

Toronto District School Board

Operational Procedure PR560

Title: DEALING WITH ABUSE AND NEGLECT OF STUDENTS

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Revised: March 15, 2001, October 18, 2002, October 3, 2005,
September 12, 2007, September 30, 2010, May 13, 2014, March 13,
2018, **January 14, 2025**

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2018, **January 14, 2025**

Authorization: Executive Council

1.0 RATIONALE

The Dealing with Abuse and Neglect of Students Procedure (the “Procedure”) supports the implementation of the Dealing with Abuse and Neglect of Students Policy (P045) and provides details on Duty to Report, incidents of suspected, witnessed, and/or disclosed neglect and abuse of children to the Children Aid Societies/Native Child and Family Services and to play a key role in providing a positive learning and working environment.

This Procedure recognizes the disproportionate impact child welfare and related institutions (e.g., children’s aid societies) has had and continues to have on Indigenous, Black, racialized students, and newcomer students, and parents/caregivers/guardians. This Procedure also supports the Human Rights Policy (P031), to report incidences of racism and hate involving students through the Racism, Bias, and Hate (RBH) Portal and the Reporting and Responding to Racism and Hate Incidents Involving or Impacting Students in Schools Procedure (PR728) by a school administrator.

The Procedure is also aligned with governing legislation, including but not limited to, the Human Rights Code, the Education Act, the Child, Youth, and Family Services Act, 2017, and Policy Program Memorandum (PPM) 9: Duty to Report Children in Need of Protection.

2.0 OBJECTIVE

- To train employees about the legal duty to report child abuse or neglect and the special reporting obligations of teachers and other professionals who work with children.
- To provide guidance to employees on how to recognize the signs of abuse or neglect.
- To provide instruction to employees when making a report pursuant to the legal duty to report OR of abuse and neglect and manage the impact or effects of the same.

- To provide information to volunteers about the legal duty to report abuse and neglect.

3.0 DEFINITIONS

Abuse and/or neglect refers to any form of maltreatment contemplated in the Child and Family Services Act, see Appendix A and includes but is not limited to, physical abuse, sexual abuse, emotional abuse, exposure to family violence or neglect. The categories are described below.

Child means any person under the age of eighteen years. For the purposes of child protection services provided by a children's aid society, child does not include a person who is actually or apparently sixteen years of age or older unless the child is subject to a child protection order. As such, a person should call the police to report abuse or neglect of a 16 or 17 year child. The person may also need to make a report to CAS if one or more of the following criteria is met:

- The child is a Crown Ward of the CAS;
- The child indicates that they are being supervised by the CAS;
- The abuse or neglect suspected, disclosed or witnessed has the potential to put a younger sibling under the age of 16 at risk of abuse or neglect;
- The abuse or neglect suspected, disclosed or witnessed concerns family violence and there are siblings under the age of 16 at the home.

Physical abuse includes all acts by a caregiver that result in physical harm to a child. Physical abuse may result from inappropriate or excessive discipline and in fact, the caregiver may not have intended to hurt the child. This may involve minor injury (such as a bruise), to a more serious injury, causing permanent damage or death (e.g., shaken baby syndrome). Inappropriate punishment includes but is not limited to anything that leaves a mark on the child, or the use of an object to strike a child. Although cultural factors play a role in caring for and/or disciplining children, injuring a child is unacceptable.

Refer to **Appendix B** on possible indicators of physical abuse.

Sexual Abuse occurs when a person uses his/her power over a child, and involves the child in any sexual act. The power of the abuser can lie in his/her age, intellectual or physical development, relationship of authority over the child, and/or the child's dependency on him/her. The sexual act is intended to gratify the needs of the abuser. "Touching" is not the only criteria in defining sexual abuse. It includes acts such as: fondling, genital stimulation, mutual masturbation, oral sex, using fingers, penis, or objects for vaginal/anal penetration, inappropriate sexual language, sexual harassment, voyeurism, exposing oneself, sexual exploitation over the Internet, as well as exposing a child to, or involving a child in pornography

or prostitution. The offender may engage the child in inappropriate sexual activity through threats, bribes, force, misrepresentation, and other forms of coercion. Sexual abuse is usually an ongoing pattern of progressively intrusive sexual interactions. Most of the time, the offender is someone well known to the child and trusted by the child/family.

Refer to **Appendix C** on possible indicators of sexual abuse.

Emotional Abuse is a pattern of overt rejecting, isolating, degrading, terrorizing, corrupting, exploiting, denying emotional responsiveness, and punishing a child's attempts to interact with the environment. The caregiver may use any of these tactics in relating to and disciplining a child. Children who are exposed to violence in their homes may suffer emotional harm.

