Introduction

Child maltreatment is a serious public health issue that has significant social and criminal justice implications. The abuse and neglect of children results in substantial costs to Canadian society as a whole. It places economic burdens on the health, education, justice and social service sectors. The harm to the physical, emotional and social development of individuals exposed to maltreatment can have both short- and long-term consequences.

The purpose of this paper is to define child maltreatment and to provide a brief overview of the extent of maltreatment in Canada and the impact that it has on Canadian children and youth.

Child Maltreatment

Child maltreatment refers to the harm, or risk of harm, that a child or youth may experience while in the care of a person they trust or depend on, including a parent, sibling, other relative, teacher, caregiver or guardian. Harm may occur through direct actions by the person (acts of commission) or through the person’s neglect to provide a component of care necessary for healthy child growth and development (acts of omission).
Types of Child Maltreatment

There are five types of child maltreatment:
1) physical abuse
2) sexual abuse
3) neglect
4) emotional harm and
5) exposure to family violence.

Table 1: Types of Child Maltreatment and Examples of Abusive Behaviours

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Examples of Abusive Behaviours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Physical abuse (assault)</td>
<td>The application of unreasonable force by an adult or youth to any part of a child's body</td>
<td>Harsh physical discipline, forceful shaking, pushing, grabbing, throwing, hitting with a hand, punching, kicking, biting, hitting with an object, choking, strangling, stabbing, burning, shooting, poisoning and the excessive use of restraints</td>
</tr>
<tr>
<td>2. Sexual abuse</td>
<td>Involvement of a child, by an adult or youth, in an act of sexual gratification, or exposure of a child to sexual contact, activity or behaviour</td>
<td>Penetration, attempted penetration, oral sex, fondling, sex talk, voyeurism and sexual exploitation</td>
</tr>
<tr>
<td>3. Neglect</td>
<td>Failure by a parent or caregiver to provide the physical or psychological necessities of life to a child</td>
<td>Failure to supervise, leading to physical harm or to sexual harm; permitting criminal behaviour; physical neglect; medical neglect; failure to provide psychological treatment; abandonment; and educational neglect</td>
</tr>
<tr>
<td>4. Emotional harm</td>
<td>Adult behaviour that harms a child psychologically, emotionally or spiritually</td>
<td>Hostile or unreasonable and abusive treatment, frequent or extreme verbal abuse (that may include threatening and demeaning or insulting behaviours), causing non-organic failure to thrive*, emotional neglect, and direct exposure to violence between adults other than primary caregivers</td>
</tr>
<tr>
<td>5. Exposure to family violence</td>
<td>Circumstances that allow a child to be aware of violence occurring between a caregiver and his/her partner or between other family members</td>
<td>Allowing a child to see, hear or otherwise be exposed to signs of the violence (e.g., to see bruises or physical injuries on the caregiver or to overhear violent episodes)</td>
</tr>
</tbody>
</table>

* “Non-organic failure to thrive” is a diagnostic term applied in cases of children less than age three years who have suffered a slowing or cessation of growth for which no physical or physiological causes can be identified.²
Incidence of Child Maltreatment

In the child welfare field, incidence rates are defined as the number of child maltreatment investigations conducted in a given year by child welfare agencies per 1,000 children under age 16 years. The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), conducted for five-year cycles of surveillance by the Public Health Agency of Canada, provides data on Canadian incidence rates of abuse and neglect as reported to child welfare authorities. In 2003, an estimated 235,315 child maltreatment investigations were conducted in Canada (a rate of 38.33 investigations per 1,000 children aged 0-15 years). In approximately half of these investigations (49%, or an estimated 114,607 investigations), the child protection worker examining the case found maltreatment claims to be substantiated (18.67 investigations per 1,000 children). Definitions of the different levels of substantiation used by child protection workers are provided in the text box below.

Levels of Substantiation

For a child protection agency, a case is considered:

- **substantiated** if the balance of evidence indicates that abuse or neglect has occurred;
- **suspected** if there is not enough evidence to substantiate maltreatment, but it is not clear that maltreatment can be ruled out; and
- **unsubstantiated** if the balance of evidence indicates that abuse or neglect has not occurred.

