Eleven percent of families relied on part-time work, multiple jobs or seasonal employment. In two percent of substantiated investigations the source of income was unknown by the workers, and in two percent of substantiated investigations no reliable source of income was reported.

HOUSING TYPE

Table 5-8 presents housing type for substantiated investigations. Investigating workers were asked to select the housing accommodation category that best described the investigated child's household living situation. The types of housing included:

Own Home: A purchased house, condominium, or townhouse.

Rental: A private rental house, townhouse or apartment.

Band Housing: Aboriginal housing built, managed, and owned by the band.

Public Housing: A unit in a public rental-housing complex (i.e., rent-subsidized, government-owned housing), or a house, townhouse or apartment on a military base.

Shelter/Hotel: An SRO hotel (single room occupancy), homeless or family shelter, or motel accommodation.

Unknown: Housing accommodation was unknown.

Other: Any other form of shelter.

At the time of the study, 59% of all substantiated investigations involved children living in any type of rental accommodations (46% private

rentals and 13% public housing), and 29% involved children living in purchased homes. Four percent lived in band housing, four percent in other accommodation types, and two percent in shelters or hotels. In two percent of substantiated investigations, workers did not have enough information to describe the housing type. According to the 2006 Census, 78% of households owned their home, and 22% rented their home.⁷

FAMILY MOVES

In addition to housing type, investigating workers were asked to indicate the number of household moves within the past twelve months. Table 5-9 shows that half of substantiated investigations involved families that had not moved in the previous 12 months (51% or 9.42 investigations per 1,000 children), whereas 19% had moved once (3.53 investigations per 1,000 children) and 15% had moved two or more times (2.77 investigations per 1,000 children). In 15% percent of substantiated investigations, whether the family had recently moved was unknown to the workers.

TABLE 5-8: Housing Type in Substantiated Child Maltreatment Investigations in Alberta in 2008

Housing Type	#	Rate per 1,000 children	%
Own Home	4,164	5.37	29%
Rental Accomodation	6,669	8.60	46%
Public Housing	1,948	2.51	13%
Band housing	576	0.74	4%
Shelter/Hotel	262	0.34	2%
Other	540	0.70	4%
Unknown	243	0.31	2%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about housing type

Column numbers may not add up to indicated total due to rounding

TABLE 5-9: Family Moves Within the Last 12 Months in Substantiated Child Maltreatment Investigations in Alberta in 2008

Frequency of Family Moves	#	Rate per 1,000 children	%
No Moves in Last 12 Months	7,303	9.42	51%
One Move	2,740	3.53	19%
Two or More Moves	2,148	2.77	15%
Unknown	2,212	2.85	15%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages are column percentages

Based on a sample of 1,133 substantiated child maltreatment investigations with information about family moves

EXPOSURE TO HAZARDS IN THE HOME

Exposure to hazards in the home was measured by investigating workers who indicated the presence or absence of hazardous conditions in the home (Table 5-10). Hazards included in the AIS-2008 were presence of accessible weapons, the presence of accessible drugs or drug paraphernalia, evidence of drug production or drug trafficking in the home, chemicals or solvents

⁷ Household type, structural type of dwelling and housing tenure, 2006 Census. Minister of Industry, 2008. 97-554-xcb2006028

TABLE 5-10: Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Alberta in 2008

Housing Conditions	#	Rate per 1,000 children	%
Accessible Weapons	391	0.50	3%
Accessible Drugs or Drug Paraphernalia	1,321	1.70	9%
Drug Production/Trafficking in Home	126	0.16	1%
Chemicals or Solvents Used in Production	-	-	0%
Other Home Injury Hazards	698	0.90	5%
Other Home Health Hazards	1,690	2.18	12%
Total Substantiated Investigations	14,403	18.58	100%

Alberta Incidence Study of Reported Child Abuse and Neglect 2008

Percentages do not add up to 100% because investigating workers could identify more than one hazard in the home

Based on a sample of 1,133 substantiated child maltreatment investigations with information about households identified as having housing safety concerns

Columns may not add up to total because low frequency estimates are not reported but are included in totals and because investigating workers could identify more than one hazard in the home

(-) Estimates of less than 100 weighted investigations are not shown

used in drug production, home injury hazards (poisons, fire implements, or electrical hazards) and home health hazards (insufficient heat, unhygienic conditions).

Home health hazards were noted in 12% of substantiated investigations (an estimated 1,690 substantiated investigations); home injury hazards were noted in five percent of substantiated maltreatment investigations. Accessible weapons were indicated in three percent of substantiated investigations while accessible drugs or drug paraphernalia were noted in nine percent of substantiated investigations. Drug production/trafficking in the home were noted in one percent of substantiated investigations. The presence of at least one household

hazard was noted in 20% of substantiated investigations.

FUTURE DIRECTIONS

The AIS 2003 and 2008 datasets provide a unique opportunity to examine changes in child maltreatment investigation across Alberta over the last decade. Furthermore, changes to the procedure for classifying investigations in 2008 will allow analysts to start examining the differences between investigations of maltreatment incidents and investigations of situations reported because of risk of future maltreatment. For updates on the AIS-2008 visit the Child Welfare Research Portal at <http://www.cwrp.ca>.



Appendix A

AIS-2008 SITE RESEARCHERS

AIS-2008 Site Researchers provided training and data collection support at the 14 AIS offices. Their enthusiasm and dedication to the study were critical in ensuring its success. The following is a list of Site Researchers who participated in the AIS-2008.

Richard Feehan

(Co-Investigator, AIS-2008)
Faculty of Social Work
University of Calgary

Rick Enns (Co-Investigator, AIS-2008)

Faculty of Social Work
University of Calgary

Olivia Kitt (Research Associate)

Faculty of Social Work
University of Calgary

Shelley Thomas Prokop

(Research Associate)
First Nations Family and
Community Institute

Jordan Gail (Research Associate)

Faculty of Social Work
University of Calgary

Bruce MacLaurin (Principle Investigator)

Faculty of Social Work
University of Calgary

Carolyn Zelt (Research Associate)

Faculty of Social Work
University of Calgary

DATA ENTRY

Data entry of the AIS-2008 Face Sheet was completed by Christine DuRoss and Melissa Van Wert in Toronto. Scanning for the AIS-2008 was completed by Adina Herbert in Toronto and Abu Sayem in Montreal. Data cleaning for the AIS-2008 was completed by Joanne Daciuk.

DATA ANALYSIS

Assistance in developing the sampling design, custom area files, weights, and confidence intervals was provided by Martin Chabot, School of Social Work, McGill University.



Appendix B

FIRST NATIONS CIS/AIS ADVISORY COMMITTEE

The First Nations CIS Advisory Committee's mandate is to ensure that CIS respects the principles of Aboriginal Ownership of, Control over, Access to and Possession of research (OCAP principles) to the greatest degree possible given that the CIS is a cyclical study which collects data on Aboriginal and non-Aboriginal investigations.

The following is a list of current members of the First Nations CIS-2008 Advisory Committee members.

Marlyn Bennett

First Nations Child & Family Caring
Society of Canada
Winnipeg, Manitoba

Cindy Blackstock

First Nations Child & Family Caring
Society of Canada
Ottawa, Ontario

Elsie Flette

Southern First Nations
Network of Care
Winnipeg, Manitoba

Joan Glode (chair)

Mi'kmaw Family & Children's
Services of Nova Scotia
Shubenacadie Hants County,
Nova Scotia

Richard Gray

First Nations of Quebec & Labrador
Health & Social Services Commission
Wendake, Quebec

Shawn Hoey

Caring for First Nations
Children Society
Victoria, British Columbia

Betty Kennedy

The Association of Native Child &
Family Services Agencies of Ontario
Thunder Bay, Ontario

Judy Levi

North Shore MicMac District Council
Eel Ground, New Brunswick

Linda Lucas

Caring for First Nations Children
Society
Victoria, British Columbia

H. Monty Montgomery

University of Regina
Saskatoon, Saskatchewan

Stephanie O'Brien

Assembly of First Nations
Ottawa, Ontario

Tara Petti

Southern First Nations
Network of Care
Winnipeg, Manitoba



Appendix C

GLOSSARY OF TERMS

The following is an explanatory list of terms used throughout the Alberta Incidence Study of Reported Child Abuse and Neglect (AIS-2008) report.

Aboriginal Peoples:¹ The descendants of the original inhabitants of North America. The Canadian Constitution recognizes three groups of Aboriginal people – Indians, Métis, and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs.

AIS: *Alberta Incidence Study of Reported Child Abuse and Neglect.*

Age group: The age range of children included in the AIS-2008 sample. Unless otherwise specified, all data are presented for children between newborn and 17 years of age inclusively.

Annual Incidence Rate: The number of child maltreatment related investigations per 1,000 children in a given year.

Annualization Weight: The number of cases opened during 2008 divided by the number of cases sampled during the three-month sampling selection period.

Case Duplication: Children who are subject of an investigation more than once in a calendar year are counted in most child welfare statistics as separate “cases” or “investigations.” As a count of children, these statistics are therefore duplicated.

Case Openings: Cases that appear

on office statistics as openings. These may be counted on a family basis or a child basis. Openings do not include referrals that have been screened-out.

Categories of Maltreatment: The five key classifications categories under which the 32 forms of maltreatment were subsumed: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence.

Child: The AIS-2008 defined child as age newborn to 17 years inclusive.

Child Maltreatment Related

Investigations: Case openings that meet the AIS-2008 criteria for investigated maltreatment (Figure 1-1).

Child Welfare Offices: The primary sampling unit for the AIS-2008 is the local child welfare office responsible for conducting child maltreatment related investigations. In Alberta they are local offices for the provincial child protection authority. A total of 77 child welfare offices were identified across Alberta for the AIS-2008/CIS-2008, of which 14 were selected for the final sample.

Childhood Prevalence: The proportion of people maltreated at any point during their childhood.

Definitional Framework: The AIS-2008 provides an estimate of the number of cases (age under 18) of alleged child maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence) reported

to and investigated by Alberta child intervention offices in 2008 (screened-out reports are not included). The estimates are broken down by three levels of substantiation (substantiated, suspected, unsubstantiated). Cases opened more than once during the year are counted as separate investigations.

Differential or Alternate Response Models: A newer model of service delivery in child welfare in which a range of potential response options are customized to meet the diverse needs of families reported to child welfare. Typically involves multiple “streams” or “tracks” of service delivery. Less urgent cases are shifted to a “community” track where the focus of intervention is on coordinating services and resources to meet the short- and long-term needs of families.

First Nation:² A term that came into common usage in the 1970s to replace the word “Indian”, which some people found offensive. Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term “First Nations peoples” refers to the Indian peoples in Canada, both Status and non-Status. Some Indian peoples have also adopted the term “First Nation” to replace the word “band” in the name of their community.

First Nations Status:³ A person who is registered as First Nations under

1 <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>

2 <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>

3 Ibid.

the *Indian Act*. The act sets out the requirements for determining who is First Nations for the purposes of the *Indian Act*.

Forms of Maltreatment: Specific types of maltreatment (e.g., hit with an object, sexual exploitation, or direct witness to physical violence) that are classified under the five AIS-2008 Categories of Maltreatment. The AIS-2008 captured 32 forms of maltreatment.

Inuit:⁴ An Aboriginal people in Northern Canada, who live in Nunavut, Northwest Territories, Northern Quebec, and Northern Labrador. The word means “people” in the Inuit language – Inuktitut. The singular of Inuit is Inuk.

Level of Identification and

Substantiation: There are four key levels in the case identification process: detection, reporting, investigation, and substantiation. *Detection* is the first stage in the case identification process. Little is known about the relationship between detected and undetected cases. *Reporting* suspected child maltreatment is required by law in all provinces and territories in Canada. Reporting mandates apply at a minimum to professionals working with children, and in many jurisdictions apply as well to the general public. The AIS-2008 does not document unreported cases. *Investigated* cases are subject to various screening practices, which vary across offices. The AIS-2008 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases. *Substantiation* distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. The AIS-2008 uses a three

tiered classification system, in which a *suspected* level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker, but cannot be substantiated.

Maltreatment Related Investigations: Investigations of situations where there are concerns that a child may have already been abused or neglected.

Métis:⁵ People of mixed First Nation and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit, or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway, and Cree.

Multi-stage sampling design: A research design in which several systematic steps are taken in drawing the final sample to be studied. The AIS-2008 sample was drawn in three stages.

