

17-YEAR-OLD ONESSA

An Investigative Review



OCTOBER 2016



Under my authority and duty as identified in the *Child and Youth Advocate Act (CYAA)*, I am providing the following Investigative Review regarding the death of a 17-year-old youth who had received Child Intervention Services within two years of her passing. Consistent with Section 15 of the *CYAA*, the purpose of this report is to learn from this sad circumstance and recommend ways of improving Alberta's child intervention system.

This is a public report that contains detailed information about children and families. Although my office has taken great care to protect the privacy of the youth and her family, I cannot guarantee that interested parties will not be able to identify them. Accordingly, I would request that readers and interested parties, including the media, respect this privacy and not focus on identifying the individuals and locations involved in this matter.

In accordance with the *CYAA*, Investigative Reviews must be non-identifying. Therefore, the names used in this report are pseudonyms (false names). Finding an appropriate pseudonym is difficult because a young person's name is part of who they are. However, it is a requirement that my office takes seriously and respectfully. In this situation, her mother has chosen her name, "Onessa".

We met with Onessa's mother and others who knew her. Their thoughts and experiences were critical to our understanding and are incorporated in this report.

Onessa became involved with Child Intervention Services when she was 14 years old following a conflict with her mother. It was learned that she was engaging with an adult male on the Internet. Onessa later died by suicide.

This review highlights the importance of protecting children from online sexual exploitation. I am making one recommendation to improve services for Alberta's young people that must be acted upon in a timely and effective manner.

[Original signed by Del Graff]

Del Graff

Child and Youth Advocate

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EXECUTIVE SUMMARY

Alberta's Child and Youth Advocate ("the Advocate") is an independent officer reporting directly to the Legislature of Alberta, deriving his authority from the *Child and Youth Advocate Act (CYAA)*. The Advocate has the authority to conduct investigations into systemic issues related to the death of a child who received Child Intervention Services within two years of their death.

Onessa (not her real name)¹ died by suicide when she was 17 years old. She had involvement with Child Intervention Services that ended approximately five months before her death. The Advocate was notified and determined that an Investigative Review was warranted.

This Investigative Review examined **four potential systemic issues**:

- Parent-Teen Relationships
- Engagement and Assessment of High-Risk Youth
- Suicide Awareness and Prevention
- Sexual Exploitation of Youth

1. Parent-Teen Relationships

When Onessa reached adolescence, her relationship with her mother, Kira, became challenging and they accessed counseling. Their difficulties escalated and Child Intervention Services became involved. Although services were provided, their relationship was fractured and they were not ready to work on their issues. Onessa sought independence and moved out on her own.

2. Engagement and Assessment of High-Risk Youth

When Onessa was 16 years old, Child Intervention Services responded to concerns that she had overdosed and was possibly suicidal. She had been living independently and had cut off ties with her mother and with the child welfare system several months earlier. She was considered to be at "high risk" and a specialized caseworker was assigned to work with her.

¹ All names throughout this report are pseudonyms to ensure the privacy of the child and family.

3. Suicide Awareness and Prevention

Onessa was hospitalized after an overdose. She denied that it had been a suicide attempt and based on her self-reporting, she was discharged within a day. Onessa died by suicide six months later. In previous Investigative Reviews, the Advocate has made numerous recommendations to improve services to youth who are at risk for suicide.

4. Sexual Exploitation of Youth

Young people are influenced by the Internet because of easy access to information and connectivity to others. It is also an environment where youth can place themselves at risk. Onessa accessed Internet sites, chatted with adults and, as a result, was vulnerable to being exploited. Like many others who spend time online, we will never know with certainty the situations that Onessa found herself in.

The *Protection of Sexually Exploited Children Act (PSECA)* provides Child Intervention Services with the mandate to intervene with children who are sexually exploited, particularly those who are involved in prostitution. Professionals and the public need to be aware of and knowledgeable about the potential implications of online activity. Legislation and policy must be reviewed to protect children who might be at risk of Internet sexual exploitation.

To address these issues and to help improve the effectiveness of Alberta's services to children, the Advocate makes the following **recommendation**:

Recommendation 1

The Ministry of Human Services should:

- a) Review the relevant legislation and policy to consider an enhanced definition of child sexual exploitation; and,
- b) Provide assessment and interventions that are specific to young people at risk of Internet sexual exploitation.

The Office of the Child and Youth Advocate

Alberta's Child and Youth Advocate ("the Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the *Child and Youth Advocate Act (CYAA)*,² which came into force on April 1, 2012.

