

Descriptors of “Directors Concerns” when determining the need for a Family Care Home Investigation or an Investigation of a Contracted Agency.

When using the following definitions, keep in mind that the term ‘caregiver’ refers to:

- A person with whom a child is placed by a director and who, by agreement with the director, is authorized to carry out the rights and responsibilities, under the agreement of the director. This includes caregivers employed by contracted agencies, either in satellite foster homes or staffed residential resources.
- Child/Youth refers to a child or youth in care.

Physical Abuse

Physical abuse is a deliberate physical assault or action by a caregiver that results in, or is likely to result in, physical harm to a child/youth. It includes the use of unreasonable force to discipline a child/youth or prevent a child/youth from harming him/herself or others. The injuries sustained by the child/youth may vary in severity and range from minor bruising, burns, welts, or bite marks to major fractures of the bones or skull to, in the most extreme situation, death.

Severe Physical Abuse - recommended investigation/response within 24 hours

- **Death of a child/youth as a result of physical abuse**

A child/youth has died as a result of deliberate non-accidental actions by the caregiver or the cause of death is unknown but there is reason to suspect that the caregiver caused it and it was non-accidental. **Severe non-accidental injury**

A child/youth has a severe injury that is known to be deliberately caused by the caregiver or the exact cause of the injury is unknown but there is reason to suspect that the caregiver caused it and it was non-accidental.

This category includes injuries to the child/youth resulting from a physical and/or sexual assault that usually require immediate medical attention. Examples in this category include, but are not limited to:

- Head injuries with risk of central nervous system damage;
- Any indication that an infant may have suffered from traumatic brain injury (sometimes referred to as Shaken Baby Syndrome) or any head or facial injury;
- Medical condition such as a comatose state;
- Internal injuries;
- Fractures;
- Multiple unexplained injuries or injuries in different stages of healing; and
- Second or third degree burns.

Inappropriate physical discipline

The caregiver has used unreasonable force or control to discipline the child/youth and such force or control did or could have caused physical injury.

Examples of unreasonable control include, but are not limited to:

- Tying a child/youth to a chair or bed;
- Locking the child/youth in a basement; and
- Physical activities that exceed the child/youth's ability to perform, given the child/youth's age and development (e.g., running to the point of exhaustion, standing on one leg for extended periods of time).

Force is considered unreasonable when administered by a caregiver if:

- The child is under age 2 or over age 12;
- The child/youth is incapable of learning from correction;
- The force used is not minor or of short duration;
- The force used involves objects or blows/slaps to the head;
- The incident resulted in bodily injury to the child/youth; OR
- The incident was degrading, inhuman or harmful.
- The force is not intended to correct behaviour but rather stems from a loss of caregiver's control

Other injury

The child/youth has an injury that is known to be deliberately caused by the caregiver or the exact cause of the injury is unknown but there is reason to suspect the caregiver caused it and it was non-accidental. Examples include, but are not limited to:

- Injuries to a toddler or older child for which there is no explanation, the explanation does not fit with the injuries or the story keeps changing; and
- Injuries that have a pattern or look like they may have been caused by an object (e.g., hand, stick, buckle).

Caregiver is unwilling or unable to protect child/youth from physical abuse or likelihood by another person

There is reason to believe that the caregiver is aware that any child/youth in his/her care is being physically abused (as defined above) by any other person. This may be another member of the household (adult or child/youth), or someone outside the household AND the caregiver has taken no action to protect the child/youth or has taken action that is insufficient to prevent ongoing abuse.

This category includes situations where the caregiver is unwilling or unable to protect the child/youth and the child/youth is likely to be physically harmed by another person. See below description for further information on determining "likelihood".

Likelihood of physical harm by caregiver

The reporter describes a situation in which there is real possibility that a child/youth will experience physical harm by a caregiver in the near future, but the child/youth has not yet been harmed.

In determining likelihood, the director considers the information available (including past history as determined by the Initial Record Review) about the child/youth, the child's family and the child's community in determining whether the child/youth is likely to be physically harmed. When considering if harm is likely, consider both the severity of harm the reporter anticipates and the certainty of their information that the harm will occur. If the anticipated harm will be severe (e.g., child/youth death), mark this allegation even if the certainty is low. If the anticipated harm will be minor (e.g., injury to an extremity that does not require medical attention), mark this allegation only when certainty is high.

