Child and Family Services Division

Presentation for the Psychological Association of Manitoba AGM

Presented by: Laura Friesen, MSW, BSW
Manager, Investigations and Risk Assessment
AGENDA

• System Overview
• What is Abuse
• Disclosures
• Reporting Guidelines & Duty to Report
• Risk & Research
Introduction

Within the Province of Manitoba, child welfare services are governed by the Child and Family Services Act.

There are four Authorities through which child welfare services are provided—First Nations North Authority; Southern First Nations Network of Care; Metis Authority; and General Authority.

In Winnipeg and Manitoba the four authorities provide a mandate for 24 Agencies to provide services to children and families under the Child and Family Services Act.
The Overall Structure of Child and Family Services

Upon the proclamation of The Child and Family Services Authorities Act on November 22, 2003, four new CFS authorities were established to be responsible for the delivery of services as follows:

- The Northern Authority is responsible for the delivery of services to members of northern First Nations.
- The Southern First Nation Network of Care is responsible for the delivery of services to members of southern First Nations.
- The Metis Authority is responsible for the delivery of services to Metis people.
- The General Authority is responsible for the delivery of services to all persons other than those receiving services from the Northern, Southern and Metis Authorities.
What Guides Us

• The Child and Family Services Act (CFSA) is the legal legislation that directs and guides child welfare in Manitoba.

• In addition to the CFSA, how child protection services are provided to the public are guided by provincial Standards of Practice. Provincial Standards of Practice are the minimum requirements for the delivery of services to children and families under the CFSA.

Legislation ➔ Regulations ➔ Standards ➔ Practice & Policy
Mandate of CFS & Parental Rights

• CFS is mandated to protect children; to ensure their safety, security and well being. Decisions are made on the best interest of the child.

• Parents and guardians have a fundamental right and responsibility to raise their children and act in their best interest.

• CFS will step in when caregivers are unable and/or unwilling to protect their children.

• CFS must investigate reported concerns as this is their mandate
Illustrations of a child in need of protection

• Under section 17(1) of *The Child and Family Services Act*, a child is in need of protection, where “the life, health or emotional well-being of the child is endangered by the act or omission of a person.”

• Subsection 17(2) of the act outlines specific examples where a child ought to be considered in need of protection.
Definition of Abuse under CFSA:

According to the Child and Family Services Act, abuse is ‘the act or omission by any person where the act or omission results in:

- a) physical injury to the child,
- b) emotional disability of a permanent nature in the child or is likely to result in such disability,
- c) sexual exploitation of the child with or without the child’s consent

The definition of child abuse under the CFSA has been expanded to include any person and is not limited to parents or persons having care, custody, control or charge of children.
Physical Abuse

• Can be deliberate or intentional physical act by a person that results in or likely to result in physical injury or harm
• An act of omission (when one fails to act and a child is injured/abused)
• Physical Punishment that results in an injury (intentional or not) is considered physical abuse
Sexual Abuse

- Is when a child is used for the sexual gratification of another person with or without the child’s consent
- Children exploited in the sex trade are not “prostitutes” or “criminals”. They are victims of abuse.
- Child Pornography (indecent images of children) is a pervasive form of sexual exploitation.
Sexual Exploitation

• The act of coercing, luring or engaging a child under the age of 18 into a sexual act and involvement in the sex trade or pornography, with or without the child's consent, in exchange for money, drugs, shelter, food, protection or other necessities.

• It can include:
  – Performing sexual acts in exchange for basic necessities of life
  – Involvement in sexually explicit activity for entertainment
  – Involvement with escort or massage parlour services (or online/listings for services)
  – child sex trafficking and child sex tourism
Child Sex Abuse Images

In Manitoba it is mandatory to report all forms of child pornography.
Section 1(1) of the CFSA defines it as:

(a) a photographic, film, video or other visual representation, whether or not it was made by electronic or mechanical means,
   (i) that shows a child engaged in, or depicted as engaged in, explicit sexual activity, or
   (ii) the dominant characteristic of which is the depiction, for a sexual purpose, of a sexual organ of a child or the anal region of a child,
(b) any written material, visual representation or audio recording that advocates or counsels sexual activity with a child that would be an offence under The Criminal Code (Canada);
(c) any written material whose dominant characteristic is the description, for a sexual purpose, of sexual activity with a child that would be an offence under The Criminal Code (Canada), or
(d) any audio recording that has as its dominant characteristic the description, presentation or representation, for a sexual purpose, of sexual activity with a child that would be an offence under The Criminal Code (Canada).
On April 15, 2009, mandatory reporting of child pornography was proclaimed in Manitoba. The CFSA was amended to include child pornography in the definition of child abuse and the legislation obligates all people in Manitoba to report suspected child pornography.

Cybertip

The goal of mandatory reporting is to facilitate the reporting of children potentially in need of protection.
Emotional Abuse

- Involves acts where a child experiences persistent rejection, humiliation, scapegoating or verbal attacks/put downs by a parent, caregiver or adult
- It is a series of events, a pattern of ongoing abusive behaviour
- It has a negative impact on a child’s self esteem
Disclosures

• Disclosures are generally received by people the victim trusts- 74% are accidental, 26% are purposeful.