The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the *Child, Youth and Family Enhancement Act*³ (the *Enhancement Act*), the *Protection of Sexually Exploited Children Act*⁴ (*PSECA*), or from the youth justice system.

Investigative Reviews

Section 9(2)(d) of the CYAA provides the Advocate with the authority to conduct Investigative Reviews. The Advocate may investigate systemic issues arising from the death of a child who was receiving child intervention services within two years of their death if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Upon completion of an investigation under this section of the CYAA, the Advocate releases a public Investigative Review report. The purpose is to make findings regarding the services that were provided to the young person and make recommendations that may help prevent similar incidents from occurring in the future.

An Investigative Review does not assign legal responsibilities or draw legal conclusions, nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify key issues along with meaningful recommendations, which are:

- prepared in such a way that they address systemic issue(s); and,
- specific enough that progress made on recommendations can be evaluated; yet,
- not so prescriptive to direct the practice of Alberta government ministries.

² *Child and Youth Advocate Act, S.A. 2011, c. C-11.5.*

³ *Child, Youth and Family Enhancement Act, RSA 2000, c. C-12.*

⁴ *Protection of Sexually Exploited Children Act, RSA 2000, c. P-30.3.*

It is expected that ministries will take careful consideration of the recommendations, and plan and manage their implementation along with existing service responsibilities. The Advocate provides an external review and advocates for system improvements that will help enhance the overall safety and well-being of children who are receiving designated services. Fundamentally, an Investigative Review is about learning lessons, rather than assigning blame.

About This Review

The Advocate received information that 17-year-old Onessa⁵ died by suicide and that Child Intervention Services had been involved with her within two years of her death. The most recent involvement ended approximately five months before she died.

Onessa's child intervention record was thoroughly reviewed by investigative staff from the Office of the Child and Youth Advocate (OCYA). The Advocate determined that a full Investigative Review was required and the Ministry of Human Services was subsequently advised.

Terms of Reference were established and are provided in Appendix 1. A team gathered information and conducted an analysis of Onessa's circumstances through a review of relevant documentation, interviews and research. The team also met with her mother.

A preliminary report was completed and presented to a committee of subject matter experts who provided advice related to findings and recommendations. The list of committee members is provided in Appendix 2. Committee membership included experts in the fields of children's mental health and child sexual exploitation.

About Onessa and Her Family

Onessa was an only child raised by her single mother, Kira. Onessa was described as sensitive, intelligent and articulate beyond her years. She was able to adapt to different social situations, but had difficulty making friends and maintaining relationships. While Onessa was outwardly considerate and happy, she often wrote about feeling confused and sad. She was artistic and had a strong desire to be independent.

Kira completed post-secondary education and worked to support herself and Onessa. Kira had unresolved issues with her parents and siblings; and as a result, had minimal contact with them. She and Onessa found belonging and support through their church.

Onessa had minimal contact with her father. His last involvement with her was when she was an infant.

⁵ All names throughout this report are pseudonyms to ensure the privacy of the child and family.

SUMMARY OF CHILD INTERVENTION SERVICES INVOLVEMENT

Onessa from Birth to 13 Years Old

Child Intervention Services had no involvement with Onessa for her first 13 years.

Onessa at 14 Years Old

When Onessa was 14 years old, she was assessed for suicide risk because she was harming herself. It was suggested that her relationship with her mother might be causing her stress. She was referred for counseling.

Within three months, Child Intervention Services became involved with Onessa and Kira, following a physical altercation. The intervention involvement was minimal because they were connected to counseling services in the community.

About three months later, Child Intervention Services became involved after Kira learned that Onessa was having intimate communications with an adult male over the Internet. The nature of the information gathered by police led to the determination that the matter was not criminal.⁶ In a meeting with her caseworker,⁷ Onessa expressed that she did not see the danger in the online relationship. She said that in the past she had been suicidal and depressed but no longer felt that way.

Within the week, Child Intervention Services received an additional concern that there had been a physical altercation between Onessa and her mother. Kira arranged for Onessa to stay with a family friend; however, in the long-term she believed Onessa needed a structured mental health placement where she could be closely supervised and assessed. Onessa said that she did not want to return home. She wanted to live on her own as soon as she was old enough. Onessa, Kira and the caseworker agreed that they should live apart until their relationship stabilized.