NIS: U.S. *National Incidence Study of Child Abuse and Neglect*.

Non-Maltreatment Cases: Cases open for child welfare services for reasons other than suspected maltreatment (e.g., prevention services, parent-child conflict, services for young pregnant women, etc.).

Oversampling: Provinces could elect to oversample. Certain provinces, such as Alberta, provided additional funding for a representative number of offices to be sampled for the province. This procedure ensures that the final sample includes a sufficient number of cases from the sub-group of interest. This way, it is possible to conduct separate analyses on the data collected from the sub-group. Investigations from Alberta were oversampled to ensure that enough data were collected to provide provincial estimates.

Primary Sampling Unit: See definition of Child Welfare Office. In a multi-stage sampling design, the initial stage of sampling is based on an element of the population, and that element is the primary sampling unit. In the AIS-2008, the initial stage of sampling occurred by randomly selecting child welfare offices.

Regionalization Weight: Based on the child population, regionalization weights were determined by dividing the child population (age 0-17) in the strata by the child population (age 0-17) of primary sampling units sampled from the strata. See definitions of primary sampling unit and strata. Weights based on Census 2006 data.

Reporting year: The year in which child maltreatment cases were opened (with a few exceptions). The reporting year for the AIS is 2008.

Risk of Future Maltreatment: A situation where a child is considered to be at risk for maltreatment in the future due to the child or the family's circumstances. For example, a child living with a caregiver who abuses substances may be deemed at risk of future maltreatment even if no form of maltreatment has been alleged. In this report, risk of future maltreatment is used to distinguish maltreatment investigations where there are concerns that a child may have already been abused or neglected from cases where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed.

Risk of Harm: Placing a child at risk of harm implies that a specific action (or inaction) occurred that seriously endangered the safety of that child.

Screened-out: Referrals that are not opened for an investigation.

Strata: To increase the sampling

4 Ibid.

5 <http://www.ainc-inac.gc.ca/ap/tln-eng.asp>

efficiency, child welfare offices were grouped in strata from which CIS/ AIS offices were sampled. In Alberta, they were further stratified by size and by region. In addition, separate strata were developed for First Nations Offices.

Unit of Analysis: The denominator used in calculating maltreatment rates. In the case of the AIS-2008 the unit of analysis is the child maltreatment investigation.

Unit of Service: Some child welfare jurisdictions consider the entire family as the unit of service, while others only consider the individual child who was referred for services as the unit of service. For those jurisdictions that provide service on the basis of the child, a new investigation is opened for each child in the family where maltreatment is alleged. For those jurisdictions that provide service on the basis of the family, a new investigation is opened for the entire family regardless of how many children have been allegedly maltreated.



Appendix D

CIS-2008/AIS-2008 MALTREATMENT ASSESSMENT FORM

The AIS-2008 Maltreatment
Assessment Form consists of:

- Intake Face Sheet;
- Household Information Sheet; and
- 2 identical Child Information Sheets.

PROCEDURES

1. The **Intake Face Sheet** should be completed on every case that you assess/investigate, even if there is no suspected maltreatment.
 2. The entire **CIS Maltreatment Assessment form** (*Intake Face Sheet, Household Information Sheet and Child Information Sheet(s)*) should be completed for each investigation. Each investigated child requires a separate *Child Information Sheet*.
- Note:** Currently open/active cases with new allegations of child maltreatment are not included in the CIS.

COMPLETION INSTRUCTIONS

To ensure accuracy and minimize response time, the **CIS Maltreatment Assessment** should be completed when you complete the standard written assessment/investigation report for the child maltreatment investigation.

Unless otherwise specified, all information **must** be completed by the investigating worker.

Complete **all** items to the best of your knowledge. To increase accuracy of data scanning, please avoid making marks beyond the fill-in circles.

Thank you for your time and interest.

COMMENTS

If you are unable to complete an investigation for any child indicated in 6g) or 6h) please explain why

CIS OFFICE USE ONLY	
<input type="checkbox"/>	<input type="checkbox"/>

.....

.....

.....

.....

.....

.....

.....

Comments: Intake information

.....

.....

.....

.....

.....

.....

.....

.....

Comments: Household information

.....

.....

.....

.....

.....

.....

.....

.....

Comments: Child information

.....

.....

.....

.....

.....

.....

.....

.....

This information will remain confidential, and no identifying information will be used outside your own agency.
 This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
 University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
 University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
 First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

CIS Maltreatment Assessment: Household Information

CIS OFFICE USE ONLY

--	--	--	--	--	--

Please describe household composition at time of referral

<p>Primary Caregiver : _____</p> <p>A8. Primary income</p> <p><input type="radio"/> Full time <input type="radio"/> Seasonal <input type="radio"/> Other benefit</p> <p><input type="radio"/> Part time (<30 hrs/wk) <input type="radio"/> Employment insurance <input type="radio"/> None</p> <p><input type="radio"/> Multiple jobs <input type="radio"/> Social assistance <input type="radio"/> Unknown</p> <p>A9. Ethno-racial</p> <p><input type="radio"/> White <input type="radio"/> South Asian <small>(e.g., East Indian, Pakistani, Punjabi, Sri Lankan)</small></p> <p><input type="radio"/> Black <small>(e.g., African, Haitian, Jamaican)</small></p> <p><input type="radio"/> Latin American</p> <p><input type="radio"/> Arab/West Asian <small>(e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)</small></p> <p><input type="radio"/> Aboriginal <input type="radio"/> Chinese</p> <p><input type="radio"/> Southeast Asian other than Chinese <small>(e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)</small></p> <p><input type="radio"/> Other: _____</p> <p>A10a) If Aboriginal <input type="radio"/> On reserve <input type="radio"/> Off reserve</p> <p>b) <input type="radio"/> First Nations status <input type="radio"/> First Nations non-status <input type="radio"/> Métis</p> <p><input type="radio"/> Inuit <input type="radio"/> Other: _____</p> <p>c) Caregiver attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>d) Caregiver's parent attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>A11. Primary language <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other: _____</p> <p>A12. Contact with caregiver in response to investigation</p> <p><input type="radio"/> Co-operative <input type="radio"/> Not co-operative <input type="radio"/> Not contacted</p> <p>A13. Caregiver risk factors</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Confirmed</th> <th>Suspected</th> <th>No</th> <th>Unknown</th> </tr> </thead> <tbody> <tr><td>Alcohol abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Drug/solvent abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Cognitive impairment</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Mental health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Physical health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Few social supports</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Victim of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Perpetrator of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>History of foster care/group home</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table>		Confirmed	Suspected	No	Unknown	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>Second Caregiver in the home : _____</p> <p><input type="radio"/> No other caregiver in the home</p> <p>B8. Primary income</p> <p><input type="radio"/> Full time <input type="radio"/> Seasonal <input type="radio"/> Other benefit</p> <p><input type="radio"/> Part time (<30 hrs/wk) <input type="radio"/> Employment insurance <input type="radio"/> None</p> <p><input type="radio"/> Multiple jobs <input type="radio"/> Social assistance <input type="radio"/> Unknown</p> <p>B9. Ethno-racial</p> <p><input type="radio"/> White <input type="radio"/> South Asian <small>(e.g., East Indian, Pakistani, Punjabi, Sri Lankan)</small></p> <p><input type="radio"/> Black <small>(e.g., African, Haitian, Jamaican)</small></p> <p><input type="radio"/> Latin American</p> <p><input type="radio"/> Arab/West Asian <small>(e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)</small></p> <p><input type="radio"/> Aboriginal <input type="radio"/> Chinese</p> <p><input type="radio"/> Southeast Asian other than Chinese <small>(e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)</small></p> <p><input type="radio"/> Other: _____</p> <p>B10a) If Aboriginal <input type="radio"/> On reserve <input type="radio"/> Off reserve</p> <p>b) <input type="radio"/> First Nations status <input type="radio"/> First Nations non-status <input type="radio"/> Métis</p> <p><input type="radio"/> Inuit <input type="radio"/> Other: _____</p> <p>c) Caregiver attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>d) Caregiver's parent attended residential school <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>B11. Primary language <input type="radio"/> English <input type="radio"/> French <input type="radio"/> Other: _____</p> <p>B12. Contact with caregiver in response to investigation</p> <p><input type="radio"/> Co-operative <input type="radio"/> Not co-operative <input type="radio"/> Not contacted</p> <p>B13. Caregiver risk factors</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Confirmed</th> <th>Suspected</th> <th>No</th> <th>Unknown</th> </tr> </thead> <tbody> <tr><td>Alcohol abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Drug/solvent abuse</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Cognitive impairment</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Mental health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Physical health issues</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Few social supports</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Victim of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Perpetrator of domestic violence</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>History of foster care/group home</td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table>		Confirmed	Suspected	No	Unknown	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Confirmed	Suspected	No	Unknown																																																																																																	
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
	Confirmed	Suspected	No	Unknown																																																																																																	
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
History of foster care/group home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																																																																	
<p>14. Other adults in the home <i>(Fill in all that apply)</i></p> <p><input type="radio"/> None <input type="radio"/> Grandparent</p> <p><input type="radio"/> Children >19 <input type="radio"/> Other: _____</p> <p>15. Caregiver(s) outside the home <i>(Fill in all that apply)</i></p> <p><input type="radio"/> None <input type="radio"/> Father <input type="radio"/> Mother</p> <p><input type="radio"/> Grandparent <input type="radio"/> Other: _____</p> <p>16. Child custody dispute</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>17. Housing</p> <p><input type="radio"/> Own home <input type="radio"/> Rental</p> <p><input type="radio"/> Public housing <input type="radio"/> Band housing</p> <p><input type="radio"/> Unknown <input type="radio"/> Hotel/Shelter</p> <p><input type="radio"/> Other: _____</p> <p>18. Home overcrowded</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>19. Number of moves in past year</p> <p><input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 or more</p> <p><input type="radio"/> Unknown</p>	<p>20. Housing safety</p> <p>a) Accessible weapons</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>b) Accessible drugs or drug paraphernalia</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>c) Drug production or trafficking in the home</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>d) Chemicals or solvents used in production</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>e) Other home injury hazards</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>f) Other home health hazards</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>21. Household regularly runs out of money for basic necessities</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p> <p>22. Case previously opened</p> <p><input type="radio"/> Never <input type="radio"/> 1 time <input type="radio"/> 2-3 times</p> <p><input type="radio"/> >3 times <input type="radio"/> Unknown</p> <p>a) If case was opened before, how long since previous opening</p> <p><input type="radio"/> <3 mo <input type="radio"/> 3-6 mo <input type="radio"/> 7-12 mo</p> <p><input type="radio"/> 13-24 mo <input type="radio"/> >24 mo</p>	<p>23. Case will stay open for on-going child welfare services</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>a) If yes, is case streamed to differential or alternative response</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>24. Referral(s) for any family member <i>(Fill in all that apply)</i></p> <p><input type="radio"/> No referral made</p> <p><input type="radio"/> Parent support group</p> <p><input type="radio"/> In-home family parent counselling</p> <p><input type="radio"/> Other family or parent counselling</p> <p><input type="radio"/> Drug or alcohol counselling</p> <p><input type="radio"/> Welfare or social assistance</p> <p><input type="radio"/> Food bank</p> <p><input type="radio"/> Shelter services</p> <p><input type="radio"/> Domestic violence services</p> <p><input type="radio"/> Psychiatric or psychological services</p> <p><input type="radio"/> Special education placement</p> <p><input type="radio"/> Recreational services</p> <p><input type="radio"/> Victim support program</p> <p><input type="radio"/> Medical or dental services</p> <p><input type="radio"/> Child or day care</p> <p><input type="radio"/> Cultural services</p> <p><input type="radio"/> Other: _____</p>																																																																																																			

38112



CIS Maltreatment Assessment: Child Information

CIS OFFICE USE ONLY

--	--	--	--	--	--	--	--

First name: _____ **25. Sex** Male Female **26. Age**

27. Type of investigation Investigated incident of maltreatment **OR** Risk investigation only

28. Aboriginal status Not Aboriginal First Nations status First Nations non-status Métis Inuit Other: _____

29. Child functioning (Are you aware if any of the following apply to this child at this point in time?)
(Fill in each item)

