



Child Maltreatment in Canada

Selected Results



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FOREWORD

At the present time there is no source of comprehensive, reliable national statistics on the nature and extent of child abuse and neglect across Canada. Without this information it has been difficult for policy makers and program developers to know whether the interventions and services currently provided to children and families prevent further abuse and reduce the burden of suffering on those

“Inform people of what an overall idea of abuse is. Inform people of how they can get help. Um, to discipline your child you don’t need to hit your child. I think that’s something that needs to be known and that’s something that needs to be put to use, because there’s other ways.”

Participant in a youth focus group discussing prevention strategies.¹

INTRODUCTION

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) is the first national study of the incidence of child

and disparities in health outcomes and health determinants (both risk and protective factors).

National child health surveillance provides information necessary for effective priority-setting and policy and program development, implementation and evaluation. It alerts us to new or emerging threats to the health of Canadian children and enables us to monitor progress in combatting known threats. Child health surveillance at the national level also enables us to participate in international efforts to monitor child health, to better understand disparities in health outcomes within Canada and globally, and to identify solutions. Surveillance also helps to identify child health research priorities and assists in the evaluation of the uptake of research evidence.

The CIS is the foundation for a child maltreatment surveillance program as part of comprehensive national child health surveillance. The CIS will be repeated at regular intervals so that secular trends can be analyzed and policy and program interventions evaluated. This study will be complemented by other maltreatment surveillance activities, such as surveillance of fatal child abuse.

The CIS study design reflects the concept of determinants of health: that health status is influenced by many factors including physical and social environments, behaviours and clinical services.⁹ This approach to surveillance of child abuse and neglect is further elaborated in *A Conceptual and Epidemiological Framework for Child Maltreatment Surveillance*.¹⁰

Conclusion

We anticipate that this report will be of interest and use to a wide range of people concerned with children's issues, including health and social policy makers, health, social service, justice and law enforcement professionals, those who advocate on behalf of children,

■ 1. STUDY OVERVIEW AND METHODS

Concerted efforts to understand the causes and consequences of child maltreatment have led to significant gains in knowledge and resources, while at the same time pointing out the complex nature

Purpose of this Report

Child Maltreatment in Canada: Selected Results from the CIS presents the major descriptive findings¹¹ of the CIS. The national estimates are based on a core sample of 7,672 child maltreatment investigations, drawn from a total population of an estimated 135,573 child maltreatment investigations by child welfare services in 1998.

This report contains less detail than the *CIS Final Report*, in order to facilitate interpretation of the major findings and descriptions of child maltreatment. The report limits itself to substantiated cases only rather than providing information on all investigations (a description of the three levels of substantiation — suspected, substantiated, and unsubstantiated — is provided in the following section).¹² Although conservative, analysis of only substantiated cases provides a more standard comparison for

A case is considered substantiated if it is the worker's professional opinion that the balance of evidence indicates that abuse or neglect has occurred. ~~he~~ term is synonymous with the terms "verified" or "confirmed", which are used in some jurisdictions.

A case is suspected if there is not enough evidence to substantiate maltreatment, but there ny ters

suspected or alleged maltreatment,
whether the case was screened out,
the family's postal code, and the
reason for the referral or screening

national annual incidence estimates. The annualization weights were derived by taking the ratio of cases sampled over the 3-month period of the study (October 1 to December 31, 1998) to the total number of cases opened by each site in 1998 (see *CIS Final Report* for details). While this annualization method provides an accurate estimate of overall volume, it cannot account for qualitative differences in the types of cases referred at different times of the year. For example, some forms of maltreatment that may be extremely important but occur

infrequently, such as child abuse and neglect fatalities, may be under-estimated.

Third, the CIS provides estimates of the number of *investiga-*

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punishment, whereas in the latter there is no clear punitive or corrective context.

Other Physical Abuse: Any other form of physical brutality that is inflicted on a child, such as intentionally burning a child or hitting the child with a fist.

Figure 2-3 shows that the majority (69%) of the substantiated investigations of physical abuse involved inappropriate punishment, although other more severe forms of abuse accounted for almost one-third (31%). Shaken Baby Syndrome, in contrast, accounted for approximately 1% of the substantiated investigations.

because of the caregiver's failure to supervise and protect the child adequately. Failure to protect included situations in which a child was harmed or endangered as a result of a caregiver's actions (e.g. drunk driving with a child, or engaging

to permit reliable estimates of that particular form of sexual abuse. Please note that because multiple forms of sexual abuse were sometimes reported, the individual subtypes add up to more than 100%.

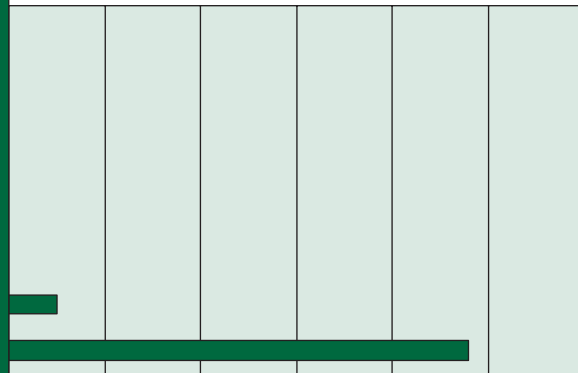
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Child neglect occurs when a child's parents or other caregivers are not providing the requisites of a child's emotional, psychological, and physical development. Physical neglect occurs when a child's needs for food, clothing, shelter, cleanliness, medical care and protection from harm are not adequately met. Emotional neglect occurs when a child's need to feel loved, wanted, safe, and worthy is not met. Emotional neglect can range from cases in which the caregiver is simply unavailable, to cases in which the caregiver openly rejects the child.