6 The police investigation lasted for approximately four months. During that time, the young man, who was in his early 20's, took appropriate steps to distance himself from Onessa. It was learned that she had been misrepresenting her age.

7 An Assessor or a child intervention worker who initially responds to reports of concerns and completes an assessment to determine the needs of the child and the family.

Onessa at 15 Years Old

Kira entered into a Family Enhancement Agreement.⁸ She accessed community-based therapy for herself; while Onessa continued to stay with the family friend. Onessa attended counseling but carried on with her Internet activity.

Shortly after, Onessa moved in with another friend's family, who Kira did not approve of. Her school attendance declined and she missed counseling appointments. Kira was concerned that Onessa's new caregivers could not provide the structure that she needed.

Kira agreed to a Custody Agreement⁹ for three months because she felt that she and Onessa needed some time apart with the support of Child Intervention Services. Kira expressed concerns about where Onessa was staying, which had been designated a kinship placement.¹⁰ Her concerns included Onessa's Internet use, poor school attendance and inadequate supervision in the home. The caseworker discussed the concerns with the kinship family and supports were provided to address the issues. A family support worker¹¹ was arranged to help Kira and Onessa work on their relationship. Onessa frequently met with the support worker; Kira met with her on a few occasions

When the Custody Agreement ended, Kira did not agree to extend it and Onessa remained in care under a court order. Kira and Onessa were not ready to live together. Onessa started working toward living on her own when she was 16 years old. She made minimal progress in therapy and missed appointments.

After almost eight months in the kinship home, Onessa did not return after spending the weekend with a friend. She let Kira know that she found a job and another place to live. About one month later, child intervention involvement ended.

Onessa at 16 Years Old

There was no Child Intervention Services' involvement for about eight months. During this time, Onessa became involved with a man she had met on the Internet and moved some distance away to be with him. She found a job and supported herself. She stopped having contact with her mother.

8 A voluntary agreement between Child Intervention Services and a child's guardian intended to address protection concerns while the child remains in the guardian's care.

9 A voluntary agreement which allows a parent or guardian to place their child in the care and custody of Child Intervention Services.

10 Relatives or members from a child's community who are approved by Child Intervention Services to provide care for a child.

11 Child intervention Services has contracts with agencies who provide direct services to work on case-plan goals with families.

Shortly after she moved, Onessa overdosed on prescription medication¹² and left a suicide note. Her relationship had ended about a week earlier. She was hospitalized and told medical staff that the overdose was a “cry for help”; she did not want to end her life. She also shared that when she was much younger, she had experienced a traumatic event¹³ and started cutting herself when she was 12 years old.

The consulting psychiatrist speculated that Onessa might be suffering from Acute Stress Disorder¹⁴ and Borderline Personality traits.¹⁵ Within a day, she was discharged from the hospital. Child Intervention Services received a report about the incident; however, subsequent requests for Onessa’s medical records regarding the emergency room visit were not responded to.

Approximately two weeks later, a caseworker met with Onessa who insisted that she did not want services and refused to give details about where she lived. She shared that the overdose had been a suicide attempt, but denied any subsequent suicidal ideation or self-harm. Onessa indicated that she had minimal contact with Kira. She said that she had friends in the community and believed she had adequate support from them. A Safety Plan¹⁶ was completed that identified community resources that she could access.

After the meeting, Onessa communicated regularly with the caseworker through text messages and they met a few more times. Onessa shared that she was doing well and did not want services. At their last meeting, it was agreed that child intervention involvement would end.

Onessa after Child Intervention Services Involvement Ended

Approximately five months later, 17-year-old Onessa went to the hospital with a cut on her face. She was involved in a common-law relationship with a man about five years older. As part of the medical intake, she was asked if the injury was caused by domestic violence. Onessa indicated that she had fallen, which was considered a reasonable explanation. A referral was not made to the police or Child Intervention Services.

Nine days later, Onessa was found deceased near the home she had shared with her boyfriend. They had ended their relationship a few days before and he was not living there at the time of the incident.

12 It could not be determined where Onessa obtained this medication. It was not prescribed to her.

13 Further details of this event are not provided due to privacy.

14 Characterized by the development of severe anxiety, dissociative, and other symptoms that occurs within one month after exposure to an extreme traumatic stressor (e.g., witnessing a death or serious accident).

15 A mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday life. It includes a pattern of unstable intense relationships, distorted self-image, extreme emotions and impulsiveness.