	Confirmed	Suspected	No	Unknown		Confirmed	Suspected	No	Unknown
Depression/anxiety/withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Intellectual/developmental disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Failure to meet developmental milestones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Academic difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FAS/FAE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Positive toxicology at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (Multiple incidents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inappropriate sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Criminal Justice Act involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. If risk investigation only, is there a significant risk of future maltreatment? Yes No Unknown
For risk investigation only, please complete only Questions 39, 40, 41 and 42

31. Maltreatment Codes

Physical abuse	Sexual abuse	Neglect	Emotional maltreatment	Exposure to intimate partner violence
1 - Shake, push, grab or throw	7 - Penetration	16 - Failure to supervise: physical harm	24 - Terrorizing or threat of violence	29 - Direct witness to physical violence
2 - Hit with hand	8 - Attempted penetration	17 - Failure to supervise: sexual abuse	25 - Verbal abuse or belittling	30 - Indirect exposure to physical violence
3 - Punch, kick or bite	9 - Oral sex	18 - Permitting criminal behaviour	26 - Isolation/confinement	31 - Exposure to emotional violence
4 - Hit with object	10 - Fondling	19 - Physical neglect	27 - Inadequate nurturing or affection	32 - Exposure to non-partner physical violence
5 - Choking, poisoning, stabbing	11 - Sex talk or images	20 - Medical neglect (includes dental)	28 - Exploiting or corrupting behaviour	
6 - Other physical abuse	12 - Voyeurism	21 - Failure to provide psych. treatment		
	13 - Exhibitionism	22 - Abandonment		
	14 - Exploitation	23 - Educational neglect		
	15 - Other sexual abuse			

Insert Maltreatment Codes in the boxes below
(Enter primary form of maltreatment first)

--	--	--

32. Alleged perpetrator (Fill in all that apply)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Primary caregiver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Second caregiver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other

If Other perpetrator:

a) Age
 <13 13-15 16-20
 21-30 31-40 41-50
 51-60 >60

b) Sex Male Female

33. Substantiation (Fill in only one per column)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substantiated
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Suspected
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unfounded

34. Was maltreatment a form of punishment? (Fill in only one per column)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Yes
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Unknown

35. Duration of maltreatment (Fill in only one per column)

1st	2nd	3rd	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Not applicable (unfounded)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Single incident
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Multiple incidents

36. Physical harm (Fill in all that apply)

<input type="radio"/> No harm	<input type="radio"/> Bruises/Cuts/Scrapes
<input type="radio"/> Broken bones	<input type="radio"/> Burns and scalds
<input type="radio"/> Head trauma	<input type="radio"/> Fatal
<input type="radio"/> Other health condition: _____	

37. Severity of harm

a) Medical treatment required
 Yes No N/A - no harm

b) Health or safety seriously endangered by suspected or substantiated maltreatment
 Yes No N/A - no harm

c) History of injuries
 Yes No Unknown

38. Physician/nurse physically examined child as part of the investigation
 Yes No

39. Placement during investigation

No placement required
 Placement considered

Informal kinship care
 Kinship foster care
 Family foster care (non kinship)
 Group home
 Residential/secure treatment

40. Child welfare court
 No court considered Application considered
 Application made

a) Referral to mediation/alternative response
 Yes No

41. Previous reports

a) Child previously reported to child welfare for suspected maltreatment
 Yes No Unknown

b) If yes, was the maltreatment substantiated?
 Yes No Unknown

42. Caregivers use spanking as a form of discipline
 Yes No Unknown

43. Police involvement in adult domestic violence investigation
 None Charges laid
 Investigation only Unknown
 Charges being considered N/A

44. Police involvement in child maltreatment investigation
 None Charges being considered
 Investigation only Charges laid

CIS OFFICE USE ONLY

CIS OFFICE USE ONLY

CIS OFFICE USE ONLY





Appendix E

CIS-2008/AIS-2008 GUIDEBOOK

The following is the AIS-2008 Guidebook used by child welfare workers to assist them in completing the Maltreatment Assessment Form.



CIS-2008 Guidebook

Site Researcher: _____
Telephone: _____
Fax: _____
Email: _____
Mail: _____

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
University of Toronto, Factor-Inwentash Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

Site Agency/Office: _____
Case Selection Starts: _____
Case Selection Ends: _____

Return all completed forms to your local Agency/Office Contact Person:
_____, located at _____.

**If your Site Researcher is not available, and you need immediate assistance,
please contact the CIS Central Office in Toronto, at (416) 978-2527**

THE CANADIAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT

2008 Guidebook

BACKGROUND

The *Canadian Incidence Study of Reported Child Abuse and Neglect—CIS-2008*—is the third national study of reported child abuse and neglect investigations in Canada. Results from the *CIS-2003*, the *CIS-1998*, and its precursor, the *1993 Ontario Incidence Study*, have been widely disseminated in conferences, reports, books and journal articles (see Centre of Excellence for Child Welfare and Public Health Agency of Canada websites <http://www.cecw-cepb.ca/> and <http://www.phac-aspc.gc.ca/cm-vee/public-eng.php>).

The *CIS-2008* is funded by the Public Health Agency of Canada. Additional funding has been provided by the provinces of Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan and the Centre of Excellence for Child Welfare with significant in-kind support provided by every province/territory. The project is managed by a team of researchers at McGill University's Centre for Research on Children and Families, the University of Toronto's Factor-Inwentash Faculty of Social Work, the University of Calgary's Faculty of Social Work, the Université de Laval's Ecole de service social, the Centre Jeunesse de Montréal-Institut Universitaire and the First Nations Child and Family Caring Society.

OBJECTIVES

The primary objective of the *CIS-2008* is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Canada. Specifically, the study is designed to

- determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence, as well as multiple forms of maltreatment;
- investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
- examine selected determinants of health that may be associated with maltreatment;
- monitor short-term investigation outcomes, including substantiation rates, out-of-home placements, use of child welfare court and criminal prosecution; and
- compare 1998, 2003, and 2008 rates of substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence; the severity of maltreatment; and short-term investigation outcomes.

SAMPLE

The primary sampling unit for the *CIS-2008* is a study-designed child welfare service area (CWSA). A CWSA is a distinct child geographic area served by a child welfare agency/office.¹ One hundred and eighteen child welfare agencies/offices across Canada were randomly selected

¹ Some distinct geographic areas are served by more than one child welfare agency/office.

from the 411 CWSAs. A minimum of one CWSA was chosen from each province and territory. Provinces were allocated additional CWSAs based on both the provincial proportion of the Canadian child population and on oversampling funds provided in Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan. Oversampling funding provided by certain provinces allowed for the selection of additional CWSAs in these provinces, which permits researchers to generate estimates of the incidence of abuse and neglect specific to that province. Additional funds were also provided to oversample First Nations child welfare agencies.

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

CIS MALTREATMENT ASSESSMENT FORM

The *CIS Maltreatment Assessment Form* was designed to capture standardized information from child welfare investigators on the results of their investigations. It consists of four yellow legal-sized pages with “Canadian Incidence Study of Reported Child Abuse and Neglect—CIS-2008” clearly marked on the front sheet.

The *CIS Maltreatment Assessment Form* comprises an *Intake Face Sheet*, a *Comment Sheet* (which is on the back of the *Intake Face Sheet*), a *Household Information Sheet*, and two *Child Information Sheets*. The form takes ten to fifteen minutes to complete, depending on the number of children investigated in the household.

The *CIS Maltreatment Assessment Form* examines a range of family, child, and case status variables. These variables include source of referral, caregiver demographics, household composition, key caregiver functioning issues, housing and home safety. It also includes outcomes of the investigation on a child-specific basis (including up to three forms of maltreatment), nature of harm, duration of maltreatment, identity of alleged perpetrator, placement in care, child welfare and criminal court involvement.

TRAINING

Most training sessions will be held in October 2008 for all workers involved in the study. Your Site Researcher will visit your agency/office prior to the data collection period and will continue to make regular visits during the data collection process. These on-site visits will allow the Site Researcher to collect forms, enter data, answer questions and resolve any problems that may arise. If you have any questions about the study, contact your Site Researcher (see contact information on the front cover of the *CIS-2008 Guidebook*).

CONFIDENTIALITY

Confidentiality will be maintained at all times during data collection and analysis.

To guarantee client confidentiality, all near-identifying information (located at the bottom of the *Intake Face Sheet*) will be coded at your agency/office. Near-identifying information is data that could potentially identify a household (e.g., agency/office case file number, the first two letters of the primary caregiver’s surname and the first names of the children in the household). This information is required for purposes of data verification only. This tear-off portion of the *Intake*

Face Sheet will be stored in a locked area at your agency/office until the study is completed, and then will be destroyed.

The completed *CIS Maltreatment Assessment Form* (with all identifying information removed) will be sent to the University of Toronto or McGill University sites for data entry and will then be kept under double lock (a locked RCMP-approved filing cabinet in a locked office). Access to the forms for any additional verification purposes will be restricted to select research team members authorized by the Public Health Agency of Canada.

Published analyses will be conducted at the national level. Provincial analyses will be produced for the provinces gathering enough data to create a separate provincial report (Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan). **No agency/office, worker or team-specific data will be made available to anyone, under any circumstances.**

COMPLETING THE *CIS MALTREATMENT ASSESSMENT FORM*

The *CIS Maltreatment Assessment Form* should be completed by the investigating worker when he or she is writing the first major assessment of the investigation. In most jurisdictions this report is required within four weeks of the date the case was opened.

It is essential that **all items** on the *CIS Maltreatment Assessment Form* applicable to the specific investigation be completed. Use the “Unknown” response if you are unsure. If the categories provided do not adequately describe a case, provide additional information on the *Comment Sheet*. If you have any questions during the study, contact your Site Researcher. The contact information is listed on the front cover of the *CIS-2008 Guidebook*.

FREQUENTLY ASKED QUESTIONS

1. FOR WHAT CASES SHOULD I COMPLETE A *CIS MALTREATMENT ASSESSMENT FORM*?

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. Generally, if your agency/office counts an investigation in its official opening statistics reported to a Ministry or government office, then the case is included in the sample and a *CIS Maltreatment Assessment Form* should be completed, unless your Site Researcher indicates otherwise. The Site Researcher will establish a process in your agency/office to identify to workers the openings or investigations included in the agency/office sample for the *CIS-2008*.

In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study. Workers in large agencies will be provided with a case list of all eligible cases, and should complete a *CIS Maltreatment Assessment Form* for all cases selected through this process.

2. SHOULD I COMPLETE A FORM FOR ONLY THOSE CASES WHERE ABUSE AND/OR NEGLECT ARE SUSPECTED?

Complete an *Intake Face Sheet* and the tear-off portion of the *Intake face Sheet* for all cases opened during the data selection period at your agency/office (e.g., maltreatment investigations as well as prenatal counselling, child/youth behaviour problems, request for services from another agency/office, and, where applicable, screened-out cases) or for all cases identified in the random selection process. If maltreatment was alleged at any point during the investigation, complete the remainder of the *CIS Maltreatment Assessment Form* (both *Household Information* and *Child Information Sheets*). Maltreatment may be alleged by the person(s) making the report, or by any other person(s), including yourself, during the investigation (e.g., complete a *CIS Maltreatment Assessment Form* if a case was initially referred for parent/adolescent conflict, but during the investigation the child made a disclosure of physical abuse or neglect). Also complete a *Household Information Sheet* and relevant items on the *Child Information Sheet* (questions 25 through 30, and questions 39 through 41) for any child for whom you conducted a risk assessment. For risk assessments only, do not complete the questions regarding a specific event or incident of maltreatment. An *event* of child maltreatment refers to something that may have happened to a child whereas a *risk* of child maltreatment refers to something that probably will happen.

3. SHOULD I COMPLETE A CIS MALTREATMENT ASSESSMENT FORM ON SCREENED-OUT CASES?

The procedures for screening out cases vary considerably across Canada. Although the CIS does not attempt to capture informally screened-out cases, we will gather *Intake Face Sheet* information on screened-out cases that are formally counted as case openings by your agency/office. If in doubt, contact your Site Researcher.

4. WHEN SHOULD I COMPLETE THE CIS MALTREATMENT ASSESSMENT FORM?

Complete the *CIS Maltreatment Assessment Form* at the same time that you prepare the report for your agency/office that documents the conclusions of the investigation (usually within four weeks of a case being opened). For some cases, a comprehensive assessment of the family or household and a detailed plan of service may not be complete yet. Even if this is the case, complete the form to the best of your abilities.