This category includes situations where the caregiver is unwilling or unable to protect the child/youth and the child/youth is likely to be physically harmed by the caregiver, another person or by lack of supervision. Examples include, but are not limited to:

- Credible threats of physical harm made toward the child/youth; and
- A household characterised by domestic violence, including circumstances such as: child/youth has not yet been harmed, but either the violence is escalating or the child/youth is becoming involved in the violence (please refer to BC Summary of Domestic Violence Risk Factors and document presence of any factors).

BC SUMMARY OF DOMESTIC VIOLENCE RISK FACTORS

This is a summary of some of the risk factors that have been associated with an increased likelihood of future violence in relationships. This document is intended to assist child welfare workers when obtaining information about risk in domestic violence situations.



Indicates a risk factor associated with an increased likelihood of future violence and also an increased severity (escalation) of future violence.

1. Relationship History		
	1.1 Current Status of the Relationship	<ul style="list-style-type: none">• Is there past, recent or pending separation in the relationship? <p>Note: Research indicates that an actual or pending separation in the current relationship is the most significant risk factors associated with an increased severity (escalation) of future violence including lethal violence.</p>
	1.2 Escalation in Abuse	<ul style="list-style-type: none">• Is there escalation in the frequency/intensity of violence or abuse towards the non-offending caregiver, family members, a pet or another person?
	1.3 Children Exposed	<ul style="list-style-type: none">• Have and/or are the children or youth who are living in the home exposed to or involved in the violence?• Have the children or youth sustained injuries as a result of

		<p>previous or present violence?</p> <ul style="list-style-type: none"> Who are the caregivers and is there a child access or guardianship dispute?
	1.4 Threats	<ul style="list-style-type: none"> Has the offending caregiver ever threatened to kill or harm the non-offending caregiver, a family member, another person, children, youth or a pet?
	1.5 Forced Sex	<ul style="list-style-type: none"> Has the offending caregiver ever forced sex on the non-offending caregiver?
	1.6 Strangling, Choking, Biting	<ul style="list-style-type: none"> Has the offending caregiver ever strangled, choked or bitten the non-offending caregiver?
	1.7 Stalking	<ul style="list-style-type: none"> Has the offending caregiver displayed jealous, obsessive/controlling behaviours; stalked or harassed the non-offending caregiver, or a previous intimate partner? Is this behaviour persistent? Is it escalating? <p>Note: Social science experts say that where there are controlling coercive behaviours like stalking, the intensity and lethality of violence often escalates after the complainant leaves the relationship.</p>
	1.8 Information on Relative Social Powerlessness	<ul style="list-style-type: none"> Are isolation/marginalization factors present (i.e. social contact monitored or controlled, language barrier, disability, addiction, poverty, pregnancy, lack of transportation, financial dependency, literacy issues, mental illness, substance misuse, elderly, etc.)? Is the non-offending caregiver Aboriginal, an immigrant or refugee? Are social/cultural factors present (i.e. culture of male privilege or entitlement, unwilling to report or seek help, family pressures/shame, cultural beliefs, risks/threats related to extended family or community, etc.)?
2. Non-offending Caregiver's Perceptions of Risk		
	2.1 Non-offending Caregiver's Perception of Personal Safety	<ul style="list-style-type: none"> Does the non-offending caregiver believe the offending caregiver will disobey terms of release particularly a no contact order? Does the non-offending caregiver demonstrate inconsistent attitudes or behaviours toward the offending caregiver or the offending caregiver's violence that could interfere with their ability, motivation or opportunity to protect themselves or their children?
	2.2 Non-offending Caregiver's Perception of Future Violence	<ul style="list-style-type: none"> Does the non-offending caregiver fear further violence if the offending caregiver is released from custody? (What is the basis of the fear and what is the offending caregiver's access to the non-offending caregiver?)
3. Access to Weapons/Firearms		
	4.1 Weapons/Firearms (Used or Threatened)	<ul style="list-style-type: none"> Has the offending caregiver used or threatened to use a firearm or weapon against the complainant, family member, children or an animal?
	4.2 Access to	<ul style="list-style-type: none"> Does the offending caregiver have access to

	Weapons/Firearms	weapons/firearms?
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Emotional Harm

Severe Emotional Harm

The caregiver's patterns of actions or omissions are severe and chronic and there are reasons to believe that they may have resulted in severe emotional harm to the child/youth. To mark this allegation, two conditions must be present:

- 1) the caregiver's behaviours or the child living in a situation where there is domestic violence AND
- 2) evidence of emotional harm to the child/youth.