16 A plan completed between a caseworker and a family that identifies supports and resources to help reduce the likelihood of further child endangerment and any need for continued child intervention involvement.

Four potential systemic issues were explored in this Investigative Review:

1. Parent-Teen Relationships
2. Engagement and Assessment of High-Risk Youth
3. Suicide Awareness and Prevention
4. Sexual Exploitation of Youth

Parent-Teen Relationships

When Onessa was 14 years old, her mother contacted a mental health crisis service for help. She was concerned that Onessa might be suicidal. Their relationship was strained from conflict over rules and expectations. Onessa was referred for individual counseling. She attended but did not want joint sessions with her mother.

When Child Intervention Services became involved, the difficulties between Onessa and Kira had escalated to physical fighting and they made their own arrangement to live apart. They accessed separate therapists in the community. The caseworker arranged for a support worker to meet with them to help reconcile their differences. Over approximately six months of involvement, the support worker was unable to bring Kira and Onessa together to address their conflict.

Research indicates that intensive family therapy can play an important part in alleviating parent-teen conflict.¹⁷ Involving all family members as early as possible helps to prevent situations from escalating to homelessness and other high-risk outcomes.¹⁸ Even if this type of intervention was possible, Onessa and Kira were very clear that they were not ready to work together on their relationship.

Under the *Child, Youth and Family Enhancement Act*, Child Intervention Services does not have a mandate to be involved with families when the only presenting concern is parent-teen conflict. When parents contact child intervention overwhelmed with their teenager's behaviours, they are referred to resources in the community unless there are concerns about the child's safety. Child intervention remained involved with Onessa and her mother to determine if their arrangement to live apart needed support.

The Advocate has no recommendations arising from Onessa's circumstances related to this issue.

¹⁷ Greco & Eifert, 2004.

¹⁸ Robinson, Power & Allan, 2012.

Engagement and Assessment of High-Risk Youth

The Ministry of Human Services has encouraged child intervention worksites, across the province, to create High-Risk Youth Initiatives. Each site is to engage with their community partners and stakeholders to develop expertise and best practices for high-risk youth.¹⁹ Some of the criteria currently used to determine if a young person is high-risk include:

- The use of drugs and/or alcohol appears to be interfering with day-to-day functioning;
- The choices they are making may jeopardize their safety (including where they are living and with whom they are associating);
- The youth struggles with authority figures and has few, if any, people they can trust; and,
- The youth is involved with, or at risk for, sexual exploitation or survival sex.²⁰

Because of their past and present experiences, high-risk youth may have general distrust of adults and the child intervention system itself. They may be resistant to caseworkers who are trying to assess their safety and provide support.²¹

During her last involvement with Child Intervention Services, Onessa was served by a caseworker who had expertise with high-risk youth. This caseworker used specialized knowledge and skills to try and build a trusting relationship. Although Onessa connected with her caseworker, she remained adamant that she did not want child intervention in her life.

Onessa had strengths that set her apart from many high-risk youth. She held a job, had a place to live and felt connected to her co-workers. Onessa was not addicted to drugs or involved in criminal activity. She had the supports in place she required.

The Advocate has no recommendations arising from Onessa's circumstances related to this issue.

Suicide Awareness and Prevention

Approximately six months before she died by suicide, Onessa went to the hospital for a drug overdose. While she was in the hospital, she said that the overdose was a cry for help and she did not want to die. A couple of weeks after the incident, Onessa acknowledged to her caseworker that the overdose had been a suicide attempt. The caseworker requested, but did not receive, medical records regarding the emergency room visit.

19 Examples include High Risk Youth Initiatives in Edmonton and Area Child and Family Services and Northwest Child and Family Services Authority.

20 Edmonton and Area Child and Family Services, 2012.

21 Smyth & Eaton-Erickson, 2009.

Onessa's discharge from the hospital was based on the information she provided to medical staff that she was not suicidal. There was no information collected from other sources — personal or professional. In 2015, the Advocate released, *17-Year-Old Catherine – An Investigative Review*,²² which identified recommendations related to the over-reliance on a young person's self-disclosure when professionals assess their risk for suicide.

Since 2013, the Advocate has made 34 recommendations regarding suicide by young people and is not making any additional recommendations related to suicide awareness and prevention in this review.

It is imperative that the Government of Alberta take action on the recommendations made in previous Investigative Reviews related to youth suicide, summarized in Appendix 4 of this report. This is an issue that must be addressed.