Refer to **Appendix D** on possible indicators of emotional abuse.

Exposure to Family Violence includes witnessing or hearing violent acts or threats of physical, sexual, or emotional harm between intimate partners or family members. This may include direct involvement or experiencing any aftermath.

Refer to **Appendix E** on possible indicators that a child may be exposed to family violence.

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

Refer to **Appendix F** on possible indicators of neglect.

4.0 RESPONSIBILITY

Associate Director, Learning Transformation and Equitable Outcomes and System Leader, Mental Health and Professional Support Services

5.0 APPLICATION AND SCOPE

This Procedure applies to all students, employees, and Trustees.

6.0 PROCEDURES

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7.0 EVALUATION

This operational procedure will be reviewed at a minimum every five (5) years after the effective date.

8.0 APPENDICES

Appendix A: *Child, Youth, and Family Services Act* Section 72

Appendix B: Possible Indicators of Physical Abuse

Appendix C: Possible Indicators of Sexual Abuse

Appendix D: Possible Indicators of Emotional Abuse

Appendix E: Possible Indicators of Exposure to Family Violence

Appendix F: Possible Indicators of Neglect

9.0 REFERENCE DOCUMENTS

- Abuse and Neglect of Students Policy (P045)
- Human Rights Policy (P031)
- Reporting and Responding to Racism and Hate Incidents Involving or Impacting Students in Schools Procedure (PR728)
- Record of Report of Abuse or Neglect (PR560A)
- Ontario College of Teachers, Professional Advisory on the Use of Electronic Communication and Social Media
- *Child and Family Services Act*
- *Criminal Code of Canada*
- *Youth Criminal Justice Act*

PART A: THE LEGAL DUTY TO REPORT

A.1 Duty to Report

1. The law in Ontario requires that all individuals report abuse or neglect – witnessed, disclosed or suspected. This duty arises from Section 72 of the *Child and Family Services Act*. See **Appendix A**.
2. **EVERY** person in Ontario, including a person who performs professional or official duties with respect to children must immediately report to a children's aid society ("CAS") if they suspect that abuse or neglect has occurred or if a child is at risk of abuse or neglect.
3. A person who has formed a suspicion of abuse or neglect must report directly. The responsibility to report cannot be delegated to anyone else.
4. A person who has additional reasonable grounds to suspect abuse or neglect has an ongoing duty to report. As such, you must contact CAS again even if you have made previous reports with respect to the same child.
5. It is an offence under the *Child and Family Services Act* for a person who performs professional or official duties with respect to children such as a teacher, psychologist, social worker, child and youth worker who contravene or fail to meet their reporting obligations. The penalty, if convicted, is a fine of up to \$1000.
6. The duty to report suspicions of abuse or neglect still applies even if the information is privileged or confidential. The only exception to this is solicitor-client privilege.
7. All persons who suspect abuse or neglect and subsequently make a report in accordance with this section will be protected from legal action, unless the person acted maliciously or without reasonable grounds for the suspicion.

PART B: ABUSE AND NEGLECT OF CHILDREN

B.1 Who Must Report?

1. The responsibility to report to a CAS lies with the person who witnessed an incident, received a disclosure, or suspected abuse or neglect.
2. Third party reports must also be reported to a CAS. A third party report occurs when a disclosure is made by a victim to a person who then informs another person, both persons should report to the CAS.
3. In all cases where the reporter is not the Principal which includes employees and volunteers, the Principal, supervisor/designate will follow up and ensure compliance of B.2, B.3, B.4, B.5 and B.6 detailed below.

B.2 What to Report?

1. Some children will tell you directly that they are being neglected, hurt or abused while others will let you know indirectly by actions, behaviour or through a third party.
2. Possible indicators of abuse and neglect are detailed in **Appendix B, C, D, E, F**. These indicators developed by BOOST Child Abuse Prevention and Intervention serve as a tool to detect and report suspicions of abuse and neglect. These indicators do not prove that a child has been abused or neglected.
3. It is not the role of the employee or volunteer to assess the physical or psycho- logical state of a child or others involved. The assessment and validation of al- legations of child abuse or neglect is the role of CAS and/or police.
4. For that reason, employees and volunteers **SHOULD NOT** conduct an investigation regarding the suspicion or disclosure and should only question the student to clarify the nature of a complaint.
5. If you are ever uncertain about whether to make a report, you should contact a CAS for consultation purposes, without disclosing the child's name, to seek direction as to whether the matter should be reported.
6. Do not include/submit forms and checklist (e.g., PR560A) related to abuse and neglect within a student's Ontario School Record (OSR)

B.3 When and to Whom to Report?