5. WHO SHOULD COMPLETE THE CIS MALTREATMENT ASSESSMENT FORM IF MORE THAN ONE PERSON WORKS ON THE INVESTIGATION?

The *CIS Maltreatment Assessment Form* should be completed by the worker who conducts the intake assessment and prepares the assessment or investigation report. If several workers investigate a case, the worker with primary responsibility for the case should complete the *CIS Maltreatment Assessment Form*.

6. WHAT SHOULD I DO IF MORE THAN ONE CHILD IS INVESTIGATED?

The *CIS Maltreatment Assessment Form* primarily focuses on the household; however, the *Child Information Sheet* is specific to the individual child being investigated. **Complete one child sheet for each child investigated for an incident of maltreatment or for whom you conducted a risk assessment.** If you had no maltreatment concern about a child in the home, or you did not conduct a risk assessment, then do not complete a *Child Information Sheet* for that child. Additional pads of *Child Information Sheets* are available in your training package.

7. WILL I RECEIVE TRAINING FOR THE CIS MALTREATMENT ASSESSMENT FORM?

All workers who complete investigations in your agency/office will receive training prior to the start of the data collection period. If a worker is unable to attend the training session or is hired after the start of the CIS-2008, he or she should contact the Site Researcher regarding any questions about the form. Your Site Researcher's name and contact information is on the front cover of the *CIS-2008 Guidebook*.

8. WHAT SHOULD I DO WITH THE COMPLETED FORMS?

Give the completed *CIS Maltreatment Investigation Form* to your Agency/Office Contact Person. All forms will be reviewed by the Site Researcher during a site visit, and should he or she have additional questions, he or she will contact you during this visit. Your Agency/Office Contact Person is listed on the inside cover of the *CIS-2008 Guidebook*.

9. IS THIS INFORMATION CONFIDENTIAL?

The information you provide is confidential, and no identifying information will leave your agency/office. Your Site Researcher will code any near-identifying information from the bottom portion of the *Intake Sheet*. Where a name has been asked for, the Site Researcher will black out the name prior to the form leaving your agency/office. Refer to the section above on confidentiality.

DEFINITIONS: INTAKE FACE SHEET

QUESTION 1: DATE REFERRAL WAS RECEIVED

This date refers to the day that the referral source made initial contact with your agency/office.

QUESTION 2: DATE CASE OPENED

This refers to the date the case was opened. In some agencies/offices, this date will be the same as the referral date.

QUESTION 3: SOURCE OF ALLEGATION/REFERRAL

Fill in all sources of referral that are applicable for each case. This refers to **separate and independent contacts** with the child welfare agency/office. If a young person tells a school principal of abuse and/or neglect, and the school principal reports this to the child welfare authority, you would fill in the circle for this referral as "School." There was only one contact and referral in this case. If a second source (neighbour) contacted the child welfare authority and also reported a concern for this child, then you would also fill in the circle for "Neighbour/friend."

- **Custodial parent:** Includes parent(s) identified in Question 5: Caregiver(s) in the home.
- **Non-custodial parent:** Contact from an estranged spouse (e.g., individual reporting the parenting practices of his or her former spouse).
- **Child (subject of referral):** A self-referral by any child listed on the *Intake Face Sheet* of the *CIS Maltreatment Assessment Form*.

- **Relative:** Any relative of the child in question. If child lives with foster parents, and a relative of the foster parents reports maltreatment, specify under “Other.”
- **Neighbour/friend:** Includes any neighbour or friend of the child(ren) or his or her family.
- **Social assistance worker:** Refers to a social assistance worker involved with the household.
- **Crisis service/shelter:** Includes any shelter or crisis service for domestic violence or homelessness.
- **Community/recreation centre:** Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- **Hospital:** Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor’s office.
- **Community health nurse:** Includes nurses involved in services such as family support, family visitation programs and community medical outreach.
- **Community physician:** A report from any family physician with a single or ongoing contact with the child and/or family.
- **Community mental health professional:** Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/Child Welfare/*Youth Justice Act* (YJA) setting.
- **School:** Any school personnel (teacher, principal, teacher’s aide, school social worker etc.).
- **Other child welfare service:** Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- **Day care centre:** Refers to a child care or day care provider.
- **Police:** Any member of a police force, including municipal or provincial/territorial police, or RCMP.
- **Community agency:** Any other community agency/office or service.
- **Anonymous:** A referral source who does not identify him- or herself.
- **Other:** Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

QUESTION 4: PLEASE DESCRIBE REFERRAL, INCLUDING ALLEGED MALTREATMENT OR RISK OF MALTREATMENT (IF APPLICABLE) AND RESULTS OF INVESTIGATION

For jurisdictions that have a differential or alternate response approach at the investigative stage, identify the nature of the approach used during the course of the investigation:

- A **customized or alternate response** investigation refers to a less intrusive, more flexible assessment approach that focuses on identifying the strengths and needs of the family, and coordinating a range of both formal and informal supports to meet those needs. This approach is typically used for lower-risk cases.
- A **traditional child protection investigation** refers to the approach that most closely resembles a forensic child protection investigation, and often focuses on gathering evidence in a structured and legally defensible manner. It is typically used for higher-risk cases or those investigations conducted jointly with the police.

Provide a short description of the referral, including, as appropriate, the investigated maltreatment or the reason for a risk assessment, and major investigation results (e.g., type of maltreatment,

substantiation, injuries). If the reason for the case opening was not for alleged or suspected maltreatment, describe the reason (e.g., adoption home assessment, request for information).

QUESTION 5: CAREGIVER(S) IN THE HOME

Describe up to two caregivers in the home. Only caregiver(s) in the child's primary residence should be noted in this section. Provide each caregiver's age and sex in the space indicated.

QUESTION 6: LIST ALL CHILDREN IN THE HOME (<20 YEARS)

Include biological, step-, adoptive and foster children.

- a) **List first names of all children (<20 years) in the home at time of referral:** List the first name of each child who was living in the home at the time of the referral .
- b) **Age of child:** Indicate the age of each child living in the home at the time of the referral. Use 00 for children younger than 1.
- c) **Sex of child:** Indicate the sex of each child in the home.
- d) **Primary caregiver's relationship to child:** Describe the primary caregiver's relationship to each child, using the codes provided.
- e) **Other caregiver's relationship to child:** Describe the other caregiver's relationship to each child (if applicable), using the codes provided. Describe the caregiver only if the caregiver is in the home.
- f) **Referred:** Indicate which children were noted in the initial referral.
- g) **Risk investigation only:** Indicate if the child was investigated because of risk of maltreatment only. Include only situations in which **no allegation** of maltreatment was made, and **no specific incident of maltreatment** was suspected at any point during the investigation (e.g., include referrals for parent-teen conflict; child behaviour problems; parent behaviour such as substance abuse, where there is a risk of future maltreatment but no concurrent allegations of maltreatment. Investigations for risk may focus on risk of several types of maltreatment (e.g., parent's drinking places child at risk for physical abuse and neglect, but no specific allegation has been made and no specific incident is suspected during the investigation).
- h) **Investigated incident of maltreatment:** Indicate if the child was investigated because of an allegation of maltreatment. In jurisdictions that require that all children be routinely interviewed for an investigation, include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment (e.g., include three siblings ages 5 to 12 in a situation of chronic neglect, but do not include the 3-year-old brother of a 12-year-old girl who was sexually abused by someone who does not live with the family and has not had access to the younger sibling).

TEAR-OFF PORTION OF INTAKE FACE SHEET

The semi-identifying information on the tear-off section will be kept securely at your agency/office, for purposes of verification. It will be destroyed at the conclusion of the study.

WORKER'S NAME

This refers to the person completing the form. When more than one individual is involved in the investigation, the individual with overall case responsibility should complete the *CIS Maltreatment Assessment Form*.

FIRST TWO LETTERS OF PRIMARY CAREGIVER'S SURNAME

Use the reference name used for your agency/office filing system. In most cases this will be the primary caregiver's last name. If another name is used in the agency/office, include it under "Other family surname" (e.g., if a parent's surname is "Thompson," and the two children have the surname of "Smith," then put "TH" and "SM"). **Use the first two letters of the family name only. Never fill in the complete name.**

CASE NUMBER

This refers to the case number used by your agency/office.

DEFINITIONS: COMMENT SHEET

The back of the *Intake Face Sheet* provides space for additional comments about an investigation. Use the *Comment Sheet* only if there is a situation regarding a household or a child that requires further explanation.

There is also space provided at the top of the *Comments Sheet* for situations where an investigation or/assessment was unable to be completed for children indicated in 6(g) or 6(h).

DEFINITIONS: HOUSEHOLD INFORMATION SHEET

The *Household Information Sheet* focuses on the immediate household of the child(ren) who have been the subject of an investigation of an event or incident of maltreatment or for whom a risk assessment was conducted. The household is made up of all adults and children living at the address of the investigation at the time of the referral. Provide information for the primary caregiver and the other caregiver if there are two adults/caregivers living in the household (the same caregivers identified on the *Intake Face Sheet*).

If you have a unique circumstance that does not seem to fit the categories provided, write a note on the *Comment Sheet* under "Comments: Household information."

Questions A8–A13 pertain to the primary caregiver in the household. If there was a second caregiver in the household at the time of referral, complete questions B8–B13 for the second caregiver. If both caregivers are equally engaged in parenting, identify the caregiver you have had most contact with as the primary caregiver. If there was only one caregiver in the home at the time of the referral, endorse "no other caregiver in the home" under "second caregiver in the home".

QUESTION 8: PRIMARY INCOME

We are interested in estimating the primary source of the caregiver's income. Choose the category that best describes the caregiver's source of income. Note that this is a caregiver-specific question and does not include income from the second caregiver.

- **Full time:** Individual is employed in a permanent, full-time position.
- **Part time (fewer than 30 hours/week):** Refers to a single part-time position.
- **Multiple jobs:** Caregiver has more than one part-time or temporary position.
- **Seasonal:** This indicates that the caregiver works at either full- or part-time positions for temporary periods of the year.
- **Employment insurance:** Caregiver is temporarily unemployed and receiving employment insurance benefits.
- **Social assistance:** Caregiver is currently receiving social assistance benefits.
- **Other benefit:** Refers to other forms of benefits or pensions (e.g., family benefits, long-term disability insurance, child support payments).
- **None:** Caregiver has no source of legal income. If drugs, prostitution or other illegal activity are apparent, specify on *Comment Sheet* under "Comments: Household information."
- **Unknown:** Check this box if you do not know the caregiver's source of income.

QUESTION 9: ETHNO-RACIAL GROUP

Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will not be published out of context. This section uses an abbreviated checklist of ethno-racial categories used by Statistics Canada in the 1996 Census.

Check the ethno-racial category that best describes the caregiver. Select "Other" if you wish to identify two ethno-racial groups, and specify.

QUESTION 10: IF ABORIGINAL

- a) **On or off reserve:** Identify if the caregiver is residing "on" or "off" reserve.
- b) **Caregiver's status:** First Nations status (caregiver has formal Indian or treaty status, that is, registered with the Department of Indian and Northern Affairs), Inuit, First Nations non-status, Métis or Other (specify and use the *Comment Sheet* if necessary).
- c) **Caregiver attended residential school:** Identify if the caregiver attended a residential school.
- d) **Caregiver's parent attended residential school:** Identify if the caregiver's parent (i.e., the children's grandparent) attended residential school.

QUESTION 11: PRIMARY LANGUAGE

Identify the primary language of the caregiver: English, French, or Other and specify. If bilingual, choose the language spoken in the home.

QUESTION 12: CONTACT WITH CAREGIVER IN RESPONSE TO INVESTIGATION

Would you describe the caregiver as being overall cooperative or non-cooperative with the child welfare investigation? Check “Not contacted” in the case that you had no contact with the caregiver.

QUESTION 13: CAREGIVER RISK FACTORS

These questions pertain to the primary caregiver and/or the other caregiver, and are to be rated as “Confirmed,” “Suspected,” “No,” or “Unknown.” Fill in “Confirmed” if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the caregiver. Use the “Suspected” category if your suspicions are sufficient to include in a written assessment of the household or a transfer summary to a colleague. Fill in “No” if you do not believe there is a problem and “Unknown” if you are unsure or have not attempted to determine if there was such a caregiver functioning issues. Where applicable, use the **past six months** as a reference point.