<p>In assessing the caregiver's conduct, consider among other factors whether the caregiver has repeatedly:</p> <ul style="list-style-type: none"> • Scapegoated the child/youth; • Rejected the child/youth; • Deprived the child/youth of affection or cognitive stimulation; • Exposed the child/youth to domestic violence or severe conflict; • Given or made inappropriate criticism, engaged in threats, humiliation, accusations or expectations of or toward the child/youth; or • Engaged in an abusive interpersonal relationship with another person. 	<p>The child/youth is demonstrating severe anxiety, depression, withdrawal or self-destructive or aggressive behaviours.</p> <ul style="list-style-type: none"> • Severe anxiety is characterised by a child/youth's persistent worry, irritability, sleep disturbance, restlessness, fatigue, inability to concentrate or muscle tension. • Severe depression is characterised by a child/youth's persistent irritability, lethargy, indifference about activities, sleep disturbance, physical agitation, a sense of worthlessness or hopelessness, an inability to concentrate or preoccupation with death or attempted suicide. • Severe self-destructive or aggressive behaviour is characterised by a child/youth's conduct that exposes the child/youth and others to harm. • Severe withdrawal is characterised by a child/youth's exhibiting marked social or emotional detachment from family, friends and community.
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Neglect

Severe neglect - recommended investigation/response within 24 hours

Death of a child/youth due to neglect

The cause of death is unexplained or suspicious, there is concern that the death may have been the result of neglect and the alleged offender is the caregiver any other child/youth in care..

Physically harmed due to neglect

The caregiver has willfully not provided for the child/youth's physical needs to the extent that the child/youth has already suffered or is imminently likely to suffer harm (injury, impairment or pain). This category includes neglect that exposes the child/youth to life-threatening hazards, including, but not limited to:

- Homes where exposed wires or toxic substances are accessible to the child/youth;
- An unguarded well or balcony accessible to the child;
- Dangerous weapons accessible to the child/youth;
- Potentially fatally depriving a child/youth of food and fluid;
- A very young child, or a child/youth with a disability or other special need, wandering the streets without adult or other appropriate supervision;
- Drug production in the home; and
- The caregiver is intoxicated or impaired and unable to supervise the child/youth sufficient to the child/youth's needs.

Failure to thrive

The child/youth has indicators of failure to thrive, OR has been diagnosed as having non-organic failure to thrive. Non-organic failure to thrive can be related to acts of omission or commission.

This category should be considered if the child/youth is below the fifth percentile for the weight expected for a child/youth of similar age when there are no medical reasons for this lack of growth. This category usually relates to children less than four years old who have been deprived of sufficient nutrition, but may also be applied to children provided sufficient nutrition, yet still not thriving due to emotional deprivation and/or lack of stimulation.

Children in this category may appear:

- Emaciated;
- Dehydrated;
- Under-developed;
- Wizenened;
- Abnormally underweight/ having an extremely low body fat ratio.
- A medical diagnosis is absolutely necessary to establish that a child is failing to thrive for organic (disease related), or non-organic causes.

General Neglect

Neglect by caregiver with likelihood of physical harm

There is a pattern or cluster of indicators that the caregiver does not or cannot provide for the child/youth's physical necessities including food and shelter, nurturance, and protection from risks. When considering this allegation, collect and consider information about the chronicity or pattern of the caregiver's behaviour and the severity of harm or likely harm to the child/youth.

Indicators of neglect involve both the behaviours of the caregiver and child/youth impact, including, but not limited to:

- Caregiver consistently provides clothing inadequate for weather conditions;
- Child/youth experiences persistent hunger;
- Poor or inadequate nutrition;
- Poor personal hygiene because the caregiver does not provide materials for or appropriately instruct the child/youth in appropriate hygiene;
- A child/youth forages for, hoards or steals food because the caregiver does not provide sufficient food;
- A child/youth experiences developmental delay or setbacks related to a lack of stimulation by the caregiver;
- Poor school attendance due to the caregiver's demands within the home, unmitigated hunger, or other acts of omission by the caregiver;
- A child/youth taking on the caregiver role for younger siblings;
- Chronic presence of rotten food, human/animal waste or infestation in the living area of the home;
- Guns and other weapons are not stored safely;
- The home contains drug paraphernalia within reach of the child/youth;
- Children have suffered harm due to toxic chemicals in or near the home;
- Residence lacks basic utilities with no other means of accessing water, electricity; etc., and
- Child/youth is given access to drugs/alcohol which could cause physical harm;
- The caregiver does not provide supervision necessary for maintaining the child/youth's health and safety suitable to the child/youth's age or development. Examples of inadequate supervision include, but are not limited to:
 - The caregiver is present, but does not attend to the child/youth;
 - The caregiver has left the child/youth unsupervised for a period of time;
 - Children frequently out late at night without appropriate supervision;
 - The caregiver fails to place appropriate control on their child's comings and goings from the home;
 - Children who are left on their own for long periods of time; and
 - Children who are left on their own with access to hazards such as a wood stove without a safety guard.