1. If you have reasonable grounds to suspect that a child is being abused/neglected, or has been abused/neglected, or is at risk of being abused/neglected, (no matter where the abuse/neglect occurred or will occur), you must report your suspicions **IMMEDIATELY** to a CAS.
2. In the case of students 16 years of age or older, you must notify the police. In addition to calling the police, you may also need to make a report to the CAS for 16 or 17 year old child that you suspect has been abused or neglected if they meet one or more of the following criteria:
 - The child is a Crown Ward of the CAS;
 - The child indicates that they are being supervised by the CAS;
 - The abuse or neglect suspected, disclosed or witnessed has the potential to put a younger sibling under the age of 16 at risk of abuse or neglect;
 - The abuse or neglect suspected, disclosed or witnessed concerns family violence and there are siblings under the age of 16 at the home.

Children's Aid Societies

Children's Aid Society of Toronto	416-924-4646
Catholic Children's Aid Society of Toronto.....	416-395-1500
Jewish Family and Child Services of Toronto.....	416-638-7800
Native Child and Family Services	416-969-8510

3. If you do not know which of the following CAS to contact, call the Children's Aid Society of Toronto.
4. When making a report, you may request to remain anonymous.
5. If you do provide your name but ask to keep your name confidential, the CAS will make efforts to comply with your request. However, if the CAS and police are involved in a joint investigation, your identity will be disclosed to the police. Furthermore, should there be court involvement; your name will be disclosed as part of the legal proceeding.
6. As outlined above in section 72 of the *Child and Family Services Act*, if you have already made one report and you continue to suspect abuse or neglect, you have an ongoing duty to report and you must make another call to a CAS.
7. Furthermore, it is the responsibility of the Principal or designate to notify the appropriate CAS when the Principal becomes aware that a child who is known to have been reported to be at risk or has been found to be in need of protection:
 - a. has ceased attending the child's school; or
 - b. has transferred schools within the Board; or
 - c. has moved to a school of another Board; or
 - d. has transferred to a private school; or
 - e. is receiving home schooling.

Inform the Principal, supervisor, or designate that you have reported abuse or neglect to the CAS and/or police.

NOTE: The following sections B.4, B.5, and B.6 apply to Board Employees. If the reporter is a volunteer, the Principal, supervisor, or designate shall complete the sections upon receiving notice that a report has been made to the CAS.

B.4 How to Report?

1. When reporting to the appropriate CAS:
2. Ensure that the CAS is aware of the timelines (such as when the child is expected at home) so its response can be prioritized accordingly. The CAS also requires time to make arrangements for an investigation. This is an especially important factor when dealing with children attending half-day programs.
3. As the safety and protection of the student is the Board's paramount concern, when a report is made to the CAS, the following questions should be asked:
 - a. Will an investigation be undertaken as a result of the report?
 - b. If yes, who, how and when should the parents be contacted?
 - c. Will the child be interviewed?
 - d. Do the investigators plan to come to the school or home? When? Will they be investigating or only consulting?
 - e. May the child go home at lunch or after school if the interview has not yet taken place? If the child is scheduled for child care, can the child be released to the child care? What information can be shared with the child care?
 - f. If no interview has taken place does the CAS have instructions for supervision of the child? What should the principal do if the parent arrives at the school?
 - g. What information, if any, can be shared with the child and her/his parent(s) if the interview has not yet taken place?
4. Inform the Principal, supervisor, or designate that you have reported abuse or neglect to the CAS and/or police.
5. If CAS/police indicate that they will not be arriving shortly, the child may return to class unless they are upset and require support. If that is the case, have a trusted person (most likely the person to whom the child disclosed) stay with the child until the CAS/police team arrives at the school (recognizing that the child requires support during this period).
6. If it is not apparent that an investigation has been undertaken and the child is absent from school, it is the responsibility of the Principal, supervisor, or designate to contact the CAS to ascertain the status of the investigation.
7. If the principal or designate is not satisfied or certain that the child has been protected, then the principal or designate will also contact the appropriate Manager of Social Work and Attendance and the supervisor of the respective CAS.