- **Alcohol abuse:** Caregiver abuses alcohol.
- **Drug/solvent abuse:** Abuse of prescription drugs, illegal drugs or solvents.
- **Cognitive impairment:** Caregiver has a cognitive impairment.
- **Mental health issues:** Any mental health diagnosis or problem.
- **Physical health issues:** Chronic illness, frequent hospitalizations or physical disability.
- **Few social supports:** Social isolation or lack of social supports.
- **Victim of domestic violence:** During the **past six months** the caregiver was a victim of domestic violence, including physical, sexual or verbal assault.
- **Perpetrator of domestic violence:** During the **past six months** the caregiver was a perpetrator of domestic violence.
- **History of foster care/group home:** Indicate if this caregiver was in foster care and/or group home care during his or her childhood.

QUESTION 14: OTHER ADULTS IN THE HOME

Fill in all categories that describe adults (excluding the primary and other caregivers) who lived in the house at the time of the referral to child welfare. Note that children (<20 years of age) in the home have already been described on the *Intake Face Sheet*. If there have been recent changes in the household, describe the situation **at the time of the referral**. Fill in all that apply.

QUESTION 15: CAREGIVER(S) OUTSIDE THE HOME

Identify any other caregivers living outside the home who provide care to any of the children in the household, including a separated parent who has any access to the child(ren). Fill in all that apply.

QUESTION 16: CHILD CUSTODY DISPUTE

Specify if there is an ongoing child custody/access dispute at this time (**court application has been made or is pending**).

QUESTION 17: HOUSING

Indicate the housing category that best describes the living situation of this household.

- **Own home:** A purchased house, condominium or townhouse.

- **Public housing:** A unit in a public rental-housing complex (i.e., rent subsidized, government-owned housing), or a house, townhouse or apartment on a military base. Exclude Band housing in a First Nations community.
- **Unknown:** Housing accommodation is unknown.
- **Other:** Specify any other form of shelter.
- **Rental:** A private rental house, townhouse, or apartment.
- **Band housing:** Aboriginal housing built, managed and owned by the band.
- **Hotel/Shelter:** An SRO hotel (single room occupancy), homeless or family shelter, or motel accommodations.

QUESTION 18: HOME OVERCROWDED

Indicate if household is made up of multiple families and/or overcrowded.

QUESTION 19: NUMBER OF MOVES IN PAST YEAR

Based on your knowledge of the household, indicate the number of household moves within the **past year or twelve months**.

QUESTION 20: HOUSING SAFETY

- Accessible weapons:** Guns or other weapons that a child may be able to access.
- Accessible drugs or drug paraphernalia:** Illegal or legal drugs stored in such a way that a child might access and ingest them, or needles stored in such a way that a child may access them.
- Drug production or trafficking in the home:** Is there evidence that this home has been used as a drug lab, narcotics lab, grow operation or crack house? This question asks about evidence that drugs are being grown (e.g., marijuana), processed (e.g., methamphetamine) or sold in the home. Evidence of sales might include observations of large quantities of legal or illegal drugs, narcotics, or drug paraphernalia such as needles or crack pipes in the home, or exchanges of drugs for money. Evidence that drugs or narcotics are being grown or processed might include observations that a house is “hyper-sealed” (meaning it has darkened windows and doors, with little to no air or sunlight).
- Chemicals or solvents used in production:** Industrial chemicals/solvent stored in such a way that a child might access and ingest or touch.
- Other home injury hazards:** The quality of household maintenance is such that a child might have access to things such as poisons, fire implements or electrical hazards.
- Other home health hazards:** The quality of living environment is such that it poses a health risk to a child (e.g., no heating, feces on floor/walls).

QUESTION 21: HOUSEHOLD REGULARLY RUNS OUT OF MONEY FOR BASIC NECESSITIES

Indicate if the household regularly runs out of money for necessities (e.g., food, clothing).

QUESTION 22: CASE PREVIOUSLY OPENED

Describe case status at the time of the referral.

Case previously opened: Has this family previously had an open file with a child welfare agency/office? For provinces where cases are identified by family, has a caregiver in this family been part of a previous investigation even if it was concerning different children? Respond if there is documentation, or if you are aware that there have been previous openings. Estimate the number

of previous openings. This would relate to case openings for any of the children identified as living in the home (listed on the *Intake Face Sheet*).

- a) **If case was opened before, how long since previous opening:** How many months between the time the case was last opened and this current opening?

QUESTION 23: CASE WILL STAY OPEN FOR ONGOING CHILD WELFARE SERVICES

At the time you are completing the *CIS Maltreatment Investigation Form*, do you plan to keep the case open to provide ongoing services?

- a) **If yes, is case streamed to differential or alternative response:** If case is remaining opened for ongoing service provision, indicate if the case is streamed to differential or alternative response.

QUESTION 24: REFERRAL(S) FOR ANY FAMILY MEMBER

Indicate referrals that have been made to programs designed to offer services beyond the parameters of “ongoing child welfare services.” Include referrals made internally to a special program provided by your agency/office as well as referrals made externally to other agencies/services. Note whether a referral was made and is part of the case plan, not whether the young person or family has actually started to receive services. Fill in all that apply.

- **No referral made:** No referral was made to any programs.
- **Parent support group:** Any group program designed to offer support or education (e.g., Parents Anonymous, Parenting Instruction Course, Parent Support Association).
- **In-home family/parenting counselling:** Home-based support services designed to support families, reduce risk of out-of-home placement, or reunify children in care with their family.
- **Other family or parent counseling:** Refers to any other type of family or parent support or counseling not identified as “parent support group” or “in-home family/parenting counseling” (e.g., couples or family therapy).
- **Drug or alcohol counselling: Addiction program (any substance) for caregiver(s) or children.**
- **Welfare or social assistance:** Referral for social assistance to address financial concerns of the household.
- **Food bank:** Referral to any food bank.
- **Shelter services:** Regarding domestic violence or homelessness.
- **Domestic violence services:** Referral for services/counselling regarding domestic violence, abusive relationships or the effects of witnessing violence.
- **Psychiatric or psychological services:** Child or parent referral to psychological or psychiatric services (trauma, high risk behaviour or intervention).
- **Special education placement:** Any specialized school program to meet a child’s educational, emotional or behavioural needs.
- **Recreational services:** Referral to a community recreational program (e.g., organized sports leagues, community recreation, Boys and Girls Clubs).
- **Victim support program:** Referral to a victim support program (e.g., sexual abuse disclosure group).

- **Medical or dental services:** Any specialized service to address the child's immediate medical or dental health needs.
- **Child or day care:** Any paid child or day care services, including staff-run and in-home services.
- **Cultural services:** Services to help children or families strengthen their cultural heritage.
- **Other:** Indicate and specify any other child- or family-focused referral.

DEFINITIONS: CHILD INFORMATION SHEET

QUESTION 25: CHILD NAME AND SEX

Indicate the first name and sex of the child for which the *Child Information Sheet* is being completed. Note, this is for verification only.

QUESTION 26: AGE

Indicate the child's age.

QUESTION 27: TYPE OF INVESTIGATION

Indicate if the investigation was conducted for a specific incident of maltreatment, or if it was conducted to assess risk of maltreatment only. Refer to page 8, question 6 g) and h) for a detailed description of "risk investigation only" versus investigation of an "incident of maltreatment."

QUESTION 28: ABORIGINAL STATUS

Indicate the Aboriginal status of the child for which the *CIS Maltreatment Assessment Form* is being completed: **Not Aboriginal, First Nations status** (caregiver has formal Indian or treaty status, that is, is registered with the Department of Indian and Northern Affairs), **First Nations non-status, Métis, Inuit** or **Other** (specify and use the *Comment Sheet* if necessary).

QUESTION 29: CHILD FUNCTIONING

This section focuses on issues related to a child's level of functioning. Fill in "Confirmed" if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the parent or child. Suspected means that, in your clinical opinion, there is reason to suspect that the condition may be present, but it has not been diagnosed, observed or disclosed. Fill in "No" if you do not believe there is a problem and "Unknown" if you are unsure or have not attempted to determine if there was such a child functioning issue. Where appropriate, use the **past six months** as a reference point.

- **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.
- **Suicidal thoughts:** The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.
- **Self-harming behaviour:** Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.
- **ADD/ADHD:** ADD/ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically

seen in children of comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school or in the community.

- **Attachment issues:** The child does not have a physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.
- **Aggression:** Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property, at home, at school or in the community.
- **Running (Multiple incidents):** Has run away from home (or other residence) on multiple occasions for at least one overnight period.
- **Inappropriate sexual behaviour:** Child displays inappropriate sexual behavior, including age-inappropriate play with toys, self or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; prostitution or seductive behaviour.
- **Youth Criminal Justice Act involvement:** Charges, incarceration or alternative measures with the Youth Justice system.
- **Intellectual/developmental disability:** Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills, e.g., Down syndrome, autism and Asperger syndrome.
- **Failure to meet developmental milestones:** Children who are not meeting their development milestones because of a non-organic reason.
- **Academic difficulties:** Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language usage, numbers, reading, work comprehension).
- **FAS/FAE:** Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in utero exposure to alcohol abuse by the biological mother.
- **Positive toxicology at birth:** When a toxicology screen for a newborn tests positive for the presences of drug or alcohol.
- **Physical disability:** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.
- **Alcohol abuse:** Problematic consumption of alcohol (consider age, frequency and severity).
- **Drug/solvent abuse:** Include prescription drugs, illegal drugs and solvents.
- **Other:** Specify any other conditions related to child functioning; your responses will be coded and aggregated.

QUESTION 30: IF RISK INVESTIGATION ONLY, IS THERE A SIGNIFICANT RISK OF FUTURE MALTREATMENT?

Only complete this question in cases in which you selected “Risk investigation only” in “Question 27: Type of investigation”. Indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

Note: If this is a risk investigation only, once you have completed question 30, skip to question 39, and complete only questions 39, 40, 41 and 42.

QUESTION 31: MALTREATMENT CODES

The maltreatment typology in the *CIS-2008* uses five major types of maltreatment: *Physical Abuse*, *Sexual Abuse*, *Neglect*, *Emotional Maltreatment*, and *Exposure to Intimate Partner Violence*. These categories are comparable to those used in the previous cycles of the CIS, the Ontario Incidence Study. Because there is significant variation in provincial and territorial child welfare statutes, we are using a broad typology. Rate cases **on the basis of your clinical opinion**, not on provincial, territorial or agency/office-specific definitions.

Select the applicable maltreatment codes from the list provided (1–32), and write these numbers **clearly** in the boxes below Question 31. Enter in the first box the form of maltreatment that best characterizes the investigated maltreatment. If there is only one type of investigated maltreatment, choose all forms within the typology that apply. If there are multiple types of investigated maltreatment (e.g., physical abuse *and* neglect), choose one maltreatment code within each typology that best describes the investigated maltreatment. All major forms of alleged, suspected or investigated maltreatment should be noted in the maltreatment code box regardless of the outcome of the investigation.

Physical Abuse

The child was physically harmed or could have suffered physical harm as a result of the behaviour of the person looking after the child. Include any alleged physical assault, including abusive incidents involving some form of punishment. If several forms of physical abuse are involved, **identify the most harmful form** and circle the codes of other relevant descriptors.

- **Shake, push, grab or throw:** Include pulling or dragging a child as well as shaking an infant.
- **Hit with hand:** Include slapping and spanking, but not punching.
- **Punch, kick or bite:** Include as well any other hitting with other parts of the body (e.g., elbow or head).
- **Hit with object:** Includes hitting with a stick, a belt or other object, throwing an object at a child, but does not include stabbing with a knife.
- **Choking, poisoning, stabbing:** Include any other form of physical abuse, including choking, strangling, stabbing, burning, shooting, poisoning and the abusive use of restraints.
- **Other physical abuse:** Other or unspecified physical abuse.

Sexual Abuse

The child has been sexually molested or sexually exploited. This includes oral, vaginal or anal sexual activity; attempted sexual activity; sexual touching or fondling; exposure; voyeurism; involvement in prostitution or pornography; and verbal sexual harassment. If several forms of sexual activity are involved, **identify the most intrusive form**. Include both intra-familial and extra-familial sexual abuse, as well as sexual abuse involving an older child or youth perpetrator.

- **Penetration:** Penile, digital or object penetration of vagina or anus.
- **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
- **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
- **Fondling:** Touching or fondling genitals for sexual purposes.
- **Sex talk or images:** Verbal or written proposition, encouragement or suggestion of a sexual nature (include face to face, phone, written and Internet contact, as well as exposing the child to pornographic material).
- **Voyeurism:** Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.
- **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
- **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
- **Other sexual abuse:** Other or unspecified sexual abuse.