Although a case of physical assault is more likely to come to the attention of public authorities, neglect can represent an equally serious risk to a child.

Unlike abuse, which is usually incident-specific, neglect often involves chronic situations that are not as easily identified as specific incidents. Nevertheless, all provincial and territorial child welfare statutes include neglect or some type of reference to acts of omission, such as failure to supervise or protect, as grounds for investigating maltreatment. The CIS includes eight subtypes or forms of neglect:

Failure to Supervise or Protect Leading to Physical Harm: The child suffered or was at substantial risk of suffering physical harm



violence within his/her home environment. This includes situations in which the child indirectly witnessed the violence (e.g. saw the physical injuries on his/her caregiver the next day).

Figure 2-6 reveals that children's exposure to family violence was the most common form of emotional maltreatment, accounting for well over half (58%) of the substantiated cases. Emotional abuse (34%) and emotional neglect (16%) were also fairly common, whereas non-organic failure to thrive occurred too infrequently to be estimated. Because multiple forms of emotional maltreatment were sometimes reported, the individual forms add up to more than 100%.

Characteristics of Substantiated Maltreatment

Child maltreatment appears in many different forms, and is seldom caused by a single factor. Significantly, maltreatment emerges within the context of a troubled family or individual, who is often facing considerable stress from factors both within and outside of the family. Numerous risk factors, ranging from financial difficulties to limited community resources, increase the likelihood that a given individual will resort to harmful childrearing methods. Yet, these same risk factors are often shared by other families who

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neglect; it
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particular

substantial risk of suffering from mental, emotional, or developmental problems caused by inadequate nurturance/affection.

Exposed to Family Violence:
A child has been a witness to, or involved with, family

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other relatives were the most frequently identified alleged perpetrators (9%). Foster families and adoptive parents had a negligible number of reports. It should be noted that the CIS only counted new child maltreatment investigations; investigations conducted

of “other relatives” is not shown, it is clear from Figure 2-8 that this grouping is the single most significant category of individuals who commit such acts (44%).

Non-relative alleged perpetra-

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Maltreated children experience ongoing, uncontrollable events that are a pervasive challenge to their successful development and adaptation and pose a threat to their core psychological well-being. They not only have to face acute and unpredictable parental outbursts or betrayal, they also have to adapt to environmental circumstances that pose developmental challenges. These influences include the more



another child in the family, workers were asked to use “step-parent” to describe that caregiver.²⁹

Recent studies suggest that the connection between child maltreatment and poverty is not likely due to a reporting bias.³¹
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who relied on social assistance or some other form of benefit.

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Child maltreatment, neglect in particular, is often associated with

Moreover, over two-thirds of the families (68%) experienced spousal violence (the reader should note



Health Professional: Included
hospital- and clinic-based

There was little differentiation across maltreatment categories in terms of cases remaining open or being closed, with the exception of child neglect. Physical abuse, sexual abuse, and emotional maltreatment cases remained open in about half of all substantiated investigations whereas neglect cases were slightly more likely to remain open (60%). This latter finding may reflect the typically chronic nature of neglect, and the worker's opinion that such cases require ongoing services.

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Although in most investigations (72%) the child did not require placement outside the home, in roughly 1 in 5 cases the child

living arrangements as a result of the investigation. These children either received an informal placement (7%) or were placed in foster care or other child welfare setting (15%).

For those children who did require out-of-home placements, foster care or other child welfare settings were almost twice as common for child neglect as for physical and sexual abuse. Emotional maltreatment was least likely to require an alternative, re an

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programs, which are offered in some communities to help abused children understand and cope with the court-related stressors associated with criminal charges.

Neglect. Like child physical abuse, about 3 out of 4 (74%) substantiated cases of neglect received at least one child or family referral. As shown in Figure 4-4(a), the most common family-focused referrals were for parent support programs (38%), other family/parent counseling (38%), and drug/alcohol counseling (22%). Neglected children received a broad range of referrals, which is consistent with the nature of child

neglect. These included referrals for psychiatric/psychological counseling (24%), other child counseling (21%), and recreational (12%) and medical/dental assistance (10%).

Emotional Maltreatment. Similar to physical abuse and neglect, about 3 out of 4 (79%) substantiated cases of emotional maltreatment received at least one child or family referral. Again, family-focused referrals were most commonly made to parent support programs (26%), other family/parent counseling (37%), and drug/alcohol counseling (22%). In about 2 out of 5 cases (43%) of

emotional maltreatment there was at least one child-focused referral, most often made to psychiatric/psychological services (17%) or other child counseling (28%).

Summary

Maltreated children were referred to child welfare services from a wide variety of professional and non-professional sources. Two out of three substantiated cases of child maltreatment were referred by professionals in the community, who come into contact with children on a regular basis. In particular, school personnel and the police made many of these

referrals. The remaining third of
the referrals came from non-

Data Analysis

Assistance in developing the sampling design, custom area files, weights, and confidence intervals was provided by Statistics Canada. We would particularly like to thank Korina Besednik, Andrea Durning and Jane Mulvihill from Statistics Canada for their assistance.

Donald Morrison and Hong-Xing Wu are acknowledged for their statistical and technical support to the EIQ, specifically for data management and analysis.

Special thanks to Tim Daciuk, for his statistical support throughout the project.

APPENDIX B

National Advisory Committee and Health Canada Staff

The National Advisory Committee provided consultation for the design of the study, in particular with respect to the enlistment strategies and survey instruments⁹ Health Canada staff played an active role throughout the study, providing feedback, consultation, and support at all phases of the project.

M i / A i s C i

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