B.5 Documenting Incidents, Disclosures or Suspicions

1. Documentation of suspected abuse/neglect cases should be carefully prepared and maintained in accordance with Form 560A: Record of Report of Abuse or Neglect. When completing 560A, consider the following:
 - a. record information as soon as possible, including dates, times and names/contact information of persons spoken with;
 - b. provide a description of the situation and what was actually seen and heard that is clear and concise;
 - c. be objective, non-judgmental, and contain no opinions;
 - d. avoid interpretations of medical, physical or emotional conditions, and what you think is happening;
 - e. record any conversations, word for word, between yourself and the child, or any others relevant to the situation;
 - f. record what the child or others said, *using their own words*;
 - g. provide a full description of any injury, including size, colour, shape and placement on the body;
2. **Form 560A:** Record of Report of Abuse/Neglect, marked “Private and Confidential” will be sent to the appropriate Manager of Social Work and Attendance Services for secure storage.
3. If advised by the CAS worker that the suspicion and/or disclosure(s) does not warrant an investigation, ensure that you record the worker’s name, the date, and time of the consultation on Form 560A.
4. Written records may be subject to subpoena or disclosure in any subsequent court hearing.

B.6 How to Manage the Impact or Effects of Making a Report

1. As outlined in Section 72 (7) of the *Child and Family Services Act*, “no action for making the report shall be instituted against a person who acts in accordance with this section unless the person acts maliciously or without reasonable grounds for the suspicion.”
2. If you feel unsafe as a result of making a report, you are advised to discuss your concerns with the CAS.
3. You may also discuss with the CAS whether you can tell the family you made the call before the CAS intervenes or investigates. This may be possible depending on the specifics of the situation.

4. Student Privacy, Confidentiality, Secrecy: You cannot promise a student that you will keep information about abuse/neglect a secret.
5. Respect the student's right to privacy by not identifying the student to anyone. Assure the child that you are required to tell only a few people – the principal or designate, the CAS and/or police.
6. The law prevents the public identification of a victim of a sexual offence or a victim of any child abuse/neglect.
7. The law also prohibits revealing the identity of an offender under the age of 18 or an offender of any age where the act of identification may tend to identify the victim(s).
8. In order to ensure the integrity of the investigation the CAS/police may refuse to disclose information and may give the school direction not to investigate during the ongoing CAS/police involvement. If this occurs, please make a note of this direction from the CAS/police.
9. Support and Counselling: It is the responsibility of the Principal, supervisor, or designate to notify the social worker assigned to the school so that appropriate support and counselling can be offered to the child and family.

PART C: MALTREATMENT OF OR SEXUAL MISCONDUCT TO STUDENTS BY A BOARD EMPLOYEE OR VOLUNTEER

C.1 Policy of Toronto District School Board regarding Mistreatment of Students

1. No student shall experience abuse or neglect by an employee or a volunteer.
2. It is unacceptable for an employee or volunteer to insult, degrade or direct demeaning comments to a child as this may constitute emotional abuse.
3. An employee or volunteer shall not use physical force against a student for any reason unless necessary to ensure the safety of students, staff, or other persons.

C.2 Policy of Toronto District School Board regarding Sexual Misconduct by an Employee or Volunteer

1. In the case of students and former students under the age of 18, any inappropriate behaviour of a sexual nature or leading to an inappropriate sexual relationship, in addition to being a serious breach of Board policy, is also a criminal offence of sexual exploitation or sexual assault.
2. No employee or volunteer working or volunteering directly with a student of any age shall enter into a sexual relationship with that student while the student is enrolled in a school or a period of one year thereafter regardless of which school the student is enrolled in.

3. Other forms of sexual behaviour and remarks by Board employees or volunteers directed at students may constitute abuse or neglect and may be dealt with under this procedure.

C.3. Reporting Allegation about Employee or Volunteer

1. Reporting to CAS and/or police (refer to Police School Board Protocol): You are directed to follow the process as set out in Part B of this procedure if you have a reasonable suspicion that a TDSB employee or volunteer has abused or neglected a child.
2. Reporting to Employee Services: When there is an allegation against an employee or volunteer, the Principal, supervisor or designate will contact the appropriate person in Employee Services –Teaching and Support Office for direction and instructions.
3. Notifying Social Worker: It is the responsibility of the Principal, supervisor, or designate to notify the social worker assigned to the school so that appropriate support and counselling can be offered to the student and family.

C.4 Convening a Response Team

1. In the case of criminal charges, the Principal, supervisor, or designate will immediately contact the Manager of Social Work and Attendance for the area so that a response team may be convened to assist the school. The response team will meet with the employees of the school as soon as possible to advise of the charges, ensure that the accused employee has been removed from contact with students, and describe a plan of action for dealing with students, parents, and the school community. Individual counselling for employees will be offered.
2. In most cases, this response team will be comprised of a representative of the Communication and Public Affairs Office, the appropriate superintendent of education, a social worker, and the principal or designate of the school. In the case of sexual misconduct, the response team will also include Board staff who are specialists in sexual abuse/sexual assault issues to implement any intervention.
3. The response team will, in most cases, inform students about the charges, the status of the accused employee and offer individual counselling to students.
4. A meeting with parents will be scheduled as soon as possible to explain the school response, answer questions and provide advice for dealing with the personal safety of their children.