Sexual Abuse or Sexual Exploitation

When considering this category, keep in mind that the *Child, Family and Community Service Act* (CFCSA) defines 'Caregiver' as a person with whom a child is placed by a director and who, by agreement with the director, is authorized to carry out the rights and responsibilities, under the agreement, of the director.

Sexual abuse by a caregiver - recommended response within 24 hours

A caregiver has had physical contact or interaction of a sexual nature with the child/youth.

Examples of sexual abuse include, but are not limited to:

- Touching or invitation to touch for sexual purposes;
- Intercourse (vaginal, oral or anal);
- Menacing or threatening sexual acts, obscene gestures, obscene communications or stalking;
- Sexual references to the child/youth's body/behaviour by words/gestures;
- Requests that the child/youth expose their body for sexual purposes;
- Deliberate exposure of the child/youth to sexual activity or material; and
- Sexual aspects of organised or ritual abuse.

Indicators may include, but are not limited to:

- The child/youth's disclosure;
- Medical evidence;
- Caregiver's conduct;
- Statement of witnesses;
- Unexplained pain, bleeding or unusual discharge in the genital or anal area;
- Pregnancy;
- Sexually transmitted diseases;
- Age inappropriate sexual knowledge;
- Sexually intrusive behaviours toward adults or children; and
- Unexplained developmental setbacks.

Note that a child/youth cannot consent to sexual activity with anyone in the caregiver role.

Sexual exploitation by a caregiver

A caregiver requires, permits or encourages child/youth to engage in conduct of a sexual nature for the profit or self-interest of the caregiver, including but not limited to, prostitution and pornography. Sexual exploitation occurs when a child/youth engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter or other considerations. Sexual activity includes, but is not limited to:

- Performing sexual acts;
- Sexually explicit activity for entertainment;
- Involvement with escort or massage parlor services; and
- Appearing in pornographic images.

Caregiver is unwilling or unable to protect child/youth from sexual abuse/exploitation or likelihood by another person

There is reason to believe that the caregiver is aware that any child/youth in his/her care is being sexually abused or exploited (as defined above) by any other person. This may be another member of the household (adult or child), or someone outside the household AND the

caregiver has taken no action to protect the child/youth or has taken action that is insufficient to prevent ongoing abuse.

This category includes situations where the caregiver is unwilling or unable to protect the child/youth and the child/youth is likely to be sexually abused/exploited by another person.

Examples of possible likelihood of sexual abuse/exploitation include:

- A caregiver allowing a child/youth be supervised by or allowing unsupervised access with a person alleged to have previously sexually abused or exploited children; or
- A child/youth who is sexually aggressive toward other children or who has severely inappropriate sexual boundaries; or
- No sexual act or exploitation has occurred but the caregiver deliberately exposes the child/youth to sexual activity or material or uses obscene gestures or communication inappropriate for child/youth's age/developmental status.

See below description for further information on determining "likelihood".

Likelihood of sexual abuse/exploitation by Caregiver

The reporter describes a situation in which there is real possibility that a child/youth will experience sexual abuse in the near future, but the child/youth has not yet been harmed..

This category includes, but is not limited to the following examples of sexual abuse/exploitation:

- Luring/exploiting (via internet or other means); or
- Producing, possessing, distributing, or viewing child pornography.

Additional considerations:

The age of consent law apply to all forms of sexual activity, ranging from sexual touching to sexual intercourse. Under the Criminal Code, the age of consent for sexual activity is 16 years. However, the age of consent is 18 years where the sexual activity "exploits" the young person – when it involves sexual exploitation, pornography or occurs in a relationship of authority, trust or dependency (e.g. with a teacher, coach).

There are some exceptions. A 14 or 15 year old can consent to sexual activity with a partner as long as the partner is less than five years older and there is no relationship of trust, authority or dependency or any other exploitation of the young person. There is also a "close-in-age" exception for 12 and 13 year olds: a 12 or 13 year old can consent to sexual activity with another young person who is less than two years older and with whom there is no relationship of trust, authority or dependency or other exploitation of the young person.