• Children will often tell just enough to make the abuse stop

• It is common for children to recant

• Children may talk about other victims but not talk about themselves

• Individuals whom harm children or have thoughts of harming children may self-disclose.
Disclosures

• Why you must report
Reporting Facts

• Out of the identified child victims only 21% report
• 12% result in criminal charges
• 6% result in convictions
• Recent research in Canada and UK depicts that 75-90% of non-contact offenders admit to contact offending.
• 85%-90% of all offenders know their victim
  • 45-50% of these are neighbors, friends, babysitter etc.
  • 10-15% are acquaintances or strangers
Who needs to report?

• 18.1 – ‘where a person has information that leads the person reasonably to believe that a child is or might be in need of protection…the person shall forthwith report the information…’
Duty to Report

• **18(2)** Notwithstanding the provisions of any other Act, subsections (1) and (1.0.1) apply even where the person has acquired the information through the discharge of professional duties or within a confidential relationship, but nothing in this subsection abrogates any privilege that may exist because of the relationship between a solicitor and the solicitor's client.
The threshold for reporting suspected child abuse is based on a reasonable suspicion or belief, not actual proof of abuse. Psychologists are not required to know for certain that the situation represents abuse, nor do they necessarily need to know the identity of the alleged abuser. The duty generally applies even if the psychologist is aware that similar concerns have already been reported by another person.
The Personal Health Information Act, CCSM c P33.5 [PHIA]. Section 86.1 of the Manitoba Child and Family Services Act specifies that if a provision of the Act is in conflict or inconsistent with provisions in other legislation, the CFS Act will prevail.
When do you need to refer?

• When abuse is SUSPECTED. You don’t need to investigate, you don’t need to be 100% sure.
• Detailed documentation of the disclosure is required.
• You need to refer IMMEDIATELY- ‘forthwith’.
• The Child & Family Services Act states that the Source of Referral shall not be disclosed without the consent of the Source of Referral.
Consequences for Not Reporting

• Children will not receive protective services and may be at risk for further abuse or neglect.

• Family and facility situations may continue to be unstable and place the children at further risk.

• Failure to report is an offence punishable by fine of up to $50 000.00 or up to 2 years incarceration or both.

• You may also be reported to your licensing body and face internal penalties
Finally, the wording of section 18(1) suggests that when a report is made (as is mandated by law), all relevant information pertaining to the report is required. This includes the identity of the individual who disclosed abusing children. If a report is made and the individual to whom the disclosure was made refuses to disclose the name of the individual who made the disclosure, the Agency has the authority to compel information and records from third parties. There is also no legal risk to reporters for sharing information, since commencing proceedings against an individual who makes a report is prohibited under section 4(1) of the CFS Act. Refusing to provide the name of the individual who made the disclosure simply delays the inevitable discovery of their identity, while putting children at risk of further exploitation in the interim.
Confidentiality and Information Sharing

- Confidentiality can be perceived as a barrier to team formation and effective teamwork.
- Section 76(3) of the CFSA identifies that records/information obtained under the CFSA are confidential and can only be shared under specific circumstances.
- The CFSA also identifies that anyone who has information regarding the safety of a child must share that information to a CFS Agency so they can take necessary steps to protect children. This means professionals MUST share information with CFS.
Resources

• The Mandatory Reporting Handbook provides information for professionals working with children and family relevant to identifying and responding the child protection/child abuse.
  [Available Online: https://www.gov.mb.ca/fs/childfam/publications.html]

• There are specific protocols for physicians (clinicians) on how they respond to child protection concerns.
• A client self discloses harming a child or thoughts of harm (including viewing child pornography)

• A report should be made the CFS under the mandatory reporting guidelines

• Why report only thoughts or fantasy of harming children?
  • What the research tells us
There are a variety of case studies that demonstrate a very strong link between deviant sexual fantasies and sexual (often serial) offending.

Many clinicians now accept the view that there is a process in which obsessive fantasies may escalate in frequency and intensity driving the offender to commit violent and sexual offences.

At least some types of deviant sexual fantasies appear to have an impact on an offender's actual behaviour. It is possible that through repeated fantasizing about violent sexual activity, this imagined behaviour becomes increasingly more normalized by the offender and increases the chance that it will be re-enacted with a victim.

Of those offenders who showed arousal to children, 95% reported fantasizing about children during masturbation, while 44% of the sample recalled having deviant fantasies before their first offence.

• Researchers have often demonstrated an association between the use of pornography and its disinhibiting effect toward the sexually explicit themes depicted in the material. This disinhibiting effect might also sustain and/or perpetuate the development of further deviant sexual fantasies, which in turn increases the potential of fantasy enactment, thereby heightening the probability of a sexual offence occurring.

• Pornography may disinhibit an offender, thereby increasing the likelihood of them committing a sexual offence.

How to refer

TOGETHER WE KEEP CHILDREN SAFER BY SHARING OUR KNOWLEDGE, EXPERIENCE & INFORMATION

Referrals within Winnipeg go to ANCR as the Designated Intake agency; 944-4200

Refer the matter to the child’s social worker or the agency responsible (DIA- Designated Intake Agency) should the matter be outside city limits.

1-866-345-9241 will get you to the local intake agency in your area.
ANY QUESTIONS?