C.5 Internal Investigation

1. If there is no CAS/police investigation, the TDSB will undertake an internal investigation to determine if the employee or volunteer has abused or neglected a student (whether or not the behaviour took place in the workplace).
2. In cases where a criminal investigation has taken place and no charges have been laid, or where the employee or volunteer has been acquitted or convicted, the assignment status of the employee or volunteer will be reviewed by Employee Services. Such review may include an internal investigation and subsequent action (which may include counselling and/or discipline up to and including termination).

C.6 Report to Professional College/Society/Association

1. Where the employee is a member of a self-governing profession, a report of professional misconduct will be made by the Director of Education or designate to the appropriate governing body (e.g. Ontario College of Teachers).

C.7 Communications Subsequent to Disclosure

1. The Principal, supervisor, designate, and employee shall not communicate with other students, other parents, or the community about the disclosure or criminal charges of employees or volunteers until Employee Services has been consulted and the appropriate superintendent has consulted with the Director of Education or designate about the specific communication.

PART D: EMPLOYEE TRAINING AND ATTESTATION

1. Employees will be trained in P045 and PR560.
2. Employees will be required to confirm that they have received training.
3. The TDSB will inform volunteers regarding every person's legal duty to report child abuse and neglect.

DUTY TO REPORT⁹

Duty to report child in need of protection

72. (1) Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
6. The child has suffered emotional harm, demonstrated by serious,
 - i. anxiety,
 - ii. depression,

⁹ *Child and Family Services Act*, R.S.O. 1990, c. C.11, s. 72

- iii. withdrawal,
- iv. self-destructive or aggressive behaviour, or
- v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.

8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.

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

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

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

13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately. 1999, c. 2, s. 22 (1).

Ongoing duty to report

(2) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child. 1999, c. 2, s. 22 (1).

Person must report directly

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

Offence

(4) A person referred to in subsection (5) is guilty of an offence if,

(a) he or she contravenes subsection (1) or (2) by not reporting a suspicion; and

(b) the information on which it was based was obtained in the course of his or her professional or official duties. 1999, c. 2, s. 22 (2).

Same

(5) Subsection (4) applies to every person who performs professional or official duties with respect to children including,

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

(b) a teacher, person appointed to a position designated by a board of education as requiring an early childhood educator, school principal, social worker, family counsellor, operator or employee of a day nursery and youth and recreation worker;

(b.1) a religious official, including a priest, a rabbi and a member of the clergy; (b.2) a mediator and an arbitrator;

(c) a peace officer and a coroner;

(d) a solicitor; and

(e) a service provider and an employee of a service provider. 1999, c. 2, s. 22 (3); 2006, c. 1, s. 2; 2010, c. 10, s. 23.

Same

(6) In clause (5) (b),

Appendix A

“youth and recreation worker” does not include a volunteer. 1999, c. 2, s. 22 (3).

Same

(6.1) A director, officer or employee of a corporation who authorizes, permits or concurs in a contravention of an offence under subsection (4) by an employee of the corporation is guilty of an offence. 1999, c. 2, s. 22 (3).

Same

(6.2) A person convicted of an offence under subsection (4) or (6.1) is liable to a fine of not more than \$1,000. 1999, c. 2, s. 22 (3).

Section overrides privilege

(7) This section applies although the information reported may be confidential or privileged, and no action for making the report shall be instituted against a person who acts in accordance with this section unless the person acts maliciously or without reasonable grounds for the suspicion. R.S.O. 1990, c. C.11, s. 72 (7); 1999, c. 2, s. 22 (4).

Exception: solicitor client privilege

(8) Nothing in this section abrogates any privilege that may exist between a solicitor and his or her client. R.S.O. 1990, c. C.11, s. 72 (8).

Conflict

(9) This section prevails despite anything in the *Personal Health Information Protection Act, 2004*. 2004, c. 3, Sched. A, s. 78 (2).