Neglect

The child has suffered harm or the child's safety or development has been endangered as a result of a failure to provide for or protect the child. Note that the term "neglect" is not consistently used in all provincial/territorial statutes, but interchangeable concepts include "failure to care and provide for or supervise and protect," "does not provide," "refuses or is unavailable or unable to consent to treatment."

- **Failure to supervise: physical harm:** The child suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
- **Failure to supervise: sexual abuse:** The child has been or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.
- **Permitting criminal behaviour:** A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
- **Physical neglect:** The child has suffered or is at substantial risk of suffering physical harm caused by the caregiver(s)' failure to care and provide for the child adequately. This includes inadequate nutrition/clothing, and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

- **Medical neglect (includes dental):** The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to the treatment. This includes dental services when funding is available.
- **Failure to provide psych. treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional or developmental condition that could seriously impair the child's development. The child's caregiver does not provide, or refuses, or is unavailable, or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.
- **Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.
- **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), or fail to enroll the child, or repeatedly keep the child at home. If the child is experiencing mental, emotional or developmental problems associated with school, and treatment is offered but caregivers do not cooperate with treatment, classify the case under failure to provide treatment as well.

Emotional Maltreatment

The child has suffered, or is at substantial risk of suffering, emotional harm at the hands of the person looking after the child.

- **Terrorizing or threat of violence:** A climate of fear, placing the child in unpredictable or chaotic circumstances, bullying or frightening a child, threats of violence against the child or child's loved ones or objects.
- **Verbal abuse or belittling:** Non-physical forms of overtly hostile or rejecting treatment. Shaming or ridiculing the child, or belittling and degrading the child.
- **Isolation/confinement:** Adult cuts the child off from normal social experiences, prevents friendships or makes the child believe that he or she is alone in the world. Includes locking a child in a room, or isolating the child from the normal household routines.
- **Inadequate nurturing or affection:** Through acts of omission, does not provide adequate nurturing or affection. Being detached, uninvolved; failing to express affection, caring and love, and interacting only when absolutely necessary.
- **Exploiting or corrupting behaviour:** The adult **permits or encourages** the child to engage in destructive, criminal, antisocial, or deviant behaviour.

Exposure to Intimate Partner Violence

- **Direct witness to physical violence:** The child is physically present and witnesses the violence between intimate partners.
- **Indirect exposure to physical violence:** Includes situations where the child overhears but does not see the violence between intimate partners; or sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.

- **Exposure to emotional violence:** Includes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners. Includes witnessing or overhearing emotional abuse of one partner by the other.
- **Exposure to non-partner physical violence:** A child has been exposed to violence occurring between a caregiver and another person who is not the spouse/partner of the caregiver (e.g., between a caregiver and a neighbour, grandparent, aunt or uncle).

QUESTION 32: ALLEGED PERPETRATOR

This section relates to the individual who is alleged, suspected or guilty of maltreatment toward the child. Fill in the appropriate perpetrator for each form of identified maltreatment as the primary caregiver, second caregiver or “Other.” If “Other” is selected, specify the relationship of the alleged perpetrator to the child (e.g., brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, family friend). If you select “Primary Caregiver” or “Second Caregiver,” write in a short descriptor (e.g., “mom,” “dad,” or “boyfriend”) to allow us to verify consistent use of the label between the *Household Information* and *Child Information Sheets*. Note that different people can be responsible for different forms of maltreatment (e.g., common-law partner abuses child, and primary caregiver neglects the child). If there are multiple perpetrators for one form of abuse or neglect, fill in all that apply (e.g., a mother and father may be alleged perpetrators of neglect). Identify the alleged perpetrator regardless of the level of substantiation at this point of the investigation.

If Other Perpetrator

If Other alleged perpetrator, identify

- Age:** If the alleged perpetrator is “Other,” indicate the age of this individual. Age is essential information used to distinguish between child, youth and adult perpetrators. If there are multiple alleged perpetrators, describe the perpetrator associated with the primary form of maltreatment.
- Sex:** Indicate the sex of the “Other” alleged perpetrator.

QUESTION 33: SUBSTANTIATION (fill in only one substantiation level per column)

Indicate the level of substantiation at this point in your investigation. Fill in only one level of substantiation per column; each column reflects a separate form of investigated maltreatment, and thus should include only one substantiation outcome.

- **Substantiated:** An allegation of maltreatment is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.
- **Suspected:** An allegation of maltreatment is suspected if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.
- **Unfounded:** An allegation of maltreatment is unfounded if the balance of evidence indicates that abuse or neglect has not occurred.

If the maltreatment was substantiated or suspected, answer 33 a) and 33b).

- Substantiated or suspected maltreatment, is mental or emotional harm evident?** Indicate whether child is showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s).
- If yes, child requires therapeutic treatment:** Indicate whether the child requires treatment to manage the symptoms of mental or emotional harm.

If the maltreatment was unfounded, answer 33 c) and 33d).

- c) **Was the unfounded report a malicious referral?** Identify if this case was intentionally reported while knowing the allegation was unfounded. This could apply to conflictual relationships (e.g., custody dispute between parents, disagreements between relatives, disputes between neighbours).
- d) **If unfounded, is there a significant risk of future maltreatment?** If maltreatment was unfounded, indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

QUESTION 34: WAS MALTREATMENT A FORM OF PUNISHMENT?

Indicate if the alleged maltreatment was a form of punishment.

QUESTION 35: DURATION OF MALTREATMENT

Check the duration of maltreatment as it is known at this point of time in your investigation. This can include a single incident or multiple incidents. If the maltreatment type is unfounded, then the duration needs to be listed as “Not Applicable (Unfounded).”

QUESTION 36: PHYSICAL HARM

Describe the physical harm suspected or known to have been caused by the investigated forms of maltreatment. Include harm ratings even in accidental injury cases where maltreatment is unfounded, but the injury triggered the investigation.

- **No harm:** There is no apparent evidence of physical harm to the child as a result of maltreatment.
- **Broken bones:** The child suffered fractured bones.
- **Head trauma:** The child was a victim of head trauma (note that in shaken-infant cases the major trauma is to the head, not to the neck).
- **Other health condition:** Other physical health conditions, such as untreated asthma, failure to thrive or STDs.
- **Bruises/cuts/scrapes:** The child suffered various physical hurts visible for at least 48 hours.
- **Burns and scalds:** The child suffered burns and scalds visible for at least 48 hours.
- **Fatal:** Child has died; maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.

QUESTION 37: SEVERITY OF HARM

- a) **Medical treatment required:** In order to help us rate the severity of any documented physical harm, indicate whether medical treatment was required as a result of the injury or harm for any of the investigated forms of maltreatments.
- b) **Health or safety seriously endangered by suspected or substantiated maltreatment:** In cases of “suspected” or “substantiated” maltreatment, indicate whether the child’s health or safety was endangered to the extent that the child could have suffered life-threatening or permanent harm (e.g., 3-year-old child wandering on busy street, child found playing with dangerous chemicals or drugs).
- c) **History of injuries:** Indicate whether the investigation revealed a history of previously undetected or misdiagnosed injuries.

QUESTION 38: PHYSICIAN/NURSE PHYSICALLY EXAMINED CHILD AS PART OF THE INVESTIGATION

Indicate if a physician or nurse conducted a physical examination of the child over the course of the investigation.

QUESTION 39: PLACEMENT DURING INVESTIGATION

Check one category related to the placement of the child. If the child is already living in an alternative living situation (emergency foster home, receiving home), indicate the setting where the child has spent the most time.

- **No placement required:** No placement is required following the investigation.
- **Placement considered:** At this point of the investigation, an out-of-home placement is still being considered.
- **Informal kinship care:** An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority does not have temporary custody.
- **Kinship foster care:** A formal placement has been arranged within the family support network (kinship care, extended family, customary care); the child welfare authority has temporary or full custody and is paying for the placement.
- **Family foster care (non kinship):** Include any family-based care, including foster homes, specialized treatment foster homes and assessment homes.
- **Group home:** Out-of-home placement required in a structured group living setting.
- **Residential/secure treatment:** Placement required in a therapeutic residential treatment centre to address the needs of the child.

QUESTION 40: CHILD WELFARE COURT

There are three categories to describe the current status of child welfare court at this time in the investigation. If investigation is not completed, answer to the best of your knowledge at this time. Select one category only.

- a) **Referral to mediation/alternative response:** Indicate whether a referral was made to mediation, family group conferencing, an Aboriginal circle, or any other alternative dispute resolution (ADR) process designed to avoid adversarial court proceedings.

QUESTION 41: PREVIOUS REPORTS

- a) **Child previously reported to child welfare for suspected maltreatment:** This section collects information on previous reports to Child Welfare for the **individual child in question**. Report if the child has been previously reported to Child Welfare authorities because of suspected maltreatment. Use “Unknown” if you are aware of an investigation but cannot confirm this. Note that this is a child-specific question as opposed to the previous report questions on the *Household Information Sheet*.

- b) **If yes, was the maltreatment substantiated:** Indicate if the maltreatment was substantiated with regard to this previous investigation.

QUESTION 42: CAREGIVERS USE SPANKING AS A FORM OF DISCIPLINE

Indicate if caregivers use spanking as a form of discipline. Use “Unknown” if you are unaware of caregivers using spanking.

QUESTION 43: POLICE INVOLVEMENT IN ADULT DOMESTIC VIOLENCE INVESTIGATION

Indicate level of police involvement specific to a domestic violence investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

QUESTION 44: POLICE INVOLVEMENT IN CHILD MALTREATMENT INVESTIGATION

Indicate level of police investigation for the present child maltreatment investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

THANK YOU FOR YOUR SUPPORT AND INTEREST IN THE THIRD CYCLE OF THE CANADIAN INCIDENCE STUDY.

SUBJECT INDEX

Alleged Perpetrator	18	Maltreatment Codes	15
Background Information	1	Mental or Emotional Harm	18
Caregiver(s) in the Home	7	Neglect	16
Caregiver Outside the Home	10	Objectives	1
Caregiver Risk Factors	10	Other Adults in Home	10
Case Status Information	12	Out of Home Placement	20
Child Functioning	13	Physical Abuse	15
<i>Child Information Sheet</i>	13	Physical Harm	19
<i>CIS Maltreatment Assessment Form</i>	2	Police Involvement	21
<i>Comment Sheet</i>	8	Primary Income Source	9
Confidentiality	2	Referral for Any Family Member	12
Describing Referral	6	Risk	7
Emotional Maltreatment	17	Sample	1
Ethno-Racial Group	9	Sexual Abuse	16
Exposure to Intimate Partner Violence	17	Source of Allegation/Referral	5
Frequently Asked Questions	3	Substantiation	18
<i>Household Information Sheet</i>	8	Training	2
Housing	10	Unsafe Housing	11

Appendix F

CIS-2008/AIS-2008 CASE VIGNETTES

The following is the case vignette used during training sessions on how to complete the AIS-2008 *Maltreatment Assessment Form*.

Intake Assessment: Sarah and Jason

File Number: 2345-234 G

Referring Source: Neighbour

Family Name: Smith

Mother's Name: Betsy Smith

Date of Referral: October 06, 2008

Ethno-racial group: White

Father's Name: Unknown

Children:	Date of Birth:
Sarah	May 05, 2003
Jason	February 02, 2008

Case Record: Investigation in 2006, lack of supervision of 3-year-old Sarah.

Referral Summary:

Date: Oct 6/08 A caller contacted the office with concerns that Jason, a young baby, was being left alone by his mother. The caller lives across the street from Ms. Smith and has known the family for four or five months. The caller indicated that Ms. Smith lives in an apartment with her little girl who looks about four or five, and her baby boy who is about 8 or 9 months old. The caller has watched Ms. Smith leave the house with her daughter at lunchtime, walking the girl to school a few blocks away. The baby is not with her. Ms. Smith sometimes returns within 10 or 15 minutes, and other times she returns after a longer period. The caller has watched this happen six or seven times since the start of the school year. Today she noted that Ms. Smith was gone for at least 45 minutes and that the baby was alone in the apartment the whole time, although Ms. Smith was now back at home. The caller knows that Ms. Smith has a boyfriend who stays overnight occasionally.