Reports to child welfare agencies are not made on all children who experience maltreatment and, in reality, child welfare agencies may be aware of only a small percentage of maltreated children and youth. Findings from a random sample of individuals living in Ontario indicate that only 5.1% of the respondents with a history of physical abuse in childhood, and 8.7% of respondents with a history of sexual abuse in childhood, report any contact with a child protection agency. This is also thought to be the case for neglect, emotional harm and exposure to family violence, but at the current time there are no Canadian community-based data on these matters. Incidence rate estimates that do not take into account police investigations of maltreatment or unreported and unknown cases (those known only to the victim and/or perpetrator) underestimate the actual occurrence of maltreatment in Canada. As Figure 1 illustrates, only a small percentage of children who are maltreated – the “tip of the iceberg” – ever become known to health and social service agencies.

Figure 1: Cases of Child Maltreatment Identified by CIS-2003
There are many reasons for which all cases of maltreatment are not reported to the authorities, including:

- the stigma associated with abuse;
- maltreated children’s fears of consequences of their disclosure of abuse to the authorities;
- societal perceptions that family issues are private, and the consequential reluctance of outsiders to interfere;
- a lack of awareness of what constitutes child maltreatment; and
- the obstacles, for some professionals, to recognizing and/or reporting child maltreatment.

Prevalence of Child Maltreatment

Prevalence, or the proportion of the population that has been maltreated at any point of their childhood, provides another perspective on the extent of maltreatment in Canada. While there are no current prevalence data for all of Canada, findings from an Ontario community-based survey indicate that maltreatment is a common experience for children living in that province. A history of experiencing physical abuse during childhood was reported by 31.2% of males and 21.1% of females, with similar proportions of males (10.7%) and females (9.2%) reporting a history of severe physical abuse. More females (12.8%) than males (4.3%) reported experiences of childhood sexual abuse. Overall, 33% of males and 27% of females reported that they had experienced one or more incidents of physical and/or sexual abuse during their childhood.

Given that this Ontario survey did not ask questions about neglect, emotional harm or exposure to family violence, the overall message it suggests is that at least one in three individuals experiences some form of maltreatment over the course of his or her childhood. It seems safe to say that if all five types of child maltreatment were taken into consideration, this proportion would be much higher.

The Type of Maltreatment Children Are Most Likely to Experience

Among those cases recorded in substantiated investigations, neglect is the most common form of child maltreatment experienced by children in Canada (Figure 2). Slightly more than one-quarter of all children in substantiated investigations have been exposed to family violence and slightly fewer have experienced physical abuse. Children and youth may also experience multiple forms of maltreatment. Findings from CIS-2003 indicate that 19% of investigations by child welfare agencies involve more than one type of substantiated maltreatment. The most frequent combinations of substantiated maltreatment are: 1) neglect and emotional harm; 2) physical abuse and emotional harm; and 3) emotional harm and exposure to family violence.
Victims of Child Maltreatment

Among substantiated cases of child maltreatment, the numbers are almost equal for those involving boys (51%) and those involving girls (49%). However, the type of maltreatment that a child is most likely to experience varies by sex and age (Figures 3 and 4). Both boys and girls are more likely to experience physical abuse and are less likely to be exposed to family violence as they get older. However, between the ages of 8 and 11 years, a substantially higher percentage of boys than girls will experience physical abuse. For almost all age groups, there are more substantiated cases of sexual abuse of girls than boys, with the exception being between the ages of 4 to 7 years when the ratio is less pronounced.11
Some Children Are At Greater Risk of Maltreatment Than Others

Child maltreatment is a complex issue. Factors that will increase a child’s risk of being abused or neglected may be related to the child’s characteristics or those of his/her family, the community in which he/she lives, or social policies. Risk indicators, or factors associated with an increased likelihood of maltreatment, vary for the different types of abuse or neglect (Table 2). It is important to recognize that many people who have risk factors for maltreatment do not go on to maltreat children.