Sexual Exploitation of Youth

Article 34 of the United Nations Convention on the Rights of the Child (UNCRC)²³ states that governments should protect children from all forms of sexual exploitation and abuse. Canada endorsed the UNCRC in 1991. In September 2012, the UN Committee on the Rights of the Child reviewed Canada's progress in relation to child rights advancements and made several recommendations, including the need to strengthen its efforts related to child exploitation.²⁴

The use of the Internet by young people has grown rapidly over the past decade. The 2008 World Internet Project survey found that 95% of Canadian youth aged 12 to 14 years use the Internet.²⁵ While the Internet can promote cognitive and social development for young people it can also make them more vulnerable to being victimized or exploited.²⁶

Studies have found an association between problematic Internet use and adolescents with a history of insecure attachments and childhood trauma.²⁷ The risk of online sexual exploitation is increased for youth who have experienced high parental conflict, physical or sexual abuse.²⁸ Some young people who initiate contact over the Internet often struggle with attachment and may do so to fulfill a desire to form relationships.²⁹

22 Office of the Child and Youth Advocate – Alberta, 2015.

23 United Nations, 1989.

24 United Nations Committee on the Rights of the Child, 61st Session, 2012.

25 Reuters News Agency, 2008.

26 Guan & Subrahmanyam, 2009.

27 Schimmenti, Passanisi, Gervasi, Manzella & Fama, 2014.

28 Wells & Mitchell, 2008.

29 Schimmenti, Passanisi, Gercasi, Manzella & Fama, 2014.

Onessa had few supportive relationships. She lost contact with her father when she was very young and her mother did not maintain contact with their extended family. Her most significant relationship was with her mother. Onessa had nobody else to turn to when they were having difficulties. The Internet provided an environment where she could meet people and keep those relationships private. In these communications, Onessa shared intimate information, which put her at risk of being sexually exploited.

Parents have a responsibility to ensure that their children are safe from risk, including online exploitation. They need to be aware of what to look for and the resources that are available. The police, Child Intervention Services, Alberta Education and health professionals had involvement with Onessa. They needed to be aware of the potential implications of her online activity. The sharing of information between stakeholders would have been beneficial.

The *Criminal Code of Canada* gives police the authority to investigate the sexual exploitation of children. In 2002, the *Code* was amended to allow police the ability to investigate “internet luring” or the use of digital media “for the purpose of facilitating the commission of a sexual or abduction offense against a young person.”³⁰

Provincial legislation guides how professionals respond to children who are at risk of sexual exploitation. In 1999, the *Protection of Children Involved with Prostitution (PCHIP) Act* was enacted to support specialized services for young people who were involved in prostitution. In 2007, the legislation was amended and renamed the *Protection of Sexually Exploited Children Act (PSECA)* but the language within the Act continues to focus on young people involved in prostitution. The continuum of child sexual exploitation has evolved and legislation and policy needs to reflect this evolution.

Onessa shared intimate images with a young man in his twenties online. He took appropriate steps to remove himself from the situation, leading the police to conclude that the matter was not criminal. Onessa did not receive services to address her vulnerability for online exploitation and a pattern of similar escalating situations continued.

Child Advocates from across Canada have made recommendations regarding how to avoid online victimization for children that speak to education, prevention and changes in federal legislation.³¹ The Government of Alberta has websites with information for parents, children and youth regarding the dangers the Internet may pose to young people, along with resources.

³⁰ Loughlin & Taylor-Butts, 2009.

³¹ Working Group of Canadian Privacy Commissioners and Child and Youth Advocates, 2009.

In the United Kingdom, the National Society for the Prevention of Cruelty to Children has a broader, more contemporary definition of child sexual exploitation to allow for earlier intervention with young people who are at risk. Their definition of child sexual exploitation recognizes the following factors:

- Young people can be sexually exploited for non-material needs such as affection, or social status;
- Young people's social, economic or emotional vulnerability can limit their actual or perceived choice; and,
- Child sexual exploitation does not have to involve sexual contact and can occur online through the use of technology without the young person realizing it.³²

Although legislation and policy in Alberta reflects some of these principles, it is not as comprehensive. It must focus on identifying and intervening earlier with young people who may be vulnerable to sexual exploitation.

RECOMMENDATION 1

The Ministry of Human Services should:

- a) Review the relevant legislation and policy to consider an enhanced definition of child sexual exploitation; and,
- b) Provide assessment and interventions that are specific to young people at risk of Internet sexual exploitation.