Date: Oct 7/08 The worker attended the home of Ms. Smith (26) at 10 am. Ms. Smith was surprised to see the worker at her home but agreed to let the worker in. She apologized for the house being untidy as she had not been able to clean up yet this morning.

The kitchen had a large pile of dirty dishes on the counter and in the sink, including several half-full baby bottles. The worker looked in the fridge and cupboards, and noted adequate provisions. Crumbs and pieces of dirt were stuck to the carpet. Toys and dirty dishes were all about the living area. The beds were all unmade and Sarah's bed had no sheets. Jason's crib was sour smelling but free of toys. The bathroom was very dirty. The window was broken and a large piece of glass was on the floor.

Ms. Smith indicated that she has been unemployed since Sarah was born. She relies on social assistance to pay her bills. She has used the food bank a few times. She has more money since moving to this subsidized apartment four months ago. She indicated that she has an on-and-off boyfriend named John; he does not help with the kids. Ms. Smith was raised in another town. Her parents and two brothers remain there. Ms. Smith has no history of CAS involvement as a child.

Sarah was talkative and friendly. She showed no signs of anxiety or fear in front of her mother. Sarah proudly told the worker what a big girl she was as she could dress herself and

make her own breakfast. She thought it was nice to let her mom sleep in.

When asked directly about leaving the baby at home, Ms. Smith admitted that she has had to do this once or twice as she finds the trip to school conflicts with the baby's nap. The worker asked Sarah if she ever babysat her brother and Sarah stated that her mother had "never-ever-ever" left her alone at home. When asked how long she was gone, Ms. Smith said she took Sarah straight to school and came home; leaving Jason sleeping alone for a maximum of 10 minutes. The worker asked about Ms. Smith's usual child care and Ms. Smith indicated that she rarely needed a babysitter but would call on her friend to watch her kids if she had to go out. The worker advised Ms. Smith that under no circumstances could she leave either of her children alone.

Near the end of the visit the worker asked to hold the baby, and noted that his sleepers were damp. She asked Ms. Smith to change him. Ms. Smith put Jason directly on the dirty floor and changed his diaper. He did not have a diaper rash, and he had no observable bruises. While on the floor Jason picked up some debris from the floor and put it in his mouth.

The worker advised Ms. Smith that conditions in her home posed safety hazards to her children—namely the broken window and glass in the bathroom, and the dirty living areas. Ms. Smith agreed to clean the home and call her landlord to fix the window.

The worker informed Ms. Smith that she would be receiving ongoing visits from the agency to help her establish appropriate child care routines and to support her in organizing the daily tasks of family life. The worker had Ms. Smith sign a release form so she could speak with both the family doctor and Sarah's school.

Date: Oct 7/08 Ms. Q is a kindergarten teacher. Ms. Q expressed concern as Sarah often arrives in rumpled clothes, with dirty hair and face. Some days she smells unclean and the teacher has heard other children make fun of Sarah's smell. Sarah has told her teacher that she is late because she has to wait for her mom to put her brother down for his nap before they can walk to school. Sarah is frequently late for school.

Date: Oct 8/08: Phone call to Dr. Jones's office. The office confirmed that an appointment had been made for both children and the doctor will call the worker after she has seen the family again.

Investigation Conclusions:

This case involves the neglect of Sarah and her brother Jason. Jason has been left unsupervised more than once. This comes after Ms. Smith was previously investigated and cautioned for inadequate supervision of Sarah. Sarah appears to take on numerous parenting tasks including the soothing and supervision of her baby brother as well as preparing herself for school. In addition, the home is dirty and poses several dangers to the children.

Outcome: Case to be transferred for ongoing services



Appendix G

VARIANCE ESTIMATES AND CONFIDENCE INTERVALS

The following is a description of the method employed to develop the sampling error estimation for the AIS-2008. As well as the variance estimates and confidence intervals for the AIS-2008 estimates. Variance estimates are provided for the statistics in the “total” column for most tables in this report.

SAMPLING ERROR ESTIMATION¹

The AIS-2008 uses a random sample survey method to estimate the incidence and characteristics of cases of reported child abuse and neglect across the country. The study estimates are based on the core AIS-2008 sample of 2,239 child investigations drawn from a total population of 1,195 family cases open for service in Alberta.

The size of this sample ensures that estimates for figures such as the overall rate of reported maltreatment, substantiation rate, and major categories of maltreatment have a reasonable margin of error. However, the margin of error increases for estimates involving less frequent events, such as the number of reported cases of medical neglect or the number of children under four years of age placed in the care of child welfare services. For extremely rare events, such as voyeurism, the margin of error is very large, and such estimates should be interpreted as providing a

rough idea of the relative scope of the problem rather than a precise number of cases.

Appendix G tables provide the margin of error for selected AIS-2008 estimates. For example, the estimated number of child maltreatment investigations in Alberta is 27,147. The lower 95 per cent confidence interval is 23,479 child investigations and the upper confidence interval is 30,816 child investigations. This means that if the study were repeated 20 times, in 19 times the calculated confidence interval (23,479–30,816) would contain the true number of child maltreatment investigations.

Estimates are only representative of the sampling period; the error estimates do not account for any errors in determining the annual and regional weights. Nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from office to office. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends on the extent to which the sampling period is representative of the whole year.

To assess the precision of the AIS-2008 estimates, sampling errors were calculated from the sample with reference to the fact that the survey population had been stratified and that a single cluster (or office) had been

selected randomly from each stratum. From the selected cluster all cases in the three-month period were sampled. In a few situations, a shorter period of time was sampled or every random cases were sampled. An annualization weight was used to weight the survey data to represent annual cases. A regionalization weight was used to weight the survey data so that data from offices represented regions or strata.

Sampling errors were calculated by determining the sampling variance and then taking the square root of this variance. The sampling variability that was calculated was the variability due to the randomness of the cluster selected. Had a different cluster been selected, then a different estimate would have been obtained. The sampling variance and sampling error calculated are an attempt to measure this variability. Thus, the measured variability is due to the cluster. We did not measure the variability, however, because only three months were sampled, not a full year, and in some situations only every second case was sampled.

To calculate the variance, the stratified design allowed us to assume that the variability between strata was zero and that the total variance at the Alberta level was the sum of the variance for each strata.

Calculating the variance for each strata was a problem, because only one

cluster had been chosen in each strata. To overcome this problem we used the approach given in Rust and Kalton (1987).¹

This approach involved collapsing stratum into groups (collapsed strata); the variability among the clusters within the group was then used to derive a variance estimate. Collapsing of strata was done to maintain homogeneity as much as possible.

The estimated population of incidences ($\hat{\tau}$) with the characteristic of interest is:

$$\hat{\tau} = \sum_{h=1}^H \hat{\tau}_h$$

Where $\hat{\tau}_h$ is the population of

¹ Rust, K., & Kalton, G. (1987). Strategies for collapsing strata for variance estimation. *Journal of Official Statistics*, 3(1): 69–81.

incidences with the characteristic of interest for the h^{th} stratum.

$$\hat{\tau}_h = \sum_i w_h y_{hi}$$

where:

w_h is the weight for the h^{th} stratum y_{hi} is 1 if the i^{th} unit (case) in stratum h has the characteristic of interest, is 0 if the i^{th} unit (case) in stratum h does not have the characteristic of interest, and we sum over all the i units (cases) in the h^{th} stratum.

For our study the H strata were partitioned into J groups of strata, known as collapsed strata, and there were H_j ($H_j \geq 2$) strata in the collapsed stratum j . Stratum h within collapsed stratum j is denoted by $h(j)$. The collapsed strata estimator of the variance $\hat{\tau}$ is

$$\text{var}(\hat{\tau}) = \sum_j \frac{H_j}{(H_j - 1)} \sum_h \left[\hat{\tau}_{h(j)} - \frac{\hat{\tau}_j}{H_j} \right]^2$$

Where $\hat{\tau}_{h(j)}$ denotes the unbiased estimator of $\hat{\tau}_{h(j)}$, the parameter value for stratum h in collapsed stratum j , and

$$\hat{\tau}_j = \sum_h \hat{\tau}_{h(j)}$$

The following are the variance estimates and confidence intervals for AIS-2008 variables of interest. The tables are presented to correspond with the tables in the chapters of the Major Findings Report. Each table reports the estimate, standard error, coefficient of variation, lower and upper confidence interval.

APPENDIX G: Table 3-1a

Number and Rate of Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Number of Investigations	27,147	1,872	6.90%	23,479	30,816

APPENDIX G: Table 3-2

Age of Children in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<1 year	2,324	311	13.39%	1,714	2,934
1-3 years	5,236	372	7.10%	4,507	5,965
4-7 years	5,820	396	6.80%	5,044	6,596
8-11 years	5,954	524	8.80%	4,928	6,981
12-15 years	6,026	486	8.06%	5,075	6,978
16-17 years	1,787	76	4.27%	1,638	1,937

APPENDIX G: Figure 3-3

Substantiation Decisions in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Substantiated	14,403	1,246	8.65%	11,961	16,845
Suspected	2,160	190	8.80%	1,788	2,533
Unfounded	6,198	551	8.89%	5,118	7,277
Risk of Future Maltreatment	793	113	14.28%	571	1,015
No Risk of Future Maltreatment	501	228	9.10%	2,055	2,947
Unknown Risk of Future Maltreatment	1,092	302	27.68%	500	1,685

APPENDIX G: Table 3-4a

Referral Source in Child Maltreatment Investigations in Alberta in 2003 and Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Any Non-Professional Referral Source	7,207	804	11.15%	5,631	8,782
Any Professional Referral Source	19,050	1,273	6.68%	16,555	21,544
Other/Anonymous Referral Source	760	64	8.40%	635	885

APPENDIX G: Table 3-4b

Specific Referral Sources in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Non Professional					
Custodial or Non Custodial Parent	1,963	247	12.58%	1,479	2,447
Child (Subject of Referral)	620	128	20.65%	369	871
Relative	1,918	232	12.11%	1,463	2,374
Neighbour/Friend	2,231	362	16.23%	1,521	2,940
Professional					
Community, Health or Social Services	3,058	344	11.26%	2,383	3,733
Hospital (Any Personnel)	1,761	193	10.97%	1,383	2,140
School	5,789	323	5.59%	5,156	6,423
Other Child Welfare Service	1,306	66	5.07%	1,176	1,435
Day Care Centre	122	25	20.36%	74	171
Police	6,797	831	12.23%	5,168	8,425
Anonymous	485	44	9.13%	398	572
Other	275	30	10.99%	216	334

APPENDIX G: Table 3-5

Provision of Ongoing Services Following an Investigation in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Case to Stay Open for Ongoing Services	8,201	904	11.02%	6,430	9,973
Case to be Closed	18,919	1,307	6.91%	16,357	21,480

APPENDIX G: Table 3-6a

Placements in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Remained at Home	23,625	1,571	6.65%	20,546	26,705
Child with Relative (Not a Formal Child Welfare Placement)	1,139	163	14.27%	820	1,457
Foster Care (Includes Kinship Care)	1,828	177	9.70%	1,480	2,175
Group Home/Residential Secure Treatment	555	31	5.64%	494	617

APPENDIX G: Figure 3-6b

Placements in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Placement Required	23,025	1,599	6.95%	19,891	26,159
Placement Considered	600	150	24.97%	307	894
Informal Kinship Care	1,139	163	14.27%	820	1,457
Kinship Foster Care	398	74	18.51%	254	542
Foster Care	1,430	133	9.30%	1,169	1,691
Group Home	387	28	7.21%	333	442
Residential Secure Treatment	168	24	14.37%	121	215

APPENDIX G: Table 3-7

History of Previous Investigations in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Child Previously Investigated	15,114	1,326	8.77%	12,515	17,713
Child Not Previously Investigated	11,823	858	7.26%	10,142	13,505
Unknown	210	0	0.00%	210	210

APPENDIX G: Table 3-8

Applications to Child Welfare Court in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Court Considered	23,301	1,548	6.65%	20,266	26,336
Application Made	3,846	462	12.02%	2,940	4,752

APPENDIX G: Figure 4-1

Primary Category of Substantiated Maltreatment in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Physical Abuse	1,933	159	8.21%	1,622	2,244
Sexual Abuse	285	74	25.97%	140	430
Neglect	5,328	409	7.68%	4,526	6,129
Emotional Maltreatment	1,974	303	15.37%	1,380	2,568
Exposure to Intimate Partner Violence	4,883	619	12.68%	3,669	6,097