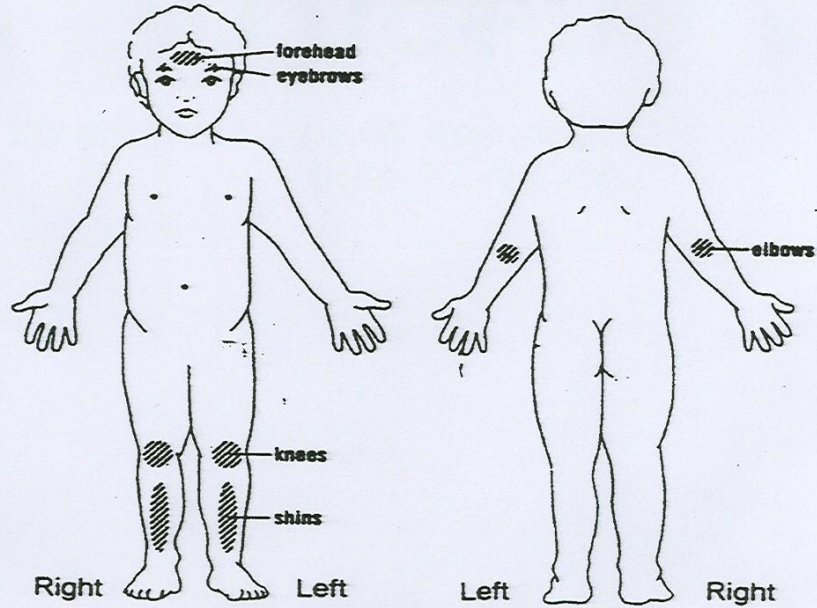
POSSIBLE INDICATORS OF PHYSICAL ABUSE¹⁰

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • injuries on questionable sites (see diagram, next page) • bruise patterns, clustered bruising, or welts (e.g., from a wooden spoon, hand/finger print marks, belt) • burns from a cigarette; patterned burns (e.g., iron, electric burner); burns suggesting that something was used to restrain a child (e.g., rope burns on the wrists, ankles, neck); hot water immersion burns • head injuries: nausea; absence of hair in patches; irritability • skull fractures: possible swelling and pain; vomiting; seizures; dizziness; unequal pupil size; bleeding from scalp wounds or nose • fractures, dislocations, multiple fractures all at once or over time; pain in the limbs, especially with movement; tenderness; limitation of movement; limping or not using a limb; any fractures in children under 2 • fractures of the ribs: painful breathing; difficulty raising arms • distorted facial appearance with swelling, bleeding, bruising • human bite marks • lacerations and abrasions 	<ul style="list-style-type: none"> • cannot recall or describe how observed injuries occurred • avoids or offers inconsistent, incomplete explanations; is distressed explaining injuries or denies injury • wary of adults generally, or of a particular gender or individual • may cringe or flinch with physical contact • may display over-vigilance, a frozen watchfulness, or vacant stare • extremes in behaviour: extremely aggressive or passive; unhappy or withdrawn; extremely compliant and eager to please or extremely non-compliant (provokes punishment) • tries to take care of the parent • may be dressed inappropriately to cover injuries • is afraid to go home; runs away • is frequently absent, with no explanation, or shows signs of a healing injury on return • poor peer relationships • evidence of developmental lags, especially in language and motor skills • academic or 	<ul style="list-style-type: none"> • gives harsh, impulsive, or unusual punishments • shows lack of self-control with low frustration tolerance; is angry, impatient • may provide inconsistent explanations as to how the child was injured • socially isolated; little support or parenting relief • may have little knowledge of child development and/or have unrealistic expectations of the child • often expresses having difficulty coping with the child or makes disparaging remarks; describes the child as different, bad, or the cause of his/her own difficulties • may demonstrate little or no genuine affection, physically or emotionally for the child • may state that the child is accident-prone or clumsy • may delay seeking medical attention • may appear unconcerned, indifferent, or hostile to the child and injury

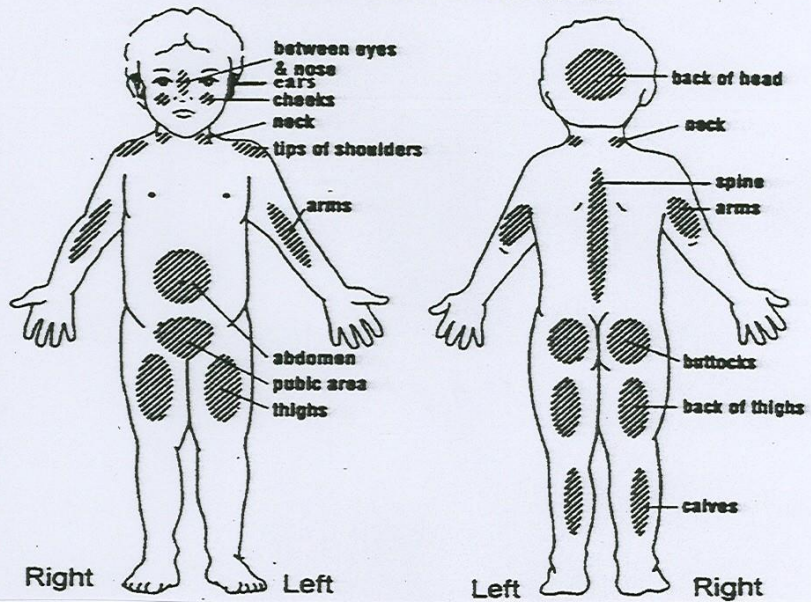
¹⁰ Rimer, 27.