³² National Society for the Prevention of Cruelty to Children, 2015.

CLOSING REMARKS FROM THE ADVOCATE

I would like to thank all those, including Onessa's mother, for talking with us and sharing their insight into Onessa's life and experiences. It is not easy to share such intimate details with strangers.

Onessa was an insightful, creative and independent young person. Some of those who knew her also spoke of her sense of humour. She showed courage and determination to make a life for herself as a young adult and experienced some successes. While she seemed very private and guarded, she still needed healthy connections to support her through difficult times.

Onessa's death was tragic and sheds light on a relatively new area of concern — the impact of Internet use on young people. We cannot deny the increasing prevalence of Internet use in today's society. This review emphasizes the need for parents and all child-serving systems to be aware of and knowledgeable about the potential risks related to online activities.

I am extremely troubled by the number of young people who have died by suicide who have come to my attention in my role as the Advocate. I expect government to take action on all of the recommendations I have made specifically related to suicide awareness, prevention, intervention and after-care. Suicide is preventable and resources must be dedicated to act on this issue now. The horrendous impact of youth suicide on young people, on family and communities demands it.

[Original signed by Del Graff]

Del Graff

Child and Youth Advocate

APPENDICES

APPENDIX 1: TERMS OF REFERENCE

Authority

Alberta's Child and Youth Advocate ("the Advocate") is an independent officer reporting directly to the Legislature of Alberta. The Advocate derives his authority from the Child and Youth Advocate Act (CYAA). The role of the Advocate is to represent the rights, interests and viewpoints of children receiving services through the Child, Youth and Family Enhancement Act, the Protection of Sexually Exploited Children Act or from the youth justice system.

Section 9(2)(d) of the CYAA provides the Advocate with the authority to conduct Investigative Reviews. The Advocate may investigate systemic issues arising from the death of a child who received child intervention services within two years of their death if, in the opinion of the Advocate, the investigation is warranted or in the public interest.

Incident Description

Onessa was 17 years old when she died by suicide. The decision to conduct an investigation was made by Del Graff, Child and Youth Advocate.

Objectives of the Investigative review

To review and examine the supports and services provided to Onessa and her family specifically related to:

- Parent-teen relationships
- Engagement and assessment of high-risk youth
- Suicide awareness and prevention
- Sexual exploitation of youth

To prepare and submit a report which includes findings and recommendations arising from the Investigative Review.

Scope/Limitations

An Investigative Review does not assign legal responsibilities or draw legal conclusions, nor does it replace other processes that may occur, such as investigations or prosecutions under the *Criminal Code of Canada*. The intent of an Investigative Review is not to find fault with specific individuals, but to identify and advocate for system improvements that will enhance the overall safety and well-being of children who are receiving designated services.

Methodology

The investigative process will include:

- Examination of critical issues
- Review of documentation and reports
- Review of Enhancement Act policy and casework practice
- Review of case history
- Personal interviews
- Consultation with experts
- Other factors that may arise for consideration during the investigation process

Investigative Review Committee

The membership of the committee will be determined by the OCYA Director of Investigations and the Advocate. The purpose of convening this committee is to review the preliminary Investigative Review report and to provide advice regarding findings and recommendations.

Chair: Del Graff, Child and Youth Advocate

Members: To be determined but may include:

- An expert in the area of sexually exploited youth
- An expert in the area of suicide
- An expert in the area of parent/teen relationships

Reporting Requirement

The Child and Youth Advocate will release a report when the Investigative Review has been completed.

APPENDIX 2: COMMITTEE MEMBERSHIP

Del Graff, MSW, RSW (Committee Chair)

Mr. Graff is the Child and Youth Advocate for the Province of Alberta. He has worked in a variety of social work, supervisory and management capacities in communities in British Columbia and Alberta. He brings experience in residential care, family support, child welfare, youth and family services, community development, addictions treatment and prevention services. He has demonstrated leadership in moving forward organizational development initiatives to improve service results for children, youth and families.

Bryan Hume, Child and Youth Care Diploma

Mr. Hume is a senior coordinator at Hull Services in Calgary where he provides services to youth who are sexually exploited. He has worked extensively delivering effective treatment interventions for youth with complex mental health and behavioural challenges. He contributes to committees focused on enhancing service delivery and building awareness about sexual exploitation of young people. He is a trainer with the Centre for Suicide Prevention and provides workshops and mentorship related to suicide alertness and intervention throughout the province.

