Injuries and Death of Children at the Hands of Their Parents

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Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., Felstiner, C., Hélie, S., Turcotte, D., Weightman, P., Douglas, J., & Holroyd, J. (2010) *Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings, Chapters 1-5.* Public Health Agency of Canada: Ottawa, ON.

Introduction

Preventing serious injuries of deaths as a result of abuse or neglect is a central priority for child welfare authorities. Existing research has highlighted reported maltreatment as a risk factor associated with higher rates of child fatality (Jonson-Reid, Chance & Drake, 2007; Putnam-Hornstein, 2011). Child deaths are carefully reviewed to determine where lessons can be learned to avoid such tragedies in the future.

Monitoring and interpreting death statistics for children involved with child welfare services is further complicated by the fact that child welfare authorities become involved within a range of situations that can involve deaths for reasons other than abuse or neglect, such as the death of a child due to terminal illness or medical complications, and suicide committed by youth involved in high risk behaviours. Child death rates in British Columbia were examined over a 15-year period, comparing children and youth in care to the general population (Thompson & Newman, 1995). Findings indicated that while death rates of children in care were higher than that of the general population, the total number of deaths decreased for both groups between 1985 and 2000. Within the in-care population, however, 30% of deaths were due to congenital anomalies, nervous system diseases and childhood cancer. While these situations also require close monitoring, they should not be confounded with deaths caused by abuse or neglect.

This information sheet provides an update of findings from Trocmé, Lajoie, Fallon & Festiner (2007) by providing rates of physical harm documented in the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008). The CIS-2008 is the third nation-wide study to examine the incidence of reported child maltreatment and the characteristics of children and families investigated by child welfare authorities in Canada. The CIS-2008 was conducted for the Public Health Agency of Canada by the universities of McGill, Toronto and Calgary. The first two national cycles were conducted in 1998 (Trocmé, et al., 2001) and 2003 (Trocmé et al., 2005). Information was collected directly from child welfare workers using a standard set of definitions on a representative sample of 14,050 child protection investigations, excluding

Quebec.¹ This sample was weighted to reflect national annual estimates. Rates of children killed by their parents reported in the Homicide Survey from the Canadian Centre for Justice Statistics are also presented. Child homicides are documented in Canada through the Homicide Survey (Dauvergne & Li, 2006; Fedorowycz, 2001) which tracks all homicides reported by police departments across the country.

Physical Harm

Figure 1 presents the estimated number of substantiated, primary form of maltreatment-related cases with and without physical harm documented by child welfare authorities in Canada, excluding Quebec, in 1998, 2003 and 2008. Over 7,000 (18%) of substantiated maltreatment cases – including physical and sexual abuse, neglect, and emotional maltreatment – involved documented physical harm in 1998. In 2003, the number of investigations involving physical harm increased to over 10,000, or 10% of the 103,298 substantiated maltreatment investigations. By 2008, the number of cases with documented physical harm decreased to 8%, or 6,147 of the 76,049 substantiated maltreatment investigations.

Figure 1.





¹ As a result of differences in data collection procedures, injury estimates for Quebec could not be derived for the 2003 cycle of the study. Although injury estimates for Quebec were available in the CIS-2008, data for the province has been excluded for comparability purposes.

In cases involving physical harm, investigating workers were asked to identify the type of harm and its severity as measured by the need for medical attention. Given that modifications were made to the questions related the type of physical harm between the 2003 and 2008 cycles of the CIS, the results for 1998 and 2003 reported by Trocmé, Lajoie, Fallon & Festiner (2007) are not directly comparable to the results for the 2008 cycle of the CIS. While the total number of cases involving physical harm increased between 1998 and 2003, the increase was primarily accounted for by cases involving minor injuries (bruises, cuts and scrapes), 85% of which did not require medical attention. Similar to the 1998 and 2003 cycles of the CIS, the most frequently documented form of physical harm reported in 2008 was for minor injuries (bruises, cuts, and scrapes) (See Table 1). While there has been a slight decrease in the number of investigations involving severe physical harm (broken bones and head trauma), rates have remained relatively stable since 1998.

Table 1.

Nature and severity of physical harm in cases of substantiated maltreatment in Canada in 2008, excluding Quebec

	Number of child investigations	Rate per 1,000 children
Bruises/cuts/scrapes	4,138	0.88
Treatment required	18.5%	
Burns/scalds	135	0.03
Treatment required	56.3%	
Broken bones	155	0.03
Treatment required	83.9%	
Head trauma	314	0.07
Treatment required	96.2%	
Other health conditions	1,736	0.37
Treatment required	67.6%	

^Based on sample of 440 substantiated maltreatment investigations involving harm in the 2008 study. Workers were asked to indicate all the types of physical harm that applied.

Child Fatalities

Over the past 30 years, an annual average of 35 children under the age of 13 have been killed by a parent in Canada. As seen in Table 2 and Figure 2, the number of child homicides has fluctuated between a high of 56 in 1978 and a low of 13 in 2005. Although there appears to be a decline in the number of child homicides since 1999, such fluctuations must be interpreted over longer periods of time and must take changes in the child population into consideration before a significant pattern can be established.

Figure 2. Children under the age of 13 killed by a parent in Canada, 1974-2005 †



[†] Sources: 1) Statistics Canada. Canadian Centre for Justice Statistics. Child Homicide Survey, 1974-1994. Available online from the Canadian Centre for Justice Statistics. Child Homicide Survey website at: http://www.statcan.ca/english/Dli/Data/Ftp/ccjs/hs.htm; 2) Fedorowycz, O. (2001). Homicide in Canada: 2000. *Juristat*, 21(9), 1–22; 3) Dauvergne, M. & Li, G. (2006). Homicide in Canada: 2005, *Juristat*, 26(6), 1–25.

Year	Number of Victims	Year	Number of Victims
1974	42	1990	31
1975	27	1991	28
1976	44	1992	32
1977	43	1993	32
1978	56	1994	43
1979	47	1995	36
1980	27	1996	41
1981	27	1997	52
1982	31	1998	47
1983	32	1999	27
1984	50	2000	27
1985	31	2001	30
1986	50	2002	31
1987	30	2003	23
1988	28	2004	27
1989	37	2005	13
1988	28	2004	27

Table 2. Children under the age of 13 killed by a parent in Canada, 1974-2005^{††}

^{††}Sources: 1) Statistics Canada. Canadian Centre for Justice Statistics. *Child Homicide Survey*, *1974–1994*. Available online from the Canadian Centre for Justice Statistics Child Homicide Survey website at: http://www.statcan.ca/english/Dli/Data/Ftp/ccjs/hs.htm; 2) Fedorowycz, O. (2001). Homicide in Canada: 2000. *Juristat*, 21(9), 1–22; 3) Dauvergne, M. & Li, G. (2006). Homicide in Canada: 2005, *Juristat*, 26(6), 1–25.

Summary

Since 2003, there has been a decrease in the number of reports of maltreatment across Canada, however, the number of children seriously harmed or killed by parents has remained constant. Findings from the CIS-2008 indicate that the proportion of substantiated maltreatment cases involving serious injuries is small (3%). This represents an estimated 2,414 children under 16 (excluding Quebec) who sustained physical harm that required some type of medical intervention, with approximately 500 cases involving broken bones or head trauma. These estimates have remained stable across all three cycles of the CIS.

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