Impact of Maltreatment on Children

While some of its physical effects can be minor and short-lived, child maltreatment can have severe and/or long-lasting effects on a person’s physical, emotional and social health and development (see text box on page 7). According to the findings of the Canadian Incidence Study of Reported Child Abuse and Neglect-2003 (CIS-2003)\textsuperscript{13}, 10% of substantiated investigations (for all maltreatment types) led to findings of documented physical injury. In CIS-2003, child welfare workers were asked to describe any symptoms of emotional harm (e.g., nightmares, bedwetting or social withdrawal) the child experienced immediately after the reported maltreatment incident. Emotional harm was observed in 20% of all substantiated cases, and in 14% of the substantiated cases the emotional harm was severe enough for the child to require treatment.\textsuperscript{14}
<table>
<thead>
<tr>
<th>Type of Maltreatment</th>
<th>Child Factors</th>
<th>Parental Factors</th>
<th>Social Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>Male sex Age</td>
<td>Young maternal age Psychiatric impairment (maternal) Low education attainment (maternal) Lack of attendance at prenatal class Single-parent status History of childhood experiences of physical abuse Intimate partner violence Unplanned pregnancy or negative parental attitude towards pregnancy History of substance abuse Social isolation or lack of social support Low attendance in religious activities</td>
<td>Low socioeconomic status Large family size Recent life stressors</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>Female sex</td>
<td>No biological parent in family Poor relationship between parents Presence of a step-father Poor child-parent relations</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td></td>
<td>Parental sociopathy, psychopathology Poor relationship between parents Substance abuse Little parental involvement and warmth Early separation from mother Young maternal age, anger, dissatisfaction, external locus of control, hostility, low self-esteem, serious illness Single-parent family status</td>
<td>Low socioeconomic status Large family size</td>
</tr>
<tr>
<td>Emotional harm</td>
<td></td>
<td>History of childhood maltreatment Intimate partner violence in family Separation or divorce of parents History of substance abuse Blended family</td>
<td>Low socioeconomic status</td>
</tr>
<tr>
<td>Exposure to family violence</td>
<td></td>
<td>Intimate partner violence between parents or parental partners Separation or divorce of parents History of substance abuse Blended family</td>
<td></td>
</tr>
</tbody>
</table>

* An individual with an external locus of control believes that events that happen in life are outside his/her control and that his/her behaviour has little impact on outcomes.

Table 2: Factors Associated With an Increased Risk of Child Maltreatment

Potential Effects of Maltreatment on a Child’s Well-Being

- Physical
- Psychological
- Behavioural
- Academic
- Interpersonal
- Self-perceptual
- Sexual
- Occurrence of future violence (toward and by the child)
Child Maltreatment Can Be Fatal

Child maltreatment can be fatal, but the rate of fatalities is frequently under-recognized. Often it is only when the media publish stories about children who have had severe injuries or who have died as a result of maltreatment that the general public’s awareness of the seriousness of the situation is increased. In 2003, 59 Canadian children (less than age 18 years) were victims of homicide, and slightly more than half of these homicides were committed by a family member. However, this may be an underestimate because the cause of a child’s death is often difficult to determine and deaths due to maltreatment are often listed under other causes.

Some Maltreated Children Fare Better Than Others

Children who are maltreated do not all respond in the same way. The degree of impact on a child partly depends on the type of maltreatment that has occurred; its severity, frequency and duration; the number of perpetrators; and the relationship between the perpetrator (or perpetrators) and the child. The age of the child when the abuse or neglect occurred also influences the outcome.

Children who are resilient to maltreatment are more likely to have certain personal characteristics known to act as protective factors. These include the ability to respond to danger, to form relationships for survival, to seek information and to think positively about the future. Resilient children also tend to mature earlier, have the conviction of being loved and demonstrate altruism, optimism and hope. Resilient children may also be exposed to general life circumstances that buffer the impact of the maltreatment – such as access to health, social and education services or the availability of supportive and protective adults.

Information About Appropriate Disciplinary Strategies and Parenting

Canadian Paediatric Society

http://www.caringforkids.cps.ca

2305 St. Laurent Boulevard
Ottawa, ON K1G 4J8
Tel.: (613) 526-9397
Fax: (613) 526-3332

The Canadian Paediatric Society has developed a number of resources on parenting and healthy child growth and development, including information on effective discipline.

- Effective Discipline: A Healthy Approach
  http://www.caringforkids.cps.ca/behaviour/EffectiveDiscipline.htm

- How to Use Time-Out
  http://www.caringforkids.cps.ca/behaviour/TimeOut.htm
Child Welfare League of Canada

http://www.cwlc.ca

75 Albert Street, Suite 1001
Ottawa, ON K1P 5E7
Tel.: (613) 235-4412
Fax: (613) 235-7616

The Child Welfare League of Canada houses the Canadian Resource Centre on Children and Youth. In this resource centre, publications on a wide variety of issues related to children and youth are available, including the brochures Discipline Without Hurting and Parenting in Canada.