Sharon Lindstrom, B. PSYCH, BSW, MSW, RSW

Ms. Lindstrom is a clinical social worker with Child, Adolescent and Family Mental Health (CASA) within the Concurrent Disorders Program as well as the Crisis Services Program. She promotes evidence-based practices in interventions with children, youth and families. She presents workshops that provide a framework for assessment and treatment which highlight an understanding of neurobiology, toxic stress and attachment to build resilience and success for high-risk youth.

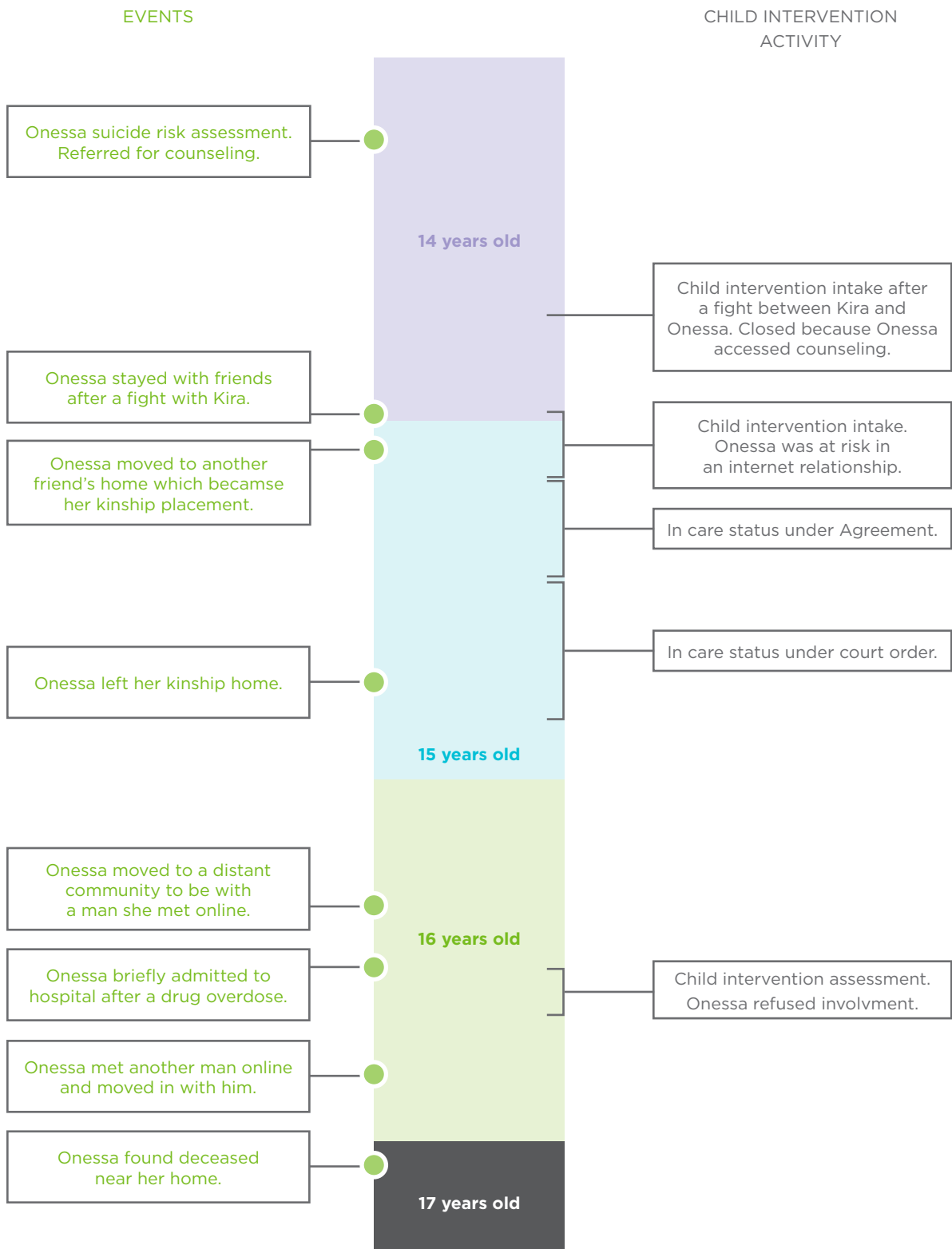
Deborah Watson, BEd, MPS-AT (Thesis Pending)

Ms. Watson is a therapist at the SAFFRON Centre working with survivors of sexual violence. She is finishing her Master's degree in psychotherapy and is a Master Therapeutic Counsellor with the Association of Cooperative Counsellors and Therapists. She provides counseling services and teaches psycho-educational groups about recovering from trauma.