APPENDIX G: Table 4-2

Single and Multiple Categories of Substantiated Child Maltreatment in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Single Form of Substantiated Maltreatment					
Physical Abuse Only	1,135	91	8.06%	955	1,314
Sexual Abuse Only	176	50	28.39%	78	274
Neglect Only	3,494	281	8.06%	2,942	4,045
Emotional Maltreatment Only	1,331	273	20.50%	796	1,865
Exposure to Intimate Partner Violence Only	3,898	556	14.26%	2,809	4,988
Multiple Categories of Substantiated Maltreatment					
Physical Abuse and Neglect	265	54	20.53%	158	372
Physical Abuse and Emotional Maltreatment	388	53	13.68%	284	492
Physical Abuse and Exposure to Intimate Partner Violence	232	65	28.02%	105	360
Sexual Abuse and Neglect	122	45	37.03%	33	210
Sexual Abuse and Emotional Maltreatment	-	-	-	-	-
Sexual Abuse and Exposure to Intimate Partner Violence	-	-	-	-	-
Neglect and Emotional Maltreatment	917	174	18.96%	576	1,257
Neglect and Exposure to Intimate Partner Violence	973	122	12.49%	735	1,211
Emotional Maltreatment and Exposure to Intimate Partner Violence	728	84	11.59%	562	893
Physical Abuse, Sexual Abuse and Emotional Maltreatment	-	-	-	-	-
Physical Abuse, Sexual Abuse and Exposure to Intimate Partner Violence	-	-	-	-	-
Physical Abuse, Neglect, Emotional Maltreatment	331	110	33.17%	116	546
Physical Abuse, Neglect and Exposure to Intimate Partner Violence	-	-	-	-	-
Physical Abuse, Emotional Maltreatment and Exposure to Intimate Partner Violence	-	-	-	-	-
Sexual Abuse, Neglect and Emotional Maltreatment	-	-	-	-	-
Sexual Abuse, Neglect and Exposure to Intimate Partner Violence	-	-	-	-	-
Neglect, Emotional Maltreatment and Exposure to Intimate Partner Violence	208	68	32.56%	75	341

(-) Estimates of less than 100 weighted investigations are not

APPENDIX G: Figure 4-3

Severity of Physical Harm by Primary Category of Substantiated Child Maltreatment in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Physical Harm	13,200	1,082	8.20%	11,079	15,322
Physical Harm, No Medical Treatment Required	748	128	17.16%	496	999
Physical Harm, Medical Treatment Required	400	110	27.46%	185	615

APPENDIX G: Table 4-4

Nature of Physical Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Bruises, Cuts, Scrapes	734	111	15.16%	516	952
Burns and Scalds	-	-	-	-	-
Broken Bones	-	-	-	-	-
Head Trauma	-	-	-	-	-
Fatality	-	-	-	-	-
Other Health Conditions	428	109	25.44%	214	641

(-) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Figure 4-5

Documented Emotional Harm in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Emotional Harm	8,613	691	8.03%	7,258	9,967
Signs of Emotional Harm, No Treatment Required	2,161	198	9.15%	1,774	2,549
Emotional Harm, Treatment Required	3,629	475	13.08%	2,699	4,559

APPENDIX G: Figure 4-6

Duration of Maltreatment in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Single Incident	3,959	457	11.53%	3,064	4,854
Multiple Incident	10,361	823	7.95%	8,747	11,975

APPENDIX G: Table 5-2

Child Functioning Concerns in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Depression/Anxiety/Withdrawal	3,043	410	13.48%	2,239	3,848
Suicidal Thoughts	970	122	12.59%	731	1,210
Self-Harming Behaviour	786	59	7.55%	670	902
ADD/ADHD	1,903	204	10.72%	1,503	2,303
Attachment Issues	2,336	182	7.80%	1,979	2,693
Aggression	2,636	390	14.81%	1,870	3,401
Running (Multiple Incidents)	973	109	11.23%	759	1,187
Inappropriate Sexual Behaviours	837	92	11.02%	656	1,018
Youth Criminal Justice Act Involvement	603	69	11.43%	468	738
Intellectual/Developmental Disability	2,865	270	9.42%	2,336	3,393
Failure to Meet Developmental Milestones	1,899	254	13.37%	1,401	2,397
Academic Difficulties	3,947	387	9.81%	3,188	4,706
FAS/FAE	1,408	156	11.05%	1,103	1,713
Positive Toxicology at Birth	345	88	25.59%	172	519
Physical Disability	531	78	14.74%	378	685
Alcohol Abuse	835	172	20.58%	499	1,172
Drug/Solvent Abuse	876	83	9.44%	714	1,038
Other Functioning Concern	704	173	24.59%	364	1,043

APPENDIX G: Table 5-3

Aboriginal Heritage of Children in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Aboriginal Heritage					
Not Aboriginal	9,294	617	6.64%	8,085	10,504
First Nation, Status	2,336	605	25.89%	1,150	3,521
First Nation, Non-Status	1,480	228	15.42%	1,033	1,928
Métis	1,084	139	12.82%	812	1,356
Inuit	110	0	0.00%	110	110
Other Aboriginal	-	-	-	-	-

(-) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Table 5-4a

Age of Primary Caregiver in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
<16 years	-	-	-	-	-
16-18 years	141	46	32.43%	52	231
19-21 years	440	46	10.49%	349	530
22-30 years	4,345	330	7.59%	3,698	4,991
31-40 years	6,843	815	11.91%	5,245	8,441
41-50 years	2,219	310	13.98%	1,611	2,828
51-60 years	281	65	23.03%	154	408
>60 years	110	3	33.00%	39	182

(-) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Table 5-4b

Sex of Primary Caregiver in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Females	13,107	1,208	9.22%	10,738	15,475
Males	1,296	184	14.23%	935	1,658

APPENDIX G: Table 5-5

Primary Caregiver's Relationship to the Child in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Biological Parent	13,808	1,205	8.72%	11,447	16,169
Parent's Partner	145	78	53.50%	-7	298
Foster Parent	-	-	-	-	-
Adoptive Parent	-	-	-	-	-
Grandparent	262	59	22.45%	147	377
Other	-	-	-	-	-

(-) Estimates of less than 100 weighted investigations are not shown

APPENDIX G: Table 5-6

Primary Caregiver Risk Factors in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Alcohol Abuse	4,744	655	13.81%	3,460	6,028
Drug/Solvent Abuse	3,620	428	11.82%	2,781	4,459
Cognitive Impairment	1,679	167	9.96%	1,352	2,007
Mental Health Issues	5,249	505	9.62%	4,259	6,239
Physical Health Issues	2,048	272	13.30%	1,515	2,582
Few Social Supports	6,646	729	10.98%	5,216	8,075
Victim of Domestic Violence	7,426	759	10.22%	5,938	8,914
Perpetrator of domestic Violence	2,725	321	11.77%	2,096	3,354
History of Foster Care/Group Home	1,717	201	11.70%	1,323	2,111

APPENDIX G: Table 5-7

Household Source of Income in Substantiated Investigations in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Full-Time Employment	7,720	441	5.71%	6,855	8,585
Part-time/Multiple Jobs/ Seasonal Employment	1,651	214	12.94%	1,232	2,069
Benefits/El/Social Assistance	4,426	878	19.84%	2,706	6,147
Unknown	315	75	23.76%	168	462
None	291	42	14.54%	208	373

APPENDIX G: Table 5-8

Housing Type in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Own Home	4,164	253	6.09%	3,667	4,661
Rental Accommodation	6,669	805	12.07%	5,091	8,246
Public Housing	1,948	179	9.19%	1,598	2,299
Band housing	576	280	48.54%	28	1,125
Shelter/Hotel	262	63	24.11%	138	385
Other	540	233	43.17%	83	997
Unknown	243	56	22.83%	135	352

APPENDIX G: Table 5-9

Family Moves Within the Last 12 Months in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
No Moves in Last 12 Months	7,303	459	6.29%	6,403	8,203
One Move	2,740	270	9.85%	2,211	3,269
Two or more moves	2,148	232	10.82%	1,692	2,604
Unknown	2,212	653	29.51%	933	3,491

APPENDIX G: Table 5-10

Exposure to Hazards in the Home in Substantiated Child Maltreatment Investigations in Alberta in 2008					
Variable	Estimate	Standard Error	Coefficient of Variation	Confidence Interval	
				Lower	Upper
Accessible Weapons	391	69	17.76%	255	527
Accessible Drugs or Drug Paraphernalia	1,321	175	13.26%	977	1,664
Drug Production/Trafficking in Home	126	42	33.32%	44	208
Chemicals or Solvents Used in Production	-	-	-	-	-
Other Home Injury Hazards	698	48	6.92%	603	793
Other home health hazards	1,690	170	10.06%	1,357	2,023

(-) Estimates of less than 100 weighted investigations are not shown



Appendix H

DESCRIPTION OF WEIGHTING PROCEDURE

Weighting involves multiplying sampled data by factors which adjust the representation of each case in the data in order to correct for disproportionate representation of certain groups of interest and generate a sample which conforms to known population distributions on specified variables.

Conceptually, the weights used to maintain provincial representativeness of the data included in AIS-2008 can be viewed as three distinct factors which are multiplied by one another.

Office weight – The first factor, which we can call W_s , represents the ratio of the total number of offices in a stratum (a group of offices within a geographic region from which offices were randomly sampled) to the number of offices sampled from that stratum.

$$W_s = \frac{\# \text{ of offices in stratum}}{\# \text{ of offices sampled in stratum}}$$

Subsampling weight – In most offices, data were collected for every new, maltreatment-related investigation opened during the three month data collection period; however, in order to reduce burden on workers, sample size was limited to 250, randomly selected investigations in 20 very large offices. Accordingly, *unweighted* data from the province underrepresents the investigations conducted by large offices. The second factor, which we can call W_{ss} , accounts for the random sampling of investigations within the three-month

data collection period. This factor represents the ratio of the number of investigations opened by an office during the three-month data collection period to the number of investigations from that office which were included in the AIS sample.

$$W_{ss} = \frac{\# \text{ of investigations Oct. 1–Dec. 31}}{\# \text{ of investigations sampled}}$$

Office Size Correction – Child welfare offices, including those in the study sample, vary greatly in terms of the number of children they serve and the number of investigations they conduct. The “office weight” described above adjusts for differences in the number of offices selected from each stratum, but does not account for variations in the size of the offices within these strata. The third factor, which we can call PS_r , is intended to adjust for variations in the size of offices within a stratum. It represents the ratio of the average child population served by offices sampled within a stratum to the average child population for all offices in the stratum. Ideally, this factor would adjust for variations in the number of investigations opened by offices within a stratum. But, because reliable statistics on number of investigations completed by an office have not been consistently available, child population is used as a proxy for office size. Accordingly, this factor assumes that the numbers of investigations opened by the offices within a stratum are strictly

proportional to office child population and it does not account for variations in the per capita rate of investigations.

$$PS_r = \frac{\text{average child population in sampled offices}}{\text{average child population in offices in stratum}}$$

Together, these three factors, $W_s \times W_{ss} \times PS_r$ are used to create estimates of the number of investigations completed within the three-month data collection period by all Alberta offices.

Annualization

In addition to the weight adjustment of data from the province all data presented in this report were weighted in order to derive annual estimates. Because the AIS collects data only during a three-month period from a sample of child welfare offices, data are weighted to create estimates of the number of investigations conducted by sampled offices during 2008. Accordingly, all data are multiplied by a factor, which we can call PS_a , which represents the ratio of all investigations conducted by sampled offices during 2008 to all investigations opened by the sampled office during the Oct. 1–Dec. 31 quarter.

$$PS_r = \frac{\# \text{ of investigations in 2008}}{\# \text{ of investigations Oct. 1–Dec. 1}}$$

Two key limitations of the annualization weight must be noted. This factor corrects for

seasonal fluctuation in the number of investigations, but it does not correct for any seasonal variations in investigation/maltreatment characteristics. In addition, while cases reported more than once during the three-month case sampling period were unduplicated (see Case Selection section in this chapter), the weights used for AIS-2008 annual estimates include an unknown number of “duplicate” cases, i.e. children or families reported and opened for investigation two or more times during the year. Accordingly, the weighted annual estimates presented in this report represent new child maltreatment-related investigations conducted by the sampled offices in 2008, rather than investigated children.