CHILDREN'S BRUISES

COMMON SITES FOR BRUISES



QUESTIONABLE SITES FOR BRUISES



(Source: Rimer and Prager, *Reaching Out: Working Together to Identify and Respond to Child Victims of Abuse*, 1998)

POSSIBLE INDICATORS OF SEXUAL ABUSE¹¹ Appendix C

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • unusual or excess itching or pain in the throat, genital, or anal area • odour or discharge from genital area • stained or bloody under-clothing • pain on urination, elimination, sitting down, walking, or swallowing • blood in urine or stool • injury to the breasts, genital area: redness; bruising; lacerations; tears; swelling; bleeding • poor personal hygiene • sexually transmitted infection • pregnancy 	<ul style="list-style-type: none"> • age-inappropriate sexual behaviour with toys, self, others • re-enactment of adult sexual activities • age-inappropriate explicit drawings, descriptions • bizarre, sophisticated, or unusual sexual knowledge • sexualized behaviours with other children, adults • sexual behaviour with other children involving force or secrecy • reluctance or refusal to go to a parent, relative, friend for no apparent reason; mistrust of others • recurring physical complaints with no physical basis • unexplained changes in personality (e.g., outgoing child becomes withdrawn, global distrust of others) • nightmares, night terrors, and sleep disturbances • clinging or extreme seeking of affection or attention • regressive behaviour (e.g., bed-wetting, thumb-sucking) • resists being undressed, or when undressing, shows apprehension or fear • engages in self-destructive behaviour (e.g., self-harming, substance abuse, eating disorders, suicide) • child may act out sexually or become involved in prostitution • runs away • discloses abuse 	<ul style="list-style-type: none"> • may be unusually overprotective, over-invested in the child (e.g., clings to the child for comfort; buys the child gifts or gives the child money for no apparent reason) • is frequently alone with the child and is socially isolated • may be jealous of the child's relationships with peers or adults • discourages or disallows the child to have unsupervised contact with peers • states that the child is sexual or provocative • shows physical contact or affection for the child that appears sexual in nature • relationship with the child may be inappropriate, sexualized, or spousal in nature • may abuse substances to lower inhibitions against sexually abusive behaviour • permits or encourages the child to engage in sexual behaviour

¹¹ Rimer, 29.

POSSIBLE INDICATORS OF EMOTIONAL ABUSE¹² Appendix D

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO ABUSE CHILDREN
<ul style="list-style-type: none"> • child fails to thrive • frequent psychosomatic complaints – headaches, nausea, abdominal pain • wetting or soiling • dressed differently from other children in the family • has substandard living conditions compared to other children in the family • may have unusual appearance (e.g., bizarre haircuts, dress, decorations) 	<ul style="list-style-type: none"> • developmental lags • prolonged unhappiness, stress, withdrawal, aggressiveness, anger • regressive behaviours and/or habit disorders (e.g., toileting problems, thumb-sucking, constant rocking) • overly compliant; too eager to please • extreme attention-seeking behaviours • self-destructive behaviour (e.g., suicide threats or attempts, substance abuse) • overly self-critical • such high self-expectations that frustration and failure result, or avoids activities for fear of failure • sets unrealistic goals to gain adult approval • fearful of the consequences of one's actions • runs away • assumes parental role • poor peer relationships • discloses abuse 	<ul style="list-style-type: none"> • consistently rejects the child • consistently degrades the child, verbalizing negative feelings about the child to the child and others • blames the child for problems, difficulties, disappointments • treats and/or describes the child as different from other children and siblings • identifies the child with a disliked/hated person • consistently ignores the child; actively refuses to help the child or acknowledge the child's requests • isolates the child; does not allow the child to have contact with others, both inside and outside the family (e.g., locks the child in a closet or room) • corrupts the child; teaches or reinforces criminal behaviour; provides antisocial role modeling; exploits the child for own gain • terrorizes the child (e.g., threatens the child with physical harm or death, threatens someone or something the child treasures) • forces the child to watch physical harm being inflicted on a loved one • withholds physical and verbal affection from the child • makes excessive demands of the child • exposes the child to sexualized/violent media