Randy Wickins

Staff Sergeant Wickins co-founded the Edmonton Police Service Internet Child Exploitation Unit in 2003 and was responsible for investigating crimes against children where computers, technology and the Internet were involved. Many of those investigations resulted in children being rescued from ongoing sexual abuse and the offenders being incarcerated. He has lectured across North America in the area of online child exploitation and taught the Advanced Internet Child Exploitation Course at the Canadian Police College in Ottawa.

APPENDIX 3: SUMMARY OF SIGNIFICANT EVENTS



APPENDIX 4: PREVIOUS INVESTIGATIVE REVIEWS - RELEVANT RECOMMENDATIONS

Responses to the Advocate's recommendations are regularly updated on our website. Please visit www.ocya.alberta.ca/adult/publications/recommendations for the most up-to-date information.

Remembering Brian: Investigative Review (June 2013)

Recommendations:

1. Child Intervention Services should engage in comprehensive assessments to ensure a balance is struck between child-focused and family-centered approaches. It is vital that intervention services not only address the presenting issues in a family, but also fully examine and address the impacts those issues have had on children in the family.

Kamil: An Immigrant Youth's Struggle: Investigative Review (November 2013)

Recommendations:

1. The child intervention system should assess each young person holistically, including identification and assessment of their protective factors, and work proactively with supportive adults to maintain and strengthen these factors to improve the young person's resiliency and well-being.
2. Caseworkers should personally communicate with young people and their mental health providers to obtain thorough and accurate information to ensure that their client's needs and interests are met.

15-Year-Old Tony: Investigative Review (November 2014)

Recommendations:

1. The Ministry of Human Services, with its service delivery partners, should require a suicide risk inventory be completed for all young people, who have been identified as at risk of suicide, on a regular and on-going basis – not just at the time of crisis.

16-Year-Old Sam: Serious Injury, Investigative Review (May 2015)

Recommendations:

1. The Ministry of Human Services should find ways to teach children and youth about healthy relationships and attachment. Added supports should be provided to help young people when important relationships are disrupted by change.
2. The Ministry of Human Services should provide caregivers and caseworkers with the skills they require to engage with suicidal youth on an on-going regular basis and encourage young people to develop, identify and practice positive coping skills.

17-Year-Old Catherine: Investigative Review (September 2015)

Recommendations:

1. Alberta Health Services should provide service coordinators for children with complex mental health needs and their families, who are accessing mental health services across multiple programs.
 - a. The Ministry of Human Services should intervene and strengthen their response when parents request help to keep their child safe because the parent is unable to.
 - b. The Ministry of Human Services and Alberta Health Services should enter into a formal provincial agreement identifying how they will work collaboratively to serve young people with complex mental health needs when their safety is in jeopardy.
2. Alberta Health Services should review how young people attending hospitals are assessed for suicide risk and standardize best practices across the province.

17-Year-Old Makayla: Serious Injury – Investigative Review (December 2015)

Recommendations:

1. The Ministry of Human Services and its service delivery partners should ensure that:
 - a. Young people involved with Child Intervention Services are assessed to identify the impact traumatic events have on them;
 - b. Case plans should detail interventions to directly address the identified trauma including resources required and expected outcomes; and,
 - c. Interventions are reviewed on a regular basis and progress documented.

Toward a Better Tomorrow – Addressing the Challenge of Aboriginal Youth Suicide: Investigative Review (April 2016)

Recommendations:

1. The Government of Alberta should have a provincially funded suicide prevention strategy that supports the development and implementation of community-led strategies across the province. The strategy needs the capacity to adjust to accommodate the interests and needs of particularly vulnerable groups at elevated risk for suicide.
2. Child Intervention Services should review case practice to ensure that intervention is focused on the child's needs. The impact on a child exposed to domestic violence, parental substance abuse and other forms of abuse must be addressed early in conjunction with their caregivers' treatment plans.
3. The Ministry of Human Services, with its service delivery partners, should ensure that case practice reflects a strength-based approach that focuses on the attachment needs of children while ensuring that their risk for harm is addressed.

APPENDIX 5: BIBLIOGRAPHY

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