More Information on Child Maltreatment

Centre of Excellence for Child Welfare

http://www.cecw-cepb.ca

Faculty of Social Work
University of Toronto
246 Bloor Street W
Toronto, ON M5S 1A1
Fax: (416) 946-8846

The Centre of Excellence for Child Welfare (CECW) fosters research and disseminates knowledge about the prevention and treatment of child abuse and neglect. This includes the dissemination of reports on current statistics on child welfare in Canada. Through the Centre’s Web site, an extensive list of resources and publications can be accessed, databases of published and in-progress child welfare research can be searched, and a network of Canadian child welfare researchers can be identified. The Web site also contains a policy section that includes information on specific child welfare legislation for each province and territory. Information on how to report suspected cases of child maltreatment and how to contact provincial/territorial ministries responsible for children's services and local resources for children and parents can also be accessed (http://www.cecw-cepb.ca/Other/ProvAssistance.shtml).

Centre of Excellence for Early Childhood Development

http://www.excellence-earlychildhood.ca

3050, boulevard Édouard-Montpetit
Bureau A-205
Montréal (Québec) H3T 1J7
Tel.: (514) 343-6111, ext. 2541
Fax: (514) 343-6962

This Centre of Excellence provides information on research in the field of early childhood development. Its Web site also contains an encyclopedia on early childhood development that provides evidence-based information on a wide variety of topics of concern to parents, researchers, educators and service providers working with young children and their families.
The purpose of the Caring Society is to promote the well-being of all First Nations children, youth, families and communities, with a particular focus on the prevention of, and response to, child maltreatment. The Society’s Web site provides an inventory of First Nations research and many downloadable documents about aspects of Aboriginal child welfare in Canada, as well as access to the on-line journal *First Peoples Child & Family Review*. The site also provides contact information for all First Nations and other Aboriginal child and family service agencies in Canada.

Injury and Child Maltreatment Section

http://www.phac-aspc.gc.ca/cm-vee/

The Public Health Agency of Canada's Injury and Child Maltreatment Section is responsible for the surveillance of child maltreatment in Canada. A full report of the *Canadian Incidence Study of Reported Child Abuse and Neglect – 2003* is available on its Web site.

National Clearinghouse on Family Violence

http://www.phac-aspc.gc.ca/nc-cn

On behalf of the Government of Canada and its Family Violence Initiative, the Public Health Agency of Canada operates the National Clearinghouse on Family Violence (NCFV). The NCFV is Canada’s resource centre for information on violence within relationships of kinship, intimacy, dependency or trust. NCFV resources and services are available free of charge in both English and French and in alternative formats. These include more than 150 free publications, a referral and directory service to connect people to resources and organizations that respond to family violence, a list of videos available on loan, and a library reference collection of more than 10,000 books, periodicals and videos on family violence.
Reporting Child Maltreatment

In any situation the **suspected abuse or neglect** of a child must be reported to:

- local child welfare services (e.g., Children’s Aid Society or child and family services agency) or the provincial/territorial ministry or department of social services or community services or local police.

Do not assume that someone else will make a report.

Do not worry about the validity of your claim. It is your responsibility to report your observations or suspicions, and then it is the responsibility of child welfare workers to conduct a full assessment and determine what is or is not maltreatment. Contact information for local child welfare services can be found in the telephone directory. Contact information, categorized by province and territory, can also be found on the Centre of Excellence for Child Welfare’s Web site: http://www.cecw-cepb.ca/Other/ProvAssistance.shtml

Endnotes/References


2. Trocmé et al., *Canadian Incidence Study of* … see note 1.

3. Trocmé et al., *Canadian Incidence Study of* … see note 1.

4. Trocmé et al., *Canadian Incidence Study of* … see note 1.


6. Trocmé et al., *Canadian Incidence Study of* … see note 1.


9. Trocmé et al., *Canadian Incidence Study of* … see note 1.

10. Trocmé et al., *Canadian Incidence Study of* … see note 1.

11. Trocmé et al., *Canadian Incidence Study of* … see note 1.


13. Trocmé et al., Canadian Incidence Study of … see note 1.

14. Trocmé et al., Canadian Incidence Study of … see note 1.


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