POSSIBLE INDICATORS OF EXPOSURE TO FAMILY VIOLENCE¹³

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS
<ul style="list-style-type: none"> • child fails to thrive • frequent psychosomatic complaints (e.g., headaches, stomach aches) • physical harm, whether deliberate or accidental, during or after a violent episode, including: <ul style="list-style-type: none"> - while trying to protect others - as a result of objects thrown 	<ul style="list-style-type: none"> • aggressive; acting-out • temper tantrums • re-enactment of parental behaviour • exhibits withdrawn, depressed, and anxious behaviours (e.g., clinging, whining, excessive crying, separation anxiety) • cuddles or manipulates in an effort to reduce anxiety • overly passive, patient, compliant, and approval-seeking • fearful (e.g., of self/family members being hurt/killed, of being abandoned, of the expression of anger by self or others) • low tolerance for frustration • sleep disturbances (e.g., insomnia, resists bedtime, fear of the dark, nightmares) • bed-wetting • self-destructive behaviour (e.g., eating disorders, substance abuse, suicide threats or attempts) • hovers around the house or avoids home • clumsy; accident-prone • problems with school (e.g., poor concentration, academics, attendance) • perfectionist, high self-expectations, with fear of failure resulting in high academic achievement • assumes responsibility to protect/help other family members • child expresses the belief that s/he is responsible for the violence • poor peer relationships • runs away from home • cruelty to animals • involvement in crime or delinquency (e.g., stealing, assault, drugs, gangs) • homicidal thoughts/actions • child may act out sexually; <ul style="list-style-type: none"> becomes involved in prostitution • child expresses the belief that s/he is responsible for the violence • discloses family violence 	<ul style="list-style-type: none"> • abuser has poor self-control, social skills and/or communication skills • abuser controls by using threats and violence (e.g., terrorizes with threats of harm or death to others or to something the person treasures; cruelty to animals) • exposes the child to physical/emotional harm inflicted on parent/partner • excessive monitoring of partner's activities • abuser publicly degrades, insults, blames, or humiliates partner • jealous of partner's contact with others • isolates the child/family members from friends, other family, and supports • parent/partner neglects children due to inaccessibility to resources, isolation, depression, or focus on self-survival • expresses strong belief in traditional male/female roles • abuser makes excessive demands on partner • substance abuse • discloses family violence • victim appears fearful • discloses that the abuser assaulted or threw objects at someone holding a child

¹³ Rimer & Prager, *Reaching Out: Working Together to Identify and Respond to Child Victims of Abuse*, (Publisher 1998), 54.

POSSIBLE INDICATORS OF NEGLECT¹⁴

PHYSICAL INDICATORS IN CHILDREN	BEHAVIOURAL INDICATORS IN CHILDREN	BEHAVIOURS OBSERVED IN ADULTS WHO NEGLECT CHILDREN
<ul style="list-style-type: none"> • infants or young children may display abnormal growth patterns: weight loss; wizened “old man’s” face; sunken cheeks; dehydration; paleness; lethargy; poor appetite; unresponsiveness to stimulation; very little crying; delays in development (which may be suggestive of failure-to-thrive syndrome) • inappropriate dress for the weather • poor hygiene; dirty or unbathed state • severe/persistent diaper rash or other skin disorder not attended to • consistent hunger • untreated physical/dental problems or injuries • lack of routine medical, dental care • signs of deprivation (e.g., diaper rash, hunger), which improve in a more nurturing environment 	<ul style="list-style-type: none"> • does not meet developmental milestones • appears lethargic; undemanding; cries very little • unresponsive to stimulation • uninterested in surroundings • demonstrates severe lack of attachment to parent; unresponsive; little fear of strangers • may demonstrate indiscriminate attachment to other adults • may be very demanding of affection or attention from others • older children may engage in anti-social behaviours (e.g., stealing food, substance abuse, delinquent behaviour) • shows poor school attendance or performance • assumes parental role • discloses neglect (e.g., states there is no one at home) • independence and self-care beyond the norm 	<ul style="list-style-type: none"> • maintains a chaotic home life, with little evidence of regular, healthful routines (e.g., consistently brings the child to care very early, picks the child up very late) • overwhelmed with own problems and needs; puts own needs ahead of those of the child • indicates that the child is hard to care for, hard to feed; describes the child as demanding • indicates that the child was unwanted, continues to be unwanted • fails to provide for the child’s basic needs • fails to provide adequate supervision: may be frequently unaware of, or has no concern for, the child’s whereabouts; leaves the child alone, unattended, or in the care of others who are unsuitable • cares for or leaves the child in dangerous environments • may display ignoring or rejecting behaviour toward the child • has little involvement in the child’s life: appears apathetic toward the child’s daily events; fails to keep appointments regarding the child; unresponsive when approached with concerns • may ignore the child’s attempts at affection

¹⁴ Rimer, 26.